

**Mental Health and Substance Use Disorder Treatment Committee**

**February 14, 2023, Meeting Minutes**

**Present:** Gudrun Parmer, Marc Strange, Kay Sanford, Charles Browning, Arthur Payne, Carlyle Johnson, Fred Johnson, Quanesha Archer, Kristen Rosselli, Capt. McKinney, Jason Tatreau, Tremaine Sawyer, Kristen Patterson, Linda Cuttler, Cindy Haynes, Leticia Ross, Larry Greenblatt, Eric Morse, Wendi Watson, Kimberly Chansen, Michele Easter, Lacie Scofield, Herb Trippert, Charles Galloway, Jesse Battle, Helen Tripp, Amy O’Regan, Dave Crispell, Claire Bigham, Carolynn Crowder, Laura Lindsey, Tammy Vaughan, Kelley Waggy

**Welcome & Introductions:**

Chair Gudrun Parmer called the meeting to order, welcomed all present and began introductions.

**Review of December Minutes:**

The minutes were reviewed and approved unanimously.

**Fentanyl and Xylazine Update:**

Dr. Browning shared that most of the individuals they see using illicit opiates do not (??) have fentanyl as their positive test results so the presence of it is omnipresent in the area. At both the Crisis Center and Durham Recovery Response Center site they utilize a “clear waver cup” that covers the older metabolites along with a dipstick for Fentanyl. Two big issues in the opioid treatment world: the dosing for Methadone has increased over the years and fentanyl use has been found to make the transition to Buprenorphine more difficult.

It was shared that they are not testing for Xylazine, a tranquilizer that is added to opioids, it increases the risk of sedation in opioid users. Its use is currently not collected in opioid data. Narcan is not effective against Xylazine as it is not an opioid. A visible trait of Xylazine users is necrotic wounds. These wounds do not only show up at the site of injection but can spread over the body. These present as a red area or a white area with a red circle around it, the wound sites progress to necrotic tissue rapidly and treatment of this requires a specialist.

Kay Sanford shared that Xylazine is a veterinary tranquilizer that is now being utilized in humans. It is reported that the combination of fentanyl and xylazine results in a much longer and more intense heroin high, due to xylazine’s sedation qualities. Xylazine also compromises the treatment of opioid usage and thus poses extreme risks within the community. Most opioid users do not even know they are ingesting this adulterated version of Fentanyl and, without samples for testing being submitted, we have no way of knowing how pervasive this is within our own community.

It was shared that this adulteration of opioids started in New England and is rapidly spreading. Over the course of the past 6 months, in the Philadelphia area, lab results on collected specimens have gone from 3% up to 90% positive for Xylazine. Labs collect these specimens from autopsies of those that have fatally overdosed, local users and local labs. Currently there are no test strips for xylazine, like test strips for fentanyl. Kay shared that a special lab at UNC, the UNC Street Drug Analysis Lab, is now using mass spectrometers and other expensive and sophisticated equipment to test drug samples for all contaminants, not just fentanyl. It has a website that allows us to track the Xylazine increase. ([www.streetsafe.supply](http://www.streetsafe.supply)) It is providing free, anonymous toxicology results of drug samples collected by people who use drugs and submitted by and through harm reduction agencies and health departments on their website.

Polypharmacy is a reality and from a Harm Reduction strategy, we need to move to not only testing for Fentanyl but also adding testing for Xylazine and other contaminants.

Dr. Greenblatt shared that there is a reverser used in animals for Xylazine but there has been no testing of this in humans so its may not be available for use.

Gudrun and Carlyle thanked both Dr. Browning and Kay Sanford for attending and sharing their wealth of knowledge on this subject and their willingness to continue the testing and education moving forward.

**TROSA Presentation:**

Charles Galloway shared his experience in utilizing naltrexone along with TROSA services and program model to successfully move forward with recovery in hopes of garnering the council’s consideration of TROSA as part of its evidence-based programs. Charles shared that he had a long history of substance usage and hospital commitments prior to joining TROSA and beginning Naltrexone. Since successfully completing TROSA’s programs, he has been able to rejoin society, has become a licensed Peer Specialist and is also a residential house manager for TROSA. Through this, Charles has learned that recovery is a lifelong process, and he is hopeful that his lived experiences can help others.

Herb Trippert shared that, while he is now a behavioral health professional, his experience as a consumer of substance use and mental health disorder treatment services played a life changing role in his recovery. Herbert shared that in 2009 he entered TROSA’s long-term residential program, and after dedicating himself to the program and recovery plan along with Peer Support, he was able to heal and recover.

Herb shared that TROSA provides evidence-based support services for treatment of substance use disorders. TROSA’s services include housing, meals, clothing, health services, counseling, life and vocational skills, educational advancement, opportunities for criminal record expungement. TROSA also provides a place where people can find the support needed on their journey to recovery.

For admittance to TROSA the individual must complete an assessment procedure to ensure the individual is a good fit. If the individual is not a good fit, they are provided with community contacts and resources.

Lacie Scofield inquired about the rationale behind TROSA not accepting individuals involved in MAT programs (e.g. Methadone and Suboxone programs). Laura Lindsey shared that TROSA currently has a team of staff members working through the logistics programmatically and clinically how they can incorporate agonist medications moving forward. It was shared that in the past they did not have the staff or capability to manage agonist medication therapies. TROSA cannot currently accept individuals that are treated through other programs as they do not have the staffing oversight. Dr. Morse shared that he was happy and excited to offer any assistance and/or oversight regarding agonist medications in a safe and healthy way.

**Program Updates**

* **Community Linkages to Care (CLC)** Lacie Scofield announced that a new full-time peer support specialist, Claire Bigham, has been hired. Normally, the CLC has 1 full-time and 1 part-time peer support specialist, but it was important to raise the salary to keep up with inflation. They decided to eliminate the part-time position, enabling them to raise the salary of the full-time staff. All parties have been notified that calls to the program can resume. Additionally, the grant that was to end in May has been given a 3-month extension by NCDHHS and continuation funding for CLC has been included in the Department of Public Health’s FY24 budget request, which has been formally submitted by Director Rod Jenkins.
* **STARR** Tremaine Sawyer reported STARR has developed a pre-engagement program with the goal of brief interventions and connection to community services for detainees prior to their release.
* **MAT** Capt. McKinney stated the new Peer Specialist will start on February 20th, and they are excited for all the work they will be able to do. Tammy Vaughan promised to send data after the meeting.
* **EMS** Helen Tripp mentioned DCo EMS was moving forward with getting staffing for starting MAT in the field. They are recruiting additional paramedics that will be provided with specialized training. The goal is to complete this early March and once supplies are secured, they will be active in the field.
* **Morse Clinic-** Eric Morse announced an Open House on 02/16/2023 from 11am to 1pm, and a Sublocade (injectable buprenorphine) training prior to that. Dr. Morse will speak at the Addiction Medicine Conference in Asheville in March and Durham will be well represented as a leader in the state (www.addiction-medicine.org).

**National Opioid Settlement Update**

Gudrun shard that the survey closed on 1/31/2023. Well over 400 responses were received. Additional surveys were submitted in paper form and are currently being keyed. Gudrun is in the process of planning an in-person community event in early March. Once the date and time is set, this committee will be the first to be notified.

The Commissioners want to focus on the 5 strategies that received the most votes in the survey and narrow the list of services and programs to fill gaps. After this additional information is gathered it will go back to the Board to move forward with funding decisions.

Gudrun thanked everyone for attending and the meeting adjourned at 4:30pm.

Next meeting is March 14, 2023, 3:00PM-4:30PM