



## **Treatment and Harm Reduction (THR) Committee**

### **Meeting Minutes – October 14, 2025**

**Attending:** Lacie Scofield, Tremaine Sawyer, Kay Sandford, Timeka Harper, Dee Gray, LA Cuttler, Gregory Sahlem, Carolyn Crowder, Jacob Schonberg, Kim Chansen, Lindsey Bickers Bock, Nichole Shackelford, Renee Shaw, Vera Reinstein, Donna Rosser, Helen Tripp, Lisa Finley, Marc Strange, Quanesha Archer, Aurther Payne

**Minutes Approved:** The minutes from the last meeting on September 9, 2025 were approved.

### **Presentations:**

**The Development and Validation of Neural Targets in Opioid Use Disorder: A clinical trial testing a clinical biomarker and the use of rTMS as an adjunctive treatment -**

**Gregory Sahlem, Associate Professor, Department of Psychiatry and Behavioral Sciences at Duke University**

Treatment of OUD - Our current standard of care treatments include:

- Medication ( Buprenorphine, Naltrexone, or methadone)
- Some sort of behavioral treatment

Current treatments only help some folks, and we can't yet identify likely responders. Even folks who are trying their best to quit and see well-intentioned clinicians have a hard time quitting or even reducing their use. Looking at brain mechanisms might help us understand why some people do well with standard care and might help us develop alternate treatments.

We can use MRI to measure brain-circuit activation and find the exact brain location for each circuit. Our MRI measurements work on a single person-person basis, meaning we can record and intervene in a precise way. We also have well validated tasks that can measure the other addictions relevant circuits including emotional processing circuitry and inhibitory control circuitry.

# DURHAM JOINS GETHER

## To Save Lives

Transcranial Magnetic Stimulation uses pulsed magnetic stimuli to directly interact with the brain in a circuit specific way. Treatment with repetitive Transcranial Magnetic Stimulation (rTMS) is FDA approved for depression, OCD , and smoking cessation.

rTMS is:

- Safe
- Effective
- Well-Tolerated
- Has few side-effects
- New paradigms can easily make it into clinics quickly

rTMS targeting an addictions relevant circuit was found to be efficacious for smoking cessation even in treatment resistant folks.

General Study Aims:

Preclinical and clinical models implicate 4 networks in the pathophysiology of addiction. In a clinical trial of N=80 participants with opioid use disorder, we plan on looking at all four networks following induction on buprenorphine (Aim-1) and the delivery of an accelerated course of active or sham rTMS (Aim-2). We will then use a validated biotyping heuristic to see if we can identify discreet biotypes for precision approaches.

Participant Flow:

In order to really understand the effects buprenorphine is having, and to test our biomarker, we need to get our first MRI right after participants start treatment. We are hoping you might ask folks if they are willing to talk to us right at their intake visit. Interested folks can call us directly, fill out a brief contact survey on REDCap, or you can fill out the brief contact survey (1-2 mins). We will meet with participants within a day and see if the study is a good fit. We will then do our baseline MRI within 3-days of the participant starting buprenorphine.

Participants first meet with the clinical team for 2.5 hours each where we find the precise location to apply rTMS. They then join us for 10, three-hour visits to get study-rTMS, which can happen over 5 days or spread out over 5 weeks. They have a final MRI that lasts 2-3 hours. They then meet with us either in person or over zoom once per week for 12 weeks to see how they are doing.

What are we measuring?

## **DURHAM JOINS GETHER**

To Save Lives

We are trying to learn about what brain problems are preventing folks from achieving their opioid related goals with MRI. We measure opioid use, but also measure things like quality of life, depression symptoms, anxiety symptoms, and if folks meet their goals.

What possible benefit might participants get?

All participants will get evidence-based behavioral therapy. Half of the folks will get rTMS at no cost, and everyone who finishes will have the opportunity to get active rTMS afterwards.

Ways to remove barriers to participate:

1. We pay for the time participants spend with us.
2. We cover parking and provide a comfortable place to stay.
3. We are right on the major bus lines.
4. For out-of-town guests, we may be able to provide lodging.

For more information on the study, or to refer a patient for participation, contact Dr. Sahlem at [gregory.sahlem@duke.edu](mailto:gregory.sahlem@duke.edu).

### **Creating an Inventory of Surplus Supplies for Committee Members –**

#### **Dr. LA Cuttler, Hope Center for Advancement**

Dr. Cuttler introduced her idea to create a resource that will match community groups in need of supplies with groups who can donate those supplies (e.g. lock boxes, masks, gloves, naloxone, clothing, toiletries, etc.). With recent cuts to federal funding, it is critical for all of us to come together and pool our resources.

One idea is to put together a booklet that says what each agency has to donate. People would send information about the items they can donate and then the information would be put in a booklet form. If an agency needs a supply item, they could look into the booklet and call the person that has that supply item and contact them. We would not need to discuss supply needs during monthly meetings or type it into the chat as we have done in the past.

Lindsey Bickers Bock mentioned that NCCARE360 serves a similar purpose. However, it connects individuals with needed services rather than connecting organizations with needed supplies for their clients.

## **DURHAM JOINS GETHER** To Save Lives

Nichole Shackelford suggested creating an online inventory of supplies instead of a booklet. She volunteered to take on the project. Lacie said she would reach out to Nichole after the meeting to discuss next steps.

Dr. Cuttler mentioned that she needs lockboxes for her clients. Donna Rosser indicated that Insight Human Services has lockboxes to donate. Lacie said she would connect Donna with Dr. Cuttler after the meeting. Lisa Finley mentioned that TROSA would also be able to donate supplies.

### **Committee Member Updates:**

Arthur Payne announced that a new Morse Clinic is opening in Chapel Hill in the Spring of 2026. Also, there was a recent BBC podcast on the opioid epidemic in NC and Nevada. Two of Dr. Morse's patients were interviewed. Governor Stein and Dr. Nabarun Dasgupta also appeared on the podcast. To hear the podcast go to:

<https://www.bbc.com/audio/play/p0m88v7s>.

The campaign "Unshame NC" just kicked off. For more information on the campaign, go to: <https://www.unshamenc.org>.

Donna Rosser announced that a Medication Take Back and Shred-a-Thon event will take place on Tuesday, Oct 21 from 12:00-3:00 PM at The River Church. Bring prescription or over-the-counter medications, syringes, inhalers, and ointments for secure disposal. Bring your documents for free and safe disposal.

Kim Chansen announced that RI has closed Durham Wellness City. It is not clear where former clients will be able to continue getting services. Threshold Club House offers similar services and bills PSR but people on ACT cannot go there. One other option is Promise Resource Network.

Jacob Schonberg shared that the NC One Community in Recovery Conference is scheduled for March 4th - 6th, 2026 in Greensboro, NC. For more info and to register, go to: <https://go.northwestahec.wakehealth.edu/onecommunity>.