

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

### **Meeting Minutes – December 9, 2025**

**Attending:** Tremaine Sawyer, Lacie Scofield, Kay Sandford, Renee Shaw, Dave Crispell, Jaeson Smith, Michele Easter, Vera Reinstein, Kellie Ross, Lucius Wilson, Desiree Gorbea, Donna Rosser, Olivia Cunningham, Lisa Finlay, LA Cuttler, Kristen Patterson, Kim Chansen

**Minutes Approved:** The minutes from the last meeting on October 14, 2025 were approved.

#### **Presentations:**

##### **Tobacco Use in Substance Use Disorder Treatment – Olivia Cunningham, Tobacco Health Education Specialist, Durham County Department of Public Health**

People with mental illness or SUD have a substantially high prevalence of smoking compared to the general population. They account for about 40% of all cigarettes smoked in the US.

“Cessation” is quitting tobacco use. It encompasses:

- User Dependency
- Quit Attempts
- Intention to quit
- Ability to stop Smoking and advice from healthcare Providers or Tobacco treatment specialist.

What about Vaping? Vaping high-nicotine products can make quitting harder and increase vulnerability to multiple substance dependencies/addictions. It can also harm young brains and lead to addiction. Early use may increase the risk of other substances.

Vaping – Nicotine Withdrawals:

- Withdrawal occurs because of dependence
- When someone quits smoking, withdrawal symptoms are usually strongest in the first few weeks. Symptoms can last longer or some, maybe even months.

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- Being without nicotine for too long can cause a regular user to experience irritability, craving, depression, anxiety, cognitive and attention defects, sleep disturbances, and increased appetite

Tobacco cessation reduces the risk of relapse and improves recovery outcomes for people with substance use disorders. Nicotine awakens the dopamine system, which is involved in other substance addiction. People in recovery from substance use disorders may have trouble quitting, due to withdrawal symptoms that overlap.

TROSA and Tobacco Cessation:

Effective April 1, 2024, NC Medicaid required that all physical and behavioral health care providers provide a 100% tobacco-free treatment environment. Due to this requirement, TROSA requested tobacco cessation assistance for its program participants. Olivia provided 4-week tobacco cessation sessions and nicotine replacement therapy (NRT) titration for groups of men and women at TROSA. The curriculum was provided by Duke. NRT titration included:

- Tobacco Treatment
- Discussion of NRT available and dosage
- Recommendation/adjustments
- Counseling (Clients were able to discuss their worries about NRT Being Phased out)

Olivia has also provided Tobacco 101 and Hands Only CPR educational sessions to STARR participants at the detention center.

Tobacco 101:

- Session one - tobacco history, targeted marketing, and tobacco products
- Session two - health impacts and burdens, quitting smoking.
- Session three - addiction, nicotine dependence, how to quit, resources

Hands Only CPR:

- Easy and effective
- Can double to triple cardiac arrest victim's chance of survival
- Gives participants the confidence and skill to use hands only CPR
- Provides extra help to a population that have higher rates of diabetes, high blood pressure and coronary artery disease
- In the event of emergency, individuals will feel confident and prepared to act



**The Connection between Substance Use and Brain Injury –  
Desiree Gorbea-Finalet, NC BRAINS Initiative Project Manager, Disability Rights NC**

Desiree Gorbea-Finalet works at Disability Rights North Carolina (DRNC). The agency is a federally mandated nonprofit advocating for people with disabilities, addressing discrimination, abuse, and civil rights violations across all disability types, including mental health and substance use disorder. Services are free and cover education, housing, healthcare, voting, and legal system involvement.

Desiree gave an overview of brain injuries, explaining traumatic (TBI) and non-traumatic types, including strokes, overdoses, and long COVID. Brain injuries can be invisible, impact executive functioning, and often mirror symptoms of mental health or substance use disorders. Risk factors include prior disabilities, low access to care, childhood trauma, and pre/post-injury mental health issues. Brain injuries increase the likelihood of substance misuse, earlier onset, and co-occurring disorders. Overdose can result in both hypoxic and anoxic brain injuries. Researchers have noted a stronger relationship between TBI and substance use for offenders with TBI than for those without.

TBIs tend to have the greatest impact on the structures of the prefrontal cortex (executive functioning) and the temporal lobes (emotional centers that make up the reward circuit). Desiree emphasized the importance of executive functioning for daily life, maintaining sobriety, and recovery. Brain injuries have no cure but can be managed with accommodations. Providers can support individuals by screening for brain injury, which informs treatment and connects people to resources.

Desiree discussed the Commission on Brain Injuries and Substance Use Disorder and the NC Brains campaign. The NC Brains campaign offers free, evidence-based screenings and educational materials for both providers and individuals, plus training and support groups for survivors, caregivers, and those affected by substance use or the legal system.

The National Association of State Head Injury Administrators (NASHIA) is a nonprofit organization created to assist state governments in promoting partnerships and building systems to meet the needs of individuals with brain injury and their families. NASHIA has created the Online Brain Injury Screening and Support System (OBISSS). For more information, go to the following website: <https://disabilityrightsncc.org/our-work/tbi-nc-brains-initiative>.



DRNC has a support group that serves brain injury survivors and caregivers. It meets on the 1st and 3rd Tuesday of each month at 5:30 PM via Zoom. If you would like to refer someone for this support group, email Desiree at [desiree.gorbea-finalet@disabilityrightsnc.org](mailto:desiree.gorbea-finalet@disabilityrightsnc.org).

### **Committee Member Updates:**

Lacie Scofield introduced the committee's new Community Supply Inventory. LA Cuttler presented the idea for this inventory at our October committee meeting, and Nichole Shackelford volunteered to take on the project and make it a reality. Last week, members received an email from Nichole with the link to the inventory survey. Members were asked to complete the survey on behalf of their organization and record supplies that are needed and supplies that can be donated to other community organizations. Nichole will facilitate connections between organizations in need of supplies with organizations that can donate those supplies. If there are multiple people on the committee representing one organization, please decide on one person to complete the survey. The link to the survey is here: [THR Committee & DJT Task Force - Community Supply Inventory](#).

Kim Chansen announced that the CLC program has hired a new peer support specialist and is looking to fill her caseload, welcoming referrals for free peer support. The program is funded by the opioid settlement and does not conflict with other billings. Hospitals have been referring more patients to the CLC program recently, helping connect them with peer support services.

The next meeting is scheduled for January 13, 2026 and will feature a presentation on the new Durham Day Center RFP.

Have a Safe and Happy Holiday Season!