



Treatment and Harm Reduction (THR) Committee

Meeting Minutes – August 12, 2025

Attending: Lacie Scofield, Tremaine Sawyer, Helen Tripp, Donna Rosser, Roshanna Humphrey, Kristen Patterson, Marc Strange, Carolyn Crowder, Quanesha Archer, Kimberly Barbosa, Vera Reinstein, Dee Gray, Deborah Weissman, Erin Namovicz, Kay Sanford, Michelle Easter, Renee Shaw, Joy Brunson-Nsubuga, Kim Chansen, Jaeson Smith, Lindsey Bickers, Carlyle Johnson, Jackie Hodges, Gregory Sahlem, Wanda Boone, Nicole Poole, Timeka Harper, Dennis Hamlet, Kelly Ross, Jasmira Ross

Presentations:

You Have the Power to Save Lives Campaign – Dr. Wanda Boone, CEO Together for Resilient Youth (TRY)

Overdose is the leading cause of preventable death among Black adults in the U.S., but it doesn't have to be. With lifesaving tools like naloxone, we can change the narrative and save lives. Expanding naloxone access to save lives.

"You Have the Power to Save Lives" is a new campaign spanning seven key U.S. cities, where overdose rates have surged, to expand access to naloxone. Supported by public health organization Vital Strategies, with funding from the Elton John AIDS foundation and Bloomberg Philanthropies, the "You Have the Power to Save Lives" campaign includes more than a dozen community groups, health organizations, and local government agencies. Together, we are working to increase naloxone access in Louisville, KY; Durham, NC; Milwaukee, WI; Newark, NJ; Albuquerque, NM; Detroit, MI; and Philadelphia, PA.

Our Shared mission is to:

- Establish new naloxone distribution points
- Reduce stigma around carrying naloxone
- Raise awareness and encourage more people to keep naloxone on hand at home, in their car, and wherever they go.

Naloxone is the most effective way to reverse opioid overdose. There is a lot of information about the campaign on the website - youcansavelives.org – and you can also access social media and web materials that can be used to share the campaign's message.

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Durham County Department of Public Health has partnered with TRY on this campaign to prevent overdose in the black community. TRY has been distributing naloxone directly to community members and conducting naloxone trainings for youth and community health workers.

With naloxone, the power to save lives is in your hands.

Recovery Innovations (RI) and Durham Recovery Response Center (DRRC) Updates - Joy Brunson-Nsubuga, COO at RI

Lacie Scofield: RI recently closed the outpatient treatment program at the DRRC. Joy has come in to talk a bit more about why that happened, and other developments that are happening at RI.

Joy Brunson-Nsubuga: In 2018 or 2019 we started having conversations in meetings and with community stakeholders around caring for patients at the DRRC crisis unit who were diagnosed with opioid use disorder. From that RI decided to start research on MOUD inductions in the facility and how to continue MOUD after patients leave the facility. It was a population that we were not serving at the time in that way.

Once the process started, we saw that through rules and regulations at that time we could not provide a prescription for MOUD from our crisis facility for people who needed it. So, through conversations we decided to start our OBOT program on the campus of DRRC. This would allow us to make a seamless transition until patients were able to move into the community.

At the time, there were a lot of rules and regulations about who can prescribe MOUD. These rules have been relaxed, and there are many more MOUD providers and options for MOUD now available in the community.

The recent decision to close the outpatient program was not easy. We have decided to close the program to focus on crisis services so we will still be able to provide that same level of care. We also added additional services. We are doing our withdrawal management differently. It is not just doing medication focused on symptom relief, but we are also able to start people on other medication and help taper them down if they choose to, which is a much better process.

We decided to focus on what we do best, which is crisis services and then refer people to the community for MOUD. We are still going to provide the same level of care out of our

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crisis facility, and we now have the ability to provide bridge prescriptions of MOUD and refer to the community instead of having the clinic inside the building.

Timeka Harper: Are you knowledgeable about what the process looks like if you start somebody on suboxone while they are in crisis within 3-5 days?

Joy Brunson: Typically, they are ready to go within 24-48 hours. To start someone is a quick process.

Timeka Harper: How does it work for somebody that started MOUD in the crisis unit with the expectation of ongoing prescriptions after they leave? How does that work?

Joy Brunson: We are connecting them to a community MOUD provider before they leave and providing a 14-day bridge prescription. They will be connected before they leave.

Kay Sanford: Do you have any idea what happens to people when they leave?

Joy Brunson: After somebody is discharged, we do a 72 hour follow up. We have some people that do follow the guest into the community.

Lacie Scofield: The CLC peer support specialists are still based at DRRC and they follow-up with patients after leaving the crisis unit on a regular basis and can even meet them at the location of their MOUD provider in the community.

Committee Member Updates:

Lacie Scofield: We now have a final draft of the fact sheet on free phone distribution programs. We are seeking feedback from committee members. Please review the fact sheet and email comments to me.

Also, DCoDPH has finished an update of the substance use resource guide for the new fiscal year. We updated contact information and added additional MOUD providers and resources. Email me if you would like to receive hard copies.

Another update is that Tremaine and I talked to the Co-Chairs of the DJT Task Force and we have decided to change the name of this group. The new name is "Treatment and Harm Reduction Committee." The reason is that harm reduction is critical to the mission of the task force, and there are many members on this committee who work on harm reduction initiatives. Also, the new name coordinates well with the name of the other DJT Task Force committee - the Prevention and Education Committee.

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We will focus on both treatment and harm reduction. We will send out an email to inform all committee members of the name change.

Jaeson Smith: We have been able to recruit and appoint 10 members of the Opioid Settlement Advisory Committee. They will be onboarding in the coming weeks, and we will be putting out a newsletter.

Timeka Harper: Freedom House will be taking over a house that was formerly part of Recovery Connections of Durham. There are vacancies in the house. Also, all Freedom House locations are now allowing housing residents who take methadone. Morse Clinics helped with this transition.

Lacie Scofield: This is very exciting news because our Housing Subcommittee has been working to make this happen for months.