

Durham Joins Together to Save Lives Minutes

Thursday, October 24, 2024 (5:30PM-7:00PM)

Via Zoom

Co – Chairs: Dr. Wanda Boone, CEO of Together for Resilient Youth (TRY) & Wendy Jacobs, Board of County Commissioners (BOCC)

Attending: Helen Tripp-DCo EMS; Dwane Brinson- DCo Assistant County Manager; Lacie Scofield-DCo Public Health; Tremaine Sawyer-DCo Justice Services; Keary McClernan-Project VBOT; Marissa Mortiboy-DCo Public Health; Morgan Culver-DCo Public Health; Roshanna Parker-DCo Justice Services Director; Wendy Jacobs-DJT Co-Chair/DCo Board of Commissioners; Donna Rosser-DCo Public Health; Whitney Young-Durham Tech Community Health Lab; Jaeson Smith-DCo Public Health; Carlyle Johnson-Alliance Health; Tyler Yates-NC Department of Public Health; Dawn Baxton-DCo Chief Public Defender; Kay Sanford-Harm Reductionist; Robert Kellogg-Bolder Care; Dr. Wanda Boone-DJT Co-Chair/TRY; Shanquinta Daley-Freedom House Recovery Center; Beth Steenberg-DCo Justice Services; Julia Brenneman-City of Durham Finance; Lindsey Bickers-Bock-DCo Public Health; Vera Reinstein-Alliance Health; Paula Harrington-Freedom House/Oxford House/TRY; Nida Allam-DCo Board of Commissioners; Jessica Fludd-Attorney; Catherine Constineau-Public Defender Attorney

The minutes below contain time stamps of quotes entered in "Chat". An example is: "17:49:47 From Marissa Mortiboy: How many advisory task members total are you looking for?"

AGENDA ITEMS	MAJOR DISCUSSION POINTS
Welcome and	Commissioner Wendy Jacobs, Task Force Co-Chair
Introductions	
5:30 pm - 5:35 pm	NOTES:
	 Commissioner Jacobs started the meeting by welcoming everyone and asking them to put their names and affiliations in the chat.
	She introduced herself and her Durham Joins Together to Save Lives Task Force Co-Chair, Dr. Wanda Boone
	 She shared that we have a packed agenda and wish to be respectful of the time by keeping to the agenda as much as possible.
Presentation/Discussion	

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eers – Jaeson Smith, Opioid
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- As Opioid Settlement Manager, he will manage funds, helping to coordinate and strategize all the programmatic and fiscal aspects of the fund.
- He is also tasked with forming an advisory committee to help guide and inform the use of settlement dollars across the county.
- This advisory committee will play a pivotal role in shaping the effectiveness of strategies.
- Members of the advisory committee will:
 - Share their expertise and insights to help prioritize, compile and align current strategies.
 - Help leverage existing strategies and fill in gaps from strategies that have not gotten off the ground.
- Who should join?
 - Jaeson said they are looking for county and municipal officials, public health and social services representatives, healthcare providers, addiction specialists, housing providers, peer support, harm reduction providers, education and employment service providers, law enforcement agencies, business leaders, community groups, stakeholders with lived experience and stakeholders reflecting diversity of the community.
- Who should not join?
 - o If you are planning to apply for funds at some point, you should not apply as this would result in a conflict of interest.
- How to get involved?
 - o Jaeson will put an interest form in the chat. Once you complete the form, you will receive a follow-up email detailing the first meeting scheduled for mid-November.
 - o Completing the interest form does not guarantee that you will be selected for the advisory committee.
- Jaeson said the committee will not start from scratch but will use information from the DJT Task Force to help align strategies.
- The deadline for interest form submissions is November 1, 2024.
- Jaeson is asking that you share the link with those you think would be interested in serving on the committee.
- 17:49:47 From Marissa Mortiboy: How many advisory task members total are you looking for?
- Dr. Boone read from the chat and asked Jaeson how many advisory committee members he is looking for.
- Jaeson said he has not landed on a number but would like to have 2 representing each category. He thinks 20-25 is a good number.
- Dr. Boone asked if the interest form has a list of priorities in case there is a conflict of interest.
- Jaeson said the list of priorities is not on the form. He said he can share the priority areas in the follow-up email. Individuals can disclose if the priority areas are an issue.
- 17:52:43 From Jaeson Smith : The link has been posted and will be emailed out
- Lacie read from the chat and asked if interested groups can apply for both county and city funds?
- 17:53:02 From Dwane Brinson : Yes
- 🕨 17:53:46 From Jaeson Smith : Reacted to "Yes" with 👍
- Julia said that it is possible to apply for both if there is not a duplication of services.

	 Commissioner Jacobs thanked Jaeson for his presentation and said she hopes he will continue attending DJT Task Force meetings. 17:54:37 From Jaeson Smith: I am glad to be apart! Thank you.
6:00 pm – 6:15 pm	Data: Recent Decreases in Opioid Overdose Rates in NC and Durham—Tyler Yates, Community Overdose Prevention Interventions Coordinator, NC Division of Public Health, NC Injury and Violence Prevention Branch
	NOTES:
	 Dr. Boone shared a slide with the most recent Overdose Emergency Department Visits. She also noted a chart from almost 1 year ago showing a disparity in race/ethnicity where there are more overdoses among Black African Americans than in other ethnicities.
	She is happy to note that the percentage has dropped from 65% to 58%.
	 She shared another chart depicting an increase in overdose ED visits among individuals ages 25-44.
	 She noted the importance of campaigns representative of age groups.
	TRY's prevention efforts are in line with CDC, SAMHSA and the state.
	 She discussed the Action Plan Wheel and shared examples of activities and programming that the Prevention and Education Committee engages in, related to each component of the wheel.
	• Dr. Boone introduced Tyler Yates, who is the Community Overdose Interventions Coordinator with the NC Division of Public Health, Injury and Violence Prevention Branch.
	Tyler began by mentioning the disparities and decreases in overdose data shared by Dr. Boone.
	 He said although the data shows a decrease in overdose, the data is provisional. There are often delays in processing overdose data. He explained that the ESI Team is also using a new system, which has exacerbated some of those delays in processing data.
	 However, what we are seeing in NC does seem to be a trend seen in other states. Tyler says he thinks this is a good thing and the result of work done statewide, by groups like DJT Task Force.
	 He said it is refreshing to hear about the different initiatives. Program implementation and use of opioid settlement funds are what make a difference.
	 As for the disparities mentioned by Dr. Boone, Tyler said this is something his agency looks at regularly.
	 Previously, he worked for a harm reduction agency and noticed that clients utilizing these services were usually white. He says this is a problem because Black African Americans, Asians and Hispanics are seeing drastic increases in overdose deaths. And although we are seeing some decrease, communities of color are not seeing the same decrease in overdose death rates as the non-Hispanic white populous.
	 Tyler manages the NC Safer Syringe Initiative and 85% of individuals using syringe services are white. Harm reduction and syringe services are vital to the community and play a key role in getting Naloxone, Fentanyl test strips and MOUD into the hands of those at risk of overdosing. He said that last year alone, SSPs reported over 16,000 overdose reversals using Naloxone shared with the community.

- Tyler apologized for being on the road and unable to share slides during the meeting. He asked Dr. Boone if she had questions.
- Dr. Boone began by asking if watered-down Fentanyl could be a reason for decreases in overdose in North Carolina and in Durham?
- Tyler said he is cautious about interpreting the data because it is provisional. He also said with Naloxone more readily available, people can administer it, possibly resulting in decreases in calls to emergency services following an overdose.
- He agreed that evolution of the drug supply could be a factor in decreases in overdose. He recalled Dr. Dasgupta, with the UNC Street Drug Analysis Lab, saying recently that Xylazine becoming more common in the drug supply, may mean less Fentanyl, which could be a protective factor against overdose.
- Tyler added that since COVID-19, there has been a shift in access to low-barrier, evidence-based treatment in the community.
- Dr. Boone asked if Tyler could speak to abuse of MAT leading to overdose.
- Tyler said when MOUDs are misused, some have a higher chance of causing overdose. Anytime someone uses CNS depressants like Benzodiazepines or alcohol, with MOUDs, which are also CNS depressants, the likelihood of overdose increases. Tyler added that Buprenorphine and Suboxone are very safe when used alone.
- Dr. Boone asked Tyler if information shared about Black African Americans and alcohol has been seen across the state or just in Durham.
- Tyler said from 2013-2022, the percent of alcohol involved overdose deaths increased for Black non-Hispanic and white non-Hispanic residents in Durham, from roughly 22%-25%. The increase for Black non-Hispanic was 15%-18%. White non-Hispanic stayed relatively stable at about 13% with a slight increase. There is an increase in polysubstance related deaths at a disproportionate rate for non-Hispanic Blacks when compared to their non-Hispanic white counterparts. Tyler thinks this is due to centuries of lack of access to services and criminalization of communities of color.
- Tyler mentioned the Gilbert study on Route of Administration for Communities of Color, which showed that both Hispanic and non-Hispanic communities of color preferred to smoke and snort their opioids, rather than inject. In NC, smoking and snorting supplies are still illegal and not covered under protections granted to SSPs. This could be why people of color are not accessing other available harm reduction services that could prevent overdose.
- Commissioner Jacobs said Tyler's comments were enlightening and if time allows, at the end of the meeting there could be discussion on addressing the disparities mentioned.
- 18:18:20 From Morgan Culver: If anyone's interested in reading more about decrease in overdoses here's a great piece by Dr. Dasgupta at the Opioid Data Lab: https://opioiddatalab.ghost.io/are-overdoses-down-and-why/
- 18:22:19 From robertkellogg Boulder Care: Thank you, Tyler. Great information and it is encouraging to see forward thinking initiatives and thinking.
- 18:22:34 From Jaeson Smith: Yes, much appreciated Tyler!
- 18:23:53 From tyler: If anyone has questions, want to talk more in depth, or just want to learn about some of the work being done statewide- feel free to reach out. Tyler.yates@dhhs.nc.gov

6:15 pm – 6:25 pm	Opioid Overdose Prevention and Community Action Guide— Dr. Wanda Boone, Task Force Co-Chair
	NOTES:
	 Commissioner Jacobs introduced DJT Task Force Co-Chair, Dr. Wanda Boone, who will present on the Opioid Overdose Prevention Community Action Guide.
	 Dr. Boone is the Director and CEO of Together for Resilient Youth. She is a state and national expert on resilience, ACEs, trauma informed care and opioid addiction. She also leads the Prevention and Education Sub-committee. Dr. Boone shared information on Preventing Opioid Misuse and Overdose: The Community Guide as follows: Based on Tyler's and her report, there is a continued need to focus on the Black African American community in Durham. Although it can be used for all ethnicities, this is specifically pertaining to the Black African American community. The guide can be used by CHWs and anyone else needing to explain the opioid epidemic and its devastating impact on families and communities.
	 The guide has information on racial/ethnic disparities regarding overdose, which should be of interest to everyone. There is a listing of street terms for opioids and other drugs. A factsheet for parents including street and
	commercial names and other characteristics of substances. The guide includes information on safe use of alcohol, recommended serving size and examples of alcohol attributable deaths.
	 Adverse experiences and the effect and impact of racial trauma on the community is also featured. The guide covers social Determinants of health and where the focus should be in Durham. There is also information on where Together for Resilient Youth focuses and challenges related to social determinants of health.
	 There is a list of other resources including Durham County Resources for Individuals Who Use Substances. Commissioner Jacobs asked Dr. Boone if she would share the link with the guide with Donna to include on the DJT Task Force webpage and along with the meeting update. Dr. Boone said she would.
	 Commissioner Jacobs asked if anyone had questions about the guide. Lacie said she thinks the guide is great and looks forward to accessing it. Lindsey asked what the best way would be to get physical copies of the guide.
	 Dr. Boone agreed to follow up with Lindsey on that request but will share it digitally for now. 18:37:07 From Dr. Wanda Boone: I received a Dogwood award for our Opioid prevention work. Kay received a Dogwood award for her excellent work over the years!
6:25 pm – 6:30 pm	 Announcing Plans for January 22, 2025, DJT Task Force Meeting: Determining New Task Force Objectives Using a Strategic Planning Model (Dinner will be served) – Commissioner Wendy Jacobs, Task Force Co-Chair NOTES:

Commissioner Jacobs said she would like to jump ahead on the agenda and ask that everyone mark their calendars for Wednesday, January 22, 2025. She announced that there will be an in-person meeting of the DJT Task Force and dinner will be served. She said there has not been an in-person meeting of the taskforce since the pandemic. She shared that DCo Department of Public Health will pay for food and that the meeting will likely be held at the Justice Services Center. • The meeting will be from 5:30pm-7:30pm. The focus of this meeting is on strategic planning and revising the objectives for DJT Task Force. She said this is tied in with what Dr. Boone and Tyler discussed about the data and the upcoming discussion. The meeting in January will be an opportunity to focus on the data and disparities and align our objectives with where we are now. She said we have made tremendous progress and implemented incredible programs and initiatives. Now it is time to come together again. 6:30 pm - 6:55 pm • Discussion: Stakeholder Perspectives on Recent Decreases in Opioid Overdose Trends— Dr. Wanda Boone and Commissioner Wendy Jacobs, Task Force Co-Chairs NOTES: • Commissioner Jacobs asked the providers for reflections on what Tyler shared about the data and disparities and what they are seeing in their work. Helen said that she has been providing a report quarterly that shows the number of overdoses that EMS is seeing in Durham County and there has always been a very high percentage of Black African Americans. • This is in her thoughts considering Black African Americans account for 34% of Durham's population but account for 60% of overdoses. With their program providing MOUD treatment in the field, she said she needs to look at the data for percent of Black African Americans requesting treatment, so that she will know where to focus their efforts. Commissioner Jacobs thanked Helen and said that her ability to disaggregate the data on treatment requests will be helpful. Dr. Boone asked Paula what she had been seeing in the community related to the discussion. Paula said that she still sees a lot of use and misuse. She said that Durham has a drug stigma or a reputation for being a good place to get drugs. They are seeing it in Oxford Housing. But they are also seeing more people on medication assisted recovery (MAR), which is a good thing. Paula said they haven't had to use Narcan as much lately, because more people are on MAR. Carlyle said he doesn't have the "boots on the ground," perspective. He said he serves 7 NC counties and based on the data; Durham seems to have more of a poly substance use problem than do other counties. One of his long-term concerns has been that we focus a lot on opioid use. However, when looking at trends over time, we really need to design a system that is more focused on polysubstance use, co-occurring mental illness, traumainformed and preventative.

- 18:38:49 From Catherine Constineau : From an abuse neglect perspective we see a majority African American families in this trauma based courtroom
- 18:39:18 From Catherine Constineau : Opioid addiction represents a majority of the stakeholders
- Lindsey shared that there has been advocacy within DCo Public Health's Health Education Team, for availability of safer smoking supplies. This is specifically and directly in relationship to commentary about different patterns of use among racial and ethnic groups. And thoughts that syringes are the only way to respond to harm reduction, without consideration for different patterns of drug use have come up clearly. Lindsey added that DCoDPH is a governmental agency and aware of the laws in NC; thus, this is not something that they have been able to act on.
- Morgan introduced herself as the new harm reduction coordinator with DCoDPH and agreed with Lindsey. Morgan said anecdotally it is absolutely the case in Durham that primarily Black and Brown people smoke their drugs, snort their drugs and don't inject drugs. She added because of the impression that harm reduction programs are just syringe exchanges, she knows anecdotally that they are not accessing these services as often. They aren't accessing safer smoking supplies but are also not accessing Naloxone weekly, safer drug use information, linkages to care and other services.
- Keary, from Project VBOT, which is a virtual-based opioid treatment clinic, said that they have patients in NC, including Durham County. She said that the polysubstance use is something they are seeing across the entire state. They are seeing a much higher rate of methamphetamine users, looking for help from any resource. She said this is harder to treat in a virtual space. She loves hearing everyone talking about whole-person care. She likes the term, "medication assisted recovery," used by Paula. She said MAR sounds more like what their project does, in that it addresses polysubstance use and co-occurring mental health conditions. She said there are limitations to what can be done in a virtual space but there is also a lot you can do without burdening patients with transportation issues.
- 18:44:39 From Robert Kellogg Boulder Care: It is interesting that the percentages of people of color and other
 marginalized communities of individuals experiencing homelessness are much higher than those of their white
 counterparts. I think it points to systemic failures and the amount of work that needs to be done to address the
 trauma and mistrust of our individuals in marginalized communities.
- 18:47:04 From Catherine Constineau: We do see juveniles subject to abuse and neglect cases manage trauma via drug use in their teens and after being separated from their parents due to opioid addiction in my case load.
- 18:49:40 From Catherine Constineau : And treating the whole family
- 18:50:51 From Lacie Scofield: In the CLC Peer Support Program, we have about 50% Black and 50% White participants. Slightly more of the White participants than Black participants end up starting treatment for substance use. At 3 months, a larger percent of the Black participants than White participants have dropped out of treatment.
- Dr. Boone read comments from the chat and called on Tyler, whose hand was raised.
- Tyler said he appreciates and wants to echo what has been shared about polysubstance use and Methamphetamine. He said Fentanyl remains the number one drug in overdose deaths in NC; however, that is followed by Methamphetamine. They are seeing that roughly 75% of overdose deaths involve polysubstance use-typically Fentanyl and Methamphetamine. Tyler thinks this is because of Xylazine in the drug supply, making it

	 hard to go to work and to do usual daily activities. They take Methamphetamine for the stimulant effect. He reemphasized the need for person-centered care and said to see long-term changes in numbers, a wholistic approach to supportive services is what is needed. Whitney said that on Wednesdays, she and Dr. Logan Adams go to NC Harm Reduction Coalition sites to provide primary care and addiction services. They serve a higher number of Black people at their 4 sites and treat wounds from Xylazine. She says she doesn't recall treating any wounds from Xylazine in white people at their sites. They saw 23 people yesterday requesting MOUD treatment or primary care help. They have also seen an increase in people requesting recovery center treatment and housing. They are also trying to make those referrals. They have noticed these changes over the last year. Commissioner Jacobs suggested that this conversation resume at the January 22, 2025, meeting and that everything said should inform how we revise our objectives moving forward. She asked Dr. Boone to close out the meeting.
Updates and Closing 6:55 pm	 Dr. Wanda Boone, Task Force Co-Chair NOTES: Dr. Boone asked if there were any announcements. Hearing none, she thanked everyone for taking time to attend the meeting and said she looked forward to seeing them all on January 22, 2025. She said they should expect to receive follow-up information on resources and referral services and adjourned the meeting.
Next Meeting	Wednesday, January 22, 2025, Location: TBA

Schedule for Durham Joins Together Committees:

- Prevention/Education 2nd Wednesdays, 10:30 AM Virtual
- Mental Health SUD/Treatment and Data 2nd Tuesdays, 3:00 PM Virtual
- Policy To be determined

Committee Chairs:

- Prevention & Education Dr. Wanda Boone
- Mental Health Substance Use Disorder Treatment Tremaine Sawyer & Lacie Scofield