

BROOME OPIOID ABUSE COUNCIL

July 10, 2015

Present: Jill Aflord-Hammitt, Fred Akshar, John Bernardo, Sean Britton, Diane Brown, Carole Cassidy, Katie Cusano, Alan Hertel, Arthur Johnson, Karel Kurst-Swanger, Lee Livermore, Debra Preston, Dr. Christopher Ryan, Raymond Serowik, Lorraine Wilmot

Absent: Tina Barber, Allen Buyck, Claudia Edwards, David Harder, Jerry Mollen, Dennis O'Keefe, Gabe Osterhout, Dr. Peter Ronan

Karel Kurst-Swanger called the meeting to order at 10:00 a.m. and introductions were made.

Susan Hughes and Alexis Pleus attended the meeting to talk about TruthPharm and The Angel Program. TruthPharm developed a People Before Addicts video series to raise awareness and defeat the stigma associated with addiction. They met with Sheriff Harder and Undersheriff Akshar last week with respect to The Angel Program developed by the Gloucester Police Department. They would like to use that model to enact the Police Assisted Addiction and Recovery Initiative (PAARI) in Broome County. The program was set up for opioid drug users to be able to go to the police station to request help with treatment and recovery without fear of arrest. Individuals are transported to a treatment center and paired with a volunteer angel to help them with their recovery process. TruthPharm's goals are to bring PAARI to present in Broome County, to invite other police departments to attend, and to develop a list of questions and potential hurdles to implementing this program in Broome County prior to that presentation. They would like BOAC to work on expansion of services in this community and expressed concern that there are not enough detox centers or treatment programs in this area.

Karel and Fred will contact PAARI to arrange a date in August when they can present. Fred said that he and Sheriff Harder would like to implement such a program but not if it is not sustainable -- without the treatment options being available. The programs need to be in place before the program can be implemented. Hospital administration will be invited to attend this presentation.

The UHS detox center in Broome County closed in 2010 mainly due to reimbursement issues. Dr. Ryan said we need to be clear on what detox is for these patients – do they need to be admitted for a period of days or do they need instant access to begin chemical dependence treatment. This community needs a means for instant access to treatment. People can be connected with a recovery coach. Lourdes Hospital is interested in expanding their behavioral health services. UHS has empty beds in their inpatient rehab unit. ACC is always full; individuals stay there until they can move to the next level of treatment. A safe home is needed where the people waiting for long-term treatment can stay until they move to a treatment center. About one-half of the people are heroin or opiate addicts; treatment methodology is individualized. Debbie will meet with Art and Katie to discuss this option to open up beds in the Crisis Center by developing an intermediate place for people to stay. Finding funding for this option is the next step.

Art said most of the available funding converted to Medicaid in the public system. There are four non-profits providing services in the area who cannot afford to experience losses. UHS is losing \$10 million per year on behavioral health. UHS has expanded their methadone slots from 85-115. They would need to add additional staff to increase the number of beds further. Fairview receives \$750,000 from the state for 18 beds; there is a need for 50 beds. People stay there about two weeks on average while waiting for their next treatment option. Art and Katie have been working with Fairview to discuss

expansion of services. Art is meeting with UHS administration during August to see if they can provide the medical support at Fairview so they can expand services and offer medical services such as Suboxone. If UHS decides not to offer that medical support, they will meet with Lourdes to see if they are willing to. Dr. Ryan suggested speaking to Endwell Family Physicians as well. Diane said there is some grant funding available through the Community Foundation; ACBC received grant funding for their Vivitrol program. There are Vivitrol programs in some of the jails around the state and that is something to consider here.

Dr. Ryan provided an analysis of pre-hospital Naloxone use in the Susquehanna Emergency Medical Services Region (Broome, Chenango and Tioga Counties) as an indicator of opioid overdose numbers. Since October 2012 there have been 652 Naloxone administrations (6.6 per 100,000 per month) with the majority in the 20-50 year old age group with the median age being 35-40. 25% of administrations are for under age 25 and 25% for the over 48 age group. These numbers do not differentiate between opioids and heroin. Only 1% of EMS calls involve Naloxone administration. Friends and families that are trained in administering Naloxone are supposed to call EMS when they do; however, we cannot be sure that is occurring. Perhaps John Barry from STAP can give us some information on how many people have requested a second kit as an indication of how many have been administered. Dr. Ryan can analyze the data to see how many administrations of Naloxone were repeat administrations for a given individual.

Karel asked for discussion on a process for family members to speak to this group. She wondered if we wanted to appoint someone to talk to family members to hear their stories or to continue to allow them time at these monthly meetings to share their experiences. Katie knows of one parent who is interested in attending. Karel spoke to someone to hear her family's struggles. Debbie thought it was important to continue to allow family members to attend and share their stories and what they feel are the problems/issues in the system. The committee decided to schedule a few minutes at each meeting to allow family members to share their experiences. There are support groups available for family members. Information on Families Anonymous is on the BOAC website. The Lourdes Center for Mental Health, Social Work and Hospice will take turns hosting three cycles of a support group for individuals who have lost a family member to substance abuse. There will be a press release announcing this initiative which begins August 15. There will be twelve people in each cycle; individuals will be placed on a waiting list. The next cycle will begin in January/February 2016 and then in May/June 2016. ACBC has a group called Grief Recovery After Substance Passing which is a peer led group. The Executive Director is looking for someone to lead this group now.

There is a "Unite Against Addiction" event scheduled in Washington DC on October 4th to address the addiction stigma. They expect hundreds of thousands to attend.

Lee suggested that we begin developing media contacts now. One of the parents who presented at the last meeting said she has contacts that are willing to assist with media and could assist with grass root efforts. Jill is working with that individual regarding a PSA on the Good Samaritan Law. Perhaps this individual can help get the word out on support groups as well.

An anti-heroin awareness in the park event is scheduled at Highland Park on July 19th which will include basketball and kickball tournaments. Jill has been working on planning events in Chenango and Delaware Counties. She will reach out to the two presenters from TruthPharm to see if they would like to join the Community Education Committee. The committee is working on a format for presentations so the community education nights will be structured in the same way. We need the business

community buy-in for the community education nights. The presentation scheduled in Johnson City is being sponsored by the Rotary.

The Law Enforcement Committee finished development of the card on the Good Samaritan Law. Fred passed it around for comment before implementation. They will be working on the Good Samaritan Law PSA next week.

The Educate Medical Professionals Committee would like to find funding to pay a retired pharmaceutical sales representative to conduct medical detailing at physician offices to discuss their pain medication prescribing practices. He estimates that it would take about a year to visit each practice a couple of times to get the message across. This is a very effective means to change behaviors. Staten Island has been using this model through their Public Health Detailing Program. Dr. Ryan talked to someone in that program last week to see what they were doing. They had the infrastructure in place and added opioid prescribing practices. They also have smart phone applications which could be useful. The I-STOP database started at around the same time. They had 54 opioid analgesic deaths in 2011 and 38 in 2013. The net result of interventions was fewer opioid deaths; however, there were other interventions occurring besides public health detailing. Dr. Ryan distributed an article from the MMWR on the decrease in the rate of opioid analgesic overdose deaths in Staten Island.

Dr. Ryan will be presenting Naloxone epidemiological data at the next UHS Medical Staff meeting. He will present to Lourdes Hospital as well. He will work with Lee to include the Poison Control Center's perspective.

The proposal to locate drug take back boxes at pharmacies is on hold right now because New York State has more restrictive regulations than the federal regulations. Two weeks ago, the Senate and Assembly passed a bill directing the NYS Department of Health to allow take-back boxes at pharmacies but this has not been signed by the Governor yet.

Katie found a scrapbook from 1972 discussing the heroin epidemic in Broome County if anyone is interested in looking at it. Wilson Hospital had a state of the art heroin treatment program and the Haldol program for opiate withdrawal. Dreams Over Drugs presented at the Treatment and Prevention Committee meeting last week and Katie thought it might be helpful for the group to present to BOAC. There is a doctor at the Greater Binghamton Health Center who is now prescribing Suboxone for patients. The ECHO program at STAP is flexible on who can be sent for treatment and can assign someone to meet with an individual regularly as a case manager. This is a prevention program to prevent HIV/AIDS but can cover individuals using drugs.

Pre-Trial, Probation and Parole Supervision Week is next week. Narcan training is being provided on Thursday. All staff at the Tioga County Probation Office have been trained and training is being offered to Delaware County Probation Office staff.

The next BOAC meeting is scheduled for Friday, August 7th.