

BROOME OPIOID ABUSE COUNCIL

August 7, 2015

Present: Jill Aflord-Hammitt, John Bernardo, Diane Brown, Carole Cassidy, Katie Cusano, Claudia Edwards, David Harder, Karel Kurst-Swanger, Lee Livermore, Debra Preston, Lorraine Wilmot
Absent: Fred Akshar, Tina Barber, Sean Britton, Allen Buyck, Alan Hertel, Arthur Johnson, Jerry Mollen, Dennis O'Keefe, Gabe Osterhout, Dr. Peter Ronan, Dr. Christopher Ryan, Raymond Serowik

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

The Police Chief from Gloucester, Massachusetts will present on the Angel Project on August 17th from 1:00-3:30 p.m. at the Broome County Sheriff's Department. All BOAC members and committee members were invited as well as police agencies in seven counties. He will meet with the Sheriff's Department and some other representatives from the treatment community on that same date. There will be a report back to this group following that meeting.

Community Education Committee: At their last meeting, the committee discussed populations and family issues, reasons for addiction, and the role that trauma plays in that. The Good Samaritan PSA should run on the radio through Town Square Media soon. Jill will forward the email with the three 30-second PSA's so everyone can hear them. They all have basically the same message about saving lives and what the Good Samaritan Law is.

Theresa Rajner (who is the principal at Deposit High School) approached Jill with a proposal for a multicounty (Broome, Chenango, Delaware and Otsego) roundtable discussion. It is scheduled for September 2nd from 6:00-8:30 p.m. at the Deposit Elementary School Café. It is for superintendents, Board of Education members, principals, teachers, counselors, social workers, and anyone interested in information about resources available to help educators with the area drug epidemic. This will be roundtable discussions to gain access to resources from district attorneys/drug court, law enforcement, medical personnel and pharmacists, political leaders and lawmakers, treatment professionals, and drug education professionals. Theresa's hope is that schools will open up more to what is really going on with these issues and have some frank discussions. Lee said that from working with other counties, one of the most misunderstood pieces is what addiction is and how people get addicted. We can guide our educational opportunities in the future around the topics that are brought up at the roundtable discussion. We will track what people don't seem to understand or what they have questions about. Kelly Musa will be there and does a wonderful job of providing simple explanations that people can understand. Joe Gonzales and his group will be there as well. The Whitney Point School District will be participating. Jill presented to the Whitney Point School District Planning Committee. They are very interested in sponsoring something for community agencies (i.e. Rotary, Kiwanis) in the Fall. The Johnson City event is not being sponsored by the school; it is being sponsored by the Rotary because they wanted it to be a community event. It is scheduled for Tuesday, October 27th in the evening at the Sarah Jane Johnson Church.

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Jill met with Steve DiStefano from the Union-Endicott School District in April. He was very interested in planning a community event and planned on reaching out to the Maine-Endwell School District. Jill will contact him again. It was suggested that Jill present at School Board meetings and she said she was willing to do that. Jill has a panel ready to present to the Chenango Valley School District in early November.

Lourdes Hospital developed a “Death from an Overdose Recovery and Support Group” which begins on August 12th. Dreams over Drugs is sponsoring a Susquehanna River Day Tournament on August 22nd at Grippen Park as a fundraiser and awareness event. There will be a press conference on August 31st at 10:00 a.m. at the Tri Cities Opera Center at 315 Clinton Street, Binghamton. August 31st is National Overdose Awareness Day. September is National Recovery Month.

A list of all council members and committee members has been compiled but it does not include email information for committee members. We will continue to send things out to committees through the committee chairs. Jill will send the link to a guide called Over the Edge which discusses what happens when alcohol and substance abuse affect communities. SUNY Broome was one of the nine organizations that participated in development of the guide. It has some good information and this community is working on everything that is suggested in the guide.

Law Enforcement Committee: They worked on the Good Samaritan Law cards and Public Service Announcements. The cards have information on the resources available for officers to use when they respond to an overdose situation. There will be some follow-up after the meeting on August 17th in terms of law enforcement.

Education of Medical Professionals Committee: Dr. Ryan has been working on setting up some presentations to physicians to try to change prescribing practices for pain medications. Lee Livermore will work with him on one scheduled presentation and may be able to get a toxicologist from the Poison Control Center to attend. Proper prescribing and the potential for addiction is one of the efforts with the new funding at the federal level. Physicians need to take an eight-hour online course to be able to prescribe Suboxone; there is nothing about the potential for addiction in that course.

Claudia presented to the Broome County Bar Association yesterday on medical marijuana, which goes into effect in January 2016. Physicians will have to register with NYS to be approved to prescribe medical marijuana for their patients. Providers will certify patients to be eligible to receive it. New York State has outlined the dosing and the allowable extractions from the marijuana plant that can be used. There is a tremendous amount of regulation about the manufacture and dispensing of medical marijuana and the controls that need to be will be in place. Physicians cannot prescribe more than a 30- day supply. Caregivers can have up to five patients that they can pick up medical marijuana for. There will be no smoking of marijuana anywhere in the state under this law; vaping of the liquid that is extracted will be allowed.

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There are a lot of restrictions about where this can be vaporized – it cannot be vaporized in public areas (enclosed indoor areas and within 100 feet of entrances, mass transportation, ticketing areas, youth centers, child care centers, treatment facilities, colleges, hospitals, residential care facilities, cars, parking areas and roads – prohibited from driving). Vaping is the most rapid entry into the brain. Medical marijuana will be available in liquid, pill and sublingual form. This is still not an approved drug so there are a lot of legal implications. Governor Cuomo has made an appeal to the NYS Attorney General to allow medical marijuana to be transported across state lines for children with epilepsy. Training will be provided for police agencies. The NYS Department of Health will set the price based on appropriations and cost. The sale of medical marijuana is on a cash basis; third party insurance cannot be billed. It is hoped that medical marijuana will be reclassified by the DEA as a medical product. Twenty-three states offer medical marijuana. There are 20 million people in the State of California with certification cards for medical marijuana. Research has been limited regarding overdoses from

marijuana until recently when they started coming out with some of the concentrated forms. The oils themselves are approaching 100% purity of THC and there have been some deaths related to consumption of products at that level. The Poison Center is still seeing an increase in cases of synthetic marijuana. They are seeing different symptoms in patients presenting to the emergency room – there is still the psychosis and heart rate and blood pressure and those sorts of things – but more in the levels of being in a coma. Concentrations are so much higher and the chemical structures are changing so rapidly from a toxicology point of view that it is hard to know what is going on with it. In April there were over 200 cases in Syracuse in a two-week period. That was a rate of 10 cases per day in some areas. Now some of the data is showing a surge in synthetic marijuana across the country. Nobody knows what is in the synthetic marijuana until you get a sample and that is a long and costly process. There will be more to come on medical marijuana.

Treatment and Prevention Committee: Katie attended a conference of local mental hygiene directors in Albany two weeks ago and a public hearing in Syracuse. She talked to Rob Kent who is the Chief Counsel of OASAS at both those meetings. They discussed issues that the various counties were experiencing and he suggested connecting law enforcement with treatment, which Broome County does. Katie emailed him to discuss issues further. The state is promulgating new regulations for Addiction Crisis Centers which may tie our hands even further. Katie has been involved in a lot of meetings with UHS and Fairview trying to figure out how we can get the system moving better Insurance would not pay for opiate withdrawal because it is not life threatening, therefore, UHS had to close detox services, especially since fewer people were coming in with alcohol withdrawal. Individuals can now actually be detoxed on the medical floors. We have been sending people from our county to other county detox centers. ACBC is talking about opening an ambulatory detox center. We would still need a safe place for people to live when providing ambulatory detox. There are 18 beds at the Addiction Crisis Center and we cannot increase that number through OASAS. New regulations would require us to bump up the level of care which would limit how people get in. Katie said the issue is not really the number of beds. The issue is moving people through the crisis center. People can be there up to 21 days but they get stuck there waiting for a treatment bed to open up. They don't have a safe place to be in the meantime; we need a transitional living facility.

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We try to send people to the Y's or the VOA but they are not really safe places for people who will use again if they are out on the street and able to walk around. They are not supervised; people need a structured setting. They need case management and a structure in a facility to stay clean until they get to a treatment center. Fairview usually has some openings in their supportive living program. We would like to convert some of those beds into another level of care in a residence where we could take the people who are stable at the ACC. This would improve the flow of people into the beds at the ACC. They have been working with Alan Wilmarth at UHS because they always have inpatient beds available. It is a difficult process to get them into the inpatient setting. There is a misconception that people on Medicaid managed care are not eligible for inpatient care or they are not eligible for more than seven days of inpatient treatment. There is a carve-out with Medicaid for drug and alcohol treatment. If people call the Chemical Dependency Center Services Unit or anyone in the Medicaid Unit they can get people full Medicaid for the time that they are in treatment and then they can go back to Medicaid managed care. Supported living is congregate care and that is a different funding stream. Katie will talk to Rob Kent about getting some of those beds converted to transitional living. We want to increase the flow through the Addiction Crisis Center so that people who are in crisis can come in and be observed. Once they are more stable they could move over to the 8 bed unit where they need a little less "eyes on" care. When they are at 5-10 days of stability they could go into the transitional living facility as long

as they remain stable until they get to treatment. We cannot start an Angel Program in Broome County until we have a place to send these people for treatment. Sheriff Harder said the Detox Center at the jail runs every single day and is always full or close to full. They have a capacity for twelve but are building an additional nineteen which will open at the end of next year in their medical unit. They are also transforming the gym into a 48 bed dorm.

We will not hear until October on the grant that was submitted for the Drug Court enhancement. September 26 is National Drug Take Back Day. The Sheriff's Office will have four locations open on that day: the Sheriff's Office, one in Endwell, one in Whitney Point and one other site yet to be determined. This will be from 9:00-11:00 a.m. They will not accept sharps. The Sheriff's Office absorbs the fee for the drug disposal except when the DEA picks up the drugs in which case there is no charge. Claudia attended a Public Health Improvement Plan meeting. John Barry presented and said that 67 families were trained to administer Naloxone through the Southern Tier AIDS Program; he did not give the timeframe for that. He did not know how many families have actually used their Naloxone kits; five families came back for another kit. Jill said Lourdes has provided four training sessions: 52 kits were given out in November at the first training, 30-35 at the second training, 15 at the third, and 22 at the fourth training session. That does not include the training in Conklin where they trained 25 individuals. Theresa Rajner had STAP provide training for the Deposit community as well. Lourdes will continue to hold these trainings throughout the year.

The next BOAC meeting is scheduled for Friday, September 4th. We will discuss the presentation on the Angel Program.