

DRUG TASK FORCE STEERING COMMITTEE MEETING (N/K/A BROOME OPIOID ABUSE COUNCIL)
December 31, 2014
Broome County Health Department – Conference Room A

Facilitator: Karel Kurst-Swanger, PhD

Attended: John Bernardo, Katie Cusano, Claudia Edwards, Fred Akshar (for Sheriff Harder), Art Johnson, Dennis O'Keefe, Debbie Preston, Dr. Christopher Ryan, Ray Serowik

Absent: Brett Chellis, Sheriff David Harder

Meeting began at: 10:00 AM

Debbie: The heroin and opioid problem in our community is worse now than ever before. Although we are all engaged in this war on many different fronts, we need a unified force that will remain focused on the long-term solutions to this community problem. Putting together a comprehensive plan of action from a wide range of experts and community leaders is the first step toward curing this very serious problem that ails our community.

They were discussing the history of previous meetings.

Claudia mentioned the discussion at previous meetings in 2013-2014.

Fred: The Sheriff's office is seeing a steady increase in amount of calls they service related to heroin. Dr. Ryan: Looking at many ways to measure the opioid dependence problem.

Katie: There is a big community interest with lay people being trained to administer naloxone. Southern Tier Aids Program (STAP) and Lourdes have teamed up and Lourdes has been organizing community trainings; 2 have been held so far and each maxed out at 50 people attending. There is one coming up any day that is filled, and another one scheduled for March that is already close to capacity.

One of the things Karel recommends for this group is to digest all the data that's been discussed – get a handle on what's really happening in Broome County.

Focus should be on all opiates not just heroin.

Dr. Ryan is fairly certain, and Ray agrees, that if someone's opioid overdose is witnessed, we will save them, if the incident is reported in a timely fashion, and somebody calls 911.

Broome's Narcan (nasal) program was implemented in March.

Naloxone administration does not capture all the overdoses. We will see it in the death certificates.

The governor proposed some stronger regulation in law enforcement regarding heroin. Twenty bills were passed and maybe 13 are related to law enforcement types of things. Per Karel, that's one of the things we need to look at.

These issues must be approached from multiple fronts. This issue needs to be addressed in treatment, and education, and enforcement.

John: Last time we met, it was stated, there are 5 or 6 things this group needs to deliver.

Debbie thinks the county website is a very important tool the public can access and she invited Dennis to today's meeting. The county is building a new website, but Debbie wants Dennis to put up information on the current site. She wants the public to be able to click on where they can get help, counseling, 24/7 hotline numbers, etc. Dennis said IT would put the links to the information on the website once you give him the information.

The handout that was provided listed 5 areas recommended by NIH to address the heroin problems: 1. Community Education, 2. Law Enforcement Activities, 3. Educate the medical professionals, 4. Explore approaches to create more treatment slots & funding opportunities, and 5. Explore [expand] treatment modalities & become a pilot site.

Dr. Ryan's suggestion for a goal is to increase the number of drug drop-off boxes and distribute them more widely around the county. Dr. Ryan explained that the Safe and Secure Drug Act now allows pharmacies to operate drop-off boxes. Dr. Ryan would like us to prevail upon pharmacies to offer these boxes.

Dr. Ryan asked about grants to subsidize the pharmacies. Debbie noted that CVS paid for the box at the County Office Building. The foundations might help.

Karel complimented the group on all their action item suggestions, but it still needs to be decided how this committee is to be structured for next year. Then they can work on choosing action items and figuring out how to roll them out.

Claudia requested Karel to define structure. Karel wants to know how often this group will meet. (Monthly.) Will other people be invited into the group? (DA Jerry Mollen, Dr. Ronan, & Al Buyck were suggested immediately. The United Way and Community Foundation will also be invited to join BOAC. Discussion that we keep it small. If there are too many people, we may not be able to accomplish the things this group wants to accomplish.

Discussion on the group's objectives aside from education and the law enforcement.

- Community education,
- Law enforcement,
- Educate the medical professionals Claudia added
- Treatment & Prevention- make sure they continue to expand treatment slots and then work on getting more doctors certified to administer suboxone. Including overdose prevention.

It was decided Karel would be the link to the ICP, as she facilitates both meetings. BOAC will become a work product of ICP and BOAC will be an agenda item.

Karel recapped – we have a name; we want to meet monthly; at the next meeting the agenda will start with people presenting their data – 2010 to as current as possible. Fred will bring drug-related calls for service and arrests; it would be difficult to separate out heroin or opiate specific only. Karel also asked him to bring anecdotal data, like the number of property offenses; anecdotally what he thinks is going on based on his experience. You're planning to meet for a year, at least, and then figure out if and what you want to do from there, and you want to meet monthly, so that's 12 meetings, as a group.

Social media, Claudia said, is something else we need to mention because this is how our younger generation communicates. She asked it be added in there for future discussion as a way to get information out, like the community presentations.

Meeting adjourned at 11:43AM.