

Substance Use Disorder Advisory Commission

Date: April 21st

Time: 12-1

Location: Nat U Hill room and Zoom

Members Present online: Steve Malone, Peter Iversen

Members Present in person: Penny Githens, Melanie Vehslage, Kathy Hewett, Patricia Cummings, Karen Wrenbeck, Sarah Larson, Whitney Meeks, Nick Voyles

Presenter Online: Joani Stalculp

Meeting facilitator: Melanie Vehslage

Notes: Melanie Vehslage

1. Call to order: 12:05
2. Member announcements
 - a. [Jail Tour for SUDAC](#) Friday April 28th
 - b. Penny Githens: - State is piloting a program for folks with SUD and are going to do a second round of the pilot with only three counties through Mental Health America. This program pairs peer recovery coaches in the jail with those who are interested in services. After release, participants go into a hub to get help immediately during transition from jail setting. State would like to roll out to all 92 counties, but would be good to get out on the ground floor as part of the pilot. Second round of pilot would start July 1st. In planning for a new jail, would like to know about what might be effective to think about what types of facilities would be needed for programming such as this.
 - c. Pilot program is called IRACS, [Integrated Reentry And Correctional Support](#).
 - d. Nick – Misquote in a [BSquare](#) article that the IRA had ever picked up 700 etc. needles in program history.
 - i. KH – There was a question recently about the grant from THFGI to purchase syringes for the SSP. That grant is \$25,000 to purchase 265,000 needles. The other number was 718, which is how many *MCHD staff* picked up in one year, as residents can call MCHD. The numbers quoted were only for MCHD staff during staff hours, not the SSP as a whole.
 - ii. IRA received several grants. Now have full time HCV Care Coordinator liaison and will soon have a peer tester. This person is doing micro-elimination in Monroe County. Have already signed up a number of folks for HCV treatment for HCV. HCV navigator can't test, but peer can do testing. Have a great opportunity for folks in MoCo to receive treatment
 - e. Job opening at MCHD for [Harm Reduction Community Health Specialist](#)
 - f. Looking to better understand what questions youth serving providers have about substances. If community member, partner agency is interested in offering perspective, visit <https://bit.ly/YOUTH23>
 - g. Installed another syringe disposal kiosk at Shalom Center.
 - h. Probation advisory Workgroup – application [here](#)
 - i. Mental Health First Aid Training upcoming on May 19th – contact Charles.culp@bloomington.in.gov

- i. Should be more trainings upcoming in next few months.
- 3. Lunch and learn
 - a. August 4th JLAP is hosting Lunch and Learn at Mauer School of Law on IU's campus. Room has been reserved for 90 minutes of programming – presentation with time for questions at the end.
 - i. Needs: Zoom link to complete form.
 - ii. Audience: Lawyers and practitioners in the community, existing law students etc.
 - iii. Question: JLAP wanted to know if they can solicit donations from the attendees to support a scholarship to offer additional assistance through their programming. Need to check to see if that is something they are able to offer during the training.
 - iv. No title yet
 - v. JLAP provides services related to folks who are practitioners in the legal field and experiencing substance use and mental health issues. All services are confidential, some of the judges are liaisons, will help with substance use, depression, age related issues etc.
 - vi. Would like to get more information on ethics CLEs, hopefully will be able to qualify for those.
 - 1. Would like to discuss in ethics portion what are requirements, options etc. regarding reporting and boundaries for confidentiality.
 - vii. Q: SIU Law Students are not lawyers yet, can they receive JLAP resources?
 - 1. A: Yes! Want to share about available resources.
 - viii. KW: Notes that the law school has an in house therapist
 - ix. To Do: PG help facilitate zoom link and CATS recording form
 - b. October 2023 L&L – Tabled for next meeting
- 4. SUD Death Data – Joanie Shields, Coroner
 - a. In 2018 is when the data began being calculated for this particular issue.
 - i. 2018: 28 overdose (OD) deaths, 12 contained fentanyl.
 - ii. 2019: 26 OD deaths with 5 containing fentanyl.
 - iii. 2020: 51 OD deaths, 36 contained fentanyl.
 - iv. 2021: 55 OD deaths with 44 containing fentanyl.
 - v. 2022: 64 OD deaths with 45 containing fentanyl.
 - vi. Fentanyl means all derivatives of fentanyl (acetylfentanyl, carfentanyl, flurofentanyl, norfentanyl and other derivative types which are more potent than fentanyl. Heroin is rarely seen
 - vii. Seems that many people think they are buying heroin but it is fentanyl (or derivative).
 - viii. Increasing deaths positive for both meth and fentanyl. What is the root cause for the increase in the overdose deaths? Hard to say. Ranges in all age groups, and does not discriminate.
 - b. Q: Were there other substances found or just fentanyl? Do they test for xylazine?
 - i. A: Use Access lab, where State Coroners association uses or IDOH lab who has offered to absorb cost for possible overdose cases. She believes they test for

xylazine. She has not seen xylazine, but has seen flurofentanyl, acetylfentanyl, and a synthetic Xanax/benzo (but it is not as prevalent as the fluro, acetyl and other derivatives of fentanyl).

- ii. Q: Have we been seeing more deaths in older individuals?
 - 1. A: Not really, doesn't discriminate on age, ranged from 19-63.
- c. Q: Are there numbers yet for 2023?
 - i. A: Have seen a lot this year, exact numbers were not available at this call, but in one week had 5 deaths for context.
- d. One thing that is fairly new was seeing folks who passed away from hemorrhagic stroke induced by methamphetamine. Saw 4 in the matter of 2-3 weeks. If this is something that everyone got from the same batch could trace to additive causing the head bleed. Alone, the meth can cause blood vessels to be under a lot of pressure and could lead to a ruptured vessel, so was concerning seeing in a short amount of time. But couldn't trace a connection between the individuals
- e. Q: Were there other trace substances that could have made the symptoms worse or contributed to the overdose? Or are strokes common with this type of overdose?
 - i. A: Meth causes blood pressure to raise and it depends on how much you use. If a person uses daily can elevate blood pressure and over time will affect all blood vessels, not just the heart. Regarding comorbidities, hard to say if high blood pressure came first or was induced by methamphetamine use but did not have other comorbidities to speak of.
- f. A lot of the fentanyl overdoses had other substances as well. Alprazolam or cocaine etc. but the ultimate factor in fatality was fentanyl.
- g. Q: Do you see any gender differences?
 - i. A: More male than female, but depends on the year.
- h. PI: Have talked with GIS division in county to develop a dashboard to see all of these data at a glance, but recognize there's a need for confidentiality for some components. Should be in a place to discuss for next month's meeting.
- i. Steve: Have heard of another synthetic called M30. No way to test for it or for any other specific other analogues without specialized testing.
- j. JS: Had three individuals that have passed away since the end of last year that the fentanyl levels were higher than she'd ever have. A normal finding from a drug overdose is from 2-3 nanograms per mL up to 25 nanograms per ML. These tox reports had almost 100 ng/mL another 200. This is not normal for an overdose death. She turned it over to Bloomington Police because the finding was so extreme. This does not sound like someone trying to get well - any other time would qualify as suicide
- k. NV: Also notes to be aware of isotonezene. Without a stable supply or regulation of the drug supply people won't know what they are taking. One tool to combat the lack or regulation is drug checking machines. He has heard of people being able to test for substances and throwing out the substance because of adulterants that were in the dose.
- l. PG: We asked for a FTIR machine with the opioid settlement matching grant. If we don't get the grant, what does this body recommend to use existing opioid money for? Would

love to see county use some of the settlement money pay for FTIR machine as well as a staff person. Could be a strong statement from this group to make recommendations.

- m. Note that the FTIR machines in other parts of the country are able to test beyond adulterants like fentanyl and help learn more about other substances which leads to better prevention.
 - n. [Chicago Recovery Alliance](#) has been able to do a really incredible job of testing for substances in the field with an FTIR. Informs people of what they are ingesting, and they can test with a very small volume of substance.
 - o. PG: Question to Joanie are fentanyl test strips pushed into community?
 - p. NV – There are good and bad, fentanyl test strips and xylazine strips are available at IRA. They can produce false positive, but a false positive is better than false negative if it means a person doesn't use a substance that could otherwise harm them. Good for people that don't use opiates, but now people who use opiates are already aware that there is fentanyl in the supply. Would recommend them for college students, folks who are experimenting with substances, especially for folks who do not intend to use opiates.
 - i. Joanie: Theoretically yes, hopefully this would show a decline in overdose deaths for folks who are just experimenting. That is a positive for the community especially when numbers are so high right now, it won't hurt the community. Hopefully it will cause numbers to decline, because one death is too many. Thinking about the explosion of fentanyl, one thing is that people have quit writing prescriptions for narcotics, so folks who are addicted have to find something to replace the opiates that were prescribed, but now it is mostly fentanyl that they find.
 - q. Thank you to Joanie
- 5. CFRD Update – no update
 - 6. CARES Update – Had monthly meeting. Have 11 grant applicants and have been doing scoring.
 - 7. Opioid Settlement Update – No update yet, but after we hear what happens May 1 we should be putting it on the agenda to talk about how recommend spending of opioid settlement money. Feeling optimistic.
 - 8. CHIP Update – Met this week for [SUMH Connections](#). Getting started doing interviews with providers and people with lived experience. If you are interested in participating in interviewing or being interviewed, email mvehslage@co.monroe.in.us
 - 9. National Recovery Month Update – no updates
 - 10. 2024 Summit Update – tabled for next meeting
 - 11. Approval of Minutes – unanimous approval
 - 12. Adjourn 12:57