

Syringe Services Programs Standing Advisory Committee
June 5, 2020
10:00 AM-12:00PM
Virtual Meeting
DRAFT Meeting Minutes

I. Welcome

Standing Advisory Committee Roll Call

In attendance:

- Dr. Malik Burnett
- Katie Carroll
- Dr. Patrick Chaulk
- Freedom Diamond
- Dr. Deanna Dunn
- Dr. Sarah Kattakuzhy
- Samantha Kerr
- Heather Kirby
- Zachary Kosinski
- Lt. Joshua McCauley
- Natasha Mehu
- Terry Prochnow
- Harriet Smith
- Dr. Susan Sherman

Not in attendance:

- Dr. Branch
- Frances Phillips (chair)

MDH announcements

The SAC has added a new committee member, Heather Kirby, since the last meeting. Two new SSPs have been approved since the last meeting: Wicomico County Health Department and Anne Arundel County Health Department.

II. COVID-19, Overdose Risk, and the Essential Role of Harm Reduction Programs

Marianne Gibson, Director of Planning/State Partner Coordinator, Opioid Operational Command Center

- Introduces the history of and mission of OOCC, concerns about COVID impact on people with SUD
- OOCC been working on development of Interagency Action Plan - received broad input
- Action Plan introduced that supplements annual plan, includes new strategies specific to COVID19, as well as strategies that were previously identified as priorities that have heightened urgency now.
- One goal is reducing opioid morbidity and mortality

- One strategy is targeted naloxone distribution and tactics include partnering with OTPs and peer-led outreach, advertising NEXT Distro mail distributed naloxone, partnering with MIEMMS to expand EMS Naloxone Leave Behind
- Second strategy is prioritizing harm reduction and tactics include supporting distribution of harm reduction supplies and educating pharmacies to allow for distribution of harm reduction supplies
- Promoting harm reduction as an essential service—harm reduction services are a critical piece of the puzzle and provide lifesaving services to those at risk for negative health outcomes associated with drug use.
- Acknowledge the need to continue to educate pharmacies on their ability to sell naloxone over the counter without a prescription (education around the statewide standing order).
- Also working with local detention centers to expand MAT access, strengthening public safety partnerships to utilize data.
- Hoping to finalize Interagency Action Plan and share within a couple of weeks—open to feedback and suggestions.

Yngvild Olsen, MD, MPH, IBR REACH

- Review of services offered by IBR REACH - utilize a trauma informed and harm reduction approach. Outpatient specialty addiction treatment center—small, office-based treatment program. Also treat Hepatitis C and have a SAMHSA grant focused on better engaging and serving LGBTQ and African American women.
- When COVID19 hit, quickly implemented new operations considering relaxed take-home doses and increased support offered to patients
- Patients appreciate not having to come to clinic every day, staff picks up medications for recovery house patients, work with Baltimore City Health Department to make sure people can get their medications even if in hotel isolation, at alternative care sites, etc.
- Partnerships with BMORE Power, received Fentanyl Test Strips from CHRS, partnering with BHRC so staff now acting as BHRC volunteers to offer safer injection kits (have distributed 50 kits so far)
- Working on removing artificial barriers between harm reduction and treatment
- BHRC shared safety concerns around previous service delivery methods (i.e. - small spaces in mobile vans), made adjustments and partnered with IBR REACH to determine where syringe services were urgently needed

Discussion

Zach Kosinski: Are other syringe delivery methods being used such as mail order or vending machines?

Erin Russell: MDH has been looking into alternate modes of distribution. MDH has long been a supporter of the mail-order naloxone distribution—MDH is working with Next Distro and providing funding for the naloxone needed for mailing by BHRC. CHRS is excited about the concept of vending machines; the Department is not making moves on this during the current fiscal year.

Harriet Smith: Can you speak to the possibility of mailing syringes? People have been asking about this through the Next Distro platform.

Erin Russell: MDH can talk offline with BHRC after reviewing policies about mailing syringes through NEXT Distro

Deanna Dunn: With pharmacy policies to mail syringes to diabetes patients, seems like this should be an option if being mailed by licensed facility

[Discussion around pharmacy association statement regarding syringes for OUD - Maryland Board of Pharmacy put out statement in 2017]

Natanya Robinowitz: Appreciated the presentations, it's good to see IBR and BHRC working together for syringe exchange. Agree that the divisions between treatment and harm reduction are not real, great to see partnerships between BHRC and IBR REACH. Charm City Care Connection closed the drop-in center in response to COVID but is open Monday through Thursday for Syringe Services. COVID has had a devastating impact on people. Everyone's resources, which were limited before, were taken away—such as basic necessities, bathroom access, water access for washing hands, shower access, for people who are marginally housed. With drop-in centers closed, people don't have access to these things. We're not just talking about overdose and drug use. People have an array of issues—access to water and hygiene are impacting peoples' lives right now. We have to keep thinking big and thinking about ways to partner to address basic needs. We have been housing folks in local hotels since March because many people who come to our space are older and have comorbidities and other risk factors—in partnership with YES we have been putting people up in hotels (and with Baltimore Safe Haven and SWOP as well). This is very expensive, and is possible through generosity of OOCC and local foundations, but is not a permanent solution. The need for housing has always been an issue. Harm reduction always separates it out, but housing is a basic right and is impactful on peoples' lives. How do we take on housing as harm reductionists and consider it in talking about safe injection? Broaden how we think about peoples' lives and move forward with partnerships. SPARC and BHRC have used this pandemic as an opportunity to collaborate more closely. We've been as CBOs doing syringe exchange have done collective supply sharing and talk frequently. Has allowed us to think more strategically about access to syringes across the city. Most of Charm City's syringe exchange has been through outreach—have not figured out a way to safely do one-on-one syringe exchange. The outreach team goes to spots we used to go to and do big drop offs—grab and go bags. The outreach team reports that these places are very condensed; they give out face masks and hand sanitizer. We've collaborated with Baltimore Mutual Aid and Jewish Volunteer Center.

Harriet Smith: BHRC is on Baltimore City's "Journey Home" board—which is a board tasked with making sure Baltimore has a strong application to HUD to get federal dollars.

Emily Heinlein: We have been hearing that nonfatal and fatal overdoses seem to be going down—I raise this because I know there has been the question out there that relaxed rules around methadone would lead to increases in overdose. If it's not, that's worth highlighting—it seems in Baltimore that it's not, at least that's what we're hearing.

Zach Kosinski: We haven't seen an increase, at least in fatalities—it's been steady, and some weeks even down.

Marianne Gibson: It has been confusing to look at different data sets and try to make sense of what's going on. I know that BHA is interested in convening a data workgroup to pull together datasets they have access to in order to dig into it further—planning is in the works. As it forms, I'll share information.

Mike Massuli: We're looking into our data, not necessarily finding any trends. Locally we are seeing an increase. Our local heroin coordinator just shared that it looks like there are 15 fatalities in May, just in Cecil county. Definitely something going on. Seems to be ages skewing younger than had been previously. Not sure what it means, but looking into it. General speculation. Wondering how covid has affected other chronic health conditions and resurgence of symptoms and things. Worried people will see increase in overdose and use it to look more negatively at our population. Seems to be indication that primary care practices are seeing return of symptomology. Something we want to incorporate as we look into this, to not further stigmatize our people.

Harriet Smith: What data is that?

Mike Massuli: Our local heroin coordinator works for sheriff's office through OOCC has done good job of collecting local overdose information at least when it connects with public emergency—when EMS and law enforcement connected. Worth mentioning that compared with official state data, this is all preliminary, tends to skew higher than official overdose data. Coming from observation, seen reports. Has been helpful because gives real time data. Connected to peer program efforts to do immediate outreach, to connect people with any services they may be interested in.

Zach Kosinski: In Harford County, with three local police departments and sheriff office county-wide. There is some level of communication—the heroin coordinator pulling information together from EMS> We get weekly data on that from them, demographic breakdowns. Information from the local hospital system, send data through opioid outreach providers. Have a dashboard available to local health departments. In the past, the data has not matched up from all those places, for a number of years. This year, things are starting to line up, it means we're communicating. It seems like over time, we're understanding more that data can inform work and advocate for increased resources. We have gotten data more quickly and more cooperatively.

Harriet Smith: Are EMS calls reducing because we're being told to stay out of the hospital? People seem less willing than normal to engage with health care.

III. Special Topic: Maryland ROTA Project (Rural Opioid Technical Assistance) *Deanna Dunn, PharmD, University of Maryland*

- Introduce ROTA project that aims to enhance capacity of rural community to respond to opioid crisis

- Dr. Hutter-Thomas supports western Maryland, Dr. Dunn supports lower eastern shore
- Core programs include mental health first aid, botvin life skills and TA/webinars

IV. Maryland Department of Health Updates

Erin Russell, MPH, Chief, Center for Harm Reduction Services, Maryland Department of Health

- Review of CHRS vision and strategic goals
- New contract with JHU to evaluate and track progress towards our goals
- Other updates - purchased and distributed 40,000 doses of naloxone that went to 70 OTPs around the state, purchases of other harm reduction supplies for Baltimore City outreach, wound care training moving forward, statewide Maryland conference will be held in 2021, funding support to support harm reduction efforts and low barrier buprenorphine (incl SOR, OOCC, Ryan White Part B), 12 approved programs including 2 CBOs
- Syringe Service Program quarterly data summary
 - Disclaimers - it has been 1 year since we launched data collection and have made changes to how and what information is collected; COVID-19 has changed how programs are operating and makes data collection more difficult/not a priority
 - 460 new participants, over 1500 individuals served through over 4000 unique encounters
- Updates on Regrounding Our Response curriculum updates and LEAD contract with NSB
- Thank you - all SSPs, CHRS staff, and SAC subcommittee members

V. Committee Discussion

Dr. Sarah Kattakuzhy: How can we make some of the changes discussed today in partnerships between harm reduction and medical treatment providers more sustainable? How to make the positive changes resulting from COVID sustainable (such as the relaxing of restrictions around MAT, etc.)?

One thought is to support evaluation of how the changes are going—Emily mentioned deaths related to methadone and demonstrating whether increased availability would lead to increases in deaths.

Deanna Dunn: The pandemic has brought to the forefront all of the problems and hitches within the system that aren't working. Changes made to accommodate people were changes that were blocking people in the first place.

Michael Baier: There are discussions about the changes to regulations affecting operation of substance use treatment programs and what people in the field would like to have sustained. And if that's not possible, going back to some different status quo afterwards.

Erin Russell: We'll work to understand what administrations are responsible for this and have them present on the next call—those working on evaluation and advocacy necessary to make it happen.

Dr. Susan Sherman: Nonprofits have stepped up. There is so much bureaucracy with health departments that aren't able to be in the field related to new protocols. I'm amazed with what's happening in Maryland and nationally with small and mighty organizations. Redirecting funding—it's heartening. It's hard to imagine these partnerships won't be continued. For better or worse we are changed by this epidemic which will be continued for a while. Some of the good that will come out of it is what has been discussed today.

Dr. Burnett: A bill was introduced on the Hill this week related to the extension of telehealth coverage. There are going to be studies looking at the implementation of telehealth over the COVID pandemic to see if it makes sense to keep adjustments to access on board.

VI. Public Comment

VII. Closing