



Thursday, May 8, 2025 | 9:00am-10:30am

Broome County Health Department, Conference Rooms A & B

225 Front Street Binghamton, NY 13905

Virtual Option: <https://broome.zoom.us/j/85031762374> (Meeting ID: 850 3176 2374)

9:03 AM

1. Welcome and Call to Order

9:04 AM

2. Meeting Expectations, Introductions

In Person: Martie Ritz (MATTERS), Hannah Driskell (BCSO), Grace Merrill (Sen. Webb), Katie Medinosky (BCDSS), Liz Warneck (BCMh), Kate Mikulski (ACBC), Carmela Pirich (ACBC), Sarah King (BCMh), Jess Saeman (FCCS), Jorianna Keeler-Caputi (FCCS), Wendy Antalek (BT BOCES), Josias Bartram (BCPL), John Barry (STAP), Rachel Leri (MBPN), Kathy Staples (Truth Pharm). Chris Ryan (Agency Statistical Consulting), Lynette Bellmore (BCHD), Jules Cole (BCHD Public Health Emergency Preparedness Coordinator), Marissa Knapp (BCHD OPP) Michelle Bertoni (BCHD OPP), Scott Spicer (BCHD OPP), Abby Kaiser (BCHD OPP), Cole Margarites (BCHD OPP MPH intern)

Virtual: Alicia Detrick (BC OFA), Jim Hawley (NY/NJ HIDTA ORS), April Stoeckel (Salvation Army), Alexis Savidge (FPSCNY), Amber Coyne (BU), Madelyn Shantillo (Bing Mayor), Emily Davies (CCN), Emily Georgia (FCCS), Kylie Holochak (TCPH & Tioga ASAP), Kristin Russell (TCPH), Patty Townsend (Hope's Closet/Community), Neal Haight (BCOES), Katie DeVries (US Atty), Cal Brown (UHS), David Tinklepaugh (BCOES-EMS), Angela Romano (FCCS), Kurt Zumbach (BC Probation), Emily Juozitis (BU OEM), Erica Robinson (Helio Health), , Stephanie Aeppli (USGNY-Bridgewater, Absolute), Jack Augenstein (Bridgewater Ctr.), David Brennan (Donna Lupardo's Office), Leigh Stevens (Two Rivers Church), Tairla Ackley (UWBC/211), Christie Finch (MBPN)

3. Moment of Silence

9:11 AM

4. Presentations by:

- Dr. Christopher Ryan, Agency Statistical Consulting, statistician & epidemiologist
 - Please see attached (BOAC_Opioid_Epi_Presentation_20250508)
 - Quarterly report of opioid overdose deaths according to EMS response to opioid overdoses, law enforcement administrations and death certificates with any (ICD-10 code for drug poisoning AND opioid ICD-10 code)
 - Overall: frequency of opioid-related EMS response and opioid overdose death certificates seem to be decreasing as is consistent with nationwide trends, but

cannot be sure these favorable trends will continue.

○ Q&A

- John Barry-Q: Are there ICD 10 codes for veterinary drugs? Concerned that fentanyl is being listed as cause because it is present, but could be other substances like medetomidine, xylazine, and nitazenes.
 - No ICD-10 code corresponds solely to xylazine, although the ICD-10 code T42. 7 (antiepileptic and sedative-hypnotic) can include both xylazine and levetiracetam.
 - CR: would have to run a panel to identify the substances
- Jess Saeman-Q: Is Naloxone left behind at 107 incidents a low or high number?
 - CR: Good question, there hasn't been an inter-regional comparison; could also look at the proportion
- John Barry: A lot of substance use related deaths are not captured, because it might be listed as a heart attack, but those familiar with their life might know it's related to using too much alcohol.
- Martie Ritz: Amazing data--so local and detailed! In her EMS experience, patients and their family are more likely to let EMS in their house and take naloxone from them than law enforcement, even though law enforcement may have been first on the scene and administered Narcan. Also, have been on the scene where bystanders had naloxone, but forgot, were afraid to use it, etc., so a kit may not have been left because they had one, but did provide education to use it next time.
- Marissa Knapp: BC overdose numbers are tracking similar to state and national rates, but recognize change in drug supply is part of it, supported by STAP's drug checking program. PSA will be going out to emphasize rescue breaths along with Narcan.
- Martie Ritz: Favorite thing about Narcan is that there are no contraindications to using naloxone for any conditions.
- John Barry: There's all kinds of crap in the local drug supply. STAP's drug checking is backstopped by a larger lab at UNC Chapel Hill. If you search UNC street drug analysis lab, data shows as of 5/5/25, 12,541 samples analyzed from 252 counties and 43 states identifying 418 unique substances. In April of 2025, 120 substances were identified, including 9 new ones. Heroin is a far superior drug to fentanyl because it is much less dangerous, use a couple times of day to maintain without withdrawal, whereas fentanyl is very quick, used to be used for colonoscopies because it was processed quickly, but not a good situation for addiction/staving off withdrawal, xylazine and benzodiazepines are being added to the supply to "give it legs", last a little longer and stave off withdrawal. Some of the fillers that are being used that seem innocuous, like mannitol (sugar-free sweetener), has diuretic effect, but no research of what happens if fentanyl, medetomidine, mannitol, benzodiazepine are mixed and used.
 - Marissa Knapp: The more samples we have tested, either at STAP or

through mail-in programs, will give us more knowledge, even though we'll never keep up, will give us insight of what is in community.

Encourage your participants to be aware of the programs,

- John Barry: substances tested with test strips first, including medetomidine, for results in a few minutes, then lab equipment to get a more in-depth analysis in 15-20 minutes. Mail-in service with NYSDOH through a grant for the next two years with 5-7 day turnaround.
- Josias Bartram: Curious if people are seeing an increase in injecting stimulants; have had way more syringes at the library as the overdose numbers are coming down and behavior indicates stimulant use, is it the result of stimulants or the fillers?
 - John Barry: People may be choosing to use stimulants because of the fentanyl that is in the opioid drug supply. Used to think it was two different groups of people who were using those different types of drugs, but learned from SEP participants that the supply is so loaded with fentanyl and dangerous that they moved to stimulant use.
 - Chris Ryan: could do a similar report with stimulants but it would be harder and less informative because there is no reversal agent that EMS would administer, stimulant only cases wouldn't be in LE database, and hard to detect in EMS records and death certificates.
 - Jim Hawley: shared leave behind program in Rochester <https://www.youtube.com/watch?v=UObZiEPsvU&pp=ygUdUk9DSEVTVEVSIFBPTeIDRSBMRUFWRsBCRUhJTkQ%3D>, it is not just for overdose victims, but also their families, and video shows how successful it is.
 - Marissa Knapp: We are going to be looking into it both with EMS and public safety. Leave behind could also pertain to seniors with opioid prescriptions, small children in the home, especially in rural communities with longer EMS response times.
- Hannah Driskell: In response to stimulant question, outpatient treatment providers would be able to tell you there is an increase.
 - Carmela Pirich: stimulants are the primary substance in the day treatment program and in the outpatient program it is second only to alcohol. This has been the trend for the past five years.
 - Sarah King: anyone interested in stimulant related data in the Southern Tier, see the bulletin from OASAS released in Feb 24: <https://oasas.ny.gov/system/files/documents/2024/01/addiction-data-bulletin-2024-02.pdf>
 - Martie Ritz: UHS is now in the Matters network, will share the telemedicine leave behind cards (see attachment) to connect to care/local treatment. Also talking to a couple emergency services orgs.
 - Marissa Knapp: those would be great to include in Naloxone kits too.

9:48 AM

- Cole Margarites Capstone Presentation
 - Please see attached (Capstone Paper Presentation)
 - Conclusions: There is a very much present divide between the student and local populations in Binghamton
 - Substance use preconceptions play a role in exacerbating this divide through students implicitly seeing drug use as more acceptable when classified as "party" drugs than "hard" drugs, even if the chemical substance itself remains the same
 - Lack of stigma education through the lack of programs offered by Binghamton University to address such attitudes leads to the perpetuation of such mindsets
 - Negative "townie" preconceptions/aesthetic differences contribute towards discriminatory attitudes among Binghamton students towards Broome County residents
 - In order to deconstruct these stigmatic attitudes and reduce the barrier between students and the local community, Binghamton University should implement stigma education programs to reduce harmful substance use narratives perpetuated based on class, race, and aesthetic factors.
 - Limitations/Suggestions for Future Research
 - No demographic information
 - Use of convenience/snowball sampling + small sample size limited generalizability of data, data only fully applicable to respondents
 - Future studies without Capstone restraints could be much more robust
 - Social Desirability bias: "Tendency of survey respondents to answer questions in a manner that will be viewed favorably by others"
 - Running this study in different college town settings may offer diverse perspectives
 - Inclusion of BU students who have also lived in Binghamton

10:15 AM

- Q&A
 - Marissa Knapp: Just curious, why didn't you include alcohol?
 - CM: The drinking culture is a separate beast to tackle.
 - Sarah King: The Prevention Coalition of Broome County would be interested in looking at the perception of risk data from a prevention lens, if you can share that with the HD team to further collaborate on, that would be helpful.
 - CM: I definitely plan on sharing that data.
 - Emily Juozitis: I am the OOPP director on campus, it was moved to OEM last May so now program is up and running and offers naloxone training to students on campus. In development of training from the previous program director, stigma was not the main focus, but on how to use naloxone and bring awareness of training on campus. From our office taking over this program, looking at how the stigma interacts and looking at Cole's study, we can look into if students want more of a focus on that within our program or if that goes best with our ATOD department.
 - Marissa Knapp: we'll send out both presentations and make sure you have a copy of that as well. Cole, thank you, that was wonderful, hate to say that it's not really surprising. I was a "townie" going to BU so I had a

very different experience. Have heard from students and others that we have a different drug supply than both up and downstate.

- John Barry: When I taught at BU, I asked students if they had a college in the community where they come from, and they would answer “of course”, so you’re a “townie” to somebody!
- Martie Ritz: I give you credit for choosing this topic and approaching people about stigma. It would not be my first choice but it’s interesting data and kudos for you doing the research.
- Jules Cole: When Cole shared this with our team it created some conversations, especially around stigma and how to target different populations to fight stigma.
- Kate Mikulski: As a person about to graduate from the MSW program, kudos to you for this, it’s great, keep pushing for the extra time and money to continue the study. As individuals going into the county now, working after graduation, we have picked up on this stigma that is present and well known anecdotally, so let’s get some data behind it and get a program to change it. I love that.
- Carmela Pirich: I’ve been a professor in the social work program and in the HDev department for the past 13 years, and last Thursday night was our last undergrad class, I had a student tell me it was the first night she went to class not under the influence and recount stories of what is going on with the combination of alcohol, Xanax, and rape culture. It’s rampant and is an insular subculture, that is not good or healthy for students; it’s very sad.
- John Barry: I would have loved to have had one more data point in the survey, because I think it would have made a huge difference in interpreting things, I would’ve loved to have known what people’s majors are.
 - Marissa Knapp: Was it primarily peers to you or did you open it up to all campus?
 - Cole: It was open to anybody enrolled 2023-25, and shared with some peers and they run clubs etc. so it was snowball sample
 - MK: Did all your MPH classmates take it?
 - Cole: I chose not to distribute it to all of them.
- Jules Cole: he said that if he had the time and the money, he would like to do the reverse too and survey community about the students.
 - Josias Bartram: alcohol and marijuana specifically would be fascinating.

5. Broome County Health Department Overdose Prevention Program Updates

- OOPP Data: 7 of 9 OOPPs responded with 1288 individuals trained and 6,360 doses of naloxone distributed in Q1, January-March. 2nd Qtr data due 7/15/25.
- Jules Cole has transitioned and is now our Emergency Preparedness Coordinator at the Health Department. Michael Bender is now the deputy director of Emergency Services. Jules will still be involved and while we’re sad to lose her, we are gaining an asset in being able to work with her in that capacity.
 - Jules: Email address is the same if anyone has opportunities for collaboration or any questions about emergency preparedness, please reach out. I’m still working closely with OPP staff and am happy to connect.
- Submitted year 3 workplan and budget to the CDC for 9/1 start. As of right now, we have not had any federal cuts to our program directly. An email went out asking about cuts, and only heard back from one agency, I want to be optimistic about that, but know it’s not true. Also know the AmeriCorps cuts impacted some partners also. Some CDC

10:21 AM

positions that we report to have been cut. If anyone could let us know about cuts as we look forward to short term and long-term planning for our community.

- Last week the Overdose Prevention Program at the health department, received an award for outstanding contribution for organizational service at the New York State Public Health Association Conference. Thank you so much for Truth Pharm for nominating us.
- Have been expanding Naloxboxes across the county with Broome County owned/operated and community placements. Happy to say that DSS already needs a refill.
- In the process of developing a PSA. We have had a PSA that was for spikes in overdoses. This one will focus on the change in drug supply, why it's important to carry Narcan, rescue breaths, calling 9-1-1, and Good Samaritan Law. Will be in local media through the end of August.
- We have wound care and wellness supplies, please reach out if you need them, and let us know if clients have preferences about the items.

10:25 AM

6. Agency/group announcements/program updates

- **ACBC:** June 4 & 5 is ASSIST Training (suicide intervention) location TBD. Charlie's Choices is May 15 at Endicott ACBC office, 5-7 pm. Open to the public, youth and adults.
 - Sarah King: BCMH has handed the program off to ACBC to be the lead. Maria Fabrizi and Heidi Mikeska have incorporated both mental health and substance use indicators in the room. We know the data shows that substance use is often tied to attempts to cope with mental health concerns in local PNA survey.
- **BCPL:** Narcan vending machine at the library is operational! Media soon.
- **Family & Children's:** Introduction of peer who was just hired, Jorianna.
- **Truth Pharm:** Lots of program are coming up: Narcan Training, Family Support, tombstone painting, Binghamton Overdose Prevention Specialists, and more. See Facebook for details: <https://www.facebook.com/TruthPharm>
- **BCMh:** Liz Warneck is the new Mental Health Commissioner. For the first time in twenty years, Broome County has a full time commissioner after having shared commissioner with .2 of FTE, so we will be better able to meet the mental health and IDD needs in our county.
- **MATTERS:** Link free Naloxboxes to order both wall mount and a small box that when opened prompts a 30 second training video.
- **STAP:** You asked about cuts: Ryan White funding might be on the chopping block at the federal level and noises about harm reduction funding cuts. What's often lost in the discussion of harm reduction is that the reason syringe exchange and harm reduction services started at all was because in the early nineties half of the HIV transmissions that happened each year were the result of people sharing injection equipment. Broome County had about 9-10 new cases just a couple of years ago because of shared injection equipment and transactional sex. Without this intervention, HIV will come roaring back.

If people have concerns about syringe exchange promoting drug use, it is first and foremost a public health intervention that prevents terminal illness.

- Marissa Knapp: Encourage everybody in their professional and personal capacity to reach out to your elected officials to educate them on the work you do and why it's important to fund programs that help our community.
- Wendy Antalek: Are these Naloxboxes in schools?
 - Marissa Knapp: not right now, school nurses and resource officers have naloxone. Whatever school district you live in, encourage you to ask. Also feel strongly that we should have Naloxboxes at BU and SUNY Broome, in dorms, fraternities, and sororities, but we keep hearing that the ask needs to come from students, so encourage those young voices. There's still stigma from parents/guardians seeing it on a campus tour and wondering why it's needed but we know that's not how harm reduction works. People on the inside need to advocate for it.
 - Wendy: Yes, general thought is that they don't want to see it, but it's not for the kids, when the school nurses are there; it's for after hours.
 - Marissa: And to take home as many kits as you want. It will be on county buses shortly. NYSDOH would not make it so readily available if there were any risk associated with it. Having the same distribution as COVID tests has been helpful. If you feel comfortable, asking "why don't we have these?".
 - Martie Ritz: If there is an AED, there should be Narcan, there have been good links.
 - Emily Juozitis: At BU, we have over 160 life safety cabinets with AEDs, Narcan, and Stop the Bleed equipment, so those are available in every building on campus.
 - Marissa: That is wonderful! We would love to see Naloxboxes, so that it's available for people to take, not just to save a life on site.
- Jess Saeman: Are we thinking forward about the potential cut of the naloxone program?
 - Marissa: this has been a concern and the media reached out about it last week. We asked NYSDOH, they feel confident because it is funded through state dollars, not federal. Right now, we don't need to worry.
 - John Barry: some funding is from opioid settlement funds as well.
- **Helio**: We are still anticipating our affordable housing opening this fall- as soon as the application process comes out you will all hear from Erica Robinson! Please reach out if you have questions- 607.745.4291 or ERobinson@helio.health
- **Care Compass**: Regional Trauma Informed Care Conference will be held on October 23rd

of this year. It's free to attend for anyone and we will be listing it on our website by June 1st. This Training fills up every year, so please make sure you register as soon as the link goes live if you plan to attend: <https://care-compass.org/about-us/ccn-collaborations/>

7. BOAC Meeting Evaluation

- i. <https://forms.office.com/g/zZYBT7J5B7>

8. Meeting Adjourned

Next BOAC Meeting: Tuesday, August 19, 2025, 1:00pm-2:30pm

10:39 AM