

Minutes of the special-called meeting of the Saltville Town Council held on June 6, 2016 at 6:00 p.m. in the Town Hall

Council: Tom Holley, Sandra Wyatt, Eugene Call, Randall Brickey, and Ron Orr
David Smith was absent

Mayor:C. Todd Young

Staff: T. Michael Taylor, Town Manager
Trent Crewe, Town Attorney
Chris Wilcox, Police Chief
Steve Johnson, Clerk/Treasurer

The purpose of this meeting was to have representatives of the Southwest Virginia Community Health Systems (SVCHS) discuss the proposed suboxone clinic that would be located at the old T.K. McKee Hospital building on Fifth Avenue.

Bryan Haynes, the Executive Director of SVCHS, spoke on the following:

- 1) In July of 2015, a grant application was submitted for a Medication Assisted Treatment (MAT) program. This grant stipulates that therapy must consist of two components, medication and counseling. The medication to be used is suboxone or a derivative thereof. The counseling could be on an individual or a group basis or a combination of both. There also has to be one full-time licensed person to provide the MAT services and educate the staff of the SVCHS.
- 2) SVCHS is aware of the opiate addiction problem in its service area and wanted to be part of the solution. The staff gave a presentation to the Board of Directors, then applied for the grant. The grant was awarded in March of 2016 in the amount of \$325,000.
- 3) The name of the MAT program is New Day Recovery. SVCHS will provide these services without judgment or hostility. These services will be provided on a sliding-scale basis.
- 4) SVCHS is aware of the perception that exists in the community. This was taken into consideration when the grant was applied for. However, it was decided that SVCHS needed to be a part of the health and healing of the community with regard to opioid addictions.
- 5) New Day Recovery is not a methadone clinic where people line up early in the morning to receive their daily medication. It is not a suboxone clinic pill mill that hands out medication, nor is it a clinic that wants to keep people on suboxone forever. Rather, this is an integrative primary care and behavioral health recovery program that utilizes group and individual counseling sessions and prescribes suboxone to help people with withdrawal symptoms. These

prescriptions will be taken to the pharmacy of the patient's choice to be filled and will only last until the next counseling session. There will be no dispensing of suboxone on premises, nor will there be suboxone kept on premises.

6) As noted in an article in the Smyth County newspaper, Saltville has had a forum to discuss the drug problem. Sheriff Shuler pointed out that it takes counseling, among other means, to fight addiction. Counseling is part of the approach of New Day Recovery and only truly motivated patients will be admitted to the program. If a problem develops with a particular patient, that patient will be dropped from the program. No recovery program is perfect, but the best evidence-based solution for opiate addiction in this area is MAT combined with counseling services. This is why New Day Recovery was started. There will be successes and failures, but doing nothing to face this growing epidemic goes against the mission and values of SVCHS.

Dr. Kristin Bresowar, the Medical Director of the entire SVCHS, spoke on the following:

1) She said she understood those who have reservations about this topic since she initially had those same reservations herself. After doing research though, she is now under the belief that this program should move forward.

2) The goal is not to make money but to provide care regardless of income. Many addiction programs in this area require a large cash payment which, in her opinion, makes it more likely that patients will sell their medicine in order for them to be able to afford their next appointment.

3) The FDA encourages an out-patient program. Doing a detox program without adding suboxone or methadone has a ninety or ninety-five percent failure rate.

4) Opioids are either derived from or chemically similar to opium. Some of these are heroin, morphine, hydrocodone, and oxycodone, all of which are highly addictive.

5) The DEA regulates all controlled medications that doctors prescribe. Schedule-one drugs (heroin, marijuana, cocaine, etc.) are illegal. Schedule-two drugs include hydrocodone, oxycodone, morphine, Percocet, and Ritalin. DEA recognizes that these schedule-two drugs have the potential to induce addiction and abuse. Suboxone is a schedule-three medicine. This means there is a less probability for abuse and addiction with suboxone. Methadone is a schedule-two medicine. A prescription cannot be written for methadone without having a specific license, and it is highly regulated. Suboxone is safer and much less prone to abuse. A prescription for this can be written in a doctor's office. It binds to the same receptors in the brain that morphine and heroin do but does not give people the same type of high, though it is possible to give a smaller high and is much harder on which to overdose. She said there have only been a handful of reported overdoses and deaths associated with suboxone.

6) Like she mentioned before, ninety to ninety-five percent of patients who try to quit medicines without the help of suboxone or methadone will fail. Using either suboxone or methadone will give the patient a twenty or twenty-five percent failure rate. Addiction is not a choice or a moral or spiritual or social failing. It is caused by brain chemistry, and the suboxone is used to stabilize the patients. It treats the craving without getting the patients high, thereby making them stable enough to participate in counseling to address the underlying aforementioned social, emotional, or spiritual needs that made the patient start using drugs in the first place.

7) She has several patients in town who are already on suboxone due to addiction issues and really want help.

8) Any physician who has had the proper training can write prescriptions for suboxone at any time. The reason this has become a spotlight issue is that SVCHS recently received grant funding for this treatment program. This grant allows for a structure of support services to do the intensive counseling needed to eventually get the patients off of the suboxone.

Marcy Rosenbaum, the Behavioral Health Director of SVCHS, spoke on the following:

1) She is a licensed clinical social worker and a certified substance abuse counselor.

2) A goal of SVCHS is to integrate behavioral care with primary health care, which means emotional health needs to be addressed with physical health since both are very much interconnected. Substance abuse falls into this structure. Currently all of her patients are screened for substance issue so that if issues are present, they can be treated. Outpatient treatment is currently being undertaken at their clinics for substance abuse.

3) The FDA approved medications that Dr. Bresowar mentioned are already being prescribed. The grant received for New Day Recovery allows for the suboxone to be prescribed for opioid addictions and allows for more comprehensive evidence-based behavioral therapies for substance use disorders. It will bring the best treatment available for the residents of Saltville.

4) Addiction is a primary, chronic neuro-biological disease that has genetic, social, and other environmental factors that influence it. People ask if drug addiction is voluntary. Initially it is, but, ultimately, a person loses much of their self-control. Ten percent of adult Americans say they are recovering from substance use disorders. Addiction does not discriminate on the basis of how rich or poor someone is, their race, or where they live. In 2014, the state of Virginia had 718 opioid overdoses that resulted in deaths.

5) New Day Recovery is not a methadone clinic or cash-only clinic. Those types of cash-only clinics don't have a lot of investment in getting people off of suboxone because that is how the clinic makes money. SVCHS is a non-profit agency whose goal is to help obtain the recovery skills while they are using suboxone to get them off of it eventually. One drug is not being

switched for another since that would not be the answer. The therapy itself may be even more important than the medication assisted treatment part. New Day Recovery is modeled after a program in Lebanon. This program is recognized nationally as an ethical and effective medication assisted program for people with opioid use disorder.

6) The first component of New Day Recovery is a basic orientation for patients to explain the requirements of the program. The second component is an assessment by a licensed clinical social worker to make sure the patient actually has a substance abuse disorder since the suboxone does not need to be given to people who don't actually have an addiction. Mental health conditions will be assessed too since forty percent of people who have addiction problems also have mental health problems. A physical assessment is needed as well to make sure they can be treated and safely tolerate the suboxone. If the patient passes these assessments, he or she enter what is called the face system where the patients will be given a certain level of support. Once they start doing well, the support will change to meet their needs then. Initially, two weekly group visits are required. If the patient is on the suboxone, they will be given a prescription that will last until the next group visit. No medications will be given out at the offices. The patients will be given a prescription. The last phase of the program includes group visits every two weeks, so the most amount of prescription ever given out will be for two weeks. Also, individual counseling will be required at least once a month.

7) There will be safeguards in place to make sure the clients will adhere to the medications. It is true that some patients will try to misuse their medications. However, New Day Recovery will use a prescription monitoring program which will allow them to see if patients are getting prescriptions from other sources and going to multiple pharmacies. Drug screens will be performed randomly at group visits to see if the patients are taking their suboxone or taking something else that they should not be doing. Some doctors who prescribe suboxone also prescribe things such as Valium or Xanax, but this won't happen here. These medications can be addictive themselves and can suppress systems in the body and increase the chance of death of a patient.

8) The ultimate goal of New Day Recovery is to get people to a level of recovery so they can taper off of the suboxone and live a healthier life.

The Council then had questions for the panel from SVCHS. The Mayor asked if the patients would be from Saltville or Smyth County only or would they come from Kentucky, West Virginia, Tennessee or wherever. Ms. Rosenbaum replied that clients for the program would be like the clients for any of SVCHS clinics that are in operation, so that could be possible. However, in reality, someone is not going to drive that far for that many counseling sessions twice a week when they can go to a doctor who is closer. The Mayor then inquired about the once-a-month counseling. Ms. Rosenbaum said that was on an individual basis. Not only are they required to go to group counseling, they have to do the individual sessions too.

Regarding disqualifying a client for the program, the Mayor asked how a patient would get disqualified. Ms. Rosenbaum said the client had to have a diagnosed substance abuse disorder and not something like chronic pain. Dr. Bresowar added that they believe in second chances and sometimes an addict will slip, but after a certain number of failed drug screens (either two or three), the patients are probably not motivated enough and will have to leave the program. The Mayor then asked about a rise in crime rate near the clinic. Dr. Bresowar said she did not have the actual numbers but cited a study that showed that an increase in crime rates did not actually happen. By policy, the clinic will be opened to anyone who wants to come, but due to the requirements of the program, the majority of clients will come from close to Saltville. She said she hoped the crime rates would decrease due to people becoming more stable and not resorting to stealing or lying to get their drugs.

The Mayor asked if there were other types of services available to people in Saltville who may be addicts. Dr. Bresowar replied that she was currently treating people who were addicted to things other than opioids whether it was for alcohol or some other substance. Ms. Rosenbaum said that out-patient therapy is also used for this too.

The Mayor said the biggest question was why Saltville was chosen for this program and not one of the other branches of the SVCHS organization. Mr. Haynes said it was discussed to put this in the clinic at Meadowview, but after looking at the numbers, it was determined that most people with these substance abuse disorders are at the Saltville location, and there was plenty of space at the T.K. McKee hospital. Plus, Saltville is centrally located. Dr. Bresowar then stated that if a patient is convicted or accused of something while in treatment in this program, they would be dismissed. Depending on the circumstances, if a person was convicted of something before entering the program, they still might be able to enter New Day Recovery. An example would be a conviction that happened many years earlier. Every potential patient has to be evaluated on an individual basis. They will have to attend two group counseling sessions per week and one individual session per month initially. During the last phase of the program, though, the group session will be once every two weeks. As long as someone is in the program, the least amount of group counseling they will undergo will be once every two weeks. This counseling will last until the patient is tapered off the medication. Most people need to be in the program at least a year but it may last up to two or three years. Regardless, the patient will be in counseling the entire time. The ultimate goal is to get the patient off of the suboxone permanently. The Mayor then asked for clarification that the only thing prescribed will be suboxone for the New Day Recovery program. Dr. Bresowar confirmed this, and said that they are not licensed to prescribe methadone and have no intention in getting the license to be able to prescribe methadone.

Councilman Call said that in relation to being able to get high, albeit slightly, on suboxone, he was concerned that kids would be catching buses in the area of the clinic. Will these patients be driving themselves to their sessions when they could possibly be under the influence? Dr. Bresowar replied that anyone on suboxone will not be high. Councilman Call explained that he was referring to what these patients may be on other than suboxone that has prompted them to come to the clinic in the first place. Dr. Bresowar said that patients are already arriving high

when they come to the medical center or clinic. There is really no way to control that. Since this program is so structured, very few people are going to want to drive a long distance to participate.

Councilwoman Wyatt asked for clarification that these patients would be tested regularly to ensure they are taking their meds. How much do they need to take to have it show up on a drug screen? What is to stop this patient from just taking enough to have it show up on the drug screen and selling the rest of it? Dr. Bresowar replied that this could be an issue, and there is no good way to completely stop that from happening. She hopes that maybe someone from the community would alert them to this patient's behavior, so it could be investigated. Because this is such a structured program with the counseling aspect being a big part, this type of behavior should be kept at a minimum, but there is no way to completely stop a patient from selling their meds. Urine testing gives a rough estimate and a more thorough test gives a better result of how the drug has metabolized in a way that would provide a good reading of when the last dose was taken.

Councilwoman Wyatt asked for an estimate of the number of people who would come to the clinic. Dr. Bresowar said that during the first year, the maximum number of patients would be thirty, and it would be no problem finding thirty people in this area to attend. She repeated that there will be no pharmacy on premises, and the suboxone will not be distributed on premises. All of the pharmacies in town are currently dispensing suboxone, so the effect on the community should be minimal.

Ms. Rosenbaum said the current policy is that if a patient arrives at the clinic and is intoxicated and had driven themselves there, they are not allowed to leave on their own. They are required to call someone to come and pick them up. This will not change. Councilman Call then asked how it is determined the patient has arrived intoxicated. Ms. Rosenbaum said that alcohol screens and drug screens are at their disposal. Councilman Call said that it still worries him that these thirty people will be coming into town and could be on something that made them high. That's a big chance to take with kids running around everywhere. Dr. Bresowar responded and said that the reason suboxone is so effective is that the people who use it stop doing other drugs. Because the brain's chemistry has changed, it can take up to two or three years for healthy neural patterns to redevelop.

The Mayor asked if the \$325,000 grant could be used for anything else. Dr. Bresowar said no since that is how the grant was written. The government is pushing this right now for community health systems like this one so everyone will have access to treatment.

Councilman Orr wanted to know why the town did not know about this until everything was already in place. Mr. Haynes said that when the grant was written, a letter of support was received from the town and signed by Town Manager Mike Taylor in September of 2015. Councilman Orr asked to receive a copy of this letter. Dr. Bresowar then mentioned that the governing board of SVCHS had to approve this process, and it approved it unanimously.

Councilman Brickey inquired about a person being in this program and having pending charges in court and the court allowing this person to receive treatment for their problem. If this person is subsequently convicted of what they were charged for, how would that be handled? Ms. Rosenbaum replied that the grant funds allowed SVCHS to have a behavioral care manager help with community resources for patients. Under Councilman Brickey's scenario, this manager would coordinate with the jail system about what the patient has been using and to best help the patient continue the treatment. Councilman Brickey then asked if this was a start-up of a county-wide drug court treatment program. Ms. Rosenbaum said this was started independently of any knowledge of drug court.

Councilman Holley asked if this was a done deal in that this was coming and the people in the room tonight had no say in the matter. Mr. Haynes said the grant was applied for, but he did not know how to answer that question. Councilman Call asked how many of the SVCHS board members actually lived in the town, and Mr. Haynes replied that one board member was a Saltville resident.

Holding up the letter that Mr. Taylor sent to SVCHS, Councilwoman Wyatt asked to see the letter that SVCHS sent to Mr. Taylor in the first place. Mr. Haynes said he did not have a copy with him. He asked Mr. Taylor for a letter of support. Councilwoman Wyatt said the letter from Mr. Taylor mentions behavioral and primary care and does not specifically mention suboxone. She reads the letter as saying that SVCHS will continue to serve the community in the same capacity it currently is, which is why she would like to see the letter originally sent to Mr. Taylor.

Councilman Orr asked why the town had received an inquiry from a pharmacist about the process involved in obtaining a business license for a pharmacy to be located at the T. K. McKee property. Mr. Haynes asked if it came from SVCHS, and Councilman Orr said it came directly from a pharmacist. Mr. Haynes then asked for a copy of this since he did not know.

Councilman Brickey asked Mr. Haynes if SVCHS owned the T.K. McKee property and whether the town still had interest in it. Mr. Haynes replied he thought the property was owned by the Saltville Health Center Commission and did not know of any stipulation placed upon it when the town released the property. The Mayor asked if they knew the distance between the property and the high school and was told it was about half a mile. Councilman Holley commented that it seemed the SVCHS contingent came unprepared to answer questions.

The Mayor concluded the meeting by saying that everyone needs to come together since there is a drug problem in this town that must be fixed. The Council will stay for a while after the discussion ends to listen to citizen concerns. He thanked everyone for coming out, and then adjourned the meeting.

