**Harm Reduction Community Advisory Board**

**10/14/2020**

**Via Zoom**

In Attendance: Peet B, Michael Bradley, Katelyn Shephard, Jack Latchford, Jack Kristofik, Austin Torsch, Erin Woodie

1. Introductions
2. HCHD Updates
   1. Covid-19
   2. Overdose Survivor Outreach
3. Law Enforcement- Community Partnerships
   1. Watch [this video about Seattle's LEAD program](https://vimeo.com/132038124) (the first in the nation)
   2. Read [Ten Standards of Care: Policing and The Opioid Crisis](https://americanhealth.jhu.edu/sites/default/files/inline-files/PolicingOpioidCrisis_SHORT_final.pdf)
      1. Worried about LEAD putting people in the system
         1. Especially via social referrals
      2. Step in the right direction
      3. Wary of support given current climate of country
      4. Hopefully can be expanded throughout the county
4. Workgroup/Organization Updates
   1. Voices of hope
      1. Ton of volunteer support
      2. Looking for HQ
      3. Meeting with Sheriff
         1. Talked about messaging
         2. They brought up syringe service
         3. Sheriff didn’t realize it wasn’t allowed in Harford
         4. Sheriff invited us to do presentations at police functions
      4. Meeting at crisis center in Havre de grace
         1. Induction doesn’t happen there that much
         2. Good connection
      5. September, handed out 257 doses of Narcan in Harford county
         1. 8 Narcan use reports to state portal
         2. 1 does given out was used to save friends life
      6. Hired wound care nurse, splitting time between Cecil and Harford
      7. Hep-C testing in Mobile van
5. Open Discussion
   1. Influx of stimulant use, people experiencing psychosis
      1. Reached out to hips in DC, looking for insight
      2. Past 3 weeks, encountered 8 individuals in total psychosis
   2. Overall stimulants are on the rise and overdoses on stems are almost equal to Fentanyl
      1. Most meth is coming from Mexico, higher quality, mixed with Fentanyl
   3. Bup induction
      1. Both Harford memorial and upper Chesapeake
      2. Peer driven, but has to be a perfect storm of doctor approval and withdrawal