



Tompkins County
COMMUNITY MENTAL HEALTH SERVICES BOARD

Tompkins County Whole Health
201 East Green Street
Ithaca, New York 14850-5421

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Substance Use Subcommittee Meeting
Wednesday, March 11, 2026 – 12 to 1 p.m. Via Zoom
Meeting Minutes

Minutes Approved
April 8, 2026

Present: Jacob Parker Carver, Ron Schoneman, Jessica Massaro, Robert Grolling, and Julie Carmalt

Excused: Stu Bergman

Guests: Amanda Howlett, Catholic Charities; Andrea Phelps, RHI; Scott Sherwood, IRC; and Matthew Fallico, NYSDOH.

TCWH Staff Present: Shannon Alvord, TCWH Communications Coordinator, Samantha Hillson, and Karan Palazzo, LGU AA

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The meeting was called to order at 12:00 p.m. by Jake. Introductions were made. Ron moved to approve the January and February 2026 minutes, seconded by Julie.
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Privilege of the Floor:

Announcements/Correspondence: Jake announced that the film screening for "Crazy Water," a documentary exploring intergenerational trauma, addiction, and recovery in indigenous communities, is scheduled for April 22; a book talk with Carrie Blankinger is scheduled for April 22; and community providers are invited to table at the event. Jake invites organizations to reach out if they want to send representatives to the book talk.

Medetomidine in Tompkins County – Matthew, Program Director for the Office of Drug User Health, oversees drug checking initiatives within the Drug Overdose Surveillance and Epidemiology (DOSE) unit. He explains the structure of the drug-checking program, including the community drug-checking program and the Drug Abuse Resistance Education (DARE) program.

Structure of NYS Drug Checking Programs

Matt described **two complementary drug checking programs**:

1. Community Drug Checking Program (in-house)

- Run through **Drug User Health Hubs**.
- Uses **enhanced drug checking equipment** (FTIR spectrometers like Bruker Alpha or Mobile IR).
- Staff who do testing are **existing harm reduction staff**, not outside lab techs, to preserve **trust and rapport**.
- Partner lab: **UNC Chapel Hill Street Drug Lab** (Nab Dasgupta's team) for **confirmatory testing**.
- Started in **2023** with **2 programs / 2 machines**: now:
 - **3,700+ samples** analyzed (through end of 2025).
 - **8 programs, 15 sites, 26 trained technicians** across NYS.
- Goal: expand and sustain capacity statewide.

2. DARIO Program (Drug Analysis for Response, Interventions and Outcomes – mail-based)

- **100% mail-based** drug checking, driven by **outreach**.

- Staff collect **residual samples** in the field and mail them to **NIST** (National Institute of Standards and Technology) for confirmatory analysis.
- Designed for agencies **without capacity** for in-house FTIR machines.
- Results return to DOH in **3–5 days**, then back to programs and participants.
- Metrics (first year, started summer 2025):
 - **18 staff** trained (mostly outreach workers).
 - **200+ samples** submitted.
 - **22 counties** engaged, samples from **10 counties**.
 - **134 new participants** engaged directly in drug checking.
 - **700 people** reached with **education**, even if they didn't submit samples.

Emphasis: Drug checking is both a **service** and a **conversation starter** for broader harm reduction.

Key Data & Supply Trends

- Matt repeatedly stressed: the data reflect only the samples submitted, not the entire NYS drug supply.
- Public dashboard: NYS Community Drug Checking dashboard (QR link shared) with monthly updates:
- Shows substances detected, patterns over time, and alerts.
- Programs get more detailed, local data; public data are aggregated.
- Confidentiality: No names/identifiers in the lab data—only unique IDs held by local programs.
- Purpose of data: strictly to enhance harm reduction services, not law enforcement.

The data shows a significant increase in the detection of medetomidine and xylazine in opioid samples. Matt emphasizes the importance of harm reduction strategies and the role of drug checking in providing participants with information about their substances.

What people thought they had vs what was found

- Opioid samples (heroin/fentanyl):
- Participants often expect “heroin + fentanyl” or just fentanyl; many already know “just heroin” is rare.
- Findings:
 - A large portion shows fentanyl analogs without heroin.
 - High presence of adulterants: lidocaine, caffeine, xylazine, medetomidine, procaine, and other cuts.
 - Btmps appears, but its role (active vs inert vs precursor) is still unclear.
- **Stimulants (methamphetamine, cocaine):**
 - **Methamphetamine:** about **94%** of samples labeled “meth” actually contained meth; fewer adulterants.
 - **Cocaine/crack:** **92–100%** contained cocaine when expected, with **very low rates** of opioid or sedative adulterants.
 - This challenges the blanket idea that “**fentanyl is in everything**”—at least in their data, **stimulant supply is more likely to match expectations** (though cross-contamination does occur).

Emerging adulterants: xylazine and medetomidine

- Dashboard tracks **xylazine, medetomidine, benzodiazepines, fentanyl, nitazenes**, etc. in **opioid samples**.
- **Medetomidine first detected: May 2024.**
- Pattern over time:
 - **Oct 2024:**
 - Medetomidine in **23%** of opioid samples; xylazine in **63%**.
 - Following year:
 - Medetomidine in **30%**; xylazine in **40%**.
- Interpretation:
 - There is a **shift in the sedative mix** in the opioid supply—likely **Medetomidine partly replacing xylazine**.
 - Similar pattern historically:
 - Heroin → fentanyl → fentanyl + xylazine → fentanyl + Medetomidine (and sometimes both xylazine + Medetomidine).
 - Increases often follow **crackdowns/scheduling** of a substance, with a **chemically similar replacement** showing up.

What is Medetomidine?

- **Synthetic sedative, veterinary use, chemically similar to xylazine.**
- **Desired by suppliers** because it **extends the effect (“legs”)** of fentanyl—longer-lasting sedation/euphoria when combined.

Effects & withdrawal

- **Effects (similar to xylazine):**
 - Heavy **sedation, lowered blood pressure, slow heart rate**, dizziness, nausea, blurred vision, confusion.
 - So far, unlike xylazine, they are **not seeing the same level of severe skin ulcers/wounds**.
- **Withdrawal (based on ED and field observations, including PA programs):**
 - **Rapid onset** withdrawal possible.
 - Fast heart rate, dangerously **high blood pressure**, nausea, vomiting, tremors, changes in alertness.

Overdose response with Medetomidine

- In their data, **Medetomidine almost never appears alone**; it is **nearly always alongside an opioid (fentanyl/fentanyl analog)**.
- **Naloxone still works:**
 - It **reverses the opioid** component (e.g., fentanyl) and can restore breathing.
 - It **does NOT reverse the sedative effects** of Medetomidine (or xylazine).
- Key messaging:
 - **“We’re looking for respiration, not a conversation.”**
 - Goal = **breathing**, not “waking someone up fully.”
 - Overdose response should focus on:
 1. **Administer Naloxone.**
 2. Provide **rescue breaths** (1 breath every ~5 seconds).
 3. Monitor color (not pale/gray/blue).
 4. Place in **recovery position**.
 5. **Call 911** and transfer to EMS when possible.
 - Avoid **unnecessary repeated high-dose Naloxone** that can cause **precipitated withdrawal** and further suffering.

Harm Reduction Takeaways

Matt emphasized that drug checking:

- Gives people who use drugs **basic consumer rights**—to know **what is in their supply**.
- Creates space for **education and tailored risk-reduction**:
 - Provide **Naloxone** and **test strips** (fentanyl, possibly xylazine/Medetomidine where available).
 - Encourage **not using alone, testing small amounts, and starting with lower doses**.
 - Share **local trend information** (e.g., Medetomidine/xylazine prevalence) to inform community responses.

Matt directed people to the **NYS drug-checking public dashboard (with alerts, a provider list, and data)**. He offered his **email** and the general drug-checking program email (drug.checking@health.ny.gov) for follow-up and connections to services.

Open Discussion:

Asteri Housing Closure – Jessica raises concerns about the sudden closure of the Asteri housing community and its impact on unhoused individuals.

- The lack of planning and the scramble to provide resources and support for the displaced residents.
- Robert mentions that the Medicaid waiver Social Care Network is a potential resource for housing, enhanced case management, food, and transportation.
- The subcommittee agrees to continue the discussion in a future meeting and explore ways to support the affected individuals.

The meeting was adjourned at 1:00 p.m.

**The next Substance Use Subcommittee Meeting
will be held on Wednesday, April 8, 2026, from 12 – 1 pm**