

# Meeting Summary



June 2025

*The CTN Community Representative Council (CIRCL) is a collaborative of the national CTN that comes together bi-monthly to courageously share what's happening in their communities. This brief is an overview of topics discussed at this meeting and is not an exhaustive review. The thoughts and experiences herein are those of CIRCL members and do not represent the National Institute on Drug Abuse or the Clinical Trials Network. The voices empowered by CIRCL are intended to drive research and clinical efforts in the CTN and across the US.*

The following themes and discussions were highlighted during this meeting:

## **Trends in substance use/public health:**

- Increasing reports of medetomidine in the drug supply (Greater S. California, Northeast, New England Consortium, Southern Consortium Node), which exacerbates wounds and causes hallucinations.
- Continued widespread presence of fentanyl and xylazine across most Nodes.
- High rates of stimulant use (methamphetamine, crystal meth, cocaine, crack) nationally.
- BTMPS found in Northeast, New England Consortium, and Appalachian Nodes.
- Increased rates of opioid overdose over past two months in some communities (Ohio Valley, Pacific Northwest).

## **Challenges advocating for harm reduction in communities**

- Communities expressing outrage at visible signs of substance use in urban and rural settings.
- Challenging advocating for expanding harm reduction services while maintaining rapport with community.
- Particularly challenging to advocate in rural regions where 12-step and abstinence-based programs are most prevalent.
- Harm reduction can be a pathway to recovery and doesn't necessarily conflict with 12 Step.
- Community building is crucial.

## **Interventions supporting families and blue-collar tradespersons critical**

- Family members desire more advocacy and family-centered programs.

- Construction and other blue-collar industries continue to have extremely high rates of overdose and suicide.
- Developing interventions to support these groups is necessary.

## **Discontinuation of critical services and supplies due to funding challenges and changing priorities at federal and local levels**

- Reduction in sites providing SBIRT for alcohol use disorder (AUD).
- Treatment facilities closing.
- Clients losing housing vouchers and camping.
- Peer recovery workers feeling lack of support and dwindling number in some regions.
- Reduced funding for recovery navigator programs and for peer-led emergency department (ED) programs.
- Challenges obtaining funding to provide naloxone and syringes.

## **Non-traditional approaches to provide treatment and harm reduction services**

- Increased ICE actions causing increased no-show rates and reduced attendance in treatment and harm reduction programs.
- Peer recovery workers critical to conduct outreach and meet people where they are.
- Harm reduction douglas helping pregnant and postpartum people.
- Vending machines and mobile units used to enhance access to supplies and treatment services.