

Local Alcohol and Drug Planning Committee Minutes November 30, 2011

Revised 12/14/11

Members Present: Ron Dunn, Eric Guyer, Larry Lyman, Lisa McCreadie, Theresa Morris, Michael O'Malley, Jody Parrott

Members Absent: Pam Bergreen (excused), Robin Kigel (excused)

Guests: Kristen Hansen-Allied, Ed Smith Burns-ARC, Jane Stevenson-JC Public Health, Rita Sullivan-OnTrack, Susie Wahl-OJD

Staff: Maureen Graham, Michele Morales, Jim Shames, Carol Wedman

I. Introductions and Approval of Minutes

Chair, Mike O'Malley, called the meeting to order at 4:02 p.m. A quorum was established. Roundtable introductions were made.

Eric moved to accept the September 28, 2011 meeting minutes as presented, Theresa seconded, motion passed unanimously, minutes accepted as written.

Theresa moved to accept the October 26, 2011 meeting minutes as presented, Eric seconded, motion passed unanimously, minutes accepted as written.

II. Announcements

None

III. Membership

Mike thanked Susie Wahl for coming. Mike moved to recommend, to the BoC, Ms. Wahl for membership to the LADPC, Eric seconded, all members were in favor. Carol Wedman will forward Ms. Wahl's application to the BoC and advise that the LADPC has recommended her for membership.

Mike encouraged members to continue to recruit applicants with a passion for the issues and a willingness to serve, as there are still vacancies to be filled. Lisa advised that she has a couple of possibilities that she will pursue and discuss with Mike. Mike encouraged members to phone him at 541-261-2147 should they desire him to speak to potential candidates.

IV. Outcomes for VA SORCC Programs

Mike distributed a handout containing FY 2011 outcomes data for VA Southern Oregon Rehabilitation Center and Clinics (SORCC) Addiction Treatment Program (SATP). Also included were brochures detailing the SATP and Veterans' Justice Outreach programs.

He explained that the VA SORCC has an average bed census of 450 residents and is authorized for a capacity of 550 beds. The average length of stay at SO Rehabilitation Center and Clinic, for residential, generic, biopsychosocial rehabilitation, is seven (7) months. He explained that, for the substance abuse portion of treatment, if a resident is referred by a case manager through the SATP SORCC addiction treatment program, the resident will be evaluated for a standard outpatient treatment program or an intensive outpatient treatment program (IOP) 2-3 weeks after admission. The IOP is currently involved in a national pilot to

provide more data on the efficacy of Contingency Management – rewarding people for positive behavior, such as attending meetings.

Mike shared that SORCC also has responsibility for the Veteran’s Justice Outreach Program. He advised that they had just celebrated one (1) year for the Veterans’ Court in Klamath.

Mike referred to the handout on outcome measures for the VA SORCC SATP outpatient programs and provided an overview of the data. He explained that nationally it has been determined that 52% of people should be in treatment within 90 days after they start. He shared that at the SORCC, 71% are in treatment within 90 days. He reviewed the outcome measures/statistics for effectiveness, access, efficiency, and satisfaction. He explained that currently the outpatient treatment program employs 3 FTEs. They went from 42 referrals in FY06 to over 1000 in FY 11. He attributes this, in part, to the Veterans’ Justice Outreach program. Mike advised that alcohol is currently the number one problem and prescription drugs are second. He said that the SORCC is not yet a tobacco-free campus but all buildings are smoke-free up to 15 feet from the building walls. SORCC offers smoking cessation classes, education, and medication.

V. Outcomes for CRC Allied

Mike introduced Kristen Hansen, from CRC Allied Health Services outpatient, opiate addiction, Medicaid assisted facility in Medford. She explained that they currently provide suboxone and methadone for clients. Allied has a census of 500 patients. The census has doubled since 2007. She advised that they do have group requirements and described the various programs that include 40 groups/week. Examples of groups provided were a family group on weekends, children’s groups, smoking cessation groups and, she indicated, that there are several other groups available. She shared that clientele are currently 92% drug free (referring to opiate, methamphetamines, and cocaine use – not including marijuana) 90 days after starting the program. The other 8% are generally benzo positive. Marijuana use has decreased from 63% to 52% and is mostly medical marijuana users.

Kirsten shared that Allied utilizes the HARM Reduction Model that is different from abstinence based clinics. She explained that Allied is involved in a suboxone pilot program with OnTrack and the ARC and has now aligned this program with methadone. OnTrack and Allied provide wrap around services with the goal of total abstinence. She has seen great success with this program. Eleven have entered the program, four are still involved, and all but one will have completed the program by year-end. All patients involved in the program are working. She explained that, at Allied, random UA’s are performed weekly. The average cost of the program is \$300/month, \$10/day. OHP will pay for the program. CareOregon is doing a trial for suboxone. The program does not accept minors. Kristen advised they have not had a single overdose death during the time she has worked there, 2 ½ years.

VI. Medication Assisted Treatment Perspective Project

Michele explained that, as a result of LADPC membership and others wanting to learn more and from a national ambivalence surrounding medication assisted treatment coming from SAMHSA and the State of Oregon, that it is beneficial to have a series of community forums, directed towards treatment providers but will also be open to other interested parties, to come and have an open and honest discussion about medication assisted treatment. She shared that some of the Allied staff come from abstinence based clinics and are in recovery as well. These forums will begin with some of these folks telling their stories and sharing the issues that they

struggle with and will then open up to community discussions. No date has been established yet but it has been noted that they will be held between 12 p.m. – 2 p.m. All treatment providers in Jackson and Josephine Counties will be invited. CDAC and CME credits will be offered. Kristen shared that she would be interested in participating.

VII. Goals

Eric distributed a handout showing logos/signage that some smoke shops are using. Included in the handout was information on medical marijuana dispensaries; excerpts from the 2009 national Prescription Drug Abuse Prevention Strategy, and ACCBO certification information for A & D Counselors, Prevention Specialists, and Gambling Addictions Counselors.

Eric shared that the LADPC has identified three goals/focuses for the upcoming year: marijuana; opiates, and improving infrastructure for treatment agencies. He emphasized that in order to be effective, it is important to identify an approach.

He recounted a prior discussion, from the group, that if the approach taken is of the “anti-medical marijuana” or “anti-marijuana” platform, the mass opposition may render the group’s efforts ineffective. He referred to the marketing strategies used by smoke shops that appear to be marketing to youth by way of cartoonish, colorful logos. He posed the idea of looking at these marketing strategies/designs, that are similar to the Joe Camel ads of the past, and initializing conversations with the establishments about being taken seriously and the legitimacy of the marketing efforts. Theresa advised that signage falls under ordinances and can be addressed in that way. Eric suggested initiating an RFP for a mini-grant for an organization to survey the community to determine if pro-marijuana, pro-drug information is being marketed towards youth and in what types of settings. Michele advised that they are looking for students to do something like that for their practicum. Robin advised that she knows some students that would be willing to help with that.

Robin stated that statistics show that it is a limited number of doctors giving out the most prescriptions. She thought approaching that issue is a way to get at the root of the medical marijuana problem. Mike responded that a community forum could be the platform for that.

Theresa voiced concern that the only current public voice is the pro-medical marijuana. She would like to see “another voice,” another view publicized. The goal would be to become the voice of prevention. Ron concurred that educating the general public should be the focus. Maureen advised prevention is a big piece but the LADPC’s focus is the impact of addiction on families, communities, and youth. Robin shared that it would be beneficial to hear from folks who work in the system and how families are affected by marijuana abuse. Mike advised that item could be a future Agenda topic.

Members agreed not to focus on the legal issues but to focus on community education; specifically the impact use has on the community and children.

Eric requested members to email tangible project formulations to him. He would bring these suggestions to the next meeting to evaluate.

Summary

Goal: Marijuana

Possible strategies: (1) Community Education, (2) Working with smoke shop to utilize less youth-type marketing strategy, (3) RFP, mini-grant, or student led survey of smoke shop marketing strategies

Eric stated that he was encouraged by the recent opiate prescription drug symposium. He felt it was a tangible first step and would like to talk more about that at the next meeting. Maureen felt opiate use could be integrated with marijuana education. Mike encouraged folks to indicate if they agree with integrating the two in their emails to Eric.

Eric addressed the third goal of improving treatment infrastructure and shared that a reasonable focus would be assisting all treatment agencies with resources, such as with certification, meeting standards in prevention, gambling, and treatment, and increasing awareness and belief in treatment.

Maureen suggested setting targets, measure current status' and track improvements such as; CADC current numbers and set a goal for a desired increase. The committee could possibly leverage some funding to aid agencies to achieve these goals. Michele advised another way to accomplish these goals would be to offer trainings sponsored by the County for CADCs for prevention specialists and peer specialists and that the County is already working on that. How many people attend those trainings and obtain certifications is one way to track improvements.

Eric will forward an email to members with project information and links to examples of what other counties have done.

Other:

Mike addressed the tabled items. He advised that K2/Spice and smoke shops can be consolidated with the marijuana discussions.

Mike reminded attendees that the committee had discussed, at a prior meeting, getting a member of the police involved. Several contacts were suggested. Michele advised perhaps utilizing police from another area such as White City. Robin recommended sending notice to the local police departments to recruit.

The committee agreed to cancel the December 28th meeting. All agreed to correspond via email with project goals/plans prior to the January meeting. Eric is the primary contact for the emails. He will bring the ideas provided to the next meeting for evaluation.

Jane introduced herself and would like to attend and participate in the K2/Spice discussions. Carol will add her to the LADPC distribution list.

Jane shared information about a Synar amendment that requires states to be in compliance with not selling tobacco to minors. As a state, we have to meet 80% of non-sales to minors. Jackson County is at 26% of sales to minors. This puts the block grant for A & D and Mental Health at risk for funding penalties. If the state exceeds 20% in sales to minors it can impact the 8 million dollar block grant.

Jane shared that there is a Clinician-Assisted Tobacco Cessation Training for psychiatrists and providers. It is scheduled for December 8, 2011, 6:00 p.m. at the Smullin Center. Education credits are offered.

Action

· Submit approaches/focuses for each project to Eric for LADPC review at next meeting,

Members

- Indicate, in email to Eric, if individuals support integrating opiate use and marijuana education, **Members**
- Forward email with project information and links to examples of what other counties have done to members, **Eric**
- Bring member ideas relating to current goals, obtained from emails, to January meeting, **Eric**
- Recruit law enforcement to be involved with the LADPC, **Members**
- Susie Wahl's application to be forwarded to the BoC, with recommendation from the LADPC, to appoint Ms. Wahl to the LADPC, **Carol**
- Add Jane Stevenson to LADPC distribution, **Carol**

Agenda Topics

- Presentation from court personnel about how families are affected by marijuana abuse
- Evaluate goal strategies
- Discuss integrating opiate prescription abuse and marijuana education into one goal/item
- Opiate Prescription Drug Summit

Next Meeting

The next LADPC meeting will take place on Wednesday, January 25, 2012 4:00 p.m. - 5:30 p.m. and is currently scheduled in the Adams Room at the Medford Library.

Adjourn

The meeting adjourned at 5:35 p.m.

Respectfully submitted by

Carol Wedman, Administrative Support

Jackson County Health and Human Services