

PUBLIC SAFETY COORDINATING COUNCIL

MINUTES TUESDAY,
JANUARY 28, 2014

11:30

JUSTICE BUILDING –
JURY ASSEMBLY ROOM, 2ND FLOOR

MEETING CALLED BY	Mark Orndoff
ATTENDEES	Anne Alftine, Jim Shames, John Korsbun, Lee Ayers, Jodi Merritt, Bob Kleker, Michele Morales, Ed Smith-Burns, Lorenzo Mejia, Beth Heckert, Kelly Collins, Mark Reagles, Danny Jordan, Tim Barnack

- Mark Orndoff opened the meeting at 11:35 am
- Opening Remarks: Mark welcomed everyone to the January PSCC meeting and introduced Dr. Jim Shames and Dr. Anne Alftine who has agreed to provide the group with a presentation on Prescription Drug Abuse and the Department of Justice, Health and Human Services grant awarded to Jackson County.

Agenda Topics

MINUTES ADOPTION (OCTOBER)

MARK ORNDOFF

DISCUSSION	
Due to a lack of a quorum, the October minutes were unable to be adopted. This item will be reviewed at the next scheduled meeting on February 25, 2014.	

PRESCRIPTION DRUG ABUSE

DR. JIM SHAMES AND DR. ANNE ALFTINE

DISCUSSION	
<p>Dr. Shames and Dr. Alftine provided a presentation on the prescription drug abuse problem within our region and discussed the Department of Justice (DOJ) grant awarded to Jackson County. The presentation identified that approximately 4.6% of the world's population consumes 80% of the world's opioids; as a result there are more opioid overdoses than heroin. The question was raised – How did this happen? Most individuals who obtain medication for pain reduction expect a 75% reduction of pain when in actuality there is approximately a 30% reduction in pain. Therefore as the dose increases to combat the level of pain, the higher the chance for overdose. Currently, Oregon leads the nation for inappropriate use of opioids and identifies a greater average of overdoses compared to the nation. Jackson County has identified an average of 30-31 overdoses per year, which have primarily been identified as accidental. Dr. Shames also expressed that over 20 million pills were prescribed in Jackson County in a year's time, which contributes to the ongoing problem. As a result, it was identified that this problem needs to be dealt with by the prescribers and the community. As such, an Opioid Prescribers group was created to look at the issue and in essence – recreate the wheel through identifying best-practice guidelines around prescribing.</p> <p>With the ongoing opioid concern in mind, Dr. Shames and Dr. Alftine applied for a DOJ grant in an attempt to address this issue and create an opportunity for change. The purpose of this program is to create a multi-disciplinary approach to decreasing prescription drug abuse. The program required the use of a prescription drug monitoring program that tracks who prescribes to what patient. Primary goals were identified as: increase use of prescription drug monitoring program; increase use of Naloxone, an antagonist used as an antidote to opioid overdose; provide medication assistance treatment education; development of an Inter-Disciplinary Action Committee (IDAC). The IDAC is designed to include the major DOJ grant community partners to work closely with the medical community and Justice system to achieve the following: identify areas of improvement; identify areas where collaboration is needed, create and implement a work plan.</p> <p>Dr. Alftine opened up the discussion to the group to identify some initial concerns and/or ideas around areas of needs when focusing on this problem. The following suggestions were provided by the group:</p> <ul style="list-style-type: none"> • Currently opioids are easy to obtain by the Community Justice clients due to the reasonable cost of the pills. It was identified these individuals utilize opioids when coming down from a meth high. • There is a lack of awareness to this issue. There is little stigma that comes along with the use of prescription drugs or using them outside of the prescriber's instructions. <ul style="list-style-type: none"> ◦ Many students at the University are sharing their medication with friends. Though this is illegal, the students have little concern because the medication "came from a doctor." • Prescription drugs are traded more freely with marijuana • Need for earlier intervention, awareness and prevention • Lots of women on first DUII are using opioid use as an excuse. • There is a bottleneck between arrest and prosecution of these cases. As a result, the clients continue use of the drugs prior to case resolution. It would seem more appropriate to speed up the arrest/prosecution to force intervention sooner. • Missing component: doctor education to patient; communication between treatment providers and doctors. • Lack of detox for this situation 	

- Lack of knowledge of mixing pills and alcohol
- Methadone clinic and community position/opinion
 - Different agencies hold different philosophies surrounding methadone
 - Many misperceptions – more education on safeguards, regulation etc. needed
- Misconception – it is assumed that once an individual is sent and complete treatment, they are cured.
- There is limited availability of residential treatment therefore treatment capacity is limited for what is actually needed.

Dr. Alftine identified that multiple pharmaceutical companies actually received fines for the lack of education that was provided to doctors surrounding these medications. Currently, the medical board is actually watching those doctors that have a high prescription rate and has resulted in fines and loss of licenses in some cases.

UPCOMING MEETINGS

DISCUSSION
<p>The February PSCC meeting is scheduled for Tuesday February 25th from 11:30 – 1:00pm. Current agenda - Shane Hagey, Director of Community Justice providing a presentation on the department's Community Corrections Act (CCA) Plan. Mark Orndoff may also provide a brief update on the Mental Health project(s).</p> <p>The March PSCC meeting is scheduled for Tuesday March 25th and will consist of Rob Bovett, Legal Counsel for the Association of Oregon Counties (AOC). Mr. Bovett will be providing information on issues surrounding Medical Marijuana.</p>

Next Scheduled PSCC Meeting: Tuesday February 25, 2014 at 11:30 am
Meeting Adjourned: 12:50 pm