

PUBLIC SAFETY COORDINATING COUNCIL

MINUTES

TUESDAY,
NOVEMBER 25, 2014

11:30

JUSTICE BUILDING –
JURY ASSEMBLY ROOM, 2ND FLOOR

MEETING CALLED BY	Mark Orndoff
ATTENDEES	Kelly Collins, Michele Morales, Danny Penland, Jodi Merritt, Nichole Houchins, Lee Ayers, Shane Hagey, John Stromberg, Bob Kleker, Brett Johnson, Jim Shames, Darryl Inaba, Greg Gill

- Mark Orndoff opened the meeting at 11:35 am
- Opening Remarks: Mark welcomed everyone to the November PSCC meeting and round table introductions were conducted.

Agenda topics

MINUTE ADOPTION (SEPTEMBER / OCTOBER)

DISCUSSION	
No quorum is available to adopt the September and October minutes.	

PRESENTATION – MEDICATION ASSISTED TREATMENT

DR. JIM SHAMES

DISCUSSION	
<p>Dr. Shames, Medical Director for Jackson County Health and Human Services provided a presentation with Greg Gill from Allied Health and Dr. Darryl Inaba, Medical Director from the Addictions Recovery Center. The presentation provided information on medication assisted treatment for opioid abuse and treatment. Specifically focusing on the use of Methadone, Buprenorphine (Suboxone), Naltrexone (Vivitrol), and other ancillary medications for withdrawal.</p> <p>Dr. Shames discussed the Methadone Clinic:</p> <ul style="list-style-type: none">• Focus of the clinic is for harm reduction.• The Methadone Clinic utilizes the use of methadone for individuals addicted to opioids. The clinic utilizes medical personnel to monitor each individual participant's status and progress.• Individuals within the program receive urinalysis tests throughout the month to determine methadone levels within their system. This provides a consistency in treatment and identified dedication to program guidelines.• Methadone treatment for addiction is the only allowed at federally regulated clinics. The clients must prove opioid addiction.• The clinic provides counseling, group therapy, observed administration of treatment.• The dose of methadone is dependent on patient function, safety, achieved sobriety, reported cravings or drowsiness, level of pain, and other medical conditions. Blood levels are obtained, as needed. <p>Methadone Controversies:</p> <ul style="list-style-type: none">• Methadone is just substituting one drug for another:<ul style="list-style-type: none">○ There are definite physiological differences between how Methadone affects the brain versus "drugs of abuse."○ Chronic use of a long acting opioid doesn't produce a true "rush".○ Methadone clients often feel "normal" not "high" on the drug. That is unlike illicitly used opiates.• People should be taken off Methadone after a while:<ul style="list-style-type: none">○ The statistics for successful methadone detox are similar to those of other opioid detoxification situations.○ Opioid addiction is a potentially fatal disease.○ As with all treatment for addiction, the longer an individual is in treatment with methadone the more likely they are to successfully detox.○ Detox should remain an individualized treatment option worked out between the client, the doctor, and the counselor.• Methadone is a legal "high":<ul style="list-style-type: none">○ Methadone clients don't report feeling high on Methadone when the dose is correct.○ Many Methadone clients are employed and paying for their treatment.	

- Methadone is the most successful opioid treatment in helping patients to remain sober, employed and engaged in family and other acceptable activities.
- They'd be better off "drug free":
 - The relapse rate for opiate addicts is 70-90% in most drug treatment programs
 - Opiate addicts have a high mortality rate

What is Buprenorphine?

- A very long lasting synthetic opioid
- It has a high affinity (attaches very strongly) for the pain receptors in the brain
- It is expensive
- It has been used since 2002 to treat opioid addiction.
- It is very hard to overdose on buprenorphine
- You must be in withdrawal to start the drug
- Higher doses are not necessarily more effective.
- The drug is very expensive – costs anywhere from \$1 to \$10/pill, counseling and physician visits are extra.
- Like methadone, buprenorphine can be used for pain treatment.

Methadone and Buprenorphine for pain treatment:

- Any prescriber can prescribe these drugs for pain treatment
- Methadone is a potentially deadly drug for many reasons and is best prescribed in a well regulated and controlled situation.
- Sublingual Buprenorphine is "off label" for pain treatment, and yet it is quite effective, and much safer than any other opioid treatment.

Naloxene is an antidote for opioid overdose that can be administered either by injection or nasal spray. This drug can be provided to an individual who has overdosed on an opioid and it will reverse the effects. Currently this drug is being used by Emergency Medical Technicians; it is relatively safe and has no addiction potential. Approximately a year ago, a law was passed that allowed citizens/family/etc. to use the drug on individuals who were in need of assistance due to an opioid overdose.

Currently, Medford Police Department has trained its officers on the administration of Naloxene and the drug is available to the officers in their vehicles. MPD expressed they are seeing overdoses on a weekly basis, the use of Naloxene will allow for a quicker resolution and potentially save lives.

Medford Police Department is the first law enforcement agency within the State to train its officers and provide this life saving option to its police officers. Currently there are plans to train Medford Fire and Rescue on the administration Naloxene so the firemen are also able to administer this drug if needed.

ANNOUNCEMENTS/OTHER BUSINESS

DISCUSSION	
	No December PSCC meeting scheduled. Next meeting will be January 27, 2015.

Next Scheduled PSCC Meeting: Tuesday, January 27, 2015 at 11:30 am

Meeting Adjourned: 1:05 pm