

PUBLIC SAFETY COORDINATING COUNCIL

MINUTES

TUESDAY,
JANUARY 24, 2017

11:30

JUSTICE BUILDING –
JURY ASSEMBLY ROOM, 2ND FLOOR

MEETING CALLED BY	Beth Heckert
ATTENDEES	Beth Heckert, Bob Kleker, Dan Penland, Doug Engle, Eric Guyer, Jodi Merritt, Lee Ayers, Lorenzo Mejia, Nichole Houchins, Jennifer Lind, Dave Carter, Deltra Ferguson, Randy Sparacino, Cindy Mayo, Tyler Lee, Nate Sickler,

- Beth Heckert opened the meeting at 11:30 am
- Opening Remarks: Beth Heckert welcomed everyone to the November PSCC meeting.

Agenda topics

MINUTE ADOPTION – OCTOBER & NOVEMBER

BETH HECKERT, CHAIR

DISCUSSION	
Beth asked if everyone had an opportunity to review October and November’s meeting minutes. A motion was provided by Eric Guyer to move to adopt the October and November minutes, motion was seconded by Bob Kleker. A vote was taken and all were in favor, none opposed. The October and November minutes were officially adopted.	

OREGON PAIN GUIDANCE GROUP

DR. JIM SHAMES

DISCUSSION	
<p>Dr. Shames provided a presentation on the Oregon Pain Guidance Group and the Opioid concerns within our community. It was identified the United States consumes approximately 80% of the opioids throughout the world. This could be attributed to doctors being told they needed to be more compassionate with patient pain and provide appropriate remedy options. As a result, OxyContin became the most prescribed opioid in 2001.</p> <p>Dr. Shames identified that pain can be divided into 4 different levels: Acute pain, chronic pain, cancer pain, end of life pain</p> <ul style="list-style-type: none">• Acute pain – due to surgery, tissue damage, nature usually heals the problem• Chronic pain – poor correlation to pathology, can produce changes in Central Nervous System, greatly influenced by emotional overlay, management and functional improvements are the goals. We cannot eliminate the pain.• Cancer pain – more like acute pain, demand prompt, effective intervention. Goal is to provide comfort. <p>It was identified, opioids are not very effective for pain as it only affects approximately 30% of pain if taken every day. If you expect to receive 75% of relief every day from opioid use but yet you only receive 30%, you are going to dose escalate to obtain desired effect. As the dose increases, mortality increases. In Oregon, we have made some significant progress in affecting the overdose mortality from opioids. Oregon has actually reversed the number of mortality deaths in comparison from 2010 to 2015. We are 9th within the United States of the lowest number.</p> <p>Oregon Pain Guidance (OPG) was created to identify community based concerns surrounding opioid prescribing and mortality. The OPG projects include: monthly educational meetings, created a community standard of care around the safe treatment of chronic pain, key leaders from MH, CCOs, Federally Qualified Health Center, Providence – steering committee, annual professional pain conference, annual community forum, community education project (KOBİ), created and maintained website – a statewide resource, Naloxone education and distribution, work with CCO’s on statewide performance improvement program, actively involved in a community needs assessment and academic detailing, work closely with the Oregon Medical Board and the Oregon Health Authority.</p> <p>The Oregon Paid Guidance Group is hosting the 6th Annual Pain Conference May 4-6, 2017 at Ashland Hills Hotel, Ashland OR. This conference includes 3 days of in-depth, practical and leading edge information on Pain Management. In addition, the 2nd Annual Moving Through Chronic Pain Conference is set for May 28, 2017 at the Medford Armory.</p> <p>Dr. Shames discussed Naloxone as an option to counter-act an Opioid overdose. It was identified, 130 people die of opioid overdoses daily – one person every 12 minutes (43,982 deaths due to drug overdose in 2013). Naloxone is a molecule that looks very much like morphine; morphine or any opioid will plug receptors within the body and can cause death. Naloxone has a stronger affinity to the opioid receptors than other opioids (like heroin or morphine) so it knocks the</p>	

opioids off the receptors; reverses overdoses. Local law enforcement agencies have obtained Naloxone for their officers as another tool to combat potential overdoses. The Medford Police Department has successfully used Naloxone 16-17 times since they obtained this resource.

The Oregon Legislature passed Senate Bill 384 – “The Naloxone Bill” in June of 2013. This bill allows anyone who completes the required training and educational curriculum to obtain Naloxone and provides them with a right to use it on bystanders, if necessary. This bill extends the Good Samaritan law to the use of Naloxone due to the need for emergency life saving measures.

Tanya Phillips, Health Promotion Manager with Health and Human Services provided information on the Syringe Exchange program within Jackson County. The purpose of the program is to prevent HIV/Aids, Hepatitis C and other blood borne pathogens exchange. This is a harm reduction model that incorporates a spectrum of strategies from safer use, managed use, to abstinence in order to meet drug users “where they’re at.” Tanya went on to express that the program is about addressing conditions of drug use along with the use itself.

The Needle Exchange program opened in October of 2016. The program is open Monday, Wednesday, and Friday from 2-4; this is an exchange for syringes 1 for 1. The program also provides individual sharps containers so needles are safely disposed of. It was identified that minors are unable to participate in the program.

The following stats were identified for the first quarter of program operation:

- 7259 syringes were exchanged;
- There were 246 individual encounters (contacts)
- 219 safe injection kits were provided
- 82 wound care kits
- 34 received treatment referrals
- 142 encounters that discussed HIV, HEP C, STD and/or Safe injection.
- 37 received health care literature.

Tanya expressed that the community has been supportive of the program and has expressed interest in posting information in parks and community areas. In addition, the Jackson County Police Scanner Facebook page has posted the flier on their site as well. Law Enforcement expressed their procedure if needles are found on suspects with drugs, normally a chargeable offense, the needles are destroyed or put in a sharps container and the individual is referred to the Needle Exchange Program.

Law Enforcement also identified another the Drug Take Back Program, in which a drop off for prescription drugs is available within most precincts for community members to drop unused medications.

Next Scheduled PSCC Meeting: March 28, 2017

Meeting Adjourned: 12:40 pm