PUBLIC SAFETY COORDINATING COUNCIL OF MULTNOMAH COUNTY

Local Public Safety Coordinating Council
Executive Committee

Tuesday, June 1, 2010
7:30 to 9:00 a.m.

Multnomah Building - Room 315
501 S.E. Hawthorne Blvd.

Introductions, Announcements & Approval of the May 4, 2010 Meeting Minutes *Chair Judy Shiprack*	7:30 am
MCHD Review of Heroin-Related Deaths *Dr. Gary Oxman & Jessica Guernsey*	7:45 am
Budget Roundtable *Council Members*	8:15 am
Report from the Reentry Council *Scott Taylor & Sheriff Dan Staton*	8:45 am

NEXT MEETING – TUESDAY, JULY 6, 2010

Serving Public Safety Agencies in Multnomah County

501 SE Hawthorne Blvd., Suite 600 • Portland, Oregon • 97214
503-988-5522 phone • 503-988-5262 fax • 503-823-6868 TTD • www.lpscc.org

PUBLIC SAFETY COORDINATING COUNCIL OF MULTNOMAH COUNTY

LPSCC
Executive Committee Meeting

Summary Minutes for June 1, 2010

I. Introductions, Announcements, and Approval of Minutes

LPSCC Executive Committee Members *In Attendance*

Sam Adams, Co-chair
Judy Shiprack, Co-chair
Jason Bledsoe, Oregon State Police
Suzanne Bonamici, State Senator
Karl Brimner, Director, County Mental Health Services
Judge Julie Frantz, Chief Criminal Court Judge
Joanne Fuller, Director, Department of County Human Services
Judy Hadley, Citizen Representative
Chief Ken Johnson, Fairview Police
Chief Craig Junginger, Gresham Police
Judge Jean Maurer, Presiding Circuit Court Judge
Diane McKeel, Multnomah County Commissioner, District #4
Chief Mike Reese, Portland Police Bureau
Chiquita Rollins, Domestic Violence Coordinator
Michael Schrunk, District Attorney
Lillian Shirley, Director, County Health Department
Dan Staton, Multnomah County Sheriff
Scott Taylor, Director, Department of Community Justice
Judge Nan Waller, Chief Family Court Judge

LPSCC Staff

Peter Ozanne, Executive Director
Elizabeth Davies, Public Safety System Analyst
Tom Bode, Intern

Other Attendees

Doug Bray, Circuit Court Administrator
Drew Brosh, MCSO
Jann Brown, DCJ
Gary Cobb, Central City Concern
Nancy Cozine, Oregon Judicial Department
Carl Goodman, DCJ
Joyce Griffin, MCSO
Tim Hartnett, CODA
Carol Hasler, MCSO
Jay Heidenrich, MCSO
Neal Japport, Oregon Judicial Department
Warren Jimenez, Mayor's Office
Matthew Lashua, Commissioner Shiprack's Office
Beckie Lee, Commissioner Kafoury's Office
Bobbi Luna, MCSO
Shea Marshman, County Auditor's Office
Gail McKeel, County IT
Tim Moore, MCSO
Elise Nicholson, County IT
Charlene Rhyne, DCJ
Eric Sevos, Cascadia
Kathy Sevos, Volunteers of America
Linda Yankee, MCSO

Council members approved the May 4, 2010 minutes.

Serving Public Safety Agencies in Multnomah County

501 SE Hawthorne Blvd., Suite 600 • Portland, Oregon • 97214
503-988-5522 phone • 503-988-5262 fax • 503-823-6868 TTD • www.lpscc.org

II. Review of Heroin Related Deaths

Materials: Handout and Powerpoint slideshow, available upon request.

Dr. Gary Oxman, a Health Officer for Multnomah, Clackamas, and Washington Counties, and Jessica Guernsey, Program Manager of Community Health Servicers, presented data on drug usage and overdose in Multnomah County, with specific emphasis on heroin- and prescription drug-related deaths. Dr. Oxman encouraged the committee to view trends in drug-related deaths as an indicator of the overall drug problem and associated community need.

Along with alcohol and Marijuana, prescription drugs are more likely to be abused by teenagers, who also are more likely to become addicted than adults. In this way, they often serve as a gateway drug. In the past couple of years, research has shown an increase in the number of crossover users. Dr. Oxman attributes this partially to Oregon's success at limiting the availability of meth, which has caused meth users to seek heroin. Overall, Oregon shows a higher rate but similar trends of drug use when compared with national averages. Heroin overdose deaths increased through the 1990s and peaked in 1999; they began to increase again in 2007. In 2009, about half of the state's heroin overdose deaths took place in Multnomah County, which has only about 18% of the state's population. Each year about 2% of heroin users die, about twice the death rate of the general population. Rates of heroin overdose in Multnomah County have stabilized in the past couple of years, but have continued to fluctuate for Oregon as a whole.

Oregon has higher rates of prescription drug abuse than the rest of the country and has about twice the overdose rate. In recent years, prescription drugs have overtaken heroin as the major cause of overdose deaths (see handout). Prescription painkillers such as oxycodone and methadone[1] represent the most commonly abused drugs. This rise in prescription drug abuse is partially due to the mandate in the medical community to treat chronic pain more strongly than has been common in the past. This policy has increased the amount of prescription drugs in the community and the potential for individuals to become addicted. Abuse in Oregon is compounded by the lack of statewide regulation of prescription painkillers that exists in many other states. Jessica Guernsey and Dr. Oxman noted that recent research shows that long-term use of narcotics is not an effective method for treating chronic pain. While it works for the occasional patient, an overall cost/benefit look at the effect in the community shows that it is at best "a wash," because of the harm that results from addiction and abuse.

Many other communities are confronting the issue of increasing abuse of prescription drugs, and there are a number of strategies that have been implemented or suggested across the nation:

- Integrating overdose risk reduction into facets of service that interface with users, for example, alcohol and drug treatments and syringe exchange programs;

[1] Methadone overdose deaths in the community (and most prescribed methadone in general) are related to the treatment of chronic pain, as opposed to methadone used for the treatment of opioid dependences.

- Working with public safety organizations to make sure that people are not afraid to call 911;
- Supporting the emerging best practice of clinical or peer distribution of Nalaxone, an opiate antagonist, that can reverse an overdose;
- Easing access to drug treatment programs where people may continue to use as they move towards abstinence;
- Increasing availability of free drug treatment programs;
- Working to decrease availability of prescription opioids, as is currently happening in Oregon through the development of a prescription narcotic registry system; and
- Addressing the socio-economic determinants of health.

What is not well understood is the overlap between prescription drug and heroine abuse and the holistic steps the community needs to take to address the issue. Dr. Oxman confessed that the public health community is "pretty ignorant" about the overlap of illegal and prescription drugs. They need more research before they can understand the procurement pathways and usage patterns that should inform the community response. Chiquita Rollins and Jay Heidenrich suggested that some overdose deaths might be intentional suicide. Dr. Oxman responded that there is no data available on that issue, although some users professed "para-suicidal ideations" where they don't care if they live or die.

Judge Waller commented that the adults that come through her court are often abusing drugs for which they have a prescription, while she thinks that teenagers would use diverted (procured illegally) prescription drugs. These are two different phenomena that need to be understood and addressed differently.

Commissioner Shiprack asked about the feasibility of limiting the quantity of pills in prescriptions for commonly abused drugs – Dr. Oxman responded that it is difficult to regulate the clinical practices of physicians who are not Multnomah County employees. Lillian Shirley mentioned a group of doctors called "The Downtown Coalition" that seek to limit drug-seeking behavior through clinical cooperation.

Jessica Guernsey discussed the relationship between prescription drug abuse and heroin use. Some addicts will move from drug to drug in search of the cheapest and easiest high. But there is a significant difference in public opinion towards prescription drug abuse and heroine abuse. Guernsey suggested using the more attractive issue of prescription drug abuse to galvanize community support, and then addressing prescription and heroin abuse together, as they are inseparable problems.

Senator Bonamici addressed the issue of urging abusers to "not be afraid to call 911." The police do not use calls to overdose scenes to arrest drug users, though they do run a search for outstanding warrants. The exact policy of the police regarding 911 overdose calls was not made clear. Dr. Oxman mentioned a strategy to educate people about how and when to call 911, what information to give the operator, and if they should remain at the scene or flee.

District Attorney Mike Schrunk spoke about the effort in the law enforcement community to use strong federal prosecuting tools (the Len Bias Law) to prosecute supply chains and spread the message in the community that supplying drugs isn't safe. He also admits that prosecution rates are low, relative to the extent of the problem.

Peter Ozanne asked whether data was available on the trends in the cost of drugs; he felt monitoring these changes could help measure success in restricting access to drugs. Jessica Guernsey and Dr. Oxman agreed that understanding cost and dosage information for different drugs would be useful information to understand usage habits. Chief Reese said that the Drugs and Vice Division of the PPB does track the cost of various drugs. The group discussed Multnomah County's status as an ADAM (Arrestee Drug Abuse Monitoring Program) site. Multnomah County is still an ADAM site; the most recent ADAM report is available online at www.whitehousedrugpolicy.gov/publications/pdf/adam2008.pdf.

Scott Taylor asked how a parole officer would be able to determine what prescriptions a parolee might have other than through his or her self disclosure. Dr. Oxman said that it is not possible to share that information outside of the medical community.

Mayor Adams asked about current examples of best practices towards drug abuse problems in the country and in the world. Dr. Oxman spoke about some of the practices of some European countries that have adopted more tolerant policies towards drug use and reduced rates of overdose deaths. However, he questioned the political feasibility of this approach. Domestically, Jessica Guernsey held up San Francisco and New Mexico as places that have enacted controversial policies. Commissioner Shiprack made the point that we currently have a sort of experiment playing out in Multnomah County right now, with both legal and illegal drugs being abused, and it appears that despite the legalization of prescription drugs, they are a greater problem in the community than illegal heroin. See the attached appendix for Jessica Guernsey's full response to the Mayor's request.

At the conclusion of their presentation, Commissioner Shiprack asked for the next steps that are being taken to address this problem. Dr. Oxman and Jessica Gourney replied that efforts are being made to bring together a coalition from beyond public health to look at other models that have worked in the United States and to identify what steps would be feasible for Multnomah County and across Oregon.

III. Budget Roundtable

Materials: none

Joanne Fuller spoke about the ongoing effect of state budget cuts on the Department of County Human Services. The department will continue to make reductions to mental health treatment programs for people without insurance and to drug and alcohol treatment programs for adults and youth. The cuts come as both of these programs are experiencing decreased demand as a result of the expansion of the Oregon Health Plan. The Governor's most recent call for a nine percent cut in the General Fund will have a "huge impact" on County Human Services. More than 75% of the funding for the county's programs for senior citizens and the developmentally disabled come from the general fund. They will wait for the next legislative session to receive direction from the state about further cuts and restructuring. Because of the timing of this cut, the county budget office has recommended that the Board approve the FY 2011 Department County Human Services budget as it is now and rebalance later when the exact size of the cuts is known.

Judge Maurer spoke about the court budget plans. While the executive branch's mandated cut of nine percent does not affect the Judiciary branch directly, there will be insularly effects

and the Judiciary branch may enact sympathetic cuts of its own. The courts are also working with the DA's Office so that the courts can anticipate changes in case issue rates as changes are made to the District Attorney's FY 2011 budget. HB2287 established surcharges for civil cases which is ameliorating the budget situation, although that money goes directly to the state. There has been some effort to establish fees for criminal court, although the people passing through criminal court generally have less ability to pay.

Sheriff Staton spoke about the FY 2011 MCSO budget, which is still a "work in progress." SB1145 and BM57 state funding are being reduced, in addition to general fund cuts. The Chair's proposed budget has a 2.2 percent reduction below Current Service Levels. The proposed cuts involve closing one jail dorm, losing a Close Street deputy, and losing support positions, such as data analysts and jail chaplains. Professional services are being reduced and the law library will be lost. Four programs received one-time-only money, such as the Gresham Temporary Hold facility. All told, MCSO faces a $2.8 million dollar reduction from FY 2010 to FY 2011.

Lane Borg spoke about the budget for the Multnomah Public Defenders. Like the courts, his office is waiting to hear from the DA's Office to learn how their workload will be affected. He has examined the contracts for service his office has with the county and found it operates at 97% of the contracted capacity. If local agencies make further reductions to the contracts, as may happen, it is unclear how that would affect the availability of public defenders to indigent persons.

Mayor Adams briefly summarized the City of Portland Budget, in which public safety bureaus face a two percent cut; all other bureaus a four percent cut. The budget includes one time funding for the Service Coordination Council, community treatment for prostitution, capital requirements for the Mental Health Triage Center, and improvements to the Hooper Detox Center.

Portland Police Chief Mike Reese spoke about cuts to the Portland Police Bureau. Last year the Bureau made significant infrastructure changes – moving form five precincts to three – that worked well to cut costs, but left the Bureau with little capacity this year to save money through further infrastructure changes. Thirty employees will be laid off, most of whom are non-sworn staff, resulting in earlier closing times for precinct officers and less accessibility to the public.

District Attorney Mike Schrunk spoke about cuts to the District Attorney's Office. During last year's budget the office lost nine lawyers. The chair's proposed budget further reduces prosecuting ability by five attorneys. His office is working to identify which areas of service will be cut. They will continue to prosecute murders, rapes, and robberies. Misdemeanors that are precursors to more serious crimes, such as DUII and indecent exposure, will continue to be issued. Criminal mischief and driving while suspended, among other misdemeanors, will "drop off the radar" after July 1. The DA spoke of the importance of maintaining organizational flexibility, which allows for better agency reponse to shifting case load. The decision not to issue some misdemeanors that feed diversion programs may threaten some of these special programs. The state budget cuts will not affect the DA's office because it only funds the District Attorney.

Scott Taylor spoke about the Department of Community Justice's budget. Over the last year, 20 positions were lost. In the next budget, Gresham gang money will be cut and Oregon

Youth Authority money will be cut. He spoke of the difficulty of making cuts without knowing the policy direction the Oregon legislature will take in the 2011 session. Projected future deficits will force the state to choose between emphasizing funding correctional facilities and cutting community programs or vice verca. Without knowing that policy direction, it is difficult for the Department of Community Justice, the Oregon Youth Authority, and the state Department of Corrections to make the cuts that accommodate the state's budget priorities in the 2011-2013 budget.

Senator Bonamici spoke from the perspective of the legislature. She doesn't know if there will be a special session, but she doubts it. She appreciates the budget conversation being held in LPSCC.[2]

IV. Report from the Reentry Council

Commissioner Shiprack postponed the presentation from the Reentry Council to the July LPSCC meeting.

NEXT MEETING July 6, 2010

[2] At the July 6, 2010 LPSCC meeting Senator Bonamici updated her statement regarding a special session of the legislature. While it is still uncertain, she knows that there will be at least two meetings of an "emergency board" in the next few months and the release of the next revenue forecast in August will renew discussion of a special session.

Appendix: Email on Best Practices from Jessica Guernsey

Mayor Adams,

Thank you for your interest in addressing the issue of opiate overdoses in our community. Elizabeth Davies asked that I respond directly to you regarding your request for scanning best practices on overdose prevention interventions. As Dr. Oxman and I mentioned in the LPSCC meeting last week, there are multiple levels of intervention that can impact this situation, one intervention alone, even if it shown as efficacious, rarely has the broad-reaching preventative effects we would like to see. It is usually the interaction of policy, community, clinical and individual level interventions that have a synergistic effect to create deeply-rooted conditions for good health (not just with overdoses). I have summarized some of those approaches from the current literature that different governmental and non-governmental partners may want to consider as we decide what our community is ready for; I am also providing some links to policy and research documents.

Effective Interventions for Overdose Prevention

- **Counseling and education:**
  - Teaching overdose harm reduction strategies in clinical settings, drug treatment/detoxification facilities and corrections/parole and probation (those that we know are at highest risk of fatal drug overdoses)
  - Broad messaging with community and public safety organizations to ensure people are not afraid to call 911 in overdose situations (related to Good Samaritan Immunity laws outlined below)
  - Broad education of physicians on the issue of illicit and licit drug overdoses in our community
- **Clinical interventions:**
  - Physician and peer-delivered Naloxone for high-risk patients/peers (Naloxone is an opioid antagonist that blocks the brain cell receptors activated by heroin and other opioids temporarily restoring normal breathing within minutes of administration-currently used by emergency medical responders in overdose situations but not available more broadly in the community-in order for this to happen locally there would need to be some work done with the Pharmacy Board)
  - Decreasing the use of prescription opioids for treatment of pain (this would require that those treating pain have other treatment modalities that work and that are covered by insurance, i.e. chronic pain management groups, alternative treatments such as acupuncture, etc.)
- **Long-lasting protective interventions**
  - Low-threshold drug treatment and harm-reduction based treatment modalities (this could include more drug treatment available in primary care settings as opposed to traditional drug treatment programs)
  - Implementation of best practice to reduce drug use in community overall (the war on drugs is not working)

- **Changing the context to make individuals default decisions healthy:**
  - Good Samaritan Immunity laws or policies (provides protection from prosecution for witnesses who call 911 in an OD situation)
  - Broad coverage and availability of drug treatment for both illicit and licit drug use (this is an ongoing part of the discussion of state and national health care reform)
  - Increasing non-opioid pain treatment modalities in the community (this would require that those treating pain have other treatment modalities that work and that are covered by insurance, i.e. chronic pain management groups, alternative treatments such as acupuncture, etc.)
- **Socioeconomic factors:**
  - Educational attainment
  - Reducing poverty
  - Affordable housing

Another part of this work that is core to public health is surveillance, ensuring we have an ongoing, systemic collection of data related to overdose deaths (from medical examiner, state injury program, emergency medical services 911 calls, local jails drug surveys, etc) which leads to action being taken to understand, prevent and control a public health issue. Surveillance is done locally, statewide and nationally.

Finally some documents that may be of interest and include some of the research into best practice:

* *Comprehensive approach to overdose prevention-the Drug Policy Alliance*
http://www.drugpolicy.org/reducingharm/overdose/
* *National legislation on overdose reduction currently in committee (HR 2855)*
http://www.govtrack.us/congress/bill.xpd?bill=h111-2855&tab=summary
* *US Mayors 2008 Resolution calling for City-Coordinated Drug Overdose Prevention Efforts*
http://www.usmayors.org/resolutions/76th_conference/chhs_16.asp

I'd be happy to provide more information and context as needed, there are a group of folks getting together to get more organized around this important issue and we plan to connect with LPSCC along the way.

Thank you,
Jessica

Questions, comments or suggestions?
Contact Elizabeth Davies at elizabeth.davies@co.multnomah.or.us or 503.988.5002