

PREAMBLE

Whereas, Josephine County, an economically depressed county in the State of Oregon, under severe financial duress, with a depleted Criminal Justice System, has a growing population with epidemic opiate addictions; these opiate addictions present physically in adults, children, and in newborns.

Whereas, Oregon has been identified as the #1 prescriber of opiates in the United States, which is linked to doctors' greater willingness to prescribe Opioid pain relievers (Source: Oregonian, March 9, 2012). Unintentional Opioid deaths in Oregon have more than quadrupled in the last ten years (Source: Oregon State Policy Workshop, February 7, 2013) It is evident that an Opioid Treatment Program will need to include Prescription Provider Education and Community Education as part of a comprehensive plan.

Whereas, Josephine County is distinguished among the 36 Oregon counties as having the highest number of people receiving opioid prescriptions per 1,000. (709.7/1,000 Source: Oregon Health Authority 10/01/11-03/31/12).

Opiates are unique to other drugs in at least three major ways:

- opiates are available in prescribed forms (e.g. OxyContin, Vicodin, Percocet, Lortab, Dilaudid, Roxicodone) and are much more readily accessible than other illicit drugs
- the withdrawal symptoms from opiates are severe, and people facing said consequence will often go to any length to avoid it, which can result in criminal activity, further burdening an already overtasked community
- a certain amount of control can be extended to the opiate community by providing for a controlled prescription regimen, whereby the hope is to assist the embattled person with control of their addiction as well as the eventual termination of the addiction through counseling and support groups.

Whereas, people addicted to opiates have often made themselves known through their participation in crimes such as burglaries, thefts, and physical violence, along with the crime of possession of scheduled opiate drugs and in testing positive for opiates in the addicted persons, as well as in their newborn children.

Whereas, the citizens in Josephine County resolve to be self-sufficient in a community where health, education, and liberty thrive; whereas the citizens are desirous of a Criminal Justice System based on a citizen-voiced plan that is secure, stable, and sustainable, addressing the opiate addiction is one step towards this resolve.

Whereas, the citizens in Josephine County want to initiate a multi-pronged Opiate Treatment Program, whereby people addicted to opiates can access and gain control of their addictions through a controlled and monitored prescription regimen that includes counseling and support groups, with the expressed hope of the subsequent termination of their opiate addiction.

BODY

1. Josephine County is located in Southwestern Oregon, and is bordered on the south by California.
2. Current population in Josephine County is 82,987 (Source: US Census Bureau 2011)
3. The County Seat is Grants Pass; Grants Pass population as of July 2010 is 34,533 (Source: US Census Bureau 2011)
4. Median household income is \$27,683; down -\$3,034. (Source: US Census Bureau 2011)
5. Persons below poverty level: 18.8% (Source: US Census Bureau 2011)
6. 31% of Josephine County children are being raised in poverty. (Source: 2012 County Health Rankings)
7. The Josephine County District Attorney's Office prosecuted the following Heroin Drug Cases: -2010: 4 cases -2011: 22 cases -2012: 32 cases. Note: Josephine County Public Safety funding has dropped 75%, from \$12 million to the current \$4 million, resulting in a lack of funds to arrest and prosecute drug cases. (Source: Rafael Caso/Josephine County Deputy District Attorney)
8. Opiates: drugs which are refined from opium, such as morphine and codeine, and the semi-synthetic opium derivatives.
9. Methadone is an Opioid pain reliever, similar to morphine. It also reduces withdrawal symptoms in people addicted to heroin or other narcotic drugs without causing the "high" associated with the drug addiction.
10. Methadone is used as a gradual therapy for recovering heroin users, allowing physicians to relieve their patient's craving for heroin and block the effects of opiates. Methadone treatment has been found to decrease heroin-related deaths and crime and to help individuals achieve greater control of their lives.
11. Suboxone (Buprenorphine) is a semi-synthetic Opioid that is used to treat Opioid addiction in higher dosages, to control moderate acute pain in non-opioid-tolerant individuals in lower dosages, and to control moderate chronic pain
12. Suboxone is less addictive than either heroin or methadone. The "high" produced by Suboxone is less intense and the side effects are less dangerous. In general, buprenorphine is safer than methadone, and it is easier for a patient to discontinue Buprenorphine than to detox from methadone. The National Institute on Drug Abuse (NIDA) views Buprenorphine as a safer, more acceptable maintenance drug than methadone for the treatment of heroin addiction.
13. Suboxone has been rapidly gaining approval for the treatment of opiate addiction. Suboxone contains Buprenorphine and naloxone, an opioid antagonist which is to be taken orally. As long as it is taken by mouth as prescribed, the naloxone causes no side effects. If a user would dissolve the Suboxone and inject it in order to get high, the injected naloxone would cause severe withdrawal symptoms. The formulation of Buprenorphine and naloxone is considered safer than just Buprenorphine because it strongly discourages misuse.

ENACTMENT

Whereas, concerned Josephine County citizens support the achievement of said Opiate Treatment Program as an investment in Josephine County by the following means:

Whereas, Josephine County only has one authorized suboxone Prescriber, Dr. Tim Roberts, financial support for investment in training for an increase in authorized Prescribers from 1 to 10-15, where said physicians and their staff would be trained and the initial assessments for Suboxone occur at their respective primary offices. The financial support would cover the training course, field training for staff, and limited counseling after prescription support.

Whereas, Josephine County has no current Methadone Clinic, and numbers provided by Medford, Jackson County's CRC Health Group (837 E Main Street, Medford, Jackson County, Oregon 975040) indicate that 150 of current 600 methadone daily treatment populous is from Josephine County. In May of 2013, the CRC clinic will be moving further south towards Ashland, resulting in further travel time for clients coming from Josephine County. Financial support is needed for investment to provide for the start-up costs to establish a facility, whereby the Josephine County clients may obtain prescribed Methadone or Suboxone.

Whereas, Josephine County has Community Health Center facilities, such as Siskiyou Community Health Center, where, with financial support, an adjunct methadone/suboxone dispensary could be coordinated.

Whereas, Josephine County, with financial support, could move forward and invest in a Public Awareness Campaign coordinated by the Josephine County Public Health Department, where Opioid abuse awareness may be communicated to the Josephine County citizenry as well as to the Josephine County medical community. Additionally, a Prescription Provider Awareness campaign will include promotion of a Pain Conference in the Rogue Valley that will advise physicians on handling patient requests for opiates.

Whereas, Josephine County, with financial support, could educate the public as well as Providers, Pharmacies, and the Medical community on what exactly an opiate addiction is, how impactful it can be on a community, and what we as citizens can do to help.

Whereas, the proposed Josephine County Opioid Treatment Program has received the support and program guidance from County-run programs in Marion and Lane Counties, we will be developing a model that is consistent with these successful programs. Using a harm-reduction approach, recovery has shown to be quicker when the focus is on personal functioning as well as ending dependence on opioid drugs.

**PROJECTED FUNDING NEED
FIRST YEAR FUNDING BREAKDOWN:**

Training to increase number of Josephine County physicians certified to prescribe Suboxone, including online course, reimbursement for physician time and staff training time (for six-year projected costs, see below)

Online Course - \$150 8 hrs x \$150/hr staff training-4 hrs x \$150/hr
\$1950/physician X 10 physicians **\$ 19,500**

Satellite or Adjunct Methadone/Suboxone Clinic

(for six-year projected costs, see below)

Initially serving 150 medically-managed clients, based on business model example of Marion County (220 clients; operating expenses \$1,088,640; 7.09 FTE)

Medical Director/Physician: on-site from 6am-9:30am 1 day/week

3 Counselors-individual counseling and support groups

2 Nurses

Portion of clinical supervisor, program supervisor, support services

Security Guard Services

Dosing hours: M-F 6am-2pm, Sat. 7:30am-9:30am

Counseling groups offered in mornings, afternoons, and evenings to meet needs of clients; also on Saturday mornings

\$800,000

Public and Prescription Provider Awareness Campaign 2013-2019

(for six-year projected costs, see below)

Community Health Educator - .5 FTE \$40,000

Supplies, Travel, Advertising \$20,000

\$ 60,000

Total \$879,500

Six-Year Projected Funding Need

Based on Marion & Lane County Budgets

(2nd & 3rd year Clinic Budget reduced by 3%, subsequent years reduced by 10%)

Year	Prescriber Training	Clinic	Awareness Campaign	Total Investment
2013-2014	\$19,500 (10)	\$800,00	\$60,000	\$879,500
2014-2015	\$1,950 (1)	\$776,000	\$30,000	\$807,950
2015-2016	\$1,950 (1)	\$752,720	\$30,000	\$784,670
2016-2017	0	\$677,448	\$25,000	\$702,448
2017-2018	0	\$609,703	\$20,000	\$629,703
2018-2019	\$1,950 (1)	\$548,732	\$15,000	\$565,682

- Lane County Opioid Program serves 120 patients with 6 FTE staff, part-time doctor, pharmacist, and nurses on contract
- Marion County Opioid Program serves 220 patients with 7FTE staff, medical director on-site for one day a week and on-call as needed
- Lane County Budget approx. \$1 million; Marion County Budget approx. \$1.1 million

Philosophy:

To provide Opioid addicts with a treatment program, with the expressed goal of getting the client off of Methadone or Suboxone within a short as time as possible, using the benchmark of six months to two years.

OTHER FACTS TO CONSIDER:

- A growing population of 16-24 year olds appear to be surfacing with opioid addictions
- Increase in number of Josephine County Drug-Dependent Newborn Babies:
2010 28
2011 44
2012 126
(Source: Dr. Felicia Cohen)
- Increase in crime, while not directly attributed to opioid addiction, suspected due in part, for the City of Grants Pass ONLY:

Burglaries

2011 401 2012 602 % Change= +49.7%

Disorderly Conduct

2011 1,068 2012 1,254 %Change= +17.4%

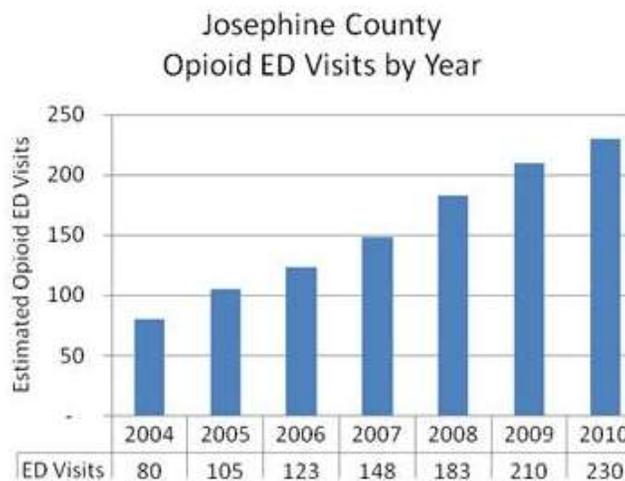
Theft

2011 2,254 2012 2,834 %Change= +25.7%

Stolen Vehicle

2011 190 2012 223 %Change= +17.4%

Josephine County Emergency Department Visits Involving Non-medical Use of Opiates



(Source: Center for Behavioral Health Statistics and Quality, SAMHSA)

FUNDING DISBURSEMENT AGENCY:
Securing Our Safety – an Oregon 501(c)3 charitable organization

Mission Statement: “A Citizen-Voiced Plan to Provide for a Secure, Stable, and Sustainable Josephine County”

Board Members:

Jay Meredith – President (Finance Director)
Cheri Adkins - Vice President (Business Owner)
Holly Lidey - Secretary (Concerned Parent and Concerned Citizen)
Bill Ertel (Real Estate)
Mike Schneyder (Concerned Citizen – Retired)
Jim Frick (Real Estate)
Cliff Thomason (Real Estate, Construction Contracting)
Laurie Norman (Attorney)

Opioid Treatment Program Task Force Chairperson:

Toni Webb, Business Owner

Consulting Team:

Cheri Adkins, Business Owner
Dr. Felicia Cohen
Gil Gilbertson, County Sheriff
Diane Hoover, PhD, Public Health
Dr. Lyle Johnson
Bill Landis, Police Support Services
Archie Lidey, Detective
Dr. Steven Marshak