MINUTES
Committee on Public Safety
Wednesday, July 5, 2017 @ 3:30 p.m.
City Hall, Council Conference Room

CALL TO ORDER
The meeting called to order at 3:31 p.m.

ROLL CALL
Councilmember Adam Hussain, Chair
Councilmember Carol Wood, Vice Chair
Councilmember Tina Houghton, Member

OTHERS PRESENT
Sherrie Boak, Council Staff
Brandon Waddell, Assistant City Attorney
Amanda O'Boyle, Assistant City Attorney
Linda Vail, Ingham County
Nathan Murphy, Rep/ Andy Schor Office
Dan Denova, MSU
Mary Ellen Purifecato

MINUTES
MOTION BY COUNCIL MEMBER WOOD TO APPROVE THE MINUTES FROM JUNE 21, 2017 AS PRESENTED. MOTION CARRIED 3-0.

PUBLIC COMMENT
Public comment will be taken at each agenda item.

Presentation
Combating the Heroin Epidemic

Council Member Hussain provided an overview of the epidemic and introduced Ms. Vail. He also noted that during the medical marihuana discussions on the ordinance there were concerns from the public that there needed to be a focus on opioids and heroin. Council Member Wood also noted that the Ad Hoc on Diversity will also be looking at the topic. Council Member Houghton asked why it was at two Committees. Council Member Wood stated that there are two different perspectives, and Ad Hoc is looking at educating the diverse population.

Ms. Vail distributed a handout on the issues, the problem, the prescriptions, connections between opioid and heroin, the Naloxone and Narcan, then presented her talking points. (Attached).

Council Member Hussain inquired as to how 80% of the abused prescriptions come from households, and Ms. Vail noted there are 107 prescriptions to every 100 people in Michigan, and 11.3% 11 graders use prescriptions not prescribed to them. There is an essential need to educate people on cleaning out their expired prescriptions. There is an Ingham County initiative task force working on this topic, and the State of Michigan is working on a prescription drug monitoring system. Council Member Hussain then asked if there had been any thought to safe injection sites. Ms. Vail admitted there is not a lot of data on the subject and they are focusing on access to treatment, mental health, behavioral health, Medicaid and assistance programs. Council Member Wood asked about assistance from the Police Departments. Ms. Vail stated that access to treatment is an issue and it is the matter of authorization to get into treatment. With no financial assistance, some walk out. Council Member Wood asked about half way houses as option, and Ms. Vail stated they won't take them until they have gone through detox then transition. Council Member Wood then asked if the online records system in hospitals have helped with how much medication is being prescribed. Ms. Vail acknowledged that all hospitals are using different programs that do not talk to each other. The Committee then moved onto the statistics in the handout which was an Opioid Surveillance Report. Council Member Hussain concluded the discussion by asking Ms. Vail if there was anything the City could do to assist. Ms. Vail confirmed that the LPD and LFD are working together on what can be done to implement criminal defense response.

Discussion/Action:

RESOLUTION- Amend Motion on Introduction and Set the Public Hearing for Amendments to Ordinance Chapter 1422 – Signs; Section 1442.15 Window Signs

Council Member Hussain recapped the process thus far, noting that a hearing was set for August at the last Committee meeting, however after confirmation from PND and Law, it does not need to go to the Planning Board, and therefore there is no reason to delay or require a 15 day notice period, so the Resolution has been amended to set the hearing for July 24th.

MOTION BY COUNCIL MEMBER HOUGHTON TO AMEND THE RESOLTUION TO SCHEDULE THE HEARING FOR JULY 24TH. MOTION CARRIED 3-0.

DISCUSSION – House Bill 4767

Mr. Murphy, representing Representative Andy Schor's office, briefly provided an updated on the House Bill created by Representative Schor and Senator Jones. Currently tobacco is banned on bill boards, however this Bill would regular marihuana on bill boards as well. The changes would add marihuana to the list, and would not allow them to advertise for a dispensary or listing of a dispensary like "weed maps".. The bill was introduced June 15th and it is in Committee on Law and Justice, with the hopes of a hearing soon. Senator Jones has already referred it to the Senate Committee which he chairs, and hopes for a hearing shortly as well. Council Member Hussain asked if there was anything the City Committee could do, and Mr. Murphy encouraged letters of support during the committee hearing showing broad community support. The consensus would be a letter from all of Council. Mr. Murphy also noted that any testimony during the hearing would be appreciated and they would keep the Council updated.

DISCUSSION – Medical Marihuana Moratorium

Council Member Hussain recapped that at the last Committee meeting Law informed the Committee that letters were sent out, but nothing was shut down. He did note that 928 MLK was one of those addresses, and a letter was sent June 21st, so asked for any update on that

one. Ms. O'Boyle confirmed that 14 letters to establishments that had prior complaints were mailed and they had until July 21st. As of the date of this meeting there were 5 responses with at least an inquiry as to what documents are required or they actually provided documents. At this point Law is considering affidavits, leases, "Weed Map" receipts dating back prior to moratorium. Council Member Wood asked law not to use Weed Map. Ms. O'Boyle stated that this option is one of many and will not be allowed as the only information accepted.

Mr. Waddell stated that Law received a call this morning inquiring what they need to do to open and admitted they did open after the moratorium. Law is working on this admission. Mr. Waddell acknowledged they are not recommending businesses stay open.

Council Member Wood referenced a location that was mentioned at the last meeting, and asked for an update for that, and would encourage a closed session if that was necessary. Mr. Waddell stated they are not able to get any information, and at this point are not aware of anything coming out of law enforcement. Law understands the concern, and has a meeting scheduled with LPD and will bring this topic up.

Council Member Hussain spoke briefly about "Got Med" violations that Council received over the past weekend asked for an updated on what could be done. Mr. Waddell stated he was informed and law as looking into it.

Ms. O'Boyle informed the Committee she will become full time in August, and currently is working Monday, Thursday and Friday.

<u>UPDATE – 3801 Walton</u>
Council Member Hussain recapped from the last meeting that he met with Officer Arnold on site to address issues regarding trash, and drug use to name a few. A meeting has been set for July 13th at 9 am with Office Arnold and Law.

Council Member Hussain reschedules the next meeting that was to occur on July 19th to July 26th.

<u>PUBLIC COMMENT –</u>
Ms. Purifecato stated she would testify if Rep. Schor needed testimony on the medical marihuana.

<u>ADJOURN</u>
The meeting was adjourned 4:38 p.m.
Submitted by, Sherrie Boak,
Recording Secretary
Lansing City Council
Approved: July 26, 2017

From Linda Vail, Ingham County

Opioids and Heroin
Talking Points

The problem

- Opioid overdose deaths are a public health crisis. In 2014, overdoses involving opioids killed more than 28,000 people.
- The problem is growing. Overdose deaths from opioids, including prescription opioids and heroin, have more than quadrupled since 1999.
- Heroin and opioid overdose is a problem in Ingham County.
- In 2016, there were 77 opioid-related (Codeine, Fentanyl, Heroin, Hydrocodone, Methadone, Morphine & Oxycodone) deaths. In 2006, there were eight. This is a more than a nine-fold increase.
- In the first two months of 2016, there were 9 opioid-overdose deaths. In the first two months of 2017, there were 10 opioid-overdose overdose deaths. The problem persists.
- While heroin was once considered a "poor" or "urban" problem, the average heroin user today is more likely to be a young, white suburbanite.

Opioid prescriptions

- Opioids include hydrocodone (e.g., Vicodin), oxycodone (e.g., OxyContin, Percocet), morphine (e.g., Kadian, Avinza), codeine, and related drugs.
- Almost 1 in 20 adolescents and adults – 12 million people – have used prescription pain medication when it was not prescribed for them or only for the feeling it caused in the past year. Many believe these drugs are not dangerous because they can be prescribed by a doctor, but abuse often leads to dependence.
- Michigan is a high-prescribing state. In 2012, there were 107 painkiller prescriptions for every 100 people. (For comparison, Illinois had 68 for every 100 people.)
- Michigan has one of the highest rates of teen prescription drug abuse in the country at 12%.
- Within the Ingham County, 7.3% of 11th graders reported using prescription drugs not prescribed to them in the past 30 days..
- 80% of abused prescription drugs come from household medicine cabinets through selling, stealing or borrowing. Clearing expired, unwanted and unused medications from our household medicine cabinets is the number one prevention action that we can take in our community to properly address the prescription drug addiction crisis.
    - ICHD supports the "Take Back Meds" program because it eliminates potential for abuse and protects the environment. See www.takebackmeds.org

Connecting opioids to heroin

- For some, pain medication abuse leads to heroin use. Opioids can be a gateway to heroin.

- People who are addicted to prescription opioids are 40 times more likely to be addicted to heroin.
- Heroin produces the same type of high as opioid pills. Some report that heroin is cheaper and easier to obtain.

Naloxone (Brand names Narcan® and Evzio®)

- Naloxone is an opioid antagonist. In cases of overdose, it works by blocking the effects of opioids, specifically reversing the effects on the brain and respiratory system in order to prevent death.
- Naloxone has been used in the management of opioid overdose for more than 40 years. It is a safe drug with no potential for abuse and a low risk of serious side effects.
    - If it were administered to a person that did not have opioids on-board, there would be no effect.
- Any adult capable of learning basic life support can also learn to recognize an opioid overdose and administer naloxone in time to save lives.
- It makes sense to reduce the time it takes to administer naloxone by getting it into the hands of those best positioned to respond rapidly.
- The logic and support for placing time-critical medications in the hands of nonmedical persons is not new.
    - Epinephrine injections are made available as a life-saving measure for people at risk for suffering anaphylaxis, and glucagon injections are provided to diabetes patients in case of severe insulin reactions.

Narcan® in Ingham County

- Lansing EMS administered Narcan® 255 times in 2016. (Narcan incidence is a record from EMS where Narcan was administered to a person at a specific place and time excluding repeated doses.
- Law enforcement who are not first responders, carry Narcan® nasal spray to administer to people experiencing an opioid overdose.
- Law enforcement trained as first responders (includes some police) will carry Narcan® muscular injection kits.
- Access to Narcan® muscular injection kits is available for others in the community such as people in opioid recovery/treatment, cancer patients on high opioid dosing, and close family members or friends of people with opioid addiction.

References

Amy Moore, ICHD Program Coordinator

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http://www.who.int/features/2014/naloxone/en/

http://www.drugabuse.gov/related-topics/trends-statistics/infographics/abuse-prescription-pain-medications-risks-heroin-use

http://archive.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/NationalFindings/NSDUHresults2012.pdf

http://jama.jamanetwork.com/article.aspx?articleid=1886185

http://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates

http://www.cdc.gov/vitalsigns/opioid-prescribing/infographic.html