The Zanesville-Muskingum County Board of Health held a special meeting on October 29, 2019, at the Muskingum County John McIntire Library, located at 205 North 6th Street Zanesville, Ohio 43701. President, James Shepherd called the meeting to order at 6:00 p.m.

I. WELCOME and Introduction
James Shepherd welcomed everyone to this special meeting and public forum he then reviewed the rules of the special meeting that were shared with the agenda to all those in attendance.

II. ROLL CALL
Board of Health Members: Jennifer Agin, Bill Bird, Jim Brown, Paul Nestor, Abby Nguyen, Dr. Linda Swan-Absent James Shepherd

Health Department Staff: Corey Hamilton, Health Commissioner; Dr. Jack Butterfield, Medical Director; Jacqueline Layton and Jennifer Hiestand

Additional Attendees included the following Community Members: Dwayne Liles, Jeffrey Daws, Joseph Nezbeth, Jennifer Johnstonbaker, Tom Swan, Amanda McPeck, Tawny Pletcher, Ann Hollingsworth, Samantha Wantz, Danielle Mason (Ohio Attorney General), Jeff Belt, Matt Hemmer, Jim Shepherd, Andrew Brown (Friends of Putnam Community Group), Steve Carrel (MBH), Kristen Dickerson, Adam Dickerson, Linda Barker, Megan Jones, Tiffany McFee, Marcie Butterfield, Vickie Kokensparger, Veronica Sayles, Jeannick Dickerson, Tabatha Lyall, Kylie Jones, Erin Wood, Allie Wood, Allison Pitcock, Kristina Bell, Jeff Bell, Carrie Williamson, Michael Cruze, Charles Rice (MCACPS), Mollie Crooks (Muskingum County), Christina Homes (Y-City News), John Little, Tiffany Cornett, Linda Dalton, Kathy Evans, Keane Toney (COZ), Nicole Dickerson, Adam Binckley (Zanesville Think Tank on Poverty), Samantha Crawford (ZTTP), Phillip Furner (ZTTP), Taylor Bennington (MCPO), Tiffany Lemon (MBH), Matt Lutz (Sheriff), Thomas Robertson (Times Recorder), Gerald Anderson (MCPO), Julie Graham, Karlee Bates (MCACPS), Yolanda Taylor (MBH), Jenny Murrey, Anita Wright, Patricia Perry (Ohio CAN), Marcia Hartman (Caldwell Journal Leader), Cindy Cameron (Muskingum County), Mark Zanghi (Prosecutor’s), Jeff Jadwin (Muskingum County EMA), Robin Kimbrough (Friends of Putnam)

III. PRESENTATION - EDUCATION OF THE SAFE POINT PROGRAM
Dr. Jack Butterfield, Medical Director with the Zanesville-Muskingum County Health Department shared a PowerPoint presentation with information on the Safe Point program, a blood borne pathogen prevention program. The presentation shared is attached.

IV. PUBLIC FORUM / COMMENTS
Mr. Steve Carol, Social Worker with Muskingum Behavioral Health (MBH) spoke on the benefits of this program. Kristen Dickerson spoke on the benefits of this program. Jeff Bell, Chief of the Zanesville Fire Department spoke on the benefits of this program. Mark Zanghi, Assistant Prosecutor for the Muskingum County Prosecutor’s office, shared that the BOH is currently not in compliance with the ORC code, but this meeting is one of the steps to become fully in compliance with the ORC.

Charles Rice, Case Worker and Social Worker for the Muskingum County Adult & Children Protective Services spoke on the benefits of this program and his experience working with people with addiction issues. John Little spoke against this program. Linda Dalton spoke against this program. Samantha Crawford spoke on the benefits of this program for our community.
V. QUESTION and ANSWER SESSION
Program participants were given the opportunity to write questions on an index card and each question was answered by the Medical Director, Health Commissioner or Board of Health member. Questions and Answers are attached.

VI. ADJOURNMENT - There being no further business to conduct Jim Brown moved to adjourn at 7:00 pm and Paul Nestor seconded the motion. Motion carried.

_______________________________________  _______________________________________
Corey Hamilton, MS, RD, LD        James Shepherd, President
Secretary                        Zanesville-Muskingum County
                                     Board of Health
Question and Answer Session of the meeting included:

What is the success rate since the program was started? How many clients have received treatment?
All program participants receive education of treatment options and access to community partners that may be able to help them with any number of issues they are having; in 2017 education and information was given to 18 unique clients, and in 2018 education and information has been given to 35 unique clients, the number of those clients that have received treatment is unknown.

What stops one person from getting needles for their friends?
The program participants are given unique identification cards and are only allowed to exchange needles for that identification card. The actions of the program participants outside of the building is not within the control of the department.

How many people that were offered help took the help offered?
This program offers many types of help along with the needle exchange. Each participant is talked to about social determinates of health, these are social factors in their lives that determine the overall outcome of their health and all of these factors contribute to their well being, some factors include; mental health, physical security and housing, food insecurity, transportation issues and program participants are offered any needed immunizations and vaccinations as well. The specific number of people who use each type of resource offered is unknown.

How many people are using this program weekly?
The number of people seen each week varies; there have been 35 different people that have used the program in 2019.

Does the $9,343 just include needles or other costs?
The needles are donated to the health department, the $9,000 cost is for staff.

How long will you let them keep getting needles with not getting help?
As long as it takes. Each participant is unique in their needs and it may be a different amount of time that is needed to help people. The focus is to help those that are ready to get help as soon as possible.

What's the death rate of overdoses compared to the number of people using the program?
There were 43 overdose deaths in 2018 and there have been 29 overdose deaths in 2019.

What about the law that says it's against the law to possess a drug instrument?
The State of Ohio, through the Ohio Revised Code, passed a law that allows local health departments to participate in a syringe exchange program and while carrying out the duties of that program they are not subject to criminal liability for certain actions.

Can the board address statements made by Mark Zanghi and what does noncompliance mean to the board?
The health department and board worked with partners in our community for at least two years before starting the program and did not know requirements of being in compliance had not been met before starting the program. When the health department was made aware of the noncompliance they immediately ceased operations of the program and is now working to get back into compliance. Holding this public forum is one of the requirements.

Do you have any proof that this program doesn't allow drug users from other counties to come here for needle exchanges?
The program participants must have proof of address that is within our county, people have come from outside the county and have been denied services.
If they overdose on your needle are you responsible like we would be?
There is no liability for the health department; being a political subdivision doing community service the state law gives immunity to claims of liability that may result in injury or death to a person. The Ohio Revised Code gives permission to the health department to participate in this program.
Rules for the meeting

1. We will begin and end the meeting on time.

2. This is a public meeting. All comments from this meeting will be compiled and made available to the public. It is critical that only one person speaks at a time so the record of comments will be accurate.

3. Speakers, please make your point as calmly and clearly as possible. When your 3 minutes have expired please take your seat promptly.

4. Attendees, please listen quietly while each person speaks. It is important to treat the speaker with respect even if you don’t agree with what is being said.

5. If you have questions, please write them on an index card and hold it up. A staff person will collect it from you. We will address questions as time allows tonight.

6. Anyone who refuses to comply with these rules will be asked to leave the meeting.

7. All information from this meeting will be compiled and made available on our website by November 21, 2019.

www.zmchd.org
Syringe Services Programs (SSPs) Fact Sheet

Helps prevent transmission of blood-borne infections

For people who inject drugs, the best way to reduce the risk of acquiring and transmitting disease through injection drug use is to stop injecting drugs. For people who do not stop injecting drugs, using sterile injection equipment for each injection can reduce the risk of acquiring and transmitting infections and prevent outbreaks.

SSPs are associated with an estimated 50% reduction in HIV and HCV incidence. When combined with medications that treat opioid dependence (also known as medication-assisted treatment), HCV and HIV transmission is reduced by over two-thirds.

SSPs serve as a bridge to other health services, including HCV and HIV testing and treatment and medication-assisted treatment for opioid use disorder.

Helps stop substance use

The majority of SSPs offer referrals to medication-assisted treatment, and new users of SSPs are five times more likely to enter drug treatment and three times more likely to stop using drugs than those who don’t use the programs.

SSPs prevent overdose deaths by teaching people who inject drugs how to prevent overdose and how to recognize, respond to, and reverse a drug overdose by providing training on how to use naloxone, a medication used to reverse overdose. Many SSPs provide “overdose prevention kits” containing naloxone to people who inject drugs.

Helps support public safety

SSPs have partnered with law enforcement, providing naloxone to local police departments to help them respond and prevent death when someone has overdosed.

SSPs also protect first responders and the public by providing safe needle disposal and reducing the presence of discarded needles in the community.

In 2015, CDC’s National HIV Behavioral Surveillance System found that the more syringes SSPs distributed per the number of people who inject drugs in a geographic region, the more likely the people who inject drugs in that region were to dispose of used syringes safely.

Studies in Baltimore and New York City have also found no difference in crime rates between areas with and areas without SSPs.

The opioid crisis is fueling a dramatic increase in infectious diseases associated with injection drug use.

Reports of acute hepatitis C virus (HCV) cases rose 3.5-fold from 2010 to 2016.

The majority of new HCV infections are due to injection drug use.

Over 2,500 new HIV infections occur each year among people who inject drugs (PWID).

Syringe Services Programs (SSPs) reduce HIV and HCV infections and are an effective component of comprehensive community-based prevention and intervention programs that provide additional services. These include vaccination, testing, linkage to infectious disease care and substance use treatment, and access to and disposal of syringes and injection equipment.