

ZANESVILLE CITY COUNCIL MEETING  
TUESDAY, OCTOBER 15, 2019

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Roll call vote for passage.

6 Ayes

0 Nays

1 Abstention Mr. Sharrer

2 Absent Mr. Foreman and Mr. Roberts

Motion carries. Ordinance is passed.

**Ordinance No. 19-104** –Introduced by Council – An Ordinance authorizing the proper City Official to advertise for bids for management and concession services for the Riverside Park Softball Complex.

Mr. Sharrer moved for third reading and passage, seconded by Mr. Baker.

Mr. Vincent: Is there any discussion? Hearing none, we will have roll call vote.

Roll call vote for passage.

7 Ayes

0 Nays

2 Absent Mr. Foreman and Mr. Roberts

Motion carries. Ordinance is passed.

#### **TRAFFIC ORDERS**

No traffic Orders were filed for this meeting.

#### **MISCELLANEOUS AND UNFINISHED BUSINESS**

Mayor Tilton: I have a couple of things Mr. President. First off the project information regarding the ODOT I-70 Reconstruction Project is posted on the City of Zanesville's website at [coz.org](http://coz.org) under Community Notices. The residents can follow the instructions on the web-site to provide comments prior to the deadline this Friday. So if they want to make comments they need to get on the website and do so.

Mr. Vincent: Thank you. We greatly appreciate you sharing.

Mayor Tilton: Second of all, I would like to thank Columbia Gas for their quick response on the incident we had on Sunday with the water getting into the main gas line. At one point we had 440 some customers down. They found the problem, fixed the problem, and got them back up by Monday evening. So, I want to thank them personally for what they did. They kept the City well noticed on what was going on. Thank you.

Mr. Vincent: Is there anything else from the Administration? Is there anything from Council before we move to our special guest? So with that tonight we are honored to have special guest here as our subject matter experts from the health department. We have Dr. Jack Butterfield who is the Medical Director and our Health Commissioner

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Corey Hamilton from the Zanesville-Muskingum County Health Department. They are going to speak on Safe Point Bloodborne Pathogen Prevention Program

Dr. Butterfield: Thank you, Mr. President of Council and thank you Councilmembers and City Officials for allowing us to come explain Project Safe Point. I will also just tell you I have often found PowerPoint presentations to be the most effective way to insult your audience by reading them, so I don't intent to do that. If I do, please stop me. So, Safe Point is a program we have that simply is a harm reduction program to try and decrease the incidents of blood borne diseases, primarily those obviously where we are talking about needles and syringes or those spread by blood products through contaminated needles.

So, the public health issue is that people who inject drugs (PWID). Those are the people we are talking about that we are trying to limit the spread of these diseases with them and the way they do it is by sharing needles. It is that simple. We do know that six to eight percent of HIV infected people have contracted HIV/AIDS have contracted that disease complex with needles and I think it is like 50%-90% are co-infected with Hepatitis C. Now, how big of an issue is this for us? The lifetime cost for treating for a HIV patient is \$400,000. One treatment course for Hepatitis C which is 99% curative; we have a wonderful product that treats Hepatitis C; however, it is \$40,000 for a course of treatment. The lifetime expense of treating a patient with Hepatitis B is half a million dollars. That is a lot of money. We do know that we have seen the incidents of these particular infections increase since 2010. This is not just here, it is nationally. Coincidentally, that happens to be when we had a crack-down on pill mills and people who take drugs were finding other ways to administer it and primarily through injection. Is it cause and effect? We don't know, but it is an interesting coincidence, but that is when we started to see an increase in this.

We also know that it has been shown in study after study after study that these needle exchange programs decrease the incidence of these blood borne infections. We also know that people are much more likely to seek help for their addiction if they are in a needle exchange program. I will get to that and why that is in a minute. One of the concerns that is often expressed is you are just encouraging IV drug use. No, these people are going to be using IV drugs regardless. What we are encouraging is a decrease in the incidence of these infectious diseases through sterile needles.

We also know that this population of people who inject drugs meet barriers everywhere they go. They have financial barriers, they have money barriers, they have transportation barriers, they have society barriers, and the more barriers we put up for these people the less likely they are to ever enter into a treatment program. We are trying to take away one barrier by at least providing them with sterile needles. There is more to this program than just that which as I said, I will get to that in a moment.

The other big fact that I will leave you with is for every one dollar expended in this program you get a return on investment of seven dollars and fifty-eight cents. I would

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love to have that opportunity in any investment. So, it saves the system, maybe not us individually; but state, federal, and local entitlement programs are saved that kind of money. Now, what exactly happens and why is this more than just a needle exchange? What happens when a new person comes into the health department, a new client, interested in the needle exchange? They come in and they meet with our Safe Point team which is a nurse and a social worker. They fill out a data form. Information is collected on them. The rules of the program are reviewed with them and they are allowed to exchange one dirty needle for a clean needle up to 30 needles per week. Now, also there are other things that are assessed at that time. We kind of assess what some of their needs are. For instance, are you ready for treatment? An addicted person is not going to succeed in a treatment program unless they are ready for treatment. This is a touch point for us with each of these people every time they come in to introduce them to treatment. Most of the time, admittedly, they are not ready, but some time they will be and it is kind of like that story about the man who is walking along the beach and every time he sees a starfish he throws it back into the ocean. The little boy comes and says why are you doing that as there are thousands of star fish on the beach? It doesn't matter what you are doing. The man says it matters to that one. So that one person who comes in and does seek treatment, it matters to that one. To our system, it drops the expenses exponentially when they are out of that environment.

Also, they are told about Narcan. We have a project DAWN, which means deaths avoided with Narcan. That is a very successful program. They are introduced to that and they mostly all know about it, but we want them to know that is available for them. We assess their vaccination status. Admittedly, most of them don't want to get their tetanus shots, flu shot, hepatitis A, Hepatitis B, etc., but they are available and we do have some takers who are willing to do that; again decreasing the incidents of infectious diseases. We also kind of the big thing these days is the social determinants of health which are the non-medical life issues that have impact on the ultimate health and wellbeing of every person. So, our Social Worker tries to address the social determinants of health with that person. If there are needs we can try to hook them up with the right agency to meet some of those needs. Returning participants go through the whole same process except they don't have to fill out the intake form. Basically, they get a number and when that number is called they go back and the process starts with the nurse and a social worker.

What is Safe Point? This one I will read to you because I think this is key: Safe Point is a professional, cost effective and socially responsible means to decrease the incidence of blood-borne infectious diseases, thereby decreasing costs to the healthcare system, while engaging with and offering positive lifestyle and healthcare services to a population that may not otherwise be reached. I think that is the crux of our issue. The other summary point is that this does offer us the opportunity to build a bridge with PWID (people who inject drugs); a bridge of communication. They don't have any bridges. They only see barriers. We want to help them get over some of those barriers.

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How did we get to this point tonight? This is a little bit of the history of the planning and implementation of Safe Point. In 2015 the state allowed local health departments the authority to implement programs like this. Between 2015 and 2017 the health department did their due diligence in talking with the appropriate people in the community about how this might happen. They talked with other programs and how they did it because there are literally hundreds of programs like this around the nation. In 2017 we opened our Safe Point Program. To show you how this population, people who inject drugs, see so many barriers. It was five months before we had our first client come in now, since February 2018. I think it is twenty or so come in a month. We made a lot of in roads when we didn't have any for the first five months. So, that is our Safe Point Project. We did temporarily stop this on the advice of the County Prosecutor because we were not really aware that we had not fulfilled all of the steps necessary to implement this program. One of those steps was in fact informing City Council about this program. So, currently the program is on hiatus. We hope to get it restarted as soon as possible after tonight's meeting. Thursday is what I think our target is. So, the reason is crucial we get it started back is because we have been trying to build bridges with twenty people a month and now they are not coming in and those bridges are starting to crumble. We don't want to put a block under those bridges like you just talked about with Fifth Street and Seventh Street. So, that is why we are here and that is kind of the end of it. If you have any questions Corey is here to answer questions that are political or numbers and I will answer any that might be medical if you have any, but that is what we are doing with Safe Point.

Mr. Vincent: Thank you Dr. Butterfield. Mr. Baker.

Mr. Baker: You mentioned that there are some barriers remaining to recharging the program. What are some of those barriers that remain?

Dr. Butterfield: Actually, if I said that, I misspoke. What I meant was this population of people have one barrier after another and one of the barriers is access to medical care, access to vaccinations, to helping them with their need for solving social deterrents like helping them with safe needles so they don't get these infectious diseases. It will in effect kill them and also put a huge financial drain on our system. So, we don't have a barrier to that, they encounter barriers in their daily life.

Mr. Baker: Well, the County Prosecutor had a problem with this program and it was on hiatus, right?

Dr. Butterfield: No, the reason he had a problem with the program was, he could not find any place in records where we had presented it to Council. It wasn't a problem with the program. Am I correct to say that? So, it wasn't a problem with the program, its purpose, or its outcome. It was a problem with protocol. We had not fully implemented the protocol as in the Ohio Revised Code.

Mr. Baker: So, this is the last step remaining. That is all you had to do.