

City of Springdale Council

June 19

2013

President of Council Marjorie Harlow called Council to order on June 19, 2013 , at 7:00 p.m.

The governmental body and those in attendance recited the pledge of allegiance. Mrs. McNear gave the invocation.

Mrs. McNear took roll call. Present were Council members Diehl, Emerson, Hawkins, Knox, Squires, Vanover and Harlow.

The minutes of June 5, 2013 were approved with seven affirmative votes.

COMMITTEE AND OFFICIAL REPORTS

Civil Service Commission - Mr. Thamann said the Commission met June 6th with Chief Hoffman and me also in attendance. There was a lengthy discussion to review the details of the promotional process in regards to the opening for a captain in the Fire Department. The Commission adopted a motion to allow the same process as was successfully utilized during the last promotional process in the Fire Department for the position of captain. A timeline was adopted for the posting of the position, the announcement of the written test and the assessment process, all of which will occur in the next few months. The Commission also gave its approval of a temporary assignment of Scott Williams as acting captain. Lastly, there was a preliminary discuss in regards to future openings for lieutenant in the Police Department, account clerk in the Tax Department and an administrative assistant in the Health Department. Further discussion and action is expected on these items during the Commission's meetings in July or August.

Rules and Laws	-	no report
Finance Committee	-	no report

Planning Commission - Mr. Vanover said the Commission met last Tuesday evening. A conditional use permit for outdoor seating at Mi Familia, 318 Northland Boulevard had been continued from our May meeting and they asked for a continuance until July.

Board of Zoning Appeals – Mr. Hawkins said the Board met June 18th. The owner of 455 W. Kemper Road requested a variance for a fence to be installed in the front yard of the property. That was tabled. The owner at 324 Cameron Road requested a permit for a utility building with a zero setback from the side lot line. That was granted with a two foot setback. This shed was replacing a legally non-conforming garage. A lot of the houses in that area have sheds or the houses themselves sit within the five foot setback and there are a lot of legally non-conforming structures back there.

Board of Health	-	no report
Public Utilities	-	no report
Public Relations	-	no report
Capital Improvements	-	no report
Public Welfare, Safety & Education	-	no report

Housing Board – Mr. Squires said the Housing Board will meet next Friday. Mr. Parham and I talked about an e-mail from the President of Council to citizen Joanie Rielege and me regarding a water problem at 11671 Neuss Avenue. The issue was discussed at Council on April 17. I asked Mr. Parham if he would like to comment to Council regarding that matter.

Mr. Parham stated at a previous meeting there was a brief discussion about the situation at 11671 Neuss. The Public Works Department had been notified of the problem existing at that location. The Department performed a number of investigative efforts to determine why a large amount of water was sitting in the right-of-way at that residence. At one point, we thought it was a water main from Cincinnati Water Works. We called Cincinnati Water Works out on two separate occasions to see if this was from their system. Each time, they indicated the problem was not theirs. Finally, our Staff

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was able to locate a pipe in that general location to be the problem. We are not sure where it originates. We have not been able to locate any plans to identify that pipe. However, it is the source releasing water into this area. Staff connected a six (6) inch PVC pipe approximately sixty (60) feet long to the unknown pipe and ran it to a catch basin removing the standing water from the area. That project was completed this past Tuesday. The water problem should be gone at this point. The contractor we hired to do the work has to come back and finish the restoration. If we find water has developed farther along with this mysterious pipe, that means we will be back out there again.

Public Works - no report

O-K-I – Mr. Knox reported OKI met June 13. The Intermodal Coordinating Committee presented a list of prioritized projects. Their recommendations were approved. They extended the Hamilton County Emergency Agency Memorandum and there was an update to the Water Quality Management Plan. I asked the President of Council if I could also report on the Convention Facilities Authority which met June 7th. A major part of the meeting was going over roles and responsibilities of the authority of the CFA board. There was discussion of the refinancing of the current outstanding debts of the CFA and there will be a reduced interest rate very similar to what the City did with their bond issue. Later in the meeting there was discussion about addressing the next expansion to the Convention Facility. That should occur about thirteen years from now but in order to prevent what happened seven years ago when everybody had to scramble to come up with the extension we made to the facility, they want to start right now. We have the smallest convention facility building of anyone of the cities of our size so it is incumbent upon us to do something about that. They talked about going north from where they are now or going over the interstate.

Mayor's Report – Mayor Webster said at the next Council meeting on July 17, I will be issuing a proclamation to Showcase Cinemas. They have been with us for forty years and they have a big celebration planned in the month of July. I'll have some other comments when we get to item 10.

Clerk of Council/Finance Director – Mrs. McNear said through the end of May we have \$8.7 million in revenue received, 54 percent of the anticipated budget. If you figure we should have about 8.3 percent per month, that's 41 percent. Our top five reasons for receipts are earnings tax, real estate tax, local government funds, estate tax and paramedic services at about 92 percent. We have had \$6.6 million in expenditures, 37 percent. Using the same 8.3 percent per month for five months, that would be 41 percent. We're shy of spending what we had budgeted so that's great news. Also later in the meeting we will have Resolution R4-2013 which is adopting the tax budget which is an annual filing we do with the County to ensure that we have the tax funds to run the City.

Administrator's Report – Mr. Parham stated relative to the agenda this evening, and R4-2014, somehow our resolutions were not properly numbered. The most recent resolution adopted was identified as Resolution R1-2013 which was a resolution opposing HB 5. We previously had an R1-2013 and an R2-2013. In order to keep our resolution numbers in sequence, and because there was a lot of discussion on the evening in which R1-2013 opposing HB 5 was adopted, and after discussion with the Law Director's office, I think it is appropriate to have a motion tonight to amend R1-2013 opposing HB 5 to be retitled to R3-2013.

Mr. Parham said I'm not sure if everyone receives this but Mr. Vanover has received it. It's from a group called Ohio United which formed to address issues surrounding HB 5 throughout the State of Ohio. I probably receive an e-mail from them each day. In any event, it appears the authors of HB5, Representative Grossman and Representative Henne, are attempting to push this issue through for a vote. It is currently in the House Ways and Means Committee of Chairman Peter Beck from the City of Mason area. Chairman Beck is attempting to look at this and form an analysis as to what is best for not only the tax payers and businesses, but also local jurisdictions. The Ohio United group has requested that each municipality send a letter to their State Representative in support of Chairman Beck. We did forward a copy to our State Representative and each of you should have received a copy.

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Mr. Parham said finally, you notice all the folks in chambers tonight wearing the purple shirts as well as Mr. Thamann and myself. I would like or Acting Captain Scott Williams to come up and make a brief presentation as to what is occurring.

Scott Williams said to Mr. Parham, Mr. Thamann, Chief Hoffman, thank you for all the support you have given us in this campaign. I also want to thank all my brothers and sisters here tonight. I'm honored to be here tonight to represent the Fire Department but I stand before you with a heavy heart. In the past eight years, we've lost four wives of firefighters and Karen Bigler is battling cancer now. Steve Coley lost his wife to pancreatic cancer, Joe Lehn lost his wife to breast cancer and a few years ago Chief Hoffman lost his wife. For Joe Lehn we designed the pink tee shirt and personalized it for Gina when she was going through her battle with cancer. We wore those in the month of October to help bring awareness to breast cancer and in memory of Gina. Tonight we have Karen and her family here. Karen is 43 years old and she was diagnosed in February with Stage 4 pancreatic cancer. She is currently undergoing chemotherapy treatments. She's lost about forty pounds already. Karen currently weighs 89 pounds. This is a very painful cancer. It makes the day to day things we take for granted very difficult, just getting out of bed in the morning, eating food and gardening which is her passion. From the beginning of her diagnosis her doctor told her to get the boxing gloves out and let's fight this. The boxing gloves have been her symbol. I want to thank my wife, Melissa, for the design on the back of the shirt. We put the boxing gloves on the back, the word FIRE and we put Karen's initials in each of the cuffs. We chose purple because that is the color for pancreatic cancer. November is pancreatic cancer awareness month but we have chosen to wear these in the month of July instead of our regular duty shirts because July 1st Jamie and Karen will be celebrating their eighteenth wedding anniversary. Karen and Jamie, we can't imagine what you're going through. We want to show you that we're 100 percent behind you. Our Firefighters Association along with our Firefighters Union Local 4027 have each voted to give \$500 to help with the financial hardships your family is going through. We've also set up a bank account at Northside Bank and Trust and if anyone wants to donate all you have to do is mention Jamie Bigler's name to one of the tellers and they can help you. Jamie has access to that account and can withdraw money for medications or whatever they need. I know it's not a whole lot but we're very glad we're able to do something for you. In addition, we will be selling these tee shirts for \$15 each. Any additional money over the cost of the shirt goes right to Jamie to help with the financial stuff they are going through.

Mrs. Harlow said thank you, that is so awesome and I'm sure it's a real blessing to the family. We will certainly add you to our prayers.

Mrs. McNear said I give my sympathies for the struggle you are about to go through. I can see that you are a very strong family and I also see that you have a lot of support in this room. I think we should have everyone here in purple come up so we can get a picture. I don't think there is anyone in this room that hasn't been touched by cancer in some way. I lost my grandmother to pancreatic cancer and my mother is a breast cancer survivor. I know some of the struggle that you go through. I know you are going to do very well. I can see the strength in you and your family. For all of you who can, please donate to this family.

Mayor Webster said I'd like to tell Karen and Jamie they are certainly in our prayers. We certainly will remember you daily. I would like to say a few words to our Fire Department. I think this is just absolutely marvelous that you have this kind of support group behind you. It just speaks volumes about the character of the men and women who serve in this Fire Department. Thank you very much for not only being great firefighters and EMTs but also great humanitarians. God speed and good luck to you.

Mr. Diehl said I'd like to suggest that during our July meeting we all wear purple shirts.

Mrs. Harlow said thank you firefighters for coming out and supporting this family and being part of our community. That's what makes our community so great.

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Mr. Parham said I would like to point out that Karen's father is also here this evening. He just recently retired from the Blue Ash Police Department. I believe her older brother is here as well as Jamie and Karen's daughter. We understand that you have your immediate family, your Springdale Fire Department family, and you also your City of Springdale family. If there is anything we can do for you, please let us know.

Law Director's Report - - no report

Engineer's Report – Mr. Shveg zda said on the 2013 street program, legislation is before Council tonight to award that contract to Adleta Construction. We are looking at a mid July start time for that project with completion October 11. The SR 4 paving project is substantially complete. The SR 747/I-275 infield drainage correction project work has been underway in preparation for the major part of the work and the installation of the replacement storm sewer has begun this week.

COMMUNICATIONS - none

COMMUNICATIONS FROM THE AUDIENCE

Julie Matheny stated the Farmer's Market will not be taking place on July 4th this year. It will be on Wednesday, July 3rd at the same time, same place.

INTRODUCTION OF NEW EMPLOYEES

Mr. Parham said this evening we have two new employees who have joined the organization, one in the Recreation Department and one in the Tax Department. The Tax Department replacement is due to a retirement earlier this year. In the Recreation Department we made a shift from restaffing a third Assistant Recreation Director position. The Department previously had three assistant recreation directors. We chose to create the position of Recreation Programmer. At this time, I going to have Mr. Greg Karle step forward first.

Greg Karle, Parks and Recreation Director, introduced Charlie Wilson. Mr. Karle stated Charlie came to work with us June 3 as Recreation Programmer. This is a new position for us and the responsibilities will be youth and adult sports programming for pre-school up to high school, and the special events associated with those age groups. Charlie is from Albany, Ohio. He attended Ohio University and received his bachelor's degree in Recreation Management. During his high school and college time he worked for the City of Athens and their Recreation Department and gained a lot of valuable experience there, particularly in aquatics. He moved on to the Marietta Family Y and served as their program director. I know this employment process took quite a bit longer than we anticipated. With all sincerity I say it was worth the wait. We are very impressed with Charlie and how he has performed so far. I think he has the skill, the knowledge and the background that is going to find him to be very successful in this position and serve us well in the community for many years to come.

Mrs. Harlow said we welcome you, Charlie, and hope you will make Springdale part of your family.

Jeff Williams, Finance Officer and Tax Commissioner introduced Joyce Roehm, Administrative Secretary in the Tax Department. Diana Nickley, who had been in the department for eighteen years retired and so began the long search to find a replacement. After numerous applications and a long interview process, we chose Joyce Roehm. Joyce is a graduate of the University of Cincinnati in Finance and Southeast Missouri State in Accounting. She has prior experience in mortgage banking, telemarketing, inventory and ordering, cake decorating and most recently was employed at Target. She currently lives in Liberty Township and has two kids.

Mayor Webster said welcome to the Springdale family. We've heard a lot of good things about both of you. I'm sure you're going to be very successful in your careers. When we advertise for these jobs we'll have 200 to 300 people apply for a single position so you ought to feel very honored that you survived the selection process and all the drills you were put through. Welcome to the City family and good luck to you.

PRESENTATION–INFECTIOUS DISEASE CONTROL
– DR. JUDITH FEINBERG

Mayor Webster stated at the last meeting in May we reported on a presentation that the Springdale Board of Health had gotten from Dr. Judith Feinberg, Professor of Medicine at the University of Cincinnati. It dealt with the treatment of infectious disease. We asked Council to allow Dr. Feinberg to make a presentation so that you would be on the same knowledge level as the Board of Health. It's with great pleasure that I introduce Dr. Judith Feinberg.

Dr. Feinberg said I am delighted to be able to speak to you tonight about a really compelling public health problem that we're seeing all over this county and this area. Dr. Feinberg gave a slide presentation. She said this slide shows a dramatic increase in the number of items submitted to the Hamilton County Coroner's crime lab that had been identified as containing heroin or being heroin or being associated with an arrest for heroin. You can see from the early part of this decade through 2010 there has been a dramatic increase in the number of confiscated items related to heroin. Along with this enormous increase in the injection of heroin, we've seen a dramatic increase in the number of people who have been diagnosed with hepatitis C which is readily transmitted by sharing needles. Hepatitis C is a huge problem because 85 percent of the people who get Hepatitis C will go on to get chronic Hepatitis C and eventually develop cirrhosis and the possibility of liver cancer and liver disease which can only be dealt with by a liver transplant. It's an enormous burden to the public health. The problem we're encountering is not only the people who shoot up drugs have bad infectious diseases that they give to other people, but they leave needles in public places and this puts a lot of people who are first responders at great risk and harm of developing these diseases, police, firemen, emergency medicine, services, sanitation workers, parks and recreation workers and children who are just curious and pick up things that they find. About three months ago a sanitation worker in Cincinnati was emptying a garbage can at Findley Market and was stuck with a needle. He developed acute hepatitis C. The health risks become acute, then chronic hepatitis C, acute and then chronic hepatitis B, which is not as much a problem as hepatitis C is, HIV, and then you can get bacterial infections at the place where you're punctured if you encounter a needle. The people who shoot up drugs are at risk for all of these problems as well as these life threatening bacterial infections that typically take six to eight weeks of intravenous antibiotics in a hospital and then nursing home to be cured of them. We conducted a survey and then a focus group in 2009 of about 150 people. In addition to injecting drugs they all had sexual habits that put them at risk. This included some very young 13 to 18 year olds. They are primarily male and primarily white. This epidemic is primarily in white men. Drug use starts at an incredibly early age. Only in the very youngest group did they inject cocaine before, but in every other age group the first drug they tried was heroin. When you ask addicts where they find needles most of them say they find them in public spaces or they get them from friends and family or they steal them from a treatment facility. They don't exactly treat the syringes they find in a particularly sterile way. They either do nothing or they clean them in ways that are inadequate to kill the viruses and germs that are on these syringes.

Dr. Feinberg showed slides of needles found in public places in the area. Bethesda North is the hospital that receives the most people who die of an overdose death. This underscores the fact that this is an extremely dispersed problem in this region. It's not an Over the Rhine or downtown problem. This is a problem in all of the communities and we have seen high school kids come in to be treated for acute hepatitis C who live in counties north of Butler and Warren, some really rural areas.

There are many different remedies you can have to this problem of narcotic abuse and narcotic overdose and the infections that the use of these needles brings to the people who do the shooting up and to people who encounter the needles. One proposed solution to do this is to develop a syringe exchange program (SEP). There is tremendous literature about this that shows that syringe exchange programs reduce the transmission of HIV and viral hepatitis. In studies that look at the impact of a syringe exchange program on substance abuse, it does not promote substance abuse but quite the opposite. It gets people into treatment because there is that development of trust

between the syringe exchange program workers and the people coming to get a clean needle for a dirty one. It doesn't lead to an increase in crime. Chief Mathis can speak to this too. He's also done some research about this. There is absolutely no evidence that having a syringe exchange program with clean sterile syringes available induces people to start shooting up. People aren't waiting for a needle exchange to become heroin addicts. It just doesn't work that way. People will shoot up whether they have clean needles or not but clean needles are important to protect the public. The reason this works is when you do the one for one exchange, that confers a real value to the syringes lying around in the community. People who shoot up drugs wind up policing the streets and public areas. They pick up these needles and bring them in to be exchanged. Then you have this terrific outcome where you are protecting your first responders and other public workers like parks and recreation, sanitation and children who will tend to want to pick them up. What we've been working on for several years is a needle exchange program here in metropolitan Cincinnati. We've called it the Cincinnati Exchange Program and we propose to do a one for one syringe exchange. We would educate addicts and hand out kits for naloxone, a drug that brings people back to life after they've stopped breathing from a heroin overdose. You screw a nasal adapter on the syringe of naloxone and spray it into someone's nostrils and they wake up. In 2011 in Hamilton County we had a death from narcotic overdose every other day – 189 people died. While narcotics addiction is a terrible thing, it is a disease that is treatable. You can get people into treatment. As people become interested in it, we would refer them to mental health services and drug treatment programs. We would do rapid tests on site for HIV and hepatitis C. We would also hand out condoms and brochures on practicing safer sex. We would link people to medical care and we were proposing to do this with a customized recreational vehicle because this is really a dispersed problem so the idea of having a brick and mortar location when you really want to be able to reach people all over this area. We would go to the places where the need is great and there has been the approval of the public health officials and an agreement with the law enforcement community. There are many things that need to be done to curtail narcotics abuse. We have a Hamilton County based group called the Response to the Opioid Epidemic and we have people working on community awareness, community safety, naloxone for overdoses. The cost of injection drug use in the medical sense is enormous. Some people wind up needing heart surgery from infection in their valves. This is an extremely cost effective approach to a public health problem. There are two bills in the State legislature now. The current Ohio law is that the stuff people use to inject with is drug paraphernalia and that's illegal. But we can put that statute in abeyance if the public health authority in a given jurisdiction says we have a public health emergency. We really need to do something about this. Then the law permits an agreement with the local law enforcement that there is a safe zone around the syringe exchange, whatever that is; 1,000 feet, 1,500 feet so people feel safe going to and from the exchange because nobody is going to bring their dirty needles if they think they are going to be arrested on the way in or out. HB 92 authorizes the syringe exchange program. HB 170 has been introduced that is going to allow naloxone to be given to family of drug users who can revive the overdosed person. I am here to not only tell you the extent of the problem but to ask for your support. Here in Springdale you have the problem too. You are part of the regional epidemic. We'd like to get your agreement to move forward with this, to have the public health commissioner sign an emergency order per Ohio law and then to work with Chief Mathis and other law enforcement officials to create a way that we can ensure that people coming to and from the syringe exchange can do that safely. It doesn't exempt people outside that zone. It just enables people to be able to come and do this. There are 187 syringe exchanges in the United States. The scope of the public health problem is so enormous and I'm really hoping that we here in this area can be 188.

Mayor Webster said we can entertain questions now or we also have two safety chiefs here. I'd like for them to share their experiences as to what exposure we've had.

Fire Chief Mike Hoffman said we kind of come in toward the tail end of situations. We're called when there is an emergency and there has been a third party individual who can call 911. Naloxone which we call by the trade name Narcan is something we carry on our paramedic units. It's a drug to reverse the effects of the narcotic. It's a respiratory depressant. It's a sedative. The main way we use Narcan is intravenous. A quicker way is nasally. One milligram up each nostril is another way that works quickly.

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We make a lot of overdose runs. We don't know they are narcotic overdoses unless someone there tells us that. If the patient is conscious and willing to tell us then we can verify it. If a family member is there we can verify it that way as well. The numbers I have are actually fairly low because we can't confirm it's a narcotic overdose. I went back to 2008 and 2009 and we had none. In 2010 we had six confirmed narcotic overdoses. Five out of those six were heroin. In 2011 we went back to zero and in 2012 we had seven. The majority of those were heroin overdoses. We have found patients in residences, in bathrooms in stores, in their vehicles at Tri-County Mall, wherever they get their fix is where they wind up. So far in 2013 we've had four confirmed narcotic calls and three out of four were heroin. Out of the seventeen confirmed narcotic calls we've made, when we have used Narcon, probably three or four of those nasally was the way to go. When you do it nasally it takes about three minutes. Intravenously it takes effect in about two minutes. My research showed mainly males in their twenties are the primary users of heroin.

Police Chief Mike Mathis stated the information I'm going to give is not a Springdale problem. It's a regional problem, a national problem. I don't want to give the impression that things have gone off the hook here in Springdale but it's just gotten worse everywhere. When I first heard about this program I thought it sounded a little counter-intuitive to what we would want to do. Is this encouraging drug use? Is it facilitating drug use? I think the doctor spoke eloquently to that. The research that I've done shows that is not the case. I don't think someone who is a healthy, well adjusted person is going to say I've always wanted to use heroin. Now I get a clean needle, I'm going to go do it. I looked at October 2007 to October 2009 to see what kind of calls we were getting in the Police Department. I can search our public records management system for words like heroin, needles, syringe, just to see what we were getting. In that two year time period we only had six incidents in our official documents that had any of those key words and only one of them involved what I would call a drug reaction, withdrawal, overdose situation. From October of last year until this month we've had twenty-six incidents with nine overdoses or withdrawal or reactions. Sometimes we'll bring a prisoner in and they will go through drug withdrawal and we have to have them transported to the hospital. They're not unconscious but definitely suffering physically from their drug use. I looked at seizures by our Drug Task Force which is not a solely Springdale task force. We have a full-time agent on the regional drug task force that covers a number of communities in the northern part of Hamilton County. When you look at their quarterly reports from 2008 and 2009 their seizures of heroin in a quarter it was 11.4 grams, .6 gram, 9.9 gram. The last few quarters are 539 grams, 3,129 grams, 206 grams so you are looking at monumental increases in the amount of seizures of heroin that we're seeing. I looked at the State of Ohio website for drug overdose data. In 2001 the State of Ohio said there were 71 heroin overdose deaths in Ohio. In 2005 there were 131. There were 338 in 2010, 426 in 2011 and that's where the data ends. You can see a dramatic increase in deaths in the State of Ohio by drug overdose. When this program was presented to me I did some academic research. Most of it is medical based because it is a public health issue. I didn't find a lot of academic articles but I did find one from Baltimore which has had a heroin epidemic for thirty or forty years. I called a number of police departments where there are this type of program that the doctor explained, where there are quick checks for health issues, medical counseling, syringe exchange. There's one in Cleveland that has operated since the 1990s. When I talked to their Policy and Research Section, they weren't even aware that the City of Cleveland had a program which in one way I think is pretty good because if the Police Department is not aware of it, it's probably not a problem. I talked to their drug unit and they were aware of it. They didn't have any issues or problems with the program. Portsmouth, Ohio just instituted a program about two years ago. Portsmouth had a major problem with opiate pills and they were able to shut down a number of pill mills. Once the pill mills were shut down the heroin became a replacement for the pills. I talked to the police administration there and their program is run directly out of their city building which I wouldn't recommend. I like the idea of a mobile where it is not confined to a particular brick and mortar building. The police there told me the Hepatitis C rate is down and they've not had any problems. I've talked to Rochester, New York, most of these were by e-mail, and they have had a long running program since the 1990s without any real significant crime issues. Edmunds, Washington, same thing. The person I talked to in the Honolulu Police Department said he wasn't aware of any problems and the people he talked to weren't aware. Policemen know where the

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problems are. If you call me and ask me where the problems are, I can tell you. I will tell you as Dr. Feinberg mentioned, we have had a Parks and Recreation employee call us because he found a syringe in the garbage can they were emptying. We have syringes on the street corner of Glensprings and SR 4. We've found them in the parking lots of our business district and we found them in one of our garbage cans at the Police Station, where someone probably came in to do their business with us and dumped their stuff before they got taken back to where they knew they would be searched. It is an issue. I don't think it's a specific Springdale problem. When I talked to the drug unit in Cleveland, they told me when you go back twenty or thirty years, this was an inner city, hard core drug addict problem. The people they are seeing using heroin now are teenagers from the suburbs around Cleveland who are coming from affluent neighborhoods. The research I've found showed it did not influence the crime rate negatively and the people I did talk to said they did see some public health care benefit. Most of the people we arrest for heroin don't have their own personal health insurance. We are paying for their health care so it's public health care dollars we are talking about.

Mrs. McNear asked are there plans to expand the use of sharps containers, not that I think people who are using heroin are all that concerned about littering but I just thought that might be another way to keep things off the street if people are uncomfortable about going to exchange needles?

Dr. Feinberg replied we haven't had a specific plan for that. That's not a bad idea. There is a big statewide effort coming out of the Attorney General's office to have drop boxes, many of them are in police departments for people who have narcotic prescriptions left over. We're trying to reclaim the pill part of it. We have to give some thought as to where you would put that and how it would get emptied. In Cleveland and Portsmouth people who are coming to exchange needles bring them in empty detergent bottles, thick plastic bottles with a wide mouth. The actual medical type boxes are expensive and they are big and cumbersome so it's not really something you can hand out to people. But the idea of having some identified locations where needles could be safely discarded is a good idea.

I work in the pharmacy industry and we use those sharps containers all the time. I know some of them are a little flimsy and plastic. If you really want that dirty needle you could cut into it. There might be some other ways. Airports and some businesses have them.

Mrs. Emerson said I salute you on pushing this endeavor. I am a nurse at Bethesda North Hospital. I deal with this on a daily basis. I am very surprised that the large majority is 25 to 35 males. I deal with maternity which are women and we have a large, large population that deal with the drugs. We also see the withdrawals in the babies, the increase in Hepatitis C. When I first heard about the program I wasn't sure that I had bought into it. My big concern was condoning a bad behavior. The reality is that it is here. It is not going to go away at this point. When you shared with us the educational things you can provide, the counseling, the testing for Hepatitis C, those type of things. Will that start right away if we initiate this program?

Dr. Feinberg responded yes, the concept is that we would do all of those things. Now, there is a shortage of drug treatment opportunities in this region. Part of our group is looking for ways to fund more drug treatment slots. Some of them are dedicated to the drug court so that people who are arrested can be remanded directly from court to a treatment facility. We will work with people and give them the appropriate referrals. By having rounded up every single treatment program in the region, we know exactly how many slots there are and where they are. My colleague, Adam Riley is an Ohio Department of Health (ODH) funded person who does HIV and Hepatitis C rapid testing and counseling so we have that expertise and we would make that an intrinsic part of it. You really need to make people aware that they have these problems. They may not seek medical care right away but they will sooner or later. Hopefully we interact with them and it will be sooner.

Mrs. Emerson asked how long is the life of the inhaler for Narcan? How quickly do we have to get them to a facility where they can continue medical care?

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Dr. Feinberg replied that varies from person to person. The kit that has been put together and supported by the ODH prevention part is called Project Dawn and it started in Portsmouth and they'll replicate it here. There is a little packet and in it is a card that has written instructions. There is also a CD so you can watch how to do this. Every packet comes with two syringes and a nasal adapter. It really depends on how much heroin or narcotic you've taken whether you will need one dose or both doses. The instructions say the first thing you should do is call 911. If someone has had a massive overdose they'll wake up from the Naloxone and then as the Naloxone wears off they'll drop back into a comatose situation again so people have to be taken to an emergency room. We have a pilot Naloxone program as part of the CAT House which is a treatment facility in Cincinnati. They give the kits to people who leave the program because recidivism is common with narcotics. They have given out 24 kits and we already have a report of one young woman who was a participant, her mother overdosed. She saved her mother's life with this Naloxone. You can see why you need this Good Samaritan thing because you are going to save the life of people around you. You are not going to save your own if you are passed out. So we want to do all that and it would start like that from the beginning.

Mrs. Emerson asked with your mobile service how will people know where you are going to be when?

Dr. Feinberg stated that is something we need to do homework about. For example, we are going to contact people in this area who use drugs and find out what people think would work for them. Our understanding is that a possible site is a large church here on SR 4 that has a large parking lot and already does a lot of public services like run an AA meetings. That would be a good neutral spot. I don't think this campus is conducive. Really you rely on word of mouth. Once people know it's there it will travel.

Mrs. Emerson asked if I bring in three needles, do I get three? Is there a limit to that?

Dr. Feinberg said no limits. Every dirty needle you bring in gives you a clean syringe. Some people said what if people sell them. I'd rather have people buy the clean syringe than taking one off the street and as addicts have told us, cleaning it with puddle water. No wonder people wind up in the hospital. Sometimes with a group of addicts someone will be the dedicated exchanger. From a public health perspective if you are picking up needles off the street, that's what we want.

Mr. Knox said I commend you for what you are doing. How often will the RV be in the Springdale area?

Dr. Feinberg stated that is something that has to be worked out mutually with the law enforcement here and what the local need is. It could be twice a week with morning hours one day and afternoon hours on another. It will depend on the information we gather.

Mr. Knox asked, if a citizen comes across a used needle, how should they handle it and what should they do with it?

Chief Mathis said I would ask them to call us. It's important for us as law enforcement officers to know where those are being dropped, and we have containers in our police cars that we can put those needles in and carefully handle them. Then we dispose of them properly.

Dr. Feinberg said the last thing I would want a good spirited citizen to do is pick up a needle in the hopes of cleaning up the neighborhood and then getting stuck. Mrs. Emerson probably knows this. Because it was so common for health care people to get stuck with needles they developed a whole new system of how syringes are made. People used to recap them and miss and stick themselves. Now, they can't be recapped. That's already the standard of care in health facilities. We don't want any residents of Springdale picking up needles. It's too dangerous. It's too easy to get a disease.

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Mr. Hawkins said I too think it's a very good program. I don't question whether or not to have a program. I do question whether or not to have a program in Springdale. Like anyone else up here I want to make sure our police and fire personnel are taken care of. My concern, from ten years in the justice system, comes from knowing with drug use comes other things, crimes, theft, folks selling drugs, along with that comes guns and potential violence. My concern is, if Springdale is not a place where drugs are being used, heroin is being used more than some of our neighboring communities, and we are bringing folks into our communities, I'm concerned about the increase of those other things that take place tangentially. Statistically, we have Baltimore where they have a big heroin problem anyway, you have all that other stuff there so there's not a statistical increase I would expect to see there. If things were rampant in Hamilton and we're next to Hamilton and folks are coming into Hamilton, Springdale doesn't have the same problem Hamilton does, I'm concerned about those folks coming in and out of our community.

Chief Mathis said I share your concern obviously as the person who feels responsible for protecting Springdale residents from crime. I asked some very specific questions to the people who have these program. I asked them, are these programs where someone is coming to get these needles, going out in the parking lot and shooting up or passing out as they drive down the street? I've been told by everyone from Hawaii to Portsmouth to Cleveland, no, they have an understanding. Addicts have an understanding. The program workers have an understanding. That's not the smart thing to do or the program won't exist. In any of the studies that I've seen, this hasn't had any affect on crime in the area. I tend to think that what you'll see, if you are an IV drug abuser in Springdale you are not going to the Springdale RV because your neighbors might see you. Your friends and co-workers might see you. They're going to go in Clifton, St. Bernard, etc. I think there may be some people come here who don't live here. I think the thing I appreciate in this program is that it's not a brick and mortar location. I think you'd be much more likely to see that if that issue occurred. This is a rotating platform. I think it will be primarily in places in Cincinnati and more communities more than it will be here because I agree with you. As far as drug problems go we've got it better than most. However, it does still exist here. I think as it rotates around, that's what is going to prohibit it from drawing crime to one specific location. I do want to add, this is not a get soft on crime issue. If we catch you with heroin in Springdale and this program is in existence, you're going to be arrested. If we catch you trafficking in heroin in Springdale you're going to be arrested. If you're down in one of our pharmacies trying to get Oxycotin or whatever illegally, you are going to be arrested. If we catch somebody over here in the parking lot with needles in their pocket, they're going to get arrested. I think the issue with law enforcement, when you talk about exclusions, these are misdemeanors of the fourth degree, not that it isn't a crime. You have to look at what the greater good is. When someone walks out of that RV I don't know why they've been in there. I think it would be unconstitutional personally to stop everybody who walked out of a medical RV and tried to shake them down. They could have gone in there just to get a quick test for pregnancy or Hep C and not gotten needles. They may have gone in there to get counseling information and not received needles. I don't think it is our right to just mass stop vehicles that visit a medical health care facility on the off chance that they may have obtained some type of drug or drug instrument. If they leave there and commit a crime they will be arrested. The doctor understands that. She supports it. She lives in a community. She doesn't want to see crime in her community anymore than we want to see crime in our community. It's a valid concern, Mr. Hawkins.

Mr. Hawkins asked do we have any statistics about places where they have a syringe exchange program where you have a similar demographic, not being a primary source but an outside sources?

Chief Mathis said I've been getting my master's degree at UC so I've been exposed to a lot of academic research and I thought I would find stuff on this. I thought it was difficult to read criminal justice academic research but the medical stuff is off the hook. I can't understand a word of it. I read the abstract. The issue is there is only one academically written article I could find. It came from Baltimore and it looked at areas in Baltimore that had the syringe exchange program versus other areas. It found no

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correlation between the locations where there is a syringe exchange program and the places in Baltimore that didn't. Having talked to the Chief in Portsmouth, they run theirs right out of their Health Department which is in the same building as the Police Department. I wouldn't recommend that and we're not doing that if you approve this but he said he did not see an issue with it. In Cleveland most of the officers didn't even know there was a program. The drug unit, for different reasons, found it to be a useful program. I can't see the future. I can't tell you how it's going to affect us other than what I've seen in talking with other people in other communities.

Mr. Squires said I want to personally thank Councilwoman Holly Emerson for bringing up the logistics of this program. It was thoroughly discussed in the Board of Health meeting when Dr. Feinberg presented this program. Council, we're at the point where they are asking for our support. To remind Council as I understand it, under Ohio law, the Health Commissioner of the City of Springdale has the authority to issue such an executive order without Council's approval. The board on the other hand wants Council's approval. They received this program and were in favor of it. They asked it to be presented to Council. Basically, it says if Council approves it, it's a go. If Council says no, it's a no go. That's where we are at this point. I want to commend everyone who has spoken and I can see there are more lights. I think everyone needs to be heard.

Mr. Vanover said I'll be quite frank. When I first heard about this my first thought was I'm condoning bad behavior. I think we as a society do that too often. I did some research myself. Baltimore was one of the first sites that came up in the search. I found a couple from the World Health Organization that were leaning more heavily on the HIV issues. My biggest question is what does our support cost us? Is there a monetary issue or is it just our blessing?

Mayor Webster responded there is absolutely no monetary support required for this program. Our involvement from the Health Department will be strictly on a voluntary basis. There is no requirement and has been no request for a monetary commitment.

Mr. Vanover said for clarification, do we know which church is involved.

Mayor Webster said I'd rather not get involved publicly. We have a couple of churches in mind that we think would be ideal to house this but I think I'd like those conversations to be private at this point. I can assure you if you give us the go ahead with this we are not going to house this on the City campus. We will find a place off site.

Mr. Vanover said the potential is there that people coming in for a needle exchange to have the goods with them. Is there an easement that we're granting because I don't buy "look the other way".

Chief Mathis replied as far as who is coming into Springdale, we are seeing the effects of heroin now. One issue that I clearly understand through my research in criminal justice is what we call the dark or hidden figures of crime. Not every theft is reported. When you talk about a crime like drug use the only time that becomes known to the public safety forces, whether fire or police, someone overdoses, we pull you over for having expired license plates when you have an ounce of cocaine in the car, or maybe you get a home invasion robbery that is drug related, act of violence related to crime. There could be people sitting here in this city right now and if no one overdose and no one commits an act of violence, no one is going to call us and we're not going to know. When you look at the numbers, usually what you see is the tip of the iceberg. That's not saying Springdale has a major problem. I think we're better off than most communities in this region when it comes to this problem. We had a motor vehicle pursuit with a driver who had an ounce of heroin on him and it caused serious injuries. We had a person in one of our public retail establishments go out of control in the bathroom and tearing the place up. He had heroin stuff on him. Our drug task force is very focused on heroin right now. Our officers are very focused on heroin as they need to be because when you reach into someone's pants pocket or coat pocket to search them when you arrest them you don't want to come out with a syringe stuck in your hand. We had that happen to one of our officers when I first started here and I don't know how long you have to wait to find out if you are going to be okay or not, but it might

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be a while and that's an awfully scary time period. We want to protect ourselves and we want to protect the community. That's what we are sworn to do. To get back to your final thought, the law enforcement agencies I talked to, if someone walked out of that RV and got a car and was wigwagging down the street because they were high on heroin, they are going to get pulled over and get arrested. If someone walks out of that RV and drives away I don't think we have articulable probable cause to stop them simply because they visited a medical facility. I'm not a fan of creating some kind of exclusionary zone of X number of feet. I think the hallmark of any good law enforcement agency is using reasonable discretion. The issue is to me that would be no different than us sitting outside an alcoholics anonymous place hoping to catch a drunk driver, or sitting in front of a place that sells alcohol just hoping that someone is going to come out, get in a car and drink and drive. I asked the police chief in Portsmouth and he said if they have heroin with them, they use it as soon as they get it. I was worried that we would have people passed out in parking lots or wrecking into telephone poles. There is a clear understanding with the health care providers and the people in that community that they are there to be helped and if they screw that it up, it's going to end so they have not seen those kinds of problems develop in those locations. I don't think it's going to be a problem and if it is, we'll start arresting people and it will affect the program and we'll have to either make adjustments in the way the program is provided or, at any time the Health Commissioner can withdraw her consent to the program. We're not under any obligation to be stuck with this. We can assess it on a regular basis.

Mr. Vanover said we just ran into the disposal of pills and our pharmacist told us to put them in a container with cat litter and boiling hot water and that will get rid of them.

Chief Mathis stated we are trying to get one of those disposal sites at our police station because we do have people who want to get rid of old medications. There are more regulations involved in that than you would believe.

Mr. Diehl asked what is the benefit this program would have on your departments?

Chief Hoffman said from a Fire Department standpoint, if they are going to be distributing Narcan in the spray, it may decrease our number of runs. If we end up getting called and we administer additional narcan we are required to transport to an emergency department. As far as the needle exposure, once they've used a needle, rather it's one time or ten times, the needle is still dirty.

Mr. Diehl said you can get this medicine with our without the program.

Chief Hoffman replied yes, we carry it on our paramedic units.

Chief Mathis said I've really researched this. I don't think it is going to affect us from the criminal justice perspective at all. I guess that's the good news. From a public health perspective and the greater good of the community, if we keep several people from getting a heart infection that Dr. Feinberg elaborated on during the Board of Health meeting, that's \$100,000 to \$200,000 of public health care money that isn't being spent. If, in the long run, this gets people to stop using heroin, then they may not commit crimes to support that drug use and they may become more productive citizens who get jobs and pay taxes and that's something we're all supportive of because that's how the government operates. Finally, if we stop finding needles in the community, that's a public health concern but generally speaking we are who the people call to come out and deal with almost any issue in the community. Most of what we do isn't law enforcement related; it's service related. The fewer those needles we encounter the better.

Mr. Diehl said I'd like to know if there has been a study on the economic effect on property values in the community.

Chief Mathis said I have not studied that. I would think in a mobile platform like this that is not in a residential neighborhood,.. . I don't believe anybody here would have an answer for that.

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Mr. Riley said there was a study in Seattle that came out in 2006. They only looked at mobile units but they couldn't find any negative affect on the economy. They did find that in the long term it had more of a positive impact because they were able to get people into treatment and into the job market.

Mr. Diehl said you said economy but did they do anything on the property value?

Mr. Riley replied no because the unit was mobile and not in the same place all the time and it was only in a certain area for three to four hours at a time.

Mr. Diehl said to Dr. Feinberg, I commend you on your effort even though I may or may not agree with it.

Dr. Feinberg said I'm an infectious disease expert and have been doing HIV/Aids research since the beginning of the epidemic. I got involved in this because when I was the hospital infectious disease consultant I kept seeing people come into the hospital with these infections that I knew reflected injection drug use because I had been at Hopkins before I came to UC. Baltimore has an enormous problem and I had been here eleven years and had not seen these things. In 2005 I started seeing things take off. I did a two week stint in the hospital and saw four people with endocarditis which is a heart infection and can cause heart failure. A few months later I saw it again. I started looking for other interested people and that's how I met Adam Riley and a whole group of people. Now I'm becoming licensed to provide suboxone to people which is a way to detox and maintain heroin addicts that's less problematic than methadone. We see people in our clinics with HIV and Hepatitis C and you can't treat a chronic viral infection if people are out on the streets shooting up all night. You need to take pills on a regular basis. I have taken care of a number of former addicts who have cleaned up. I know it's possible. We aren't going to save everybody but we shouldn't be losing our young people.

Mr. Parham said relative to how it benefits our two public safety departments, fewer needles in the community benefits us all. The question was if the individual takes three needles in, does he/she get three in return. The response was yes. If that individual uses one of those needles and we have to provide a service, the remaining needles on that person are clean needles. It lessens the risk for our public safety officials being harmed. Hopefully, with the success of this program there are fewer service deliveries as a result of these issues. Relative to property value, economic development impact, I think it's reputation. It is how one chooses to perceive the success or failure of this program. Whether we are successful in getting fewer needles in the environment, more of the addicts in treatment, we're lessening the impact in our community. If there is this perception, as I've seen since we began having this discussion, there is this fear that all of a sudden because there is a needle exchange program, all this crime is coming, all the drug addicts are coming to Springdale. The reason I had these two gentlemen here this evening is not only for the elected officials but to let the public know we are dealing with this issue right now. It is not new to us. It will not come about because of this program. Many examples that these two gentlemen can give you such as some of the locations where we found the needles and some of the instances they have had to address while we're providing services. The program is about addressing infectious disease. An element of the program, just an element of it is the exchange of needles. That's not the program, and if we can get away from that focus, because if you can get them into the RV, you may begin to build that trust and help that individual realize that he/she has a problem. I had an opportunity recently to hear the Hamilton County Coroner speak at a Center for Local Government luncheon and she indicated to us that heroin is the most addictive drug out there and it's the cheapest drug. According to her, you can purchase it on the street for \$5. It's one of those drugs that when you try it for the first time, it gets into your system and you have an addiction to the drug. It's a part of this overall program to help these individuals get some help in order to address the issue. Is it going to eliminate what we have to deal with now in finding needles and the addicts around greater Cincinnati? No, but I believe there are some individuals who will take advantage of it and benefit from it. As they benefit from it, overall society benefits and the City of Springdale benefits. Dr. Feinberg, what is your funding source for the program?

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Dr. Feinberg said we have initial funding from the Health Initiative of Greater Cincinnati to get this off the ground. I will have to find funding after that from different sources. I am already thinking about grant writing and foundation support. I've begun to meet a lot of parents whose children are caught up in this and I hope we'll be able to be set up as a 501.C3 and be able to get charitable donations to keep this going. I can't tell you now that I have funding to keep this active on and on and on, but I've been working on it for years and I'm determined. I have money to start but not a source to continue it, but I'll find it.

Mr. Parham said in your slides when you showed the different service groups that are impacted by this, the Chief responded to one of the questions about what to do if you find a needle. My concern is that we have full-time, part-time and seasonal kids working in our parks and public facilities emptying trash receptacles that run the risk of encountering this. I think we need to educate our employees on how to properly deal with the needles.

Dr. Feinberg said we'd be happy to provide that instruction to people. I'm sure you are concerned also about liability issues but the most important thing is to be armed with knowledge, to know what to do and not to do. You will probably not be perfectly successful because sometimes needles are hidden. I think it's part of the health aspect and we'd be happy to instruct people and make information available that you can pass out to your employees.

Mayor Webster said I think we've had a wonderful discussion here as we did with the Board of Health when Dr. Feinberg made the presentation there. You had a lot of great questions. Let me make a couple of closing comments. This is not a Springdale problem. It is a regional problem. I think we have been very privileged that we have a health department. We have one of five health departments in Hamilton County. By virtue of having a health department we now have the opportunity to help not only Springdale but this region. None of the other four districts to this point have voted to implement this program. I think it gives us an opportunity to show some leadership. The easiest thing Council can do is say don't do the program because we may suffer some negative press. We may get some negative reactions from some people so why take the chance. Let's just put our head in the sand and go on with business. I urge Council not to do that. As was indicated before, the State law allows the Health Commissioner, Mrs. Mitrione and the Board of Health to institute this. I think we'd be very foolish not to do that and we want Council to come along with us. We'd very much like to have the unanimous support of the entire Council. I think we have an obligation to do that and I would certainly hope that you can find your way clear to support this endeavor.

Mrs. Emerson said I'd like to make a couple of statements to residents and to Council. Drug use is not going to go away. This program isn't going to eliminate the problem but if we can decrease the health care costs, make it safer for our public safety and the community residents, we've made a big move. Along with all that if we can save one person or get one person recovered, I believe the program is worth it.

Mr. Vanover asked are the syringes like the insulin type needles?

Dr. Feinberg replied the preferred needles to use are the ones diabetics use.

Mrs. Harlow said if one person can be helped or one family get help for a loved one it would be worth it.

Mr. Squires made a motion to accept the needle exchange program offered by Dr. Judith Feinberg. Mrs. Emerson seconded.

The motion passed with 5 affirmative votes. Mr. Diehl and Mr. Hawkins voted no.

Dr. Feinberg said we'll be working with Mrs. Mitrione and Chief Mathis to get all the details ironed out. I would image that the earliest we can do this is September as there is a lot to work out plus I'm having knee surgery this summer. We'll work together

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with you and I'll keep you updated. I really appreciate your confidence and support. I don't think you will be sorry.

Mayor Webster said with the passage of the motion Mrs. Mitrione and I will proceed with trying to find a place to house this off the City campus. Once we've achieved that we'll have an emergency session of the Board of Health sometime this summer to reconfirm what we have done and the charge we were given in May to get Council involved and find a place to house it.

Mr. Parham said there are a lot of details to be ironed out about the program. As we pull the program together perhaps you can come back before Council and provide additional details.

Mrs. Emerson said I am more than willing to help in any way I can to support it.

ORDINANCES AND RESOLUTIONS

Mrs. Harlow said we need an amendment to R1-2013 which is HB 5 to be re-titled R3-2013. Mr. Vanover made a motion to make the amendment and Mr. Knox seconded. The motion passed with seven affirmative votes.

ORDINANCE NO. 19-2013

ACCEPTING A BID AND AUTHORIZING THE MAYOR AND CLERK OF COUNCIL/FINANCE DIRECTOR TO ENTER INTO A CONTRACT WITH ADLETA, INC., FOR THE 2013 STREET IMPROVEMENT PROGRAM AND DECLARING AN EMERGENCY

Mr. Vanover made a motion to adopt and Mr. Knox seconded.

Ordinance 19-2013 passed with seven affirmative votes.

Public Hearing

RESOLUTION R4-2013

ADOPTING THE TAX BUDGET OF THE CITY OF SPRINGDALE FOR THE YEAR JANUARY 1, 2014 THROUGH DECEMBER 31, 2014

Mrs. Harlow opened the public hearing. No one came forward. The public hearing was closed.

Mr. Knox made a motion to adopt and Mr. Vanover seconded.

Mayor Webster said I think the budget being submitted here to the County is extremely conservative on the revenue estimates which is traditionally what we've done over the years. We are projecting 2014 to be about \$477,000 less than what we took in last year. Even though we have some substantial changes like the estate tax goes from \$683,000 in 2012 down to zero. I hope it doesn't go down \$477,000. I'd rather err on this side than the other.

Resolution R4-2013 passed with seven affirmative votes.

OLD BUSINESS

NEW BUSINESS

Mrs. McNear said you have a liquor license for Blue Agave. There were no objections.

MEETINGS AND ANNOUNCEMENTS

Housing Committee	-	Jun 21
Planning Commission	-	Jul 9
Board of Zoning Appeals	-	Jul 16
Council	-	Jul 17

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COMMUNICATIONS FROM THE AUDIENCE - none

Mrs. Emerson made a motion that Council go into executive session as a committee of the whole to discuss personnel matters. Mr. Vanover seconded. The motion passed with seven affirmative votes.

Council went into executive session at 9:12 p.m. and reconvened at 9:40.

Mr. Vanover made a motion that we accept the fact finders report dated June 14, 2013. The report number is 12-med-10-1248 for the negotiations with the firefighters' union. Mrs. Emerson seconded. The motion passed with seven affirmative votes.

UPDATE ON LEGISLATION STILL IN DEVELOPMENT

Police Mutual Aid - TBD

RECAP OF LEGISLATIVE ITEMS REQUESTED - none

Council adjourned at 9:44 p.m.

Respectfully submitted,

Kathy McNear
Clerk of Council/Finance Director

Minutes Approved:
Marjorie Harlow, President of Council

_____, 2013