

## **SPECIAL COMMITTEE ON ALCOHOL & OTHER DRUGS**

**November 21, 2002**

**3:00 PM**

Chairman O'Neil called the meeting to order.

The Clerk called the roll.

Present: Aldermen O'Neil and Pinard, Marty Boldin, Judy Cooper, Louis Craig, Juv. Det. Scott Fuller, Tess Gomes, Tom Jordan, Sgt. Kevin Kelly, Ron Caron, Dr. Frank Bast, Joe Harding, John Stephen and Davis Scannell

Absent: Laurel Buccino, Chief Driscoll, Linda King, Dr. Ludwell, Kera MacKenzie, Traci McCarthy, Fred Rusczek and Ellie Therrien

Chairman O'Neil addressed items 3 and 4 of the agenda:

3. Development of a new mission statement/purpose/goals.
4. Review of Greater Manchester Prevention Coalition Survey (final draft).

Chairman O'Neil stated I was just checking with the Clerk...somewhere we dug up the old mission statement between Paula Kang from the Clerk's Office and Chief Driscoll and I have to apologize that I didn't stick it in my file, so we may have to take it up at our next meeting plus Paula just got out of the hospital, so with that why don't we just jump to item 4 Review of the Final Draft of the Greater Manchester Prevention Coalition Survey and asked who is going to lead us through that, Marty?

Mr. Boldin stated what I passed out for everyone is the Taxonomy of Youth Prevention Services Questionnaire. Essentially, the Greater Manchester Prevention Coalition (GMPC) sat down along with the guidance of a Rob O'Hanon from the Department of Drug Prevention and Recovery and put together questions to ask various program identified throughout the city by a collective list of service providers covered by Weed & Seed, our own organization and then collection knowledge of people who sit at the table and essentially what we thought is by

asking these questions that we could get a relatively good idea of what agencies are out there, what services they're providing, who they're providing it to and we could collect all of this into a document or maybe even a data base and make that available for the community.

Chairman O'Neil asked are there any questions of Marty, any comments from anyone? We'll digest it and maybe take it up...are there any specific things that you want to point out that...

Mr. Boldin replied essentially what we're really doing is trying to not only get an idea of what agencies are out there but exactly what they do and who they do it with. This is really designed with service providers, referral places, SAP's and physicians in mind, so that the young persons coming through the service delivery mechanism and they're identified as either being high risk for developing alcohol and other drug problems or they're identified as being a part of a family constellation that has that as an issue that service providers out there would have a directory filled with information from the taxonomy to make accurate referrals. Ultimately the GMPC may actually collect data and provide some analysis for this or other bodies based upon collection of this information from the various service providers.

Chairman O'Neil addressed item 5 of the agenda:

5. Presentation by Tess Gomes of Friends of Recovery & New Futures (report and statistics).

Ms. Gomes stated I want to start the presentation by saying first, thank you to New Futures specifically to Kathy Mandeville who is not here with us today...Kathy Mandeville as part of New Futures has worked with us closely and Friends of Recovery and the Manchester Demand Treatment Partnership and is largely responsible for the data gathering...it's no small task to be able to mine the data and as a statewide organization they have really culled all of this information together and worked with us in partnership to put it together, so I just want to go on record as far as their contribution is really significant. I sent out to each of you earlier this week or I should say earlier this month a couple of documents: one, is the Recover Manchester, the Scope of Manchester, New Hampshire's Alcohol and Other Drug Problems and what we have available for treatment. Likewise, I sent you out copies of the full power point presentation. Hopefully, you've had an opportunity to give that a look see, but in the meantime what I did was pare down the full power point presentation to an executive summary we could review today

just with what I think are the real high points. Please know that what we're looking at today is certainly not an exhaustive data list. There is a lot more data that we can measure and look at what the problem is in Manchester and I think Manchester is indicative of what's happening in the rest of our state especially in our larger cities and communities. Also, before we get started I wanted to let you know that we have two documents up here. If you don't have them please get copies...these again are from New Futures...one is "We Need to Act" and the other is "We Need Treatment". They also have a third one which I did not bring called "We Need to Talk" and they kind of go in order..."We Need to Talk, We Need to Act and We Need Treatment"...excellent publications, look at the statewide problem and again if you don't have them please grab copies. I'm going to do somewhat of a quick review of this, so please if I go too fast...slow down... if you have questions please interrupt I'm more than happy to stop. What we know...Manchester has 3,800 residents who meet the criteria for dependence. Another estimate is 16,000 are in high-risk areas particularly high-risk drinkers. Only about 10% of the adults can receive treatment if they seek it even though we have quality treatment here in Manchester, even though we have excellent health care facilities and providers but there are visible and invisible barriers that significantly inhibit the suffering from getting the help they need. Those invisible barriers are things like stigma...I don't want to be labeled as an alcoholic, as a druggie, I'm afraid I'll lose my job, what will my friends think...this is a social thing, we go out every Saturday night, everybody does this...all kinds of different variables, I don't have insurance how am I going to afford this...all of those types of things play into the issues as to why people can't receive treatment. A statement from Healthy New Hampshire 2010...to effectively reduce alcohol and drug use it's essential to close the gap between the need for treatment and the availability and access to treatment. Stats show the impact both in the economy, the social environment, health, education and public safety and again these are just highlights. From the economic perspective take a look at what the hospitals deal with...this is just Manchester residents (2,583) hospital discharges for alcohol or other drug (AOD) caused or related conditions. The cost is over \$5 million...that's one year, that's from 2001. We had a meeting recently at one of the hospitals...we've actually met with both hospitals and both of them realize that this is a major issue. Their emergency departments are being choked with issues of AOD problems coming in. From people coming in the door who are looking for scripts, they just want to go in and get a refill on a script and want to do it through emergency care to people who come in in detox...I'm sure you've heard from the Police Department, you can tell us stories about where you have someone who is intoxicated and they needed to be detoxed and where to do we, a lot of times it's the emergency department.

Chairman O'Neil asked, Tess, what age group is this...is this 18 and over, 21 and over?

Ms. Gomes replied that's a good question. I don't not know that, I can find out the answer but I believe that would be 18 and over. I don't know though, Joe, do you know?

Mr. Harding replied I believe it's 18 and over we can get the statistics.

Chairman O'Neil stated the whole presentation is referencing 18 and over, when it says adult community.

Ms. Gomes replied no. You'll see the specific statistics that talk about our young people as well. In crime, 850 or 20% of the admissions at Hillsborough County Corrections were alcohol or other drug related charges...cost, \$2,025,000. Eighty-five percent of the incarcerated in the New Hampshire State Prison have history of AOD problems, \$25,000 a year per inmate for the cost of the incarceration. Productivity...77% of the nation's adult illicit drug users are employed and that's an estimate and we've heard other people challenge this and say there's more than that, it's higher than that. So, I think that number is low. When we look at that we say okay what does that mean to us...impaired productivity, increased absenteeism, turnover, safety issues, worker's comp, health care costs...again, go right back to the hospital numbers and say the cost of health care is directly impacted by this. Fifty percent of family members who have a person in their family who is suffering with problems with alcohol it says it impairs their ability to function...they're getting the phone calls from the spouse who is causing havoc at home or not picking up the kids like they were suppose to or whatever that might be and bills aren't being paid...someone's contacting them at work...all those kinds of things and stresses come into play. Social impact...one in five of the 1,000 reported alleged child abuse and neglect cases in Manchester indicated they had an alcohol or other drug problem as a factor and one in four children under 18 in the United States are exposed to alcohol abuse or alcohol dependence in the family. Now, again, we can extract those numbers and apply them to Manchester...we don't have real counts in Manchester that we can get through and look at that but we can extract that and say if that's true that's 6,600 young people under 18 in Manchester and we know that if a family unit is affected again it's the whole family unit and it really comes out in a lot of ways in our school systems and law enforcement...2,384 Manchester high school students...that's 37% report being sold, offered or given illegal drugs on school property within the last year. We have an excellent survey the Manchester School District Youth Risk Behavior Survey, it's excellent and gives us lots of wonderful feedback about what our young people are experiencing. Health care...\$3,800 or 4.3% of

Manchester residents age 12 and up are estimated to meet the criteria for dependants on alcohol or other drugs and you can see in the chart the distribution from 12 to 17, 18 to 25 and 26 and older. Eighteen to 25 is a big piece of the pie, a big piece. What's very interesting...when Manchester Demand Treatment was looking at how we would try to reach out to people in Manchester we did a survey and said okay social service agencies all across the City...what do you think? And, most people returned their responses (18-25) but then we asked the question "who's most amenable to treatment" and they moved their check box 90% of the time to the next age bracket up...actually 18 to 24, so they moved it to 25 to 34 because even though they're in this very high usage pool they really weren't invincible. Again, social issues...stigma...this is what we do for fun. Six-hundred and forty four (644) or ten percent of Manchester high school students screened positive for alcohol or other drug disorders. If that doesn't tell you that our SAP's are really important in the school system, they really are, they're very important to meet the needs of these kids. More than 2 in 3 or 66% of Manchester high school students reported having their first drink of alcohol other than just a couple of sips before the age of 15. Again, this pie chart shows you how that's broken down and why that's important is the rate of likely dependence for having alcohol or other drug problems as an adult is strongly correlated with the age in which you first start to drink. If 66% of our kids are having drinks before the age of 15 our percentages go up drastically as to whether they are going to experience problems as they get older. Education...1,089 Manchester high school students received help from Student Assistance Providers (SAP's), 64% out of that 1,089 were primarily alcohol and other drug related issues. So, that means that the folks that are reaching out, these young people that are reaching out most of them are alcohol and other drug related issues.

Chairman O'Neil stated but in that 64% there could be a problem at home with alcohol.

Ms. Gomes stated or they could say in self-reportings that I am having a problem, they can be all in that category.

Chairman O'Neil stated but 64% is not necessarily 64% of the kids had an alcohol or other drug problem.

Ms. Gomes stated no, that's correct, in fact I have the breakdown right here. Thirty-four percent (34%) were self-reported alcohol and drug problems, 9% per alcohol or drug user or child abuser, 3% were recoveries support services looking for their own recovery support services and 18% were the children of someone who had addictions...so again, problems at home issues as you mentioned. This is just a quick read to go through. One in four Manchester high school students

reported binge drinking in the past month. About one in four Manchester high school students using marijuana in the past month, almost one in four reported using at least one illicit substance other than tobacco, alcohol or marijuana, so take out those top ones everyone kind of thinks about and the dropout rate now in Manchester's three high schools is 25.7% and there is a correlation between the dropout rate and alcohol and other drug use in a student's life and in the life of the family, the influence of their family unit. Public safety...there were 1,432 arrests made in Manchester where alcohol or other drug related offenses...drug offenses, DWI, drunkenness, protective custody...33% were adults, 8% were juvenile arrests, 385 arrests were made for DWI/DUI. What's available...I tried to summarize this, this is a lot of information but what we did...a snapshot of what was in 1990, what did we have here thru 1990, what did we have as of 2001 and there's lot of categories so just let me kind of crunch it down for you. What we saw is a great shift in the "what kind" of treatment is available. Residential treatment...in 2001 we had 29 beds, in 1990 we had 65 beds, a big reduction in residential treatment which is like the traditional 28-day program. Non-medical detox...we have 19 beds...basically that's Serenity Place and that's been stable throughout that period of 10-11 years. In patient detoxification, a full medical facility like a hospital...we have none here in Manchester. In 1990, we had 14 beds. Outpatient medically supervised detox...we have one supplier here in Manchester now a private company Harmony Manchester that will do medical detox but it's outpatient so they use medication to supervise that...there was nothing in 1990. So, there's a "new market" if you will that has kind of sprung up. Detox using methadone which is outpatient...there's 200 slots of care meaning 200 people can be served, there was nothing in 1990. Intensive outpatient (that's something new) where in 1990 there was nothing there are now 44 slots of care...that is where people are going for treatment. They're still living at home but they're going for treatment everyday and maybe there six to eight hours whatever that might be for the program. Outpatient counseling is really hard to quantify, these numbers are really kind of soft because we have licensed alcohol and drug counselors that are all throughout this area and obviously you can't count how many they serve. Dual diagnosis...we had nothing in 1990, we now have 15 beds through residential which is someone who has mental health issues as well as alcohol or drug problems and then intensive outpatient care, again, for dual diagnosis we had nothing in 1990 and now have 66 slots. The Mental Health Center has done a lot to grow in that area and to provide those services. What's interesting is the population in Manchester has increased obviously in the last ten years but in that same ten years 15 treatment centers have closed, a couple of them in the Manchester area but this is all throughout the state and as we know people in Manchester are served both in this community as well as outside this community. Some of them seeking treatment in northern Massachusetts and other here as well just trying to seek a bed. I know that Lou could be...with his own

personal experience at Serenity, but when people call they often don't have a bed and that's a crisis site and a crisis site by definition should be I've got a place for you when you call me but unfortunately there isn't always enough room there. Then again as I said the trend we've seen are new options that attempt to fill the gap of need like the intensive outpatient that's sprung up like the medical detox that's done on an outpatient basis, things like that. What we've seen in the last ten years is a trend for change. Area hospitals...right now Elliot, CMC and the VA do not have anything inpatient to treat alcohol or other drug problems. From an outpatient perspective the VA (limited to veterans only) does have an outpatient counseling, but that's it there's no acute care. This I thought you'd be interested in seeing. This is what residents in Manchester are saying. The Governor's Commission did forums all throughout the state last year, as you may be aware, and Catholic Medical Center hosted one back in April this year and Manchester residents were there and speaking out saying this is what we see as the problem. They say we need to increase the penalty and consequences of underage drinking. We send wrong messages by having State Liquor Stores at rest stops...these are candid, these are uncensored...we need to keep talking about chemical and physical aspects of addiction meaning reduce the stigma, it's not just someone else's problem, it's pervasive in the community. We have facilities that treat elderly that have substance abuse problems, we need funding for more beds, assistance from insurers and political action. We need more resources that are easily accessed for fetal alcohol syndrome including prevention, support and other services. There's a serious lack of treatment for women was another comment and I listed just a few more. We need to engage patients and educate them as to where they're at at work sites, etc. We need continued and increased funds for teen prevention places and activities. We need to have coordination and funding for effective programs to decrease substance abuse on college campuses and promote social norming, meaning changing the view. It's not normal to binge drink. Normally, people don't drink...the highest percentage of people don't drink, to resay that...to say...you know if you want to fit in with the majority then don't drink because the majority don't drink, that's that social norming. We need to advocate for access for benefits. There's only limited follow-up services. What happens when you do get treatment and then you leave treatment, what happens after that. Is there skills training to help people do job skills training, is there housing, what kind of things happen after someone gets treated. We need more safe and sober housing for those in recovery, we need to have more involvement on the part of the medical community especially primary care providers in the substance abuse continuum. They're not plugged in is one of the issues in Manchester. The primary providers and the hospitals are not plugged in and they have a perfect opportunity to touch people's lives at a point in need...in sickness or injury or those types of things. We need to have intervention specialists who can work as part of a team on medical sites, someone who is trained. Our average

medical student and physician does not have, they do not have more than a few hours of training in substance abuse problems, they're not equipped which is why they'll oftentimes shy back from it...not out of lack of care but lack of equipping...how do I deal with this person...and that's really the summary of the presentation. I would just like to open up the floor for comments and also say what don't we have data for. We don't have data for how the elderly in Manchester are affected by substance abuse.

Dr. Bast stated you spent a lot of time talking about the treatment facilities and opportunities that obviously we need to increase and that we have a clear lack of those here in the City of Manchester, but I was really curious about a couple of things that you alluded to. One, was that the binge drinking at the college level, I have a child who is in college and it's incredible to me that spending \$35,000 plus a year to go to many of these schools what you find is an extraordinary number of students who go absolutely haywire, do get involved in the binge drinking and the number of times that the college has to have the ambulance service come in and take the kids to the hospital. In and of itself it is a problem but more for us it sends a message to the younger brothers and sisters...this is what you're going to be able to graduate to. So, that's a real clear message that's scary for us as parents and residents of the City. Secondly, the other thing I want to point out...the whole issue with cigarettes...if you go back about 10 years and you watch it over to now you'll see a tremendous decrease in the number of cigarette users especially in the youth population and I think part of that is because of the social stigmas that we've been able to generate across the nation. You're having less and less advertisements on the television, less and less advertisements in magazines and now you're getting the society by banning cigarette smoking in restaurants and other places to give a very clear signal that it's not something that we think is a great thing to do and conversely alcohol is just the opposite. Everywhere you turn there are messages saying "having another one", it's a great thing. Just seeing a recent commercial with Coors which absolutely endorses binge drinking...maybe some of you have seen it but it's very clear, it's a party, it's wild, it's out of control and the idea is Coors supports this and Coors supports this and wants you to do those kinds of things. That's a message that's really hard for us to come back.

Ms. Gomes stated that is where the social norm can be really powerful. I had mentioned the last time we met that one of the things we don't tap very well here in Manchester is our access to the media and to be able to speak up these issues so that people start to talk about it because you're not alone as a father of a college student or as younger students getting ready to launch out into college or even maybe the parents of toddlers who are saying how do I shape their ideas and we can bring this out to the media more and more, we need to engage them.

Mr. Caron stated just for the record under the Leadership for the Manchester Health Department the City has received a CSAT Grant and now has a treatment program which is open for youth under the age of 21 serving in intensive outpatient...13 to 21 year olds...there are 54 slots and it's a great achievement to this board and others.

Ms. Gomes stated that's true and that does not reflect in the numbers that we reported. The other thing to say, as you may know, the Northern Hillsborough Coalition on Substance Abuse which is basically in the Manchester area involving treatment providers, prevention providers and the criminal justice system was approved for a grant from the Governor's Commission for \$237,500 and it's broken up into various different deliveries, if you will, programs. I'd be glad to send this group a copy of what that is so that you'll know there is recognized need in the community and money is coming into the community because of the work people coming together and collaborating, talking about it and saying yeah this is what we need. Everybody did put their own agendas aside and came together and worked hard to get that and I'm very proud to have been able to sit at that table and see the providers all come together to do that, it was excellent.

Chairman O'Neil stated just thinking back to when this committee was active 10 or 15 years ago it seemed like the world was a lot simpler, there's an awful lot going on right now and I think we all have our work cut out for us. Tess, thank you very much, it was a great presentation and certainly eye opening to me.

Chairman O'Neil addressed item 6 of the agenda:

6. Discussion relative to social service agencies in the City.

Chairman O'Neil stated many agencies have submitted one pagers on what's going on in their work, so for those of you that are going to be involved and you haven't had a chance to do it, it would be great if you could for the next meeting just have a one pager of what's going on in your particular agency. Hopefully, I haven't missed anyone but we have the Police Department, City Youth Services, Southern New Hampshire Services which is the Manchester Community Corrections Program is that one of the handouts and the other one is the Manchester Academy.

Mr. Craig replied that is correct but they are under the Southern NH Services.

Chairman O'Neil stated we do have a very nice handout from Serenity Place. So, if you haven't had a chance to put something together I think it would be helpful for our next meeting. I apologize and we will get the mission statement out because I know it's around City Hall someplace.

Mr. Boldin stated actually I have a copy of that. It was sent out with the October 24<sup>th</sup> minutes. If you want to take a look at that. It says... "The purpose of the Special Aldermanic Committee on Alcohol and Other Drugs is to make Manchester a healthier and safer community by working together to reduce alcohol and other drug problems."

Chairman O'Neil stated pretty simple and to the point ten plus years ago, is it still appropriate today? Tom, you were around ten years ago.

Mr. Jordan stated I still believe it's appropriate, I think we need to keep it short and concise in that manner. Possibly, I don't know if we could add something to that. I think we should think about that given the changes over the last ten years as we see by Tess' presentation here. I certainly agree as it's written now but maybe there is some other things we can put there.

Chairman O'Neil asked did everyone receive the minutes from the last meeting. I think we need to make sure we have the correct addresses and that so before you leave today those of you who did not receive it or we have some new folks today if you could just double check with Leo your address, telephone number and e-mail address (if possible) that would be great so that we can make sure we get it out to everyone.

Dr. Bast stated Mr. Rist, Principal of Central High School will be joining us as well.

Chairman O'Neil stated, Ron, I think we need to confirm all of your information, Joe and I think everyone else is all set here.

Mr. Boldin stated I handed out a big packet of information to everybody of the program member descriptions from the Greater Manchester Prevention Coalition and just to read off some of the one that are in there...the Alliance for Community Supports Hot Couch, Boys and Girls Club Smart Moves Program, Child & Family Services Teen Program, Child Health Services, Greater Manchester Family YMCA Community Outreach Department, Makin' It Happen, Manchester Demand Treatment (which everybody got separately), as well as Manchester School District Student Assistance Programs, Mental Health Center of Greater Manchester Child & Adolescent Services, NH Minority Health Coalition, Office

of Youth Services (which again everybody got separately), Plus Time NH, St. Joseph's Regional Junior High School Teen Health Clinic, YWCA of Manchester Teen Programs. So, those are just brief snippets included in that packet as well for everyone to review.

Detective Fuller stated one thing, this past week we spoke with a Sergeant in Dover and he is going to sponsor for a study bill which is moving into the legislature, it's going to be a host party bill and the content of it is that if Police come upon a party and it's obvious that there is underage drinking going on the homeowner, if present, can be charged criminally, whoever has hosted this party. In the event the parents are gone, they're away for the week on vacation that would not apply to them they wouldn't have any direct knowledge, however, the children who host the party would then be subject to criminal prosecutions as well; that's moving forward with the study bill. I know he stated that they're looking for a co-sponsor and he said that the Town of Dover is looking to enact an ordinance prior to this going into effect. So, it sounds to me...I got the impression that they're going to try for a city ordinance and hopefully the law will come later on statewide to uphold that.

Chairman O'Neil stated you're not out doing regular patrol duty now but back when you were is that something that you would run across regularly?

Detective Fuller replied yes...at that point when you come across a party there's not a lot of options in the way of if you don't see the adult or you can't prove that an adult is providing this alcohol our hands become tied. At that point the only thing we can do is take enforcement action to the level of a CHIN's petition or maybe some sort of court action when the juveniles are found to be in possession of the alcohol. But, that still doesn't hold true for the host; that person can provide the setting and get away with it. This bill, I think, will be positive because it will deter people from wanting to have their friends come over and have the party.

Chairman O'Neil stated I think it's something if you can get some more information specifically on who the sponsor might be we might be able to get some of the Manchester people to sign on with it and certainly, I think, would be great for this committee to take a look at this ordinance that maybe considered in the City of Dover.

Detective Fuller stated I will be speaking with this individual in the coming weeks and I'll let you know how it progresses.

Dr. Bast stated if I could add one more comment to what Detective Fuller was saying being involved in public education administration for the last 10 years I always find it somewhat disconcerting that when you find a child that's been involved in drinking or drugs of some sort and you present this to the parent, the parent's immediate reaction is it can't be true, my son or daughter wouldn't do that and they will find every means possible to prove you wrong or to find a technicality to get the child out of the predicament that he or she may be in, so again we're back at an issue of education and getting parents get past the denial stage of...well, you mean he's not going to get into Princeton, what am I going to do...so, there's a lot of issues out there with the parents that I also think need to be addressed because they, in many cases, are the child's worst enemy.

Ms. Gomes stated I just wanted to share...when we met with Elliot Hospital yesterday I mentioned this briefly they were sharing with us an internal struggle that they have and a priority within their hospital is to resolve the issues that they're having in the emergency department and I shared that we were coming here today to make the presentation from Recover Manchester of which some of their leadership was part of the Healthy Manchester Leadership Council and had heard the presentation before...they would appreciate the opportunity to come and to educate this council with what issues they face as a major provider of health care in the community to say this is what we experience with alcohol and other drugs and the issues and the challenges we have. They also said we would love to find some solutions, some delivery system solutions and work with (for instance) the Police Department and how to better coordinate the way things are handled when someone is in need of a detox, etc. I think it's something that we can start to talk about is where the problems are in the delivery system. I don't know if this group wants to invite the hospitals to come and to share their concerns. They've offered, they've said their interested and I know Joe Harding and I have met with Catholic Medical Center back this summer and talk to their Social Work Department and they echoed the same problems.

Chairman O'Neil stated I think that would be a fine topic for our next meeting if they're available, or one or the topics.

Ms. Gomes asked should I have them contact you or is that something that I can invite them?

Chairman O'Neil replied that's fine and just confirm with the City Clerk's Office that they are coming as we prepare the agenda for the meeting.

Clerk Bernier stated the lead person is Paula. If you call the City Clerk's Office she is the lead person of this committee.

Ms. Gomes asked would you like me to invite both CMC and Elliot or separately two different presentation times?

Chairman O'Neil asked are they going to talk about a common issue or are they going to talk about specific issues to each hospital? I would think it's going to be the same issue.

Ms. Gomes replied I don't know.

Mr. Harding stated it might be a little different and they may want to present separately on what each hospital is facing.

Chairman O'Neil stated, Tess, we'll leave it up to you for inviting one for the December meeting and one for the January meeting and if you could just let Paula know in the City Clerk's Office.

Ms. Gomes stated one other thing I need to announce to the group is that I am going to be leaving my position at Manchester Demand Treatment as of December 11<sup>th</sup> and had invited Joe Harding, he is the Executive Director of Friends of Recovery to join us here today and if it's acceptable with the council I'd like to have Joe kind of take my place and continue here representing...

Chairman O'Neil asked are you moving away?

Ms. Gomes replied no I'm not. I'm working with our family business in Concord, so I'll still be involved on a volunteer basis but not from a staff position.

Chairman O'Neil stated you're still welcome to be a member of the committee.

Ms. Gomes replied thank you.

Mr. Craig stated I'm looking at Tess' presentation and it's very evident that there's a tremendous problem in the City of Manchester and I just think that this committee has to come up with ways to make presentations to try to decrease the usage of drugs and alcohol, come up with programs and I think all of us have to figure out what we want to do. It's nice to have doctors come in here and everything, but I think all of us should start talking and thinking about kids in high school, kids in junior high schools and in my letter to you, Mr. O'Neil, I made some suggestions and I'll just quickly go through them but I also think it's important that we all start thinking about these things. One of the things is that perhaps we can send brochures on drugs and alcohol via the tax bills or the water bills...send out messages to people to discuss drugs with their kids. We also

should talk about the possibility of doing something prior to prom nights, I think that's very important. The Manchester School Department has authorized Serenity Place along with Demand Treatment to make presentations in our middle schools on drugs and alcohol. Those are things, I think, that we should be talking about, asking ourselves what are we going to do, what can we do within the City of Manchester and there's a couple of other things...Scotty talked about some of the laws and ordinances...well, perhaps the City Solicitor can review our laws and review the ordinances and see what can be done for better enforcement to assist our police officers and I know that there may be mixed opinions about what has occurred in the City of Concord with respect to people selling alcohol to those that are underage and I think we ought to take a stance on that and I think it's very important that we tell this community we're not going to tolerate bars and restaurants and stores to sell alcohol to people that are underage. So, those are just some of the things we should be looking at, discussing and thinking about and come up with some really concrete actions to do and it's nice to talk about it, but we've got to do something.

Chairman O'Neil stated I think if we can maybe try to come up with two or three realistic goals in the area of prevention, two or three realistic goals in the area of treatment and two or three realistic goals in the area of law enforcement and that may be where we really want to concentrate and try...not to limit discussion, but what are some things that can really make a difference in a really short period of time...that could be six months, it could be a year, it could be a little bit longer than that. But, that may be good for us to start talking about and come in with some ideas at the next meeting to talk about some limited number of goals to attempt to achieve, if that makes any sense.

Mr. Craig stated it does make sense.

Mr. Boldin stated I really like what Mr. Craig is saying on this issue. I think when I hear us talking about law enforcement and treatment and prevention we need to be careful that we're not duplicating or somehow working over the efforts of Weed & Seed. I know that that's a group of people that is also really interested in the impact of substance abuse on the community that it's marked and there's a good deal of law enforcement work that's going into that as well, so we should be careful and maybe have some conversations so that whatever plans we come up with aren't duplicating efforts and I do think it's a good idea to think about...what are some real concrete outcomes for the time that we're going to put in here.

Alderman Pinard stated I've been talking to some of the addicts in the Massabesic Lake area that's been through the treatment, been through the drugs and the alcohol and they feel that what we need in this community is to try to work together to get some sort of a treatment center. I think that with this committee somehow get to our Congressional people and explain to them what's happening. These youngsters, these people that went through the terrible drugs and whatever are telling me to try to somehow get another treatment center. I think last week, Louis, you were telling us how many treatment centers throughout the State have closed. I just read in the paper today how we had a drug bust and the other day another drug bust...you talk about alcohol...I had the opportunity to observe a sobriety checkpoint...saw what 18, 29 and 20 year olds are like at twelve o'clock at night. So, I think we should gear ourselves somehow to get the Congressional staff involved in this...there's got to be federal money somewhere to come and help us with this.

Chairman O'Neil stated that very well could be one of our...I think in the presentation that Tess made today she pointed out and I don't remember specifically Manchester or greater Manchester but the limited number of beds that are available now that were available ten years ago, so you're absolutely right, Alderman, that should be an area of our concentration. I agree with you.

Chairman O'Neil stated I would like to welcome the Assistant Commissioner of Safety for the State of New Hampshire, John Stephen who is going to be joining the committee wearing two hats this week, so he did indicate that if things got crazy up there he might be a little late getting down.

Mr. Stephen stated my boss Commissioner Flynn is on his one week vacation per year. So, I'm in charge of the department today and I'm apologizing for being late this time.

Sgt. Kelly stated HB 179...I'm not sure if everyone here is aware of it...sort of a law enforcement issue deal into the whole drug situation. It deals with raising the age of majority...juveniles back up to 18. I was up in the House Sub-committee testifying yesterday...we don't want it, at least as a Police Department. We don't want to see it. A lot of you have been around here for the past 6, 7 years...they put the age back down to 17 in January of 1996 and if some of you recall the gang shootings, the gang turf wars in the early 1990's, mid 1990's...I'm sure a lot of you can remember that. Well, unfortunately, a lot of them were 17 and a great deal of them...we're dealing with kids from Lawrence and Lowell, Massachusetts, Hartford, Connecticut, the Bronx, Manhattan and Queens, New York...I was in the Juvenile Division during that span...in a three-month span in 1995 in Manchester 247 felony drug arrests, numerous 16, 17 year olds. I got a call from a

Councilwoman from the Bronx, New York...what do you guys have that's so attractive up there. We have a 17 year old juvenile...direct correlation between the age and the drug uses in downtown Manchester...we all saw what it did to the City thus Operations Streetsweeper and all that other stuff. So, again, I was up there yesterday and it passed the House. It is going to be going to the Senate and I tell you we definitely don't want to see this happen in Manchester. I was up there for 45 minutes...it's very passionate. I don't get very passionate about a lot things, trust me. I've been here for 15 years, I'm raising a family here and I think everyone here should be made aware of that and how they want to pass it. Hopefully, it doesn't pass through the Senate but if you have some people you can talk to...if it does, I think we're going back to square one...early to mid-90's in Manchester especially with this drug trade and 17 year olds. So, I hope you all take note of that.

Mr. Craig stated perhaps as a committee and I don't know if this is appropriate or not perhaps we should send a letter to the legislature and tell them that we are not in favor of this bill and for various reasons given by Sgt. Kelly.

Chairman O'Neil stated why don't we for our next meeting...Kevin, could you maybe do a little presentation on it.

Sgt. Kelly replied sure, I just did it yesterday. I have some facts and situations...

Mr. Craig asked when are they going to act on that?

Chairman O'Neil replied if I recall from my two years in the legislature it's probably just a Study Committee referring to the full House at some point.

Sgt. Kelly stated apparently it's already passed the House and I think there's a sub-committee up there, I'm not really familiar with it, but I know it's on its way to the Senate, I'm not actually sure when it's going to be voted on.

Chairman O'Neil stated I will try to dig up some information again on it, but if you would maybe the Police Department could do a presentation on that at the next meeting...HB179.

Dr. Bast stated I think the discussion over the past 15 minutes has been very positive and I think what's coming out is not one particular issue whether it's prevention, law enforcement or treatment...all three of those issues and as you had said perhaps we should have two or three goals in each of those areas and really try to be definitive in what our task is and what we can accomplish, but the other

thing I was thinking as I was listening to everyone speak here the whole issue is dialogue, articulation and communication and the more that we can reach out to the community of Manchester and where they can see us as trying to do something I think the more likely we're going to have success.

Chairman O'Neil stated I agree with you. There being none further, we are scheduled to meet on Thursday, December 19<sup>th</sup> at 3:00 PM and hopefully everyone can make it and spread the word to some of those who are missing today. We will try to get information out to everyone.

Sgt. Kelly stated the next meeting for this sub-committee is December 19<sup>th</sup> at 2:00 PM.

Chairman O'Neil stated I think the Chief (if I recall) was very involved last year on that bill up in the legislature.

Sgt. Kelly stated that is who I went up there with.

Chairman O'Neil stated why don't you see what you can work out and if Scott's comfortable making the presentation...again, maybe the Chief would join him because I know he was very passionate about it last year although he may very well be in Concord that day.

There being no further business to come before the committee, on motion of Alderman Pinard, duly seconded by Commissioner Stephen, it was voted to adjourn.

Clerk Bernier noted the Middle Street Parking Lot will be available for parking as the Clerk's Office places a sign at the entrance, therefore, members need not feed the meters.

A True Record. Attest.

Clerk of Committee