

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

**December 19, 2002**

**3:00 PM**

Chairman O'Neil called the meeting to order.

The Clerk called the roll.

Present: Alderman O'Neil, Dr. Frank Bass (arrived late), Marty Boldin, Ron Caron, Judy Cooper, Louis Craig, Juvenile Det. Scott Fuller, Joe Harding, Tom Jordan, Fred Rusczek, Dave Scannell, John Stephen, Elaine Douville, Amy Hanulec and Greg Townsend

Absent: Alderman Pinard, Laurel Buccino, Chief Driscoll, Tess Gomes, Sgt. Kevin Kelly, Linda King, Dr. Michael Ludwell, Kera MacKenzie, Traci McCarthy, John Rist and Ellie Therrien

Chairman O'Neil addressed item 3 of the agenda:

3. Minutes of meeting held on November 21, 2002.

On motion of Mr. Craig, duly seconded by Mr. Rusczek, it was voted to accept the minutes of a meeting held on November 21, 2002.

Chairman O'Neil addressed item 4 of the agenda:

4. Discussion with representatives of Elliot Hospital regarding issues and challenges they face as a major provider of health care in the community.

Chairman O'Neil welcomed Mr. Greg Townsend who is the Executive Director of Performance Improvement for the Elliot Hospital who will make a presentation to the committee.

Mr. Townsend stated I am happy to be here today. Joe Harding and I met a couple of weeks ago and talked about the work that this committee and council has been doing and the degree to which the Elliot Hospital plays a role in substance abuse and treating patients with addiction. What I plan today is to add some texture to your conversations and proceedings about this issue by painting a picture of what happens to patients who seek out care and emergency services at the Elliot. To

take a step back here and explain why I'm here, I have a role of management in emergency services and I also have a role in community health and prevention in the City of Manchester for the Elliot Hospital. The way I described this to Joe and I think I'm going to do the same thing for this council is that our emergency department sees about 50,000 patients a year which for our size hospital is pretty extensive. What's interesting about the number of patients that we see a year is that we see a vast array of patients from the very acute to being a regional trauma center, a Level 2 Trauma Center to what we've now discovered is less acute and more towards primary care. The reason why I'm mentioning that is that all goes to the overcrowding issue in our emergency services and in how patients access care, emergent care at the Elliot Hospital. The degree to which a patient who is seeking mental health services or substance abuse crisis intervention in the emergency department at the Elliot has a unique impact on the services that we provide for patients who are seeking, for instance, trauma care or other emergent type services. There is a relationship between the staffing complement, the resources that we have available to serve the greater Manchester community and the types of services that come into the emergency department, types of patients that come into the emergency department seeking services and so, for instance, in any one shift we have a motor vehicle accident, a roll over and we are shipping patients from the field from the surrounding communities to the emergency department at the Elliot oftentimes what will happen is that we will have patients that are intoxicated or in some type of crisis mode as a result of substance abuse and the staffing complement that it requires to take care of those patients is disproportionate. I'll give you a real example what I mean by that. So, if you have a patient who comes in and is highly intoxicated and we have to wait for your blood alcohol content to drop to a certain level before we can safely discharge that patient back into the community and I'd like to talk about that process after I'm done explaining this. But, in the meantime, the Elliot is required for the safety of that patient and for the safety of the staff to monitor that patient. So, that may require a nursing staff and nursing time to literally sit next to that patient and watch them sober up, that has an impact whenever we have a trauma case come in which requires more resources and now we've tied up some critical resources towards patient care by virtue of our taking care of this substance abuse patient. So, you can imagine the reiterations and the variations of that theme throughout the course of a month or a year and throughout the course of different events and different types of emergency services. So, that's one issue that I talked to Joe about and one thing that from the Elliot's perspective we're very concerned about and to that degree applaud the work that you're all doing and support it. The more we're able to mitigate these crisis events from occurring and then ending up in the emergency department we feel the better we serve the greater Manchester community in terms of emergency services like the traditional intention of an emergency department has been. So, in order for our emergency department to deal with this staffs two

MSW, social workers to deal with some of the discharge issues around patients who are seeking services. I had asked one to come here today and this was not in the planning of this, but oddly enough that person is in the emergency department as we speak dealing with this very issue, I kid you not and couldn't come today. But, if she had she would describe a scenario where the patients that are coming in to seek services are in crisis mode as a result of substance abuse are the very same patients that come in time and time again. They know them by name, they have plans in place and their real frustration is really what I think the nature of this council is intending to do is what community supports exist outside the walls of the hospital that they can discharge that patient into and what services help them support their dealing with this crisis issue or their substance abuse outside this crisis event and outside the walls of the emergency department. So, finally, what I would like to say is that the Elliot is very happy to know that the Mayor's Office and the City of Manchester is trying to tackle this issue and we will do whatever we can to support that in continuing to offer services to patients in our emergency department. But, we thought it vital to inform this council as to what the effects can be of that issue in terms of trying to take care of trauma patients and other patients who have more traditional critical care issues and what the impact is on staffing and other resource demands.

Chairman O'Neil asked do you have any idea of those types of patients that you're seeing at the hospital are they coming in via ambulance, police, walking in on their own, brought by a social service agency...have you been able to track that at all?

Mr. Townsend replied yes to all your questions they come in by various modes. Some patients, especially as it gets colder in the wintertime actually seeks shelter here and they have a coincidental substance abuse issue, but many times they're involved in accidents and motor vehicle accidents. Many time the Manchester Police Department and surrounding police departments will transport them to our emergency department. Sometimes, they're referred over by other care providers in the community.

Chairman O'Neil asked do you have any hard numbers on that or percentages or is that something you may be able to get us?

Mr. Townsend replied absolutely.

Chairman O'Neil stated I think it would be interesting to know where they're coming from and how they're getting there, are they being referred there.

Mr. Townsend stated that's not something we currently capture now, I think it would be in our best interest to ask our social workers to start tracking that and provide that information to this council.

Mr. Harding asked where to these individuals end up after they're in your emergency department?

Mr. Townsend replied the social workers do their best to use what resources are available in the community. Their sense is that there is no enough in the community to support their getting well and their continuation of struggling with their substance abuse issue. So, to the degree that we have supports in the community the social workers will discharge them into a program and I'm really at a loss here, I wish my social worker was here with me, but to the degree that we have programs available in the community to offer such support we discharge them out into the hands of either the provider who sent them in which is not always the case or self-referred given the appropriate information then self-referred to a provider. The recent understanding and maybe Joe that's what you're getting to...there is an understanding among the providers in our emergency services that there is a lack of providers in the community to deal with this issue and if you are able to link up with that provider there are many boundaries to actually accessing that care in terms of costs and transportation and the traditional things that you struggle with and other health care issues.

Chairman O'Neil asked would it be interesting to know if under 18 versus adults because I know some of the discussion we've been having and what led to this committee being reformed was lack of exactly what you're talking about...where can they go and I think as we're trying to figure it out I don't know if we treat it and I asked the professionals here, but do we treat it all as adults and our young people together or do we need to look at it in two different special areas. So, if you're able to put some of that information together and you can break it down to even under 21 or what would be appropriate that would be interesting to know and where you may have referred them to.

Mr. Townsend stated that is something I can look into and see if I can provide you with.

Ms. Cooper asked is there any mechanism in place that if somebody comes in perhaps in a DUI incident or other drugging experience where there can be a brief screening tool in place so that they can get brief input from a professional/medical person...that you've scored this and so perhaps you need to take a look at this and

maybe get some help. There is a lot of imperial research that indicates a brief intervention like that means a lot to people because of the status of medical people. Do you know of anything that's in place or could that be looked at?

Mr. Townsend replied in terms of a behavioral health screen in the emergency department...

Ms. Cooper stated in terms of...how serious is your involvement, how deeply are you involved...oh, you're this far involved, you scored out of a possible 10 you scored 18 perhaps you need to see a professional. Something like that has been looked at, I know, in a lot of communities.

Mr. Townsend stated social workers actually do sit with substance abuse patients and do something very similar to what you're describing.

Ms. Cooper asked with a formal tool?

Mr. Townsend replied there is a tool that they use, I'm not sure if it's the same one you're describing but they do have a tool which they use and that helps them understand what the next step needs to be for that patient.

Mr. Craig stated I'm not sure I understand the thrust of what you're saying today. I think that you don't have enough staff to handle the problems and the numbers of people who go to the Elliot Hospital, is that the way I understand it?

Mr. Townsend replied not necessarily. What I'm trying to say is that there's capacity by which the emergency department can serve greater Manchester. There's a certain amount of patients it can serve. We would love to be able to serve our trauma patients and our emergency patients in a more timely fashion. It's not about whether we can or can't serve them, it's about how quickly we serve them and what level of service we offer to Manchester and to the degree to which we can make improvements and that's part of what we're doing now is making some substantial headway in terms of wait times and things of that nature in our emergency department. It's incumbent upon us to look at those things that contribute to long waits. This is a prime issue because of the resource intensity involved in caring for patients that are cycling through our emergency services as they are.

Mr. Craig stated you are aware that there's a vast number of detox centers that have closed over the last ten years or so.

Mr. Townsend replied I am aware of that.

Mr. Craig stated you know that there are no medical detox's in the City of Manchester and no contiguous towns of Manchester, you're aware of that and what is it that you expect other agencies to do to pick up the slack from the Elliot Hospital?

Mr. Townsend replied I'd love to see programs like the one Joe is working with and the Demand Treatment Program work well and to see the patients who are not in an acute stage be able to manage their substance abuse problem to the point where they are no in crisis. I think that is really the intention of why I'm here today to support the notion of that which is really primary prevention like you would in things like taking care of a diabetic patient outside the walls of the hospital, more of a preventive attitude than anything.

Mr. Craig stated I would suggest and I would make a recommendation...it's must my feeling, I suppose, that it would be a tremendous service for the Elliot Hospital to have a detox center to take care of these various situations that occur at the Elliot Hospital, you're a non-profit hospital like all hospitals and that is something you should take a look at and I'll tell you I run a detox center and there is a tremendous need for medical detox in the City of Manchester and I think that perhaps the Elliot Hospital and Catholic Medical Center should consider such a medical detox to take care of people. Can you respond to that, please?

Mr. Townsend replied I'm not sure if I'm prepared to respond to that. That's something that I can bring back to the Elliot and we can have discussions around. The host of behavioral health services that we have now from our psychiatric intensive care unit to all of our counseling centers we have in Manchester and what it would mean to add a component part of that which is what you're suggesting, a detox center, I more than certainly can go back to our operations team and relay that message. I'm very...

Mr. Craig asked who are you going to relay that to?

Mr. Townsend replied we have a senior management operations team which I sit on and that wouldn't be my decision to make. Obviously, as a group we make those types of decisions, so I'd be more than happy to go back and relay the message from this council to that committee.

Chairman O'Neil stated I think, Lou, in some ways this exact topic is what led to this committee being started again, the lack of available and I had to use the word "beds", but service available to the citizens of Manchester or greater Manchester and I have a feeling that that is going to be one of the recommendations not too far

down the road that this committee comes up with, this exact issue...most likely the City and the various agencies partnering with the Elliot and CMC and others to address this issue, I think. So, I think this is all tying in together.

Mr. Craig stated I'm wondering if this gentleman could perhaps come back and discuss again what the Board of Directors or whoever...only because I think it's a very, very important issue.

Mr. Townsend stated it would help if...

Mr. Craig interjected if you wish someone to discuss it with your board I'm sure there's a vast number of people here who would be more than happy to.

Mr. Townsend stated I think that would probably be the best way to go. If there would be some communication between this council and our board about this issue maybe even starting with our operations team because really that's what I'm here for is to talk about the operations team...

Mr. Craig stated what strikes me is that I see people working in the field and people working in detox centers and we have people knocking down the door to get into Serenity Place and I've got a long list of people and the same with the other detox centers in the City of Manchester and none of us are medical detox and we've got a vast number of people who are overworked, who are understaffed, we're all non-profit and you know what it's like being a non-profit, no one gets any money, no one gets rich and you walk in here and say well, gee we have a problem with someone coming into the Elliot Hospital and we don't know if we can take care of them.

Mr. Townsend stated with all due respect I was asked to come and...

Mr. Craig interjected I know and I'm glad you're here, believe me, I'm glad you're here.

Mr. Townsend stated I think the Elliot has every opportunity to help this community and certainly this council in its endeavor to solve this problem. I don't know, as I sit here, if the answer is in the Elliot opening a detox center that is something that would take a lot more information.

Mr. Craig stated perhaps it could certainly be looked at and maybe some happy alternatives could be made.

Chairman O'Neil stated as I said I hope that one of the things that comes out of this group is that we engage our two large health care providers in this City to become partners with us in addressing this issue and I don't think it's anymore the Elliot's responsibility as it is CMC's...I think it's a responsibility of the community as a whole that we need to work to address this issue and I don't think there's any one person or agency that's going to help solve it. So, I think what we're all about here is creating this line of communication with each other and networking, etc.

Mr. Rusczek stated it strikes me that both Louis Craig and Greg Townsend are saying pretty much the same thing, they're both struggling with the outcomes of not having prevention and early intervention and to looking at the issues of substance abuse in a more community based way and I think what I've heard them say is the need for medical detox and what Mr. Townsend is saying if we can find a way to move upstream to keep people healthier and to develop the services that will prevent them from becoming train wrecks that end up in the emergency room, the patient will be better served as will members of the public and I think that's what started the challenge of this particular committee was looking at what do we improve in the community from treatment on down through the prevention areas.

Mr. Boldin stated I was wondering when you were looking at the costs or looking at the time that social workers are spending with people need detox in the ER have you all started to cost that out at all or taken a look at because one of the things I keep thinking about here is there might be some people in the emergency room who might benefit from an ambulatory detox or some kind of merger between the social setting detox and the full-blown hospital setting detox and at some point if you have some numbers or you and CMC could think up some numbers there might be a place at which that happy medium might not only help to ease the problem but also be more cost-effective and I also want to say that I don't think that the need for medical detox is ever, ever going to go away. There is always going to be a need for people to have a place to stave off the medical implications from addiction. It would be nice to develop a world where people don't have that intense need for services, but in the 20 years I've been in substance abuse I've never met that community yet.

Mr. Townsend stated to answer your question, yes, we're starting to look at the cost effect associated with not only treating patients with substance abuse issues but with mental health issues as well, that is as much of a challenge to the Elliot as anything is in terms of our emergency services. So, in that endeavor we've started to look at the costs associated with that, in particular, the costs associated with the social service interventions that we have.

Mr. Boldin stated that might very well be a good starting place to start looking at how you could leverage those costs with an alternative service.

Dr. Bass stated picking up on some of the commentary that's already been started, I think that Judy got us off on this line of commenting and questioning and I think from the school's going of view we follow along the same thinking and that is when you have the behavioral action taking place in the school whereby a student is either symptomatic of been drinking or involved with drugs or has something in their possession that when you provide for them an intervention at that point in time, let's say a Student Assistance Coordinator or maybe the SRO's are working with them in some sort of private way that you invariably find that there is a problem, that something is already underway as opposed to just dealing with the issue of okay you've committed this particular infraction in our school rules, we're going to suspend you for five or ten days, you come back and after that period of time is over and then low and behold the behaviors begin to repeat themselves and I think Fred brought this point up and Marty also reiterated it that the monies...we need to generate a certain amount of monies toward intervention where you're catching the individuals as they're in the process of becoming involved in substance abuse whether it's drugs or alcohol and that you have a greater likelihood of being able to curb it or actually stop it before it gets to the point where they end up at your place or others.

Mr. Townsend stated I think this is a symptom of...the fact that we're dealing with this patients in crisis in our emergency department I agree is a symptom of a problem, it may be the solution to that symptom doesn't necessarily lie within the emergency department but in the prevention strategies you can employ.

Mr. Jordan stated a couple of good points...Joe, that was a good question...what happens next after these people are discharged...Louis, you addressed that saying people coming down to me I don't have the space if that's what you're looking for maybe here something will come out of it. Mr. Townsend, to my knowledge area hospitals and it has no reflection on you of what I say here has never put a great deal of emphasis on substance abuse at all. Being a professional in the field for many years I can say that and I'm glad that a minute ago you talked about that you are, in fact, going to take a look at that issue and probably put some emphasis on it. They put a great deal of emphasis on mental health other than substance abuse through the years and have done a pretty good job of that, I might add, but there was really never a substance abuse and I think it's critical that as a community that we could get...because emergency rooms are oftentimes the first place these people are going to show up and I think some kind of a brief assessment is an excellent idea in at least that phase, but I do appreciate the fact that you are going to take a look at that, thank you.

Mr. Harding stated through the Demand Treatment joined together there are a lot of hospital that are utilizing grief interventions and have developed programs and have found it to be cost-effective and I think, Mr. Chair, your point is the most important here that we need to address this as a community, so I don't think we can put it on Elliot Hospital and I don't think Elliot Hospital is going to be able to put it on us, we need to somehow work together to find solutions that I would assume it's going to be helpful to the emergency room at Elliot Hospital to have some place to send people when they come in and it's going to be in their best interest if they have someplace to go that's going to help them because you're probably seeing these people over and over and over again. Some of them are probably drug seeking and it's just going to keep cycling until we do something different.

Chairman O'Neil stated one of the things I will do, Greg, probably after Christmas is give you a call...if you feel that maybe one of the social workers might want to get involved with us or if you'd like to stay involved but I think that it's important that we get not only the Elliot but I think we need to get CMC involved in these discussions.

Mr. Townsend replied I agree and I think that to the degree that you're looking for support from the hospital and social workers at both hospitals that service both hospitals could be a valuable asset to this council in terms of providing some knowledge about what are the issues that they are seeing at the acute care level.

Chairman O'Neil stated I will follow-up with you after the first of the year and we welcome your support and input and involvement from the Elliot Hospital in these discussions as we go forward and thank you very much.

Chairman O'Neil addressed item 5 of the agenda:

5. Presentation by Juvenile Detective Scott Fuller relative to HB179.

Juv. Detective Fuller stated what I have is not so much a presentation for you as an explanation. Last month, when Sgt. Kelly first brought this to this council's light his intention was to basically get the word out that there is a bill right now, HB in sub-committee which is where he's at as we speak testifying before that committee which is looking at raising the age of majority from 17 to 18 meaning essentially that 17 year olds who commit crimes will still be treated as juveniles within the juvenile justice system and the age of majority where you're treated as an adult would be 18. The position of the Manchester Police Department is that we're against this and the reason that we mention this in this forum is to draw on your

resources to help get the word out that we don't believe it will be a productive law for our community or the State for that matter. Some of the proponents of this bill are arguing that 17 year olds should be treated as juveniles because they don't necessarily know right from wrong yet. We don't feel that's correct, we feel that 17 year olds do understand right from wrong as well as an 18, 19 or 20 year old. Opponents are also arguing that it's wrong to put 17 year old youth in Valley Street Jail or any other correctional facility. We wouldn't argue that, I don't believe that that's a good solution either, however, the other side of the story is that 17 year olds are by far not going to Valley Street Jail or other county jails and being committed because as soon as they turn 17 the slate is wiped clean. Their juvenile records are sealed, they're not brought forward and they're not presented at their next conviction. You could have the worse juvenile in the world...as soon as he turns 17 or she the next crime that they commit and are convicted for when the state moves forward sentencing they're going to say that they have a clean record, there's no past. Historically, given the simplistic crimes 17 year olds or anybody for that matter do not go to jail for their first offense. So, to say that 17 year olds are going to jail is inaccurate and we're arguing that that's being used to glorify that position. Again, we don't believe that 17 year olds should be in jail unless, obviously, they commit some of the higher level crimes. Now, the bill as it's presented now from what I understand is just a blanket bill saying that 17 year olds are juveniles, 18 year olds are adults. Now, I believe that ultimately we will see some kind of change to this draft where there is a category of crimes where 17 year olds are considered adults but for some of the lesser crimes they'll be treated as juveniles and at this point we're simply hoping to get the word out to you folks and any contacts you may have within your representatives and your senators that you'd be willing to also voice that opinion.

Mr. Harding stated I would just have a question, is there any possibility that they could keep the law the same to keep 17's tried as adults but there would be a caveat of the law that they wouldn't put them in facilities with adults. Is there any way to change the law to address that?

Juv. Detective Fuller replied I suppose anything is possible, I haven't heard that yet. Again, I got some wrong numbers from the Valley Street Jail to cover the last 24 months. When the numbers came to me they weren't quite as clear as I had hoped. The bottom line number is 427 seventeen year olds stepped foot into the Valley Street Jail in the last 24 months. Now, you have to remember that we don't know or are unable to determine right now what percentage of those 17 year olds committed driving offenses because that's a whole separate ballgame. At the age of 16 for a driving offense everybody is treated as an adult. So, if you were to be drunk and get in an accident, a hit-and-run, a negligent homicide...if you're 16 that goes to adult court and that is not being addressed within HB179, so that

whole category of people who step foot into the Valley Street Jail have to be excluded from that 427 number. The other thing that makes this number look so high is that if a 17 year old is arrested, brought to the Police station...if they don't make bail they go over to the Valley Street Jail for the night. The next morning, in all likelihood they're released by the judge on a lower bail. So, again, the numbers are skewed and they weren't as broken down as I was hoping they'd be. But, the bottom line is 427 did step into the jail, I don't know how long the average stay was which would be interesting information but it wasn't provided to me as well as the category of charges because I know that the numbers will significantly drop once I can decipher them. I will say on a personal note I'm the investigator that's assigned to Central High School. There's approximately 2,500 students at Central ranging in age from 14 to probably 19 and sometimes 20 years old. Right now, this law...the age of majority being 17 is the only thing that's keeping the cover on the bottle. If we were to lose this then there would be...I'm going to say the job would increase tenfold. Right now, I can take a 17 year old who has committed a simple assault, a very low level crime but instead of arresting this person if I sit down and suddenly educate them as to the consequences of their actions...I've had a great success rate and probably in the last two years have had three or four repeat offenders who after I gave them a break and lectured them went out and committed another crime. At that point, obviously the first time I didn't get through they faced arrest and they did not go to jail but they were given that break and all of the investigators are on the same page and we try to educate first because nobody wants to be pursuing these types of crimes in adult court.

Chairman O'Neil asked, Scott, do you think...is the county able to provide a breakdown or is it just that they know they have "X" number of people in that age group?

Juv. Detective Fuller replied I was pretty specific in what I had requested. I asked for anybody under the age of 18 who stepped foot into Valley Street Jail, what they were charged with, how long they were there. They weren't able to provide convictions or non-convictions. They gave me a lot of information but it wasn't broken down the way I had hoped and it will take a little while before I can put it all together. The one thing I won't be able to do is figure out how long they stayed there.

Chairman O'Neil asked would the District Court be able to provide any of that information to you?

Juv. Detective Fuller replied that would be a pretty monumental task and I didn't even dare ask one of them over there.

Ms. Hanulec stated I have a comment. Working with juveniles as a Probation and Parole Officer has the Police Department looked at the services that are available to the juveniles...I guess this committee here is for prevention, but I'm looking at it not so much as putting the kids and the ramifications of putting a 17 year old in Valley Street as much as between the ages of 17 and 18 look at all of the services and the prevention we can get to those kids if the age of majority was 18.

Juv. Detective Fuller replied right now the same...there's a group of services which are provided to juveniles. I think we all understand that the juvenile justice system is notoriously lenient because it's design is for rehabilitation and that's wonderful and we support that. We have the alcohol counseling, your drug abuse counseling, anger management counseling, your family therapies...there are many, many resources out there for these juveniles. What we've seen though is that these sources have not been effective on these individuals who finally when they reach of age of 17 go out and still commit the next crime. Through the courts they do have mandated...many of the judges will mandate anger management, alcohol and drug abuse counseling and that is followed up on through probation that it is actually occurring.

Chairman O'Neil stated, Amy, one of the things we're trying through prevention would be fabulous if we could do only that but we are going to focus on (with this committee) with prevention, with treatment and with our law enforcement. One of the intents is to bring all three communities together and educate each other with regard to the sector that we may not work in, etc. So, it's really three parts trying to bring us all together on this.

Dr. Bass stated I just want to underscore Scott's point having worked in school administration for a number of years his position that we have some cloud over the kids and have some ability to work with them is absolutely correct. I can tell you time and time again we've been in situations where you've got the child in your office and you say look you've committed a crime, if we go to court with this there's going to be consequences, a very severe consequence and you can have the police officer in the room with the kid and have a conversation. Now, are we going to handle it here in the office and come to some sort of understanding or do we have to let the policeman take you on and book you for that particular charge, whatever it may be. The child realizes what's down the road for him or her and realizes it could be a very grave situation and realizes that if he goes to court who knows what may happen. You pull that away, you've taken away a lot of clout that the school, the parents and the supporting police officers have in trying to rehabilitate the kid and I think his point should not be lost and that is a lot of times just through a conversation with the kid you can say do we have an understanding, can you appreciate my position. I don't want to have to go forward with this, let's

bring your parents in here, let's see what we need to do, so is it anger management, is it working with the school...whatever the case may be so that you don't find yourself in this position because next time I can't help you, my hands are tied. I can only give you this one break and you make that very clear to the kid and a lot of times that's very, very successful. I'm sure Scott will tell you maybe 85-90% of the time we're successful going down that road. You strip that away and if the kids knows that nothing is going to happen then you're really just spinning your wheels, so I support that position 100%.

Juv. Detective Fuller stated I will add that unfortunately where I find my failures is when it concerns alcohol and drugs. If there's a non-alcohol or drug-related criminal activity I can get through to the person. The drugs and the alcohol, the addiction draws the youth right back to that eventual crime, they're just a little bit smarter this time and I have to work a little harder if I want to catch them the next time. So, I'm not happy to say it but it lends itself to this committee, but the failures do come in the arena of the drugs and the alcohol.

Mr. Caron stated I would just like to say that the other side of this issue in listening to some of the proponents of raising the age of majority is not about letting kids off easy or that the kids don't know right from wrong, I think most of us who are proponents of this bill are really for accountability and for getting rougher on kids by making sure they have access to the resources that would rehabilitate them and I think my bigger problem with the 17 year olds being considered adults is that you take away the access that the juvenile courts have had to mandate things like anger management and if the young person's family is destitute and can't afford anger management the juvenile courts can order that and DCYF will pay for that. But, if the young person is 17 and gets mandated then it becomes a financial hardship and they have to go through the adult process of applying for financial aid and you could delay access to treatment for a long time if not deny them access altogether because a court order in adult courts doesn't usually come with the ability to pay for it. The young person who is 17 with a clean record facing a judge for the first time often doesn't get the flexibility of the creative judge and the family courts being able to say I'm going to order you to a curfew and give you a tracker to make sure that you're in at a certain time. At 17 it's kind of like well, you're going to change your behavior or we're going to lock you up, so I don't want to see you in my court again often being a pretty ineffectual change of behavior. So, it's really not a matter of right and wrong it's more of on the treatment end of it how do kids access treatment and if they're considered juveniles they have more access to treatment than if they're considered adults. I applaud what the Police Department has been able to do. I think if this age of majority thing has had an impact whether you can talk to a kid threatening

juvenile court or threatening adult court, if that makes a difference I'm not sure. But, I think the interventions early on that the Police Department is able to do is hugely effective. I'm just not sure whether if at 17 or 16 if those two kids sitting in the office really have a difference in what you can offer to threaten.

Mr. Boldin stated I thought it was ironic that Juv. Detective Fuller said that the cases involving substance abuse are often the toughest ones to get through on. In the United States...as a matter of fact, the Governor of Kentucky today is releasing 500 convicted felons from prison because the state can't pay the prison bill anymore and one of the things that I think is really interesting when we look at convicting people who have a public health issue of a criminal offense is that you can't put out the fire with gasoline. I think Ron's point is really well-made, if the age of majority is going to be changed there has to be some kind of response from the social service community to meet the needs of those young people or else what will happen here as it's happened in Kentucky, Colorado, Washington, DC, Ohio...the list of states goes on and on is putting people in jail for crimes related to alcohol and drugs will not stop and alcohol and drug use.

Dr. Bass stated I was just kibitzing with Tom when a couple of people were talking and when Juv. Detective Fuller has mentioned that I have my failure rate with really the substance abuse and alcohol and I turned to Tom and said well that's because it's a disease as opposed to just a behavioral and that makes it all the more difficult and I think that's the problem with society that we don't see it as a disease that needs treatment and needs a lot of support and it's not just simply something that can be dealt with like a behavior like a child that has done an incorrect behavior and you can change the behavior, so I just think that it's an interesting cut between the two issues.

Chairman O'Neil asked, Scott, have you talked to your colleagues who work in the other high schools do they concur not so much with the numbers but about your point about the toughest kinds to get through are the kids where there's a substance abuse issue of some sort?

Juv. Detective Fuller replied from my experience when I'm speaking with the youth they understand that what they've done is inappropriate, they understand that it's criminal and much like many of the drunk people that I've arrested they all swear that they're not going to drink tomorrow. These youth will also swear that they're going to turn it all around because there's no positives to it. When I lay out all of the negative ramifications as they move down through their one school careers, their families, their lives and how it's not going to be a positive thing, but that disease or addiction will take over and it goes back and they revert back to those behaviors shortly thereafter.

Chairman O'Neil asked how has the policy that I'm pretty sure our School District has had with regard to athletes, I don't know that I've ever seen the form but I know they sign a contract or some kind of agreement. Frank, I know that's out there with regard to student athletes in the high schools.

Dr. Bass stated actually that's been an interesting issue. I'm relatively new to the district, I believe the policy perhaps was put in a couple of years ago and it's a 60-day policy so if you are found in possession of or have been involved with drinking or drugs you lose your ability to participate in varsity sports for 60 days, it's a very, very stiff penalty. There have been many who have said I think the penalty's a little bit stiff maybe we should reconsider that. There has been talk among school officials perhaps we should look at that, is there a better way, is it too stiff. Tom actually came before the Athletic Committee of the School Board to make a presentation about what's really in the best interest of the child and the best interest of the school, is 60 days really going to serve those interests and there's a lot of questions and many of the athletic coordinators/directors at each of the three high schools had drafted a counter proposal so to speak that looked at varying degrees and perhaps some striations within that policy for first offense, second offense and maybe 60 days is too much. We have not reached a consensus on that at this point, it's still a very, very hotly contested issue and again it goes back to we really want the behaviors to stop, we really want these kids to understand that if you represent the schools there's a higher expectation of responsibility and, therefore, if we have these very stiff penalties perhaps it will dissuade you from being involved in those but as you all well know once you're involved in a substance abuse situation whether it be drugs or alcohol it doesn't matter whether it's 60 days or 600, it's not going to change anything and I think part of the argument that we had at that session Dave Scannell and I regardless of whether it's 60 days or 6 days we're not going to be involved because we don't want the embarrassment of being not able to play on our team, so you're talking about different kinds of kids that you're dealing with and the policy could be very good for some and not very good for others. To make a long story short we're still looking at it, we're still trying to figure out what makes the most sense for all concerned.

Chairman O'Neil stated I officiate high school football and I had a playoff game this year (Concord/Salem) and Salem was the higher rated team that has two starters suspended because of violation of an alcohol policy earlier that week and they lost the game, so it's not a Manchester only issue, it's an issue of many districts around the state. I think it's a fascinating discussion about this, it's a bill that's going to touch a lot of people in a lot of different ways.

Chairman O'Neil addressed item 6 of the agenda:

6. Development of a new mission statement/purpose/goals.  
(Note: enclosed is a copy of the mission statement from August of 1991.)

Chairman O'Neil stated I don't know if folks had a chance to look at the mission statement which was from August of 1991. We had talked about trying to come up with a mission statement...any comments, it was appropriate, we felt appropriate in '91, is it still appropriate today. It might be appropriate that we formally adopt it then, are there any comments or questions.

Mr. Jordan stated I'd just like to toss this out because I missed the first few sessions on the meetings of the committee and back in '91 we were talking strictly juveniles, adolescent age up to at least under the legal drinking age, I guess it was. Now, is the focus going to be on that group or are we going to talk about adults too.

Chairman O'Neil replied in my opinion I think it's a community as a whole from young people through adulthood. I don't know how the rest of the committee feels about that. I think we did do a good job with addressing issues and now the School District, I believe, has seven Student Assistance Programs in the high schools and the middle schools and I think that's fabulous, but we certainly have more work we can do both with our young people but with the adults in the community and Tom makes a good point.

Mr. Jordan stated along with that I know that's broad when we take in the larger community but to not do that I think is not addressing the issue because the adults are so much involved even with the adolescents from guardianship, parents and so forth...school people what have you that it really needs to be done and it's a tremendous undertaking so I just wanted to clarify that for myself in which direction we were going to head.

Chairman O'Neil stated even tying it in with our young people and I don't remember is Dr. Bass was the one who mentioned this or maybe one of the student assistant people I ran into but they're seeing a lot of kids...the individual child does not have a substance abuse problem, but at home there is a substance abuse problem and if I recall there's a very high number of people they're seeing so it all ties together, I think. Tom, is there something that we can add to that or do we want to (at the next meeting) take a stab...would you like to...

Mr. Jordan replied the only thing I thought and just to bounce it out to you is a long time ago my prior department head and supervisor who was certainly adolescent oriented had this vision of a larger community center, so to speak, where maybe some inpatient treatment could be done. At least some outpatient counseling whether that would be fee for service or for those people who didn't have the means would that be free. But, at least where they could go and where maybe the families could get therapy at the same time; that was a vision he had and I think it was a very honorable vision, but financially it takes a lot of money to do a thing like that and a lot of community effort but that is something I would like to see materialize.

Chairman O'Neil stated I do remember Regis talking several times about that subject. There may possibly be some grant money out there, I know the Health Department has had some great success recently with federal grants and maybe we need to talk, maybe we all just need to take a look at are there grants available whether it be through a City agency or some of our non-profit agencies that are out there that maybe as a group or a community we could apply to, maybe provide some City staff to help write the grant, etc. So maybe for future meetings if people could just kick that around and take a look at what's out there; that wouldn't solve the problem, but I think it would be a big step in helping to address the problem. Are you uncomfortable with accepting the mission statement as it's written or are you just...

Mr. Jordan replied I'm not quite sure whether it's too general, I don't know. I thought about it and in some ways it might be too general, but then again it might be sufficient for what we need to do.

Chairman O'Neil stated I think it allows us flexibility to address anything and everything, in my opinion, and I think the committee will determine what are agenda truly is and what recommendations we can make.

On motion of Mr. Craig, duly seconded by Mr. Harding, it was voted to accept the committee mission statement as presented:

“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.”

## **OTHER BUSINESS**

Mr. Craig stated the last time we met you had mentioned that perhaps it would be a good idea if everyone tried to figure out maybe 5 or 6 goals for what this committee should be involved in and what those goals should be, how we're going to accomplish those goals and when we're going to accomplish them. I think we ought to start looking at things to be accomplished and perhaps at the next meeting if everyone can generate a list of what they think is important.

Chairman O'Neil stated I think that's a very good idea and would be a good topic for our January 23<sup>rd</sup> meeting. I think people need to think individually with regard to HB 179 and I know there are some different opinions which is healthy, but if you feel strongly one way or the other as Scott indicated in support of, please pick up the phone and call your State Rep or your State Senator and let them know how you feel about it. I think it's important as the Assistant Commissioner can support they need to hear from you and they need input in making those decisions, so I encourage everybody (whichever way you feel) to pick up the phone and call.

Mr. Scannell asked procedurally where is 179, it's study committee or...

Juv. Detective Fuller replied yes it is in a study committee right now, Mr. Stephen, do you have any knowledge of that.

Mr. Stephen replied they met today, will do a report and the new Legislature will adopt an LSR or continue that bill in the hopper and there will be new testimony in the new session so really nothing will happen until mid-January to February anyway.

Chairman O'Neil asked, John, do you have any idea when you think that report might be issued?

Mr. Stephen replied it could be issued in a couple of weeks.

Chairman O'Neil asked is it something you can get a hold of and get to Paula so we can get copies out to committee members.

Mr. Stephen replied absolutely. My understanding is that they are working on it right now, it's in draft form. The other things I'd like to add is that there are other bills and you probably ought to have somebody track the LSR's that are coming out so that this committee can be apprised early on of any bills that might be

affecting the area of prevention, intervention...there's going to be a number of bills, I know there is one I was asked to assist with is making illegal alcohol and drug house parties for young children and youth and making it a criminal liability.

Chairman O'Neil stated doesn't Dover have it by ordinance now.

Mr. Stephen replied I had about 35 youth from Dover meet with me two weeks ago. Representative Bill Knowles is going to introduce the bill and there will be a lot of testimony on that bill and if you can prevent some of these illegal parties, some of these young kids that attend these parties the first time they tried or experience with certain substances you're going to end up achieving a prevention result in the long run.

Chairman O'Neil stated I think that would be a good topic if people through their networking can find out any bills or the LSR's, they may not have bill numbers now that have been introduced. It may be appropriate to either prevention, intervention or enforcement. I think that would be great to bring before the committee.

Mr. Stephen stated it might be a good idea to have "Legislation" as an agenda item.

Mr. Caron stated February 5<sup>th</sup> on a Wednesday from 12:00 to 4:00 PM at the BackRoom conference facility we are having Dr. Stephen Andrew speak on what works for kids, adolescent, outpatient, substance abuse treatment. It's going to be a free training, there will be three CEU's involved both the LADAC's and licensed social workers, so all are welcome and it would be great to have representatives from this committee as well.

Chairman O'Neil stated, Ron, if you get a brochure or something get to Paula and she will forward to members.

Juv. Detective Fuller stated I was going to add to what Mr. Stephen said about the Host Party law. A lot of things we are seeing here in the City of Manchester and I'm sure elsewhere is an indifferent attitude on the part of the parents. I don't know if we're going to need to have a media attack...instead of doing what they're suppose to be doing or they are taking indifferent attitude/defeatist attitude...my son or daughter is going to drink anyway...better to have them drink here in my house with their friends where they'll be safe. Again, they're taking a defeatist attitude as opposed to taking on the role of parent and I will say that I've encountered even just one woman recently who was in the process of opening up

an alcohol establishment here in this City who maintains that attitude and the Manchester Police Department is addressing that issue with her specifically. But, she is a citizen here and she's wants to start selling alcohol and I can only imagine the ramifications if those opinions of hers delve into a business.

Chairman O'Neil stated so for the next meeting we'll have discussions regarding goals if people can think of some goals that would be appropriate for the committee to start working on as well as if people can network and find out what legislation...I'm sure the Assistant Commissioner will bring quite a bit of it forward but there might be items that he may not be directly involved with that others may have information and would be great to bring before the committee and Ron when you get that information, get it to Paula and she'll get it out.

There being no further business to come before the committee, on motion of Mr. Craig, duly seconded by Dr. Bass, it was voted to adjourn.

A True Record. Attest.

Clerk of Committee