

The Ithaca Plan: A Public Health and Safety Approach to Drugs and Drug Policy



Executive Summary

This report grows out of a recognition that the city of Ithaca, despite being a national leader in many ways, could do better in its response to drug use. As in many other parts of the country, interaction of policies and available services in Ithaca needs re-imagining to respond to past approaches that have failed. This report presents insights, findings, and recommendations that have emerged from a yearlong process of consultations with community members and stakeholders, policymakers, elected officials, experts, and service providers to inform Ithaca's drug policies. Improving public health and safety are its guiding framework. As such, Ithaca stands poised to lead the nation in creating the first comprehensive municipal drug policy plan rooted in public health and harm reduction principles and grounded in the experiences and needs of the community.

The drug policies and services currently in place in the city of Ithaca reflect the broader policy dissonance of a shifting and bifurcated approach to drug use in New York state and nationally. While new practices are adopted to reduce the negative health and social consequences of drug use, older practices criminalizing drug use remain. The policy conflicts underlying these approaches are not new, but they create serious problems and inefficiencies when it comes to how drug use

is addressed. Too often, our past approaches have failed to recognize that fundamentally, the community prevalence of health problems, such as problem drug use, and social problems, such as participation in the illegal drug economy, reflect deeper issues related to social and economic opportunity and racial inequality.

Over the past two decades, changes to drug policies and practices have been implemented in Ithaca with positive results. From the start of his tenure, Mayor Myrick recognized the need to build on these successes and develop an overall strategy to address the realities of drug use in our town.

In April 2014, Mayor Myrick convened a group of community experts and leaders, representing the various sectors involved with responding to drug use. This group came to be called the Municipal Drug Policy Community (MDPC). The MDPC was charged to identify and describe the drug-related problems we experience in Ithaca and to recommend policies and practices we could adopt to improve our local response to drug use and related policies. MDPC formed four teams to explore these questions: Prevention, Treatment, Harm Reduction, and Law Enforcement – four domains or “pillars” which reflect the ways our societal response to drug

use has been structured. The teams met several times to develop recommendations for new and reformed policies and practices, including reviews of the findings from community engagement activities designed to inform the process – a community convening with 200 Ithacans, eight focus groups involving nearly 100 participants, and dozens of one-on-one meetings with key stakeholders.

Summary of Findings:

Prevention

Finding 1: General programming for a substantial portion of young people is lacking and available programming is often inaccessible.

Finding 2: The drug trade is a symptom of widespread unemployment of young people and adults in Ithaca.

Finding 3: Geographic isolation, racism, and poverty contribute to hopelessness, which increases the likelihood of problematic drug use.

Finding 4: Drug education and prevention efforts should focus on both adults and young people and include information and skills about delaying the onset of use, preventing problem drug use, and reducing illness and death.

Finding 5: There is a lack of general awareness about drugs, how to navigate systems of care, and how to prevent drug-related deaths.

Treatment

Finding 1: Abstinence-based treatment programs predominate in Ithaca, and more varied treatment modalities are needed.

Finding 2: There are gaps in treatment accessibility due to limited capacity and affordability.

Finding 3: The lack of a detox center is putting an exorbitant amount of pressure on Cayuga Medical Center and costing hundreds of thousands of dollars to the tax payer.

Finding 4: Treatment programs may benefit from more cultural competency and sensitivity training.

Finding 5: Ithaca needs more medication assisted treatment options, including but not limited to, providing methadone in town and increasing the number of buprenorphine prescribers.

Finding 6: For some people, ancillary services such as mental health counseling, job training, and housing are necessary supportive services in addition to, or instead of, formal drug treatment.

Harm Reduction

Finding 1: More comprehensive training is needed on how to provide services to people at different points on the substance use continuum.

Finding 2: Harm Reduction is not widely understood, and few Ithacans know of the existing – and effective – local harm reduction programs already in operation.

Finding 3: Harm Reduction services need to be expanded.

Law Enforcement

Finding 1: Law Enforcement and community members alike do not believe that law enforcement personnel are best situated to deal with drug use.

Finding 2: Perceived experiences of racial profiling, difference in treatment, and racial disparities in arrests rates have created a perception that law enforcement targets communities of color and are less willing to connect them to services than white Ithacans.

Finding 3: Community opinion about drug courts is mixed. People like that drug courts connect those in need to resources, but most thought it would be more effective to make such resources available outside of the criminal justice system.

Finding 4: People fear calling law enforcement to help with drug-related issues because of the collateral consequences it can trigger.

Finding 5: While most community members and criminal justice system personnel recognize the good in diversion programs and treatment, more education about relapse and recovery are needed.

Recommendations were made across five categories and are summarized below.

Governance and Leadership

Goal: Create a mayoral-level office tasked to reduce the morbidity, mortality, cost, and inequities associated with illicit drugs and our current responses to them.

1. The mayor should open an Office of Drug Policy to orient the work of all city agencies towards reducing morbidity, mortality, crime and inequities stemming from drug use and our responses to it. This new approach recognizes that criminalizing people who use drugs has not been effective and anchors Ithaca's policies in principles of harm reduction, public health, and public safety. It also recognizes that city agencies often work at cross purposes and provides a structure for coordinating their work with the simple aim of improving the health and safety of communities, families and individuals across the city.

a. The mayor should appoint a director to: run the office; advise the mayor and city agencies; implement the MDPC recommendations for how the city can improve its drug policies; coordinate the activities of various city agencies and departments; be a liaison between city, county, state and federal agencies; and act as a spokesperson for the city on drug policy matters.

Education

Goal: Key stakeholders and all Ithacans should have access to evidence-based practices and education around drugs, preventing problematic use, reducing harms associated with drug use, and helping oneself or others who have a drug use problem.

1. The Office of Drug Policy would coordinate with existing Ithaca organizations that provide services to the community (like Southern Tier AIDS Program) to host a series of community education events every year around drugs, policies associated with drugs, and general health within the community. The Office would also coordinate training modules for service providers to ensure they are informed with the most up to date treatment options, strategies, and resources. Where possible, these training programs should include people who are directly impacted by drugs or drug policies, be evidence-based, and be grounded in a harm reduction approach.

Office of Drug Policy public education responsibilities include, but are not limited to:

- a. General community awareness events (around drugs/drug policies).
- b. Education events for parents and loved ones of those struggling with addiction (topics could include: recovery is not linear, medication assisted treatment, syringe exchanges, relapse is a part of recovery, Ithaca resources).
- c. Narcan and overdose response trainings for the public.
- d. Education for law enforcement, healthcare providers, service providers and users on harm reduction models. Examples include a train the trainer curriculum based on the Enough Abuse structure that can be run by STAP.

- e. Cultural competency and sensitivity trainings for treatment and medical professionals working with people in treatment and medical settings.
- f. Training healthcare providers around opioid prescribing and patient education, such as a standard concise information sheet distributed by all providers when opioids are prescribed that would also include treatment resources and information for the Ithaca addiction hotline.

Recovery-Oriented Treatment, Harm Reduction, and Ancillary Services

Goal: Create a recovery-oriented treatment continuum that offers access to timely, individualized, and evidence-based, effective care, through services that are people-centered and able to meet the needs of individuals no matter their current relationship to drug use or recovery.

1. Add an on demand centralized treatment resource system to the existing Ithaca 211 directory:
 - a. Conduct short screenings over the phone to assess appropriate service referral.
 - b. Provide referrals for treatment centers in Ithaca with up to date inpatient bed numbers.
 - c. Create a parent/loved one hotline (based on the Partnership for Drug Free.org)
 - d. Connect people to a treatment navigator (based on the Affordable Care Act navigator) to help persons or families in trouble navigate the treatment and referral process, including after care assistance.

2. Open a freestanding 24-hour crisis center in Ithaca – medication assisted and supervised outpatient detox, with case management services available on-site.

Activities:

- a. Law Enforcement and laypersons can voluntarily bring an intoxicated individual for safety and respite.
- b. This center will include short-term temporary beds for persons waiting for enrollment in treatment centers.
- c. The center will also include a “chill out” space for people who are under the influence to help assuage the proliferation of public intoxication. This is not the same service as detox; the purpose of this space is not primarily to help someone withdraw but to even out, provide them with health education, and potentially connect them to harm reduction services.
- d. The crisis center would also be appropriate for parents or loved ones to send their loved one in distress voluntarily, instead of a PINS or person in need of supervision process, which involves putting the person through the court system and often leads to intense strain on familial relationships, usually during crucial intervention windows. Services would include support groups (abstinence based and non-abstinence), on-site counseling, case management, and family support services.

3. The Tompkins County Department of Health should be encouraged to continue implementing an aggressive public education campaign about harm reduction practices to reduce risks from underage drinking, tobacco use, and other illicit substances.

4. Increasing awareness around the New York State 911 Good Samaritan laws can also help make adults and young people aware of the resources and the legal protections afforded victims and people who call for help.

5. The city should partner with the Tompkins County Health Department and local medical providers to offer low cost or free Hepatitis A & B vaccinations and Hepatitis C treatment to people who actively inject drugs.

6. Implement a Housing First, basic, non-contingent needs model for Ithaca to increase access to housing, nutrition and health care services without requiring abstinence or participation in treatment.

Activities:

- a. Maintaining the safety of themselves and those around them should be the criteria to receive services, which should not be dictated by whether or not a person is using a substance.
 - b. This model should include but not be limited to sober living facilities, low threshold housing, and housing options for people with families.
7. The city should work with relevant agencies to integrate mental health care options into substance use services, with an emphasis on providing more robust service options for people with dual diagnoses.

8. Increase the availability of medication assisted treatment in Ithaca, including opening a methadone clinic and increasing the number of office-based buprenorphine (i.e., Suboxone) prescribers.

9. Continue and expand proven harm reduction programs, including but not limited to, syringe exchange services, opioid overdose education/trainings, syringe disposal kiosks, and naloxone distribution.

10. Explore the operation of a supervised injection site staffed with medical personnel as a means to: prevent fatal and non-fatal overdose, infectious disease, and bacterial infections; reduce public drug use and discarded needles; and provide primary care and referrals to basic services, housing, and substance use services and treatment, including the integration a basic health care provider at harm reduction sites.^{1,2}

11. The city of Ithaca should request the New York Academy of Medicine or another objective research institute to study the efficacy and feasibility of heroin maintenance therapy for people who do not respond effectively to other forms of opioid replacement therapies.³

Community and Economic Development

Goal: Support and expand existing efforts to improve youth and family development, economic opportunity, and public health of communities, targeting vulnerable communities as immediate beneficiaries and ensuring that all Ithacans have the same access to resources and investments.

1. Partner with alternative to incarceration programs that connect low level users and sellers to jobs programs (see LEAD recommendation); integrate a jobs training program as an ancillary service in treatment centers; and create an apprenticeship program in conjunction with the Downtown Ithaca Alliance and Tompkins County Chamber of Commerce and community outreach worker to encourage youth employment.

2. Pass Ban the Box legislation for private and public sector jobs and encourage Tompkins County to do the same in order to expand job opportunities for people returning from incarceration.

3. Develop a citywide training/education program on basic work skills that would be offered before the start of any potential job training course.

4. Lobby Tompkins County to create a dedicated case management program for the re-entry population.

5. Seek to reform zero tolerance programs in the school district to incorporate restorative justice systems in order to curb the rise of suspensions, expulsions, and dropout rates all of which contribute to a young person's general community disengagement and raise the likelihood of unhealthy risk behaviors.

6. Integrate comprehensive services to reduce the risks associated with drug use or alcohol poisoning at local establishments frequented by residential college students such as, safe settings where patrons can sit and rest

away from loud, crowded spaces; setting up syringe disposal containers in restrooms; and providing free and accessible water during school year weekends.

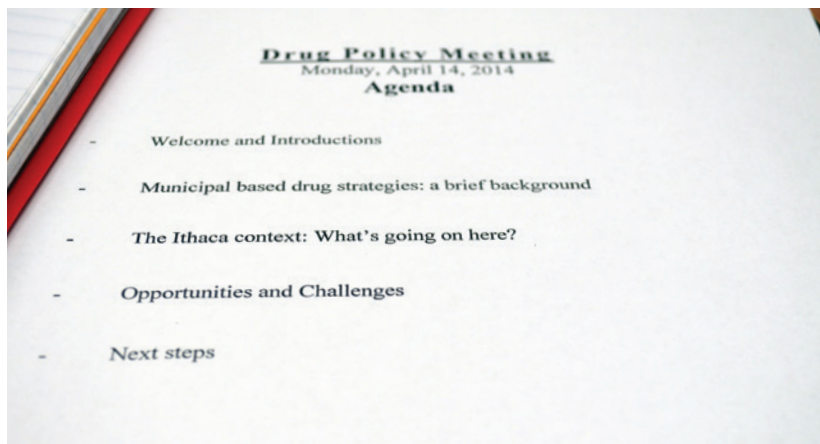
7. Establish a process through the Ithaca Office of Drug Policy to monitor, investigate, and address racial, gender, age, and geographic disparities in health and socio-economic outcomes across administrative and criminal systems. These efforts should include surveillance, research, and analysis of the different data systems (including desk appearance tickets, Unlawful Possession of Marijuana violation, treatment admissions/graduations, drug court enrollment, etc.). ODP should issue a findings report and make recommendations to reduce unwarranted disparities.

Public Safety

Goal: Redirect law enforcement and community resources from criminalization to increasing access to services. Encourage a shared responsibility for community health and safety that extends beyond the Ithaca Police Department.

1. Pilot a Law Enforcement Assisted Diversion program, modeled on the successful Seattle LEAD program (see alternatives to incarceration program).

2. Train Ithaca Police Department on the syringe exchange program annually. The trainings, conducted by Southern Tier AIDS Program, should include how to make sure officers are safe when interacting with people who inject drugs and collaboratively identifying public spaces to place syringe and medication disposal kiosks.



Left: Agenda from Mayor Myrick's initial municipal drug strategy convening – April 2014

¹ Wood, E., Kerr, T., Spittal, P. M., Li, K., Small, W., Tyndall, M. W., & Schechter, M. T. (2003). The potential public health and community impacts of safer injecting facilities: evidence from a cohort of injection drug users. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 32(1), 2-8.

² Ministry of Health, Canada. (2008). *Vancouver's INSITE Service and Other Supervised Injection Sites: What Has Been Learned from Research?*. Vancouver, BC, Canada.

³ March, J. C., Oviedo-Joekes, E., Perea-Milla, E., & Carrasco, F. (2006). Controlled trial of prescribed heroin in the treatment of opioid addiction. *Journal of substance abuse treatment*, 31(2), 203-211.