200 E. Wells Street
Milwaukee, Wisconsin 53202

City of Milwaukee

Meeting Minutes

CITY-COUNTY HEROIN, OPIOID, AND COCAINE TASK FORCE

BEVAN BAKER, CHAIR
Hector Colon, Vice-Chair
Karen Loebel, Ald. Michael Murphy, Ald. Khalif Rainey, Mayor
CoryAnn St. Marie-Carls, Michael Lappen, Brian Peterson,
Christine Westrich, E. Brooke Lerner, Marisol Cervera, and
Michael Macias

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Friday, May 12, 2017 **9:00 AM** **Room 301-B, Third Floor, City Hall**

Meeting convened at 9:09 a.m.

1. Roll call.

Commissioner Baker made introductory remarks. The task force is charged with investigating and making recommendations to ensure the long term safety of City-County residents by reducing fatal and nonfatal overdoses from the misuse of opioids, heroin, synthetic analogs, and cocaine (both in the powder and crack forms) in the best way possible through data driven public health prevention approaches. The work plan will be an ongoing open process and ultimately be submitted to the Common Council with recommendations. There will eventually be public input in the community.

Present 8 - Murphy, Baker, Westrich, Marie-Carls, Lerner, Colon, Cervera and Lappen

Excused 4 - Rainey, Peterson, Loebel and Macias

2. Review and approval of the previous meeting minutes from April 21, 2017.

Administrator Lappen moved approval, seconded by Director Colon, of the meeting minutes from April 21, 2017. There were no objections from those members present.

3. Introduction of new member.

Commissioner Baker said that the Department of Health and Human Services was tasked and did appoint a new member who would bring a patient-client experience and perspective through City resolution. The new member is not present today and is anticipated to join the committee at the next meeting.

Director Colon said that the new appointed member is Michael Macias, also known as Squirrel. He is a veteran with Native American, Latino, and German descent. He is an artist with an energetic personality. He has battled addiction, mental illness, and homelessness for ten years after his military service. While homeless without access to health care, he self-medicated with alcohol and drugs. He was repeatedly

admitted to detox and psychiatric care when his health deteriorated. He was a strong Housing First program resident, moved into an apartment, addressed his addiction by working with his case manager and psychiatrist, found work, and participated in positive social groups. He is now a featured artist and integral member of Grand Avenue Club. He sells artwork online and cleans offices part-time. He is a leader of the DHHS Resident Advisory Council that exists to give residents a vehicle to evaluate the Housing First program.

4. Presentation on cocaine addiction.

Commissioner Baker commented. Ald. Rainey had requested a focus on cocaine and a primer on the state and impact of cocaine derivatives in the City and County. A professional was invited to present on cocaine addiction.

Ms. Patricia Gutierrez, IMPACT Drug Abuse Program Director, appeared and gave a PowerPoint presentation, which can be found within Common Council File Number 161554, as follows:

IMPACT has been in Milwaukee for over 60 years working with clients with alcohol and drug abuse. It has many different programs such as 2-1-1, alcohol and drug abuse services, awareness, and planning and evaluation. The focus today would be on the alcohol and drug abuse program.

IMPAC T is in partnership with Behavioral Health Division through the Community Access To Recovery Services (CARS) program, historically known as Wlser Choice. It is a supportive program that sees clients daily on a first come first serve basis. The program serves about 7000 people a year. There are 2-hour assessments done looking at all aspects of a person's life resulting in a level of care recommendation that best helps a client. Program eligibility requires County residency and ages between 18-59 years. IMPACT will service those aged 50 years and over who are not served by the Department of Aging. The target program population is IV pregnant women, pregnant women, IV drug users, Tanf, and W-2. IMPACT sees everyone even if screening cannot be done to ensure safety, shelter, and food for them.

CARS serves individuals and families whose lives have been affected by alcohol or other drug use. Goal is to eliminate barriers to successful treatment and recovery. Provider Network Services include: Outpatient and Day Treatment, Residential Treatment (Recovery house), Recovery Support Coordination (Care Coordination), Medication Assisted Treatment (MAT), Detoxification, Recovery Support Services (such as peer support, bridge housing, spiritual support, community employment, etc.).

Cocaine was originally used as a local anesthetic in 1980s and 1920s to ensure the feeling of numbness while some surgical procedures were done. It was also originally used by Coca Cola. Cocaine is a stimulant which affects the nervous system and generates feelings of happiness and excitement. The feeling can last from a few minutes to hours. Those using cocaine regularly will begin to need more cocaine to get the same feelings of happiness they did from a lower dose. That is where addiction comes in.

Abuse of cocaine occurs when a person uses more cocaine than originally what the person wanted to use and is unable to decrease or control the use of cocaine. Daily life of an abuser is focused around obtaining or using cocaine and having less time spent around others, at work, or activities that are enjoyable. Continued use occurs even when causing physical or mental health problems. People who have manic

episodes or bipolar symptoms use cocaine as a stimulant to bring themselves down.

Signs and symptoms of cocaine withdrawal may include severe sadness or fatigue; restlessness; anxiety; nausea or vomiting; trouble sleeping; unpleasant dreams that seem real; seeing , hearing, or feeling things that are not there; sweating, shaking or fast heartbeat; and seizure. One can overdose on cocaine. Too much cocaine increases the heart rate until heart does not beat anymore or a heart attack or stroke occurs.

Effective treatment for cocaine abuse is mostly through Cognitive Behavior Therapy (CBT), which has been shown to be effective for decreasing cocaine use and preventing relapse. CBT is a best practice according to SAMHSA due to changing behaviors. Motivational enhancement therapy has been shown to help clients change their behavior and set goals to stay clean. Treatment must be tailored to individual client needs.

According to some statistics from the National Institute of Drug Abuse for cocaine crack and crack cocaine, the prevalence is going up even for older people. Cocaine is the powder that one takes through the nose for the drug to get to the bloodstream to take affect within 10 to 15 minutes. Crack cocaine is a combination of powder cocaine, baking soda, and water that is dried to form a rock, crystalized, broken off, and put into a pipe to smoke it. Crack cocaine gets into lungs and the blood stream a lot faster and the high effect can happen within 3 to 5 minutes. There are studies showing that people are starting to heat up cocaine along with heroin and injecting it together, called eight balling, to get the high of cocaine followed by the high of heroin.

According to Milwaukee County data from the last quarter of 2015 to the second quarter of 2017 concerning the primary drug of use for 8000 clients who were assessed, 456 were opiate users, 1054 were heroin users, and 1532 were cocaine users. Cocaine use is increasing. People know they can overdose on heroin. Clients are saying that cocaine is easier to use with less chance of overdose.

Ald. Murphy inquired about toxicology reports showing cocaine is the main cause of death, method used to measure the uptick in the use of cocaine, police perspective on seeing an increase in cocaine distribution or sale, and different treatment for cocaine as opposed to opiates.

Commissioner Baker asked the street value of powder or crack cocaine according to law enforcement.

Dr. Lerner questioned how patients come to IMPACT for service.

Ms. Gutierrez replied. She is unaware and has not look for toxicology report data on cocaine. The method used was asking clients what their primary choice of drug was, along with secondary and tertiary choices of drugs, during assessments. 289 clients had indicated that their primary drug choice was cocaine for the first quarter of 2017. There is Medical Assisted Treatment (MAT) for opioids. There is no effective medical treatment model yet for cocaine. Treatment for all drug users should be the same tailored to the person based on the type of drug use. Patients come voluntarily or are directed to come to IMPACT by their probation officer. Patients want to get help and recovery. They are honest and come openly.

Cap. Paul Formolo, Milwaukee Police Department, appeared and responded. He can check with the HIDTA partners to find cocaine distribution and street value data, which is being tracked.

Commissioner Baker commented. People come to IMPACT with multiple concerns with cocaine being one of them. According to data from 2011 to April 2017 from the medical examiner, acute cocaine intoxication as a cause of death was a total of 104 in the County during that time span. More specifically total deaths per year were 25 for 2011, 10 for 2012, 21 for 2013, 12 for 2014, 13 for 2015, 16 for 2016, and 6 so far for 2017. A breakdown of sex, race, residency, and incident location shows that 68 percent of those deaths were males, 32 percent were female, 70 percent were African American, 27 percent were Caucasian, 2 percent were Hispanic, 1 percent were Asian or Pacific Islander, 83 percent were City residents, 89 percent were City incidents, and 15 percent were in other categories of where they lived or died. Eight balling was an issue in New York City. Cocaine has always been an onramp to opioids or stronger drugs.

Ald. Murphy commented. The medical examiner data is important in showing that cocaine death demographics for the City and County is opposite to or almost an identical flip of opioid death demographics relative to race, urban, and rural areas. The number of cocaine deaths is lower than the number of opioid deaths but still is a significant number. The data will help in terms of looking at strategies going forward. Based from toxicology reports on overdose, it is often found that overdose or overdose deaths are due to a mixed of drugs. There is no substitute for cocaine like for opiates with methadone.

Commissioner Baker further remarked. Increased treatment slots and an all-hands approach are advocated. Nearly $8 million is coming to the State with consideration specific to MAT and drug of choice. There is need for more downstream counseling. There needs to be focus to get more providers to use cutting edge technology in terms of behavioral modifications. There are not enough counselors and those certified for CBT. There should be follow-up data on how many people failed to get treatment within 30 days or how many people who received treatment are lost due to discontinuance of treatment. The task force work plan has to be inclusive of cocaine.

Ms. Gutierrez commented. The County has a variety of treatment options: residential, day treatment, and outpatient. There is a waiting list for residential due to a certain number of available beds. IMPACT can help those who are waiting with an interim level of care within a week through day treatment or outpatient based on a client's comfortability. It may not be residential that they need at that point.

5. Extension of task force and reporting.

Ald. Murphy said that he will put in legislation to extend the task force to February 2018 to give the task force sufficient time and to ensure that there is solid outreach done to the community later in the year as opposed to the summer when people may not be available due to vacation or holidays. Tasks cannot be done in a short time frame as originally initiated.

Commissioner Baker said that there should be a task force interim report within 6 months if there is substantial data and that the task force process will be organic and fluid.

6. City-County efforts, programs, initiatives, grants, or activities.

a. Wisconsin Partnership Program Community Impact Grant application

Commissioner Baker said a grant writing consultant was invited to engage the task force on the feasibility to apply for the Community Impact Grant, which is due June

1st.

Dr. Therese Fellner, Evaluation Research Services, appeared and gave a PowerPoint presentation, which can be found within Common Council File Number 161554, as follows:

She is working with BHD on writing this grant. Wisconsin Partnership Program (WPP) is through the University of Wisconsin - Madison School of Medicine. The grant is based on policy system and environmental change and not treatment services. Policy does not necessary mean legislation and can mean internal organizational policies of collaborative partners. There must be inclusion of community-based partnerships, academic research partners, and active engagement with a coalition or network to support the initiative.

Timeline consists of 3 phases or gates. June 1st is the deadline for a proposal narrative with attachments, such as letters of commitment. 6 entities would be invited to phase 2 by July 19th. 3 entities will be then be invited to phase 3. The proposal process is competitive.

The proposal framework incorporates recommendations provided by the National League of Cities (NLC) and National Association of Counties (NACo) Task Force in the joint report, A Prescription for Action: Local Leadership in Ending the Opioid Crisis (2016). The joint report resembles what the City and County is doing with the task force regarding opioids.

The proposal concept targets two distinct populations. The first target population is overdose survivors and linking them directly to care of underlying substance use disorders at the time of their care for overdose. The focus group would be those through EMS transports following narcan. There is COPE data from 2014 to 2016 with over 3300 EMS transports following narcan. The second target population is individuals identified through PDMP as likely seeking prescription drugs rather than for pain management to treatment services and community resources. PDMP is being implemented, and the goal is to link this group to treatment resources.

The NLC-NACo task force has four recommendations for local leaders in the categories of leading in a crisis, focusing on prevention and education, expanding treatment, and reassessing public safety and law enforcement approaches. The proposal concept will focuses on the first three recommendations.

Further project information:

- *Lead community organization information. Milwaukee County Behavioral Health Division*
- *Lead academic partner information.*
  - *Dr. Lisa Berger, Director, Center for Urban Population Health; Professor, UW Milwaukee, Helen Bader School of Social Work(substance use expert in college)*
- *List of collaborative partner organizations and agencies.*
  - *Medical College of Wisconsin, Department of Emergency Medicine; (Dr. Lerner)*
  - *County of Milwaukee Office of Emergency Management; (Westrich)*
  - *AIDS Resource Center of Wisconsin (pending); and the(not connected with them; they have a role)*
  - *City of Milwaukee Health Department.*
- *Primary community served. Milwaukee County and City residents.*
- *Primary health, health equity and well-being focus. Long-term health and safety, focus on non-fatal overdoses from opioid misuse and individuals identified through PDMP as likely seeking prescription drugs rather than for pain management to*

treatment services and community resources.
- *Primary geographic focus. Milwaukee County and the City of Milwaukee.*
- *Projected budget/timeline*
  - *3-year timeline, 2018 – 2020*
  - *$1,000,000 budget can request from 1 -5 years*

Jan 2018 funding starts for any projects awarded

The project plan will align with the following task force work plan goals and strategies:

- *GOAL B. Enhance community-based options for easy, safe, and environmentally friendly medication disposal.*
  - *Strategy C. Promote importance and availability of safe and environmentally friendly medication disposal. ARCW Partnership*
- *GOAL C. Enhance community understanding of substance use disorders.*
  - *Strategy A. Launch social media campaign focused on prevention and destigmatizing substance use disorder. Milwaukee Health Department Partnership*
- *GOAL D. Enhance and broaden the continuum of care for substance use disorder throughout the county.*
  - *Strategy D. Enhance care management for those moving from ED admission for overdose to treatment. Office of Emergency Management, MCW Department of Emergency Medicine, Milwaukee County BHD Partnership*
- *GOAL E. Enhance the availability and quality of timely data.*
  - *Strategy B. Support efforts to streamline and collate data from multiple sources. UW-Milwaukee and Center for Urban Population Health, MCW Department of Emergency Medicine, Milwaukee County BHD Partnership*
  - *Strategy C. Increase frequency of data reporting made available to stakeholders and general public. UW-Milwaukee and Center for Urban Population Health, MCW Department of Emergency Medicine, Milwaukee County BHD Partnership*

- *GOAL F. Enhance collaboration between community-based initiatives and government agencies.*
  - *Strategy A. Leverage funding opportunities through collaboration. Milwaukee County BHD, CCHOCTF Partnership as lead applicant*

Ald. Murphy commented. The City and County are in a good position for applying for the grant due to the efforts that are already being done. He can give data on the new partnership with CVS pharmacy allowing people to mail back unused prescriptions from their homes, which there is starting to be a substantial increase in the use of them.

Dr. Lerner said that concerns would be high competition and the question of why the government is not doing something.

Dr. Fellner further commented. The proposal team is prepared to address that question. Another process requirement is to have a conversation with a WPP program officer to confirm eligibility, academic partners, and existing coalitions. There are already initiatives and coalitions in play such as such as the task force, Milwaukee COPE, and MC3 through BHD. The WPP program officer had made it clear that they are not looking for innovation but rather evidence-based practices and the leveraging of initiatives in place. She is confident of submitting a competitive application.

Commissioner Baker commented. The proposal should include the great public-private collaboration efforts in engaging retail pharmacies within the City and County with take backs and drop sites regarding prescription drugs. Another aspect to include is prescription drug monitoring that is being done with physician partners,

such as Wisconsin Medical Society, on the ground changing prescription drug practices and preventing unnecessary high prescription volumes. These grant funds are about investing into the work of a municipality or County and applying it statewide. No other region in the State has the population density and amount of incidents that the County has.

Dr. Fellner concurred and said that those two aspects are found in the work plan strategies.

b. SAMHSA update

Commissioner Baker gave an update. On April 20, Governor Scott Walker announced that Wisconsin will receive $7.6 million to combat opioid addiction. It is expected to be 2-year grant. A letter to the Department of Health Services from Secretary Price indicated that the allocation is for an efficient and effective way to address the opioid epidemic in the State. The money is earmarked to support community coalitions to reduce the nonmedical use of opioids among people 12 to 25 years of age, which is a concern. A timeline for a release of RFP for dispersal of these funds have not been published yet, which is underway. He has publicly advocated that the Milwaukee region must get a fair share of these federal dollars due to the great need here. The funds should be dispersed sooner rather than later.

c. Community Opioid Prevention Effort (COPE)

Dr. Lerner gave an update on a brief report. There will be a full updated COPE report prior to the next meeting. There will be a new breakdown of the different drugs to show how many deaths have combined drugs as the primary cause. Two new things are presently available: maps with the location of death and incident prior to transport and a table showing EMS naloxone administration from 2011 to 2016 excluding cardiac arrests. The location of death maps are skewed with victims being transported to hospitals. The maps show that deaths and overdoses are spread throughout the County with few serious pockets like in South Milwaukee. There is a consistent ebb, flow, and rise of overdoses and deaths. The data also shows the ability of EMS to save many people who have overdosed. Drugs are becoming more dangerous resulting in more deaths.

Ald. Murphy commented. EMS is doing a remarkable job saving lives. Without naloxone there would be more deaths. Part of the increasing trend is due to the culture. Police should share its data and maps depicting the concentration and hot spots of these deaths.

Capt. Formolo submitted maps, as requested, to the task force.

Commissioner Baker commented. All documents given or presented at the task force meeting will be made part of the record. The COPE data is compelling and is a downstream interpretation of what the task force is trying to do upstream for prevention. There are an unscrupulous amount of synthetic agents coming into the well of the drug of choice, which is fluid.

d. Other

Ald. Murphy said that Deputy Administrator Jason Smith at the Department of Justice is volunteering to implement a half day program regarding their strategies and showing the perspective of state and law enforcement. He will reach out HIDTA and task force members.

Ald. Murphy said that the PDMP, which was implemented in April, should help stop individuals from shopping doctors for prescription medicine. The PDMP was a change in state policy requiring the reporting of prescriptions through all doctors through a main system. Individuals will start to find other avenues to obtain drugs, which Milwaukee Police Department and HIDTA should share how they will address this issue.

Mayor St. Marie-Carls said that Director Westrich and she gave an update on task force goals and work plan to the Intergovernmental Cooperation Council (ICC). They asked ICC members to share about the efforts of other suburban communities. West Allis and West Milwaukee had presented to the task force at its last meeting regarding their efforts. South Milwaukee held in a forum on fighting substance abuse back in January through the efforts of its mayor, public health administrator, police department, and EMS first responders. South Milwaukee Mayor Erik Brooks suggested that the task force work groups engage the public health administrators from the suburbs, which Director Westrich and she can assist.

Director Westrich commented. The County relies on the City for public health services. Mayor Brooks' had expressed concern that there was no coordinated effort among the municipalities but rather there were pockets of effort being done. The Office of Emergency Management (OEM) will be looking to step up, play a role, and coordinate the sharing of information among the public health departments of any community with activity combating opioids. Oak Creek also held a forum.

Commissioner Baker commented. Elected leaders from all municipalities in the County are needed. He will engage the southeastern Wisconsin health officers through the Wisconsin Association of Local Health Departments and Boards (WALHDAB) offline. The task force should engage WALHDAB as an agenda item.

Mayor St. Marie-Carls added remarks. Greenfield has had several public events and is very active with activities. The public health administrators are every informed and should be addressed through WALHDAB.

7. Work plan update.

Commissioner Baker gave an update. The plan has been updated from the comments and expert testimony from the last meeting and will continue to be updated after today. The information regarding cocaine from today will be integrated into work plan goals and strategies. The plan will ultimately be presented to the Common Council. Further for short-term and long-term key indicators will be sought. The work plan will be built and populated by the task force and work groups.

8. Work group update.

Commissioner Baker gave an update. At the last meeting, the task force initially identified work groups, membership interest, and expert contributors. A draft work group list with goals under each group was created with random assignments of members that made sense. Staff will reach out to members prior to next meeting to align work group assignments accordingly based on synergy. Volunteers are welcomed. Community partners who are subject matter experts will be identified. Members may appoint or delegate any of their staff to a work group accordingly. The work groups will need to go deep into its tasks, are a work in progress, and will come back to the task force.

9. Public comments.

Paul Mozina, Milwaukee resident, testified. The government has a weak foundation for asserting its right to control substances that can be possessed and consumed. Testimony in 1914 around the Harrison Narcotic Act depicts the immediate negative impacts of prohibition. The country had a free market in all substances from 1776 to 1914. The government consumed the right to control substances with its passage of the 18th amendment in prohibiting alcohol, but never for narcotics. Since prohibition began, there has been increase violence, crime, prison complexes, poisoning of people with adulterated drugs, corruption, snitches and informants. According to the University of Wisconsin - Milwaukee in 2013, 13 percent of black males were incarcerated. 40 percent of those incarcerated were for non-violent drug offenses. The task force should expand its scope to address the drug war, prohibition, and their costs.

Dana Thomson, Clean Slate manager, testified. Her agency has been at the forefront of science and medication based addiction treatment since 2009. It's based in Massachusetts and is expanding nationally to Arizona, Connecticut, Indiana, and Pennsylvania. Clean Slate has been acknowledged for its vital role with medicine based treatment being an effective treatment for opioid addiction. The local agency leadership team includes Dr. Kelly Clark from the American Society of Addiction Medicine and former congressman Patrick Kennedy.

Dionna McFerrin, Clean Slate nurse practitioner, testified. Clean Slate has treated about 14,000 people nationally and is expanding. Staffing includes a lead physician, nurse practitioners, physician assistants, medical assistants, and a quick care coordinator linking patients with other resources. The agency provides medication assistance and outsources for behavior health therapy.

Ann LeBaron, Clean Slate physician assistant, testified. Clean Slate controls the diversion of naloxone that is being prescribed by prescribing limited numbers of pills and tablets, enough for the next office visit. Each visit requires individuals to supply urine samples to test for buprenorphine and its metabolite. They also account for their prescriptions by counting pills or films that patients have used or not used.

Mari Pinzl, Clean Slate nurse practitioner. Clean Slate is an outpatient medication assisted treatment program. Their mission and guidelines are based on the American Society of Addiction Medicine. They use medicine and coordinate care with other medical professionals to provide care for each individual. They do not provide counseling but make referrals for CBT. According to the surgeon general's report, buprenorphine and Vivitral medications reduce substance abuse, risk of relapse and overdose, and return patients to healthy productive lives. Their protocols are based on evidence based research. There was a 2014 Cochren review of 31 randomized control trials that found buprenorphine naloxone maintenance therapy very effective at keeping patients in an opioid program.

Viet Vignieri, Clean Slate physician assistant, testified. They provide coordinated flexible treatment. One size does not fit all. They are expanding access to treatment across the nation to save lives. Everyone needs to work together to combat the problem, which is a brain disease.

Amy Stone, Milwaukee resident and freelance writer for Shepard Express, testified that she appreciates the accessibility to contact and collect information from the offices of task force members.

Rafael Mercado, Milwaukee Heroin Diaries, testified. The focus on cocaine was appreciated. His organization works for the silent ones who are afraid to talk about their issue and is trying to create dialogue between the community and law enforcement. They participated and offered narcan training at a recent Oak Creek town hall meeting. Members should be aware of a recent 11 year old overdosing in Pennsylvania, being active user of heroin, and being revived by narcan. Heroin is reaching young kids, and he personally knows of heroin users as young as 8. Milwaukee Public Schools should enter the classrooms like WAWM is doing in its grade schools. Everyone is being affected and not just the old. There should be focus on the drug known as "grey death", which is narcan resistant and a combination of everything (heroin, fentanyl, carfentanyl, and synthetic U-47700). The PDMP system needs to be linked to law enforcement and monitored for accountability, perhaps quarterly by HIDTA and DEA. The community can help the task force, and the task force should not feel that the problem is its sole responsibility.

Dr. George Morris, Wisconsin Medical Society, testified. Cocaine does not have a large overdose issue due to not stimulating the opioid pathways. There is no medical withdrawal program for cocaine because cocaine withdrawal can be done relatively easy over a few days. Substance abuse is the ultimate issue stemming from alcohol, which is the gateway substance for a majority. Cocaine and heroin are party-on carriers to the opioid problem and are diverted drugs. There needs to be a cultural shift from the unnecessary and over-prescribing of opioids through education. Regulation will not solve the problem by itself. Physicians and people need to be informed of the risk of addiction from opioid use, which may be at 8 to 10 percent for first time users. There has been much discussion on the backend but not on the frontend for prevention. Medical care occurs when health fails. A 12 percent reduction in opioid prescriptions has started in those states with PDMP. He learns most from the community, which he looks forward to for the task force to engage.

Peggy West, Milwaukee Heroin Diaries, testified. The task force should consider treating the opioid problem like a public health emergency to get the resources and attention of the public. Public education and information about resources should occur immediately to those in need. There is legislation and people listening to doctors, but an unintended consequence is those addicts who cannot get or afford those opioid medicines on the street. Prescription medicine is being sold for $1 per milligram, and one can spend $100 or more a day if taking multiple pills a day. The increase in narcotic deaths is a result of addicts turning towards other affordable drugs, such as heroin, fentanyl, and carfentanyl, rather than going to rehabilitation. Her organization is participating in town hall meetings and has learned that people do not know the basic steps to get treatment even if they have health insurance, are not exercising options, and do not know what narcan is or what it does. Those at risk need to be found and trained to use narcan, which is easy to do. Elementary students should be trained to use narcan. The task force should perhaps release some public information during National Prevention Week from May 14th through 20th. WAWM are doing phenomenal things by getting into schools, having forums, and having their fire department track narcan use, overdoses, and using that information to work with their task force. The City and County should involve their fire departments and corrections. Waukesha has a pilot program for those released who have a drug conviction or is an addict where they are given medication when released.

10. Meeting frequency, dates, times, and location.

a. Next meeting (Friday, June 16, 2017)

Next meeting is Friday, June 16, 2017 at 9 a.m. in Room 301-B, City Hall.

b. Community meetings

Commissioner Baker said that community meetings will occur in October to acquire better attendance, which may be problematic if held during the summer. Meeting will be held both in the north and south sides either on weeknights or weekend mornings.

11. Agenda items for the next meeting.

Commissioner Baker said that Ald. Murphy will try to get a subject matter expert through Senator Baldwin's office on legislative issues aimed at pharmaceutical companies to come before the task force.

Director Westrich said her office will try to get a subject matter expert to speak on the Mobile Integrated Health Initiative (MIH).

12. Adjournment.

Meeting adjourned at 10:57 a.m.

Chris Lee, Staff Assistant
Council Records Section
City Clerk's Office

This meeting can be viewed in its entirety through the City's Legislative Research Center at http://milwaukee.legistar.com/calendar.

Matters to be considered for this meeting and materials related to activities of the task force can be found within this file:

161554 Communication relating to the activities of the City-County Heroin, Opioid and Cocaine Task Force.

Sponsors: THE CHAIR