

CITY-COUNTY HEROIN, OPIOID, AND COCAINE TASK FORCE MEETING

May 12, 2017, 9:00 a.m.

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|----------------|-------------------------|--------------------|
| In attendance: | Bevan Baker | Michael Lappen |
| | Hector Colon | Christine Westrich |
| | Michael Murphy | E. Brooke Lerner |
| | CoryAnn St. Marie-Carls | Marisol Cervera |

Chairman Baker stated that the Task Force is charged with investigating and making recommendations. The work is data-driven and centers around public health prevention programs. This work plan is recommended for the City, County, and all partners. It is an ongoing, organic process. The Task Force welcomes public input with this understanding.

Minutes from the previous meeting were approved.

An announcement was made regarding the appointment of a new member by resolution. DHHS Behavior Health recommended Michael Macias, also known as "Squirrel." The Task Force accepted the appointment by resolution.

At the last meeting, the need to focus on not just heroin and opioids but also cocaine was made clear. The Task Force recognized a need for a primer on cocaine and its impact on the City and County. Patricia Gutierrez, the alcohol and drug abuse director at IMPACT Milwaukee presented current trends. IMPACT has worked with alcohol and drug abuse more than 60 years. The organization sees everybody. The target groups are IV-using pregnant women, pregnant women, IV users, TANF, and W-2. The goal is to eliminate barriers to getting clients appropriate treatment.

Originally, cocaine was used as local anesthetic. It is a stimulant that affects the nervous system. Regular users increase their dose because the effect wears off. Addiction occurs when a user seeks and continues to use the drug even when it is causing physical or mental health problems. Many users self-medicate. Anxiety increases when a user goes without. Withdrawal includes sweating, shaking, and a fast heartbeat. Increased heartrate is the most worrisome symptom, because a user can die from a heart attack or stroke from cocaine overdose. Ms. Gutierrez did not have statistics available for overdose deaths. Prevalence for abuse, however, does increase with age. Additionally, cocaine use is increasing because it is easier to use and less occurrence of overdose deaths. Users consider cocaine the safer drug.

Treatment includes cognitive behavior therapy. If behaviors can be changed, then outcomes are also often changed. Users motivated to stay clean experience greater success rates. Treatment is tailored to the individual to increase success.

In comparing cocaine v. crack, cocaine is a powder that takes 10 to 15 minutes to enter the blood stream after inhaling. Crack is cocaine mixed with baking soda and water to form a crystal, which is then smoked. Crack enters the blood stream faster than cocaine. People heat cocaine and heroin and inject the drugs together, a process which is called eight balling. The high is more intense and longer lasting.

IMPACT gathers statistics by asking users at intake their primary, secondary, and tertiary drugs. Many users say cocaine is safer because the risk of death is less immediate. However, many users also mix a cocktail of drugs.

Ald. Murphy asked the police whether they have seen an increase in the sale of cocaine. Police captain did not have that information with him.

Dr. Peterson sent data to the Task Force regarding acute cocaine intoxication as a cause of death. The breakdown by sex and race was as follows: 68% male/ 32% female; 70% black/ 27% white/ 2% Hispanic/ 1% Asian. Additionally, 6% of the deaths in the city are not city residents, but rather people who live elsewhere and come into the city to overdose and die. Additionally, although heroin is readily available, cocaine is often used as an on-ramp until a user can get ahold of heroin.

Ald. Murphy stated that the data is informative. Cocaine users appear to be almost opposite of heroin demographics. This information can help the Task Force in terms of looking at strategies.

Commissioner Baker stated that when advocating an increase in treatment spots, the Task Force should take into consideration demographics.

Ald. Murphy asked whether there is a difference in treatment procedures.

Opiates are treated medically. Cocaine has no effective medical model for treatment. Treatment is tailored to the individual.

Commissioner Baker stated there are not enough treaters to fulfil the need for cognitive behavioral therapy treatment.

Dr. Lerner asked how people come to IMPACT for treatment.

Ms. Gutierrez stated clients come in voluntarily, and they self-report.

Milwaukee County has a waiting list for residential treatment, but there is availability of day treatment or outpatient treatment within one week. While the treatment may not be residential, it is better than nothing.

The Task Force discussed extending the time for the Task Force. Ald. Murphy stated the agenda the Task Force has set will take longer than anticipated at the outset, and there is a need for input from the community, which necessitates extending the time for the Task Force to meet.

Commissioner Baker stated the work of this Task Force is large and must be thorough. He expects that at the six-month mark, the Task Force will have substantial information for the quarterly report, and the report should outline what has happened to date and what is yet to be done.

Regarding City-County efforts related to grants, the Task Force is engaging a grant writing consultant. Dr. Therese Felner is writing a grant for Wisconsin Partnership Program. The grant application is in three phases. First, the proposal narrative is due. The Task Force should know by July 19 whether it has been invited to phase 2, which will accept six applicants. This is a competitive proposal process, and the third phase will accept three applicants. The proposal addresses two audiences: overdose survivors and those seeking drugs.

The Task Force discussed the alignment of the Task Force goals with the grant. Ald. Murphy stated the Task Force is ahead of the curve and that it looks like it might stand a chance with the grant, since 2/3 of the grant's dictates are already being worked on by the Task Force. The Task Force yet needs to speak with the WPP officer. The grant is not looking for innovation, it will be awarded to those who are employing evidence-based practices. There will only be three awards. The Task Force will need to come up with a project that does not beg the question why Milwaukee is not already doing the project.

Commissioner Baker stated that the Task Force needs to look at the role of pharmacies. The data is still emerging, and there needs to be inspection of partnerships with drug companies in the distribution chain. Public / private take-backs need to be addressed. The role of physicians in the partnership needs to be addressed. The other side of prevention is doctors over-prescribing. What the Task Force is doing can have an

impact outside of the region and to the rest of Wisconsin. We have the population density on our side with respect to the grant award.

Ald. Murphy stated he would collect CVS data for the take-back program.

SAMHSA update. \$7.6 million is available to the state for addiction, and it is a two-year grant. The allocation of funds has not yet been released. Commissioner Baker stated Milwaukee must get its fair share of these funds.

Discussion related to Community Opioid Prevention Effort (COPE). Dr. Lerner stated she will have a report by next meeting. The report will look at combined drug deaths, data for which is newly available. Maps show the location of the death (people go to the hospital to die), which skews the data. Now, maps also show the location of the incident, so if a person overdoses at home and dies in the hospital, there is a better reflection of where the drug activity is. Ald. Murphy noted that if it weren't for EMS, more deaths would be on the streets than in the hospitals. Commissioner Baker stated that the deaths would also be higher if not for EMS. There is still a lot of work to do, but it must be acknowledged that EMS is doing a great deal of work in saving lives. Dr. Lerner stated that the drugs currently being used are more dangerous and causing more deaths.

Jason Smith, Deputy Director of DOA, stated he would be amenable to presenting.

Integrating systems of medical records will make it more difficult for drug-seekers to shop for prescriptions.

Mayor St. Marie-Carls and Ms. Westrich made a presentation to 17 counties and asked members of the ICC what other communities are doing.

The Task Force wants to build the work plan document. The work plan is evolving and will reflect updates as they occur.

Staff will reach out to discuss work of work groups. Task Force members have resources for their staff. They should make sure they are getting the help they need.

Public comment was taken.

Paul Mozina stated that from 1776 to 1914, the United States had a free market for all controlled substances. We are now dealing with the negative impacts of prohibition on the medical field. The government has a flimsy assertion for controlling what citizens

can consume and possess. Since Prohibition, there has been nothing but problems. There were no problems before Prohibition. 13% of black males are locked up, mostly for drugs. Government interference has led to a crime wave. Mr. Mozina wants the Common Council to expand the Task Force to look at the drug war.

Several members of Clean Slate testified. Clean Slate is located in Massachusetts and is expanding nationally. It is widely acknowledged for its effective treatment of opioid addiction. It has treated 14,000 people so far with its outpatient, medication-assisted treatment program. Clean Slate provides medication, but not counseling. The medication is maintenance medication for the purpose of reducing abuse and relapse. They use evidence-based research to create protocols.

Amy Stone, freelance writer for the Shepherd Express introduced herself so the panel members would be familiar with her when she contacts them.

Raphael Mecado of Milwaukee Heroin Diaries thanked the members for addressing cocaine. His group conducted a Narcan training town hall. An 11-year-old overdosed in Pennsylvania. There are 8-year-old users on the South Side in Milwaukee. The Task Force needs to work with MPS. People are taking drug mixes that are Narcan-resistant. There is a whole community available to help. The community and law enforcement need to work together.

Dr. Morris stated the reason cocaine is not as deadly is that a person can withdraw from cocaine relatively easily because of the receptors. Substance abuse, however, is the issue here. The gateway to all of this is alcohol. There needs to be a cultural shift. People do not want opioids prescribed. Physicians need to educate patients that once they are addicted, they cannot control it. It is a failure of medicine to over-prescribe. This is a public health crisis. This problem should not even be allowed to become a problem. People should not be exposed to these drugs. When the pill count goes up with prescriptions, the addiction rate goes up. Pill mills intentionally break the law. There needs to be a change in the culture to combat this epidemic.

Peggy West stated we should consider making this epidemic a public health emergency. That is how we can get resources and attention. Public education has to happen now. There needs to be a way to get people the information they need to get help. People do not even know the basic steps to get into treatment. People don't know what Narcan is. There needs to be outreach to at-risk people and family members, and they need to be trained in administering Narcan. Milwaukee needs to participate in National Prevention Week. West Milwaukee and West Allis are doing amazing things.

The Task Force will hold community meetings in October to maximize participation. At the next meeting, there should be an update regarding Ald. Murphy reaching out to U.S. Senator Baldwin and the Office of Emergency Management.

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