



City-County Heroin, Opioid, and Cocaine Task Force

Prepared by the Legislative Reference Bureau

Quarterly Report of Activities

May 2017

Report by the Legislative Reference Bureau conveying the activities, findings, and recommendations of the City-County Heroin, Opioid, and Cocaine Task Force.

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**CITY-COUNTY HEROIN, OPIOID, AND COCAINE TASK FORCE
ACTIVITIES, FINDINGS, AND RECOMMENDATIONS**

City of Milwaukee, Wisconsin
May 2017

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I. EXECUTIVE SUMMARY

The City-County Heroin, Opioid, and Cocaine Task Force is joint committee created as a collaborative effort between the City of Milwaukee and Milwaukee County for the purpose of evaluating and making recommendations to the Common Council regarding the problem of overdose deaths related to heroin, opioids, and cocaine. The Task Force was established by Common Council File Number 161061, adopted January 18, 2017. The Task Force is comprised of members of the Common Council, Milwaukee County, the Intergovernmental Cooperation Council, the medical profession, the non-profit sector, and the community. All City departments were directed to cooperate with the work of the Task Force. The Task Force was charged with investigating and making recommendations regarding ways to ensure long-term health and safety of City and County residents by reducing fatal and nonfatal overdose from misuse of opioids, heroin, and synthetic analogs, and cocaine (in both powder and crack form), through data-driven public health prevention approaches.

II. INTRODUCTION

A. Establishment and Purpose

The City-County Heroin, Opioid, and Cocaine Task Force (CCHOCTF) was established by Common Council File Number 161061 on January 18, 2017, to study the problem of rising prevalence of opioid, heroin, and synthetic analog and cocaine (in both powder and crack form) misuse and addiction in Milwaukee, and to make evidence-based recommendations to reduce fatal and nonfatal overdose within the community.

The misuse of opioids, heroin, and related synthetic analogs and cocaine (in both powder and crack form) had resulted in a significant and unmitigated risk to the public health and safety of the community. Americans comprise 4.6% of the world's population, yet consume 80% of the global prescription opioids, as well as two-thirds of the world's illegal drugs. The Centers for Disease Control and Prevention has characterized prescription opioid use as a public health epidemic in the United States. People who misuse prescription opioids may progress to use of heroin and other types of synthetic analogs. "Opioid use disorder" is now recognized as a clinically valid chronic disease diagnosis requiring medical and behavioral therapy. Opioid, heroin, and synthetic analog and cocaine use, addiction, and overdose are problems that affect an increasingly wide demographic of residents of the City of Milwaukee and Milwaukee County, including pregnant women and newborns. According to the Milwaukee County Medical Examiner's Office, heroin-related overdose deaths in Milwaukee County comprised 90 percent of the 251 drug overdose deaths in 2015. The U.S. Drug Enforcement Agency has announced that Milwaukee will be the second of four cities in the Midwest to take part in a pilot comprehensive diversion control law enforcement and prevention "360 Degree Strategy" to help cities dealing with the opioid misuse and heroin epidemic linked to violent crime. The City of Milwaukee recognizes a need for taking a proactive and prevention-oriented approach to the assurance of public health and safety of the community. Many residents of the City and County who misuse or suffer from addiction to opioids, heroin, and synthetic derivatives, and cocaine are stigmatized from seeking treatment from medical providers. It is against this backdrop that Ald. Michael Murphy, representing the 10th District, sponsored the resolution creating this Task Force to develop and recommend meaningful evidence-based solutions to the growing problem of heroin, opioid, and cocaine misuse, addiction, and overdose.

It is now recognized by public health experts at every level of government that overdose deaths

associated with heroin and prescription opioid pain relievers are epidemic in the U.S. Nearly 10 million Americans report misusing opioids.¹ More than half of Americans (56%) say that they or someone they know has misused, been addicted to, or died from prescription pain medications.²

According to the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), opioids “are a class of drugs chemically similar to alkaloids found in opium poppies.” Prescription opioids include codeine (cough suppressant); fentanyl (a synthetic opioid that can be manufactured illegally as well); and morphine, hydrocodone, and oxycodone (painkillers). Per SAMHSA, “repeated use of opioids greatly increases the risk of developing an opioid use disorder [addiction]... [and that] use of illegal opiate drugs such as heroin [or other synthetic opioids] and the misuse of legally available pain relievers such as oxycodone and hydrocodone can have serious negative health effects.”³

The Centers for Disease Control and Prevention (CDC) reports that since 1999, overdose deaths involving opioids have nearly quadrupled.⁴ Every day in the U.S., 78 Americans die from opioid overdoses. Furthermore, six in ten drug overdose deaths involve opioids.⁵ In 2014, opioids were involved in 28,647 fatalities, becoming the leading cause of accidental death in the U.S.⁶

To bring this issue closer to home, in Milwaukee County, heroin and opioid overdose deaths between 2005-14 eclipsed combined deaths associated with motor vehicle accidents and homicides during the same period of time. The average age of the overdose victim during this time frame was 43 years, with 67% of the 888 deaths being of white ethnicity/ race. By contrast,

¹ Rates of nonmedical prescription opioid use and opioid use disorder double in 10 years, National Institutes of Health, <https://www.nih.gov/news-events/rates-nonmedical-prescription-opioid-use-opioid-use-disorder-double-10-years>. Accessed August 5, 2016.

² DiJulio B, Firth J, Hamel L, Brodie M. Kaiser Health Tracking Poll: November 2015. The Henry J. Kaiser Family Foundation. <http://kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-november-2015/>. Accessed August 5, 2016.

³ Opioids. Substance Abuse and Mental Health Services Administration. <http://www.samhsa.gov/atod/opioids>. Accessed August 5, 2016.

⁴ Overview of an Epidemic. Centers for Disease Control and Prevention. <http://www.cdc.gov/drugoverdose/data/>. Accessed August 5, 2016.

⁵ Understanding the Epidemic. Centers for Disease Control and Prevention. <https://www.cdc.gov/drugoverdose/epidemic/>. Accessed August 5, 2016.

⁶ Increases in Drug and Opioid Overdose Deaths – United States, 2000-2014. Centers for Disease Control and Prevention. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6450a3.htm>. Accessed August 5, 2016.

the median age in Milwaukee County in 2014 was 34 years, and 62% of the population reported being of white race/ ethnicity.⁷

Perhaps most surprising is an April 2016 Kaiser Health Tracking Poll that found most Americans believe the federal government is not doing enough to combat recent increases in the number of people who are addicted to prescription painkillers (66%) or heroin (62%). The poll found similar public views regarding state governments and doctors who prescribe painkillers.

In short, there is compelling evidence that prescription pain relief opioids are driving the overdose epidemic. The highly addictive nature of these drugs has also fueled the subsequent explosion in heroin and other synthetic opioid use and overdose. The epidemic has touched persons from every walk of life in families, workplaces, and within community social networks.

At the urging of other Common Council members, cocaine, including crack forms, was also added to the charge of this task force. There is long-standing historical trauma related to the way in which the cocaine epidemic of the 1980s and 90s was handled, with mass incarceration and little focus on treatment. Deaths due to cocaine overdose are much fewer than those of opioids or heroin. According to data from the Milwaukee County Medical Examiner's office, from 2011-16, there were 97 deaths due to cocaine intoxication. Despite this number appearing low, it may not be the best measure of the severity of the problem in the Milwaukee community. Many heroin and opioid overdose victims also have cocaine present in their systems at the time of death. And Impact, a Milwaukee County treatment access point, has stated that it is seeing a slight increase in the number of people seeking treatment who identify cocaine or crack as their primary drug of choice. While cocaine and heroin differ significantly in their chemical make-up and how they affect the body, many of the interventions that focus on treatment and destigmatization of substance use disorder are likely to be beneficial to people regardless of their specific primary drug of use.

The Common Council seeks additional ways to ensure long-term health and safety of Milwaukee residents and to reduce both fatal and nonfatal overdoses within the community. Accordingly, the Task Force was established to investigate and make recommendations regarding ways to reduce fatal and nonfatal overdose from misuse of opioids, heroin, and synthetic analogs, and cocaine (in both powder and crack form) through data-driven public

⁷ Murphy M. 888* Bodies and Counting. City of Milwaukee.
http://city.milwaukee.gov/ImageLibrary/Groups/ccCouncil/Initiatives/HeroinOpiates-Initiative/Docs/888andCountingReport_updated.sz-2.pdf. Accessed August 5, 2016.

health prevention approaches. The CCHOCTF was further directed to furnish the Common Council with quarterly reports, as well as a final report at the conclusion of its meetings.

In consideration of this directive, the CCHOCTF herewith offers the following quarterly report and recommendations to the Common Council.

Date,

Bevan Baker

Chair, City-County Heroin, Opioid, and Cocaine Task Force

B. Meetings

The City-County Heroin, Opioid, and Cocaine Task Force continues to hold regular meetings, which, to the date of this printing, have occurred on the following dates:

March 17, 2017

April 21, 2017

May 12, 2017

III. GOALS AND NEXT STEPS

The Task Force has identified the following goals on which to base its recommendations:

1. Increase Narcan and Naloxone availability in non-medical settings within the community.
2. Enhance community-based options for easy, safe, and environmentally friendly medication disposal.
3. Enhance community understanding of substance use disorders, including heroin, opioids, and cocaine.
4. Enhance and broaden the continuum of care for substance use disorder, including heroin, opioids, and cocaine, throughout the country.
5. Enhance the availability and quality of timely data about heroin, opioids, and cocaine use.
6. Enhance collaboration between community-based initiatives and government agencies.

Moving forward, the Task Force will continue to meet monthly, and work groups will identify more specific strategies and tactics to reach each of the goals. These strategies will be linked to community partners and have measurable outcomes to assess progress. After community review in the fall, the completed plan and recommendations will be presented to the Milwaukee Common Council in February 2018.

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