

MIH believes it can help the opioid crisis through initial patient contact. It can provide patients with resource education and literature at the first contact on the scene and deliver information and education to family and friends as well. It can also provide a warm handoff to recovery organizations.

Ald. Murphy asked about overdose statistics.

The Fire Chief did not have those with him but stated that the numbers are not as large as one might imagine.

Ms. Westrich stated that OEM has the data.

Often patients are not people who live in the City or County. They come from other areas and then overdose in Milwaukee. MIH is always equipped with Narcan. They find that they are giving higher doses and that there are people who reject help.

Ald. Murphy wants to see the success rate for repeat offenders: is there a change in behavior after overdose? Are there any innovative programs nationally?

The Chief stated there do not appear to be many answers other than family and community involvement.

Commissioner Baker asked about financial resources for MIH. How can the City and County work to change the equation? The need is greater, and the work is increasingly more dangerous and difficult. Is it sustainable?

The Chief stated the bad news is there are no more Medicare dollars. Rep. Lautenbach said it is too controversial for Medicare to cover treatment. But the people affected by addiction are costing insurance companies a lot of money. Insurance companies need to get on board and realize that if MIH can stop people from taking several ambulance rides per month, or if insurance will pay for treatment to avoid emergency room visits, that will save a lot of money. MIH is working with three insurance companies who recognizes MIH fills the gap, and those companies are under contract to pay for per-patient cost to find patients. MIH is working on sustainability and is currently negotiating with three additional insurance companies.

Dr. Lerner gave a presentation regarding Community Opioid Prevention Effort (COPE). The goal is to make sure information is available to everyone. Cards were created for distribution which provide the best phone numbers to contact for help. The website contains links for concerned people looking for answers.

COPE released the 2016 data report. Opioid addiction affects more men than women, more whites than African Americans. Deaths are highest for people age 29 to 40. 69-70% of overdose deaths occur in homes. The report provides a breakdown of the drugs involved. Most of them are from combinations of drugs. Approximately 20% are from a single drug.

Ald. Rainey asked how it is possible that toddlers are overdosing.

Dr. Lerner stated that kids get access to water bottles that have methadone in them, they get into prescription bottles, they find drugs around the house. It is part of the larger picture of substance abuse disorder.

Ald. Murphy asked the Chief whether there is an increase in young children dying. Is there a trend toward increased access to drugs for children?

West Allis Fire Department responded that narcotics and prescriptions are so widely available in homes that access is easy. Prescriptions should be locked up or returned.

Ald. Murphy stated that fire departments distribute smoke alarms door-to-door. He also asked whether the Fire Department would consider going door-to-door with drug-return envelopes to make it easier for people to return drugs and for them to be aware of the program.

West Allis uses its community paramedics to educate.

Dr. Lerner stated with people overdose, only 42% are even able to be resuscitated. The rest of them are so far into the overdose that they cannot be. A lot of people are not found soon enough. Even for those who are not alone at the time of overdose, approximately 1/3 of them are assumed to be sleeping by others in the home at the time.

Mr. Mathy asked how many of those who overdose are homeless or at someone else's house or on the street. Dr. Lerner did not have the breakdown with her but would be able to access that data to provide him.

Commissioner Baker asked out of the number of those who refuse transport, what the death rate or return rate is.

Dr. Lerner stated she is unable to link people all the way through because patient statistics reporting is not linked to individual patients due to confidentiality.

Commissioner Baker asked as we look at harm reduction and likelihood of relapse and reuse, what priority and obligation does the Task Force have in terms of harm reduction. What does the current protocol allow first responders to do?

Dr. Lerner stated that the underlying philosophical discussion about substance abuse is not allowed for first responders.

Commissioner Baker stated that if parents knew about this prohibition, parents would advocate for a policy change to allow first responders to address substance abuse.

Dr. Lerner stated we also need a system in place. Additionally, For people who return for more Narcan, approximately 15% call 911.

Ald. Murphy stated that it is a sad statistic that so many people are dying at home. It seems a sad and lonely death.

Dr. Lerner stated that if people are going to use, they should not do it alone, and they should have access to Narcan.

Commissioner Baker stated that the drinking culture in Wisconsin is a given. The data is such that alcohol is still the leading cause of death. The way the state responds, this is cycling back and hovering over opioid issues. The state still needs to address alcoholism.

Mr. Mathy stated that people need to get housing and voluntary case management as part of their recovery plan. At Thurgood Marshall, the main issue is alcohol, but also opioids. A reduction in homelessness saves Medicaid expenses.

Ald. Murphy stated the City has created a housing trust fund.

Dr. Lerner stated that in 2016, deaths increased. The majority of overdose involves multiple drugs, and people are often found too late to be saved.

Ald. Murphy asked whether law enforcement officers are getting carfentanyl. Is there better interdiction?

Atty. Loebel stated there is no great number of referrals regarding the source or seizures. They only send substances to testing if it is going to be used for prosecution.

Two officers from MPD Narcotics Division stated there is an increase in deaths from carfentanyl. It is hard to determine where the source is/ where the carfentanyl supply is originating. There is no particular gang. Cartels are running the show. Distribution is no

one gang. Many opioids require a prescription. Now there is a system in place to prevent pill shopping.

When asked whether there is an anticipated increase in the drug trade, Officer Ramirez of the MPD stated there will be an increase in demand.

Ald. Murphy asked whether we will see an increase of robberies of pharmacies.

MPD officers stated the price of pills is going.

The Task Force members stated there should be an investigation of doctors.

Cathy Frederico of the Drug Enforcement Agency (DEA) stated PDNP issues – a lot of doctors are not looking at information. That issue is specific to southeastern Wisconsin and does not appear in the rest of the state. She does not think there will be an increase of armed robberies. In Milwaukee, oxycodone is the biggest issue. Wisconsin is increasing amphetamine prescriptions. Meth is coming back because heroin is coming off the streets. Meth is cheaper than heroin.

Ald. Murphy stated education is important. Federal enforcement handles healthcare professionals. When opioids are cut and mixed into lean, that is outside federal focus. There needs to be more prosecution of physicians putting drugs into the street.

Regarding grants (SAMHSA and WPP Community Impact Grant), there has been some success in grant proposals. SAMHSA grant was awarded in July for \$2 million to address gaps in treatment court. Mental health to address the family as a whole. Opioid crisis state funding award of \$505,000.

Regarding the other grant proposal, Milwaukee was not chosen to move through for the competitive grant selection process. Part of the grant request proposal was to implement an app, which paramedics can use and will alert BHD for warm handoff. Ms. Westrich noted the app is still moving forward, even without the grant.

Ald. Rainey asked about engaging the academic community.

Dr. Lerner stated Milwaukee is doing this, although the grant was not successful.

Commissioner Baker stated the academic community is a great partner.

Work group updates. Meetings are scheduled, the groups are in the resource planning and information gathering process.

Ms. Westrich stated the goal is to get 100% of law enforcement equipped with Naloxone/ Narcan. They are 2/3 toward meeting that goal, with 8 agencies left.

The work plan draft was submitted. Commissioner Baker stated the goals and end dates have been up for discussion. This is an organic, living document that remains on the agenda.

Public comment. Gregory Caftan, a physician at Clean Slate stated the office opened in Glendale, and the treatment center is looking to open in other areas in the County and surrounding counties.

Justin Balinsky from Citizen Action of Wisconsin stated the organization's campaign meets two COPE goals. With the screening program, the goal is to get into all high schools. It costs \$200,000 for a 2-year pilot program. He offered to give a presentation to the Task Force. His group can work with school staff or Medicaid reimbursement. His phone number is (414) 208-9283.

The next meeting is scheduled for August 18. Community meetings are important. The goal is to hold them in October.

The next meeting there will be discussion regarding legislation and pharmaceutical companies. Dr. Lerner stated there is a need for more cocaine information. Bills have been signed by Governor Walker to combat opioids, including one to open a school dedicated to addicts.

Commissioner Baker ended the meeting stating that this issue needs partnerships with the City, County, State, and Federal governments with bipartisan support.

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