

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

December 1, 2017, 9:00 a.m.

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| In attendance: | Bevan Baker | Michael Lappen |
| | James Mathy | Brian Peterson |
| | Michael Murphy | Khalif Rainey |
| | CoryAnn St. Marie-Carls | E. Brooke Lerner |

After roll call, Mayor Barrett stated this issue is rising in importance in Milwaukee. All levels of government must work together. His office will take the work product and recommendations of this task force seriously. Review and approval of the previous meeting minutes followed Mayor Barrett's remarks.

Ald. Murphy provided a summary of the event at Marquette University, which involved a panel of people discussing the issue of the heroin / opioid epidemic. The focus was on best practices. Research on drugs being used to counter heroin / opioid effects includes use of antibiotics for treatment. The problem is not getting better; it is getting worse. The racial dynamics of the issue need to be addressed. Science has gotten better, and the larger community is realizing that addiction is not a moral failing but rather a medical issue. Every year, more people die from overdose than during the entire Viet Nam War. This is a public health issue. Of the 2,900 lives saved in Milwaukee, very few are repeats. However, approximately 2,500 of those live in the City.

The Task Force reviewed public comments from the meetings at Glendale and Humboldt Park. The Task Force members were moved by the passion and commitment of the speakers. Mayor St. Marie-Carls discussed an RN who talked about the transitional care issue, using the analogy of a team surrounding a stroke victim to ensure success in recovery. She would like the Task Force to think about that analogy for success in recovery for addicts as well.

Commissioner Baker stated this model could be applied to recovery, and the Task Force should look at the utility of this model. He recommended adding to the Work Plan to look at transitional care plans. Those plans might be long-range, perhaps 2 to 3 years.

Ald. Murphy stated the medical establishment does not expect patients afflicted with any other disease to heal themselves before coming in for treatment, but for addiction, that is what is expected of patients.

Commissioner Baker stated stigma is the biggest barrier to treatment and full recovery.

Vice-Chair Lappen stated Comprehensive Community Services (CCS) is patient-centered and works on a similar model as the one Mayor St. Marie-Carls discussed. The patient establishes a team. CCS is Medicaid-funded, and it is available through the County. Commissioner Baker stated there should be an overflow of referrals to CCS. Vice-Chair Lappen stated it is fully funded and can expand based on need. There is no cap. People are enrolled the same day they apply.

Dr. Lerner stated there is a need to connect with the youth. In the report, the Task Force should make sure to think about partnering with schools and organizations working with youth.

Commissioner Baker stated the Task Force should consider integrating the marketing budget with CCS.

Oak Creek has mandatory drug-screening of kids.

Mayor St. Marie-Carls stated the Intergovernmental Council has raised \$10,000 from the County Mayors for an awareness event. The goal is to bring the wake up room to the event.

Take Back Meds was discussed. Currently, less than 10% of unused prescriptions are collected. The program addresses the connection between unused medications and the opioid crisis. It wants to work with the community organizations and government officials to maximize limited resources. The primary goal is to make responsible return of medications as easy as possible. There is a lot of misinformation on responsible disposal. The only safe way to dispose of medications is to have them destroyed. The program is running Facebook ads. The social media campaign is working. The program is working to increase the network for drop boxes. There are 6 key audiences to reach: 1) pharmacies, 2) organizations and businesses, 3) physicians, 4) law enforcement, 5) funeral directors, and 6) politicians. MMSD hosts a collection day. It educates the public on the threat of flushing or pouring prescription medications. The water-treatment system is not designed to remove these contaminants. Funding is a critical aspect of this campaign, which is scalable. The program is seeking a public-private partnership for funding. Ald. Rainey asked how many collection sites are in the city and how the locations are selected. The program is trying to expand. It places drop boxes in the locations that are willing to take them. The goal is to have one in every community. In response to the question regarding who pays for disposal, the pharmacy contracts with a reverse distributor. The program is trying to get people involved with sponsoring.

Commissioner Baker stated that as communities take action against Big Pharma, settlements should require pharmaceutical companies to fund take-back boxes and campaigns.

Take Back Meds requested that when issuing its recommendations, the Task Force consider looking at the program's messaging and incorporate it into the Task Force's recommendations.

The Deputy Chief of the Milwaukee Fire Department spoke regarding Narcan and overdose runs in the city. The data is from January 1 through November 9, 2017. Narcan is given 30-40% of the time for overdose calls. There is a spike of activity on the South Side and into West Allis along the corridor of National and Greenfield. The question was asked whether the Police Department looks at sales. The Police break the supply chain when they go after dealers. The Police Department stated the greatest concentration of the problem runs from 1st St. all the way to 60th on the South Side. A lot of prostitutes OD in homes. Human trafficking is involved. There have been 2 recent supply disruptions. The deaths are mainly Caucasians, although there is a high percentage of Hispanics in the area. Someone is making a lot of money. Rates involving Fentanyl exceed heroin overdoses. Pills are harder to get. Fentanyl is more profitable than heroin. It expands the supply. There is a dark web aspect involved, as well. Smaller arrests are for Fentanyl. Police are always looking for kilo impact. Fentanyl is driving the epidemic. When a supply chain is disrupted, it creates a vacuum. This is an opportunity to offer treatment. In working with police to reach people, police can state: we disrupted your supply chain, here are your treatment options. This corridor should be targeted with media and marketing to try to encourage a test dose to decrease OD. An OD map allows first responders to instantly enter OD location and whether administering Narcan. Some users are afraid of Fentanyl, some really want it. It is a better high, but it lasts a shorter amount of time. The question was asked whether the mapping software allows a way to see spikes in ODs. The majority of OD are first-time users. Few are repeat OD-ers. Most are on the Near South Side. Ald. Murphy expressed his appreciation for the responders who are saving people's lives. Commissioner Baker stated the game has changed.

Two Task Force members departed, and there was no longer a quorum. The meeting proceeded informally, but no action would be taken.

Discussion of the Work Plan followed.

Regarding whether an additional goal was needed, one member stated it would be helpful to get input from law enforcement.

Vice-Chair Lappen stated the County received an award to expand drug treatment to add 75 beds of residential capacity. There is an RFP for sober housing plus. There was discussion for houses where people live together and support each other in treatment. Collaboration would be available with people in Drug Court.

The session was formally ended, and then the Task Force reconvened informally. Commissioner Baker stated, "Now we are just men and women talking about an important issue." A member stated his is a human rights issue. It should be mandated as a requirement by the State that prisoners get medical treatment for comprehensive treatment.

Vice-Chair Lappen stated the Task Force should target an expansion of services: mental health, substance use, and connecting people with treatment. Services should implement a program in collaboration with the Sheriff's department.

Dr. Lerner stated any program should be incorporated carefully; the service should not be just while a person is incarcerated, but be a wraparound service. Treatment should not stop once the person is released from incarceration. Going back to get insurance coverage should not be a hurdle that is involved. Public insurance should be allowed after release to use for treatment.

The Task Force should consider harm reduction strategies. Some success has been made with mobile needle exchange. Work with HIDA and law enforcement should be incorporated. The overdose map does not have names in the database, but it is useful for looking at geographical areas. Client-patient confidentiality needs to be taken into consideration in using the map.

There is a need for metrics and evaluation for whatever recommendations the Task Force puts forth, as charged by the Common Council and the County Board.

After the Task Force submits recommendations, the Common Council and County Board will decide what type of legislation to pass. The Task Force's work cannot end after the Task Force sunsets, however.

Co-Chair Lappen stated the Criminal Justice Council should be engaged. It is helpful to align endeavors.

Mr. Mathy stated as part of the harm-reduction strategies, housing needs to be addressed.

Public comment was taken.

Michael Vann from the Wisconsin Resource Center, and a former addict, stated he is not sure whether the Task Force can adequately address this problem. Many questions and statements are made that only an addict in recovery can answer. That is the person who is an expert in this issue. Those who are not addicts do not know what they do not know. Addicts do not care that these substances will kill them. Everyone wants the dope

that someone else overdosed on because that is the best dope. It is called “killer dope” for a reason. There is a lot of heroin in the prison system. People want to use drugs the day they are released after being 20 years clean while incarcerated. There are many similarities between white heroin addicts and black addicts, but there are also many differences. Some efforts directed toward reaching one audience may not reach the other. There is a cultural element involved. For example, drop boxes are viewed as taking money out of a grandmother’s pocket. Grandma saves her prescription and when she is down on her luck, she has someone to sell it to. A key aspect to recovery is learning from people with lived experience. People in recovery leading sessions is effective. Not everyone can assist or has all the answers.

Tracy Hooker, a recovering addict and clinical supervisor stated there is a need for more education in the school system. Adults in the room need to reach out to the children who are our most vulnerable and rely on us to help.

Greg Caftan, of Clean Slate, stated his organization has not seen anyone come in right after an overdose. What is being done to get people into treatment at that critical point? Dr. Lerner stated part of the Governor’s task force plan should be to address this. Milwaukee has not been selected as a pilot for that, though. Ald. Murphy stated a nurse from Aurora stated there is nothing in terms of training or information to shepherd people directly from overdose to treatment and recovery programs, so people are just released without information. There is a huge vacuum that needs to be filled with something other than more drugs. Mr. Caftan stated 2 people have been referred to his program from the emergency room for drug-seeking, but no one after an overdose.

Elizabeth Collier from the Wisconsin Department of Health stated there is an RFP for emergency departments to apply. Hospitals can apply for it, and there is funding available. Aurora in other parts of the state is involved. There are 13-15 awards available. The link is: <https://continuingstudies.wisc.edu/wi-voices-for-recovery-RFP.html>

Other agenda items will be discussed over email. The goal is for the Task Force to submit its findings in February.

LRB168031-6