

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

August 18, 2017, 9:00 a.m.

In attendance:	Bevan Baker	Michael Lappen
	Karen Loebel	James Mathy
	Michael Murphy	Khalif Rainey
	CoryAnn St. Marie-Carls	E. Brooke Lerner
	Marisol Cervera	Michael Macias

After roll call and review and approval of the previous meeting minutes, the Task Force discussed the role of pharmaceutical companies in the opiate addiction crisis. Discussions regarding legislation targeted at pharmaceutical companies are evolving.

Michael McNett, a member of the Wisconsin Medical Society's Opioid Task Force delivered a presentation regarding the precedent for lawsuits against pharmaceutical companies, which is based on tobacco litigation. Settlements can save the government money in costs for EMTs and crime fighting that result from opioid abuse and addiction. Heroin continues to decrease in price, but treatment costs are also decreasing. Dr. McNett will look into a calculation for today's numbers in cost savings based on the calculations in his presentation.

Purdue Pharma, one of the key defendants in pharmaceutical litigation, claimed that Oxycontin was not addictive because of the time-release component. It is difficult to make a case that it is the company's job to intervene when medications are misused. Other problems with suing pharmaceutical companies include patients not taking medication as directed. The court sees addiction as the patient's responsibility. Additionally, ads are directed toward the medical community and not directly to consumers. The scientific community accepted the safety of opiates and has not reevaluated their conclusion. Other issues include doctors being required to aggressively treat pain and the threat of losing insurance coverage if there are too many patient complaints. Pharmacies fail to report suspicious prescriptions. Some doctors continue to prescribe medications when unnecessary because they are following the wisdom of their initial training. Drug companies can find a way to place the blame on everyone else. Purdue has, however, settled some lawsuits.

Several governments on the city, county, and state level continue to sue pharmaceutical companies. A national insurance law firm studies opioid litigation specifically. Dr. McNett does not know of any formal policy statements regarding lawsuits at a federal level. A positive outcome of these settlements would be a decrease in the cost of Naloxone and Narcan.

Ald. Murphy addressed the City's disposal efforts and noted that criminal prosecution of Purdue Pharmaceutical has been established.

Dr. McNett noted that since 9/11, 100 times more people have died from opioid overdose than died in 9/11.

Michael Macias asked where all the Fentanyl is coming from. Dr. McNett stated it is on the black market.

Cathy Schmitz and George Morris of the Medical Society of Milwaukee County Chapter of Wisconsin Medical Society presented the local physician's response to the crisis. In 2013, the Society reviewed the opiate crisis as its lead issue. The goal is to reduce deaths by changing the culture and educating prescribers and patients. The Society is the lead sponsor in the Take Back Your Meds campaign. Some contributing factors to the crisis include drug diversion, inappropriate use of medication, and excessive use and availability of drugs. There is no place for opioids in chronic pain management. Opioids create the demand for after-market drugs because of addiction. 70% of children who become addicted get it from friends or family members. The medical community needs to address addiction as a disease rather than a personal flaw.

One complicating factor is that doctors receive patient evaluations and feel pressure to prescribe because of fear that they will be rated as not addressing pain management. There is a need for avoiding drugs that have serious complications. The public health aspect needs to be addressed.

\$100 billion was directed to studying 2,300 cases of Zika. Yet, on this issue, where millions of people are addicted, only \$700 million has been directed toward the study. The medical community needs more funding to fight this crisis. It is a true emergency. One aspect the presenters noted is that the majority of the risk for addiction is genetic. If there is no exposure to these drugs, then there is no addiction. Accordingly, smaller and fewer prescriptions are necessary. The medical community needs help in expanding Take Back Your Meds programs.

The good news is that some patients are starting to say they do not want the drugs. On the other hand, patients are also calling in to report their doctors for not prescribing these drugs, which indicates prescribers are taking this crisis seriously and curtailing their prescriptions.

The medical community needs assistance in making the public aware of appropriate ways to approach pain management, to stem diversion, and to educate regarding appropriate disposal.

Mayor St. Marie-Carls asked about dentists and their role in prescribing. How can one report the dental community? Dr. Morris stated that the licensing board deals with all practitioners. Dental awareness is increasing, and many physicians still need education as well. Wisconsin Dental Association colleagues should spread awareness of the issue. Approximately 10% of dentists participate in the take-back program.

The medical community also needs assistance in spreading awareness that NSAIDs work better than opioids for pain management.

Michael Lappen stated that many client complaints are because of doctors refusing to prescribe opiates. Drug-seeking individuals can create challenges.

Dr. Morris stated doctors need to not be punished for conservative prescribing. Patient questionnaires need to be targeted more specifically to medication-related line of questioning. There is a need for more continuing medical education.

Dr. Lerner asked whether dentists are required to participate in continuing medical education in a similar vein as doctors. Dr. Morris stated the requirement is for prescribers who have DEA certification. So, yes, that includes dentists. It does not apply to nurse practitioners. Education is mandated, but this is also a cultural issue. Continuing education regarding prescriptions is rare.

Michael Macias introduced himself as the new Task Force member. He is the representative of those in recovery. He has 1.5 years of sobriety. He was homeless for a few years. Housing First helped him with these issues. He uses his experience to validate the work of the Task Force and the various boards he serves on. He stated addiction is a fate worse than death. When the body needs the drug, all a person can think about is his or her next fix rather than working on other important aspects of life. He wishes more people knew about the programs that are available to help people.

Regarding “other issues” on the agenda, the Medical Examiner’s Office (MEO) has an immense caseload. There is the possibility for the office to be at-risk for losing accreditation. There is a significant backlog of cases. The MEO needs a new facility and increased staff to deal with the case load. The State and taxpayers may need to step up in funding the office.

The Office of Intergovernmental Relations – Danielle Decker and Sarah Zarate – presented regarding President Trump’s declaration of a national emergency. The executive order is largely a symbolic gesture until it is backed with further action. The Stafford Act is one route to allow action. IRD will continue to prepare for further action. The main take-away is that the several routes for action have different scopes, but none of them will be triggered without further action from the federal government.

Mr. Lappen stated that mental health standards need to be relaxed to allow more beds. Commissioner Baker stated that the 15-bed threshold should be changed. He asked about national stockpile access, which could alleviate the cost-prohibitive nature of handling this crisis. He asked whether we could push for this as a quick action. Ms. Decker stated this is possible. Commissioner Baker stated these solutions work best with speed. This has been a slow-moving disaster. The cumulative effect of the crisis in our community has been mounting for a long time.

Mr. Macias stated he was prescribed vivitrol and was shocked at the expense of that medication. He asked whether the potential shrinking of Medicaid would result in losing coverage for these types of medications that serve in resolving addiction. Ms. Decker stated the American Healthcare Act is currently stalled. She will research further. Mr. Lappen stated there is a national focus on not restricting access to treatment programs.

Regarding work group updates, Mayor St. Marie-Carls reported on the public engagement work group, which has been meeting via conference calls. The Health Department is recruiting a substance abuse manager. It has been conducting data and funding resource gathering. The work group wants to partner with a PhD student to research and write grants. The work group aims to be more productive in future meetings. The group is contending with varying work schedules and needs more face-to-face meetings.

Dana Thomas from Clean Slate reported on the Continuum of Care work group. The group has revised Goal D and narrowed down strategies and tactics. It aims to expedite residential treatment capacity and funding, advocate for changes in Medicaid reimbursement, reduce wait times for treatment, and enhance care management for those in treatment.

Dr. Morris reported regarding Goal C modifications. The group aims to launch a community campaign to reduce stigma and promote treatment, develop a social media plan, evaluate campaign materials, and create school-based initiatives to monitor and reduce substance abuse.

Mr. Macias stated there is a need to look at asset-based resources rather than need-based. If someone does not want to get clean, he or she will not. Addicts do not like to be told what to do. The solution is to present the opportunity to people, and they will take it if they want it.

There were no questions or comments regarding the work plan update.

Public comment came from Michael Van and Paul Mosina.

Michael Van is a clinical substance abuse counselor and recovering addict. His employer, the Wisconsin Resource Center of Winnebago, sent him. Opioids and heroin are in jails. People overdose after their release from incarceration. The Task Force should address the jail and prison population as part of the epidemic. He is a recovering addict who is 40 years clean and states this by way of illustration that the community needs to hear that people can get sober and become better people. People with a lived experience have expertise and represent a voice that needs to be heard. He does not want decisions to be made by experts without hearing the voice of those with lived experience. He wants those making the decisions to understand the politics of addiction. Money, resources, and programs should be distributed equitably so that all affected people have access, not just the white community. Commissioner Baker stated Mr. Van's statements are welcome and necessary. His advocacy matters. Mr. Lappen stated he has known Mr. Van a long time, and noted that Mr. Van pioneered efforts in Ozaukee County. He encourages Mr. Van's participation in the Task Force to the extent he is able to commute to Milwaukee to do so. Mr. Van stated he is invested in participating, as more than half of those incarcerated in Winnebago return to Milwaukee when they are released.

Paul Mosina stated the drug war is not founded in principles of the federal government. The people never granted the government the right to fight the drug war against the people. The people have an inherent right to possess and consume what they want in their bodies. It is an essential property right. The drug war is a failure. Drugs are in prison. Look at the cost of the drug war. What is the cause? How much taxpayer dollars are lost to fight a losing war? Vices are not crimes. It is not the government's business to control people's vices. Fentanyl would not be on the street if it were not for the drug war. He wants an accounting the expense of these programs. He wants to know whether it is working. The Task Force should consider freedom. Drugs should be on a regulated market.

The next meeting is September 15. Community meetings will be in October. The question was posed whether the Task Force's regular October meeting should be cancelled in light of the community listening sessions. Mr. Macias stated the meeting is necessary because the listening sessions will still be fresh on everyone's mind, and the community will bring insight to the group. The meetings will be either on Saturdays or after 5 p.m. on weekdays. The group agreed with Mr. Macias regarding holding the regular October meeting. The times and locations of the community meetings will be determined via email.

Regarding the agenda for the next meeting, Mr. Mathy stated the ICC could discuss contributing county block grant funds to this issue. Mayor St. Marie-Carls stated she has not seen new CDBG funds opening. Mathy asked about existing funds. Mayor St.

Marie-Carls stated the applications for funds are typically very specific, but she could bring the issue to the ICC. This issue did come up 12 months ago, and the ICC looked at how it could leverage funding. By next meeting there may be new requirements for funding.

The meeting was adjourned.

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