

# HEROIN:

## Not on **Our** Watch

Protecting Our Communities

### REGIONAL SYMPOSIUM

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Milwaukee | Waukesha | Ozaukee | Racine | Washington

**REGIONAL HEROIN SYMPOSIUM PROCEEDINGS:**  
A Summary of the 5-County Heroin Symposium  
Conducted June 4, 2014  
Marquette University Memorial Union

Common Council President



10<sup>th</sup> District Alderman

**Michael J. Murphy**  
*City of Milwaukee Common Council*

September, 2014

The City of Milwaukee and its neighbors throughout southeastern Wisconsin are united to confront current trends of increasing heroin and opiate addiction. Like cities and towns throughout the country, the safety and health of residents throughout our state are threatened with opiate and heroin abuse, addiction and overdose. In 2013 alone, the Milwaukee County medical examiner reported 216 drug overdose deaths—the highest number ever recorded. In addition, a 2012 survey of county coroners found a 50 percent increase from 2011 in the number of heroin-related deaths throughout the state. These statistics reveal an alarming trend, one requiring creative coalitions and a robust intervention strategy.

Heroin and opiate abuse is a multifaceted problem, and like other public health issues, requires a multi-pronged, targeted and coordinated approach. To initiate concrete action against the epidemic, a diverse group of experts and community stakeholders—including representatives from the criminal justice system, policymakers, medical professionals, educational leaders, as well as users and their families—convened at Milwaukee's Marquette University on June 4, 2014, for a day long summit. The summit was an opportunity to mobilize key stakeholders to discuss the strengths and weaknesses of practices and protocols currently in use throughout southeastern Wisconsin. Additionally, it served as a public platform to implement a regional, integrated approach that identifies inter-related factors across different sectors, capacity and resources challenges, and points of potential collaboration in order to articulate a unified strategy with clear objectives and outcomes.

This document summarizes the events that took place at the regional symposium. It highlights our community's efforts to build a foundation for a constructive framework that balances substance abuse prevention, treatment and recovery. What it does not show is all of the work that went into putting the symposium together. I am ever grateful to all of the individuals who contributed their time in making this event a reality. Moreover, the willingness of speakers to share personal stories was an inspiration proving that resilience is possible.

Despite the challenges we face, having a community willing to combat the issues head-on makes envisioning a different future not only conceivable but achievable.

Sincerely,

A handwritten signature in black ink that reads "Michael J. Murphy".

Michael J. Murphy  
Common Council President

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## Heroin Summit Highlights

*Marquette University, Wednesday, June 4*

### ***Symposium Call to Order: Mike Mervis, Zilber Family Foundation***

Mr. Mervis, a Zilber Family Foundation board member, recalled the personal story of a friend in the throes of a heroin addiction who eventually died of an overdose – Jim Zilber, son of Joseph Zilber. He wonders “what might have been” if his addiction could have been slowed or stopped. Today he convenes this five-county collaborative to address the epidemic of opioid/heroin abuse that knows no municipal boundaries.

### ***Our Purpose: Michael Murphy, President of the Milwaukee Common Council***

Milwaukee, Racine, Washington, Ozaukee and Waukesha Counties are in attendance today to address this public-health crisis. Between 2003 and 2013, identified heroin overdose deaths have increased 600% in Milwaukee County. “We will not arrest ourselves out of this problem.” Today’s meeting includes criminal justice professionals, policy makers, treatment providers, community agencies, medical professionals, the faith community and educational leaders, as well as users and their families.



### ***Our Country’s Heroin/Opioid Crisis: Michael Gottlieb – Office of National Drug Control Policy***

Mr. Gottlieb is Director of the federal High-Intensity Drug Trafficking Area (HIDTA) program. Though drug trafficking continues to be a major focus of his office, prescription drug abuse has

had a devastating impact over the past decade. Currently drug poisoning (overdose) deaths outnumber traffic fatalities as a cause of death.

Because the effect on brain chemistry is the same, legally prescribed opioids are a gateway to the use of heroin, an illegal substance. We must educate parents, grandparents, youth and patients about the use and abuse of opioids. Doctors and pharmacists need education regarding effective pain management and responsible prescribing practices.

President Obama has a four-pillar approach to the misuse of opioids, including the Prescription Drug Monitoring Program (PDMP) database. This system records opiate prescriptions; doctors must check this data online before prescribing. PDMP has been very successful in identifying drug-seeking patients and pinpointing unusually high prescription activity by doctors and pharmacies. Furthermore, law enforcement and prosecutors must be trained on how to most effectively address heroin abuse.

Since 70% of opioid abusers get their drugs from friends or relatives, National Take Back Days encourage individuals to bring in their unused opioids for disposal – so far 2,700 tons of opioids have been collected.

Nationwide there has been an uptick in overdoses from opioids and heroin, and Milwaukee County rates are 65% higher than the national average. Naloxone is a new antidote to opioid overdose that saves lives. EMTs, first responders, emergency-department personnel and other medical professionals need education about – and access to – this and other antidotes.

The importance of collaboration in addressing this epidemic cannot be overstated. “There is no way to arrest, treat or prosecute our way out of this problem.” Wisconsin is taking leadership in implementing the HIDTA program.

***Family Story: Representative John Nygren, 89<sup>th</sup> Assembly District, Marinette***

Representative Nygren spoke about his family’s experience with heroin addiction. His daughter Cassie was born in 1989. By the time she was 18 she had developed a serious drug problem. This former high-performing student had dropped out of school, was stealing from family and disappeared for days at a time. One day he found her on her bathroom floor with a needle in her arm. The paramedics administered the antidote Narcan which saved her life. After numerous unsuccessful attempts at treatment, Rep. Nygren told the local DA “don’t baby her,” and she received a three-year prison sentence for possession.

“I had to do something, so I started to tell the story.” Rep. Nygren has led a bipartisan effort to pass seven pieces of legislation in Wisconsin, including:

- A Good Samaritan law that does not punish those who report an overdose
- Availability of Narcan to county police and fire personnel
- Requirement of a photo ID to pick up opioid prescriptions

- Responsible disposal of excess painkillers
- Criminal justice diversion and drug court programs for addicts
- Immediate consequences for violating parole or probation for drug offenses

***Heroin 101: What We All Need to Know about Heroin/Opioid Trafficking and Addiction:***  
*Mike Gousha, Moderator*



*Inspector Carianne Yerkes, Milwaukee Police Department (HIDTA)*

This problem affects all strata of society – it could happen to your child. When highly addictive prescription medications run out, addicts turn to the cheaper alternative of heroin. By effectively addressing the public health issue of addiction, we will reduce the demand for illegal drugs. Heroin is cheap and potent. One-tenth of a gram (one hit for a user) costs about \$10, while one strong opioid pill has a street value of \$80.

*Bevan Baker, FACHE, Commissioner Milwaukee Health Department*

Opioid and heroin addiction are the current public-health crisis, on a par with past crises such as polio. We need resolve and understanding to eradicate this outbreak. In Milwaukee the medical cabinet should be as safe as the drinking water. If heroin use continues to escalate, in a few years, we will see a spike in drug-related HIV infection. We must ensure that everyone has an equal opportunity to be healthy.

Opiate users incur healthcare costs at almost nine times the rate of the average healthcare consumer. We must be willing to connect the dots address the broader economic implications of change. Opioid abuse can be reduced by ensuring that every resident of Milwaukee has a medical

home. This consistency of medical services and case management ensure proper surveillance of pain, mental health and other ongoing issues.

*James Santelle, US Attorney, Eastern District – Wisconsin*

Milwaukee is a source city for heroin – we need to send a clear message that “if you come here, you will be prosecuted.” We need to develop a strong diversion program, identify ‘pill mills’ and shut down physicians who abuse their ability to write prescriptions. A comprehensive response of prevention, education, treatment and re-entry is needed, including information on the impact of opioids/heroin on the human body. It is a misnomer to talk about ‘heroin overdoses.’ Unlike prescription opioids, which have a function in pain management, there is no safe dosage of heroin.

In Milwaukee County, the DEA works well with the Sheriff’s Department. We must keep communications open across county lines for an effective response to the crisis.

*Mark Fossie, MS, President, M&S Clinical Services*

With an addictive drug such as heroin, users are not seeking hedonistic pleasure, but rather trying to avoid the effects of withdrawal. There is almost a century of history of heroin abuse in the African American community, and the 1970s saw the first epidemic with soldiers returning from Vietnam. Co-occurring mental-health issues must be addressed, including depression, anxiety and PTSD. Undiagnosed sufferers turn to self-medication. The underground drug economy is also worse in communities that experience a lack of economic and employment opportunities, especially for ex-offenders.

What is needed – education, increased drug and mental-health treatment, adequate funding for treatment, deferred prosecution for users and active prosecution of traffickers. We must improve our pain-management response. Current mental health programs do not address opioid addiction. We will address high African American incarceration rates by dealing with drugs.

### ***Opiate History/Addiction Video***

In 1874 Bayer Pharma created synthetic morphine, marketing it under the name of heroin.

In the 1990s the medical profession realized that pain was not being well controlled. New medical protocol introduced a question about pain levels as the ‘fifth vital sign.’ As a result, oxycontin and other medication prescriptions skyrocketed. Drug companies were allowed to widely advertise their products. Today, vicodin is the most prescribed medication in the US for short-term use.

Our brains create our own opioids. When an opioid drug is ingested, the brain adjusts quickly, under-producing the chemical on its own and developing an increased need for opioids. Addicts can no longer experience ordinary pleasure. Unlike alcohol abusers, opioid abusers experience a change in the dynamics of the brain. The craving for opioids and heroin is so great that, even 15 years into abstinence, recovering addicts experience a 25% rate of relapse.

## *Family Story: Martine Tate*

Ms. Tate lost her daughter Valerie a year ago to heroin addiction. In high school, Valerie had back problems and was introduced to opioids. A subsequent car accident resulted in her abuse of prescription pain medication. When Valerie experienced a heroin overdose, her mother finally realized the extent of her daughter's addiction. "I have talked to so many parents who did not know." Valerie was prescribed pain medications after an operation for heart condition triggered by her addiction. The doctor warned Valerie that she would have to get off these drugs when they were no longer needed to pain. She decided to use one last time before going into rehab and died as a result of her last overdose. Ms. Tate is raising the two daughters Valerie left behind. She believes that we need to crack down on heroin trafficking. We need to view opioid addiction as a disease that at best can go into remission, rather than labeling it than 'substance abuse.' Ms. Tate says, "Educate yourself, and talk to your children."

## *Heroin 102: What We All Need to Know about our Medicine Cabinets: Mike Gousha, Moderator*



## *Sarah Endrizzi MD Advanced Pain Management*

Since pain was incorporated as a vital sign in the 1990s, pain management has been tied to accreditation and reimbursement for medical providers. In 2013, for the 11<sup>th</sup> year in a row, this country experienced an increase in opioid prescriptions, parallel with an increase in opioid deaths. In Wisconsin, primary care providers cannot prescribe opioids without a signed patient contract. As part of the contract, patients agree to get their pain medication from only one provider. Patients agree to keep their medications in a locked cabinet. Parents and grandparents of teen drug abusers need to understand the danger of an unlocked medicine cabinet and the street value of these leftover drugs.

*Mark A. Kostic MD, Wisconsin Poison Center, MCW Emergency Medicine*

Last year the Poison Center received 53,000 calls. Accidental overdoses are now a more frequent cause of death in Wisconsin than car accidents. Increased treatment options and availability are needed. There are not many resources for opiate addicts. When doctors cut patients off from prescribed painkillers, individuals turn to heroin. Only treatment can address this problem. Agencies cannot work in silos. A centralized reporting agency that addresses all aspects of the problem should be developed. Legislation is needed to develop a system of mandatory reporting by all agencies.

*Ron Payne BSW, Substance Abuse Counselor, Noah Group Home*

Young people say, "I'm not addicted." They blame others or their environment, refusing to take responsibility for themselves. At home, it is hard to track behavior changes in children and adolescents who spend all their time in front of a video game. Parents must interact with their children to observe potential changes in eating, behavior and attitude. Youth with parents who do not reach out to talk to them think their parents don't care. In addition, treatment should last more than 90 days. Some 20-year-olds who receive treatment may have begun their addiction as young as 11 or 12 years of age, leading to a deep-rooted problem that requires intensive, long-term services.

*Chad Zadrazil, Director, Prescription Drug Monitoring Program*

Since the WI PDMP prescription-tracking database came into effect in June of 2013, 15 million prescriptions have been tracked. 20% of the prescriptions in the database are for hydrocodone. Doctors and pharmacists can check an individual's prescription usage before writing or dispensing their own prescriptions. In less than one year, the rate of individuals visiting 5 prescribers in a 30-day period has dropped by 50%. Users cross state lines to abuse prescriptions. Presently, Wisconsin's database has communication with the PDMP in eight other states.

## *A Brother's Story: Glen Mattison*



In addressing the opioid/heroin epidemic, we should not forget the impact that this crisis has on the families of addicts. Mr. Mattison's sister Sandra's addiction "took over our lives." He, his mother and his three brothers had to raise her six children after her incarceration in federal prison for transporting drugs. Glen put his own political aspirations on hold to care for Sandra's children. "I should have been angry at the drug, but I was angry at her." After her prison sentence, Sandra returned to the community with no intervention for her drug problem. She recently died from an overdose.

***State Plan Highlights:*** *Scott Stokes, State Council on Alcohol and Other Drug Abuse Prevention Committee Chair*

The [State Plan](#) (officially released August 2014) prioritizes these strategies:

- Prescription drug abuse
- Fostering healthy youth
- Education
- Distribution and disposal of prescription drugs
- Law enforcement

- Early intervention and treatment

The following legislation is now in place in Wisconsin:

- 911 'Good Samaritan' law provides limited immunity to users in cases of overdose
- Naloxone distribution and usage in most Wisconsin counties
- Data gathering and sharing
- Heroin ad hoc committees across the state, which address
  - Prevention
  - Harm reduction
  - Law enforcement – treatment courts
  - Treatment on demand, when users are motivated to enter detox
  - Workplace awareness of the signs of drug abuse and the needs of those in recovery

The State Plan (Wisconsin's Heroin Epidemic: Strategies and Solutions) can be accessed here:  
<http://www.scaoda.state.wi.us/docs/main/SCAODAHeroinReportFinal063014.pdf>

***Recovery is possible: Kacie Wolfgram***



Kacie Wolfgram is a former heroin addict who is currently employed by the AIDS Resource Center of Wisconsin. At 15 she fell into a deep depression after her older sister committed suicide. She was prescribed 22 different pharmaceuticals to treat her bi-polar disorder, PTSD and major depression. She underwent shock therapy that impacted her memory, then moved on to heroin and cocaine for self-medication. She pursued mental health services to disguise her addiction– she didn't want her parents to be afraid of losing another daughter. She began using

the harm reduction prevention services at ARCW, which allowed her to achieve sobriety in 2010. She learned to avoid triggers and discovered survivors of suicide meetings in her daily battle for sobriety. She now works for ARCW in the same program and is pursuing a degree in criminal justice. She is grateful to be a valued speaker at this event, having thought of herself as a 'dirty junkie' for many years.

To family members of addicts, she says, "We do not want to hurt you because of our addiction. Please hold our hand, even if we pull it away, because we love you."

***Capping off the pipeline: Bridget Brennan, Special Narcotics Prosecutor, City of New York***  
*New York City's collaborative efforts to tackle heroin/opioid trafficking*

A prosecutor must impose rational elements on a difficult situation. Law enforcement should be a last resort when all other approaches have failed.

In 2007 New York City, with a population of 8.5 million people, registered half a million prescriptions for oxycodone. By 2009, this number had increased to 1 million. Prosecution of unscrupulous physicians and pharmacies cuts off the supply, which automatically decreases the demand. We have begun educating doctors about the dangers of overprescribing painkillers.

After the country experienced a frightening heroin epidemic in the 1970s, young people were deterred from heroin use. Today's youth have not received this message. Also, 40 years ago, street heroin was 6 – 10% pure. Since NAFTA opened the way for mass transportation of heroin from Mexico, today's heroin ranges from 40 – 60% pure. It is much easier to overdose by snorting heroin at this higher concentration.

High-level drug operations work. New York City and Chicago are major hubs in the trafficking of heroin. In the first four months of 2014, 300 pounds of heroin, with a street value of \$50 million, has been confiscated. We will continue both our pursuit of major traffickers and our efforts to reduce pill mills and unlawful use of prescription medications by criminals and unethical health providers.

***Strategies for Success: Judge Mosley, Moderator***

*Drug Courts –Jennifer Dorow, Waukesha County Judge*

Waukesha initiated the first drug-treatment court in the state. Drug courts combine the forces of AODA treatment providers and the justice system to treat addicts with compassion, encourage treatment and deliver graduated consequences for non-compliance. Individuals can graduate in 12 months, though most remain in the program for 18 to 24 months. Despite funding challenges, we are committed to this model.

*Sober Living Homes – Kirsten Johnson, Director Ozaukee Co. Health Department*

We created a task force that identified the need for adequate housing and supportive options for individuals recently released from treatment. We are particularly concerned about the prevalence of mental illness in young people ages 20 – 30. The task force also promotes physician education, community education, changes in emergency-room protocols, separate coding for opiate-related overdoses/deaths, and anonymous 411 texting to police departments in cases of overdose.

*Needle Exchange/Overdose Prevention Education – Dennis Radloff, ARCW, AODA Program*

Addicts who are not in jail, treatment or recovery find themselves in a risky situation. Overdose prevention and needle exchanges support the model of stages of change in recovery. Harm reduction is a non-judgmental approach that allows addicts to move at their own pace from pre-contemplation to contemplation to actively addressing their addictions. ARCW also tests regularly for HIV, Hepatitis C and sexually transmitted diseases.

*Medication Assisted Treatment (MAT) - Tanya Hiser, State Opioid Treatment Authority, WI Department of Health Services Bureau of Prevention, Treatment & Recovery*

Heroin addiction is a brain disease, not a ‘will power’ disease. Three viable medications currently exist to deal with the symptoms of withdrawal. The state currently has 15 opioid treatment programs using these medications. Methadone treatment costs about \$18-22 per day and is covered by Medicare in Wisconsin.

*Drug Endangered Children’s Program – Tricia Hanson, Deputy D.A. Racine Co.*

We have begun training law enforcement to pay attention to the condition of the children when conducting drug busts. We teach them to notice if the drugs are within children’s reach and if there is food in the house. In some cases Child Protective Services accompanies the police to busts so that children can be removed promptly, if necessary. Through forensic interviews and medical examination, children are able to provide additional information about the crime itself. Parents whose children have been removed have an added incentive to cooperate with drug treatment and mental-health interventions in order to be reunited with their families.

*Prevention/Education for Community Engagement: Brief Reports from the Counties  
Judge Mosley, Moderator*

*Student/Parent Involvement - Ronna Corliss, Washington County Prevention Coordinator, Elevate*

Washington County has an active heroin task force, and the addicts group Rise Above is active in the area. Our community meetings have screened the movie, “The Hungry Heart.” We also have support groups for parents of teen addicts.

*Community Forums - Sandra Schultz, Founder, Elmbrook Community Health Coalition*

We have convened local educational forums to counteract the notion that heroin addiction is an 'urban' problem restricted to Milwaukee. We have created an "event in a box," which provides everything needed for an interested community group to sponsor their own event. We need to raise 'drug-resistant' children.

*Community Prevention Coalitions, Kari Lerch, Prevention Services Manager, Community Advocates Public Policy Institute and Milwaukee County Substance Abuse Prevention Coalition*

As President of the Prescription Drug Overdose Prevention coalition, I have seen the power of collaboration. We bring together the Wisconsin Poison Center, local pharmacies, UWM and the WI Nurses Association to tackle the opioid epidemic. We have also worked closely with other area coalitions such as Franklin and West Allis; their partners then become our partners in a larger effort. This is such a big issue that you may ask yourself, what can I do? Talk to your local community coalition – they will let you know how you can help.

*Workplace Prevention & Education - Sue Beck-Riekkoff, Director of Workplace Services, IMPACT*

We work with the re-integration of employees after pain surgery. For example, a forklift operator who is addicted to painkillers will create workplace hazards. We also work with supervisors so that they can recognize and provide early intervention for drug abuse.

*Fly Effect – Christina McNichol, Special Agent in Charge, WI Department of Justice*

Heroin usage has spread from the urban southeast corner of the state to become a statewide problem. We are dedicated to keeping young people ages 16 – 26 from trying heroin even once. Our interactive website provides a wealth of information, including a map of the 56 Wisconsin counties that have submitted at least one heroin case.

***Education to Action. People's Choice. Judge Mosley, Moderator***

Participants were asked to vote for their top three strategies to address heroin and opioid addiction. Their votes were recorded on individual ballots which were collected and tallied.

## MY BALLOT

The State Council on Alcohol and Other Drug Abuse Prevention Committee established a task force to develop a report of recommendations which is to be released in the next few months. Communities all around the state have also begun to develop strategic plans to address the opioid/heroin issue. Although not an exhaustive list of identified strategies, below is a list to begin the discussion of priorities moving forward.

VOTE FOR THE **TOP THREE** STRATEGIES. Vote for the strategies you believe will have the greatest impact.

### Prevention and Education

- 7** 1. Implement Media Campaign such as The Fly Effect to educate community about heroin and risks.
- 19** 2. Administer screenings such as SBIRT (Screening, Brief Intervention, Referral to Treatment) in schools, before prescribing and to pregnant women to identify and reduce all drug use.
- 14** 3. Host community forums to inform and engage the community about this issue.
- 4. Strengthen and increase number of neighborhood watch associations.
- 8** 5. Increase the number of permanent prescription drug drop boxes.
- 40** 6. Increase opportunities to teach youth refusal skills and how to manage stress and improve resiliency to deal with their ever-changing environments.
- 11** 7. Increase support for positive youth activities.
- 7** 8. Partner with workplaces to increase opportunities to provide drug prevention and education to employees.

### Harm reduction

- 9** 1. Increase and expand fatal opioid overdose prevention training in jail, treatment and other organizations.
- 3** 2. Increase promotion of 9-1-1 Good Samaritan legislation (AB 447) that provides limited immunity from certain criminal prosecutions for a person who seeks assistance from the police or medical professionals for another individual who has overdosed on controlled substances.
- 15** 3. Increase Naloxone trainings for EMT, first responders, police and fire officials.
- 28** 4. Strengthen and establish new Drug Courts and Family Drug Courts.
- 6** 5. Provide targeted prevention and treatment services for pregnant women to protect the health of the unborn child or drug-affected newborn.
- 12** 6. Harm reduction programs, including syringe exchange should be widely available and accessible.
- 3** 7. Testing for HCV and HIV should be available in outreach settings that are frequented by people who inject drugs.
- 9** 8. Establish more Sober Living Homes.

### Healthcare

- 17** 1. Mandate education and training for health care professionals.
- 21** 2. Establish standard prescribing practices for urgent care, emergency departments, and pain clinics.
- 1** 3. Dental clinics should utilize the findings of the Tufts Health Care Institute Program on Opioid Risk Management and the School of Dental Medicine, Tufts University
- 10** 4. Ensure that chronic pain sufferers have safe and consistent access to care.
- 14** 5. Provide education and warnings of the addictive nature of narcotics to patients before prescribing.
- 7** 6. Support a system that increases security and traceability of controlled substances from manufacturer to patient.

### Law Enforcement

- 2** 1. Increase the number of Drug Recognition Experts (DRE) and Advanced Roadside Impairment Detection Education (ARIDE) statewide to better identify drugged driving and potential drug trafficking.
- 11** 2. Expand Drug Endangered Children (DEC) programs in every county and Tribe of the state that provides coordinated efforts of law enforcement, medical services, and child welfare services to ensure that drug-endangered children receive appropriate attention and care.
- 13** 3. Develop a system to allow the surrender of heroin and drug paraphernalia to law enforcement without risk of legal ramifications.
- 11** 4. Provide basic training on substance abuse for all persons working in the criminal justice system to increase knowledge and awareness of the disease of addiction.
- 12** 5. Engage the Department of Corrections (DOC) to ensure a system for providing interventions to incarcerated persons who have substance use disorders (specifically heroin dependence/addictions).

### Treatment

- 36** 1. Establish in-patient stabilization centers/facilities to allow patients time to detox as well as coordinate follow-up services such as continuing treatment options, stabilized housing or community recovery support.
- 13** 2. Provide treatment for persons while incarcerated.
- 13** 3. Provide accessible Medication Assisted Treatment (MAT) for all populations through multiple service providers and delivery systems.
- 13** 4. Provide accessible Non-MAT throughout for all populations through multiple service providers and delivery systems that include items such as: withdrawal education, harm reduction education, cognitive-behavioral coping skills therapy and contingency management.
- 11** 5. Increase treatment options for adolescents.

### Other

Because this is only a limited list of recommendations, if there are other strategies your community is currently working on or strategies you believe would have an impact, please be sure to include in discussions. **Viable employment. Methadone clinics with mandatory visit to social worker before beginning.**

After individuals voted, they were asked to confer with others at their tables to come to a consensus about the top three strategies. Table representatives presented their results to the audience.

The top concerns identified by the 13 breakout groups were:

- Educating youth about drug abuse and effective refusal skills
- Training for health-care professionals about responsible opioid prescription practices
- Harm-reduction models for addicts, including needle exchanges
- Treatment modalities that include detox, residential, aftercare and follow-up components
- Educating EMTs and first responders on administering antidotes to overdose

## TABLE BALLOT

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- 1** 7. Increase support for positive youth activities.
- 1** 8. Partner with workplaces to increase opportunities to provide drug prevention and education to employees.

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## *Five County Commitment: Alderman Michael Murphy*



### *Chris Abele, Milwaukee County Executive*

This conversation is very important - the issue needs to be more public. Between 2010 and 2013, deaths attributed to heroin nearly doubled in Milwaukee County. We have developed a wraparound approach to blending community-based and public prevention services and interventions. We have focused on data sharing among a variety of partners. We have increased AODA services, with a priority on providing IV drug users with immediate treatment. We are expanding our medical treatment services and focusing on increased funding for AODA services, in general. Alcohol and drug courts, expanded housing options and increased data sharing with the criminal justice system are all part of our strategy to leverage against existing services in this fight.

All of us on this panel have worked together at one time or another. You should expect a commitment for continuing collaboration from all of us. In fact, I ask you to hold us accountable as we confront this epidemic. Also, I welcome anyone to bring us any new ideas or strategies that we haven't tried.

### *Lee Schlenvogt, Ozaukee County Board Chairman*

We are committed to a regional approach. Locally, we have targeted funds to the Sheriff's Department, adding additional deputies. A primary focus is education. At the first community heroin summit, we had standing room only and had to turn some people away. We continue to

educate parents and grandparents on safe storage and disposal of opiate medications. We have seen the success of the education campaign about drinking and driving in changing young people's behavior. We can do the same with this issue. We have a website providing statistics, information and resources about the heroin epidemic in our county.

*Paul Decker, Waukesha County Board Chairman*

Collaboration is key. We have lots of police chiefs in our county, and they are working together well to address this endemic problem. Waukesha County now has a population of about 400,000 – part of its growth is families wanting to get away from the urban problems. One of our issues is denial among parents. Young adults have developed elaborate schemes, such as attending real-estate showings and going to the bathroom in the homes to steal prescription drugs from medicine cabinets. One positive sign is that the business community is joining the effort. Local manufacturers need skilled labor to stay in operation. One company lost 22% of its workforce in one day after randomized drug testing. Waukesha County will continue to seek funds for its successful drug and alcohol treatment courts. We are committed to remaining a strong partner in the regional solution to the heroin epidemic.

*Jim Ladwig, Racine County Executive*

Our educational efforts have included three local heroin summits. One had an attendance of 60 people, while another had 600 people in attendance, with 300 more individuals connected by live streaming. The sparsely attended summit shows the need for engagement in all our communities. Our Human Services team is educating high-school counselors on the challenges and symptoms of opioid abuse. We will continue to spread the word with pamphlets, ads, billboards and PSAs. We are pursuing arrests of drug traffickers, as well as treatment and special court settings for drug users and vets. We have implemented Narcan availability for police and fire EMTs and emergency-department personnel. We will continue to collaborate across the region to address this problem.

*Joshua Schoemann, Washington County Administrator*

I am impressed with the activities of the coalitions and prevention networks in Washington County. Community meetings about the problem and student/parent coalitions have been effective. The West Bend Drama Troupe is one small example of our work in local schools. We are fully committed to collaboration – not just talking about it, but staying in contact through phone calls and face-to-face meetings. We have done some great work; let's keep it up.

***Call for Community Commitment: Alderman Michael Murphy***

Alderman Murphy asked each person at the Symposium to make a specific commitment to fighting heroin addiction and to write that commitment on a card to be shared with the entire group. This was an opportunity for participants to sort through all of the day's information and focus on the critical things they could do to make a positive change.



## I am committed to:

- Breaking down barriers to medication assisted treatment
- Be a good partner in collaborative groups supporting recovery and wellness
- Helping active drug users stay alive so they can recover one day
- 1 day at a time
- Spreading the word about the damage of heroin and opiates
- Education and collaboration
- Continued attempts to collaborate
- Supporting communication education programs
- Providing resource information
- Continuing to evaluate and promote best treatment practices for addiction
- Supporting our local drug-free coalition
- Collaboration, prevention and education
- Compassionately aiding in finding treatment options
- Supporting whatever efforts are initiated in my county to respond to this big concern
- Providing time, support, staff, passion, and resources to this
- Passing it on
- Educating parents, youth and other adults
- Teaching youth refusal skills, how to manage stress and improve resiliency to deal with their ever-changing environments
- Educating health care providers on opioids
- Collaboration across systems, community partners and policy makers to address the heroin issue
- Supporting understanding of the devastating effects of heroin and opioid usage
- Keeping overdose victims alive so they have a chance to get help
- Loving and accepting all those struggling with addiction issues
- Working on our top three strategies
- Educating the public
- Reaching out and listening to everyone's story and

- providing services and whatever help I can
- Making connections with the various speakers at the symposium today to accomplish the community goals
- Responsible prescribing practices as a future physician
- Educating and training health care professionals
- Collaborating with others to promote and make aware the dangers of opioid/heroin abuse
- Educating the public about the importance of drug treatment and advocating for funding for those critical services
- Furthering community collaborations around AOA and heroin issues
- Providing hope from the bench!!
- Advocacy, clients, person-centered
- Educating others on the scope of the problem of heroin and opiate use/abuse
- Providing quality care to individuals who struggle with heroin and/or opiate dependence
- Supporting people seeking treatment in a non-judgmental manner
- Increasing awareness
- Making sure the needs of communities of color do not get ignored in the SE Wisconsin heroin eradication movement
- Incorporating heroin-related prevention messages under the injury prevention component in our community health improvement plan
- Providing education, providing treatment
- Supporting parents and newborns who have had opiate exposure
- Helping develop more family drug treatment courts in Wisconsin
- Holding Chris Abele accountable
- Communicating today's information to a host of people involved in community organizations, and neighbors and friends
- Effective treatment
- An ongoing collaboration across SE Wisconsin in finding a solution to heroin/opiate abuse
- Continuing to make a difference by providing a balance between treatment, law enforcement, and education
- Reaching out to community agencies to further collaboration
- Reducing stigma so people seek help
- Helping individuals that have a substance abuse problem to realize there is an end to this addiction and their lives can be whatever they dream about
- Raising community awareness of realities of heroin-opioid epidemic – both in professional and personal life
- Collaborating with agencies in my community to provide the services required by clients I work with to find and maintain sobriety
- Continuing to motivate clients to quit their substance use as well as sharing this info with co-workers and staff
- Ending prohibition laws that demonize addicts and create terror and violence especially in poor neighborhoods; laws should make us safer but drug laws hurt all of us everyday
- Changing state laws so we can fight the scourge of addiction and stamp out heroin and opiate abuse
- Health, education and prevention
- Education
- Collaborating for change
- Advocating for increased funding for treatment
- Educating others from my own personal experiences how and why impeding opiate/narcotic/drug abuse or usage is critical to our whole community
- Coordinating efforts within my community to increase public education through building a local coalition and changing the

- paradigm both locally and regionally
- Educating people about addiction
- Continuing to collaborate with community partners to support health education and AOA prevention education within the Milwaukee Public Schools
- Reaching out to youth rather than judging or ignoring them
- Increasing our organization's prevention efforts
- Being aware of the issue and spreading information to others
- Bringing a heroin summit to Rock County; it would be our first one
- Continuing to ask the right questions to the right people until a difference is made
- A safe community for my grandchildren and the generations to follow
- Starting a conversation at my school and working to de-stigmatize addiction
- Expanding treatment options in multiple settings, life span approach; education of youth and parents, medical providers
- Speaking up and out about opiate and heroin as toxic substances that threaten the health and safety of too many
- Offer the Zilber School of Public Health as a vital resource for education and prevention services
- Connecting with public health officers in the five counties to collaborate, share data, resources and solution; I am committed to working on this issue going forward
- Helping young people learn how to express and deal with any type of pain they are experiencing in a healthy manner at as young an age as possible
- Collaboration, education and sharing what I learned
- Collaborating
- Educating myself about opioid addiction and telling others
- Prevention

### *Closing Comments: Mike Mervis*

Mr. Mervis challenged participants to return to their communities with a commitment to action. He promised a follow-up survey to solicit their views about the symposium and more information about next steps for the five-county effort to address heroin addiction.

Video of the entire Heroin Symposium is available at <http://city.milwaukee.gov/HeroinSymposium2014#.VA3S8Mt0xD8>.