



Attendees in person	Brad Finegood, James Duchin, Jim Pugel, Danielle Winslow (on behalf of Mark Putnam), Tom Rea, Jeff Sakuma, Pat Sanders, Steve Stocker, Milena Stott, Mary Taylor, Jim Walsh, Penny Legate, Catherine Lester, Scott Lindsay, Daniel Malone, Susan Mazor, Pegi McEvoy, Kevin Milosevich, Shilo Murphy, Michael Ninburg, Ryan Oftebro, Thea Oliphant-Wells, Roger Dowdy, Charissa Fotinos, Jonathan Larson (on behalf of Reba Gonzales), Steve Gustaveson, Annette Hayes, Annie Hetzel, Darcy Jaffe, Norm Johnson, Susan Kingston, Mark Larson, Andy Adolfson, Roland Akers, Caleb Banta-Green, Chelsea Baylen, Tim Bondurant, Dan Cable, Chloe Gale (on behalf of Molly Carney), Frank Chaffee, Sara Chaudry, Mark Cooke, Lisa Daugaard, David Dickinson	
Guests and Minute-taker	Special Guest/Co-Conveners: Dow Constantine, Jim Vollendroff, Kate Jones Guests: Susan Kingston, Laurie Sylla, Leah Holland, Patricia Sully Minute-taker: Tisa Smith, Haley Raspet	
Issues	Discussion	Recommendations/Outcomes
I. Welcome, Expectations, Introductions (Brad Finegood, James Duchin, and all members)	<p>Meetings will be going into the summer and chairs hope that everyone will be able to make them. If you are not able to attend the meeting and would like to send a proxy, email Brad.</p> <p>Expectations: full participation, bring yourself to this taskforce and work within a work group.</p> <p>If contacted by the media, please feel free to share your information, but please do not speak on behalf of the other members of the task force. Please refer any formal media inquiries/comments about the task force to Brad Finegood and Dr. Duchin. As chairs of the task force, they will handle those inquiries.</p> <p>Website Development: a website is being developed through King County. The website will list everyone as a Task Force member. Agendas will not be posted on the website beforehand. Although this is not a closed meeting, the idea is not to open it up for media attendance. Agendas will be posted retroactive to the meetings along with any other resources.</p> <p>Task Force Schedule: Meetings will take place on the fourth Friday of the month for most of the next six months and then as needed on a month by month basis.</p> <p>The end product needs to be achieved by the end of September. Everyone will need to contribute within the six months of the Task Force, whether doing writing, editing or supporting the project. The focus will be on what can be done in the short term and long term with policy goals and system goals.</p> <p>Community: The idea is to interact with the public, make it a fair process, hear from the public, have the public inform the task force process and be able to speak with the public before coming up with a plan to reform. Two community meetings are scheduled, one in early May and the other in late August or September 2016.</p>	

	Task Force members each introduced themselves and discussed their commitment to the problem of heroin and opiate addiction.	
<p>II. Presentation (Caleb Banta-Green)</p>	<p>Data Through 2015 (please see handout)</p> <ul style="list-style-type: none"> ❖ Usage and addiction usage ❖ Cocaine supply diminished ❖ Meth increased , decreased in 2008 and is now on the increase ❖ Prescription opiates increased ❖ Heroin increases ❖ County level prevention ❖ Preventing death from overdose <p>Treatment</p> <ul style="list-style-type: none"> ❖ Alcohol ❖ Heroin treatment surpassed alcohol treatment in 2015 ❖ Meth usage and treatment stays level ❖ First treatment admission increase in young adults (to keep these young adults alive we need treatment) <p>Many individuals state that they started using heroin based on addiction to opiates such as oxycontin and morphine</p> <p>Questions regarding Fentanyl: Washington has been lucky so far not to be hit hard with Fentanyl issues. Toxicology screens will not detect fentanyl, but urine screens will.</p> <p>CDC has useful information on the heroin epidemic and misuse. How to manage pain, determining which patients need the medication.</p> <p>Good Samaritan law: provides protection from prosecution for those people who have drugs on them if they are calling authorities about an overdose.</p> <p>Seattle Police Department and others are paying for Caleb's research on how - Naloxone/Narcan is helping with overdoses.</p> <p>Medication-assisted treatment expansion (MAT): 350 person cap on how many people can be treated at a facility.</p> <p>Prescription drug collection: Generally, pharmacy will take back basic meds (twice a year) but will not take back opiates.</p> <p>Vancouver BC safe consumption site – The catchment area for this site is broader than the sites in Seattle which encompass the community most affected. -</p> <p>*The problem is not keeping people alive but helping them live.*</p>	<p>[from presentation:]</p> <ul style="list-style-type: none"> ❖ Prescribing guidelines, prescription drug monitoring, epidemiology, who's using the opiates, engineering strategies, safer packaging ❖ Overdose education, distribution ❖ Addiction treatment - expanding access and lifting the cap on the number of people that are being seen, how addicted people are getting their drugs, where are they having overdoses ❖ Community-based strategies – improving access to housing educating in the community, safe storage and medicine take-back programs
Next meeting	Friday, April 22, 2016, 1-4pm, YMCA Downtown Seattle (909 Fourth Avenue)	