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[00:00:00] **Speaker 1** Liked that.

[00:00:01] **Speaker 2** Oh, God.

[00:00:02] **Speaker 1** He knew where his next paycheck was going to come from. People that would love to hear that and would have been disappointed if he had taken the high road.

[00:00:10] **Speaker 2** Oh, really? Okay.

[00:00:11] **Speaker 1** It's he's he's pure. No matter what he said, he's came from the Republican Party and he will go back to those. Absolutely right. So it's not like he was going to go back and be working in anyone's local court.

[00:00:23] **Speaker 2** No. Right. Gotcha.

[00:00:24] **Speaker 1** So in that respect, as cynical as it is, there's an element of he was very honest.

[00:00:31] **Speaker 2** That he so you have.

[00:00:32] **Speaker 1** To say that tone that he ran his entire campaign like he did not change at the news. You see a lot of people, like a lot of politicians, will run a nasty campaign and then at the end, try and act like they're a statesman and lose.

[00:00:45] **Speaker 2** Absolutely.

[00:00:45] **Speaker 1** It's like, well, which parts? Fake that or all the other crap that you said, right. Threatening democracy stuff. Right. So for him like you can you can say he really did believe everything he was saying. And as he kept saying it, whether that was what we want in our politics or not is.

[00:01:01] **Speaker 2** It would be interesting to have that. We don't get it anywhere from here to Washington. We don't get it.

[00:01:08] **Speaker 1** No, but yeah, that was I mean, I've covered politics for a long time in Wisconsin, so that was it's definitely reflective of the shape, the changing landscape.

[00:01:17] **Speaker 2** Gotcha. Interesting.

[00:01:19] **Speaker 1** But in some ways, it's not terribly surprising.

[00:01:22] **Speaker 2** Oh, I understand. Okay.

[00:01:24] **Speaker 1** Zach, I am ready. New York. Okay. All right. Well, I guess let's start with give me a little bit of background on the program here and your involvement with it, because obviously this goes beyond just working with people in the community that have substance abuse issues, but they have become an element of the outreach you're doing.

[00:01:42] **Speaker 2** Yes, absolutely. So the Maury program, the Milwaukee Overdose Response Initiative, started in 2019 here in this station on Station 31, located on the south side of Milwaukee. It started in June of that year. And at that time it was three it was one single car that would go out for about 4 hours with three people, two MFT members and one peer support. And now it's grown to what it is now, which is two cars going out for 7 hours a day with six people total. Myself and Lieutenant Robert Burger. And then we'll have another two MFT members and two peer supports from one of our local entities within the county here who help out with our substance use and our peer supports our past substance use disorder sufferers who have Now, I don't want to I don't want to say turn their life around, but are now sober, have a lengthy history of sobriety, and now are giving back to the community. And that's awesome for us to have them, you know, help out with this program. So again, like I said, we've been in here since 2019. The program started with the help of all of them, automotive. Murphy, who saw, you know, we were having some issues with, you know, overdoses within the city and the county in general and wanted to address that started out with very, I hate to say, a minor amount of money, but what they could get together to get the program kind of up and going. And now it's grown into what it is now. So which is which is awesome. I mean, it's great.

[00:03:30] **Speaker 1** So when you are reaching out to people, typically the way you learn about them is because they've been using the 911 system or others have been calling in that they've had issues. Right. And that's kind of how you're triangulating or your career you're talking to.

[00:03:43] **Speaker 2** Well, we that's one of the ways we get their information are 90%, 90, 95% of ours are people who had contact with the 911 system. There was an EMS event that either they were given Narcan during that event or was listed as an overdose. I get that information every morning and we go through kind of filter out who are actual it was an actual overdose. And then we go out and try to follow up with those people within 24 to 48 hours. And that's generally how we get most of our contacts. We are we do have some are we can share some information with some other entities so I can get information that way and vice versa. If we have somebody who say overdose is in the city here between West Allis and Greenfield, we can share information for contacts. And if I have somebody here in Milwaukee who lives in Greenfield, I'll give them give them that information and vice versa. That's one of the ways in the past, I've also gotten information from the Milwaukee County District attorney's office. And we also get follow ups for the mayor's office through the through Frater Hospital and Medical College. Hrabowski Johnson. They will reach out to us after a fatal overdose and ask that we go out and follow up with either family or any of the survivors that were there during that fatal overdose. And we do that as well. But 90 to 95% of our contacts are due to the 911 system, and the more time goes anywhere in a county. So I've I've been anywhere within the county attempting to make contact with our clients.

[00:05:25] **Speaker 1** So when when you're reaching out to people, what are you trying to either get from them or get them to understand or or connect them to?

[00:05:34] **Speaker 2** Well, the first thing is we want to put them at ease. We're not here to get them in trouble. We don't share their information unless they allow us. So a lot with the people we make contact with. They do have some aversion to law enforcement. And we let them know that we we don't share their anything with law enforcement. We don't let their if they have appeal, we don't adviser people that we make contact with them for whatever reason. They're protected by their HIPA laws, by their Hippocrates. So what we do is we kind of let them know right away, hey, we are just here to follow up and offer you some services. And again, that's where we like I say, you know, the fire department badge gets us in the door and then that's where our peer support will kind of come in and say, Hey, look it, here's what we're here to do. What kind of are you interested in treatment? Do you want to get some help for what you're here using? A lot of times people are still kind of standoffish. Other times we can transport people immediately. At that time, if that's something they're interested in and we can get them into a treatment center for medication assisted treatment right at that moment. But what we do is we just advise them of everything that's, you know, available to to them from not just us, but other entities throughout the city. We don't claim to have all the answers, but if we need information, we know where to get it or who to talk to. And that's what we do. We can try to help provide them with treatment options, housing options. Our biggest barrier, honestly, is making contact, and that comes from the EMS reports. If it doesn't have all the information we need there to make contact or the information is incorrect. And that could be a host of reasons, not necessarily the fire department's reason. But if the person's unresponsive, we can't get any information from them at that time. Maybe they didn't give an honest response because of fear of some type of interference from an outside agency. They don't want to have contact with. That's our biggest barrier, is just making the initial contact with these people. Once we do, we just offer them services as much as as much as or as little as they want. We try to meet up, meet them where we're at. Part of me. We try to meet them where they are at. Some people are tired and they were just waiting for us to come to the door. They just needed the right people to show up at their door to say, Hey, lookit, do you want some help? Other people are like, Nah, I'm okay. I really don't need any help. This is a one off for me. I don't use opiates, you know, I use crack cocaine, something other than what they thought they were using or what they ended up using. And more than likely, it's fentanyl. So I've had people who are older than me and I'm 56 who wake up and there's a fire department standing there, and they're very surprised because they were using cocaine. I think now this in this day and age. I find it surprising that people don't think there's fentanyl in their drugs because it's everywhere. It is. It's so cheap and it gives you such a high that the drug dealers are putting in everything because they want to have the good stuff and they want you coming back to them. And if that means there's fentanyl in there and they're going to still potentially kill somebody. That's a chance apparently they're willing to take with other people's lives, unfortunately.

[00:09:10] **Speaker 1** So there was a press conference held a little while ago talking about the number of overdoses in a short period of time. But then what didn't get as many headlines was that the aftermath of that was nearly as bad. Can you walk me through a little bit of that timetable?

[00:09:25] **Speaker 2** Yes, that was that was a rough couple of days. A lot of fatal overdoses. Like we said, the 17, which I think one of the oldest one being like 83 years old, which is really unheard of. Right after that, I think I believe we had another 17 within, I think 4 to 5 days after that. So you had over 30 in about a week period, which is just a horrific number for a city our size as well. Unfortunately, I believe we're going to be over 640 some fatal overdoses in the county for 2022. And that's that's just that's too many. One is too many. Realistically, we know that's not going to ever be zero, but we want to try to get it down as far as possible. And I think with the harm reduction that's out there, it's really made it possible. Otherwise, I'm sure we would be well over 1000 here in the county. But that was a that's a that was a kick in a in a in a stomach with all that we're doing. When you see something like that happen in such a short time, it's like, oh, you know, what are we doing here? What do we get? What do we need to change to not have this happen again? And it's really everything just fluctuates. You know, there are times when we go off, you know, a few days or where there's not a fatal overdose. It's just a day like that as it's just a real punch in the gut. But we we just get out there and do what we can and and make sure that, you know, our names are out there and people know the services that are available. And I think that helps. People are very surprised when we come to our door to know that there's a fire department program such as the Maury program. So that's always a good feeling when people are like, I really appreciate the fact that this, you know, exists.

[00:11:21] **Speaker 1** So so when it comes to this this stretch, what what should we be doing differently? Is there anything that can be Because we've already I mean, there's an increase in the amount of assistance that's out there. There's the testing strips. There's the Narcan. There's programs like this. And yet we're still seeing this this dramatic increase.

[00:11:43] **Speaker 2** Yeah. I don't know if I have a. An answer to that, to be honest, I think I think more needs to be addressed with mental health because we find that although you can get somebody in for treatment and cure the physical addiction that they're having, there's a mental there's a mental issue behind this. Is there some past trauma and why they're using? We find that, you know, 85% of the issue is actually something, you know, behavior or mental health reason. So I think we really need to make sure that is being addressed and which it is. I think getting people where they need to be the right situation, the housing situation, which is tough, the contact, you know, making contact with these people is tough. A lot of people just take off and, you know, they disappear right after that 911 events or they don't, you know, want any help. I think addressing the behavior health needs will help. Keeping harm reduction out in the community is going to help us keep the numbers down to a certain extent. I think society wise, people are hurting. I don't I think since COVID as well to people are really suffering with things are, you know, either lack of jobs or, you know, they lost a loved one or just dealing with everything that's going on in society. You know, you can and you can see it all around. You can see it all around the county. You know, people are suffering. I wish I had an answer. I really wish. I think right now we're. We're a Band-Aid. Two. This a good one, but we don't have all the answers. There's so many things that are involved with, you know, getting somebody in the treatment and keeping them in treatment. That is a key. If you get somebody into treatment, that's great that now they're addressing their physical substance use. Do they have a place to live? What else is going on in their life that is maybe causing them to use and just not want to deal with some of the stressors they have in their life?

[00:13:59] **Speaker 1** So is there a danger that is the number of overdoses and fatal overdoses becomes more normalized, that the public becomes numb to the impact?

[00:14:11] **Speaker 2** I'm sure there's a possibility.

[00:14:13] **Speaker 1** Can it lose its ability to shock people?

[00:14:16] **Speaker 2** While being in a fire service. That's a tough question for me because I don't know. We don't get shot a lot. There are still things that bother us. I don't think we necessarily like I say, we don't necessarily become numb, but you do get used to it. And I was on a paramedic unit for nine and a half years, and I would see a lot of the same people. And I could tell you prior to coming in this position, I would get frustrated sometimes and just look at people and try to give them my dad talk and, you know, what are you doing? You realize you're you know, you're killing yourself here. You need to make some other decisions. And I would always go out of my way to ask somebody, especially when it came to overdose, how did we end up here and try to find out just a little bit of their history? Because I'm only with them on a short time when they're in the back of my med unit. I asked them exactly how do we end up here together? And it would be some very interesting stories and very sad. And I think we just we got to get people to be more accepting of substance users and understand the reason why, why they are using and. Be a little more sympathetic to understand. It's not a choice anymore. Maybe years ago it was a choice and he started using. But once this once opioid grips you, it doesn't let go. There's a lot to be said for someone who will throw away their entire life for that that substance. And we're talking friends, family, your job, your your future, they it doesn't matter. None of that matters. So it's not a choice. Like some people still, I think, think, you know, you need to be strong. Well, that's that's really not the case. We know that now. And I think that's where we're starting to come into a little bit more. Acceptance is at least as far as treatment options. I think people are starting. Yeah, maybe to get a little numb with the numbers. But I think that due to the fact that they under a lot of people now are starting to understand there is more to this, you know, substance use disorder than initially thought. So I'm hoping that that kind of turns around. We see a lot of people who volunteer, who were either past years users or have had people in their lives that are users and just want to help. Which is just awesome.

[00:16:53] **Speaker 1** One of the other new things is the Zawiya scene that's coming in to some of the drugs. Is that is there a possibility of blowing that out of proportion as far as the seriousness of it compared to fentanyl?

[00:17:04] **Speaker 2** No, I don't. I don't think so. I think it's very serious. And the part that's really scary about it is the fact that Anakin doesn't work on it. So we still want to we still tell people, no matter what you think you were, you know, the person was using, if you think they need Narcan, administration use it. Narcan is extremely safe. We would rather that someone use it than not. If you think that you need to use the Narcan that you have with you, don't hesitate. The worst that might happen for them is they might become slightly nauseous or vomit. That's a lot better than not giving them a Narcan, a potentially a fatal overdose. So with the psilocybin, that is something that people should be worried about. And I hope it doesn't start to become, you know, kind of similar to what some of the substance users are kind of feeling with their fentanyl work, just as like, you know, I'll be okay, I have Narcan and that's not going to. That's not going to work for them.

[00:18:06] **Speaker 1** So what are the things that we heard from a substance abuse counselor was that the actual first responders in a lot of these cases are other users, the people that someone is taking drugs with. What what is that community like when you interact with someone who did call 911 with someone else or did.

[00:18:26] **Speaker 2** Well, they you know, they for lack of a better word, they're, you know, kind of excited and proud of themselves. Like, hey, I, I gave them an hour. Can you know, I had it here. And we I commend anybody that's anyone that's outside of, you know, emergency services that are willing to give Narcan because it can be a little nerve wracking and be a little scary. And you're wondering if this is working or if I should be giving us. I think they that the fact that there's so much harm reduction out there now makes a huge difference. People feel a lot more comfortable using it. When I first came in this position in 2020, there was not the harm reduction out in the community like there is now right now with having all the stuff that's available, it's it's great. Like I said before, we'd we'd be looking at a lot more overdoses so you could easily double the overdoses in the county. I think if we didn't have the harm reduction that we do now and availability for people to just walk up to any fire station in the Milwaukee city of Milwaukee, get themselves some Narcan, you can go to other entities in West Allis and Greenfield, and you're able to get it through vending machines. There's other local places in the city of Milwaukee that have a spot where you can get Narcan from. It's I think it's something that people weren't expecting to have at their you know, their ability to use that. I think it's made a huge difference and it will continue to. So I, I don't know when we'll get ahead of this, if we ever will, ever, will, ever will. I'm hoping so. But right now, we're just I don't want to say we're we're treading water. We just the more information people have, I think it's going to help. And realize the services that are out there I think really makes a difference. And I'm sorry if I'm I think I might have just went off on a tangent there, but apologize.

[00:20:31] **Speaker 1** Is there a possibility that all the harm reduction that's out there makes drug users more comfortable, too comfortable? Should it be more scary that there is a lot of stuff in the drugs that can kill you?

[00:20:45] **Speaker 2** I do. I think they should be a little nervous about using. Sure. It's not going to make them stop. Something that I as being what I've been called a normie I didn't know as non substance. Substance user is when someone dies and there's everyone knows who that drug dealer is. You would think that I'm going to stay away from that person. They do not. The substance users that find out about that go right to that drug dealer to get the drugs that they sold that person who encountered a fatal overdose because they know those drugs are stronger. They're just going to use less of them. So while they may have Narcan around, does that maybe possibility? People call it an enabling. We don't look at it like that. We it's we we say it's enabling you to stay alive until you are willing to get treatment. So while some people look at having Narcan out in the community is you're just allowing people to use more drugs. Well, if the Narcan isn't there, they're going to potentially die and never get the help that they need.

[00:21:53] **Speaker 1** How much of the social view of drug use in how to do harm reduction has changed as drug use has moved out of certain populations that are already stigmatized? Yes. In become more known in suburbs, in wealthier areas. Yes. Among people that have more privilege.

[00:22:13] **Speaker 2** Well, you know what? It's funny. I mentioned that before. I've been everywhere in the county in some areas where you just say that, you know, it doesn't happen over absolutely happens there everywhere. It doesn't matter. I think the stick, the stigma is starting to change a little bit. People are starting to understand, hey, look, it can happen to me. It can happen to a loved one. It doesn't matter where it is. I think in the fire service especially, I hate to say stigma attitude is definitely changing. We are 100% proactive with our harm reduction and trying to help our substance users out. That's one of the reasons why this program is here. Our Chief Lipski is 100% behind our program and harm reduction and helping substance users, you know, with their disease. And I think the public is, you know, obviously starting to learn more about it because it's out there so much and all people are being talked about it. They're not learning things from, you know, people who don't know what they're talking about. You know, these are health officials that are letting people know this is actually what's going on. These are a reason why people are using. And within the fire service, you know, I was guilty of it being frustrated with seeing the same people. But now my attitude and my attitude has changed. You know, 180 degrees. And I'm definitely proactive and had to educate people outside of the fire service who have made some not so nice comments about substance users. Let them understand that it's not what you think it is. This is not the old days of, you know, firing up a joint and just hanging out with your with your bodies. That's not the case anymore. This is destroying lives, not just of the people who are using and potentially dying, but family members that are left behind as well, too. And that's something we address with our team. If we make contact with family members and not necessarily the substance user, we offer services to them as well. Because you find that, you know, the mothers and fathers and the other family members that are dealing with this as well need help. You know, it's it tears families apart and it's it's it's hard to watch. And we always want people to know that there is, you know, someone out there to help.

[00:24:44] **Speaker 1** Okay. Can I get you to say and spell your name and your title to say, okay.

[00:24:48] **Speaker 2** Okay. David Pawlikowski It's As and Peter O'Dell A.c.h. O.W. Hey, I am a fire captain and paramedic with the City of Milwaukee, and I run the Milwaukee Overdose Response Initiative.

[00:25:02] **Speaker 1** All right, great. Before can you kind of walk us through what the committee that I answer your. Okay, because.

[00:25:09] **Speaker 2** I know I can I can talk and I can go off on a tangent. So I'm like, I just not answer his question.

[00:25:15] **Speaker 1** So I.

[00:25:16] **Speaker 2** Apologize.

[00:25:16] **Speaker 1** Before you go, do the light. Okay, Here is I don't need to cross any. Let's find your camera, then. Yeah. Before I forget. Oh, yeah. Do you know what the clap is? No. Oh. So we have to sync up the two cameras. Oh. So if you want to put your hands up, he'll let you know. Higher or lower right there. And then clap as loud as you can. Okay. Perfect. Okay.