



Legislation Details (With Text)

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Authorizing the creation of the Philadelphia Opioid Response Task Force.

WHEREAS, Millions of Americans suffer from opioid addiction, and more than 1,500 people die every week from opioid-related overdoses; and

WHEREAS, More than a million people in the United States have died of drug overdoses since 2000, the majority of which were due to opioids; and

WHEREAS, Since 2015, the opioid mortality rate has contributed to a historic decline in life expectancy in the United States; and

WHEREAS, Pennsylvania's overdose death rate is among the highest in the country; and

WHEREAS, Philadelphia's overdose death rate leads all large cities in the United States and is more than twice that of the second most severely affected city; and

WHEREAS, Philadelphia has experienced nearly 6,000 fatal drug overdoses in the past five years, over 85 percent of which involved opioids; and

WHEREAS, Thousands of individuals experience non-fatal overdoses or other negative consequences of opioid use and addiction every year; and

WHEREAS, It is widely recognized that the over-prescribing of opioid painkillers played a major role in triggering the epidemic of opioid addiction, overdoses and deaths currently ravaging the country, the Commonwealth, and the City; and

WHEREAS, The Commonwealth was among several jurisdictions to bring nationwide litigation against the three largest pharmaceutical distributors, McKesson, Cardinal Health and AmerisourceBergen, pharmaceutical

manufacturer Janssen Pharmaceuticals, Inc., and its parent company Johnson & Johnson, for their improper roles in the distribution, manufacture, sale and promotion of prescription opioid products; and

WHEREAS, Under settlement agreements reached to resolve this litigation, Philadelphia is expected to receive more than \$160 million of the \$1.07 billion allocated to Pennsylvania (“Philadelphia Opioid Litigation Funds”); and

WHEREAS, These Philadelphia Opioid Litigation Funds must be used to support and expand assorted local drug abuse prevention, education and treatment services and will be distributed over an 18-year period; and

WHEREAS, The people of Philadelphia can offer meaningful insights on how the Philadelphia Opioid Litigation Funds can be allocated to best serve their communities; and

WHEREAS, The Philadelphia Opioid Response Task Force will collectively work to promote the efficient and effective use of Philadelphia Opioid Litigation Funds; now, therefore, be it

THE COUNCIL OF THE CITY OF PHILADELPHIA HEREBY RESOLVES:

SECTION 1. Creation of the Philadelphia Opioid Response Task Force. The Philadelphia Opioid Response Task Force (hereafter referred to as “the Task Force”) is hereby created as a Council advisory body.

SECTION 2. Composition of the Task Force. The Task Force shall be composed of fifteen (15) members confirmed by Council by resolution. Members of the Task Force shall come from a variety of areas of expertise within the opioid response community, including, but not limited to: drug abuse prevention, treatment and recovery; healthcare; behavioral health; law enforcement and criminal justice; education; housing, transportation, job placement/training, childcare and other wrap-around services to individuals in recovery. The Task Force shall appoint one of its members to serve as Chair.

SECTION 3. Function of the Task Force. The Task Force shall evaluate the impact of the opioid epidemic in Philadelphia, explore ways the City can remediate the effects of opioid misuse, and identify opportunities for local investment in approved Philadelphia Opioid Litigation Funds uses.

SECTION 4. Meetings of the Task Force. The Task Force shall be convened within 30 days of its creation and shall meet at such times as a majority of its members deem necessary and appropriate.

SECTION 5. Report of the Task Force. Within 90 days of its first meeting, the Task Force shall prepare and distribute to the Mayor, all Members of City Council, and any interested members of the public a report of its findings. The Task Force shall review its report every 90 days thereafter and update its findings, as appropriate.