City-County Heroin, Opioid, and Cocaine Task Force

Milwaukee, WI

INITIAL PLAN
2018 - 2022

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Executive Summary

The City-County Heroin, Opioid, and Cocaine Task Force (CCHOCTF) is charged with investigating and making recommendations regarding ways to ensure long-term health and safety of City and County residents by reducing fatal and nonfatal overdose from misuse of opioids, heroin, and synthetic analogs, and cocaine (in both powder and crack form) through data-driven public health prevention approaches. (City of Milwaukee Resolution, Common Council File Number 161061, passed January 18, 2017).

The CCHOCTF is representative of multiple sectors from city, county, and state agencies and those with lived experiences of substance abuse. The CCHOCTF was designed to meet regularly to develop a work plan to serve as the City and County of Milwaukee's initial strategic plan for action. Opportunity for community comments was provided during regular meetings, and two additional meetings were held specifically for community input.

This initial plan outlines focus areas to scale up response to death related to substance misuse and is grounded in a public health approach. The plan includes the following focus areas established by Task Force members:

1. **Enhance and fund existing prevention programs** to keep individuals from developing substance use disorder.
2. **Reduce the number of opioid-related death**s in Milwaukee County.
3. **Reduce the number of drug violation-related arrests** among youth.
4. **Ensure adequate access to timely, affordable, and quality services** for all people with substance use disorders.
5. **Develop programs in collaboration with the criminal justice system** that treat addiction as a disease, while actively working to reduce the availability of illicit substances.
6. **Enhance collaboration** between community-based initiatives and government agencies.
7. **Improve epidemiology and surveillance** related to substance misuse.
8. **Support federal, state, and local policies and legislation** aimed at reducing substance misuse and overdose with equitable, cost-effective, and evidence-based approaches.

This initial plan is meant to serve as guidance in developing a wide range of strategies for community engagement, discussion, and program development. It builds on concepts derived from federal, state, and local agencies as well as discussions with interested stakeholders currently active on this issue.

Prior to publication of the CCHOCTF final plan, multiple community meetings will take place during which community stakeholders will highlight current efforts including successes, challenges, and needs. With this input, the CCHOCTF final plan will aim to include implementation strategies by directing roles and responsibilities.

Letter from Co-Chairs

Dear Community Members,

On behalf of the City-County Heroin, Opioid, and Cocaine Task Force we present to you the initial work plan generated by the Task Force to turn the tide against a wave of overdoses and substance abuse in our community.

The City and County of Milwaukee is a storied community with the potential for a bright future. Its foundation is built upon a spirit of resiliency, vibrant culture, and a strong sense of community. We are also a community that faces massive challenges, particularly stemming from the opioid epidemic driven by a substance abuse public health crisis.

This is the most significant public health crisis we have faced, and its scope and magnitude cannot be overstated. In 2017, drug overdoses ripped 401 sons and daughters, mothers and fathers, from their families in Milwaukee County, killing more people than shootings, suicides, and driving related deaths combined.

This epidemic crosses racial, economic, and cultural boundaries, impacting every facet of our lives. It is inseparable from problems of poverty, violence, incarceration, homelessness, and physical and mental health. It has ruptured the fabric of our communities and impacted our ability to live in safe neighborhoods.

The devastating reach and impact on our community served as the catalyst in creating this Task Force. Over the past year, a substantially qualified set of officials, health professionals, community leaders, academics, and industry experts have dedicated themselves to generating a work plan with four guiding principles.

1. This is a public health issue, and therefore solutions must be framed through a public health lens.
2. Substance abuse is a community-wide problem, which necessitates a comprehensive, coordinated approach with collaboration across the various levels and agencies of government.
3. Recommendations and strategies for implementation must be evidence-based, actionable, and create accountability.
4. Sustained community engagement throughout this process is critical to this effort, as it can increase public awareness, identify missing elements, and generate momentum.

Going forward, the Task Force will utilize this initial work plan to facilitate discussions with community partners in order to create an expanded plan for implementation.

Most importantly, we want to stress there is hope. Addiction and this crisis can be overcome. While the yoke of addiction is heavy and the challenges we face are substantial, we can begin to alleviate the burdens created by substance abuse by harnessing Milwaukee's collective power and resiliency, engaging with compassion and urgency.

75% of persons with substance use disorders never receive any treatment[12]

UNUSED MEDICINE left in medicine cabinets results in 70% of opioid addictions that begin at home.[8]

USA

- In 2016 alone, roughly 64,000 people died from drug overdoses in the US[1]
- Since 2010, deaths involving both cocaine and opioids have more than DOUBLED[2]
- On average, 115 Americans die EVERY DAY from an opioid overdose[3]

WISCONSIN

- Wisconsin has had a 300% INCREASE in drug overdose deaths since 2000[4]
- From 2000 to 2016, the number of prescription opioid DEATHS in Wisconsin INCREASED 600%[5]

WISCONSIN PRISON

The WI Department of Corrections estimates that 70% of state prisoners have a substance abuse addiction

Only 15% of state prisoners receive drug treatment while incarcerated[9]

MILWAUKEE COUNTY

Milwaukee County has the highest rate per 100,000 people of hospital visits due to substance abuse statewide[6]

115 Americans die every day from an opioid overdose

Wisconsin's cost of illicit drug use is estimated to be at least $2 billion[7]

Plan Overview

The City-County Heroin, Opioid, and Cocaine Task Force Work Plan includes 6 categories of focus areas.

Prevention & Education

- **Substance Misuse:** Enhance and fund prevention programs to keep individuals from developing substance use disorder.
- **Overdose:** Reduce the number of opioid-related deaths in Milwaukee County.
- **Youth Drug Trafficking:** Establish systematic efforts to prevent drug trafficking among youth.

Treatment

Ensure adequate access to timely, affordable, and quality services for all people with substance use disorders.

Criminal Justice Involvement

Develop programs in collaboration with the criminal justice system that treat addiction as a disease, while actively working to reduce the availability of illicit substances.

Community Collaboration

Enhance collaboration between community-based initiatives and government agencies.

Data

Improve epidemiology and surveillance related to substance use.

Policy

Support federal, state, and local policies and legislation aimed at reducing substance use and overdose with equitable, cost-effective, and evidence-based approaches.

Background

In 2016, roughly 64,000 people died from drug overdose in the United States -- the largest annual increase in drug-related deaths ever recorded in our history. Overdoses are now the leading cause of death for Americans under age 50. The majority of drug overdose deaths (more than six out of ten) involve an opioid.[11] More than 90 Americans die every day from opioid overdose.[12] Since 1999, the number of overdose deaths involving opioids (including prescription opioids and heroin) quadrupled.[13] Although much attention is focused on opioid–related deaths, cocaine-related deaths have increased steadily since 2004.[14] From 2010 to 2015, there has been a 1.6-fold increase in the total number of cocaine-related deaths.[15] Since 2010, deaths involving both cocaine and opioids have more than doubled.[16] More than half a million people died from drug overdoses from 2000 to 2015.[17]

Wisconsin is deeply impacted by the drug abuse crisis. Wisconsin has experienced a 300% increase in drug overdose deaths since 2000. More specifically, the number of overdose deaths in Wisconsin due to prescription opioids increased 600%, from 81 deaths in 2000 to 568 in 2016. Heroin overdose deaths increased twelvefold, from 28 deaths in 2000 to 371 in 2016. Among all Wisconsin counties, Milwaukee County has the highest rate per 100,000 people of opioid deaths and of hospital visits due to substance misuse.[18]

Over the last five years, overdose deaths have consistently surpassed investigations of homicide, motor vehicle accidents, and suicide.[19] According to data from the Milwaukee County Medical Examiner's Office, from 2011 to 2016, there were 97 deaths due to cocaine intoxication.[20] Deaths due to cocaine overdose are fewer than those related to overdose of opioids or heroin. Despite this number appearing low, it may not be the best measure of the severity of the problem in the Milwaukee community. There has been a slight increase in the number of people seeking treatment who identify cocaine or crack as their primary drug of choice.[21]

Deaths only illustrate one aspect of the effect the drug abuse epidemic has on the Milwaukee community. The resurgence of substance abuse-related problems increases emergency room visits, crime, homicides, high school dropouts, and loss of employment. It also takes a toll on children and families.

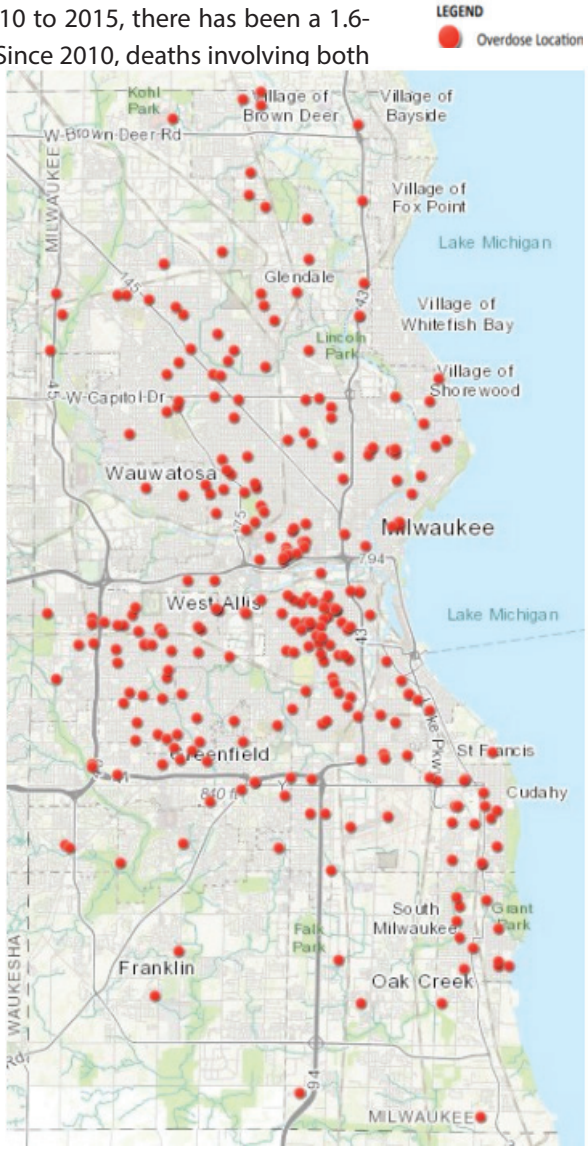

Figure 1:

Data Source: Milwaukee County Medical Examiner—Opioid-related deaths.

The estimated direct and indirect costs attributable to illicit drug use are in four primary areas: crime, health, medical care, and productivity. The economic cost of illicit drug use totaled more than $193 billion in the United States in 2017. Wisconsin's share of this cost is estimated to be at least $2 billion based upon admissions to substance use treatment facilities.[22] The Centers for Disease Control and Prevention has characterized prescription opioid use as a public health epidemic in the United States, and on October 26, 2017, President Trump officially declared the opioid crisis a public health emergency.

Strategic Focus Areas

The strategic focus areas in this report can be incorporated into current public health practice to develop actionable and measureable goals and objectives that may help reduce fatal and nonfatal overdoses of opioids, heroin, and synthetic analogs, and cocaine in Milwaukee. To further delineate performance and evaluation metrics needed to benchmark the success of plan implementation, the focus areas serve as a guide. The focus areas align with health priorities identified by Milwaukee residents in the City of Milwaukee's violence prevention plan (BLUEPRINT for PEACE) and community health improvement plan (MKE ELEVATE). Milwaukee residents highlighted substance use and mental health as key factors to improve the health of Milwaukee. A final plan will expand on initial focus areas and strategies and will be finalized based on input throughout the county.

FOCUS AREA 1:

ENHANCE AND FUND EXISTING PREVENTION PROGRAMS TO KEEP INDIVIDUALS FROM DEVELOPING SUBSTANCE USE DISORDER

This area of focus emphasizes change in behavior of substance misuse by implementing campaigns and supporting education for residents, practitioners, and health care providers.

Efforts to support prevention programs are most cost effective and impactful when they are evidence-based. Development of prevention programs begins with identification of major risks and protective factors. Substance misuse can begin at any age.[23] Consequently, prevention methods should focus across the life span. The risk factors that predict substance misuse align with other adverse outcomes. School, healthcare systems, faith-based communities, and social service organizations should be engaged in community-delivered prevention programs that can be sustained over time.[24]

> ***"Awareness and education must start early in elementary schools before young children start to experiment with alcohol and drugs."***
>
> ***– Oak Creek Resident***

The incidence of substance use disorders often doubles the odds for subsequent development of chronic and expensive medical illness.[25] Due to the unforeseen connections between prescribed medications for diagnosed medical conditions and unaddressed patient substance use, fatal medication errors have caused an increase in substance use disorder over the last 20 years.[26] Advanced training and education is needed for practitioners of all health care disciplines and roles. Professional schools should also include prevention, treatment, and recovery that addresses current research in the curriculum.

Another strategy focused on prevention and education includes an environmental health component. Unused medicine left in medicine cabinets results in 70% of opioid addiction that begins at home. Locally, waste management systems are not designed to break down these substances, which in turn enter our drinking water supply system when medicine is flushed down the toilet or trashed. The only safe way to dispose of medicine is at a drug take-back site.[27]

> ***"A major issue for our region is the collection of unused medicine. Unused medicine is a direct pathway to heroin abuse, opioid abuse, and death."***
>
> ***– Director, Take Back My Meds MKE***

FOCUS AREA 2:
REDUCE THE NUMBER OF OPIOID-RELATED DEATHS IN MILWAUKEE COUNTY

Overdoses may be reversed with the timely administration of naloxone, an opioid antagonist medication, without significant negative side effects. Not all overdoses can be fully reversed depending on the analog of the medication used and its potency. However, naloxone can reduce the number opioid-related deaths in Milwaukee County.

The Madison-Dane County Safe Community program offered overdose education and naloxone distribution trainings to the city of Madison Police Department in 2014 and has expanded training to the public.[28] Expanding access to naloxone in Milwaukee, understanding where it is currently available, and identifying where gaps may exist must be integrated into an overall community approach to harm reduction.

The efficacy of naloxone is fundamentally time dependent and making naloxone readily available in the community is a key strategy to preventing overdose. Deaths from overdose typically occur within 1 to 3 hours after intake, although earlier in some cases—leaving a brief window of opportunity for intervention. An average of 81% of those who misuse drugs have reported witnessing an overdose, with respondents in one study recounting an average of 6 instances. Evidence also shows on average, 72% of heroin-related overdoses occur in the company of others.[29]

FOCUS AREA 3:
ESTABLISH SYSTEMATIC EFFORTS TO PREVENT DRUG TRAFFICKING AMONG YOUTH

Systematic efforts to prevent drug selling by teens may lead to a decrease in youth access to drugs.[30] In 2015, 22% of students in grades 9-12 reported that illegal drugs were made available to them on school property. During the 2014–15 school year, the rate of illicit drug-related discipline incidents was 389 per 100,000 students in the United States. Middle school is a critical time, not only for social and emotional development but because it is a gateway to drug activity.[31] In Milwaukee, Hispanic and African American street gangs are increasingly using youth to carry out drug trafficking activities. These middle school and high school aged youth are being recruited to distribute illicit drugs at the retail level. Research has suggested that adolescent involvement in drug trafficking may be an important pathway to illegal substance and drug use.[32]

There are different factors that contribute to drug selling between black and white teens. Black and brown youth are disproportionately targeted by drug law enforcement efforts and funneled into the school-to-prison-pipeline.[33] Interventions targeting this population, especially younger teens, should be community based with an orientation toward the family and the youth's peer and social groups.[34] The evidence that examines the association between substance abuse and drug trafficking is limited, which warrants further investigation. "Put a child in a world where drugs are plentiful, and dealing looks like a viable career choice in the absence of other options, and it should come as no surprise to any of us that a child chooses to deal."[35] Preventing involvement in drug trafficking activity may serve as a stepping stone into substance abuse prevention.

FOCUS AREA 4:
ENSURE ADEQUATE ACCESS TO TIMELY, AFFORDABLE, AND QUALITY SERVICES FOR ALL PEOPLE WITH SUBSTANCE USE DISORDERS.

The overall health of Milwaukee is enhanced by the degree to which the entire community has access to substance use treatment if necessary. To properly address health disparities, timely access and quality services are especially needed for members of traditionally marginalized groups. These groups include poorly educated, elderly, ethnic/cultural minority groups, and those with physical disabilities.[36] Furthermore, treatment for those who are imprisoned is equally imperative.

Short-term residential programs provide intensive but relatively brief treatment based on a modified 12-step approach. After completing residential treatment programs, it is important for individuals to remain engaged in outpatient treatment programs and/or aftercare programs. These programs help to reduce the risk of relapse once a patient leaves the residential setting.[37]

The Wisconsin Department of Corrections estimates that 70% of state prisoners have a substance use addiction. In comparison, the Wisconsin Department of Health Services estimates the rate of dependence or abuse of illicit drugs in the general population as 3%. Individuals recently released from correctional settings are up to 130 times more likely to die of an overdose than the general population, particularly in the two weeks immediately after release. Despite the preponderance of evidence showing that treatment reduces drug use and drug-related crime, the U.S. Office of Justice Assistance notes that only 15% of state prisoners receive treatment while incarcerated.

> ***"The judicial system is incarcerating addicts who have never been treated for their disease. Many are let out without a support system and will relapse."***
>
> ***– City of Wauwatosa Resident***

Treatment Alternative Diversion (TAD) pilot programs were established in seven Wisconsin counties in 2007, but currently get less than $1 million per year in state funding. The pilot programs have been highly effective at reducing prison recidivism as well as treating substance use disorder and mental health issues, but they barely scratch the surface of statewide need.[38]

To highlight the true essence of the issue, destigmatization of addiction and recognition of substance misuse is imperative. In a study done by Johns Hopkins Bloomberg School of Public Health, the public was more likely to have negative attitudes toward those dealing with drug addiction than those who were dealing with mental illness. Additionally, researchers found that people do not generally support insurance, housing, and employment policies that benefit people who are dependent on drugs.[39] Social marketing campaigns aimed at reducing stigmatization of substance misuse that target all socioeconomic classes and race/ethnicities are necessary.

Destigmatization of substance use disorder provides a means for individuals and families to tackle substance misuse as a community, and for individuals to avoid substance use disorder by seeking appropriate treatment. Strategies focused on quality and equitable treatment are needed for the Milwaukee community to recognize, prevent substance misuse, and support those with substance use disorder.

FOCUS AREA 5:
DEVELOP PROGRAMS IN COLLABORATION WITH THE JUSTICE SYSTEM TO REDUCE THE AVAILABILITY OF ILLICIT SUBSTANCES

According to the Wisconsin Department of Corrections, the average cost of putting someone behind bars for one year is about $32,000.[40] Nevertheless, a state report evaluating Treatment Alternative Diversion estimates the average annual cost per participant is $7,551.[41] The Wisconsin Office of Justice Assistance estimates that every dollar spent on treatment alternative programs saves almost $2 in criminal justice costs.[42] By that yardstick alone, increased investment of $75 million in alternatives to prison would yield an annual savings of almost $150 million. However, for those who are currently incarcerated, collaboration with the justice system is needed to ensure treatment is offered in the same appropriate medically-oriented healthcare avenues that provide service for other medical needs, including psychiatric conditions.

Insufficiencies within incarcerated populations can no longer be slighted and demand early and sustained cost-effective strategies. Increased investment by Wisconsin in problem-solving courts and other programs to keep low-risk, non-violent offenders out of prison would likely reduce crime, strengthen families and communities, improve public health, and begin to correct racial inequities in the state criminal justice system, according to a wide-ranging study of the impacts of alternatives to incarceration.[43] More funding for prison alternatives is also likely to reap significant savings on public safety, health care, and social services.

> ***"They [People] fear detoxing in jail the most due to poor staff treatment in jail. There is no follow-up in jail. There are not enough slots in the drug court."***
>
> ***– experienced local law enforcement official***

FOCUS AREA 6:
ENHANCE COLLABORATION BETWEEN COMMUNITY-BASED INITIATIVES AND GOVERNMENT AGENCIES

Collaboration allows partners with different perspectives to work together toward solving a common problem. This approach leverages the expertise of multiple groups and increases the likelihood that their collective efforts will bring about change. The ability to contribute to and enjoy one's community is key to recovery and well-being.[44] Engaging community members in problem-solving solutions to issues that affect them is a fundamental public health approach that ensures efforts are culturally appropriate. Actively engaging those with experience of substance misuse and substance use disorders increases the likelihood of successful outcomes.

FOCUS AREA 7:
IMPROVE EPIDEMIOLOGY AND SURVEILLANCE RELATED TO SUBSTANCE MISUSE

Implementing epidemiological principals is imperative to enhance the development of robust strategic goals and identify benchmarks for performance and outcome evaluations. Furthermore, data-driven decision-making formed by comprehensive surveillance of substance misuse related to mortality and morbidity will contribute to an effective approach to address this public health crisis. Successful strategies to reduce nonfatal and fatal effects of substance misuse are aimed at prevention. This also involves building awareness and promoting cross-collaboration action within communities.

FOCUS AREA 8:
SUPPORT FEDERAL, STATE, AND LOCAL POLICIES AND LEGISLATION TO REDUCE SUBSTANCE MISUSE AND OVERDOSE WITH EQUITABLE, COST-EFFECTIVE, AND EVIDENCE-BASED APPROACHES

Since the beginning of the cocaine epidemic in the 1980s and 1990s, there is long-standing historical trauma in communities of color attributable to legislation. In 1986, Congress passed the Anti-Drug Abuse Act. This drug policy made a fabricated distinction between powdered and crack cocaine, with a mandatory minimum sentence for low-level cocaine offenses while low-level crack cocaine offenses were placed in the same sentencing category as that of major drug deals. Implementation of the 1986 Anti-Drug Abuse Act disproportionately affected people of color because cocaine in powdered form was typically used in white communities, while users of cocaine in crack form were typically people of color, thereby receiving a harsher sentence for a similar quantity of the same drug. Congress' approach to sentencing contributed to more adverse effects on communities of color than the substance crack cocaine alone did. These affects have resulted in generational trauma for families and communities of color and continues to influence the decline of urban neighborhoods. Equity within policies and legislation is vital to address the health disparities experienced by those individuals and communities impacted by the crack-cocaine epidemic.

Currently, federal and state laws related to cocaine are primarily punitive and targeted toward possession. State legislation addressing the heroin and opioid epidemic is primarily targeted toward limiting opioid prescriptions. Additionally, the White House has issued a report containing recommendations for addressing the heroin and opioid epidemic. Both types of laws are discussed in APPENDIX A, beginning with laws dealing with cocaine in both powder and crack form, followed by a summary of the White House's report, and ending with a summary of state laws dealing with heroin and opioids. An April 2016 Kaiser Health Tracking Poll found that most Americans believe the federal government is not doing enough to combat recent increases in the number of people addicted to prescription painkillers (66%) and heroin (62%). Public views on state governments and physicians were similar in the poll.[45] Tackling the problem through urgent and non-partisan legislative synchronized and strategized alliances and lobbying efforts are needed.

Furthermore, effective treatment strategies for managing recovery from substance use disorders include behavioral therapies, medication, and psychosocial supports. However, individuals face a range of obstacles preventing them from entering or gaining access to substance use treatment, including lack of knowledge regarding access to services, shame and stigma, denial of substance use disorder or substance misuse, costs and lack of insurance/Medicaid, transportation, housing issues, treatment waiting lists, housing issues, and prior negative treatment experiences.

Changes in insurance coverage for substance misuse treatment, including mental health benefits, are essential to dismantling this epidemic. According to the National Institute of Health, 75% of persons with substance use disorders never receive any treatment. Various subpopulations face elevated levels of mental and substance use disorders. Addressing inequities related to healthcare access is vital to ensure there is equity in the distribution of resources allocated for treatment and resources. This approach warrants effective prevention, treatment, and resources for all populations.

Appendix A: Policies

President's Commission on Combating Drug Addiction and the Opioid Crisis

On March 29, 2017, President Donald Trump signed an executive order establishing the President's Commission on Combating Drug Addiction and the Opioid Crisis. On November 1, 2017, the Commission issued a report making 56 recommendations, which are summarized below. The recommendations are grouped into the following categories:

- Federal Funding and Programs
- Opioid Addiction Prevention
- Prescribing Guidelines, Regulations, and Education
- Prescription Drug Monitoring Programs (PDMP) Enhancements
- Supply Reduction and Enforcement Strategies
- Opioid Addiction Treatment, Overdose Reversal, and Recovery
- Research and Development

State Laws Relating to Heroin and Opioids

The trend for laws relating to heroin and opioids largely targets prescribing. Many state laws set a limit on the amount of the supply, the dosage, or the reason for the prescription. Others set requirements for prescriber participation in the prescription drug monitoring program, naloxone access and administration, or prescriber education. The National Conference of State Legislatures tracks six categories of legislation aimed at preventing prescription and opioid misuse. The database has cataloged more than 1,300 bills on these topics from 2015 to 2017. The six tracked categories of legislation are as follows:

1. Prescription Drug Monitoring Programs (PDMP)
2. Naloxone (Rescue Drugs)
3. Prescribing Guidelines or Limits
4. Training or Education
5. Pain Clinics
6. Other

Crack and Cocaine Legislation

Cocaine is regulated at the federal level as well as by state laws. On the federal level, three acts have been passed in the past 30 years that affect the way crack and cocaine are addressed within the legal system. The Anti-Drug Abuse Act of 1986 was designed to reduce farming and distribution of cocaine and crack cocaine. The Act had three parts:

1) Reinstated mandatory sentencing for drug possession and distribution of crack, cocaine, and heroin,
2) created laws that allowed the president to impose tariffs on countries that grew or were involved in the distribution of illegal drugs, and
3) created laws that punished money laundering and the movement of money between banks by drug offenders.

This law posed a mandatory sentence for high-level traffickers and dealers of 10 years for possession of 5,000 grams or more for powder cocaine or 50 grams or more of crack. The Fair Sentencing Act of 2010 was designed to reduce the disparity in sentencing between powdered cocaine and crack cocaine and imposes more financial penalties on those caught trafficking or distributing either form of cocaine. The Smarter Sentencing Act of 2015 or Fair Sentencing Clarification Act of 2015 proposes making fair sentencing retroactive.

Federal narcotics laws prohibit simple cocaine possession all the way up to manufacturing and trafficking and distribution. The possession, sale, or trafficking of cocaine is a felony crime in most states. Possession of any amount of the drug can lead to imprisonment and/or significant fines. State laws increase the severity of the penalty depending upon the amount of cocaine or crack involved, and whether the defendant has prior offenses. Some jurisdictions have recently initiated specialized "drug courts" that can allow first- or second-time defendants to commit to drug treatment programs instead of lengthy jail sentences.

Wisconsin

Governor Scott Walker issued an executive order calling for a special session of state legislature to consider 11 bills implementing recommendations of the Governor's Task Force on Opioid Abuse. The Governor signed these 11 opioid abuse bills into law, including one dedicating $63,000 for fiscal year 2017-18 and 2018-19 to support graduate fellowships in addiction medicine or addiction psychiatry. To receive these funds, a hospital must expand fellowship positions in addiction medicine or addiction psychiatry for physicians practicing family medicine, general internal medicine, general surgery, pediatrics, or psychiatry. Another bill prohibits dispensing a Schedule V controlled substance categorized as a narcotic without a prescription. Additionally, $500,000 was set aside for fiscal year 2017-18 and 2018-19 to create and operate an addiction medicine consultation program, administered by the Department of Health Services, which must include assisting physicians in providing enhanced care to patients with substance addiction and providing referral support for patients with a substance use disorder.

Appendix B: Local Efforts Highlights

Milwaukee Community Opioid Prevention Effort (COPE): Opioid Overdose Prevention Activities Data and Research

What we have done:

- Performed a systematic review of the literature to identify effective, evidence-based interventions that reduce opioid-related overdose deaths in the community.
  - Developed a lay-community report on the benefits and barriers of various community-based prevention efforts.
- Worked with the Milwaukee County EMS medical director to review the current EMS suspected overdose treatment protocol to ensure it addressed the sharp increase in fentanyl-related overdose deaths that are occurring in our community.
  - Provided a formal report to support recommended changes to the maximum naloxone dose in the treatment protocol.
- Developed a pathway to explain who and how people die of an overdose to facilitate discussions with external groups as well as to assist in internal planning.

Ongoing initiatives:

- Gather and analyze data from the various sources in the Milwaukee community to better understand this issue.
  - Produce a report bi-annually on opioid-related data in Milwaukee County and disseminate widely.
- Fostering collaboration between academic and community partners to identify gaps and develop research proposals to address those gaps.

Community-Driven Projects

- Through collaboration with numerous individuals and organizations who are working in this field we have identified prevention strategies and worked to implement them.
  - Developed and disseminated a tool to create an inventory of community-level efforts to reduce opioid and heroin overdose deaths in Milwaukee.
  - Performed needs assessment with local organizations to identify specific needs at the organizational level as well as at the county level.
  - Developed a palm card and website with information about seeking help and harm reduction for families, friends, and users.

Communications and Media

- Maintain a Facebook page to share both local and national information about the opioid epidemic as well as other relevant materials with the community.
- Maintain a project website to share data reports and disseminate project documents.
- We have given over 30 educational presentations about the opioid epidemic in Milwaukee, including: 1) lectures to undergraduate, graduate, and medical students at the Medical College of Wisconsin and the University of Wisconsin, 2) presentations to professional groups such as the MCW Symposium for Senior Physicians and the Milwaukee Regional Research Forum 3) policy presentations such as to the City-County Opioid, Heroin and Cocaine Task Force, and 4) media interviews.

Appendix B: Local Efforts Highlights

Milwaukee County Comprehensive Opiate Plan

Appendix B: Local Efforts Highlights

Milwaukee County Substance Abuse Prevention Coalition

MILWAUKEE COUNTY SUBSTANCE ABUSE PREVENTION COALITION

OUR MISSION To improve the quality of lives in our community by preventing the harmful consequences of substance use and abuse among youth, families, and the larger community.

WHY WE EXIST:

Established in 2011, the Milwaukee County Substance Abuse Prevention (MCSAP) Coalition is a countywide initiative with a vision of bringing together resources, wisdom, talents and passion to create a happy and healthy community. MCSAP addresses policies, practices and programs in our two priority areas: marijuana use amongst youth, and death by drug overdose.

OUR PARTNERS:

MCSAP includes representatives from:

- Youth Organizations
- Faith-based Organizations
- Government
- Media
- Schools
- Legal/Justic Systems
- Civic Organizations
- Health Services
- Businesses
- Nonprofit
- Alcohol & Other Drug Prevention Organizations and Community Members

DID YOU KNOW?

- According to the YRBS, the percentage of high school students who used marijuana at least once in the last 30 days in Milwaukee County was **47% higher than the rest of the state of Wisconsin** and **37% higher than the rest of the nation**.[1]
- Enough prescription painkillers were prescribed in 2010 to medicate every American adult around-the-clock for a month.[2]
- Marijuana users are **twice** as likely to be in a **motor vehicle accident**. They also have **lower levels** of **educational** and **employment achievement** and **lower life satisfaction**.[3-4]
- The prevalence of drug-related deaths in Milwaukee County continues to be nearly twice that of the rest of the state of Wisconsin.[5]
- Estimates of the total **overall costs of substance abuse** in the United States, including productivity and health-and crime-related costs, **exceed $600 billion** annually.[6]

1. 10/4/2013, (http://www.wellnessandpreventionoffice.org/YRBS.html)
2. 10/4/2013 (http://www.cdc.gov/vitalsigns/PainkillerOverdoses/index.html)
3. Asberg, Hayden, Cartwright, 2012
4. Hall, Degenhardt, 2009
5. Drug Abuse Warning Network
6. Retrieved 10/4/2013 (http://www.drugabuse.gov/related-topics/trends-statistics)

Want to get involved? Visit www.mcsapcoalition.org or scan the QR code:

Acknowledgments

City-County Heroin, Opioid, and Cocaine Task Force

The Task Force and community deserve a sincere thank you for the professional manner in which they embarked on this massive undertaking in a collaborative spirit. The Task Force has passionately and judiciously worked countless hours with the community in crafting this initial plan.

1.	Michael Murphy	Common Council President appointee 10th Aldermanic District City of Milwaukee
2.	Khalif Rainey	Common Council President appointee 7th Aldermanic District City of Milwaukee
3.	Patricia McManus	Commissioner of Health or designee Health Department City of Milwaukee
4.	Karen Loebel	Milwaukee County District Attorney designee Deputy District Attorney
5.	Daniel Bukiewicz	Milwaukee County Intergovernmental Cooperation Council representative Mayor of Oak Creek
6.	Marisol Cervera	Mayoral community appointee United Community Center
7.	E. Brooke Lerner	Mayoral medical profession appointee Ph.D, Research Director Medical College of Wisconsin Department of Emergency Medicine
8.	James Mathy	Milwaukee County Executive appointee Administrator Housing
9.	Michael Lappen	Milwaukee County Executive appointee Administrator Behavior Health Division
10.	Brian Peterson	Milwaukee County Executive appointee Medical Examiner Medical Examiner's Office
11.	Christine Westrich	Milwaukee County Executive appointee Director Office of Emergency Management
12.	Michael Macias	DHHS appointee
13.	Ryan Shogren	Law enforcement professional Chairperson appointment Wisconsin Dept. of Justice Division of Criminal Investigation Field Operations Bureau Director

Footnotes

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