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Tackling the Opioid Overdose Epidemic in Milwaukee through Policy

SUMMARY: A recent report indicating a 500% increase in heroin and other opioid-related deaths in Milwaukee County since the year 2005 underscores the drastic need for policy to address this issue.¹ While promising policy initiatives have been undertaken at the state and city level to counteract opioid overdose mortalities, the City of Milwaukee must take additional steps to combat the overdose epidemic. Policy options for the City of Milwaukee to consider include increasing the availability of drug take-back sites and implementing a campaign to reduce stigma and raise awareness of available treatments for opioid addiction.

Intro to the Opioid Epidemic

Since 2005, there has been a 500% increase in heroin and opioid-related deaths in Milwaukee County, resulting in 888 overdose deaths between 2012-2015¹. Opioids are natural or synthetic chemicals that relieve pain by binding to receptors in the brain, and they include heroin and prescription drugs such as hydrocodone, oxycodone, morphine, and fentanyl.² Over the past fifteen years, the U.S. has seen unprecedented increases in opioid abuse and opioid-related deaths, leading to what the U.S. Centers for Disease Control and Prevention (CDC) has called the “worst drug overdose epidemic in U.S. history.”³ Milwaukee has suffered severely from the opioid epidemic. The increased rates of opioid use are associated with sharp increases in emergency department visits, inpatient hospital stays, neonatal abstinence syndrome, and abuse and dependence³. Additionally, opioid-related deaths have surpassed all other injury related deaths and homicides in Milwaukee.¹

Although the opioid epidemic is affecting all people regardless of race, gender, age, geographic location, etc., the overdose victims being impacted most severely in Milwaukee County are male, white, between the ages of 30-59, and located in the City of Milwaukee¹. Further, almost half of the overdoses in Milwaukee County are occurring in people between the ages of 30-59, but the age distribution varies by race. Black overdose victims are more likely to be between the ages of 50-59 years old, while white overdose victims are more likely to be 30-39 years old.¹

What is Causing the Epidemic?

People who are at an increased risk of opioid overdose include those using prescription opioids, people with opioid dependence (especially following detoxification or incarceration), people living in a household that contains opioids, people who use opioids in combination with other substances, and opioid users who have serious medical conditions.⁴ There are also underlying factors that lead people to be at risk and abuse opioids in the first place, which often results in overdose.

While many people believe opioid addiction is a result of personal choice, many other factors drive the high opioid-related overdoses in Milwaukee. Some factors that will be discussed more in-depth below include high poverty and unemployment rates, high uninsured rates, limited mental health care access, and an increased number of prescriptions written allowing for increased availability.⁵⁻¹²

Milwaukee County consistently ranks in the bottom of all Wisconsin counties when it comes to health outcomes.⁵ One health outcome in particular that negatively affects Milwaukee residents is the high uninsured rate, which is higher than both the state and national averages⁵. A lack of health insurance is a serious barrier for people who abuse opioids because they are unable to access the necessary specialty services such as substance abuse treatment and mental health services, which are both important in treating opioid abuse.⁶ Further, a lack of insurance often results in people overusing the emergency department where opioids are more likely to be prescribed.⁶

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Another persistent disparity for Milwaukee residents is seen in mental health. A person's mental health has a significant effect on their overall health throughout the life course, and one of the major risk factors for opioid abuse is having a mental illness.⁷ Due to opioids' ability to reduce the intensity of pain signals reaching the brain and affect those brain areas controlling emotion, in addition to the limited accessibility and availability of mental health services, especially for those on the north side of the city, Milwaukeeans may be self-prescribing and self-medicating to diminish their mental illnesses, thus leading to increased use in these areas.⁸⁻¹⁰

Last, adverse economic conditions and high rates of both unemployment and poverty create a stressful environment and place individuals at a higher risk for opioid use.¹¹ Milwaukee County's unemployment rate is double that of the U.S. average, and the city of Milwaukee's poverty rate consistently ranks among the worst in the nation.^{5,12} Addressing the adverse economic conditions in Milwaukee may have a significant effect on decreasing the opioid-related deaths in the city.

Current Policies

Many laws at the state level affect the City of Milwaukee. In 2016, the state of Wisconsin passed a set of laws named the Heroin, Opioid Prevention and Education (HOPE) Agenda bills intended to address opioid addiction and overdoses.¹³ This series of assembly bills included policies addressing the use of the Wisconsin prescription drug monitoring program (PDMP) by physicians who dispense certain medications and by law enforcement personnel who encounter individuals inappropriately using prescription drugs. In order to prevent "pill mills," the legislation gave oversight of pain management clinics to the Department of Health Services (DHS). Additionally, the DHS will gather data on staffing and patient outcomes in methadone clinics.¹³

Also included in this legislation was a Good Samaritan Law that provides protection from criminal prosecution for bystanders who call emergency services on behalf of someone experiencing an overdose or brings them to the emergency room.¹⁴ This law, which gives the bystander immunity from prosecution for possessing controlled substances or paraphernalia, is designed to be an effective way of

reducing opioid-related overdose deaths by overcoming fear of arrest as a barrier to calling 911.¹⁵

Research to evaluate current programs and inform future policy is critical. The City of Milwaukee has partnered with the Zilber Family Foundation and the Department of Emergency Medicine at the Medical College of Wisconsin to create the Milwaukee Community Opioid Prevention Effort (Milwaukee COPE), a group focused on better understanding opioid overdose and developing prevention strategies.¹⁶ Additionally, Milwaukee was chosen in 2016 as recipient of a \$2 million grant from the United States Drug Enforcement Administration (DEA) to implement a strategy aimed at reducing opioid addiction and overdoses by focusing on enforcement, responsible prescribing and use of medication, and community outreach.¹⁷

Beginning in July 2016, all officers with the Milwaukee City Police Department are trained in recognizing and responding to opioid overdose, and police officers are equipped with and trained in the use of naloxone auto-injectors, a medication that counteracts the deadly effects of opioid overdose.¹⁸ Additionally, as of August 2016, naloxone is available without a prescription at pharmacies in Wisconsin through a statewide standing order for pharmacists.¹⁹

Finally, if Milwaukee residents would like to get rid of old prescription medications, drug drop-boxes are currently in place at all police stations and the Milwaukee Common Council is working with CVS to initiate a program that provide envelopes for people to mail medications to police stations.²⁰

Policy Options

I. Increase the availability of drug take-back sites.

The 2012 National Survey on Drug Use and Health reported that 68.9% of the individuals abusing prescription medications obtained the drugs from relatives or friends by either buying them (10.9%), stealing them (4%), or getting them for free (54%).²¹ Because a large proportion of opioid users obtain drugs via family members, friends, and left-over medications, evidence suggests that reducing the

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availability of these medications through proper drug disposal programs is an effective approach to preventing overdose deaths.^{22,23} While drug drop-off boxes exist at Milwaukee City Police Departments, expanding the number and location of drop-off sites would make drug drop-off more accessible to a wider proportion of Milwaukee's population.²⁴

II. Implement a campaign to reduce stigma and raise awareness of available treatments for opioid addiction.

Medications such as buprenorphine and methadone act on the same brain receptors as opioids to diminish or dull the effect of opioids.^{25, 26} These medications are safer than opioids and unlikely to result in addiction and harmful behaviors. Because of this, these medications can be used to treat opioid addiction, which ultimately helps reduce overdose deaths. The use of the medications in conjunction with behavioral therapies is called medication-assisted treatment (MAT), and reviews of the scientific evidence found that MAT of opioid addiction using buprenorphine or methadone is a safe and effective treatment for opioid dependence.^{25, 26}

In Milwaukee, there are 51 physicians who are authorized by the state of Wisconsin to treat opioid dependency with buprenorphine treatment, and there are 3 licensed opioid treatment programs able to provide methadone maintenance treatment.^{27,28} Despite the proven efficacy of MAT, social stigma represents a barrier to treatment.²⁹ This stigma often stems from the misconception that opioid addiction is a choice and that MAT is a "crutch," replacing one addiction with another. Studies indicate that information countering these stigmatizing messages can change attitudes, and some cities such as Philadelphia, PA have designed extensive strategic plans that include education campaigns to counter addiction- and MAT-related stigma.^{30,31} Anti-stigma educational campaigns focusing on enhancing perceptions of MAT can potentially be effective tools in reducing barriers to treatment and preventing opioid-related overdose.^{31,32}

Endnotes

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