



INITIAL REPORT & RECOMMENDATIONS

2018-2022

Milwaukee City-County Heroin Opioid Cocaine Task Force

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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 report outlines recommendations to scale up response to substance abuse. It includes public health implications of substance abuse with an emphasis on opioids. The foundation of the report is based on:

- Community collaboration
- Acknowledgment of substance abuse as a community-wide issue
- Inclusive input of all community aspects
- Recommendations supported by data

The goals below were established by Task Force members and are outlined in no order of importance.

1. Develop and fund prevention programs to keep individuals from developing substance use disorder.
2. Reduce the number of opioid related deaths in Milwaukee County.
3. Ensure there is adequate access to timely, affordable, and quality services for those people with substance use disorders.
4. 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.
5. Enhance collaboration between community-based initiatives and government agencies.

Strategies of recommendations in this initial report were identified by workgroups for each goal. Various stakeholders including residents, practitioners, policy makers, those with lived experiences, and public health professionals, were involved in the workgroups. Key areas of focus include:

- Prevention & Education;
- Overdose Prevention;
- Treatment;
- Criminal Justice Involvement; and
- Community Collaboration.

This initial report outlines specific objectives for each goal. For the purpose of this document, implementation details are limited and will be expanded as efforts evolve. The CCHOCTF work plan aims to impact individuals, communities, and systems. Efforts of the CCHOCTF sets the foundation for all stakeholders to join forces to combat this public health crisis. However, continued efforts regarding substance abuse in our community are imperative to sustain the work of CCHOCTF.

Plan Overview

The City-County Heroin, Opioid and Cocaine Task Force Work Plan includes five categories of recommendation strategies (listed in no order of importance).

Prevention & Education | *Develop and fund prevention programs to keep individuals from developing substance use disorder.*

1. Promote educational resources for school communities and medical settings to destigmatize substance use disorder.
2. Enhance health care practitioners' education and practices to promote opioid pain management alternatives and the identification of substance abuse
3. Enhance community-based options for easy, safe, and environmentally friendly medication disposal
4. Establish a public awareness campaign to educate the community on the use of naloxone

Overdose Prevention | *Reduce the number of opioids related deaths in Milwaukee County.*

5. Support, expand, and coordinate naloxone training, distribution, and awareness
6. Evaluate the potential to implement harm reduction interventions.

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

7. Expand treatment capacity and funding including residential and Medically Assisted Treatment
8. Reduce wait-time for admission into treatment.
9. Develop methods for connecting those who are identified by healthcare providers as potentially having substance use disorder to connect with care management.
10. Expand aftercare and relapse prevention initiatives, including sober housing and jobs programs.
11. Promote community programs that focus on stigma reduction and peer support.

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.*

12. Create a mechanism for the community to be able to anonymously report suspected drug trafficking / drug houses
13. Establish a collaborative information sharing environment across city/county law enforcement agencies.
14. Advocate for treatment alternatives to revocation for drug related offenses to probation violations.
15. Advocate for the expansion/adequate funding of treatment alternative diversion programs ("drug courts") as a cost effective alternative to incarceration.
16. Advocate that prisoners be adequately treated for Substance Use Disorder while incarcerated, including

Community Collaboration | *Enhance collaboration between community-based initiatives and government agencies.*

17. Support opportunities for continued shared learning of new initiatives, and best practices.
18. Leverage resources through collaboration.
19. Provide opportunities for community input and engagement.
20. Establish a public awareness campaign to educate the community on the use of naloxone
21. Maintain and enhance the availability and quality of data to inform prevention strategies.

Public Health Scope

In 2016, roughly 64,000 people died from a 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. (Rudd, Seth, Felicitia, & Scholl, 2016) Since 1999, the number of overdose deaths involving opioids (including prescription opioids and heroin) quadrupled. (CDC, Understanding the Epidemic, 2017) From 2000 to 2015 more than half a million people died from drug overdoses. More than 90 Americans die every day from opioid overdose. (CDC, Understanding the Epidemic, 2017)

Wisconsin has been deeply impacted by the opioid crisis. According to the Wisconsin Department of Health Services, in 2016, 827 people in Wisconsin died of opioid overdose deaths caused by heroin, prescription drugs, or both. From 2000 to 2016, the number of deaths in Wisconsin due to prescription opioids increased 600%, from 81 in 2000 to 568 in 2016. Heroin overdose deaths increased 12 times, from 28 deaths in 2000 to 371 deaths 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 abuse. Since 2005, Milwaukee County has seen a 495% increase in heroin related deaths. Over the last five years, overdose deaths have consistently surpassed homicide, motor vehicle accident, and suicide investigations completed by the Milwaukee County Medical Examiner office for non-natural death investigations. Yet, deaths only illustrate a small part of the affect the opioid epidemic has on the Milwaukee community. In fact, in 2015, for every death, there were more than six additional people who experienced an overdose that required naloxone and multitudes more who were addicted but never overdosed.

Deaths due to cocaine overdose are significantly fewer than those related to of opioids or heroin. According to data from the Milwaukee County Medical Examiner's office, from 2011-16, there were 97 deaths due to cocaine intoxication. Despite this number appearing low, it may not be the best measure of the severity of the problem in the Milwaukee community. Many heroin and opioid overdose victims also have cocaine present in their systems at the time of death. And Impact, a Milwaukee County treatment

600%

Increase prescription opioid-related deaths (2000-2016)



384

Drug-related deaths
in Milwaukee in 2017

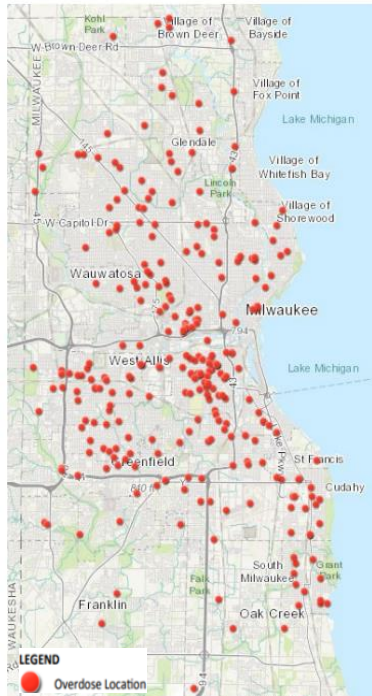


Figure 1: Data Source: Milwaukee County Medical Examiner—Opioid-related deaths.

access point, has stated that it is seeing a slight increase in the number of people seeking treatment who identify cocaine or crack as their primary drug of choice.

In 2007, the economic cost of illicit drug use totaled more than \$193 billion in the United States. The estimated direct and indirect costs attributable to illicit drug use are in four principal areas: crime, health, medical care, and productivity. Wisconsin's share of this cost is estimated to be at least \$2 billion based upon admissions to substance use treatment facilities. By 2015, the cost estimate for the United States was \$504 billion. These figures have increased since 2001, when the estimated cost of heroin use in the United States was \$21.9 billion, and approximately \$220 million in Wisconsin.

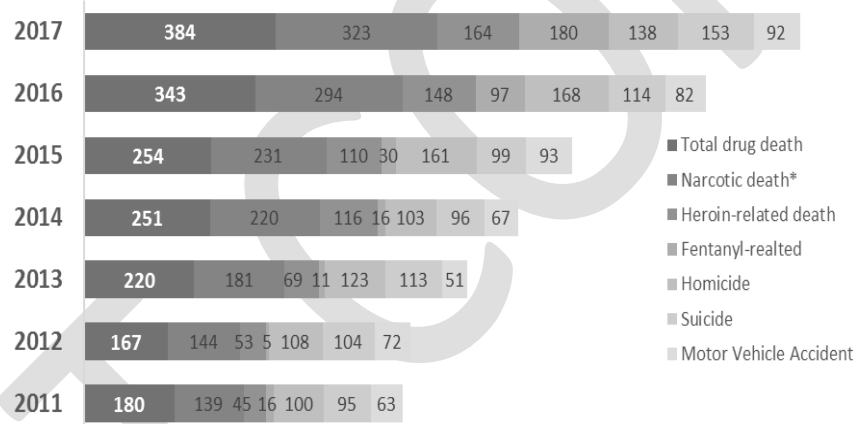


Figure 2: Milwaukee County Non-Natural Deaths 2011-2017

The resurgence of substance abuse-related problems has increased emergency room visits, crime, homicides, high school drop-outs, and loss of employment. This resurgence has public health, criminal justice, and public policy officials concerned. 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, the President officially declared the opioid crisis a public health emergency.