



# APPROACHING THE OPIOID EPIDEMIC IN MILWAUKEE

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# LEARNING OBJECTIVES

- Understand national versus local trends of the opioid crisis
- Describe the significance of the opioid crisis in Milwaukee County
- Understand community and healthcare provider efforts required to combat this issue

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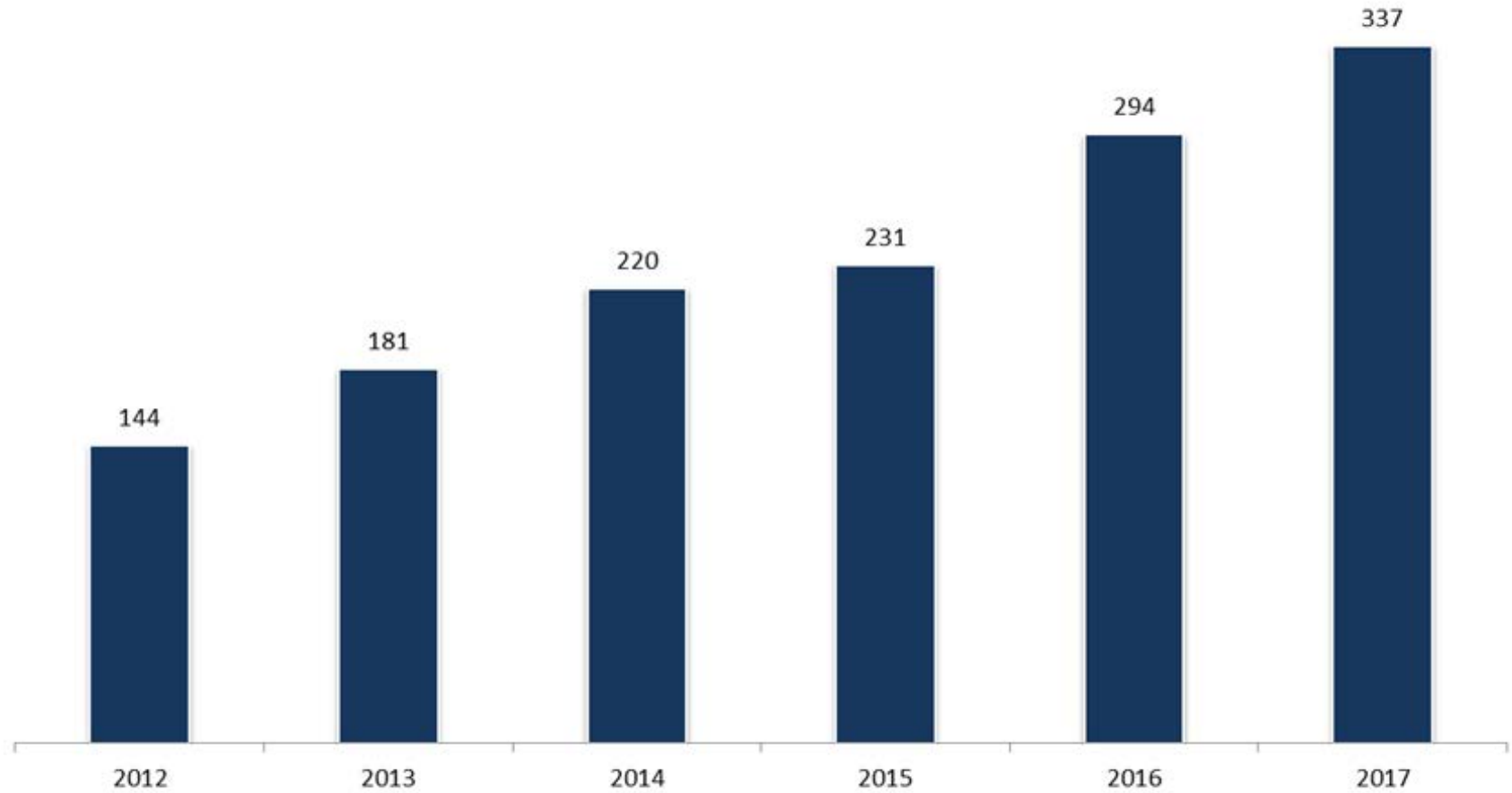
# MILWAUKEE COPE

- Jointly sponsored by the City of Milwaukee, MCW Department of Emergency Medicine, and the Zilber Family Foundation
  - To understand the burden of acute opioid injury and to assist in developing prevention strategies
- Project objectives
  - Identify and recommend evidence-based program and policy to address the epidemic locally
  - Identify and collate data to inform prevention strategies
  - Work with experts to identify prevention strategies likely to have the greatest impact in the community

[www.mcw.edu/MilwaukeeCOPE](http://www.mcw.edu/MilwaukeeCOPE)

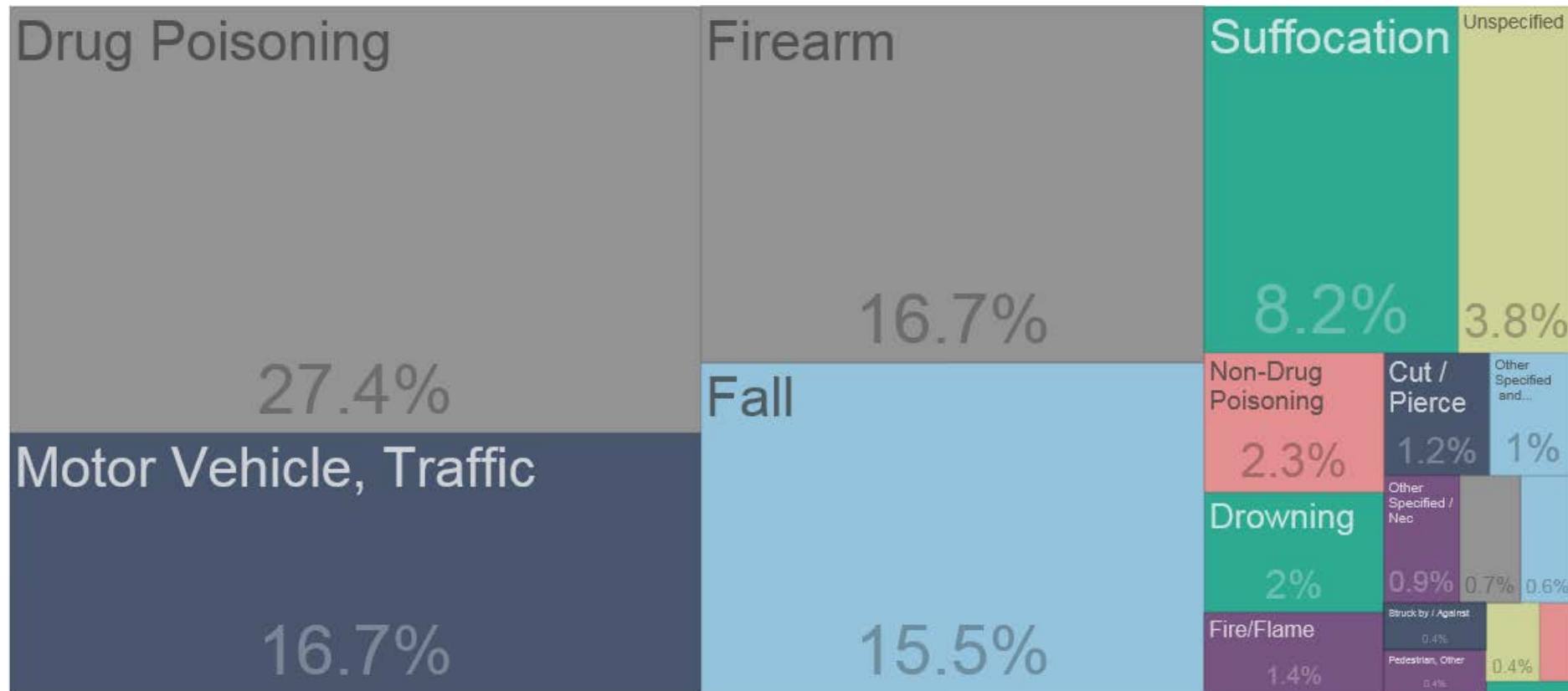
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# OPIOID-RELATED DEATHS IN MILWAUKEE COUNTY

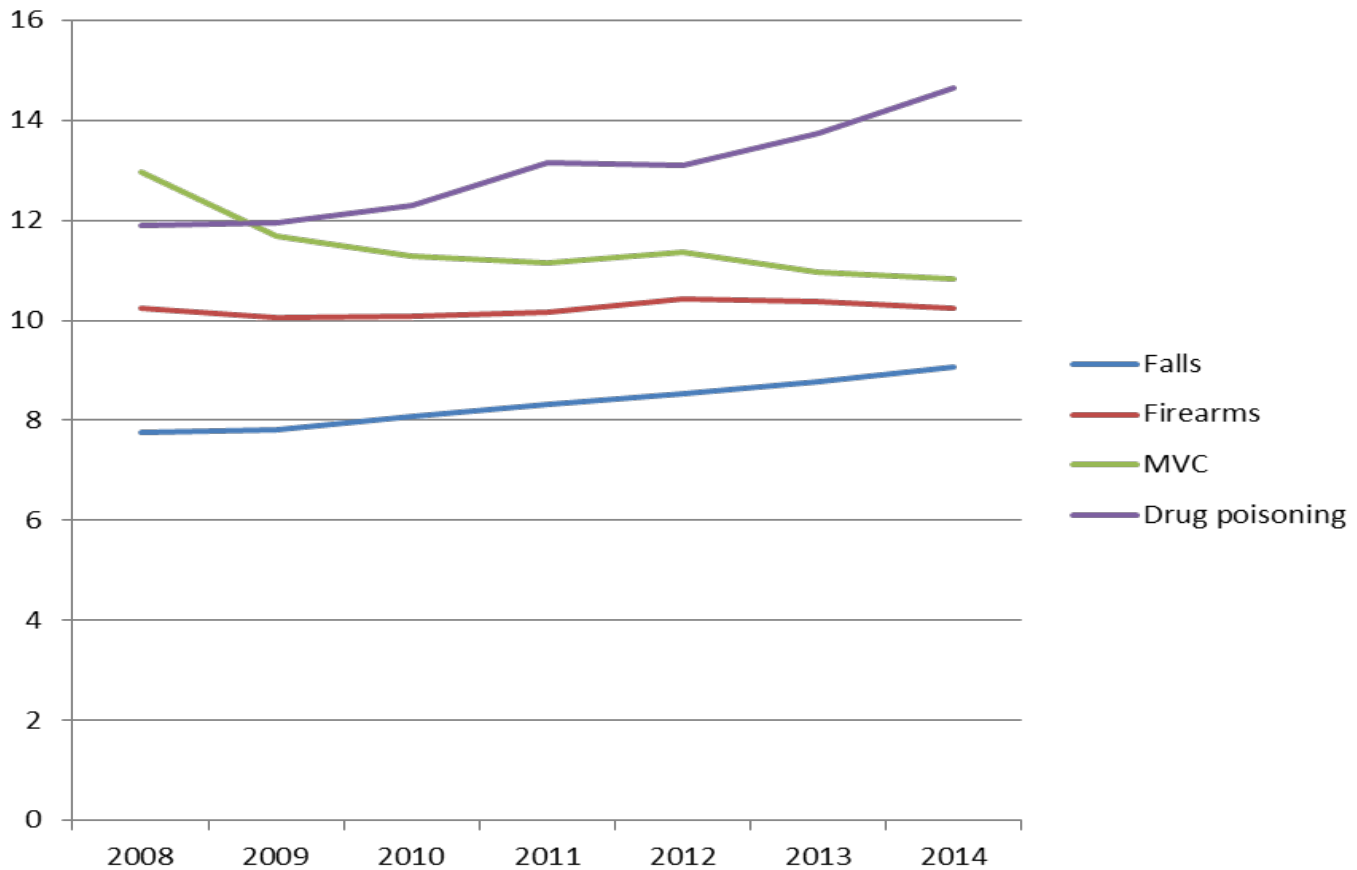


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# LEADING CAUSE OF INJURY-RELATED DEATH IN THE US 2016



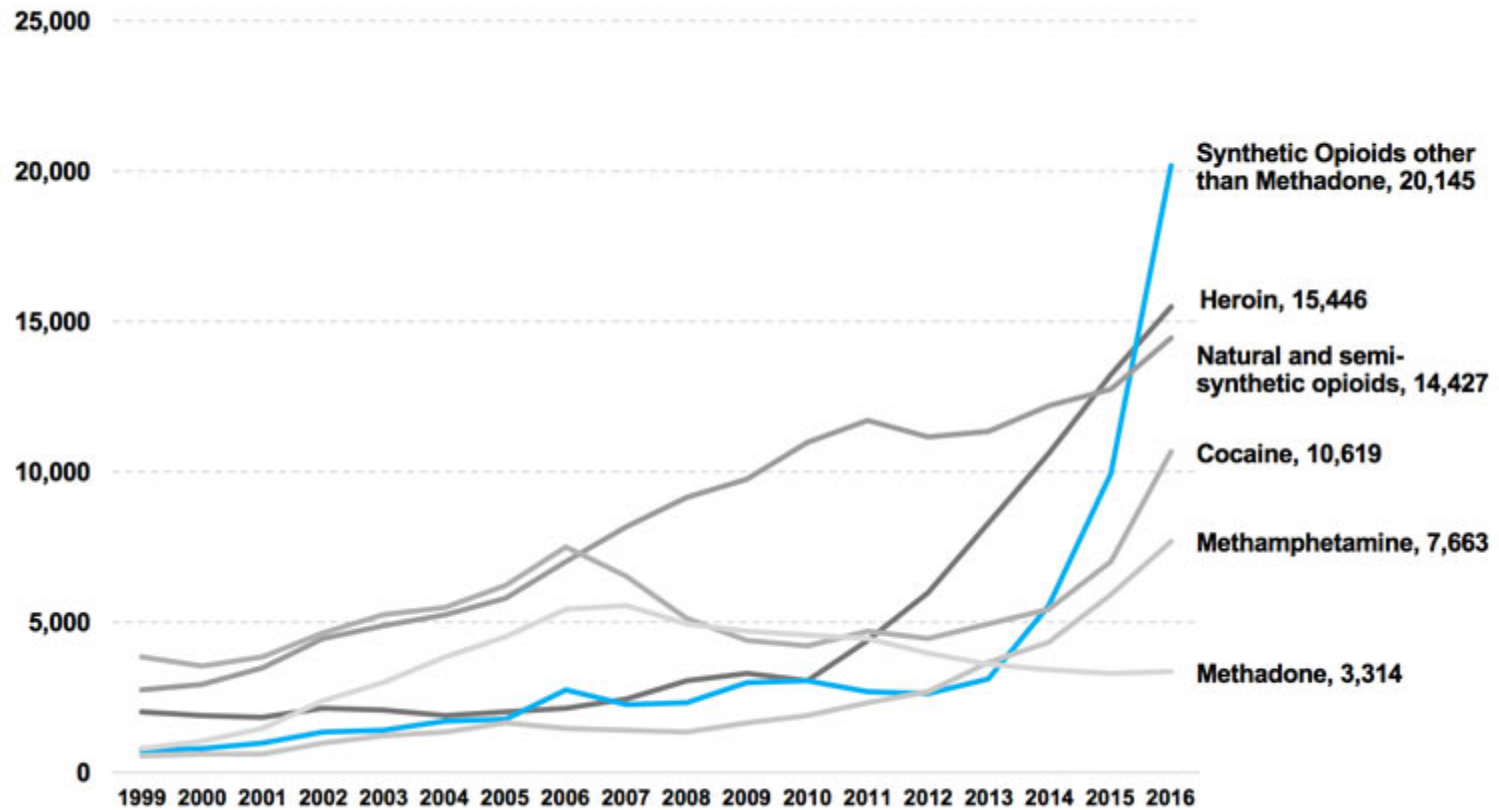
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In 2009, drug poisoning overtook motor-vehicle, traffic-related injuries as leading cause of injury-related death

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## Drugs Involved in U.S. Overdose Deaths, 2000 to 2016



Source: <https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>

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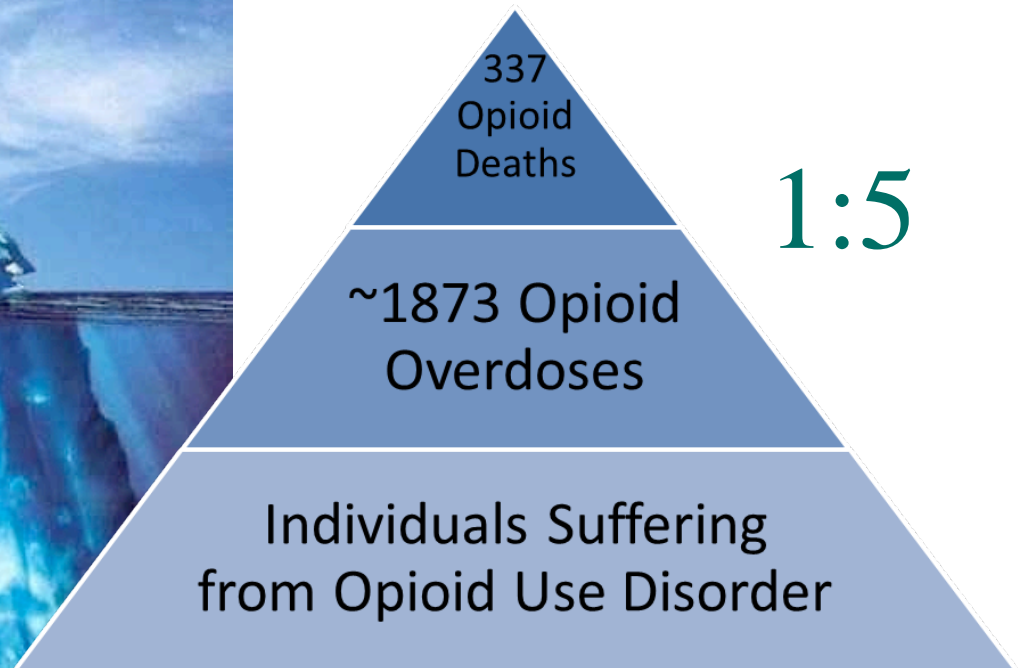
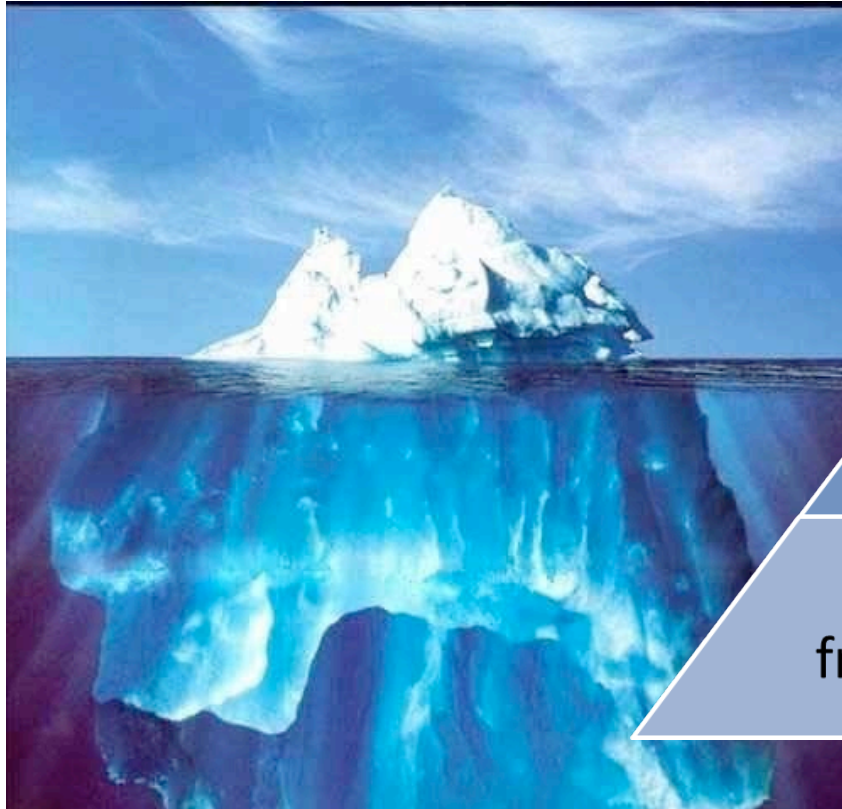
# 2016 OPIOID-RELATED OVERDOSE DEATHS

	Milwaukee County		Wisconsin		United States	
	N	Crude Rate per 100,000	N	Crude Rate per 100,000	N	Crude Rate per 100,000
<b>Drug Overdose Death</b>	323	34.0	1,031	17.9	63,632	19.7
<b>Any opioid</b>	286	30.1	827	14.3		
<b>Prescription opioids</b>	191	20.1	568	9.8		
<b>Heroin</b>	136	14.3	371	6.4		
<b>Synthetic opioids</b>	103	10.8	275	4.8		

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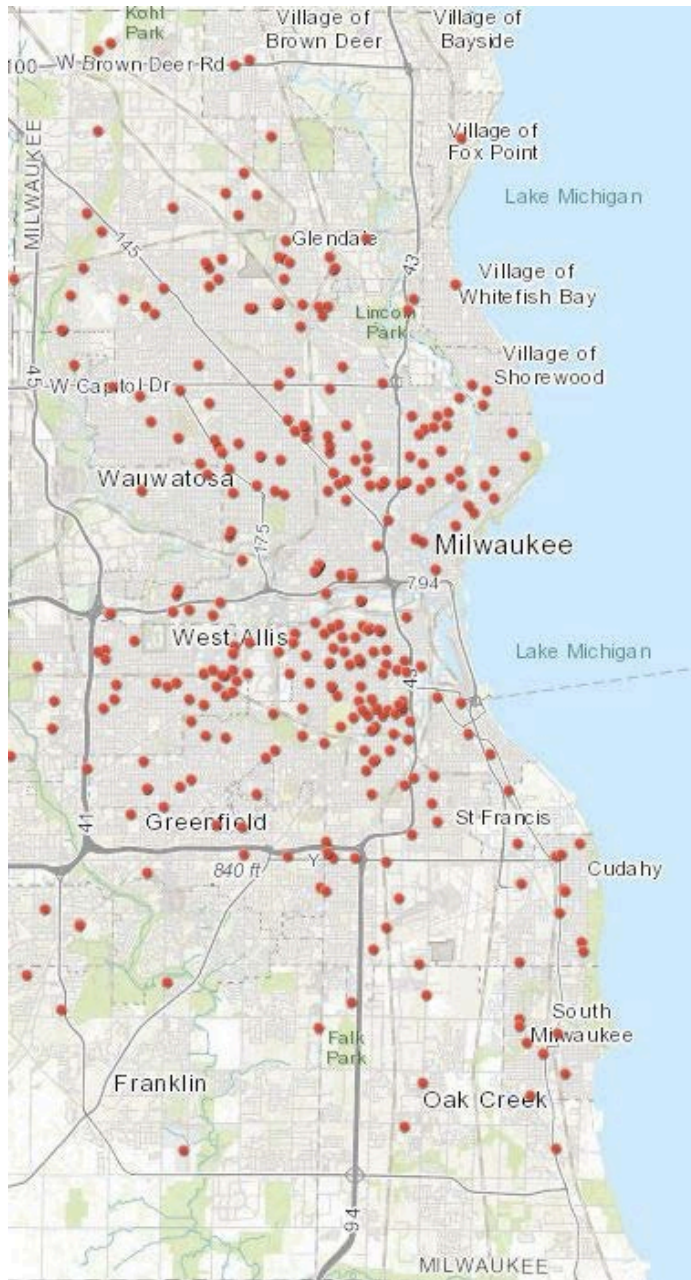
# DEATH IS THE TIP OF THE ICEBERG



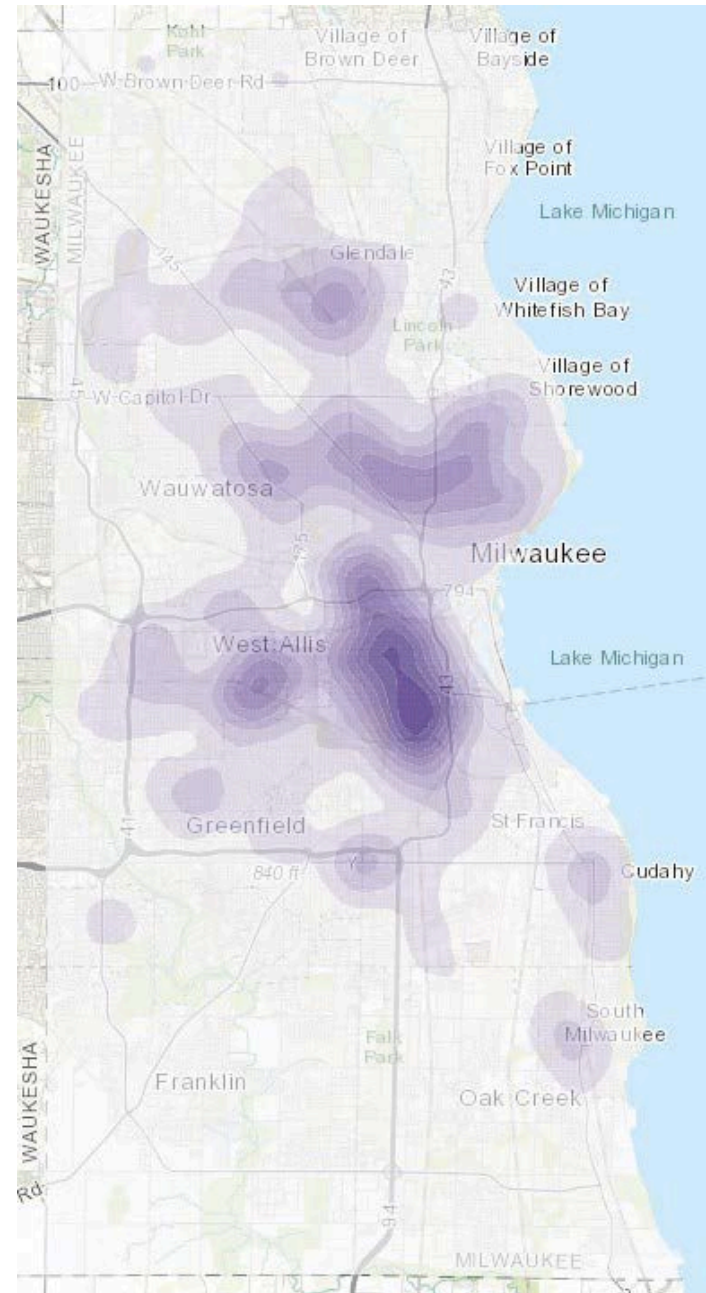
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# OVERDOSES DEATHS IN MILWAUKEE COUNTY

## 2017



**Legend**  
**Incident Density 2017**





# DEATH LOCATION FOR OPIOID-RELATED OVERDOSE DEATHS IN MILWAUKEE COUNTY

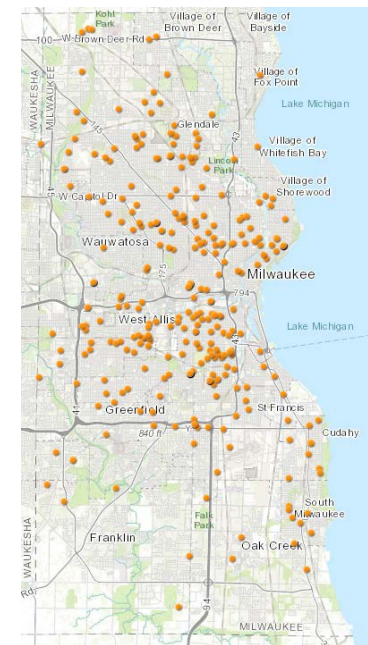
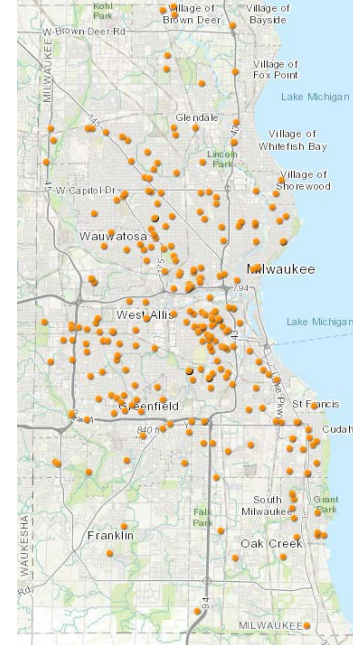
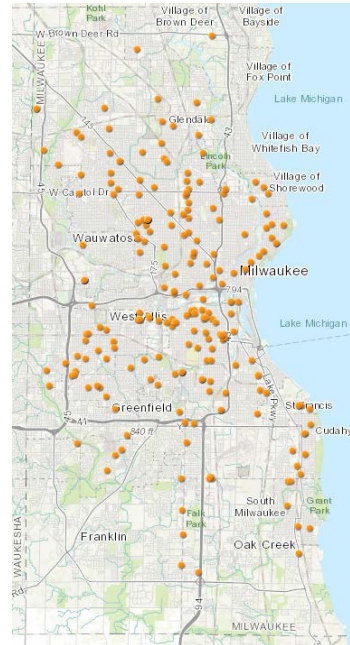
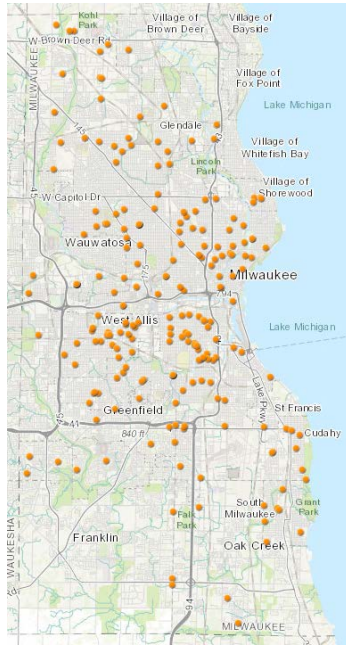
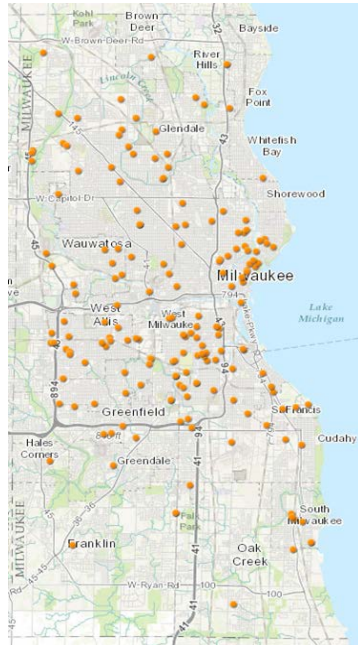
2013

2014

2015

2016

2017

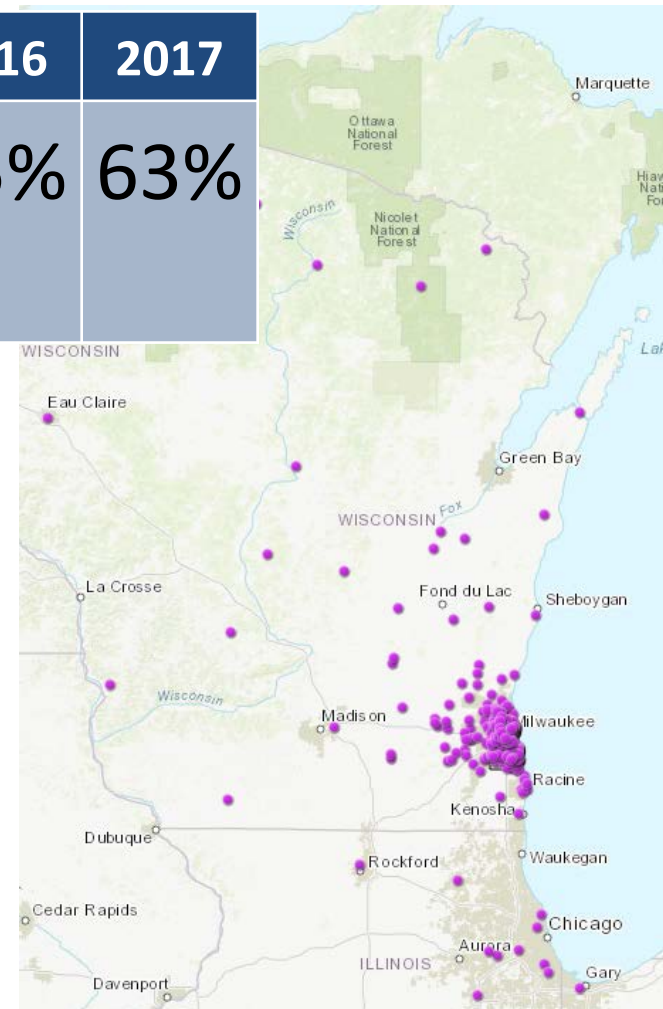


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# MOST OVERDOSE DEATHS IN MILWAUKEE COUNTY OCCUR AT THE VICTIMS' RESIDENCE: 2012–2017

Year	2012	2013	2014	2015	2016	2017
Percent of Deaths in own residence	74%	72%	68%	70%	65%	63%

In the past 5 years, 1.3% of victims had no residence and 9.5% lived outside of Milwaukee County



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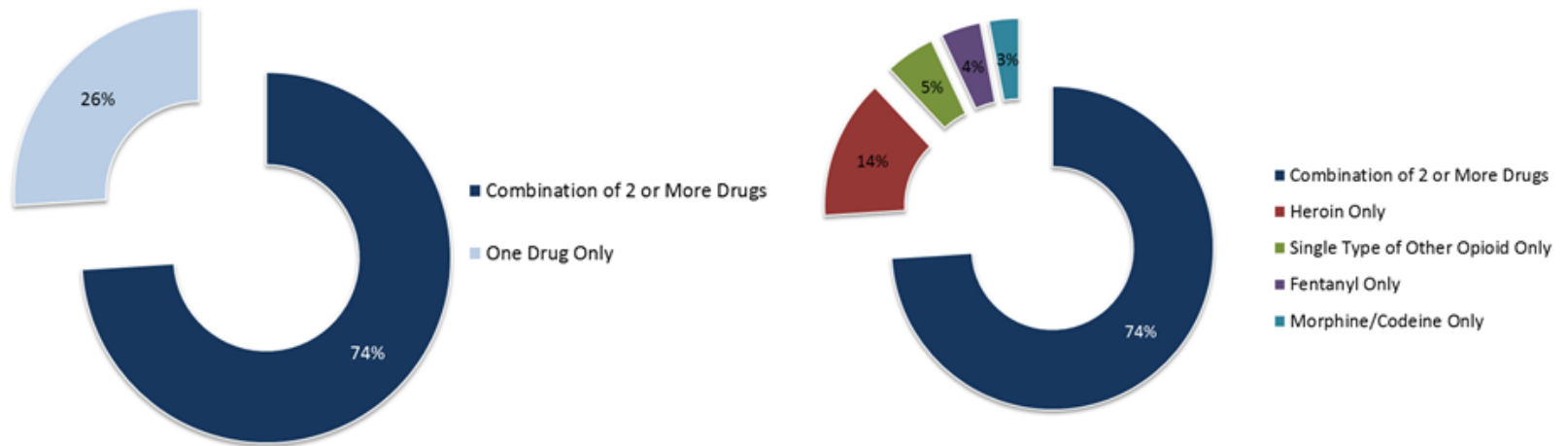
# 89% OF OVERDOSES TREATED BY MILWAUKEE COUNTY EMS ARE RESIDENTS OF MILWAUKEE COUNTY

Overdose in <b><u>same</u></b> zip code as residence	61%
Overdose NOT in residence zip code but residence <b><u>within</u></b> Milwaukee County	28%
Overdose NOT in residence zip code but residence <b><u>outside</u></b> Milwaukee County	11%

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# MAJORITY OF OPIOID-RELATED OVERDOSE DEATHS INVOLVE MULTIPLE DRUGS

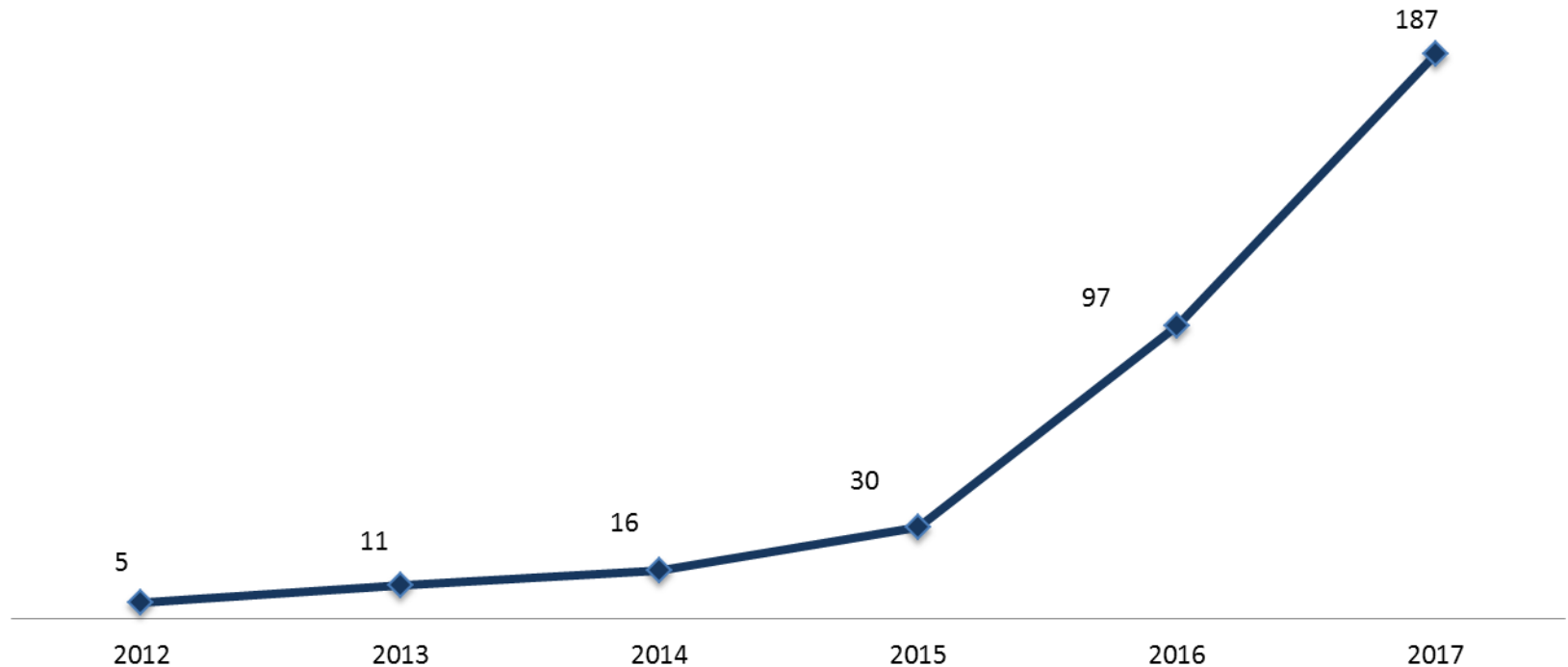
- 72% of deaths involve a combination of 2 or more drugs (including alcohol)



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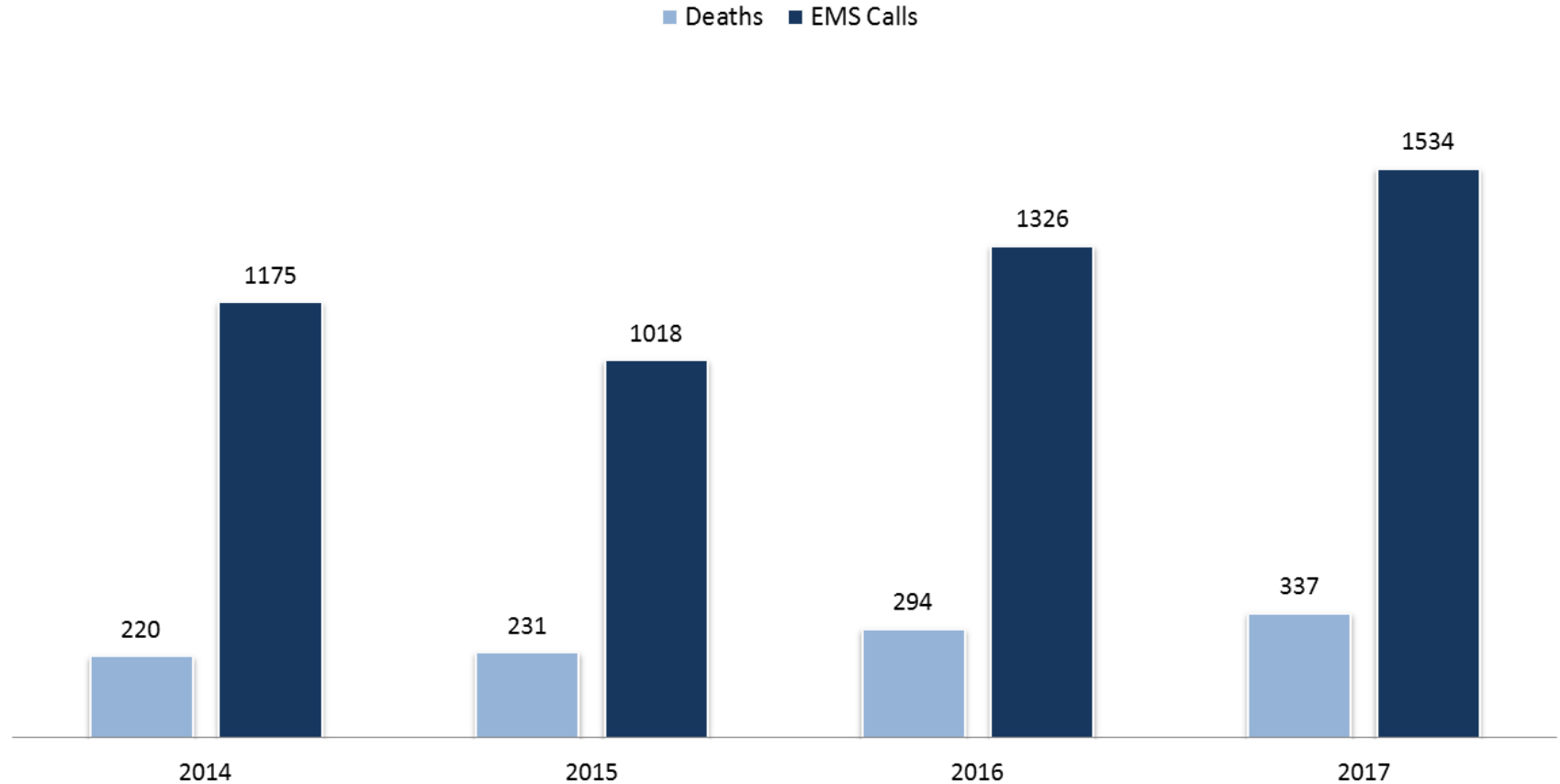
# FENTANYL-RELATED OVERDOSE DEATHS INCREASING

- 2015, 13% involved fentanyl
- 2016, 33% involved fentanyl
- 2017, 55% involved fentanyl



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# COMPARISON OF OPIOID-RELATED OVERDOSE DEATHS AND EMS NALOXONE ADMINISTRATION



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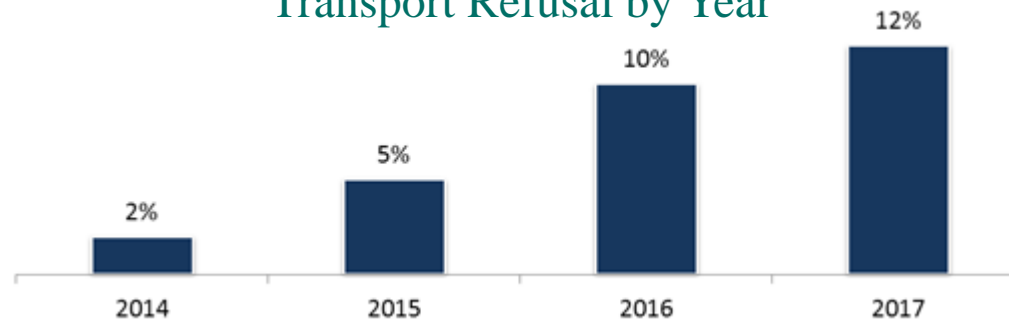


# EMS CALLS WITH NALOXONE ADMINISTRATION

- Over 4 years (2014-2017)
- 5,053 suspected overdoses
- 88% went to an ED
- Protocol change in 2017
  - Will trends continue?

Transport Destination	Number of calls (N=5,053)
Hospital Emergency Department	4,426 (88%)
Medical Examiner	170 (3.4%)
Refused Transport	451 (9%)
Other/Unknown	6 (<1%)

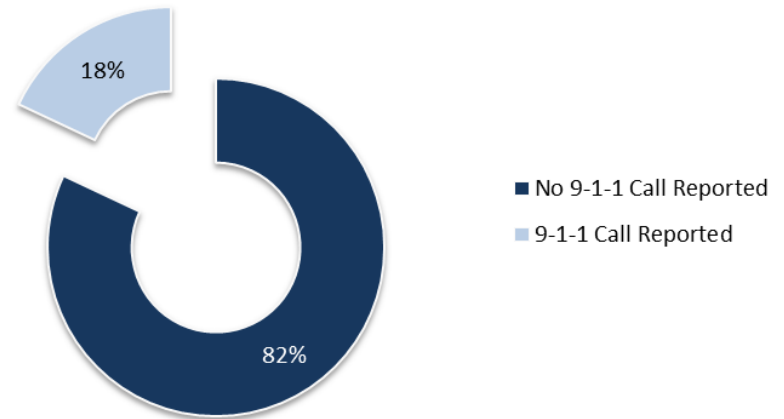
Transport Refusal by Year



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# LAYPEOPLE NALOXONE USE IN MILWAUKEE COUNTY

- In 2017:
  - 1,534 EMS patients treated with naloxone
  - Another 339 reported reversals by laypeople
    - Self-reported Data from AIDS Resource Center of Wisconsin (ARCW) needle exchange program
    - 82% did not call 9-1-1



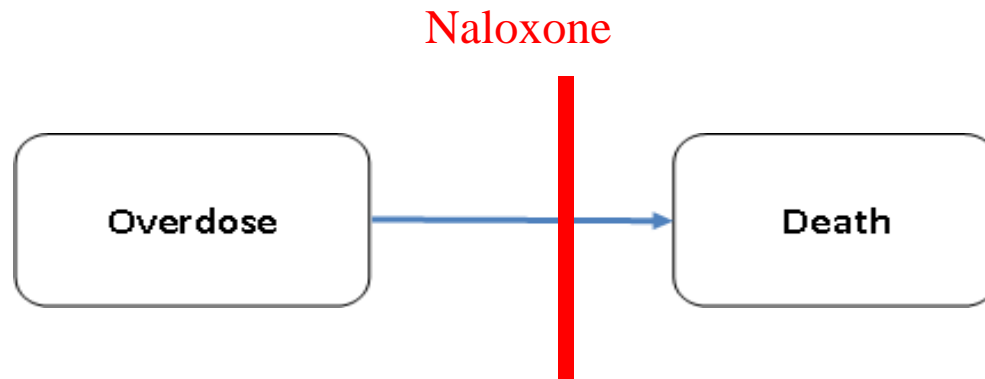
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# WE WANT TO STOP OVERDOSE DEATH...



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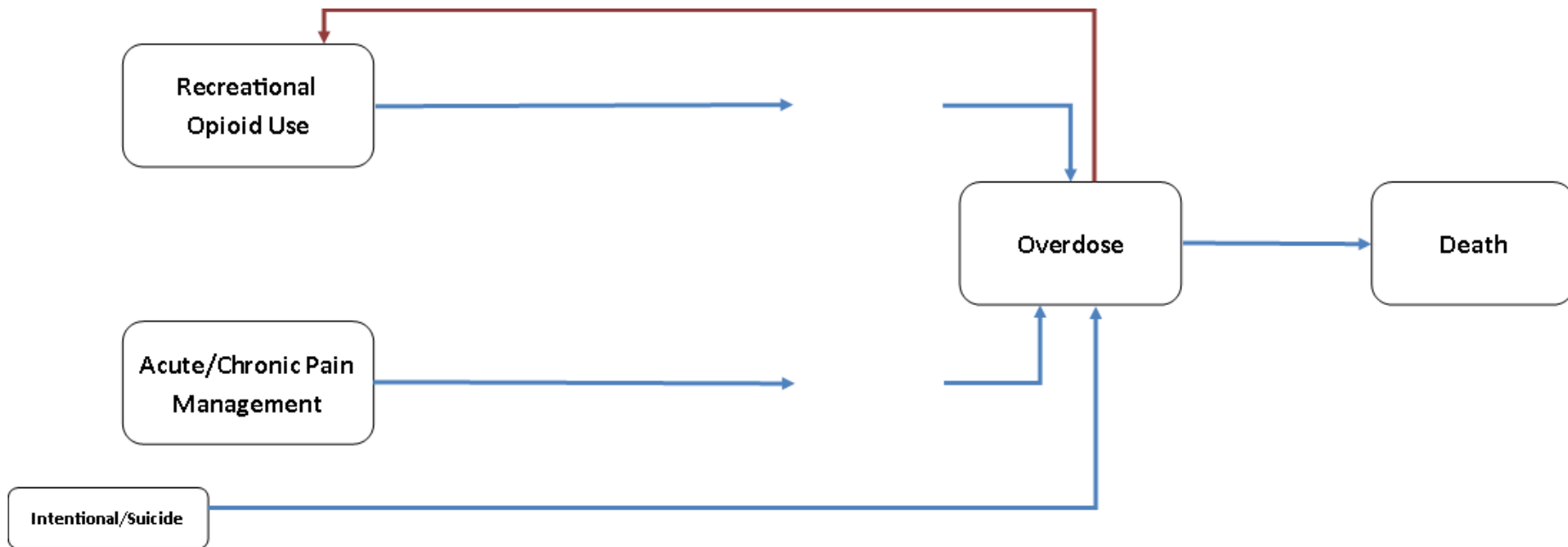
# WE WANT TO STOP OVERDOSE DEATH...



**This feels unsatisfactory!**  
**Lets take a step back, who overdoses?**

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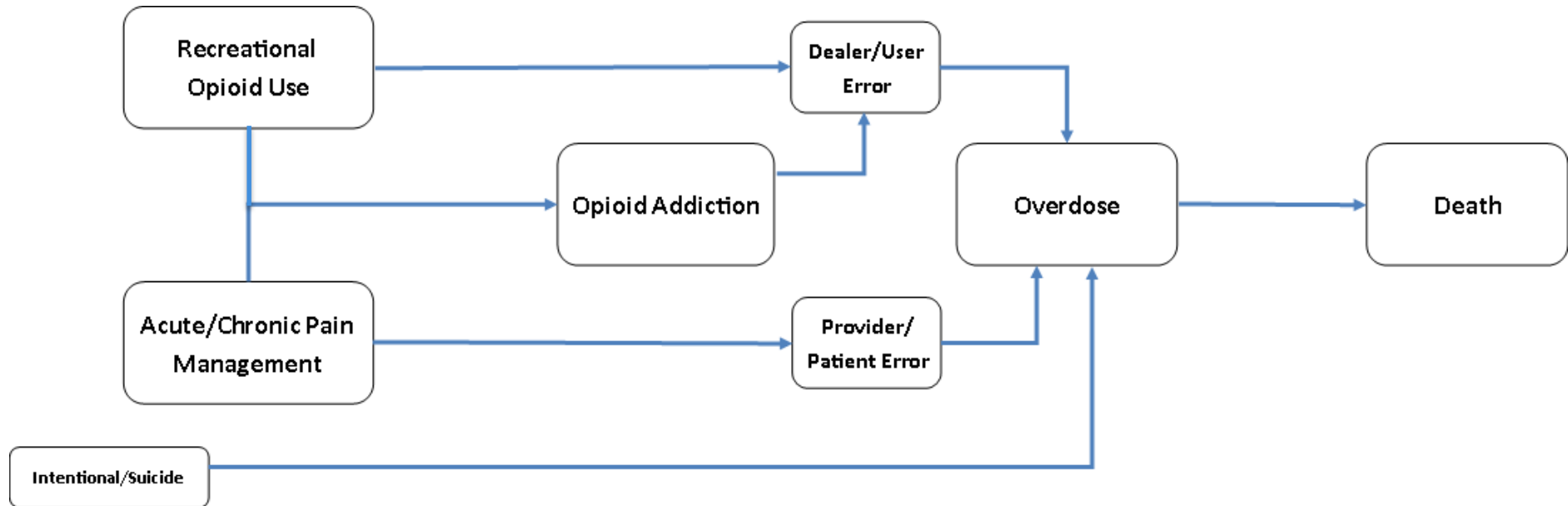
# WE WANT TO STOP OVERDOSE DEATH...



## Why do the recreational and pain management people overdose?

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# ERROR

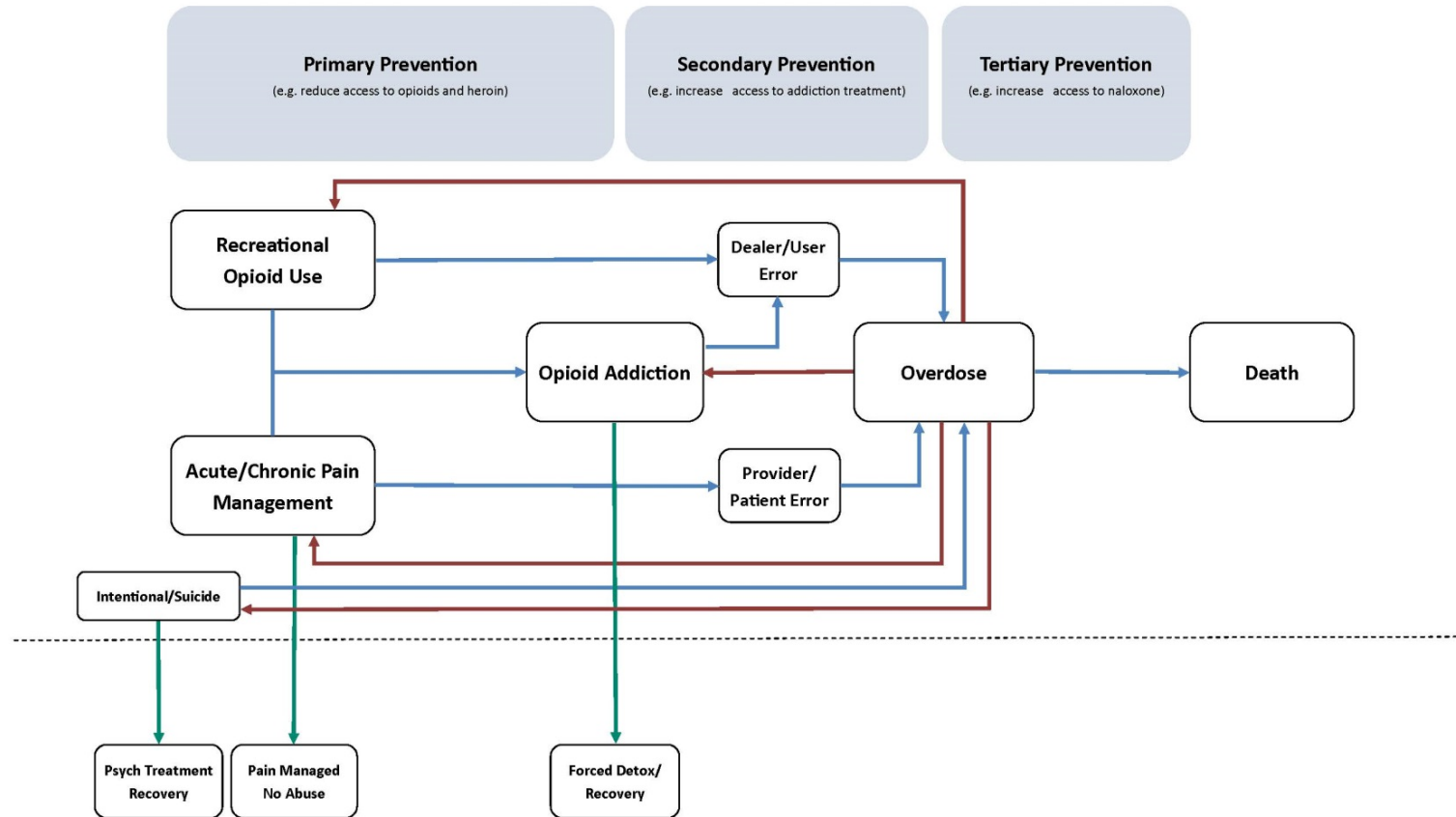


If you're not attempting suicide then something went wrong:

- Street drugs being mixed with other drugs unknown to user
- People coming out of prison detoxed and taking old doses
- Using other people's prescriptions incorrectly or mixing medications

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# ADDING PREVENTION TO OUR PATHWAY



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# THE LITERATURE

- Developed lay-community report on published community-based prevention efforts
  - No community has it all figured out
  - [www.mcw.edu/MilwaukeeCOPE](http://www.mcw.edu/MilwaukeeCOPE)

## Review of Literature on Community Opioid Overdose Prevention Programs

We performed a literature search for articles published between 1946 and July, 15th 2016 that focused on evaluating the effectiveness of various community-level interventions with the goal to reduce opioid and heroin-related overdose deaths (see appendix for search terms). The articles were reviewed and then categorized by the type of intervention. The benefits and disadvantages for each intervention are also detailed below.

### Intervention 1: Naloxone Distribution

Intervention	Dispensing location	Benefits	Disadvantages/ Barriers
Naloxone Distribution	Co-prescription with opioids	Opioid-related ED visits decreased in spite of no net change in opioid dosage. <sup>1</sup>  Enhance patient understanding of risks of opioids, promoting safer use behaviors, and preventing mortality. <sup>2</sup>	Lack of consensus about who should be prescribed naloxone. <sup>1,2</sup>  Not standard practice therefore certain providers may not follow recommendations for prescribing. <sup>1</sup>
	Pharmacy-based Naloxone	Pharmacies are widely accessible, especially in rural and underserved areas. <sup>3,4</sup>  Expands the reach of naloxone to individuals beyond those currently served by community-based and harm reduction organizations. <sup>5</sup>	There is a lack of training, inadequate knowledge of state laws, and inability to identify people who should receive naloxone. <sup>3</sup>  Financial and reimbursement issues. <sup>6</sup>  Different dispensing policies between pharmacists. <sup>7</sup>
	Health Service/ Drug treatment	Take home naloxone programs can be implemented in clinic and drug treatment settings using existing resources. <sup>8</sup>  There was increased uptake at a primary health care facility to high risk individuals compared to a drug treatment center. <sup>8</sup>  On-site staff: May improve therapeutic relationship with patients, consistent access to patients, and increased staff overdose expertise. <sup>9</sup>  Outside staff: low burden on staff and fosters relationships between different agencies. <sup>9</sup>	Services delivered at a drug and alcohol treatment facility had decreased uptake due to the perception that naloxone use indicated continued drug use. <sup>8</sup>  Treatment programs are sometimes not supportive of pharmacological interventions. <sup>10</sup>  On-site staff: patients may not disclose substance use and overdose rescue reports. <sup>9</sup>  Refills can be limited. <sup>9</sup>  Outside staff: subject to staff/ agency availability. <sup>8</sup>

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# TERTIARY PREVENTION: OVERDOSE DEATH

- Naloxone programs

- Bystanders

- Standing order in Wisconsin – can get at any pharmacy
    - Locally offered at no cost by Aids Resource Center 414-255-1608
    - No standardized training
      - AHA offers in some of their training programs
      - ARC provides when giving naloxone
    - Dispatchers in communities with EMD can instruct callers on administration

- Individuals using opioids/heroin

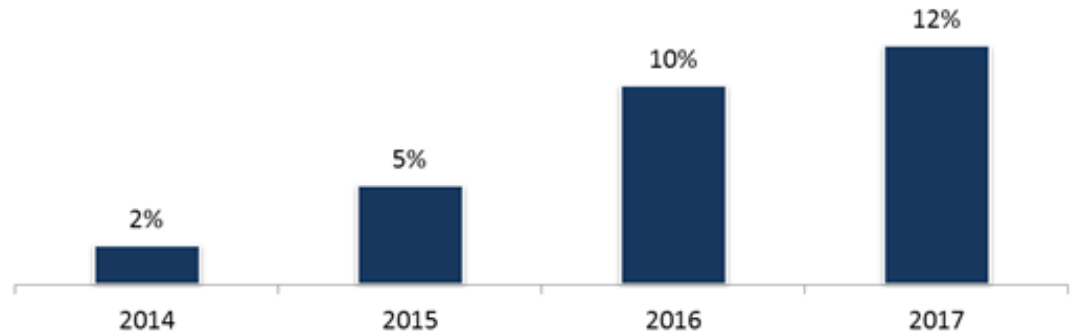
- Limited amnesty for drug possession if call 9-1-1 for overdose victim
      - 2017 82% did not call
    - 2017 limited amnesty expanded to victim

- Emergency responders (Police/EMS)

- Many carry naloxone

# SECONDARY PREVENTION: TREATING OPIOID USE DISORDER

- 88% of EMS treated go to ED
  - Acute issues corrected
  - Opportunity to link to treatment
    - Pilot project beginning July 1: Behavioral Health Division – Crisis Intervention Team
    - Opportunity to initiate MAT?
- Will trend be maintained?



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FOR THOSE WHO REMAIN IN THE COMMUNITY

**YOU'RE NOT ALONE**

**CONCERNED ABOUT SUBSTANCE USE?**

**Get Help:** Call 2-1-1 or 414-257-7222

**Get Information:** [MKEopioidprevention.org](http://MKEopioidprevention.org)

**If you see an overdose, call 9-1-1**



**HELP PREVENT OVERDOSE DEATHS**

**Get Free Naloxone:** Call 414-225-1608

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## OPIOID OVERDOSE PREVENTION RESOURCES FOR THE MILWAUKEE COMMUNITY

### *Resources*



# PRIMARY PREVENTION: ACUTE AND CHRONIC PAIN

- PDMP
- New approaches to pain management

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# “LESS THAN 1% OF THOSE WITH PAIN TREATED WITH OPIOIDS WILL BECOME ADDICTED.” – PORTER AND JICK

Vol. 302 No. 2

CORRESPONDENCE

## ADDICTION RARE IN PATIENTS TREATED WITH NARCOTICS

*To the Editor:* Recently, we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalized medical patients<sup>1</sup> who were monitored consecutively. Although there were 11,882 patients who received at least one narcotic preparation, there were only four cases of reasonably well documented addiction in patients who had no history of addiction. The addiction was considered major in only one instance. The drugs implicated were meperidine in two patients,<sup>2</sup> Percodan in one, and hydromorphone in one. We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.

JANE PORTER  
HERSHEL JICK, M.D.  
Boston Collaborative Drug  
Surveillance Program

Waltham, MA 02154

Boston University Medical Center

1. Jick H, Miettinen OS, Shapiro S, Lewis GP, Siskind Y, Slone D. Comprehensive drug surveillance. JAMA. 1970; 213:1455-60.
2. Miller RR, Jick H. Clinical effects of meperidine in hospitalized medical patients. J Clin Pharmacol. 1978; 18:180-8.

The difference in opioid pharmacology between individuals with and without pain also applies to

addiction. **The drug-seeking behavior synonymous with drug addiction does not occur in patients after pain relief with opioids in childbirth, operations, or after myocardial infarction.<sup>5</sup>**

Drug addicts are not in pain. The political message is that the medical use of opioids does not create drug addicts, and restrictions on this medical use hurt patients. ---Lacent 1999 Opioids in pain management

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1980 NEJM

# PRIMARY PREVENTION: RECREATIONAL USE

- SBIRT in schools

- Re-enforce that you are not the only one not using drugs
- Connect to services

- Reducing Access

- Drug take back
  - o [takebackmymeds.com](http://takebackmymeds.com)
    - Some pharmacies
    - Police stations
    - Community days
  - o Encourage safe disposal when changing meds or prescribing meds that might not all be taken

- Other programs that discourage drug use....

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# GET INVOLVED: SEE WHO IS WORKING IN OUR COMMUNITY

- Inventory of 62 opioid-related organizations working in the Milwaukee area
  - [www.mcw.edu/MilwaukeeCOPE](http://www.mcw.edu/MilwaukeeCOPE)

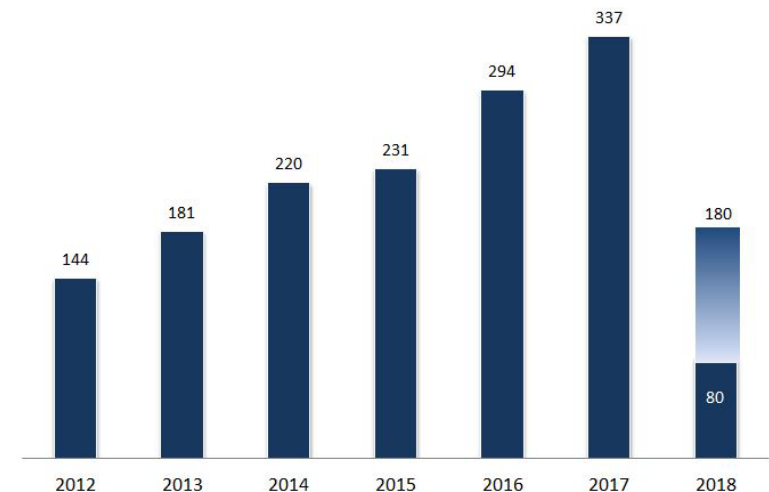
Service Category	Number of Organizations
Community Engagement	25
Data Collection and Dissemination	7
Education	39
Law Enforcement	7
Policy & Advocacy	11
Prescription Collection & Drop-Off	8
Referrals to Treatment and Social Services	19
Social Services	23
Treatment and/or Recovery for Opioid Use Disorder (OUD)	20

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# CONCLUSIONS

- The opioid overdose crisis in Milwaukee County is widespread
  - Mirroring state and national trends
- There are many areas for intervention and many organizations working to combat the opioid crisis in our community
- Understanding the data and areas for intervention is important
- It will take time, but there is hope.....



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# FOR MORE INFORMATION

- [www.mcw.edu/MilwaukeeCOPE](http://www.mcw.edu/MilwaukeeCOPE)
- [www.facebook.com/Milwaukeecommunityopioidpreventioneffort](https://www.facebook.com/Milwaukeecommunityopioidpreventioneffort)



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