APPROACHING THE OPIOID EPIDEMIC IN MILWAUKEE

E. Brooke Lerner, PhD
Jillian Theobald, MD, PhD
Nicole Fumo, MPH
Brenna Akert, BS
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
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
OPIOID-RELATED DEATHS IN MILWAUKEE COUNTY

- 2012: 144
- 2013: 181
- 2014: 220
- 2015: 231
- 2016: 294
- 2017: 337
LEADING CAUSE OF INJURY-RELATED DEATH IN THE US 2016

Drug Poisoning: 27.4%
Motor Vehicle, Traffic: 16.7%
Firearm: 16.7%
Suffocation: 8.2%
Non-Drug Poisoning: 2.3%
Cut / Pierce: 1.2%
Drowning: 2%
Fire / Flame: 1.4%

Medical College of Wisconsin CONFIDENTIAL. Do not share.
In 2009, drug poisoning overtook motor-vehicle, traffic-related injuries as leading cause of injury-related death
Drugs Involved in U.S. Overdose Deaths, 2000 to 2016

- Synthetic Opioids other than Methadone, 20,145
- Heroin, 15,446
- Natural and semi-synthetic opioids, 14,427
- Cocaine, 10,619
- Methamphetamine, 7,663
- Methadone, 3,314

Source: https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates
# 2016 OPIOID-RELATED OVERDOSE DEATHS

<table>
<thead>
<tr>
<th></th>
<th>Milwaukee County</th>
<th>Wisconsin</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Crude Rate per 100,000</td>
<td>Crude Rate per 100,000</td>
<td>Crude Rate per 100,000</td>
</tr>
<tr>
<td>Drug Overdose Death</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>323</td>
<td>1,031</td>
<td>63,632</td>
</tr>
<tr>
<td></td>
<td>34.0</td>
<td>17.9</td>
<td>19.7</td>
</tr>
<tr>
<td>Any opioid</td>
<td>286</td>
<td>827</td>
<td></td>
</tr>
<tr>
<td>Prescription opioids</td>
<td>191</td>
<td>568</td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td>136</td>
<td>371</td>
<td></td>
</tr>
<tr>
<td>Synthetic opioids</td>
<td>103</td>
<td>275</td>
<td></td>
</tr>
</tbody>
</table>
DEATH IS THE TIP OF THE ICEBERG

337 Opioid Deaths

~1873 Opioid Overdoses

Individuals Suffering from Opioid Use Disorder

1:5
OVERDOSES DEATHS IN MILWAUKEE COUNTY
2017
DEATH LOCATION FOR OPIOID-RELATED OVERDOSE DEATHS IN MILWAUKEE COUNTY

2013  2014  2015  2016  2017
Most overdose deaths in Milwaukee County occur at the victims’ residence: 2012–2017

<table>
<thead>
<tr>
<th>Year</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of Deaths in own residence</td>
<td>74%</td>
<td>72%</td>
<td>68%</td>
<td>70%</td>
<td>65%</td>
<td>63%</td>
</tr>
</tbody>
</table>

In the past 5 years, 1.3% of victims had no residence and 9.5% lived outside of Milwaukee County.
89% OF OVERDOSES TREATED BY MILWAUKEE COUNTY EMS ARE RESIDENTS OF MILWAUKEE COUNTY

<table>
<thead>
<tr>
<th>Overdose Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overdose in same zip code as residence</td>
<td>61%</td>
</tr>
<tr>
<td>Overdose NOT in residence zip code but residence within Milwaukee County</td>
<td>28%</td>
</tr>
<tr>
<td>Overdose NOT in residence zip code but residence outside Milwaukee County</td>
<td>11%</td>
</tr>
</tbody>
</table>
**MAJORITY OF OPIOID-RELATED OVERDOSE DEATHS INVOLVE MULTIPLE DRUGS**

- 72% of deaths involve a combination of 2 or more drugs (including alcohol)
FENTANYL-RELATED OVERDOSE DEATHS INCREASING

- 2015, 13% involved fentanyl
- 2016, 33% involved fentanyl
- 2017, 55% involved fentanyl
COMPARISON OF OPIOID-RELATED OVERDOSE DEATHS AND EMS NALOXONE ADMINISTRATION

- **2014**: 220 Deaths, 1175 EMS Calls
- **2015**: 231 Deaths, 1018 EMS Calls
- **2016**: 294 Deaths, 1326 EMS Calls
- **2017**: 337 Deaths, 1534 EMS Calls
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?

<table>
<thead>
<tr>
<th>Transport Destination</th>
<th>Number of calls (N=5,053)</th>
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<tbody>
<tr>
<td>Hospital Emergency Department</td>
<td>4,426 (88%)</td>
</tr>
<tr>
<td>Medical Examiner</td>
<td>170 (3.4%)</td>
</tr>
<tr>
<td>Refused Transport</td>
<td>451 (9%)</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>6 (&lt;1%)</td>
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</table>

Transport Refusal by Year

- 2014: 2%
- 2015: 5%
- 2016: 10%
- 2017: 12%
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
WE WANT TO STOP OVERDOSE DEATH...
WE WANT TO STOP OVERDOSE DEATH...

This feels unsatisfactory!
Lets take a step back, who overdoses?
WE WANT TO STOP OVERDOSE DEATH...

Why do the recreational and pain management people overdose?
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
THE LITERATURE

• Developed lay-community report on published community-based prevention efforts
  - No community has it all figured out
  - www.mcw.edu/MilwaukeeCOPE

Review of Literature on Community Opioid Overdose Prevention Programs

We performed a literature search for articles published between January and July, 2018 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.

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

• Naloxone programs
  - **Bystanders**
    o Standing order in Wisconsin – can get at any pharmacy
    o Locally offered at no cost by Aids Resource Center 414-255-1608
    o No standardized training
      – AHA offers in some of their training programs
      – ARC provides when giving naloxone
    o Dispatchers in communities with EMD can instruct callers on administration
  - **Individuals using opioids/heroin**
    o Limited amnesty for drug possession if call 9-1-1 for overdose victim
      – 2017 82% did not call
    o 2017 limited amnesty expanded to victim
  - **Emergency responders (Police/EMS)**
    o Many carry naloxone
SECONDARY PREVENTION: TREATING OPIOID USE DISORDER

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

• Will trend be maintained?
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

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

HELP PREVENT OVERDOSE DEATHS
Get Free Naloxone: Call 414-225-1608
OPIOID OVERDOSE PREVENTION RESOURCES FOR THE MILWAUKEE COMMUNITY

Resources

PREVENTING DRUG USE AND ADDICTION

OVERDOSE PREVENTION & HARM REDUCTION

IDENTIFYING DRUG USE AND ADDICTION

TREATMENT

FAMILY SUPPORT

RECOVERY

ADVOCACY

FOR PREGNANT WOMEN
PRIMARY PREVENTION: ACUTE AND CHRONIC PAIN

• PDMP
• New approaches to pain management
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.5 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
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
      - 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....
## 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)

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Number of Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Engagement</td>
<td>25</td>
</tr>
<tr>
<td>Data Collection and Dissemination</td>
<td>7</td>
</tr>
<tr>
<td>Education</td>
<td>39</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>7</td>
</tr>
<tr>
<td>Policy &amp; Advocacy</td>
<td>11</td>
</tr>
<tr>
<td>Prescription Collection &amp; Drop-Off</td>
<td>8</td>
</tr>
<tr>
<td>Referrals to Treatment and Social Services</td>
<td>19</td>
</tr>
<tr>
<td>Social Services</td>
<td>23</td>
</tr>
<tr>
<td>Treatment and/or Recovery for Opioid Use Disorder (OUD)</td>
<td>20</td>
</tr>
</tbody>
</table>
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......
FOR MORE INFORMATION

• www.mcw.edu/MilwaukeeCOPE

• www.facebook.com/Milwaukeecommunityopioidpreventioneffort