

Wisconsin Local Health Department Opioid Survey Results

2015



This report was produced by the Injury and Violence Prevention Program, Family Health Section, Bureau of Community Health Promotion, Division of Public Health in the Wisconsin Department of Health Services.

P-01188 (01/2016)

Table of Contents

Acknowledgments	3
An Update on the Opioid Epidemic	4
Wisconsin Local Health Department Opioid Survey Results, 2015	5
Survey Distribution and Response	5
Current Activities	6
Future Activities	7
Data Access and Use	8
Desired Resources	9
Responding to Survey Results	10
Appendix A: Survey Content	11
Appendix B: Response to Wisconsin Local Health Department Opioid Survey, 2015	16
Appendix C: Drug Abuse Coalition Activity, by Jurisdiction	17
Appendix D: Collaboration with Prescribers to Modify Opioid Prescribing Policies, by Jurisdiction	18



Acknowledgments

The Department of Health Services would like to thank everyone who made the 2015 Local Health Department Opioid Survey a success. We would like to specifically thank all of the individuals who completed the survey in addition to everyone who helped develop, administer, and analyze the survey.

Funding for the survey came from the Prevention Block Grant, which was furnished by the Centers for Disease Control and Prevention (CDC).

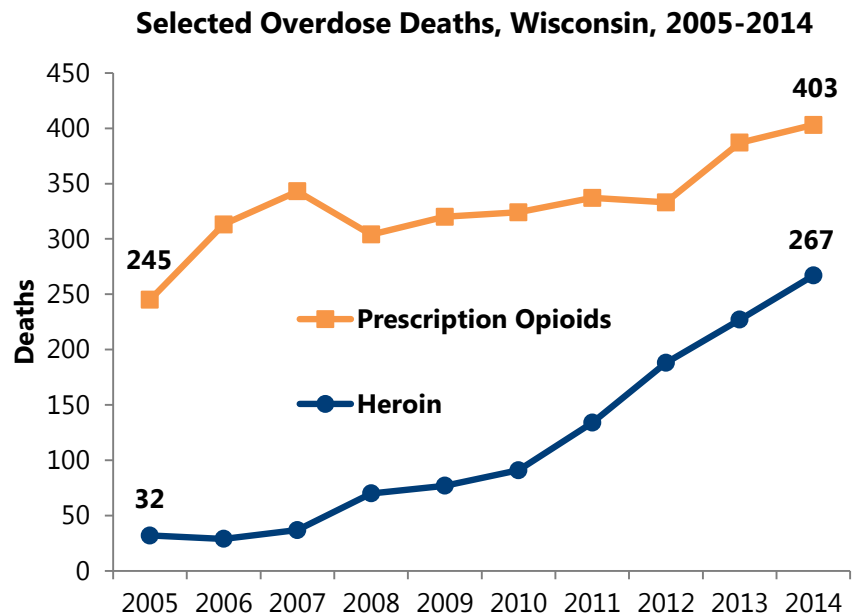


An Update on the Opioid Epidemic

From 2005 to 2014, Wisconsin deaths involving opioid pain relievers rose 64%. Wisconsin experienced a 4% increase in these deaths from 2013 to 2014.

Heroin-related deaths in Wisconsin increased by more than 734% over the same period, with an 18% increase from 2013 to 2014.

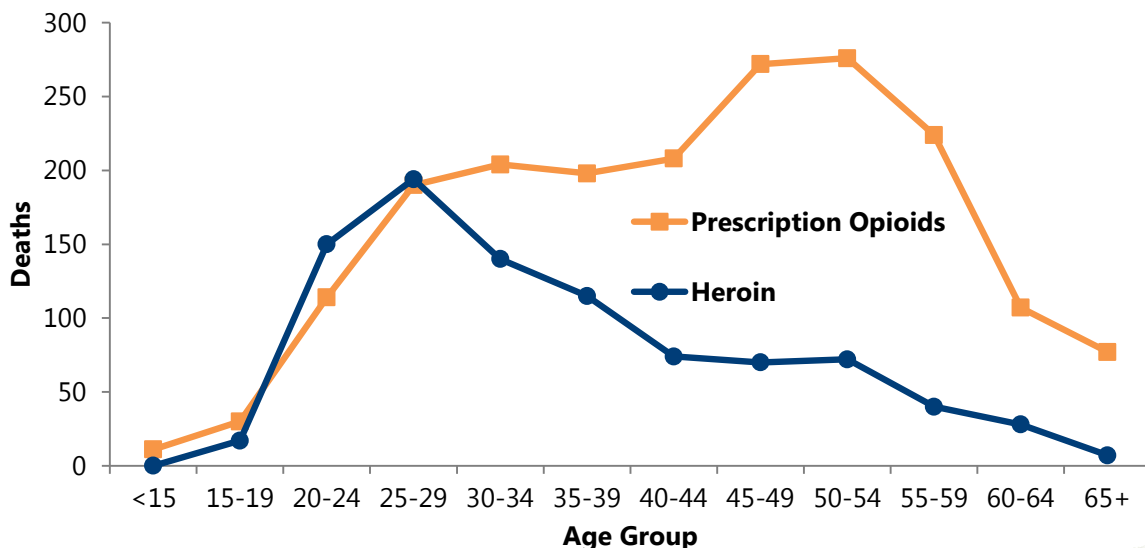
Combined Wisconsin deaths from all opioids more than doubled, from 274 in 2005 to 619 in 2014.



Over the last five years (2010-2014), more than 71% of prescription opioid deaths in Wisconsin occurred in individuals 35 years of age and older.

In contrast, Wisconsin heroin overdose deaths over the same time period were concentrated among young people. More than 55% of heroin overdose deaths occurred in individuals 34 years old and younger.

Selected Overdose Deaths by Age Group, Wisconsin, 2010-2014



Wisconsin Local Health Department Opioid Survey Results, 2015

Survey Distribution and Response

The purpose of the survey was to 1) provide a baseline assessment of existing local health department (LHD) activities and data use related to opioid abuse within their jurisdiction and 2) identify resources LHDs need to expand activities. Responses were collected during September and October of 2015. A copy of the survey questions is included in Appendix A.

The survey was sent to the 87 LHDs and 11 federally recognized tribes in Wisconsin, for a total of 98 jurisdictions. Respondents from 68 of 98 jurisdictions (69%) completed the online survey (Table 1). A map of survey respondents is included in Appendix B.

Table 1. Respondent Jurisdiction

	n	%
County	51/70	73
City	12/17	71
Tribal	5/11	45
TOTAL	68/98	69%

Recipients were asked to have the individual in their jurisdiction most familiar with the opioid epidemic complete the survey (Table 2). The majority of surveys were completed by Health Officers, Directors, or their staff. Drug abuse coalition members and one law enforcement representative also completed the survey.

Table 2. Respondent Background

	n	%
Public Health Officers/Directors	40	59
Public Health Nurses	11	16
Administrators/Managers	9	13
Health Educators	4	6
Drug Abuse Coalition Members	3	4
Law Enforcement	1	1



Current Activities

Respondents were asked about activities related to the opioid epidemic in their jurisdiction. Every respondent reported having pill take-back days or permanent drug disposal sites. The least reported of the listed activities was promotion of Wisconsin's "Good Samaritan Law" ([Act 194 of 2013](#)), which was reported by 28% of jurisdictions. Table 3 shows how respondents characterized activities in their jurisdiction. Maps of responses regarding drug abuse coalitions and collaboration with drug prescribers are included in Appendices C and D, respectively.

Table 3. Current Opioid Harm Prevention Activities

	Yes		No		Unsure	
	n	%	n	%	n	%
Pill take-back days or permanent drug disposal sites	68	100	0	0	0	0
Drug abuse coalition	50	74	16	24	2	3
Drug courts or other alternative sanction programs for individuals arrested for drug-related offenses	37	54	19	28	12	18
Surveillance of opioid overdose (fatal or nonfatal) frequency	36	53	14	21	18	26
Education on opioid abuse prevention in K-12 schools	34	50	11	16	23	34
Promotion or training on the use of naloxone	32	47	15	22	21	31
Promotion of the Wisconsin Prescription Drug Monitoring Program (PDMP) to prescribers	27	40	22	32	19	28
Education on Neonatal Abstinence Syndrome for health care providers and/or pregnant women	27	40	22	32	19	28
Collaboration with drug prescribers (e.g., dentists, physicians, emergency departments) to modify opioid prescription policies	27	40	28	41	13	19
Needle exchange programs	27	40	38	56	3	4
Promotion of Wisconsin's "Good Samaritan Law" (Act 194 of 2013)	19	28	27	40	22	32



Future Activities

Respondents were also asked which activities of those *not* currently happening they hoped to introduce within a year (Table 4). Surveillance of the burden of opioid overdose was the most frequently chosen activity (86%). Some respondents wrote in additional activities they would like to pursue. These responses fell into three general categories: outreach and education, treatment, and data.

Table 4. Future Activities

	Introduce within One Year*	
	n	%
Surveillance of opioid overdose (fatal or nonfatal) frequency	12	86
Promotion of the Wisconsin Prescription Drug Monitoring Program (PDMP) to prescribers	11	50
Education on opioid abuse prevention in K-12 schools	5	45
Promotion of Wisconsin's "Good Samaritan Law" (Act 194 of 2013)	12	44
Drug courts or other alternative sanction programs for individuals arrested for drug-related offenses	7	37
Collaboration with drug prescribers (e.g., dentists, physicians, emergency departments) to modify opioid prescription policies	9	32
Education on Neonatal Abstinence Syndrome for health care providers and/or pregnant women	6	27
Drug abuse coalition	4	25
Needle exchange programs	6	16
Promotion or training on the use of naloxone	2	13
Pill take-back days or permanent drug disposal sites	0	0

*Based on respondents who said each activity was *not* happening in their jurisdiction



Data Access and Use

Respondents were asked about their access to and use of data related to the opioid epidemic (Table 5). Death certificate data was the most accessible and commonly used (53%). Waiting list data for opioid addiction treatment programs was the least used data, with 12% reporting access and use and nearly half (49%) reporting a lack of access to this data. Some respondents wrote in additional data sources they either currently use or hope to use. Surveys were the most commonly written-in source of data.

Table 5. Data Usage

	Have Access and Use		Have Access but Do Not Use		Do Not Have Access		Unsure about Access	
	n	%	n	%	n	%	n	%
Opioid-related death data from government death certificates or vital records	36	53	15	22	7	10	10	15
Opioid-related arrest or conviction data	21	31	8	12	21	31	18	26
Hospital or emergency department data on opioid overdose	18	26	8	12	23	34	19	28
Emergency Medical Service (EMS) records on opioid overdose or naloxone use	18	26	3	4	30	44	17	25
Prescription Drug Monitoring Program data	14	21	4	6	24	35	26	38
Number of infants born with Neonatal Abstinence Syndrome	13	19	3	4	32	47	20	29
Waiting list data for opioid addiction treatment programs	8	12	4	6	33	49	23	34



Desired Resources

Additional resources were desired by all respondents (Table 6). More than two-thirds of respondents asked for resources related to data collection and/or analysis (74%), policy development and implementation (69%), and communications (68%). Resources for naloxone promotion and distribution programs (42%) and coalition development (31%) were asked for least frequently. Additional write-in responses fell into three general categories: funding, regional coordination, and needle exchange.

Table 6. Desired Resources

	n	%
Data collection and/or analysis (for assessment, surveillance, and/or evaluation)	50	74
Policy development and implementation	47	69
Communications (e.g., marketing, social media, and advocacy)	46	68
Program development and implementation	43	63
Community engagement (e.g., awareness raising and outreach)	42	62
Strategic planning and problem analysis	36	53
Naloxone promotion and distribution program	29	43
Coalition development	21	31
Other (Write-in)	14	21
No resources desired at this time	0	0

Nineteen jurisdictions (28%) reported having someone specifically in charge of responding to the opioid epidemic. More than two-thirds (68%) of jurisdictions did not have such an individual, and 4% were unsure. Five “Yes” respondents (26%) reported a main opioid contact other than themselves.



Responding to Survey Results

The Injury and Violence Prevention Program (IVPP) at the Department of Health Services just received a four-year, \$3.8 million grant from the Centers for Disease Control and Prevention (CDC) that will fund Prescription Drug Monitoring Program enhancement, expanded surveillance, prescriber education, and community prevention efforts. The IVPP, in conjunction with the Division of Mental Health and Substance Abuse Services (DMHSAS), will be enhancing access to opioid harm information on the Department's [opioids web pages](#) over the upcoming months. Featured content will include prevention, treatment, prescriber education, and data resources.

Until the updated pages are available, we recommend checking out the following resources:

- The Centers for Medicaid and Medicare Services (CMS) just released an [online mapping tool](#) that shows Medicare Part D opioid prescription claims within the United States down to the ZIP code level.
- The Family Health Section in the Bureau of Community Health Promotion, Division of Public Health, just released a [map](#) showing Neonatal Abstinence Syndrome rates across the state.
- The National Safety Council (NSC) produces a comprehensive [Prescription Drug Community Action Kit](#) that covers the spectrum of community action, from engaging the medical community to public education to advocating for change. The NSC wrote a [case study](#) about the coordinated response to stopping overdoses in Madison, Wisconsin.
- RxStat offers a [technical assistance manual](#) for responding to problem drug use at the municipal and county levels, and the Substance Abuse and Mental Health Services Administration offers an [Opioid Overdose Prevention Toolkit](#).
- The Harm Reduction Coalition offers excellent [educational materials and best practice tips](#) on naloxone use.
- The University of Michigan hosted and recorded an [opioid overdose summit](#) in December 2015 that offered an insightful overview of the epidemic from diverse perspectives.

We would like to thank everyone who helped develop, conduct, and evaluate the survey. We plan to administer the survey again in September 2016.



Appendix A: Survey Content



Wisconsin Department of Health Services

Local Health Department Opioid Epidemic Survey

Dear colleagues,

Thank you for taking 5-10 minutes to help us understand the efforts in your community related to the opioid abuse and overdose epidemic.

Opioids include morphine-like medications such as hydrocodone (Vicodin) and oxycodone (OxyContin) in addition to the illicit drug heroin. Another name for drug overdose is drug poisoning. Although serious, drug overdoses are not always fatal.

We intend to share the results of this survey with other state agencies to facilitate a collaborative response to the opioid epidemic. If you do not want your results to be shared, please contact Ben Kopitzke, Prescription Drug Overdose Project Coordinator in the [Injury and Violence Prevention Program](#), at Benjamin.Kopitzke@dhs.wisconsin.gov or 608-267-0329.

Agency name

Person completing the survey

Name	<input type="text"/>
Title	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>



Is someone in your agency specifically in charge of responding to the opioid epidemic?

- ☐ Yes
☐ No
☐ Unsure

If not you, who is the main contact for opioid activity in your agency?

Name	
Title	
Phone	
Email	

The first section asks about jurisdictional responses to the opioid epidemic.

Please indicate the status of the following activities in your jurisdiction.

	Currently happening	<u>Not</u> currently happening	Unsure if happening
Drug abuse coalition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surveillance of opioid overdose (fatal or nonfatal) frequency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pill take-back days or permanent drug disposal sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needle exchange programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaboration with drug prescribers (e.g., dentists, physicians, emergency departments) to modify opioid prescription policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotion of the Wisconsin Prescription Drug Monitoring Program (PDMP) to prescribers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotion of Wisconsin's "Good Samaritan Law" (Act 194 of 2013)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotion or training on the use of naloxone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug courts or other alternative sanction programs for individuals arrested for drug-related offenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education on Neonatal Abstinence Syndrome for health care providers and/or pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education on opioid abuse prevention in K-12 schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please write in any current activities that were not included in the above list.

--



Of the activities that are not currently happening in your jurisdiction, which do you hope to introduce within a year?

- | | Mark all
that apply |
|--|--------------------------|
| Drug abuse coalition | <input type="checkbox"/> |
| Surveillance of opioid overdose (fatal or nonfatal) frequency | <input type="checkbox"/> |
| Pill take-back days or permanent drug disposal sites | <input type="checkbox"/> |
| Needle exchange programs | <input type="checkbox"/> |
| Collaboration with drug prescribers (e.g., dentists, physicians, emergency departments) to modify opioid prescription policies | <input type="checkbox"/> |
| Promotion of the Wisconsin Prescription Drug Monitoring Program (PDMP) to prescribers | <input type="checkbox"/> |
| Promotion of Wisconsin's "Good Samaritan Law" (Act 194 of 2013) | <input type="checkbox"/> |
| Promotion or training on the use of naloxone | <input type="checkbox"/> |
| Drug courts or other alternative sanction programs for individuals arrested for drug-related offenses | <input type="checkbox"/> |
| Education on Neonatal Abstinence Syndrome for health care providers and/or pregnant women | <input type="checkbox"/> |
| Education on opioid abuse prevention in K-12 schools | <input type="checkbox"/> |



The next section asks about obtaining and using data and other resources related to the opioid epidemic.

Please indicate your current access to and use of the types of data listed below.

	Have access and use	Have access but do not use	Do not have access	Unsure about access
Opioid-related death data from government death certificates or vital records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital or emergency department data on opioid overdose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Medical Service (EMS) records on opioid overdose or naloxone use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opioid-related arrest or conviction data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of infants born with Neonatal Abstinence Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting list data for opioid addiction treatment programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Drug Monitoring Program (PDMP) data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please write in any other data sources that you either use or would like to obtain, and note whether you use or would like to obtain each source.



The Department of Health Services will be developing new resources to help local health departments prevent opioid abuse and overdose. What resources would be helpful to you?

Mark all
that apply

- Coalition development ☐
- Community engagement (e.g., awareness raising and outreach) ☐
- Communications (e.g., marketing/social media/advocacy) ☐
- Strategic planning and problem analysis ☐
- Data collection and/or analysis (for assessment, surveillance, and/or evaluation) ☐
- Program development and implementation ☐
- Policy development and implementation ☐
- Naloxone promotion and distribution program ☐
- Other (Write-in) ☐
- No resources desired at this time ☐

The goal of this survey is to help us understand current responses to the opioid epidemic across Wisconsin.

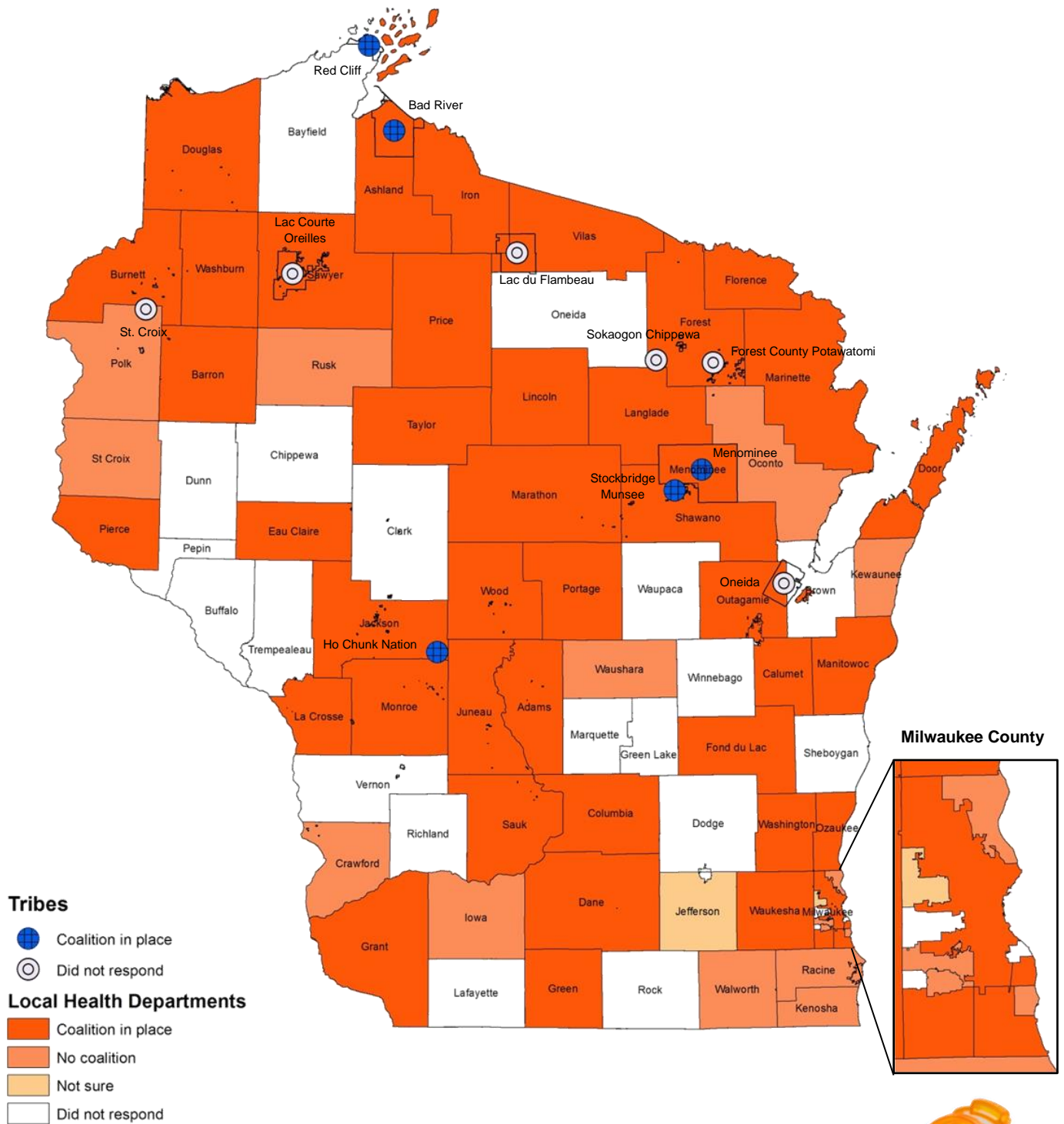
Are you open to being contacted by our Prescription Drug Overdose Project Coordinator to discuss the efforts in your jurisdiction?

- ☐ Yes
- ☐ No



[illegible]

Appendix C: Drug Abuse Coalition Activity, by Jurisdiction



Appendix D: Collaboration with Prescribers to Modify Opioid Prescribing Policies, by Jurisdiction

