

# OVERDOSE RESPONSE STRATEGY

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## Wisconsin State Scan (2025)



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## Federal Acknowledgment

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## Executive Summary

The Office of National Drug Control Policy (ONDCP) and the Centers for Disease Control and Prevention (CDC) support the High Intensity Drug Trafficking Area (HIDTA) program and the CDC Foundation (CDCF) in their implementation of the Overdose Response Strategy (ORS). The ORS is a cutting-edge partnership between public health and public safety to address fatal and nonfatal overdoses nationwide. This state scan is designed to inform ongoing sustainability efforts, identify resource gaps and create community partnerships.

The Wisconsin Department of Health Services (DHS) released a provisional data report in January 2025 reviewing suspected opioid overdose data from 2022-2024. This report shows an overall downward trend in suspected opioid overdoses, both fatal and nonfatal, across three years.<sup>1</sup> This downward trend aligns with national data for overdoses associated with all substances.<sup>2</sup>

It is important to note that while the overall number of fatal overdoses has declined, the rates of fatal overdoses are increasing among certain populations in Wisconsin. According to 2023 Vital Records data from the Wisconsin Department of Health services:

- In 2023, the rate of overdose fatalities involving all drugs was 117.6 per 100,000 for Black people across Wisconsin, compared to 22.6 per 100,000 for white populations.
- Overdose fatalities involving opioids and stimulants have been increasing among Wisconsin's Black population since 2018; 58.1 per 100,000 compared with 18.8 per 100,000 among white Wisconsinites.
- In 2023, American Indian/Alaskan Native people had a fatal overdose rate of 113.9 per 100,000, compared to 22.6 per 100,000 for white Wisconsinites.

## Summary of Recommendations

1. Explore non-traditional access points for naloxone access within the Black community such as corner stores, barber shops and laundromats as per recommendations from community leaders and people with lived/living experience.
2. Continue to partner with Safe and Sound for youth and adult prevention efforts within Milwaukee's Black community.
3. Continue to collaborate with the Milwaukee County Medical Examiner's Office to expand capacity for drug testing and explore additional partnerships with forensic laboratories throughout the state.
4. Notify correctional institutions and community corrections officers of overdose spike alerts so they can provide overdose prevention information and naloxone to individuals upon their release or during check-ins.

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## Introduction

The Office of National Drug Control Policy (ONDCP) and the Centers for Disease Control and Prevention (CDC) support the High Intensity Drug Trafficking Area (HIDTA) program and the CDC Foundation (CDCF) in their implementation of the Overdose Response Strategy (ORS). The ORS is a cutting-edge partnership between public health and public safety to address fatal and nonfatal overdoses nationwide. Each state has a Public Health Analyst (PHA) and a Drug Intelligence Officer (DIO) who partner to provide support, expertise and technical assistance. To inform ongoing sustainability efforts, identify resource gaps and create community partnerships, the PHA from each state completes an environmental scan. This scan focuses on overdose surveillance, substance use disorder treatment, overdose prevention programming and law enforcement partnerships and interactions. The following state scan reflects the most up-to-date information from Wisconsin as of May 2025.

## Section 1: Public Health Surveillance of Overdoses

There are eight counties within Wisconsin that receive additional law enforcement assistance from the North Central HIDTA program. Through multiple partnerships, the Wisconsin ORS team is able to provide assistance and technical support to all 72 counties in Wisconsin.



Figure A: HIDTA program counties in Wisconsin.



Figure B: Wisconsin county map.

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## Section 1.1: Overdose Mortality Surveillance

Overdose mortality surveillance is conducted by both public health and public safety entities. As a home-rule, or decentralized state, individual counties report their own data to the Wisconsin Department of Health Services (DHS). The Wisconsin DHS also collects data independently through additional monitoring. Public safety agencies like law enforcement and fire departments also provide overdose surveillance data to county and state officials.

### Public Health Overdose Mortality Surveillance

The Wisconsin Department of Health Services receives overdose death data from the Wisconsin Ambulance Run Data System (WARDS), the National Emergency Medical Services Information System (NEMSIS), state Vital Records data and the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE). Medical examiners enter overdose fatality data into the Vital Records data platform. To classify and code deaths appropriately, medical examiners send death data to the National Center for Health Statistics (NCHS). To map both fatal and nonfatal overdoses, the Wisconsin DHS developed an online biospatial program called the Wisconsin Suspected Overdose Alerts for Rapid Response (WiSOARR). This dashboard is available to relevant DHS employees and community partners.

Publicly available data for fatal and nonfatal overdoses can be accessed through two data platforms operated by the Centers for Disease Control and Prevention:

- National Violent Death Reporting System (NVDRS)
- State Unintentional Drug Overdose Reporting System (SUDORS)

The public can also access Wisconsin overdose data through yearly reports and an online dashboard. Some counties, most notably Milwaukee County, operate their own overdose data dashboard that is available to the general public.

The length of death investigations and toxicology processing can contribute to the difficulties encountered when collecting death certificate information. As aforementioned, Wisconsin is a decentralized state, and the thoroughness of death investigations varies. Data interpretation can only be as good as the data received. Additionally, some data collected by medical examiners comes from family members or friends of the decedent and may be biased. Despite these difficulties, there is tremendous value in collecting overdose mortality data. Data can offer metrics for improvements, inform and direct prevention efforts and identify populations of focus.

### Death Scene Processing

The Division of Criminal Investigation (DCI) can assist local jurisdictions with overdose fatality investigations. The DCI emphasizes preserving on-scene evidence, collection of ancillary evidence and thorough interviews with bystanders and family members. The Wisconsin National Guard Counterdrug Unit also assists the DCI with data analytics and wiretap investigations that result from reviewing phone data of the decedent.

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## The Milwaukee County Medical Examiner's Office

Toxicology testing plays a significant role in the death investigations carried out by the Milwaukee County Medical Examiner's Office (MCMEO). When forensic investigators are called to the scene of a death, an initial investigation is conducted before the body is transported to the MCMEO. Physicians review decedents in the morgue each morning and determine what toxicological and biological tests should be ordered. Toxicology testing can take place simultaneously with an autopsy. Toxicology experts screen for hundreds of illicit compounds and analogues. Biological markers such as electrolytes, troponin and creatinine can also be assessed. Once started, toxicology results are complete within 14 days; however, it can take up to 30 days for a death certificate to be finalized. As a quality control measure, doctors are restricted in the number of autopsies they can perform each year (250). This also limits the amount of toxicology testing that can be performed; potentially excluding the identification of novel substances. The MCMEO also tests illicit substances that are confiscated as noncriminal samples. This is a pilot project done in conjunction with Johns Hopkins University, the City of Milwaukee Health Department, North Central HIDTA, the Overdose Response Strategy and the City of Milwaukee Police Department. This project allows for additional analysis of drug samples to monitor the drug landscape in Wisconsin.

## Section 1.2: Syndromic Surveillance of Emergency Departments

Syndromic surveillance is utilized for numerous conditions in addition to overdoses. The Office of Health Informatics (OHI) at the Wisconsin DHS houses a syndromic surveillance team that monitors HIV, tuberculosis, hepatitis, STIs, car accidents, gun deaths and numerous other public health concerns. All emergency departments (EDs) in Wisconsin share syndromic surveillance data, including overdose data; 99 percent of EDs report their data within 24 hours while 95.7 percent report data in near-real-time. Challenges with reporting include data platform outages and incompleteness of data. Not all electronic health records are maintained at the same standard and data extraction is only as thorough as the data entered. Even with these difficulties in reporting, syndromic surveillance of overdoses allows for the creation of spike alerts, monitoring of general overdose trends and reporting systems and data-sharing with city and county public health officers.

In addition to information received from emergency departments, the Wisconsin DHS also uses the following data sources to monitor overdose trends within Wisconsin:

- SUDORS
- NVDRS
- Wisconsin's Prescription Drug Monitoring Program (PDMP)
- Data from correctional institutions
- Hospital admission and discharge data
- Overdose Data to Action (OD2A) biosurveillance
- Residual urine testing from EDs

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Limited data is also received from:

- Public health vending machines (PHVMs)
- Emergency Medical Services (EMS) leave-behind programs
- Substance use disorder (SUD) treatment provider data

## Section 1.3: Recent Reports on Overdose Mortality

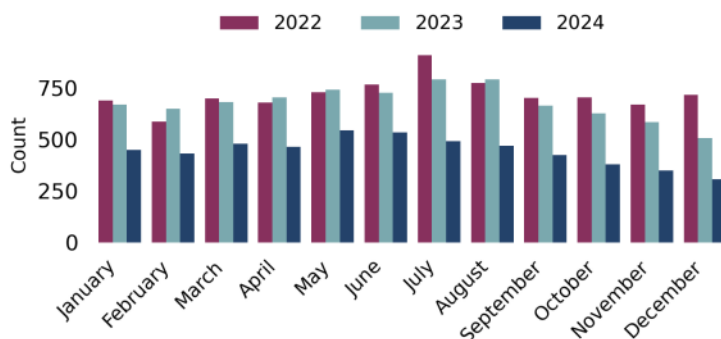
### Report One: Wisconsin Suspected Opioid Overdose Report (January 13, 2025)

The OHI and the Office of Preparedness and Emergency Healthcare within the Wisconsin DHS released a provisional data report in January 2025 reviewing suspected opioid overdose data from 2022-2024. This report shows an overall downward trend in suspected opioid overdoses, both fatal and nonfatal, across three years.<sup>1</sup> This downward trend aligns with national data for overdoses associated with all substances.<sup>2</sup>

Numerous reasons have been posited as to why fatal overdoses are decreasing:

- Increased access to treatment
- Naloxone saturation
- Interdiction and seizures
- Marijuana legalization and/or decriminalization
- Use patterns changing based on the presence of xylazine
- Transition to smoking

A decrease in fatal overdoses is likely due to some, or all, of the above in combination with other unknown factors.<sup>3</sup> It is important to note that while the overall number of fatal overdoses has declined, the rates of fatal overdoses are increasing among certain populations as will be discussed later in this report.



Source: Office of Health Informatics, Wisconsin Department of Health Services  
Data: Wisconsin Ambulance Run Data System (WARDS)

Figure C: Suspected opioid overdoses in Wisconsin from 2022 to 2024.<sup>1</sup>

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Based on data available for analysis on: December 1, 2024

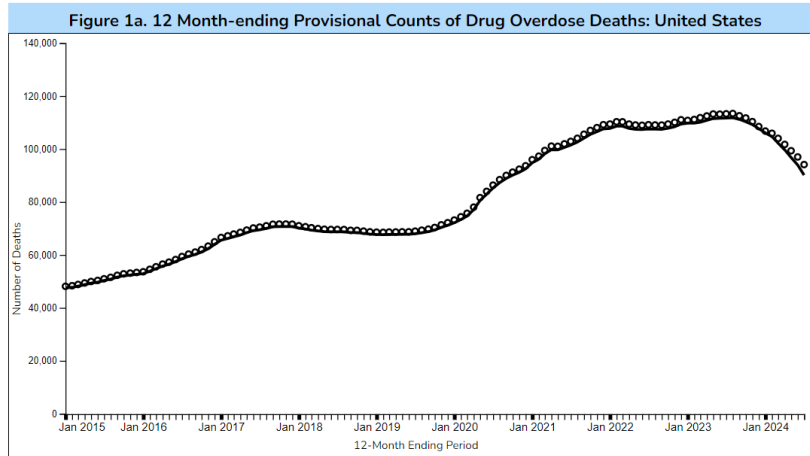


Figure D: National overdose fatalities from 2015 to 2024.<sup>2</sup>

## Report Two: SUDORS (2023)

The State Unintentional Drug Overdose Reporting System (SUDORS) has finalized 2023 overdose data for Wisconsin. The greatest proportion of fatal overdoses (51 percent) involved both an opioid and a stimulant<sup>4</sup> highlighting the continuation of the fourth wave of the opioid epidemic.<sup>5</sup> The most common substance combination in fatal overdoses was cocaine and illicitly manufactured fentanyl (IMF). This combination accounted for 22 percent of fatal overdoses in Wisconsin in 2023. American Indian/Alaskan Native (AI/AN) and Black and/or African American populations continue to be the most disproportionately impacted by fatal overdoses. AI/AN people had a fatal overdose rate of 113.9 deaths per 100,000 people while Black and/or African Americans had an overdose fatality rate of 117.5 deaths for 100,000 people. In contrast, white Wisconsinites had a fatal overdose rate of 22.6 deaths per 100,000 people. People recently released from a correctional setting continue to be especially vulnerable to fatal overdoses; 11.9 percent of fatal overdoses in 2023 were attributed to this population.<sup>4</sup>

## Report Three: Wisconsin Drug Overdose Deaths Dashboard

The Wisconsin DHS maintains an overdose dashboard with data that is updated yearly. It highlights substance involvement and demographic information, as well as geographic regions that are most impacted by fatal overdoses.

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## Wisconsin Rate of Drug Deaths by Region (2016-2023)

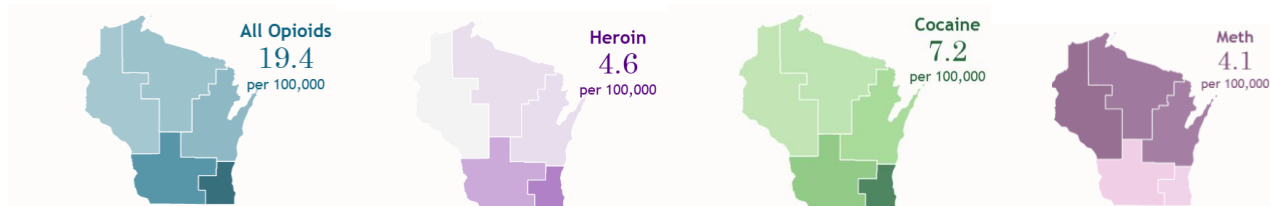


Figure E: Wisconsin rate of drug deaths by region (2016-2023).

- Between 2016-2023, the state average rate for fatalities associated with opioids excluding heroin was 19.4 deaths per 100,000 persons. The Southeast Region (primarily Milwaukee County) exceeded this average with a rate of 28.9.<sup>6</sup>
- Between 2016-2023, the state average rate for fatalities associated with heroin was 4.6 deaths per 100,000 persons. The Southern Region and the Southeastern Region exceeded this average with rates of 4.9 and 7.7, respectively.<sup>6</sup>
- Between 2016-2023, the state average rate for fatalities associated with cocaine was 7.2 deaths per 100,000 persons. The Southeast Region exceeded this average with a rate of 14.6.<sup>6</sup>
- Between 2016-2023, the state average rate for fatalities associated with methamphetamine was 4.1 deaths per 100,000 persons. The Northeast, Northern and Western regions exceeded this average with rates of 5.1, 5.2 and 5.5, respectively. These regions represent rural areas of the state where methamphetamine use is more prevalent.<sup>6</sup>

## Section 2: Other Drug Use and Overdose Data Sets

Successful public health surveillance of overdoses relies on information from public safety partners. First responders such as police officers, firefighters and EMS personnel bring a unique and firsthand perspective to overdose response, from which many public health agencies are removed. Overdose response data and law enforcement drug seizure data shed light on drug use trends, which in turn can guide community responses. Data must also be kept secure to protect patient privacy through collaboration between the Data Governance Board and the EMS Board.

### Section 2.1: Overdose Response by First Responders

All EMS agencies are mandated to report patient care data within seven days of the medical event. Many EMS agencies use ImageTrend as the software to enter and process their patient care reports (PCRs). This data is then sent to the WARDS which stores PCR data, and this information is shared with the National Highway Traffic Safety Administration (NHTSA) and NEMSIS.

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Analysis of this data is completed daily by the Wisconsin DHS and displayed in the WiSOARR platform. This allows for near-real-time monitoring of overdose trends to generate spike alerts as needed. Provisional data from EMS agencies are released every six months and monthly reports are sent to relevant county partners.

Similar challenges are presented when interpreting EMS data as compared to overdose data from emergency departments. The analysis can only be as thorough as the information that is provided. Data analysts extract information from PCRs and look at primary and secondary impressions, as well as medications administered to identify 911 calls associated with overdoses. An additional challenge is call-coding. A person may call 911 to report a car accident; however, the car accident may have been caused by someone losing consciousness due to an overdose. Following patient data from the scene of the incident to the hospital can help data analysts determine the most accurate outcome.

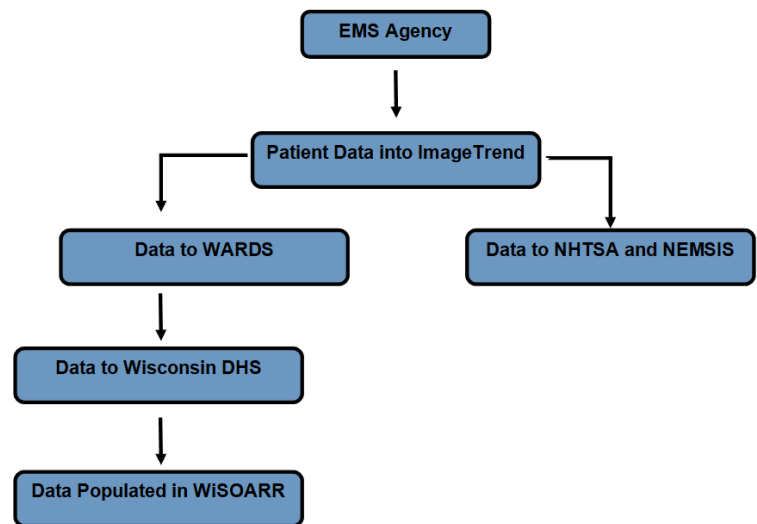


Figure F: Data workflow for EMS overdose reporting.

Surveillance of overdose data from first responders helps inform strategic overdose prevention planning for the Wisconsin DHS. EMS data also provides a more complete picture of the overdose landscape in Wisconsin. Only 10-12 percent of overdose calls are transported to hospitals and EMS data provides the exact location of an overdose for spike alerts and hotspot planning efforts.

## Section 2.2: Overdose Mapping

The Overdose Detection Mapping Application Program (ODMAP) is used by law enforcement and EMS agencies across the United States to record data on fatal and nonfatal overdoses. ODMAP's usage is limited in Wisconsin, and fatal and nonfatal overdoses are most frequently recorded in WiSOARR. WiSOARR's functionality is limited compared to ODMAP as specific data points on the map do not indicate fatalities or naloxone administration. Data points on the map also do not display the date of the incident or the responding agency. Only the date of the incident is available via a separate data table on the WiSOARR homepage.

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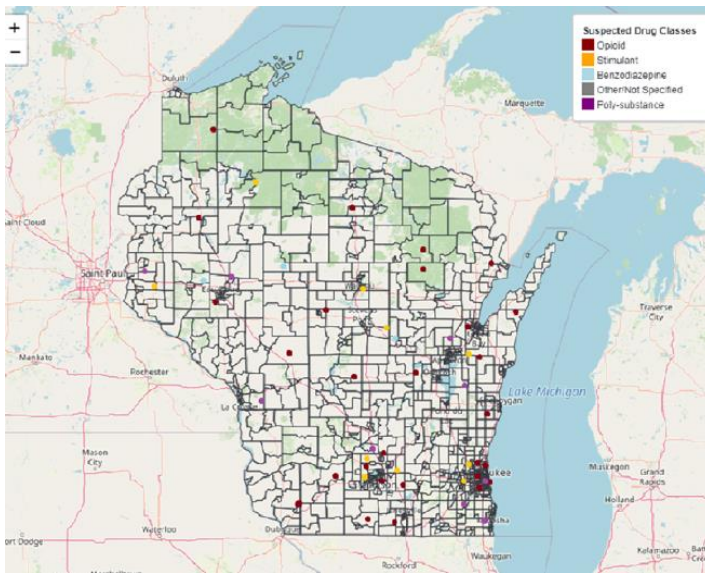


Figure G: WiSOARR overdose mapping for Wisconsin.

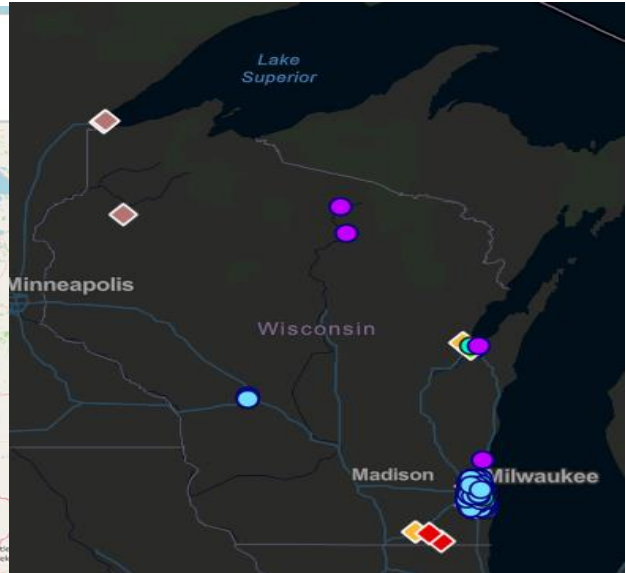


Figure H: ODMAP overdose mapping for Wisconsin.

Data entry into ODMAP is most consistently done by agencies in Milwaukee County; almost all overdose reports are entered. Other agencies across the state have more sporadic entry. Since overdose data is mandated to be reported into WiSOARR, agencies may be reluctant to upload the same information twice in two different platforms. Of the 72 counties in Wisconsin, 20 (28 percent) have signed a usage agreement with ODMAP and 16 of those 20 counties have logged at least one overdose event. Of the 55 agencies in Wisconsin that have signed a usage agreement with ODMAP, 14 (25 percent) are law enforcement agencies. The others are local and county health departments. As demonstrated from Figure G and H above, few agencies outside of Milwaukee County enter data into ODMAP despite the presence of usage agreements.

In addition to data collected and populated into WiSOARR, Wisconsin uses the Prescription Drug Monitoring Program (PDMP) to track overdose data and law enforcement will soon be entering all overdose data into the computer aided dispatch (CAD) system called Badger-TraCS. Law enforcement already use this program to enter crime and traffic reports. Through a partnership with the Wisconsin Department of Transportation, the Department of Safety and Professional Services (DSPS) and the Wisconsin Department of Justice, Badger-TraCS will have a separate skip-logic form that can be filled out to report overdoses.

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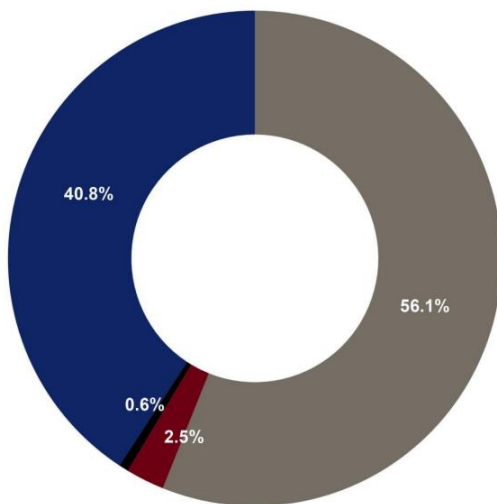
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## Section 2.3: Law Enforcement Seizure Data

According to the Drug Threat Analysis Group (DTAG), North Central HIDTA interdicts and seizes primarily methamphetamine and cocaine by total weight, but seizures by dosage are highest among fentanyl. Dosage is determined by applying a federally approved conversion algorithm to one kilogram of a substance. For example, one kilogram of cocaine is equivalent to 5,556 doses, one kilogram of methamphetamine amounts to 9,700 doses, one kilogram of heroin is equivalent to 142,857 doses and one kilogram of fentanyl equals approximately 500,000 doses.<sup>7</sup> Reflecting drug use trends, heroin seizures have decreased, fentanyl powder seizures have decreased while pill seizures have increased and methamphetamine seizures have increased. Cocaine seizures have also been steadily increasing since 2017.

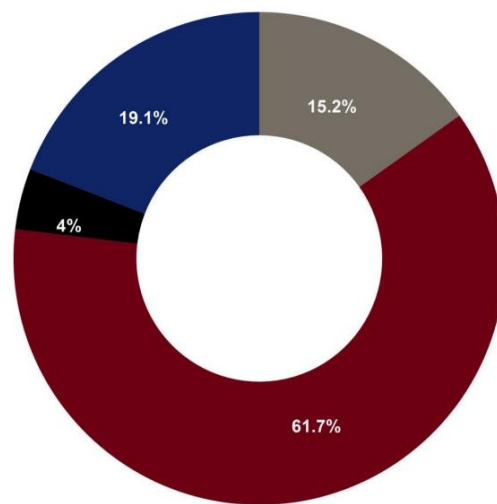
### 2024 Seizures in Kilograms



■ Heroin ■ Fentanyl ■ Methamphetamine ■ Cocaine

Figure I: Percentage of North Central HIDTA apex drug seizures in 2024 in kilograms.

### 2024 Seizures in Doses



■ Heroin ■ Cocaine ■ Methamphetamine ■ Fentanyl

Figure J: Percentage of North Central HIDTA apex drug seizures in 2024 in doses.

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Forensic laboratories across Wisconsin help law enforcement test seizure samples to determine substance type, purity, adulteration and quantity. The Wisconsin Division of Criminal Investigation (DCI) operates forensic laboratories in Milwaukee (southeastern), Madison (south central) and Wausau (central). Milwaukee and Dane counties have medical investigators, Kenosha County Public Health has a forensics lab and the Wisconsin State Lab of Hygiene can provide forensic testing for blood, urine and DNA samples.

The DCI labs process seizure samples under strict protocols for receiving, storing and testing the substance. Results reporting is conducted under similarly stringent procedures. The agency submitting samples for testing must provide a written transmittal request containing case information. The forensic investigators then create a unique case identification number and sample number(s) to track the substance through their Laboratory Information Management System (LIMS). Sample testing for criminal cases and jury trials are prioritized.

As novel psychoactive substances (NPS) continue to appear in the drug supply, forensic analysts and laboratory technicians perform targeted analyses and validation testing on lab equipment that is designed to be overly comprehensive. This limits the amount of time it takes to correctly identify new substances in the drug supply, but comprehensive validation is time-consuming and expensive. In turn, this allows public health and public safety entities to provide targeted overdose prevention outreach and education.

## Section 3: Substance Use Disorder Treatment in Corrections and Community Settings

Wisconsin is a predominantly rural state with 46 of its 72 counties designated as such by the Wisconsin DHS and the Office of Budget and Management.<sup>8</sup> Significant gaps in service availability for substance use disorder treatment and medication-assisted treatment (MAT) exist across Wisconsin because of its rurality.

The Director of the Bureau of Prevention, Treatment and Recovery (BPTR) at the Wisconsin DHS manages the Single State Authority (SSA) for SAMHSA Substance Use, Prevention, Treatment and Recovery Services Block Grant (SUBG) funding. The licensing of SUD treatment facilities is overseen by the Division of Quality Assurance (DQA) in concert with the Behavioral Health Certification Section and the Division of Care and Treatment Services (DCTS). DSPS is in charge of licensing providers. The fractured nature of social service provision, both nationally and locally, often means that SUD treatment providers in jails and prisons are the only touchstone many patients have to healthcare.

Substance use treatment programs are regulated under Wisconsin Administration ch. 75, colloquially referred to as Rule 75. The following administrative codes and programs are most relevant to treatment services in Wisconsin:

- Wisconsin Administrative Code § DHS 75.14 – Prevention Services
- Wisconsin Administrative Code § DHS 75.15 – Intoxicated Driver Program

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- Wisconsin Administrative Code § DHS 75.46 – Outpatient Substance Use Disorder Treatment Service
- Wisconsin Administrative Code § DHS 75.51 – Intensive Outpatient Services
- Wisconsin Administrative Code § DHS 75.55 – Medically Managed Inpatient Treatment Services
- Wisconsin Administrative Code § DHS 75.56 – Adult Residential Integrated Behavioral Health Stabilization Services
- Wisconsin Administrative Code § DHS 75.59 – Opioid Treatment Provider
- Wisconsin Administrative Code § DHS 75.60 – Office-Based Opioid Treatment Service

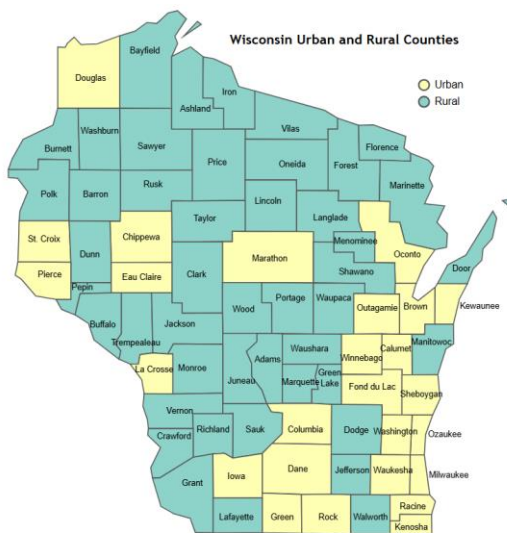


Figure K: Rural and urban counties in Wisconsin

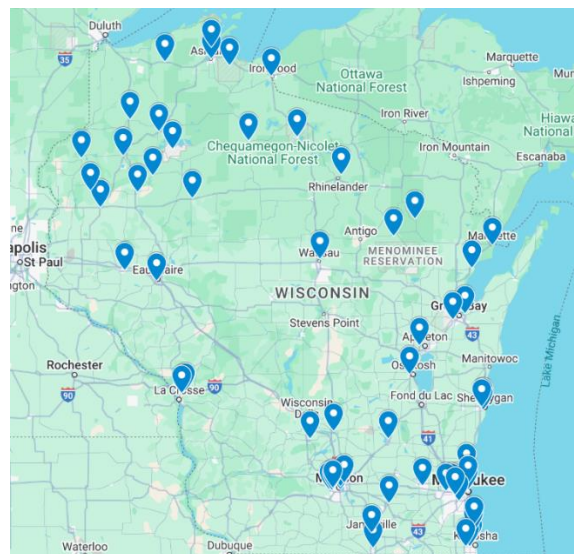


Figure L: Location of SUD treatment centers that offer mental health services and accept Medicaid.

As seen above in Figure K and Figure L, significant portions of the state lack SUD treatment providers that offer mental health services and accept Medicaid. Central, southwestern and northeastern portions of the state are the most impacted by the absence of these services. Looking at southwestern Wisconsin, there is an area of 6,900 square miles without these services. Central Wisconsin has approximately 12,300 square miles without a provider who offers both SUD treatment and mental health services and far northeastern Wisconsin, under the Upper Peninsula of Michigan, has 15,300 square miles without those same services.

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## Section 3.1: Medication-Assisted Treatment (MAT)

Under Wisconsin Stat. § 51.4223 and in accordance with 42 CFR, Section 8, there are 21 opioid treatment providers (OTPs) in Wisconsin.<sup>9</sup> While these facilities may also offer buprenorphine and naltrexone, they are the only facilities in Wisconsin allowed to dispense methadone. Some OTPs will provide contract services to county jails.

The Compass Clinic in Madison offers low-barrier healthcare and SUD treatment services. The clinic opened in 2023 with funding from the University of Wisconsin and the DHS. The Compass Clinic is not licensed solely as an SUD treatment facility because other medical conditions are addressed there. The Compass Clinic is co-located with a behavioral health service provider to facilitate faster referrals. The clinic offers buprenorphine and naltrexone prescriptions, as well as testing and treatment for hepatitis C, STIs and wound care services. The clinic is staffed by two physicians, one nurse practitioner and one physician assistant in addition to a pharmacist, medical assistants and a social worker. While many patients seen at the clinic have co-occurring mental health diagnoses, few are ready for behavioral health services due to competing priorities like shelter, food, employment and immediate safety concerns.

The Compass Clinic aims to provide stabilization services within nine months of a patient's first encounter; however, the patient will be seen by the facility as long as necessary. There are no time limits or conditions on the care provided and the clinic operates as a safety net for people who are often excluded from the traditional healthcare system. The clinic aims to provide services that are patient-centered and patient-determined. Not all patients desire complete abstinence while others are seeking admittance to in-patient treatment or sober living facilities.

Drug use trends seen by providers at the Compass Clinic match statewide trends. Cocaine, both powder and crack, are becoming more common as is methamphetamine. Xylazine remains a concern because of the tissue infections linked to its use, but few patients have presented with that condition. Stimulants adulterated with opioids are of primary concern due to the increased risk of overdose. Counseling patients on these risks and providing free naloxone are commonplace practices. The Compass Clinic defines treatment success by creating an atmosphere where patients feel safe to engage with their treatment, regain a measure of control and reduce the risk of death.

Barriers to care include the lack of in-patient treatment options and sober living facilities across the state. Access to residential care, even the most basic detoxification services, is severely limited. Medicaid in Wisconsin does not pay for residential care, and while there may be county-level grants, these grants do not cover aftercare. Despite these barriers, the Compass Clinic remains dedicated to patient engagement and safety and is working to address the driving factors behind substance use.

## Section 3.2: Treatment in Correctional Settings

State correctional facilities may provide either buprenorphine or naltrexone in addition to counseling for substance use disorder. This varies from one-on-one sessions to group therapy.

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Primary treatment programs are offered for inmates at minimum, medium and maximum security facilities and screening for eligibility occurs during the intake process.<sup>10</sup> The availability of MAT differs within each of the 71 county detention facilities. Some provide methadone, buprenorphine and naltrexone or a combination thereof, and others provide only naltrexone. Some jails do not provide any MAT services. As the majority of Wisconsin jails contract with third-party healthcare services, there are very specific budgetary agreements for what will and will not be medically provided.

Some jail administrators have applied for and received grant funding through BJA (Bureau of Justice Assistance) COSSAP/COSSUP (Comprehensive Opioid, Stimulant and Substance Use Programs) to create or expand MAT programs in their facilities. Clark, Dunn, Fond du Lac, Kenosha, St. Croix, Winnebago and Wood counties applied for and received grant funding through BJA and provided updates on their successes and barriers in 2024. Successes included increased periods of sobriety for individuals upon their release and increased screening for substance use disorders. Barriers continue to be funding and staffing. The Wisconsin Deflection Initiative (WDI) has been a key partner to expand access to MAT in jails. A select number of facilities have a peer specialist or substance use counselor embedded within their facilities.

## Jackson County Sheriff's Office

Jackson County is located in rural western Wisconsin and has been particularly impacted by overdose deaths and methamphetamine use.<sup>6</sup> The Jackson County Sheriff's Office (JCSO) has responded by incorporating trauma-informed care and other evidence-based approaches into the services they provide at their county jail. While only a county of 21,000 residents, their jail programming is robust and headed by dedicated staff.

The daily population and length of incarceration at the Jackson County Jail are highly variable, but the vast majority of inmates continue to be incarcerated because of drug-related offenses. Jail administrators estimate that as many as 85 percent of the inmates are there because of drug use. Co-occurring mental health and substance use disorder diagnoses present the biggest challenges to deputies and jail staff. Behavioral health staff also report that addressing the physical medical needs of inmates is difficult if their psychological needs are not met first.

To address SUD, mental health diagnoses and physical health concerns, an interdisciplinary team of case managers and behavioral health coordinators provide wrap-around services including:

- Scheduling 30 days of appointments post-release
- Scheduling transportation for these appointments
- Coordinating services with relevant Tribal nations and incorporating Indigenous healing practices into treatment plans
- Completing Medicaid reenrollment forms prior to release
- Providing naloxone, fentanyl test strips and xylazine test strips upon release

During incarceration, staff screen for substance use disorder upon intake. Screenings can be difficult since the inmate must admit to drug use. Many times people are afraid to admit to drug

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use, fearing additional charges or other punitive action. The Behavioral Health Coordinator at the JCSO works with Addiction Medical Solutions (AMS) to determine if MAT services are needed. Medical staff at AMS will assess the inmate and prescribed methadone, suboxone or naltrexone as appropriate. Staff report that it is becoming increasingly difficult to screen people for SUD or engage them in therapy because of drug-induced psychosis, or the after-effects thereof.

Beyond work within the Jackson County Jail, the JCSO is engaged with the local drug treatment court and is working within the community through Operation B.O.B.C.A.T. (Better Outcomes Better Community Action Team). Individuals may self-refer to this program to enter treatment and deputies from the JCSO also provide community referrals. Crisis intervention training is provided to deputies along with training about trauma-informed policing tactics. They also partner with traditional community organizations to reduce stigma around drug use and mental health.



## Section 4: Linkage to Care

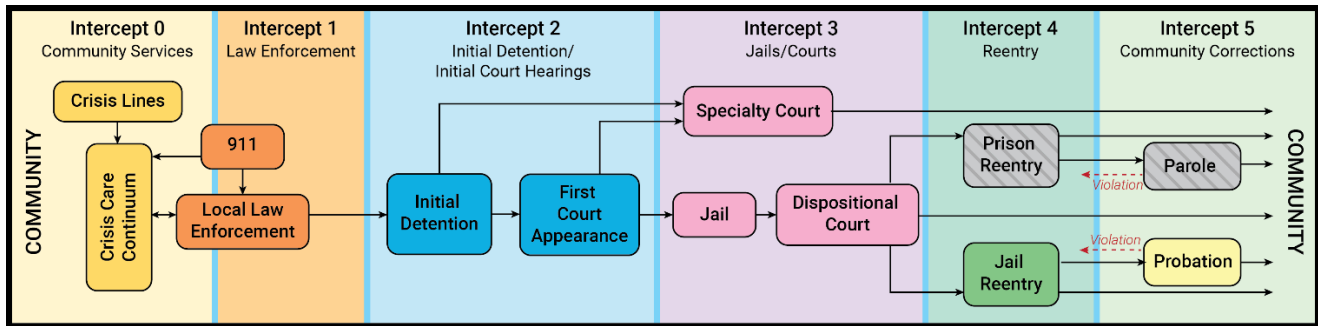
A significant portion of law enforcement interactions are in some way related to substance use, whether that be an arrest for possession or the commission of crime, like theft or larceny, in an attempt to purchase an illicit substance. Each year, approximately 1.5 million people are arrested for a drug-related offense in the United States, and recidivism rates for drug offenses are 62 percent and 88 percent at three and five years, respectively.<sup>11</sup> After years of focusing primarily on enforcement-based responses to the drug and overdose crisis, law enforcement agencies across the country are now adopting approaches that emphasize community engagement and connections to care through deflection and diversion programs. Each service model has its limitations, but the use of diversion and deflection tactics at various stages of interaction with the criminal-legal system provide opportunities for individuals to receive SUD treatment and counseling services.

### Section 4.1: Sequential Intercept Model (SIM)

The Sequential Intercept Model (SIM) identifies various points at which a person with a mental health diagnosis or substance use disorder can be engaged when interacting with law enforcement or the legal system. It serves as a framework for intervention and as a strategic planning tool.<sup>12</sup>

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Figure M: The Sequential Intercept Model (SIM).

## Section 4.2: Door County Deflection: Opening Doors to Recovery

The Door County Sheriff’s Office serves a predominantly rural population of 31,000 residents in far northeastern Wisconsin. The county is a peninsula on Lake Michigan, further isolating residents from resources. Despite its rural nature, Door County is a major driver of seasonal tourism. The tourism industry highlights the economic divide in Door County and can make some residents reluctant to support initiatives related to substance use and homelessness out of concern for its impact on tourism. The Door County Sheriff’s Office (DCSO) had previously been involved in diversion efforts but switched to a deflection model in 2023 based on grant funding. Their new program, Opening Doors to Recovery (ODR), allowed for the hiring of a social worker to co-respond to calls with a mental health or substance use component. In addition, it refocused the goals of the DCSO when responding to calls with a substance use or mental health component. Goals of the Opening Doors to Recovery program are listed below:

1. Increase program referrals through Officer-Initiated Pathways
2. Enhance the program through the implementation of a Co-Responder Model
3. Enhance relationships with community partners and increase program awareness
4. Expand prevention efforts

Door County’s ODR program operates at Intercept 0 and Intercept 1 as noted above in Figure M. Through Officer-Initiated Pathways, the DCSO responds to calls for service or initiates civilian interactions. During these times, DCSO deputies can screen individuals for substance use disorder and participation in a deflection program, if relevant. EMS and fire agencies may also provide referrals, although this avenue of referral is a new program component. Other social service agencies like Child Protective Services and domestic violence shelters may also refer participants. Individuals can also self-refer into treatment. If an individual meets criteria for ODR participation and agrees to take part, criminal charges are held in abeyance. Based on limited funding and resources, eligibility requirements are strict. An individual must be 18 years of age or older, a Door County resident, the pending charge held in obeyance cannot be a felony, the individual can have no history of domestic violence related-arrests, no prior sex offense charges, they cannot have a warrant and cannot be on probation or parole. If the crime is against another

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person’s property (theft, larceny) that victim must consent to the person’s participation in the ODR program. Additionally, the individual must complete a risk screening based on age at first arrest, number of total arrests and current age. Each criterion is assigned a certain number of points, and the total must be four or less to meet eligibility requirements.

Current Age	Point(s)	Age at First Arrest	Point(s)	Number of Prior Arrests	Point(s)
18-25	0	0-17	2	5+	2
26-35	1	18-21	1	2-4	1
36+	2	22+	0	0-1	0
Total:		Total:		Total:	

Figure N: Opening Doors to Recovery Risk Assessment Screening.

Outside of the eligibility screening tool used by the DCSO, screening for clinical and social needs is conducted by county social service agencies. Door County Department of Human Services and Door County Behavioral Health provide much of the therapy and psychiatry services. DCSO contracts with Alcohol and Other Drug Abuse program (AODA) certified providers and other treatment providers to screen and assess participant needs, including cognitive behavioral therapy, 12-step facilitation, MAT, overdose education, housing assistance and job training. Upon successful completion of the developed and approved treatment plan a person may have their charges dismissed.

## Section 4.3: Jackson County Sheriff’s Office

Even more rural than Door County, Jackson County is served by the Jackson County Sheriff’s Office and several police agencies. A team of behavioral health specialists, deputies and social service workers provide inmates with a range of services between Intercepts 2 through 4 along the SIM. Every individual booked in the Jackson County Jail is screened for SUD and mental health disorders. The Behavioral Health Coordinator (BHC) then sorts the screenings by order of severity, need for medication and potential for active withdrawal. Jail and medical staff work with a local opioid treatment provider for MAT services.

Outside of the booking process, the BHC and social workers offer both group and individual psychotherapy to inmates and provide an assessment of basic needs prior to release. This includes making relevant referrals to social service agencies, scheduling follow-up appointments and organizing transportation. The Behavioral Health Coordinator also works closely with the Treatment Court Team to offer ongoing support and counseling to people

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enrolled in deflection programs. This is a crucial advocacy position to ensure that sanctions for non-compliance in Treatment Court do not automatically result in re-incarceration. To monitor program success, both within jail and in Treatment Court, certain data points are monitored and collected:

- Number of substance use disorder and mental health disorder screenings provided
- Chronicity of mental health and substance use disorder diagnoses
- Number of total referrals to social service agencies
- Continuity of care (number of post-release appointments attended)
- Attempts at one week, one month, two month and three month follow-up calls
- Overdose prevention kits distributed upon release (naloxone, fentanyl and xylazine test strips)

The BHC estimates that approximately 25 percent of the inmate population at the Jackson County Jail is Native American, and the BHC works closely with the Ho-Chunk Nation of Wisconsin to provide culturally relevant services to Indigenous inmates. This has proved to be one of the most fruitful partnerships, and the Ho-Chunk Nation is now providing follow-up care for any Indigenous person released from custody irrespective of tribal affiliation.

## Section 5: Prevention Programming

Overdose prevention programs throughout Wisconsin provide people who use drugs (PWUD) with the means to make safer and more empowered choices. Overdose prevention programs are linked to a reduction in bloodborne infections and an increase in the number of people seeking treatment for SUD.<sup>13</sup>

### Section 5.1: Overdose and Disease Prevention Services

Within Wisconsin, there are 24 unique organizations that offer overdose and disease prevention services at 48 locations; however, this number can be misleading. Some of the organizations are city or county health departments and while the services are technically available, they may not be utilized by the community. Many county health departments are co-located with county law enforcement. A notable exception to this is Public Health Madison Dane County (PHMDC) which operates a robust overdose prevention program that is trusted and frequently accessed. The organizations and the number of their locations are listed on the following page.

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## Health Departments

- Buffalo County, Dunn County, Marinette County, Marquette County, Portage County, Public Health Madison Dane County, City of Racine, Racine County and Winnebago County

## Tribal Health Centers

- Bad River Needle Exchange, Red Cliff Community Health Center, St. Croix Tribal Health Center, Sokaogon Chippewa Health Center, Lac Courte Oreilles Community Health Center and Lac du Flambeau Peter Christensen Health Center

## Community-Based Organizations and Overdose Prevention Agencies

- Benedict Center, Arrow Behavioral Health, OutREACH, Embrace (4 locations), Community Pharmacy, 16th Street Community Health Center, Vivent Health (ten locations), and the Harm Reduction Response Team (12 mobile locations)

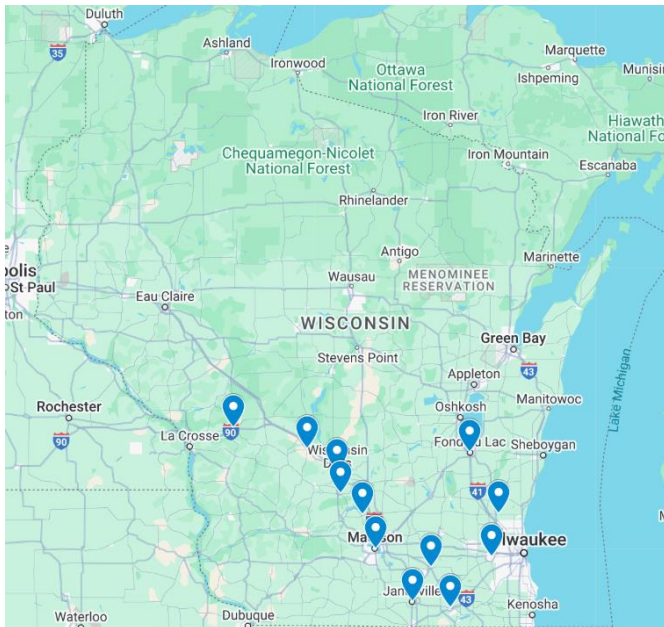


Figure O: Mobile service locations of the Harm Reduction Response Team.

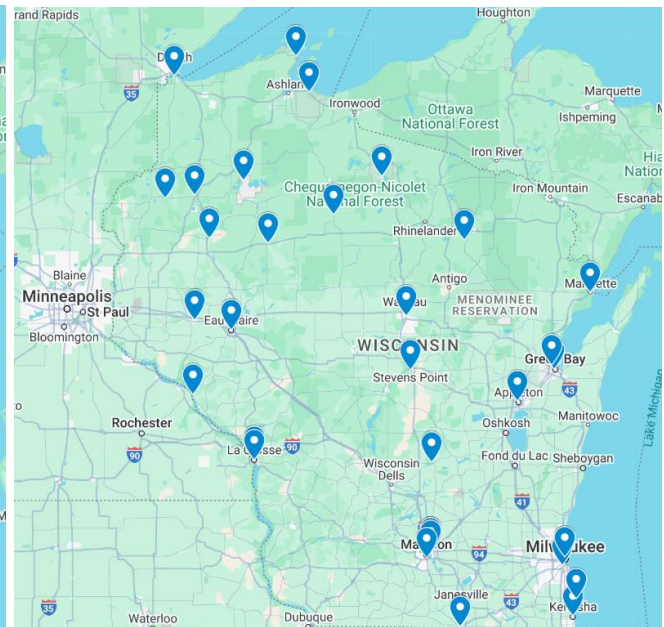


Figure P: Prevention service locations throughout Wisconsin.

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Residents in southcentral and southeastern Wisconsin, especially in Dane County and Milwaukee County, have the greatest access to overdose prevention services. Geographically, Milwaukee County is relatively small but as the county with the most residents in the state, services are centrally located. For residents in Dane County, these services are mostly limited to Madison. Central, northwestern, northern and northeastern Wisconsin have the most limited access to overdose and disease prevention services. While these areas are rural, their overdose burden and burden of disease from hepatitis C is disproportionate to their population.

The state average rate of overdose deaths from opioids is 19.4 per 100,000 persons. Milwaukee County's rate is 38.7 per 100,000 persons, while Dane County is slightly below the state average with 18.8 opioid overdose deaths per 100,000 residents. Northern counties like Forest, Sawyer and Menominee have opioid overdose deaths rates of 25.6, 33.0 and 56.3 per 100,000 persons, respectively.<sup>6</sup>

Fatal methamphetamine overdoses disproportionately impact many of the same rural counties where prevention services are not available. The state average for methamphetamine overdose deaths is 4.1 per 100,000 persons. Menominee County has a rate of 36.6 methamphetamine deaths per 100,000, while Dane and Milwaukee counties are below the state average. Milwaukee County exceeds the state average of 7.2 cocaine overdose deaths per 100,000 persons at a rate of 20.0 per 100,000.<sup>6</sup>

## The Harm Reduction Response Team (HRRT)

The Wisconsin DHS formed the Harm Reduction Response Team (HRRT) with a concept launch in late-2022 and an official program launch in September 2023. The HRRT focuses on mobile overdose prevention services throughout central and southeastern Wisconsin, providing services at 12 different locations on a rotating bi-weekly schedule. Supplies offered include overdose prevention materials. Naloxone, xylazine and fentanyl test strips and personal hygiene items are also distributed. Outreach workers also provide rapid and confirmatory HIV and hepatitis C testing. The HRRT is able to expand their reach by offering secondary exchange services for those who are not comfortable directly accessing resources.

Clients served by the HRRT are primarily white and non-Hispanic with an even distribution between male and female clients. Stigma associated with drug use, community acceptability and different modes of substance use impact the ability of the HRRT to operate in Black and Brown communities across Wisconsin. Clients served in more rural areas of the state primarily report using methamphetamine, while those in larger cities like Madison report fentanyl and cocaine usage.

Wisconsin legislation<sup>14</sup> classifies any materials associated with smoking or snorting substances as drug paraphernalia. The HRRT reports this as one of their greatest hinderances in service provision. A lack of more sophisticated drug checking materials is of concern, especially as more novel psychoactive substances are emerging.

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Naloxone distribution and overdose reversal training are provided and the HRRT offers both injectable and nasal naloxone. Staff can provide trainings to community organizations; however, naloxone is most valuable and effective when it is in the hands of people who use drugs, especially in rural and resource-limited areas. The HRRT is planning to add a second outreach team to cover areas of northern and western Wisconsin where naloxone saturation efforts are still greatly needed.

## Section 6: Recommendations

### Section 6.1: Overdose Fatalities Among Black Populations in Milwaukee County

Early data suggests that in 2023, overall rates of overdose deaths have decreased across the United States; however,<sup>2</sup> fatal overdose rates have increased among Wisconsin's Black communities.<sup>15</sup> National trends mirror this disparity.<sup>16</sup> Exploration into the causes of these disparities is warranted to ensure resources, services and funding can be appropriately directed.

In 2023, the rate of overdose fatalities involving all drugs was 117.6 per 100,000 for Black people across Wisconsin, compared to 22.6 per 100,000 for white populations.<sup>15</sup> Overdose fatalities involving opioids and stimulants have been increasing among Wisconsin's Black population since 2018; 58.1 per 100,000 compared with 18.8 per 100,000 among white Wisconsinites.<sup>15</sup> This aligns with a national trend seeing an increase of stimulant-involved overdose deaths among Black Americans.<sup>17</sup> Older Black men are especially vulnerable and at an increased risk of a fatal drug overdose. Data from a 2022 study by the American Institute for Boys and Men found that Black men ages 45-54 have an overdose fatality rate of 129 per 100,000 compared to a rate of 73 per 100,000 for their white counterparts. As of 2022, this rate has increased to 159 per 100,000 for Black men ages 55-64, while it decreases for white men to 55 per 100,000.<sup>18</sup> Starting in 2019, this same study found an increasing rate of fatal overdoses involving fentanyl and cocaine for Black men. Wisconsin leads the nation in a tragic statistic; Black men are 4.77 times more likely to die from a fatal overdose than their white counterparts.<sup>18</sup>

Milwaukee County has a population of 916,205 residents, 27 percent of whom identify as Black or African American. By contrast, only 6.6 percent of all Wisconsin residents identify as Black or African American according to 2023 census data.<sup>19</sup> The racial disparities long apparent in the overdose epidemic are acutely felt throughout Milwaukee County. In 2023, 43.96 percent (2,541 persons) of the nonfatal overdoses in Milwaukee County were experienced by Black people; a rate of 1,022 per 100,000 persons. For fatal overdoses in 2023, Black Milwaukee County residents made up 41.7 percent (274 persons) of the total; a rate of 114 per 100,000. This represents a 4.59 percent increase in fatalities from 2022, while white residents in Milwaukee County experienced a 7.81 percent drop in fatal overdoses.<sup>20</sup>

An increasingly unpredictable, unstable and adulterated drug supply across the United States has seen fentanyl and fentanyl analogues introduced not only into the opioid supply, but crossing over into the stimulant market with substances like cocaine and methamphetamine.<sup>21</sup>

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While polysubstance use is intentional for some, opioid-naïve populations are placed at increased risk of overdose. The fourth wave of the overdose epidemic has highlighted inequities in naloxone saturation plans, community access points for overdose prevention services, substance use disorder treatment and has underscored the reality that further harm is done if community interventions are not appropriately tailored to community needs, values and beliefs.<sup>22</sup>

To better understand the needs of Milwaukee County residents who use drugs, Vital Strategies and the Johns Hopkins Bloomberg School of Public Health conducted the VOICES Wisconsin survey. A total of 498 people were interviewed about their experiences with substance use, naloxone, social services, overdose prevention and healthcare. Of the 498 participants, 42 percent (n=209) were Black non-Hispanic, 35.1 percent (n=175) were white non-Hispanic and 13.5 percent (n=67) were Hispanic. The survey found that cocaine and methamphetamine were the most commonly used substances with 86.5 percent of participants reporting their use. Additionally, 53.9 percent of participants reported intentionally engaging in polysubstance use.<sup>23</sup> The common usage of stimulants, which are frequently adulterated with opioids, underscores the critical need for community-tailored overdose prevention services.

Fewer than half of respondents reported accessing overdose prevention services in the past 30 days, and only 6.5 percent of Black respondents reported injection drug use over the past month. VOICES Wisconsin found that Black non-Hispanic participants were less likely to use overdose prevention services compared to white respondents (20.8 percent v. 71.7 percent), less likely to use fentanyl test strips (12.5 percent v. 42 percent) and less likely to use naloxone (32.7 percent v. 87.7 percent).<sup>23</sup>

## Recommendations:

- Explore non-traditional access points for naloxone access within the Black community such as corner stores, barber shops and laundromats as per recommendations from community leaders and people with lived/living experience.
- Continue to partner with Safe and Sound for youth and adult prevention efforts within Milwaukee's Black community.
- Utilize recommendations from Vital Strategies to assess community acceptability for naloxone access, overdose prevention services and substance use disorder treatment.

## Section 6.2: Drug Testing

The Milwaukee Drug Rapid Testing and Outreach Program (MDROP) was created through funding provided to the City of Milwaukee Health Department (MHD) from the National Institute of Justice and BJA. MDROP is designed to enable a more comprehensive understanding of the substances circulating within the illicit drug market in both the City of Milwaukee and Milwaukee County. This information can be shared with community partners, public health agencies and

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public safety teams to inform strategy and policy. MDROP's format is designed to be adaptable to Wisconsin as a whole, and as a national tool.

Recommendations from the community partners in Milwaukee County suggested that MDROP's initial focus should involve all of Milwaukee County with an emphasis on reaching historically underserved Black populations in northern parts of the county and among people who use cocaine. To achieve this goal, multiple community partners and organizations have been involved, including:

- The Milwaukee County Medical Examiner's Office
- The CDC Foundation's Overdose Response Strategy
- The North Central HIDTA program and Washington/Baltimore HIDTA program
- Johns Hopkins University; Bloomberg School of Public Health and School of Medicine
- The Milwaukee Overdose Public Health and Safety Team (OD-PHAST)
- The City of Milwaukee Health Department
- Community partners, including UMOS and Samad's House

It is the goal of MDROP to develop targeted education and outreach services to prevent overdoses within Milwaukee County. Project objectives include collecting and coordinating data on drug use patterns and drug testing results to inform prevention strategies. Through assistance from the Washington/Baltimore HIDTA program, geospatial mapping services will be employed to show overdoses and drug testing results within Milwaukee County. This work expands on previous efforts identifying GIS-based analytical tactics as a crucial tool in efforts by public health to address drug overdoses.<sup>24</sup> MDROP is built off the knowledge that polysubstance drug use, intentional or otherwise, is an area needing increased attention from overdose prevention agencies and surveillance programs.<sup>25</sup>

## Recommendations:

- Continue to collaborate with the Milwaukee County Medical Examiner's Office to expand capacity for drug testing and explore additional partnerships with forensic laboratories throughout the state.
- Continue to partner with the Washington/Baltimore HIDTA program to develop a geospatial platform to show drug testing results (DCMARS – Drug Checking, Mapping and Reporting System). This platform is currently available and overlaid with ODMAP.
- Assist the City of Milwaukee and community partners with overdose spike alert and rapid response planning based on near-real-time data obtained from drug testing.
- Incorporate naloxone saturation planning efforts with information gathered from MDROP and DCMARS testing data.

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## Section 6.3: Protection Not Prosecution

### Wisconsin's Good Samaritan Laws and Drug-Induced Homicide Legislation

Good Samaritan Fatal Overdose Protection (GSFOP) laws have been enacted or proposed in all 50 states; however, each state's law provides varying degrees of protection for those witnessing, reporting or experiencing an overdose. Many states are increasing their prosecution of drug-induced homicide (DIH) cases. In Wisconsin, these criminal charges are a felony and are classified as First Degree Recklessly Endangering Safety.<sup>26</sup>

DIH laws were originally intended to facilitate prosecution of cartel members and drug-trafficking organizations (DTOs) by establishing criminal liability for deaths resulting from drug consumption. These laws are now being used as a means to prosecute people who use drugs, and DIH laws are disproportionately applied to people of color, particularly Black defendants. Black people are charged more frequently under DIH statutes and are given longer sentences. On average, white defendants receive a sentence of seven years compared to ten years for Black defendants. Additionally, DTOs are no longer the main target of DIH prosecutions. More than 50 percent of DIH prosecutions involved friends, romantic partners or family members of the deceased and 47 percent of charges were filed against people who sold only small quantities of illicit drugs.<sup>27</sup>

Variations in laws and inconsistency in enforcement perpetuate fear and isolation among people who use drugs and reduce the likelihood of someone calling 911 to report an overdose. In the State of Wisconsin, GSFOP laws are outlined as follows:

- A person calling to report an overdose is protected from prosecution, but not arrest
- The person experiencing an overdose is not protected from prosecution or arrest
- Police may perform warrant and probation/parole inquiries on both the person reporting the overdose and the person experiencing the overdose. This may extend to others who witness the overdose<sup>28</sup>

### Recommendations:

- Collaborate with law enforcement agencies across the state to discuss the negative impacts surrounding arrests at the scene of an overdose.
- Provide the recently developed training "Overdose Response: Understanding Trauma as a First Responder" to law enforcement and EMS agencies across the state. This training encourages compassionate overdose response by allowing first responders to see how negative experiences impact their interactions with the public.
- Seek to establish a partnership with the Public Defender Project at the University of Wisconsin Law School to better understand how DIH laws are being applied in Wisconsin and what can be done to stop the misapplication of these laws from a public health and safety perspective.

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## Section 6.4: General Recommendations

- Explore the implementation of the Co-Responder Model that pairs law enforcement with civilian personnel when responding to overdose calls for service or calls that involve substance use and mental health concerns.
- Notify correctional institutions and community corrections officers of overdose spike alerts so they can provide overdose prevention information and naloxone to individuals upon their release or during check-ins.

## Conclusion

Despite historical divisions between public health and public safety organizations, it is clear that most individuals involved are dedicated to reducing fatal and nonfatal overdoses in Wisconsin. Overdose surveillance is becoming more thorough and additional data points allow both researchers and practitioners to be better informed and engaged. Law enforcement agencies are exploring deflection and diversion measures as alternatives to incarceration for people who use drugs and while there are gaps, overdose prevention providers offer a wide range of services across the state. The Wisconsin Overdose Response Strategy team is well-positioned to offer technical support and subject matter expertise to public health and public safety partners in the state. Tactics and beliefs may defer, but the outcome of fewer drug-related deaths must continue to be the shared desired outcome.

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## Citations

1. Wisconsin Department of Health Services. (2025). *Wisconsin Suspected Opioid Overdose Report*.
2. Centers for Disease Control and Prevention. (2024). *U.S. Overdose Deaths Decrease in 2023, First Time Since 2018*.
3. Dasgupta, N., Miller, C., & Sibley, A. (2024). *Are overdoses down and why?*
4. Centers for Disease Control and Prevention. (2024). *State Unintentional Drug Overdose Reporting System – Wisconsin*.
5. Jenkins, R. (2021). *The fourth wave of the U.S. opioid epidemic and its implications for the rural U.S. – a federal perspective*. DOI: 10.1016/j.ypmed.2021.106541
6. Wisconsin Department of Health Services. (2023). *Drug Overdose Deaths Dashboard*.
7. DTAG threat assessment. 2024 provisional drug seizure report – North Central HIDTA.
8. Wisconsin Department of Health Services. (2024). *WISH: Urban and Rural Counties*.
9. Wisconsin Department of Health Services. (2019). *2019 calendar year report on opioid treatment programs in Wisconsin*.
10. Wisconsin Department of Corrections. (2025). *Primary Treatment Programs*.
11. Coy, A. & Sogue, M. (2025). *Statistics on the impact of substance abuse on crime rates*. Addiction Group.
12. SAMHSA. (2024). *The Sequential Intercept Model (SIM)*.
13. Centers for Disease Control and Prevention. (2024). *Syringe Service Programs*.
14. Wisconsin Legislature: 961.573(1). (2023).
15. Wisconsin Department of Health Services. (2025). *Vital Records data*.
16. Garnett, M. & Miniño, A. (2024). Centers for Disease Control and Prevention – National Center for Health Statistics. *Drug overdose deaths in the United States: 2003-2023*.
17. Ali, M. et al. (2023). U.S Department of Health and Human Services - Office of the Assistant Secretary for Planning and Education. *Substance use and substance use disorders by race and ethnicity*.
18. Windsor, W. & Reeves, R. (2025). American Institute for Boys and Men. *The new race gap in drug overdose deaths: The rising toll on Black men*.
19. U.S. Census Bureau (2024). Milwaukee County, Wisconsin.
20. Milwaukee County Office of Strategy, Budget, and Performance. (2024). *Milwaukee County Overdose Dashboard*.
21. Ciccarone, D. (2021). *The rise of illicit fentanyl, stimulants and the fourth wave of the opioid overdose crisis*. *Curr Opin Psychiatry*. 2021 Jul 1;34(4):344-350. doi: 10.1097/YCO.0000000000000717.
22. Friedman, J., Tiako, M., & Hansen, H. (2024). *Understanding and addressing widening racial inequities in drug overdose*. *Am J Psychiatry* 181:5. doi: 10.1176/appi.ajp.20230917.
23. Vital Strategies. (2024). *VOICES Survey*.
24. Forati, M., Ghose, R., Mohebbi, F., Mantsch, J. (2023). *The journey to overdose: using spatial social network analysis as a novel framework to study geographic discordance in overdose deaths*. *Drug and Alcohol Dependence* Vol 245:109827

# OVERDOSE RESPONSE STRATEGY

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25. Tomko, C. et al. (2022). *Combinations of substances contributing to death among overdose decedents in Maryland (2020-2021)*. BMJ Injury Prevention.
26. Wisconsin Legislature: 941.30(1). (2020).
27. Drug Policy Alliance. (2024). *Drug-induced homicide laws*.
28. Legislative Analysis and Public Policy Association. (2022). *Good Samaritan Fatal Overdose Prevention: Laws and Implementation*.

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## Appendix A: Overdose and Substance Use Trends in Wisconsin

### Polysubstance Use

An increasingly unpredictable and adulterated supply, both nationally and in Wisconsin, has seen fentanyl and fentanyl analogues introduced not only to the opioid supply, but crossing over into stimulants like cocaine and methamphetamine.<sup>1</sup> While polysubstance use is intentional for some, opioid-naïve populations are placed at increased risk of fatal and nonfatal overdose.

### Overdose Trends

In 2023, fatal overdoses decreased in Wisconsin for the first time since 2018. This overall trend obscures the fact that fatal overdoses disproportionately impact Black and American Indian/Alaskan Native populations. The rates of fatal overdoses in 2023 for white, Black and American Indian/Alaskan Native populations in Wisconsin were 22.6, 117.6 and 113.9 per 100,000, respectively.<sup>2</sup>

Adults aged 18 to 44 comprised the majority of overdose fatalities across all substances from 2015 to 2022. Males were two to three times more likely to die from an overdose than females, depending on substance. Fatal overdoses involving heroin have decreased from 35.9 percent of overdose deaths in 2015 to 10 percent in 2022, while methamphetamine-related deaths have increased from 7.1 percent of all fatal overdoses in 2016 to 21.8 percent in 2022.<sup>2</sup>

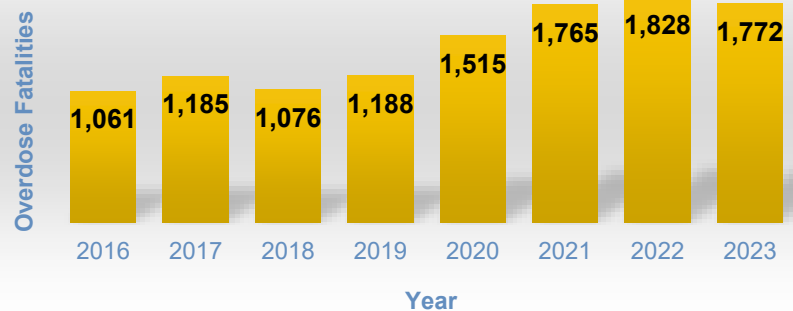
### Drug Seizure Data

The North Central High-Intensity Drug Trafficking Area (HIDTA) program released their Wisconsin drug seizure data for 2024. Cocaine accounted for 56.1 percent of seizures, methamphetamine made up 40.8 percent and fentanyl and heroin accounted for 2.5 percent and 0.6 percent, respectively.<sup>4</sup>

### Polysubstance fatalities:

- 62.9 percent of overdose fatalities in 2023 involved two or more substances.<sup>2</sup>
- In Milwaukee County, 42.7 percent of all overdose fatalities in 2023 involved cocaine; a 30 percent increase since 2016.<sup>3</sup>
- Statewide, 21.8 percent of overdose deaths included methamphetamine in 2023.<sup>2</sup>

### Fatal Overdoses in Wisconsin



# OVERDOSE RESPONSE STRATEGY

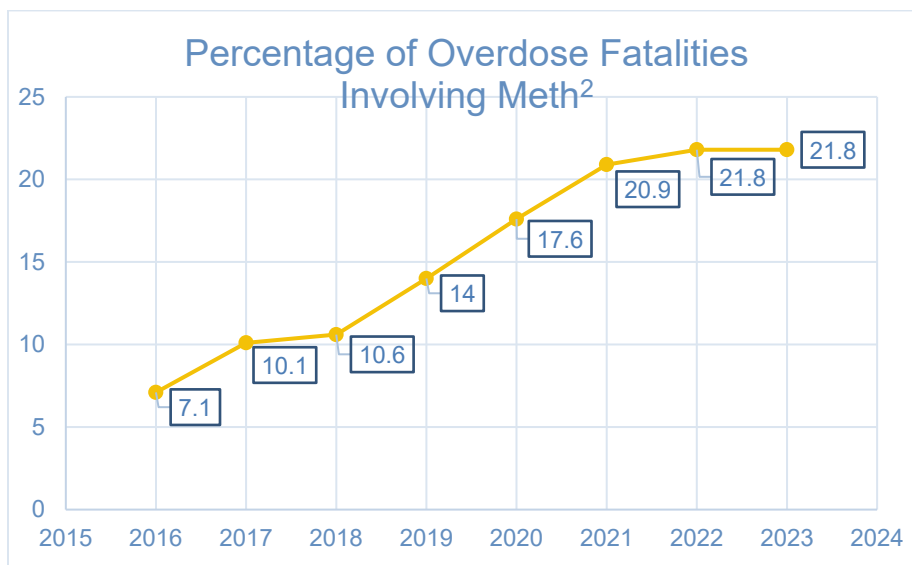
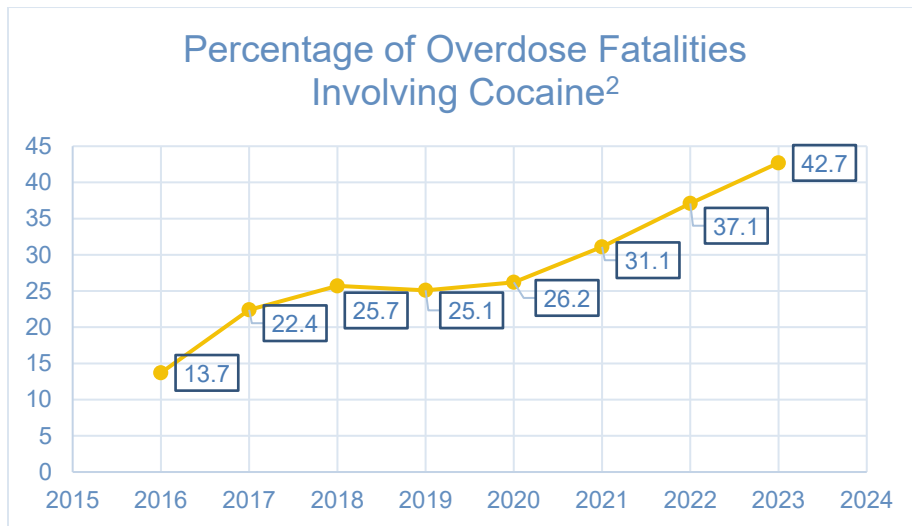
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## Focusing on Milwaukee County

Black residents comprise 27 percent of the population of Milwaukee County<sup>5</sup> but accounted for 41.7 percent of fatal overdoses and 44 percent of nonfatal overdoses in 2023.<sup>6</sup> Black men in Wisconsin are 4.77 times more likely to die of an overdose than their white counterparts<sup>7</sup> – the largest gap in the nation. To address gaps in services for overdose prevention programming, it is necessary to explore non-traditional access points for naloxone distribution such as corner stores, barber shops and laundromats as per recommendations from community leaders and people with lived experience.

## Increasing Stimulant Use: Data from the Wisconsin Department of Health Services



# OVERDOSE RESPONSE STRATEGY

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## Notable drugs:

Novel psychoactive substances, fentanyl analogues and other substances are appearing in drug samples across Wisconsin. Below is a list of notable drugs and the number of fatal overdoses in which they were present in 2023.<sup>8</sup>

- Carfentanil: 3
- Para-fluorofentanyl: 53
- Nitazene analogs: 34
- Xylazine: 212
- Gabapentin: 192
- Bromazolam: 38
- Etizolam: 2
- Flualprazolam: 2
- Ketamine: 13

\*These do not represent unique incidents.

1. Ciccarone, D. (2021). *The rise of illicit fentanyls, stimulants and the fourth wave of the opioid overdose crisis*. *Curr Opin Psychiatry*. 2021 Jul 1;34(4):344-350. doi: 10.1097/YCO.0000000000000717.
2. Wisconsin Department of Health Services. (2025). *Wisconsin Suspected Opioid Overdose Report*.
3. Milwaukee County Office of Strategy, Budget, and Performance. (2024). *Milwaukee County Overdose Dashboard*.
4. DTAG threat assessment. 2024 provisional drug seizure report – North Central HIDTA.
5. U.S. Census Bureau (2024). Milwaukee County, Wisconsin.
6. Milwaukee County Office of Strategy, Budget, and Performance. (2024). *Milwaukee County Overdose Dashboard*.
7. Windsor, W. & Reeves, R. (2025). American Institute for Boys and Men. *The new race gap in drug overdose deaths: The rising toll on Black men*.
8. Centers for Disease Control and Prevention. (2024). *State Unintentional Drug Overdose Reporting System – Wisconsin*.