

Drug Trends in Wisconsin

Vital Strategies Project Period Closing Event
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Presentation Agenda

- Overdose trends
- Regional drug use trends
 - Project Highlight: Milwaukee County
- Drug seizures
- Emerging substances



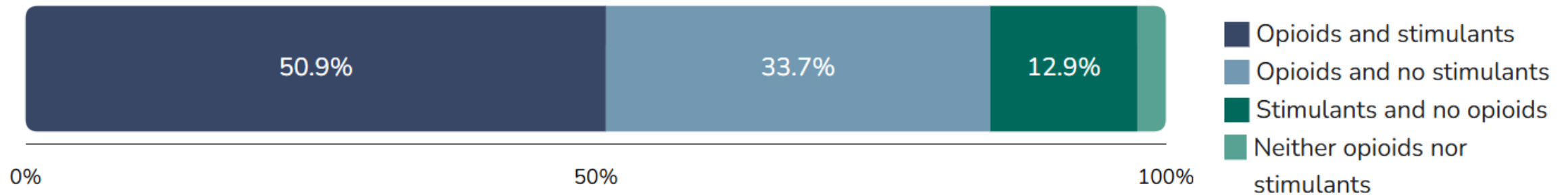
> Overdose Trends

Changes in Fatal and Nonfatal Overdoses



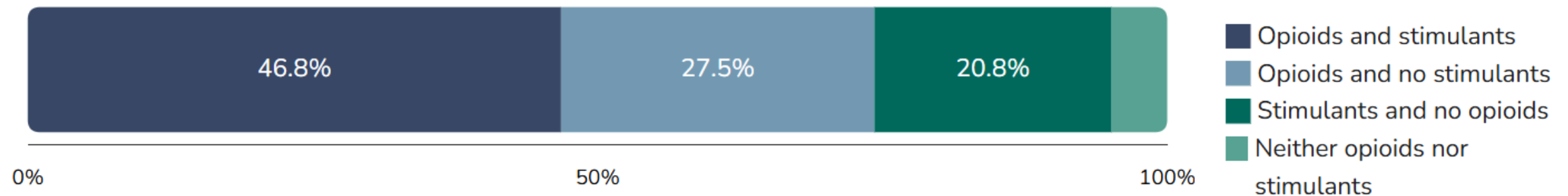
Distribution of overdose deaths by opioid and stimulant involvement in 2023, Wisconsin

The largest percentage of deaths involved opioids and stimulants, while 2.5% of overdose deaths involved neither opioids nor stimulants.

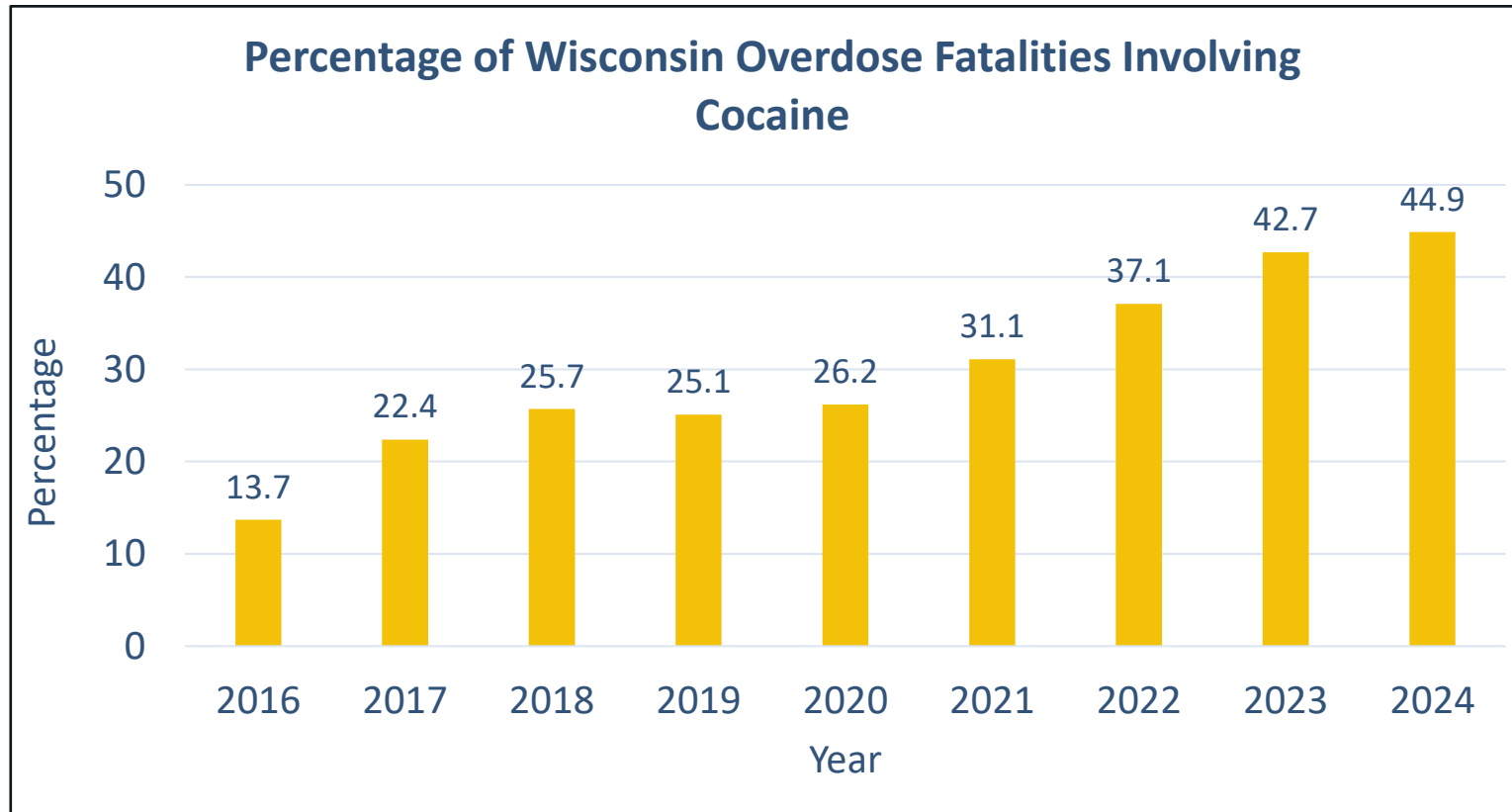


Distribution of overdose deaths by opioid and stimulant involvement in 2024, Wisconsin

The largest percentage of deaths involved opioids and stimulants, while 4.9% of overdose deaths involved neither opioids nor stimulants.



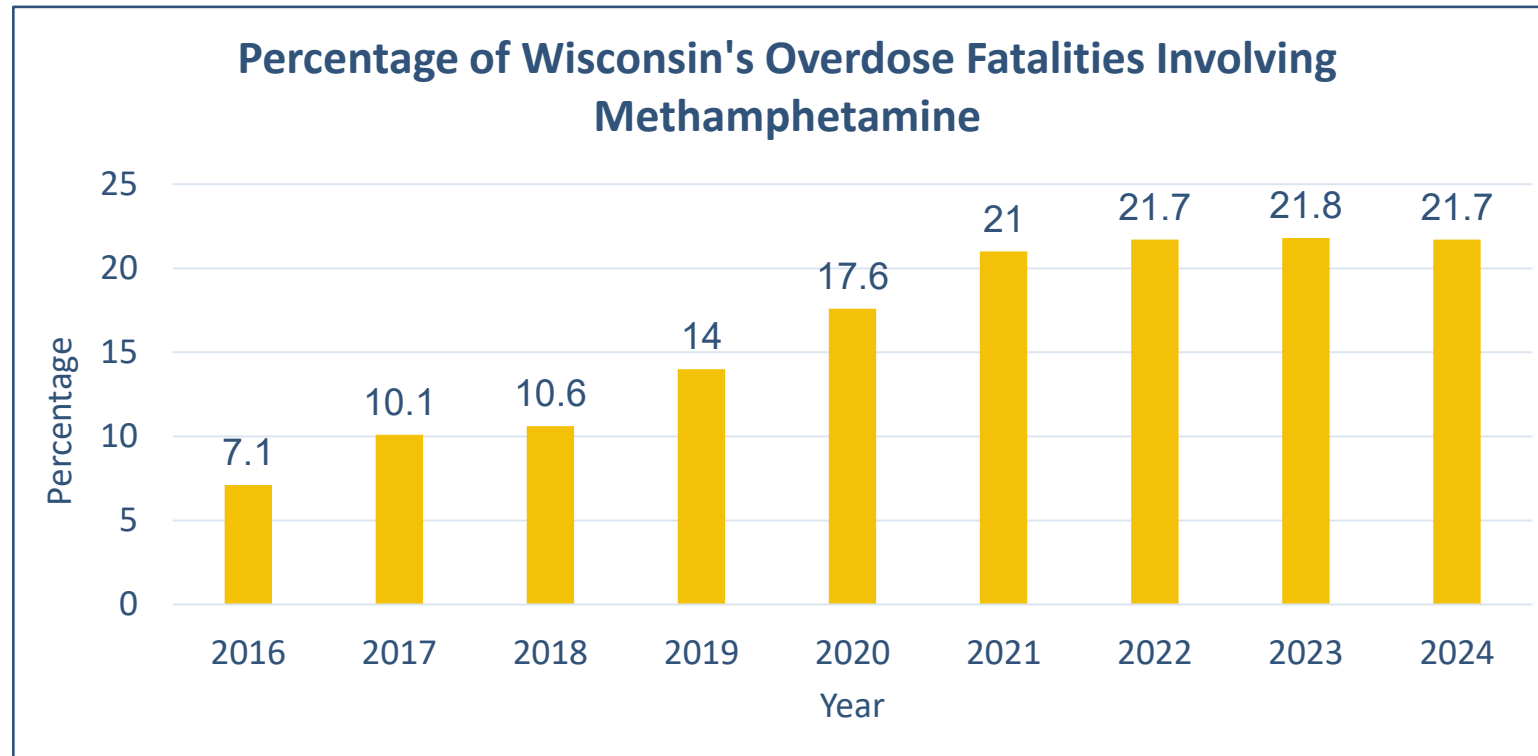
Rising Involvement of Cocaine in Wisconsin's Overdose Fatalities



Source: Wisconsin Department of Health Services (2025)

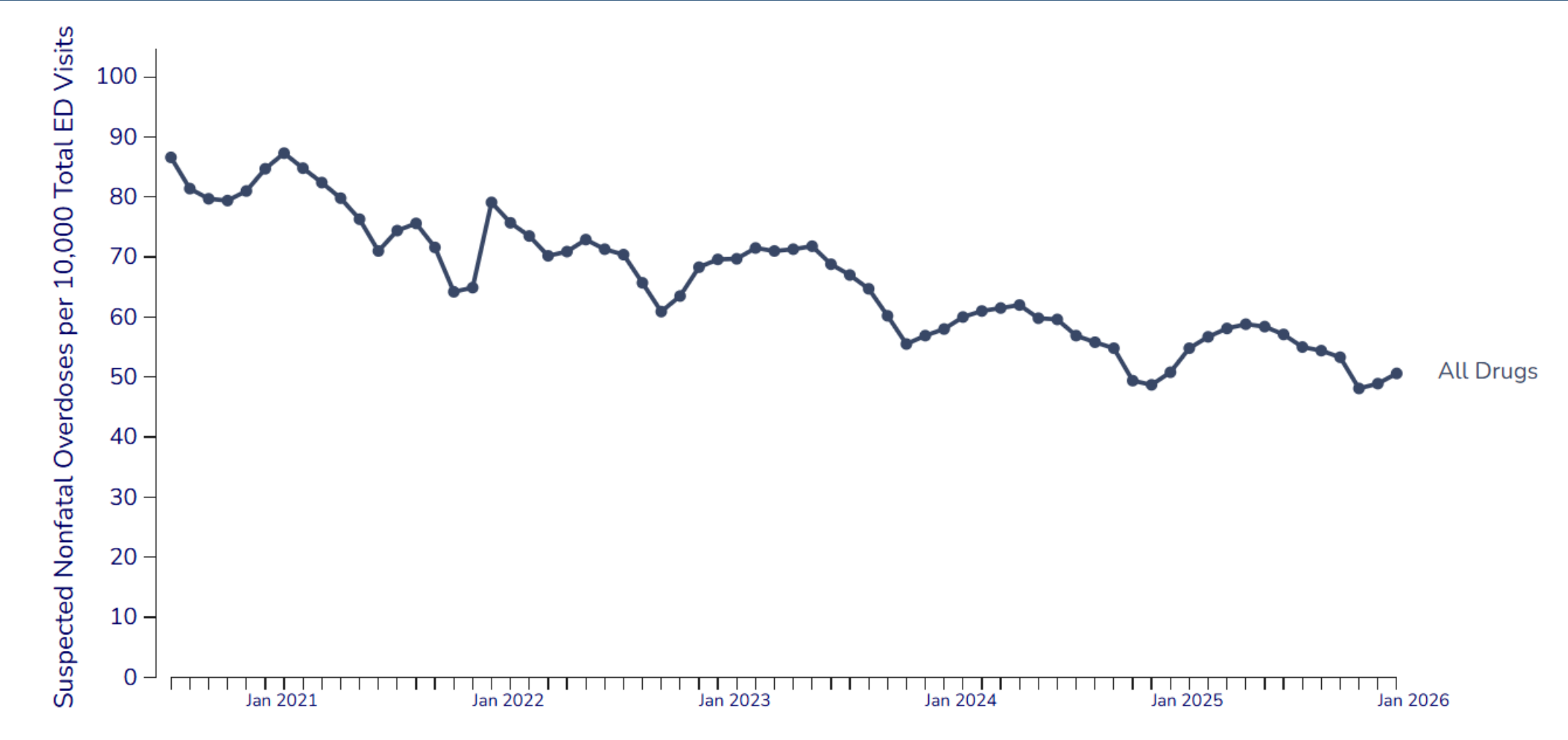


Rising Involvement of Methamphetamine in Wisconsin's Overdose Fatalities



Source: Wisconsin Department of Health Services (2025)

Suspected Nonfatal Overdoses per 10,000 Total Emergency Department Visits in Wisconsin



> Regional Drug Use Trends

Wisconsin's Drug Landscape



Drug Use Across Wisconsin

- Methamphetamine
 - Traditionally common in rural areas, moving to urban areas
- Cocaine
 - Most common in southeastern counties
 - Cocaine overdose fatalities in Florence and Menominee counties
- Fentanyl and other opioids
 - Most common in northern, southeastern parts of the state

Source: Wisconsin Department of Health Services (2025)



Special Considerations for Alcohol in Wisconsin

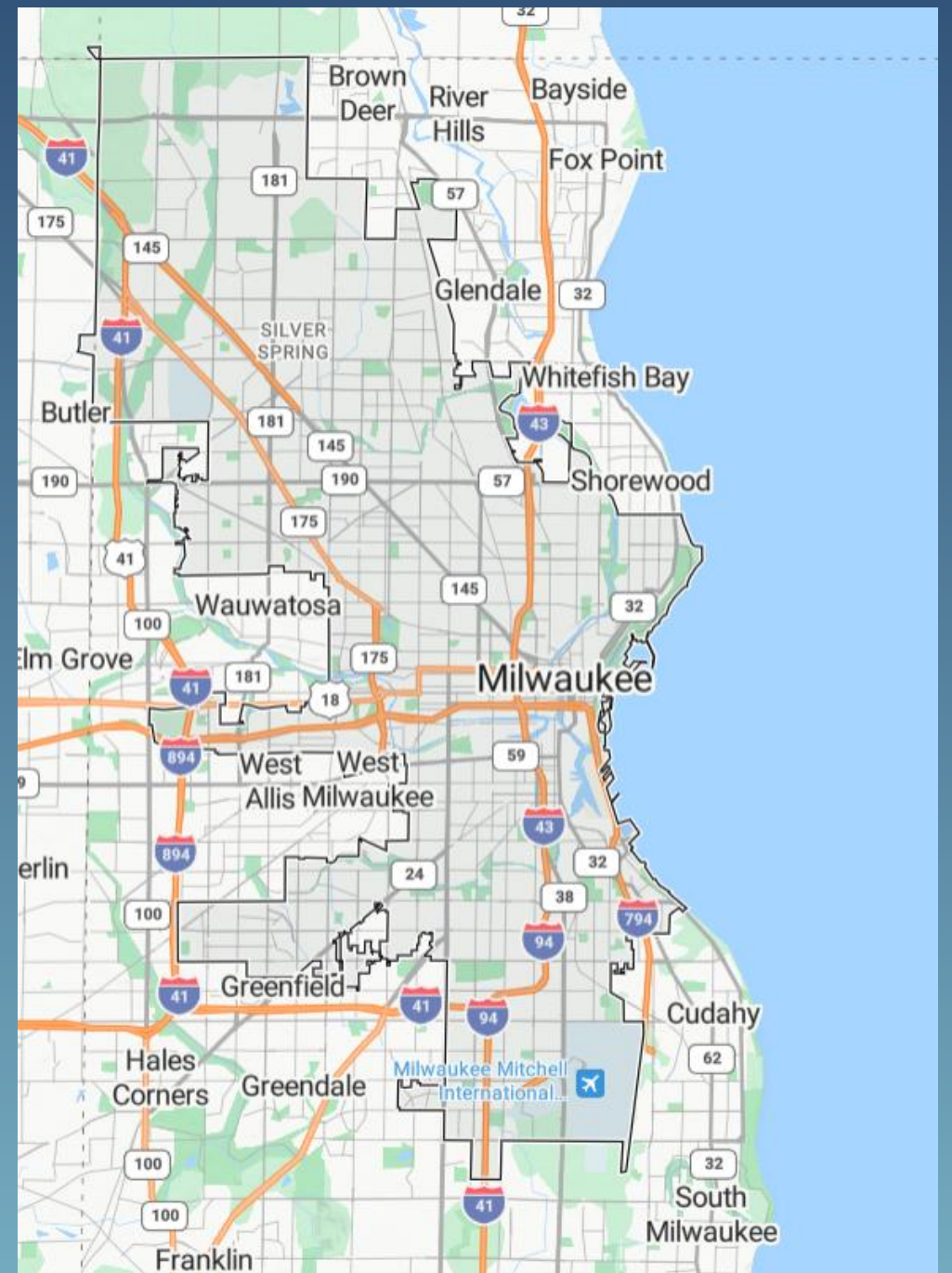
- 2,996 deaths attributed to alcohol in 2024
 - Acute deaths: 1,578
 - Acute alcohol poisoning (with or without other substances), traffic collisions as driver, passenger or bystander
 - Chronic deaths: 1,417
- Cocaine and alcohol
 - Increased cardiotoxicity with cocaethylene

Source: Wisconsin Department of Health Services (2025), van Amsterdam et al. (2024)



What's Happening in Milwaukee?

Using the Drug Checking, Mapping and Reporting System (DCMARS) to Inform Overdose Prevention Efforts



DCMARS Background

- 1 The Milwaukee Drug Rapid Testing and Outreach Program (MDROP)
- 2 City of Milwaukee Health Department, Johns Hopkins University, the Overdose Response Strategy, City of Milwaukee Police Department and community partners
- 3 Geospatial layer addition to the Overdose Detection Mapping Application Program (ODMAP)



What Makes DCMARS Necessary?

Unpredictable and rapidly evolving drug supply

Assembling actionable information for community partners

Existing testing and reporting systems take weeks-months

Communication gaps between public health and public safety



Obtaining Samples

1. No-case/noncriminal samples from Milwaukee Police Dept.
2. Sample kits from the City of Milwaukee Health Dept.
3. Testing at the Milwaukee County Medical Examiner's Office
4. Results entered into DCMARS database, information shared



What Can We Monitor?

- Drug type by neighborhood
- Drug combinations
- Common adulterants
- Emerging drug threats
- Drugs associated with fatal and nonfatal overdoses





What Have We Learned After 839 Samples?

Cocaine found in 80.4 percent of samples, **fentanyl** in 47 percent of samples and **meth** in 22.6 percent of samples.

Xylazine always found with fentanyl and **acetylfentanyl** is the most common novel psychoactive substance (118). **Clonazepam** always found with heroin (13).

Levamisole/tetramisole presence as suspected cutting agent for cocaine increased in Fall 2025. **Quinidine** commonly mixed with opioid and opiate samples.



Project Limitations

- Possible collection bias
- Not all neighborhoods are represented
- Where drugs are used is not necessarily where they were purchased
 - Implications for overdose data
- Turnaround time



Future Plans



Include post-mortem toxicology results



Statewide data collection



Swab samples at the scene of an overdose

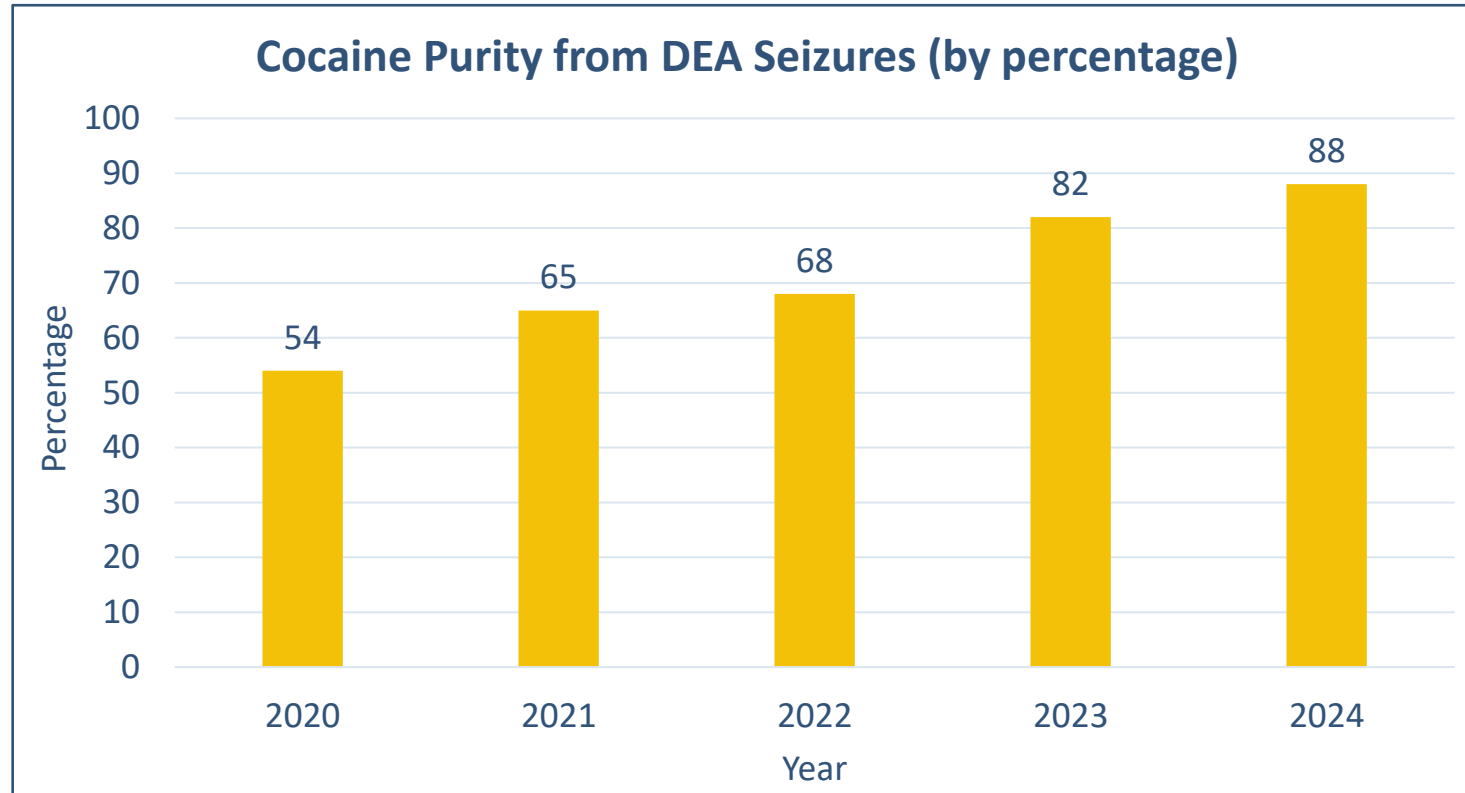


> Drug Seizures

Interdiction Efforts in Wisconsin and the United States



Increase in Cocaine Purity (United States)



Source: DEA (2025)



Increase in Cocaine Potency (United States)

Most Common Cutting Agents in Samples Seized by the DEA (by percentage)

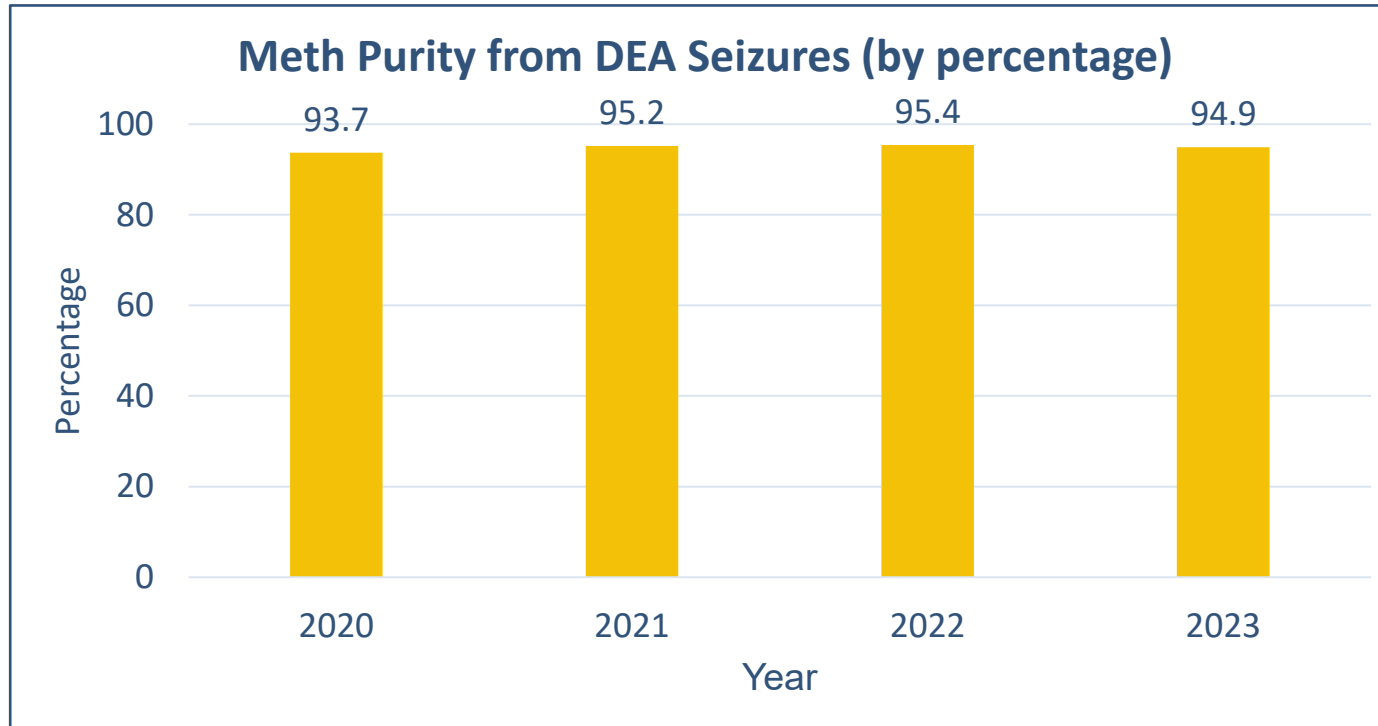
	2020	2021	2022	2023	2024
PTHIT	40	35.6	24.7	10.4	5.3
Phenacetin	19.7	13.1	5.7	3.4	2.5
Lidocaine	7.4	3.7	2.6	2.5	2
Caffeine	6.7	3.7	2.6	2.5	1.8

*PTHIT is phenyltetrahydroimidazothiazole, more commonly known as levamisole or tetramisole.

Source: DEA (2024)



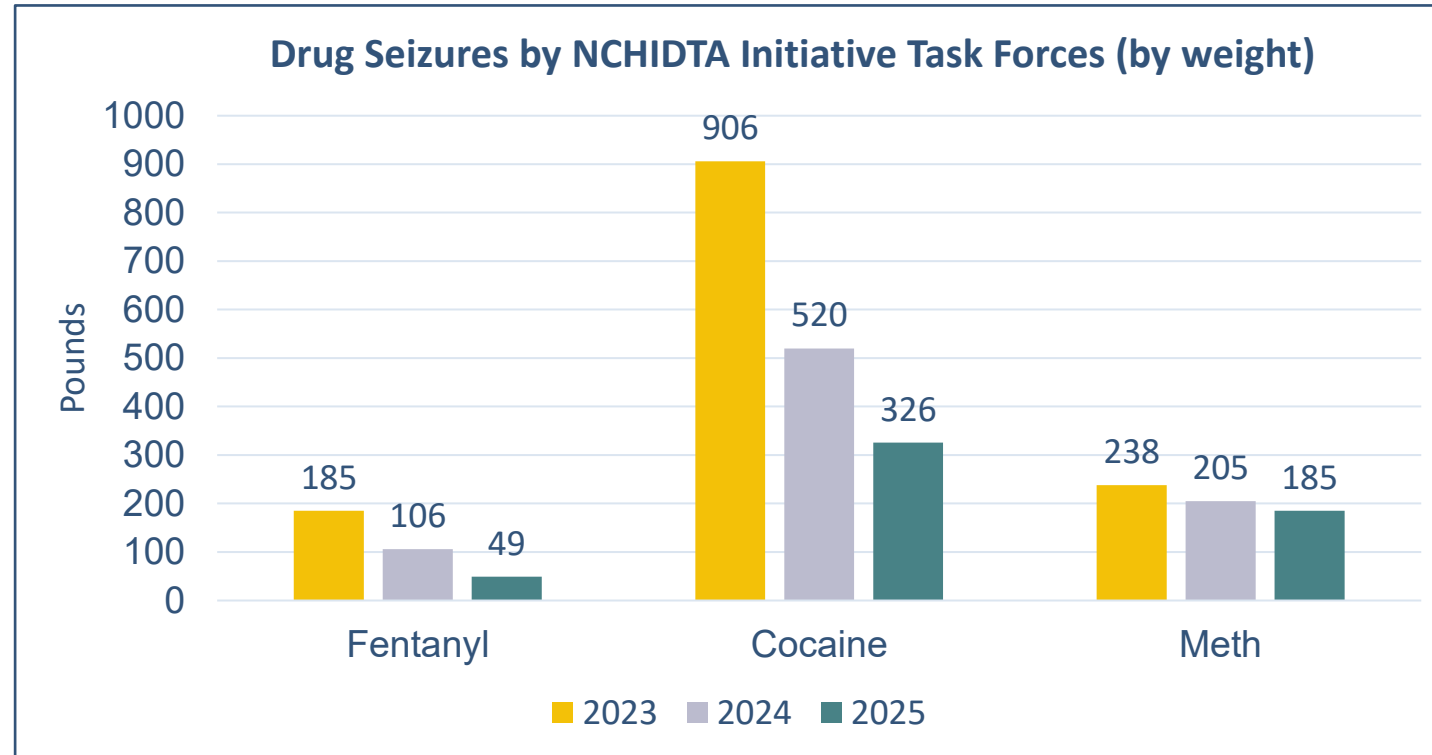
Methamphetamine Purity (United States)



Source: DEA (2024)



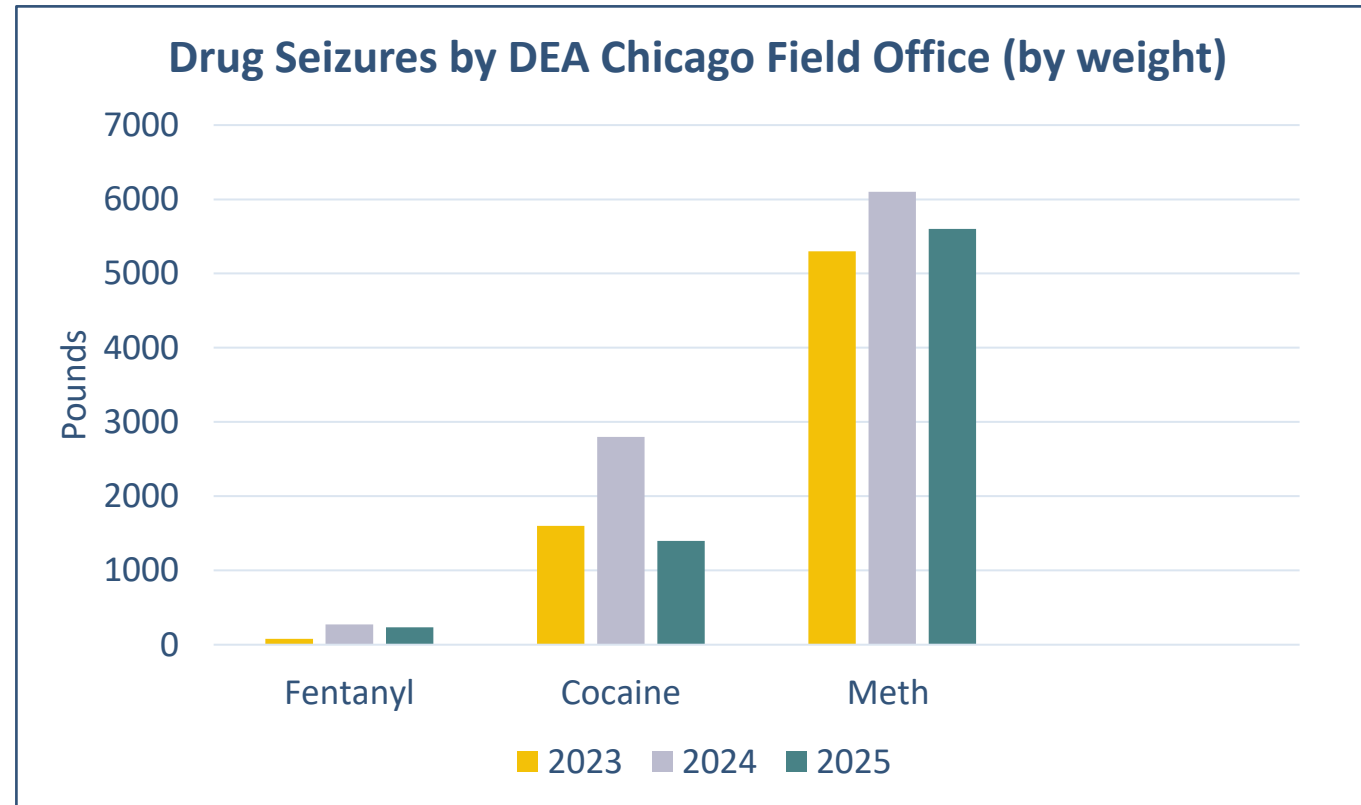
Drug Seizures by North Central HIDTA (NCHIDTA) Initiatives



Source: North Central HIDTA (2026)

Drug Seizures by DEA Chicago Field Office

*Many of the drugs that end up in Wisconsin are brought through Chicago



Source: DEA (2025)



> Emerging Substances

Novel Psychoactive Substances



Kratom

- Origin: tree leaves in southeast Asia
- Consumption: tea, powder, smoking or capsules
- Effects:
 - Stimulant in low doses
 - Sedative in higher doses
- Psychoactive ingredients:
 - Mitragynine and 7-hydroxymitragynine (7-OH)

Source: DEA (2024), Mayo Clinic (2024)



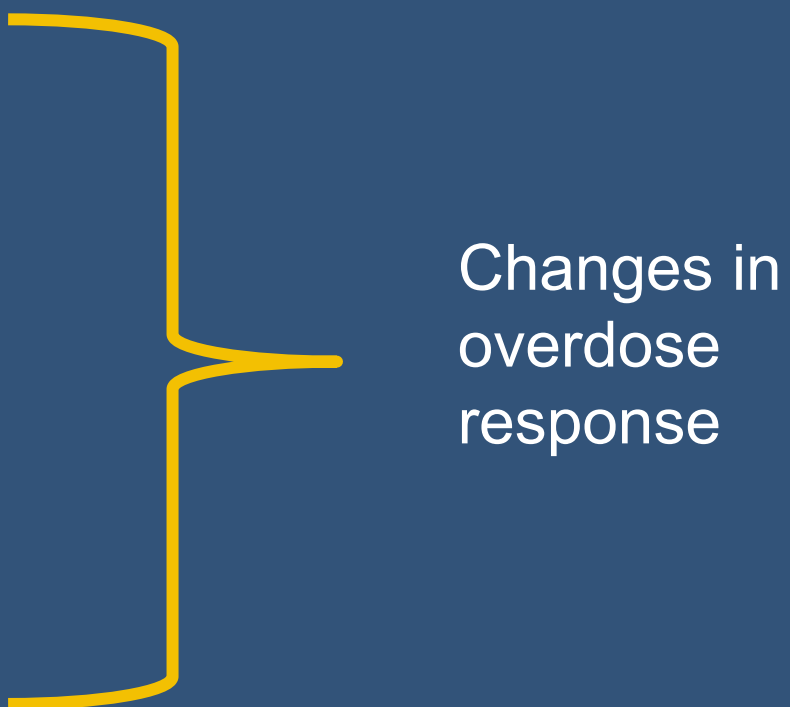
Kratom

- Uses:
 - Pre-workout
 - Pain relief
 - Recreational
 - Opioid withdrawal management
- Illegal in Wisconsin, Schedule I controlled substance (2014)
- Naloxone
 - Partial opioid agonist, but few Food and Drug Administration studies

Source: DEA (2024), Mayo Clinic (2024)



Novel Psychoactive Substances

- Drug markets vary widely across the U.S.
 - Xylazine
 - Non-opioid sedative
 - Used in veterinary medicine
 - Medetomidine
 - Stronger non-opioid sedative
 - Also used in veterinary medicine
 - Withdrawal considerations
- 
- Changes in overdose response

Source: DEA (2024), CDC (2025)



Novel Psychoactive Substances

- Protonitazene, metonitazene, isotonitazene
 - Synthetic opioids, originally developed for pain management but never approved
 - Identified as emerging threat in 2023-2024
- Cychlorphine
 - Synthetic opioid, illicitly manufactured
 - Approximately 10 times stronger than fentanyl

Source: DEA (2024 and 2025)



Key Takeaways

- 1 Stimulant use is becoming more common, as are stimulant-only overdose fatalities. This indicates a need for expanded stimulant use disorder treatment.
- 2 Emerging substances highlight the need for cross-sector collaboration.
- 3 Expanded drug surveillance can inform widespread overdose prevention efforts.
- 4 Law enforcement data can provide direction for public health responses.



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Questions?



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