



Northside of Milwaukee Harm Reduction Coalition to Reduce Overdose Deaths Proposed Strategies (June 2023)

Purpose

WestCare Wisconsin, Inc (WC-WI) created a Harm Reduction Coalition for Community Partners and Organizations to come together and create strategies for harm reduction services for the northside of Milwaukee. The Coalition calls on the city, county, and the state to improve service provision and resource allocation to address the growing overdose rate in the northside of Milwaukee.

The Coalition includes:

- Community Partners
 - People with lived/living experience: A person actively using drugs; a person new to recovery.
 - Community members: a person concerned about the residents in the community and seeking to help make a change.
- Service Organizations – An entity looking to provide services and/or resources to Community Partners and listen to suggestions, comments, and concerns regarding specific needs in our neighborhoods.


In the past, communities did not fully understand the services offered through harm reduction. They found it easier to see Harm Reduction Strategies as “enabling” addiction and creating more problems in our community. As harm reduction continues to become widely accepted and understood in our communities, the Coalition will build on these foundational strategies.

Harm reduction services meet people with substance use disorder where they are. If a person with substance use disorder is not ready to go into treatment, their lack of readiness does not make them any less deserving of health care, services, resources, and/or support.

Background

Currently, WC-WI holds a Harm Reduction Coalition meeting twice a month on Fridays at 11:00 AM. Through these meetings, we identified strategies that we recommend that city, county, and state decision-makers consider when determining resource allocation to reduce the increasing rate of overdose deaths in Black communities in Milwaukee. The Coalition calls on decision-makers to include our members in conversations that will determine the use of Opioid Settlement funds, State Opioid Response funds, and state/county/city budgets.

During our Coalition meetings, we have representatives from the Center for Veteran Issues, Dry Hootch, Milwaukee County, the City of Milwaukee Health Department, community leaders, and trained clinicians. Our goal is to listen and identify services to operationalize the principles of harm reduction to meet our community members exactly where they are when they need considering overdose deaths are completely preventable.




Last year, Milwaukee County had 644 drug-related deaths according to The Wisconsin Examiner. Previous years, Milwaukee County broke records for overdose deaths. Overdose deaths have outpaced car crash and gun-related fatalities in the county. Fentanyl has been detected in a wide variety of drugs on the illicit market including cocaine, heroin, methamphetamine, pills sold as Percocet or other pain killers, MDMA (also called Molly or Ecstasy), and others. Its presence has entirely altered the landscape of drug use in Milwaukee County. In Milwaukee County, somebody dies of an overdose every 16 hours. Our coalition was created because Community Partners witnessed their family and friends overdosing or needing assistance with harm reduction as well as prevention strategies. One community partner said, “I was at my sister’s home, and found her laid out between the kitchen and the living room after an overdose. She was in cardiac arrest. First responders attempted to revive her but were unsuccessful and this could have been me.”

The Coalition is calling on state and other leaders to provide resources proportional to the death rate taking place in our neighborhoods so that we can continue to build on local strengths and improve the response to prevent overdose deaths.

Summary of Proposed Strategies

STRATEGY #1: Address systemic racism--For decades, African Americans in Milwaukee have dealt with devastating rates of poverty, intense segregation in housing and education, a criminal legal system that arrests, incarcerates, and devours communities of color at vastly disproportionate rates, as well as a myriad of other hardships rooted in our history of racism. For example: 22% of residents living in Harambee own the home they live in, compared to 82% of residents living in Whitefish Bay, 69% living in Glendale, and 46% living in Shorewood according to city-data.com. That type of systemic inequality has created generations of families who never got to achieve what we classify as the American dream. Milwaukee has long held the disgraceful distinction as the most segregated city in the country, has unconscionably high infant mortality rates for Black babies, and incarcerates its African American citizens at a rate ten times higher than white people according to the US Department of Health and Human Services of Minority Health. This rampant racial inequality has become part of daily life in the City of Milwaukee, an epidemic perpetuated by a collective unwillingness to seriously address it. While many prefer to outright deny the existence of structural racism and instead invoke racial stereotypes that blame people of color for social ills. The hypersegregation that pervades Milwaukee, for instance, can be traced back to racially exclusive programs like redlining and the withholding of federally backed, low interest housing loans from Black people, making home ownership vastly more attainable for white people. When we say Black Lives Matter, we affirm the value of all Black people in all facets of life. We raise our voices and fight not only to end racist policing, but also to fully fund Black schools, dismantle mass incarceration, improve social services, reduce poverty, and invest in people of color and the communities they live in.

As with other systemic discrimination, the unequal response to drug use and the impact of the war on drugs continue to impact the health of neighborhoods on the northside. The Coalition calls on policy makers to:


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- Clarify, and eliminate, drug screening or coercive treatment rules for childless adults to receive food assistance and other social safety nets, an inhumane, paternalistic, and ineffective approach to addiction and improving the health of people who use drugs.
 - Eliminate re-incarceration due to supervision violations (otherwise known as crimeless revocations) that disproportionately impact communities of color and people who use drugs resulting in increased risk of overdose (locking people up results in exponentially higher risk of overdose in the first two weeks upon release than the general population).
 - Expand expungement options for all ages to further enable people with criminal records to avoid substance use disorder related discrimination when attaining housing, employment, and other of SAMSHA's Four Major Dimensions of Recovery.
 - Improve equitable access to social support to poor families, stop child protective services involvement based on poverty and drug use alone, and minimize child separation which continues intergenerational trauma and drug misuse.

STRATEGY #2: Ongoing collaboration with Faith Based Organizations--Considering the history and influence that the faith community plays in healing and being a cultural change agent in the Black community, we will partner with these leaders to be credible messengers and community advocates. Entities identified on the northside include MICAH, Pastors United, Dawa Center, and Muhammad Mosque #3. We will distribute literature concerning harm reduction, request to speak to various congregations, and provide psycho-education training that includes Narcan and fentanyl test strips. Training the faith-based community in mental health first aid and harm reduction principles and interventions (<https://harmreduction.org/wp-content/uploads/2020/08/Resource-HarmReductionBasics-FoundationsOfHarmReduction.pdf>) as well as building a true sense of partnership and solidarity with harm reduction champions will be key. We will work with the faith-based community on principles of recovering from toxic shame that keep people from seeking lifesaving support:

- Become aware of how you talk to yourself. Try to observe your own thoughts but not react to them
- Have compassion for yourself. Everyone has flaws and makes mistakes
- Practice mindfulness
- Recognize when you are feeling shame
- Seek support

STRATEGY #3: The Mann Above – Harm Reduction mobile vehicle named after our colleague who was a leader in developing these strategies--will provide therapy and services in the community. The vehicle will train and offer Narcan, complete a warm handoff to providers of medication for opioid use disorder and other substance use treatment for people who want it, and assist in providing tele-health services. In addition to highlighting harm reduction for opioid use, the vehicle will reinforce Narcan for cocaine users considering the likelihood of it being laced with fentanyl.

Northside communities have not had long exposure to harm reduction interventions and therefore do not request them when engaging with social and health services. The van and other embedded awareness and access building interventions will create an educated community who expect and



demand interventions to save lives. WestCare will launch the van in July 2023, but support will be needed to sustain harm reduction supplies and van repairs and maintenance.

STRATEGY #4: Increase access to Medication for Opioid Use Disorder (MOUD)--MOUD is the use of medications, alone or in combination with counseling and other therapeutic techniques, to provide a patient-centered approach to the treatment of opioid use disorders. Research has shown that when provided at the proper dose MOUD has no adverse effects on a person's intelligence, mental capability, or physical functioning and it is the single most effective intervention to reduce overdoses among people with OUD.


There are only two known buprenorphine providers and one known Opioid Treatment Program accessible in high-risk neighborhoods on the northside of Milwaukee. Considering the invisible lines and barriers in the city, it is unrealistic for public health leaders to expect Black people to travel to other parts of the city to remain in treatment. Referring our neighbors who want medication to providers in other parts of the city set them up for failure before they begin their self-determined wellness journeys.

STRATEGY #5: The Coalition calls on policymakers to review laws / legislation to enable more MOUD in communities. Increased MAT access in the northside, which lacks traditional MOUD providers, will be further enabled by removing regulatory barriers to buprenorphine and methadone, as well as making telehealth and audio only appointments permanent post the COVID emergency.

STRATEGY #6: Increase funding and availability of cognitive behavioral techniques to treat stimulant use disorders--While research shows that Black and White people in the US use drugs at the same rates, the recent Bloomberg Overdose Initiative survey among people who use drugs implies that Black people in Milwaukee are using opioids at lower rates. Stimulant use remains high in the northside requiring harm reduction interventions that address stimulants that might unknowingly be laced with opioids as well as stimulant treatment options. Contingency management and other cognitive behavioral interventions have the most evidence in treating stimulant use disorders but have been under resourced and face policy level barriers. In addition, the Coalitions Community Partners expressed they have heard friends or loved ones talk about how a mental health professional helped them identify and change unhelpful thoughts, patterns, and behavior to help them reach their goals. CBT is highly effective.

The Coalition calls on policymakers to remove barriers for meaningful positive reinforcers/incentives used for treatment (currently common in the Veterans Administration but limited in other settings due to CMS ambiguity in their use) and provide adequate Medicaid reimbursement for CBT and mental health services.

STRATEGY #7: Consistent and reliable harm reduction supplies--Organizations have been able to partner with Milwaukee County and City to make sure supplies are not only in the existing public health vending machine but readily available for Community Partners and organizations to hand out in the



overdose hot spots in the community. This must continue via not only county resources, but those from the state. Through our efforts the community will start to request and demand harm reduction services and it is critical that trusted messengers are consistently able to respond. If services are not consistent, people will stop asking for them.

STRATEGY #8: Increase CPR training—Provide training to as many Community Partners as possible and collect the information on which organizations can perform the training in communities. Considering the rate of stimulant use as well as the emergence of xylazine in the drug supply, overdose reversals may require rescue breathing and/or chest compressions in addition to Narcan.

STRATEGY #9: Increase access to Housing First for people with stimulant use disorders--Housing First is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness (including those leaving carceral settings), thus ending their homelessness, and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach is guided by the belief that people need necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues. Additionally, Housing First is based on the understanding that client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life. This model should not mandate sobriety and should not be limited to people with opioid use disorders, but those who use stimulants as well.

The Coalition is made up of several community leaders and people who use drugs, but for further information, please contact:



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