



Wisconsin Counties Association  
**ANNUAL CONFERENCE**  
*& Exhibit Hall* **2022**

1:00 - 2:00 PM

Combating the Drug Use Epidemic

# HOPE Agenda

Heroin, Opioid Prevention & Education



Former WISCONSIN STATE REPRESENTATIVE  
JOHN NYGREN



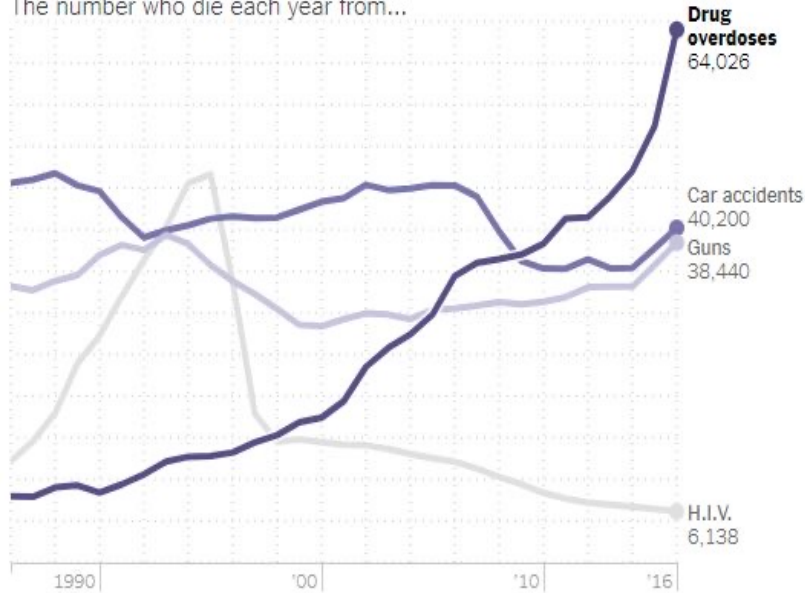
# The Epidemic in Wisconsin



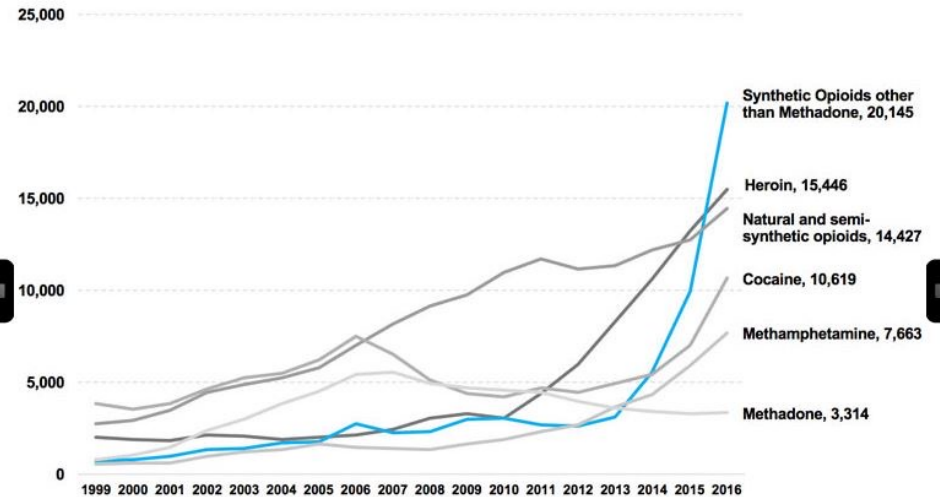
- Heroin and prescription opioid cases have been spiking in the last few years in Wisconsin. It is now considered an epidemic.
- This epidemic affects big cities as well as smaller communities.
- Rural areas are also at risk. These areas are less equipped to handle this problem than larger cities like Milwaukee and Madison.
- The heroin and opioid epidemic has become a problem that has increased crime statewide and shocked entire communities.

# Statistics

The number who die each year from...



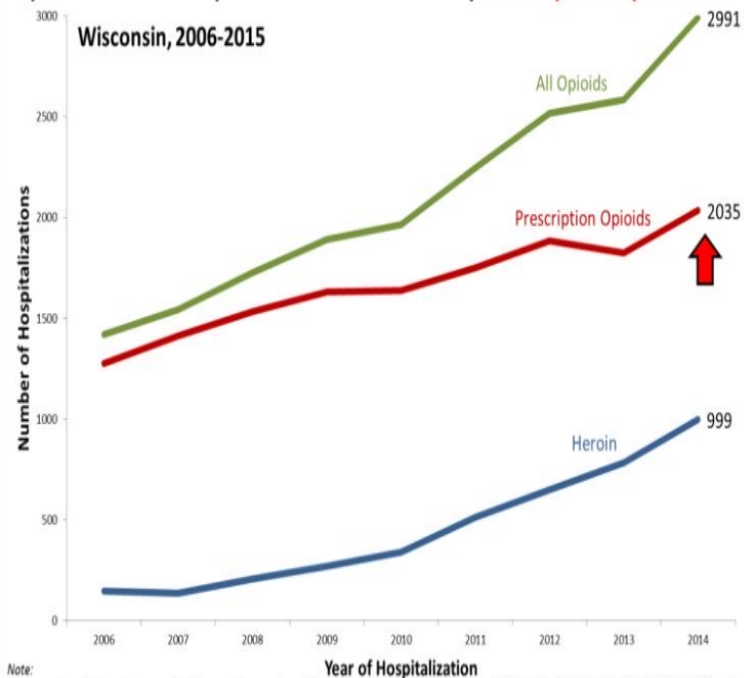
## Drugs Involved in U.S. Overdose Deaths, 2000 to 2016



**Drugs Involved in U.S. Overdose Deaths\*** - Among the more than 64,000 drug overdose deaths estimated in 2016, the sharpest increase occurred among deaths related to fentanyl and fentanyl analogs (synthetic opioids) with over 20,000 overdose deaths. Source: CDC WONDER

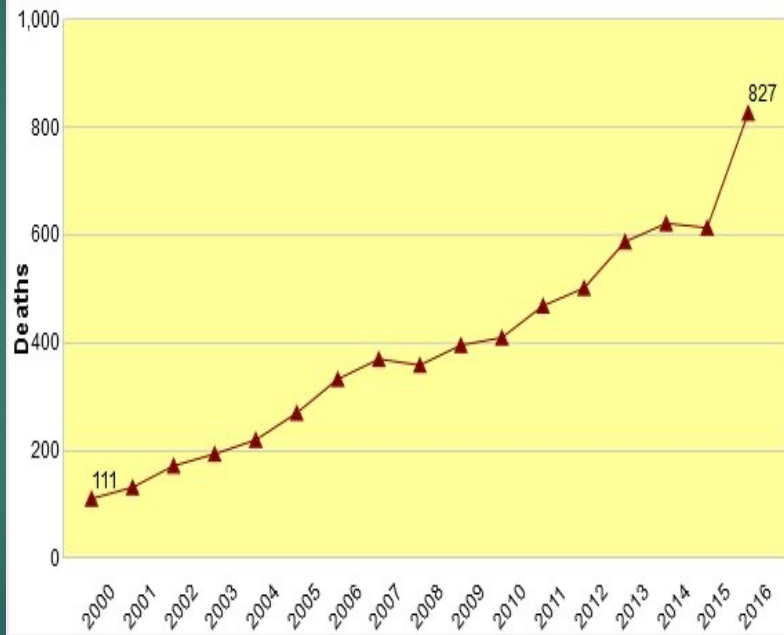
# Statistics

## Opioid-Related Hospitalizations Are Driven by Prescription Opioids.

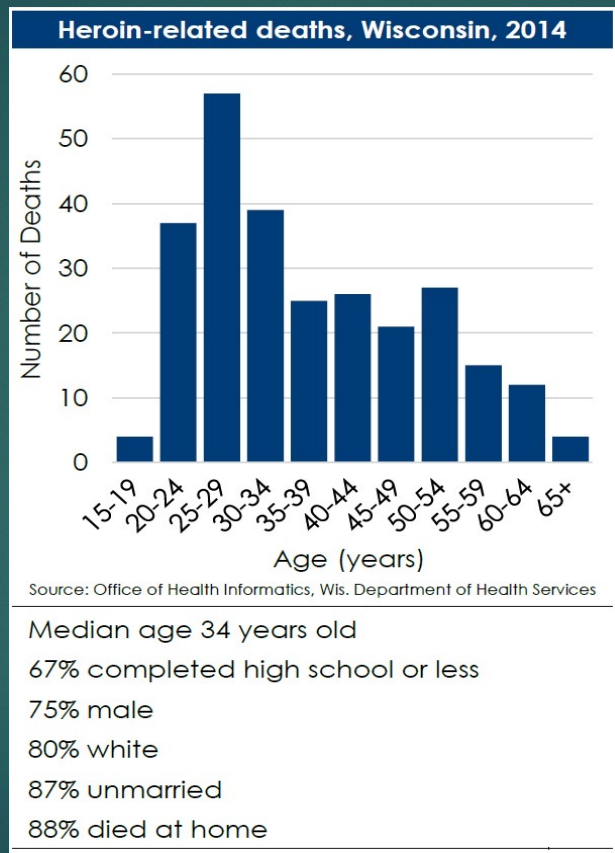


Source: Wisconsin Division of Public Health: Office of Health Informatics, Opioid Harm Prevention Program

## Wisconsin Opioid Overdose Deaths 2000-2016



# Statistics



# HOPE Agenda: The Introduction

- In 2013, Rep. Nygren introduced seven bills that laid the foundation for the HOPE Agenda.
- The bills target heroin addiction and the root of Wisconsin's epidemic: prescription drug abuse and addiction. **In the majority of cases, heroin addiction begins with an addiction to prescription medications.**
- Today, there are nearly 30 laws that make up the HOPE Agenda legislative package.



# Governor's Task Force on Opioid Abuse

- *Lt. Governor Rebecca Kleefisch & State Rep. John Nygren*  
*Co-Chairs, Governor's Task Force on Opioid Abuse*
- Launched in January 2017
- Executive Orders for Agency Action
- Special Session – 11 bills
- 2018 – 2 bills



# Partnership with Pew Charitable Trusts

- The Pew Charitable Trusts is an independent nonprofit, nonpartisan research and policy organization.
- The Pew Charitable Trusts chose Wisconsin to partner with to help address our states opioid epidemic.
  - Provided Wisconsin with research and technical assistance.
- Provided the Governor's Task Force on Opioid Abuse with 7 recommended policy reforms.
- Pictured to the right are Andrew and Glenn from Pew Trusts with Governor Walker.



# Partnerships with Law Enforcement and Medical Professionals

- Since the inception of the HOPE Agenda, we have made it a priority to have strong working relationships with members of our law enforcement and healthcare community.
- Through their work with us, we have created legislation that empowers our law enforcement to combat drug trafficking while at the same time expanding access to treatment throughout Wisconsin.
- Neither list is exhaustive, but here are a few of the steps we have taken:

# Law Enforcement Measures

- Expanded training opportunities for first responders in administration of the drug Naloxone as a way to lower the mortality rate of heroin and opioid overdoses.
- Provided limited immunity from certain criminal prosecutions for a person who seeks assistance from the police or medical professionals for another individual who has overdosed on controlled substances.
- Created a system of immediate punishments for individuals who violate their parole or probation parolees based on so-called “swift and certain” laws in other states.
- Require that when law enforcement encounters an inappropriate use or an infraction of the law concerning scheduled drugs, they upload that information into the PDMP and have the PDMP notify the physician.
- Provided additional funding for law enforcement trafficking grants.

# Treatment and Recovery Measures



- We have expanded Treatment Alternatives and Diversion (TAD) programs by increasing funding consistently.
- Helped reduce barriers to treatment by expanding access to substance abuse counselors in Wisconsin.
- Created 3 regional treatment facilities in underserved areas (NW WI, NE WI, and Central WI)
- Additional funding for addiction medication fellowships in WI.
- Created a recovery school which offers high school aged student who have struggled with addiction an opportunity for long-term recovery while continuing their studies.

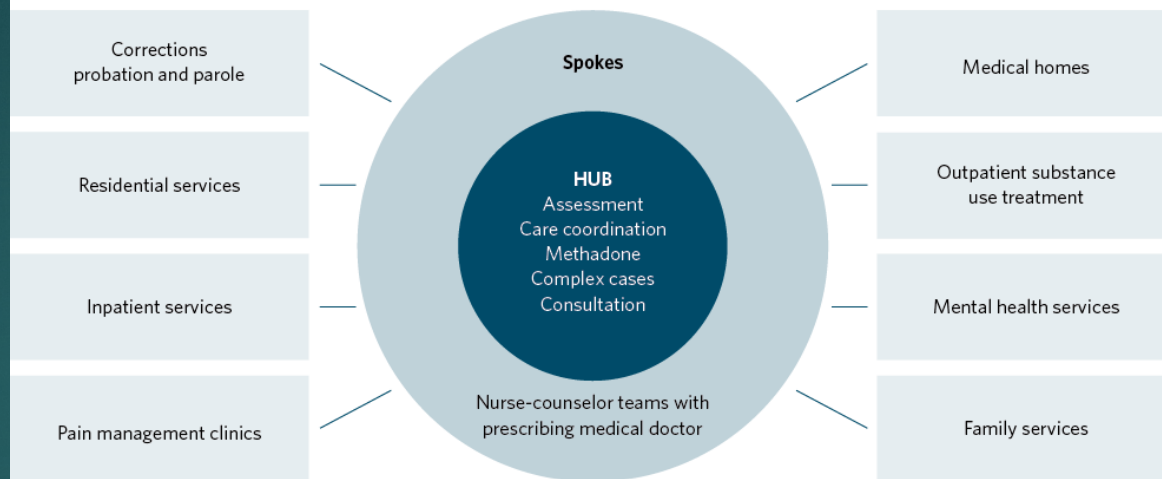
# HUB and Spoke Treatment Delivery System

- A promising new treatment model is gaining traction throughout the United States, Wisconsin included.
- In 2013 Vermont implemented a Hub and Spoke model.
  - Vermont now has the highest capacity for treating opioid use disorders in the United States and has seen a dramatic increase in the number of physicians able to prescribe buprenorphine.
- This model expands access to FDA-approved drugs and related counseling services by creating two interrelated systems of care called hubs and spokes.
- Specialists initiate treatment at a hub, and care is then transferred to a community-based provider, or spoke, once the patient is stabilized

# Hub and Spoke Continued

Figure 1

## Integrated Health System for Addictions Treatment



Source: Vermont Agency of Human Services, "Integrated Treatment Continuum for Substance Use Dependence, 'Hub/Spoke' Initiative—Phase 1: Opiate Dependence" (January 2012), <http://atforum.com/documents/HUBSPOKEBriefingDocV122112.pdf>

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# Hub and Spoke Commission



- One of the biggest recommendations the Pew Charitable Trusts was the implementation of a hub and spoke treatment delivery system in Wisconsin.
- Governor Walker convened the Commission on Substance Abuse Treatment Delivery to look at how Wisconsin can implement a hub and spoke system.
- We are currently in the process of finding the best way to create a utilize a hub and spoke system.
- Treatment is the number one focus for us, and why the hub and spoke model—which treats patients at the “hub” and continues care through their local primary care doctors—is going to be very important for Wisconsin.

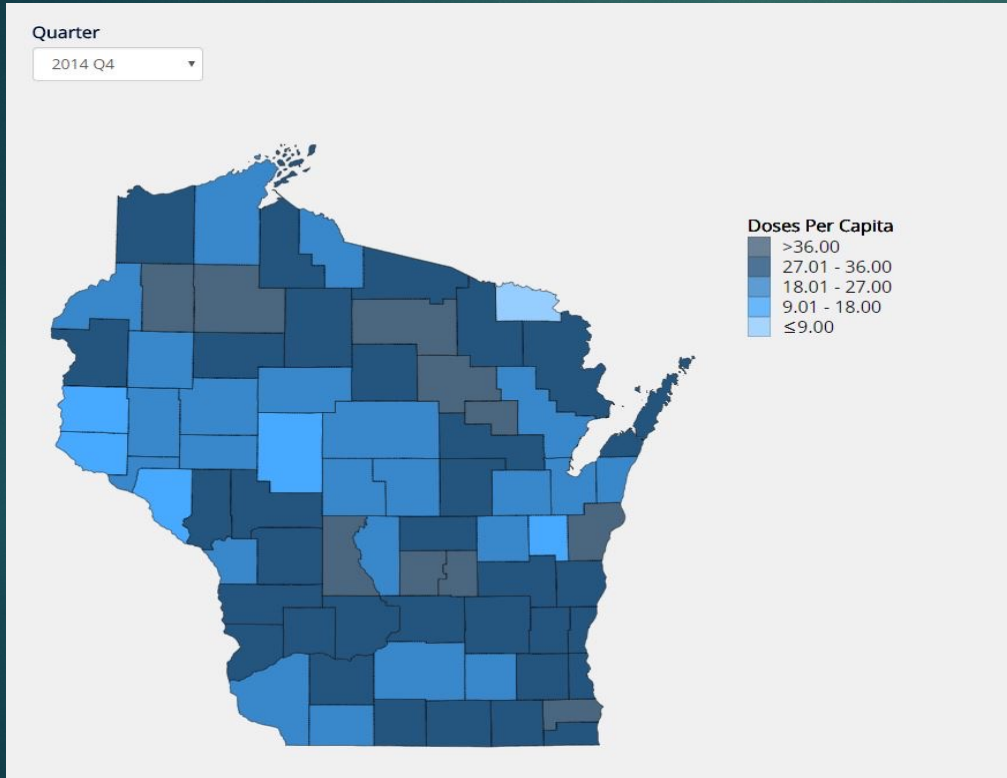
# Alternatives to Pain Management

- Several groups testified at the most recent meeting of the Governor's Task Force on Opioid Abuse pertaining to alternative ways to treat pain:
  - Chiropractors
  - Physical Therapists
  - Acupuncturists
- In order to fully combat this epidemic we need an "all hands on deck" approach. We should be exploring all different way to treat pain without prescribing opioids.
- While this list is not exhaustive, it is a great step towards identifying better ways to treat pain.

# Our Hard Work Is Paying Off

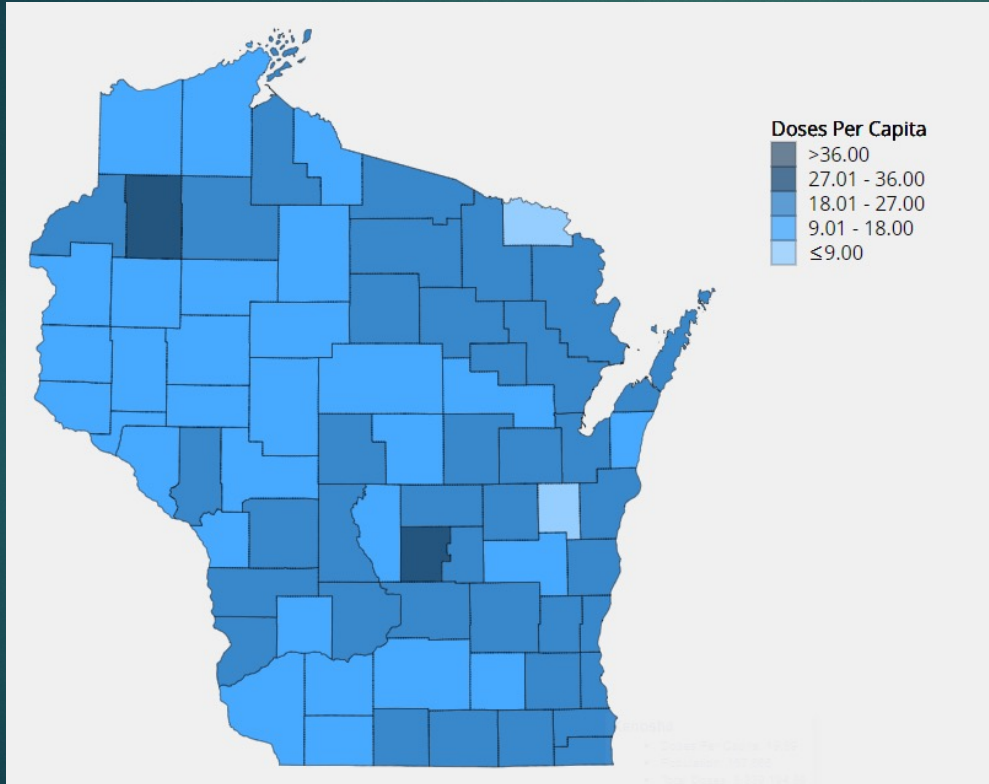
- Data recently released by the Wisconsin Prescription Drug Monitoring Program is very promising.
- When comparing the 2017 April-June time period to the same months in 2016, 2017 saw 17.5 million fewer opioid dosages dispensed. This represents a 12% decrease from the previous year.
- When comparing the 2017 June – December time period to the same months in 2016, there was a decrease of 433,639 total opioids prescriptions, or a 16% decrease.
- When comparing 2015 to 2017, 20% fewer opioids were dispensed. 1,039,646 fewer prescriptions.
- In September 2017 there were 317,849 prescriptions for opioids, and in September 2018 there was 272,738, so a decrease.

# Where We Were



- This map shows controlled substance prescription drug doses dispensed per capita in quarter 4 of 2014.
- The darker the shade, the higher the doses per capita.
- Home county of Marinette, represented one of the highest, at 32.3 doses per capita.
- This was just after the conception of the HOPE Agenda.

# Where We Are




- This map shows controlled substance prescription drug doses dispensed per capita in quarter 2 of 2018.
- As you can see, the shade of almost all of Wisconsin is a lighter blue.
- Marinette County, while still too high, sits at 22.47 doses per capita, over 10 doses per capita decrease.




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overdose. Any person who administers the drug is immune from civil or  
criminal liability provided their actions are consistent with Wisconsin's  
Good Samaritan law.

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- **2013 Wisconsin Act 194** Provides limited immunity from certain criminal prosecutions for a person who seeks assistance from police or medical professionals for another individual who has overdosed on controlled substances.
  - **2013 Wisconsin Act 198** Encourages communities to set up drug disposal programs and regulates these programs so unwanted prescription drugs do not fall into the wrong hands.
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  - **2013 Wisconsin Act 197** Expands Treatment Alternatives and Diversion (TAD) programs by increasing funding by \$1.5 million annually. Administered by the county, TAD has proven to be an effective and efficient means of combatting drug and alcohol abuse in our state.


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- **2013 Wisconsin Act 195** Creates regional pilot programs to address opiate addiction in underserved areas. The treatment programs will assess individuals to determine treatment needs, provide counseling, and medical or abstinence-based treatment. After individuals successfully complete the program, they will be transitioned into county-based or private post-treatment care.




- **2013 Wisconsin Act 196** Creates a system of immediate punishments for individuals who violate their parole or probation parolees based on so-called “swift and certain” laws in other states. The model is based on research that shows that it’s the swiftness and the certainty of the sanction, not the length of the confinement, which has the greatest impact on influencing an offender’s behavior.

# HOPE Agenda 2015


- **2015 Wisconsin Act 115** Expands Wisconsinites' access to opioid antagonists like Narcan by offering the drug for purchase from certain pharmacies without a prescription via standing order.
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- **2015 Wisconsin Act 266** Changes the requirement for those who dispense certain prescription drugs to submit information to the PDMP from 7 days to 24 hours. It will also require a practitioner to review a patient's record when initially prescribing a monitored prescription drug (for example, a Schedule II drug).
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- **2015 Wisconsin Act 268** States that when law enforcement encounters an inappropriate use or an infraction of the law concerning scheduled drugs, they upload that information into the PDMP and have the PDMP notify the physician. There are exceptions for on-going investigations.

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- **2015 Wisconsin Act 265** Gives the Department of Health Services (DHS) oversight over the operation of pain management clinics across the state. The department's oversight would not be regulatory, but would be a way of providing safeguards so "pill mills" don't pop up in our state.
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  - **2015 Wisconsin Act 262** Requires methadone clinics to gather data such as staffing ratios, number of patients receiving behavioral health services with the medication, and average mileage an individual is traveling to come to a clinic. This information will then be reported to DHS on an annual basis to give public health and treatment professionals a chance to analyze outcome data.
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  - **2015 Wisconsin Act 338** Allocates \$2 million each fiscal year to go toward Treatment and Diversion (TAD) programs. These programs are alternatives for individuals charged with certain crimes to prosecution and incarceration. The individuals enrolled in the program will have the chance to receive the help and support they need in order to become and remain contributing members of society.

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- **2015 Wisconsin Act 338** Allocates \$2 million each fiscal year to go toward Treatment and Diversion (TAD) programs. These programs are alternatives for individuals charged with certain crimes to prosecution and incarceration. The individuals enrolled in the program will have the chance to receive the help and support they need in order to become and remain contributing members of society.

- **2015 Wisconsin Act 264** Criminalizes the use, possession, manufacture, distribution, and advertisement of any substance or device that is intended to defraud, circumvent, interfere with, or provide a substitute for a bodily fluid in conjunction with a lawfully administered drug test. Given that many employers subject their employees to lawfully administered drug tests, this bill will help ensure that people are not defrauding or interfering with the test results.


- **2015 Wisconsin Act 263** State regulations regarding opioid treatment programs are much more stringent than federal regulations. In order to afford more people accessibility to the treatment they need, this bill streamlines Wisconsin's state regulations to align with federal regulations. With these changes, more Wisconsinites will be able to have access to opioid treatment.

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- **2015 Wisconsin Act 269** Allows a number of medical-affiliated boards under the Department of Safety and Professional Services (DSPS) to issue guidelines regarding best practices in prescribing controlled substances. These best practices will help reduce instances of overprescribing and, in turn, lessen prescription opioid misuse, abuse, and addiction.


- **2015 Wisconsin Act 267** Creates reporting requirements for the Prescription Drug Monitoring Program (PDMP). The data collected will be reviewed and evaluated by the Controlled Substances Board (CSB) to determine the effectiveness of the PDMP and to compare actual outcomes with projected outcomes.

# HOPE Agenda 2017 – Gov's Task Force

- **2017 Wisconsin Act 29** Schools are often the center of our communities, and this bill helps to ensure the safety of all who visit our local schools. Currently, school personnel are allowed to administer certain life-saving drugs to students in compliance with written instructions from a practitioner. This bill allows school personnel with the proper training to administer an opioid antagonist if a person on school grounds is experiencing an overdose. These lifesaving drugs include epinephrine (epi-pen) for treating an allergic reaction, and glucagon for students who suffer from diabetes. An amendment to this bill allows for residence hall directors at UW-System institutions, technical colleges, and private colleges to administer an opioid antagonist.
- **2017 Wisconsin Act 32** Treatment and Diversion (TAD) grants are awarded by the Department of Justice to counties that offer alternatives to prosecution and incarceration – like drug courts – for individuals charged with certain drug-related crimes. This bill allocates additional funding for TAD programs to expand TAD to new counties, and for a pre-booking diversion pilot program


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- **2017 Wisconsin Act 33** According to a study by The Network for Public Health Law, 88 percent of drug users surveyed indicated that they would be more likely to summon emergency personnel during an overdose if the state enacted a Good Samaritan law. As of January of this year, 37 states and the District of Columbia have enacted some form of a Good Samaritan or 911 drug immunity law. Current law offers limited immunity from prosecution for certain drug-related offenses to a person who summons emergency personnel in the event of another person's overdose. This bill expands upon current law to offer the same limited immunity to the person who is overdosing.
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  - **2017 Wisconsin Act 25** Majority of states don't allow codeine cough syrups to be purchased over the counter (OTC). In Wisconsin, however, these medications *are* available without a prescription. This bill requires a prescription to obtain certain Schedule V medications, like codeine cough syrups and will help ensure these potentially dangerous medications are less accessible to those looking to misuse/abuse them.

- **2017 Wisconsin Act 34** Alcoholism and drug addiction should be treated similarly in circumstances when an individual is a danger to his/herself or others. This bill allows for the same treatment of alcohol addiction as drug addiction: 3 petitioners, Court proceedings, and a 72 hour hold. This bill also fits in tandem with the Good Samaritan expansion – if a person suffers an overdose, he/she may be taken out of active use through emergency detention
- **2017 Wisconsin Act 30** This recovery school is an alternative to a student's residential school and will offer high school aged students who have struggled with addiction an opportunity at long-term recovery while continuing their high school education. The school will offer mental health and therapy supports to encourage students to continue on the path to recovery. This bill is based on proven national recovery school models, utilizes a braided funding structure, and is capped at 15 students during the pilot phase to ensure every student gets the support they need to succeed

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- **2017 Wisconsin Act 26** Currently graduate training and fellowships are not widely available in addiction medicine, yet due to rapid growing opioid epidemic, addiction medicine specialists are in high demand. This bill allocates funding for additional addiction medication fellowships in Wisconsin to better assist with the increasing case workload




- **2017 Wisconsin Act 27** Due to an increasing addiction epidemic, there is a high need for addiction treatment services. Previous law created 3 regional treatment facilities in rural and underserved areas including: NorthLakes Community Clinic (serving northwest WI), Northeast Wisconsin Opioid Treatment Services (Marinette area/Libertas), and HOPE Consortium (between northeast and northwest facilities). This bill allocates funding to establish more regional treatment facilities in underserved areas.

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- **2017 Wisconsin Act 28** This bill provides a Doctor-to-Doctor Consultation program modeled after the Child Psychiatry Consultation Program (CPCP) at the Medical College of Wisconsin. This program will act as a resource for doctors who aren't well versed in addiction medicine to be in consultation with other doctors who can suggest addiction treatment best practices.

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- **2017 Wisconsin Act 35** Often times, people who become addicted to opioids inevitably turn to drugs like heroin when prescription medications become too expensive or difficult to obtain. These positions will function in tandem with the DEA to focus solely on stopping drug trafficking into Wisconsin by allocating funding for 4 new DOJ positions to fight drug trafficking.

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- **2017 Wisconsin Act 31** Often times, students don't feel comfortable going to a teacher or school administrator with questions about drugs or alcohol. However, data shows that access to counselors has a positive impact on the lives of students who may be at risk for substance abuse disorders. This bill allocates funding for a program called Screening, Brief Intervention, and Referral to Treatment (SBIRT), where students will have access to trained counselors should they have any concerns about substance use, abuse, and addiction.




- **2017 Wisconsin Act 261** This bill contains provides additional funding for Law-Enforcement Drug Trafficking Grants, evidence-based programs, and an expansion of family drug courts. This bill also provides two additional full time drug prosecutors to assist northern Wisconsin District Attorneys, enables judges to utilize Victim Impact Panels as a sentence option, and provides grants to be used by county jails to provide a non narcotic, non-addictive, injectable medically assisted treatment to inmates who will be released into the community within five days of receiving the treatment and who volunteer

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- **2017 Wisconsin Act 262** This bill focuses its efforts on expansion of education and training. Specifically, the bill provides funding to DCF (Dept of Children and Families) to develop and maintain training materials, provides additional funds to expand Graduate Nurse education, specifies controlled substances are to be included in instructional requirements in schools and their effects on the human system, and expand substance abuse counseling to our most vulnerable citizens in the state.
  - The bill also focuses makes several changes to requirements currently in place for prescribers. Specifically, the bill requires each regulatory board overseeing professions that can prescribe controlled substances to submit a report to the Governor's Task Force on Opioid Abuse and standing Health Committees detailing the proactive efforts it has taken to address the opioid abuse, as well as require DHS to review its prior authorization policy on buprenorphine-containing products, one of three medications approved by the FDA to treat people with opioid use disorder (OUD), provided to MA recipients and submit a request DHS with their findings.

# HOPE Agenda - 2019

- Major health insurance companies agreed to remove prior authorization requirements for most substance use disorder treatments. Prior authorization is the requirement that a doctor obtains approval from a health insurance plan before prescribing a treatment plan or prescription. This change will expand substance abuse treatment to over a million covered lives. Under the agreement, major health insurers will cover at least one buprenorphine-naloxone product; methadone; injectable and oral forms of naltrexone, which blocks the effects of opioids; and at least one form of naloxone without pre-approval from the insurance company. Although benefits designs vary, insurers also will provide MAT coverage at the lowest patient cost tier on many of the plan's drug lists. This will allow individuals suffering from substance abuse disorder to get MAT quicker and more affordably.



**2019 Wisconsin Act 119** This bill allows county jails to administer naloxone to individuals who are overdosing. The bill also requires DHS, after consulting with the DOC, to study the availability of medication-assisted treatment for opioid use disorder in each prison and county jail and must then use the results of the study to propose to implement, or identify county officials to implement, a pilot project to make available all approved medications for medication-assisted treatment for opioid use disorder in at least one prison or county jail. DHS must report its study findings, its proposal, and any requests for proposed statutory changes or funding necessary to implement the pilot project to the Joint Committee on Finance.

**2019 Wisconsin Act 120** This bill requires DHS to establish and maintain a registry of approved recovery residences. DHS must approve a recovery residence for registration if the recovery residence is either certified by a nationally. DHS may not include a recovery residence in the registry if the recovery residence excludes any resident solely on the basis that the resident participates in medication-assisted treatment.

## 2019 Wisconsin Act 120 *Continued*

The bill also provides that a state employee is not subject to discipline without prior progressive discipline if the person is under the influence of a controlled substance or a controlled substance analog while on duty if the employee is using the controlled substance or controlled substance analog as dispensed, prescribed, or recommended as part of medication-assisted treatment. The bill also provides that a state

2019 Wisconsin Act 121 The bill extends the requirements of the Prescription Drug Monitoring Program to October 30, 2025.

- 2019 Wisconsin Act 122 This bill requires the DHS to provide as a benefit and reimburse peer recovery coach services under the Medical Assistance program and to establish and maintain a program to coordinate and continue care following a substance use overdose.

2019 HOPE Bill that passed the Assembly but was not acted on in the Senate due to COVID.

- Permanent extension of the 911 Good Samaritan law.

# Dose of Reality

- The Wisconsin Department of Justice (DOJ) created a campaign called “Dose of Reality” aimed at curtailing prescription drug abuse and addiction.
- This campaign is a statewide effort that offers information, resources, and program materials for those who are interested.
- For more information of the campaign, visit [www.DoseofRealityWI.gov](http://www.DoseofRealityWI.gov).



# Where are we today?

## Where do we go?

- Pandemic's negative affect on treatment and Mental Health stress led to an ugly but predictable spike in overdoses and death.
- Pharma Settlement how to spend it?
  - DHS has over 60 Opioid programs we need to identify best practices and review data to determine best use of funds
  - Don't reinvent the wheel in every county.
- The building blocks
  - Law enforcement
  - Treatment & Recovery
  - Appropriate treatment for pain
  - Awareness and Prevention

# Additional Information

- hope.wi.gov – Task Force Website
- [legis.wisconsin.gov/assembly/hope](https://legis.wisconsin.gov/assembly/hope) - Hope Agenda Website
- John@wihealthplans.org