



Priority: Opioids

Drug overdoses, especially of opioids, are a big problem in Wisconsin. Over the last 10 years, deaths from people overdosing on opioids have more than doubled, with nearly every county in Wisconsin experiencing at least one opioid overdose death in the past year. In 2016, more than 27,000 hospital visits were related to opioids and over 4,200 were for opioid overdoses.

Background and Data

Opioids prescribed for pain relief have been a major cause of drug overdoses. In 2016, prescription medicine was the reason for seven out of 10 opioid-related deaths in Wisconsin. The number of people in Wisconsin aged 12 and older who have used prescription opioids non-medically or illegally is estimated at 196,000, with 33,000 qualifying for the diagnosis of pain reliever use disorder on an annual basis.¹

Heroin is also a serious problem. Three out of four people who use heroin started with prescription opioids, and individuals often use both heroin and prescription drugs. In Wisconsin, the number of heroin deaths increased more than tenfold in the past decade, with 371 occurring in 2016.

Overdoses related to synthetic opioids, mainly fentanyl, have also recently increased. Fentanyl is a prescription opioid, but is also produced illicitly. Because it is 10 times more potent than heroin it is sometimes mixed with other illicit drugs to increase its effect. However, this greatly increases the chances of overdose. In 2016 alone, there were 275 deaths involving synthetic opioids, double the previous year's total, and three times the number in 2014.

Mental health issues are associated with substance use disorder. At least six out of 10 of those with a substance use disorder also have a mental illness, and one in five people with a mental health condition also have a substance use disorder. People with a substance use disorder are six times more likely than the general population to attempt suicide.

ACEs and Opioids

Studies have shown toxic stress during childhood, such as ongoing childhood abuse or neglect, impacts the pleasure and reward center of the brain that is involved with substance dependence. Recent Wisconsin data have shown a connection between prescription opioid use and the number of adverse childhood experiences (ACEs) a person has had. According to 2017 BRFSS data, 13% of people with zero ACEs used a prescribed opioid in the past year, while over twice that proportion (30%) of people with four or more ACEs used a prescribed opioid.² With more data being collected and attention being paid to opioid use and misuse in Wisconsin, the connection between ACEs and opioids will continue to be studied to better inform policy decisions, prevention, and intervention efforts.

Current Activities

Progress has been made in reducing the availability of prescription opioids through improved prescribing practices and implementation of the Wisconsin Prescription Drug Monitoring Program. As a result, from 2014 to 2017 the number of opioid prescriptions filled in Wisconsin has been reduced by 20%.³ The Opioids Priority Action Team (PAT), when revising the priority's objectives and strategies, recognized the need for a three-pronged approach to tackling opioid misuse and abuse: 1) preventing initiation, 2) increasing treatment, and 3) reducing death and harm. The Opioids PAT consists of the existing State Council on Alcohol and Other Drug Abuse (SCAODA) Opioids Advisory Workgroup, and leverages the existing workgroup structure to review and advise regarding Wisconsin's opioid epidemic.

Managing the health crisis related to opioids calls for a multi-faceted approach. Overdose deaths can be prevented by limiting the supply of illicit substances and making naloxone, the overdose reversal drug, widely available. Those who have a substance use disorder require treatment. Prevention efforts can help through education, providing alternative pain treatment methods, and reducing the social conditions that foster reliance on counterproductive coping through substance misuse.



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Goal: Prevent harmful opioid use and reduce opioid-related consequences

Objective 1

Prevent initiation of opioid misuse:

- › Reduce the percentage of adolescents who have used an opioid prescription drug for non-medical purposes from 14.9% in 2013 to less than 13% by 2020 (YRBS)⁴

2017: 11%

Strategies

Strategy 1: Support communities to foster healthy youth by adopting evidence-informed policies and practices that build protective factors and reduce risk factors for opioid misuse.

Strategy 2: Support community coalitions as the vehicle through which communities can successfully prevent and reduce harmful opioid use and related consequences.

Strategy 3: Increase community awareness and substance abuse prevention messaging in order to reduce opioid misuse and the stigma of addiction.

Strategy 4: Increase community awareness about the correlation between trauma or adverse childhood experience and opioid use disorder in order to prevent and reduce opioid use and the stigma of opioid use disorder.

Strategy 5: Ensure proper disposal of prescription drugs.

Strategy 6: Improve pain management practice in Wisconsin in accordance with best practices, including adoption of the Wisconsin State Medical Examining Board's Opioid Prescribing Guidelines, while ensuring that chronic pain sufferers have safe and consistent access to care.

Objective 2

Reduce death and harm due to nonmedical or illicit opioid use:

- › Reduce the number of opioid-related overdose deaths from 622 in 2014 to 590 in 2020 (WISH)⁵

2015: 614 2016: 827

- › Reduce the number of opioid-related hospitalizations from 12,134 in 2014 to 11,530 in 2020 (WISH)⁵

2015: 13,355 2016: 15,226

- › Reduce the number of opioid-related overdose emergency department visits from 8,041 in 2014 to 7,640 in 2020 (WISH)⁵

2015: 9,763 2016: 11,875

Strategies

Strategy 1: Broadly promote naloxone distribution, training, and administration to prevent overdoses and overdose-related deaths.

Strategy 2: Establish and promote evidence-informed opioid use screening, early intervention, and referral for treatment across health care, school, and social service organizations in order to connect people, including pregnant women, to the appropriate level of care.

Strategy 3: Ensure harm reduction programs are widely available and accessible to individuals who are at risk of an overdose.

Strategy 4: Promote pre-arrest diversion programs to increase access to services and reduce initiation into the criminal justice system.

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Objective 3

Increase access to a full continuum of family-centered treatment services throughout Wisconsin, including in rural areas and within underserved populations

- › Increase the number of Wisconsin counties with active DATA-waive prescribers from 43 in 2018 to 50 in 2020 (SAMHSA, PDMP Data)^{1,3} **(New)**
- › Increase the number of Medicaid members receiving medication-assisted treatment from 14,583 in 2017 to 17,500 by 2020 (Medicaid Claims and Encounters) **(New)**
- › Increase the number of county-authorized participants receiving medication-assisted treatment from 356 in 2017 to 450 in 2020 (Program Participation System) **(New)**

Strategies

Strategy 1: Increase access to all forms of FDA-approved medication-assisted treatment and evidence-based alternative treatment modalities through prescriber medication and treatment expansion.

Strategy 2: Increase substance use treatment services for people with opioid use disorder, including those in the criminal justice system. Services would include but not be limited to medication-assisted treatment, connection with recovery support services, and services within jails, prisons, and treatment courts.

Strategy 3: Reduce barriers to accessing treatment services by ensuring programs provide ancillary services, such as child care and transportation, or by making referrals to other community agencies.

References

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¹ Substance Abuse and Mental Health Services Administration (SAMHSA). "2016 National Survey on Drug Use and Health." www.samhsa.gov/samhsa-data-outcomes-quality/major-data-collections/reports-detailed-tables-2016-NSDUH.

² Wisconsin Department of Health Services, Division of Public Health. "Wisconsin Behavioral Risk Factor Survey." www.dhs.wisconsin.gov/stats/brfs.htm.

³ Wisconsin Department of Safety and Professional Services. "Wisconsin Prescription Drug Monitoring Program" pdmp.wi.gov/statistics.

⁴ Wisconsin Department of Public Instruction, Student Services, Prevention and Wellness. "Wisconsin Youth Risk Behavior Survey." dpi.wi.gov/sspw/yrbs.

⁵ Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics. "WISH (Wisconsin Interactive Statistics on Health) Query System." www.dhs.wisconsin.gov/wish/index.htm.

