

Wisconsin's Opioid Epidemic

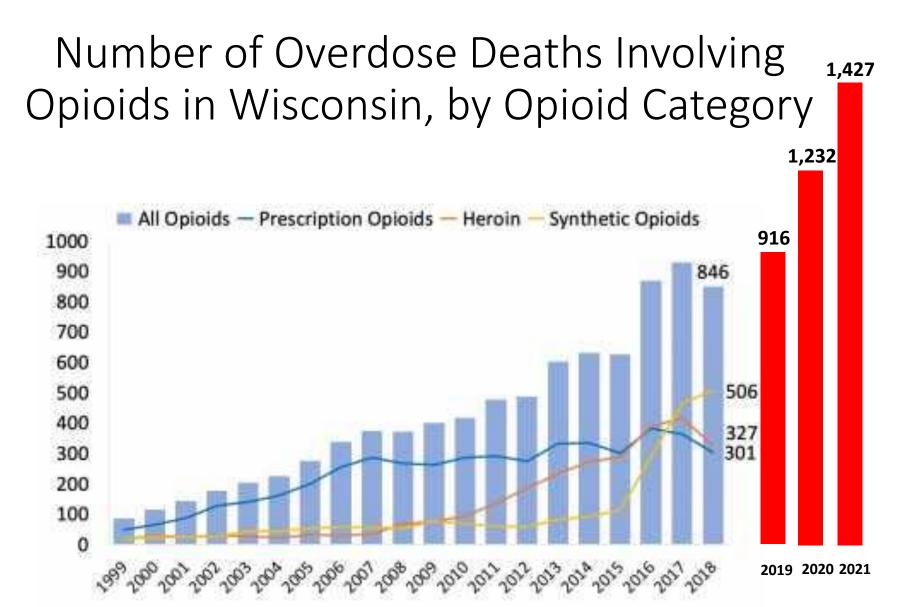
The Need for Education and NARCAN in Public and Private Schools (Updated 12/2023)



The Opioid Crisis in Wisconsin

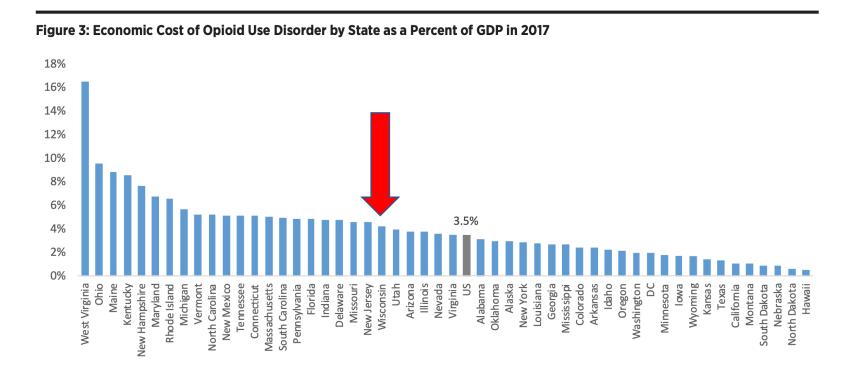
- 2000-2021: Over 11,400 Opioid Overdose Deaths in Wisconsin
- 1 of 6 Residents 18+ Use Prescription Opioids
- 4 out of 5 Heroin Addicts Start on Prescription Opioids
- 2020 Opioid-Related Deaths: 21.1 per 100,000 Residents
- 2020: Over 3.1 Million Opioid Prescriptions
 - 39% Prescribed by Surgeons
 - 9 % Prescribed by Dentists
- Prescriptions Down, But Opioid Deaths Still Rising
- 2020 Overdose Trends Very Concerning (Up 35-40%; Up Another 16% in 2021)







Costs of Opioid Use Disorder



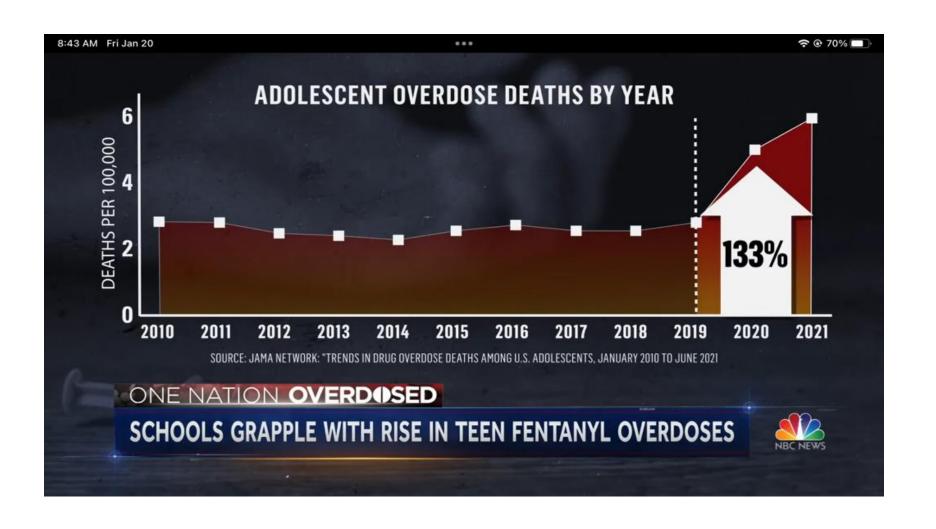
Wisconsin On the Wrong Side of Costs Compared to Other States

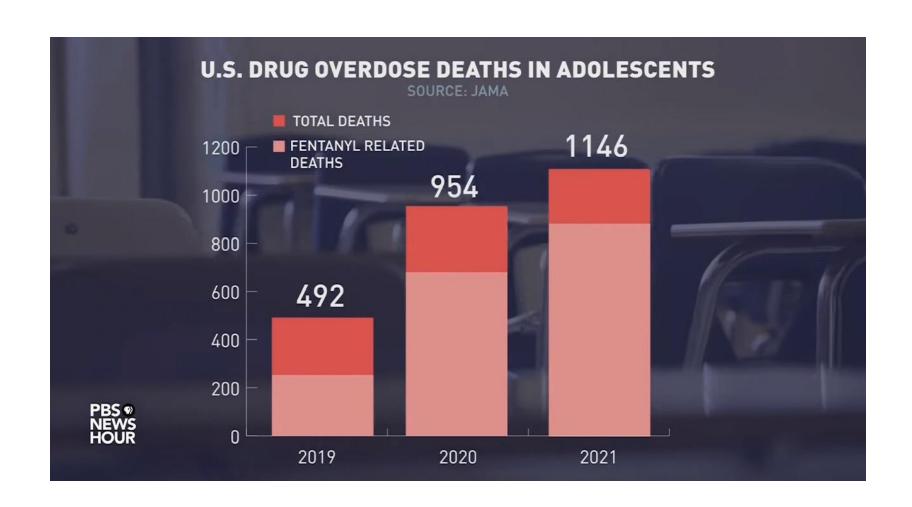


Economic Impact on Wisconsin

Extrapolating the National Numbers

- Total Costs of Combating the Crisis 2021: \$1.5 Trillion
- Rehabilitation, Harm Reduction, EMS, Law Enforcement, Emergency Room, Insurance, Medicaid, Prevention, Education Costs etc.
- In Addition, Estimated Amount Lost from the Wisconsin Economy (2021): \$298 Billion







Prevention is Key: Substance Use Disorders are Pediatric Onset Diseases

- 9 out of 10 adults (90%) with substance use disorders initiated their use before age 18
- The earlier substance use begins, the more likely it will progress to substance use disorder
- Children who first smoke marijuana under the age of 14 are more than five times as likely to have a substance use disorder as an adult
- NIDA's Science Policy Branch Chief says: "Research has shown that brain development continues into a person's 20s, and that the age of drug initiation is a very important risk factor for developing addiction. This underscores the importance of drug use prevention and screening for substance use or misuse among adolescents and young adults."



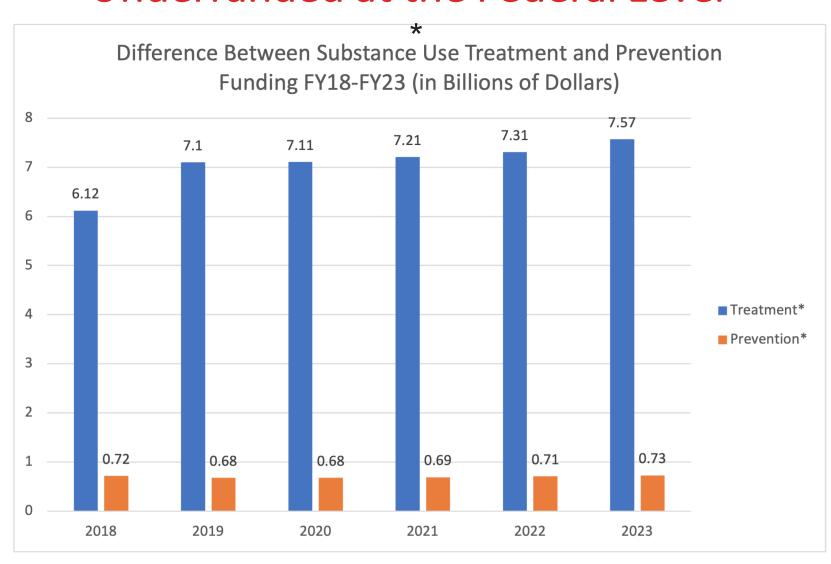
Youth Substance Use Prevention

Prevention is Cost Effective

- Primary prevention to stop substance use before it starts is cost-effective, with research showing that for each dollar invested in prevention, up to \$20 in treatment and other health costs can be saved.
- Greater investment in prevention programs would reduce costs related to substance use by \$33.5 billion and would preserve quality of life over a lifetime valued at \$65 billion.



Prevention is Totally Underutilized and Underfunded at the Federal Level





Harm Reduction Why Is Fentanyl Such A Problem?

- Source: China Mexico USA
- Why? Mexican Cartel Profits:
 - Kilo of Heroin \$80,000
 - Kilo of Fentanyl \$1,400,000
- Strategy:
 - Put Fentanyl in Marijuana, Cocaine, Meth, Ecstasy, Counterfeit Prescription Drugs (i.e., Xanax)
 - Get Users Hooked On Fentanyl-Laced Drugs
 - Leads To Full Opioid Addiction (Heroin)

In 2021, 85% of All Wisconsin Opioid-Related Deaths
Involved Fentanyl



A Deteriorating Position in Wisconsin

Need For Stronger Legislation and Executive Action

- Common Sense Reforms Aimed at Harm Reduction (FTS)
- Renewed Focus on Education
- Make Treatment More Widely Available and Affordable (LRB-4582)
- Prescription Protocols to More Tightly Control Opioid Introduction (SB 407)



Harm Reduction

NARCAN Required In All Public/Private Schools (Middle and High Schools)

- Opioid Overdoses Are Occurring in US High Schools
- An Overdose Victim Only Has 8 Minutes To Live
- Cause is Typically Non-Opioid Fentanyl-Laced Drugs: Marijuana, Meth, Counterfeit Prescription Pills (i.e. Xanax), Adderall
- Lawsuits are Being Brought Against Higher Ed. Schools That Are Not Adequately Prepared to Address Opioid Overdoses
- To Provide NARCAN and Virtual Training to all 960 WI MS/HS Schools Would Involve a One-Time Cost of Roughly \$250K.

Senate Bill 206 that required Narcan in Public/Private schools was dismantled by the Senate Education committee and never made it to a floor vote where it would have passed by a bi-partisan vote.

We will give it another try in 2024!!!



State of Misconsin 2023 - 2024 LEGISLATURE

LRB-0371/P2 EAW:amn&cis

relating to: maintaining a supply of usable opioid antagonist at a school.
Analysis by the Legislative Reference Bureau
Under current law, school boards and governing bodies of private schools ar required to supply a standard first aid kit for use in an emergency. Also unde current law, certain school personnel, including employees and volunteers of publi and private schools, are permitted to administer an opioid antagonist on a perso who appears to be undergoing an opioid-related drug overdose.
This bill adds that school boards and governing bodies of private schools ar required to ensure that each school maintain a usable supply of an opioid antagonis on site, in a place that is accessible at all times.
For further information see the local fiscal estimate, which will be printed a an appendix to this bill.
The people of the state of Wisconsin, represented in senate and assembly, denact as follows:
•
enact as follows: SECTION 1. 118.07 (1) of the statutes is renumbered 118.07 (1) (a).
enact as follows: SECTION 1. 118.07 (1) of the statutes is renumbered 118.07 (1) (a). SECTION 2. 118.07 (1) (b) of the statutes is created to read:

private school, has on site an adequate usable supply of an opioid antagonist, as

2 defined in s. 450.01 (13v). A supply of an opioid antagonist provided under this

3 paragraph shall be in a location that is easily accessible at all times.

(END)



Prevention/Education Enforce Existing Legislation

- Assembly *Bill 907* (WI Act 262-2017) Requires School Boards to Incorporate Prescription Drug Abuse Awareness Into Health Instruction Programs
- In Waukesha County less then 50% of 37 Middle Schools Have Programs (Over 960 MS/High Schools in WI)
- Law Not Enforced Nor Monitored By State Agencies
- Good news...93 AODA Drug Education Grants Were Awarded to Schools From DPI in 2023
- See https://dpi.wi.gov/sspw/aoda for more information.



Prevention/Education Proposed Legislation/Executive Action

- Have DPI, DHS or Another Agency Enforce/Monitor Existing Law:
 Comply or Penalty
 - Legislation That Eliminates All/Portion of State Education Funding to Districts That Fail to Comply
- State Should Provide Guidance on "Best in Class" Programs
 - ARC's "Resist The Influence" (RTI) Program
 - Addresses Tobacco, Alcohol, Vaping, Prescription Drugs and Heroin
 - Taught as Part of Mandatory Health Class At No Charge (Grant Based)
 - Target Middle Schools, Before Habits Form
- **Proposed LRB- 4581** Eliminates School System's Requirement to Fund 20% of Program Cost if They Receive a DPI Grant (A Start)





Existing HOPE Legislation

A Promising Bi-Partisan Start

- Established PDMP (Prescription Drug Monitoring Program, relaunched in January 2017 as the "enhanced" or ePDMP)
- Funded Three Opioid Treatment Centers, Authorized in 2013 Wisconsin Act 195
- Required School Boards to Incorporate Prescription Drug Abuse Awareness into Health Instruction Programs
- Expanded "Good Samaritan" Law to Cover Administering Narcan to Person Experiencing an Overdose
- While Helpful, Hope Legislation Has Not Achieved The Desired Result of Lessening Hospitalizations and Deaths

Why Is Wisconsin Getting Worse, While Much of the Rest of the Country Is Improving?

We Need Additional Legislation That Addresses Prevention, Education, and Harm Reduction!!





"Prevention"

Wisconsin Needs a 3-5 Day Opioid Prescription Protocol for Acute Pain

- Opioid Crisis Still On the Rise Here
- CDC and SAMHSA Information Support Need for Protocol
- 38 Other States Have Protocols Already
 - 17 Divided Government
 - 16 Republican Trifecta
 - 5 Democratic Trifecta
- States That Have Implemented In Many Cases Show Dramatic Improvement in Overdose Deaths
 - Ohio (-24.5%); 7-Day Adult/ 5 Day Minor Protocol
 - Kentucky (-16.1%); 3-Day Protocol
 - Alaska (-30.4%); 7-Day Protocol





"Prevention" Proposed Legislation/Executive Action

Opioid Prescription Protocol for Acute Pain

"Acute pain" means pain, whether resulting from disease, accidental or intentional trauma, or other cause, that the practitioner reasonably expects to last only a short period of time. Does not include chronic or palliative care.

- Follow Wisconsin Medical Examining Board Guidelines
- Three Day Maximum
- Lowest Effective Dosage Measured by MME
- Maximum Period Short of Addiction Risk
- 38+ States Already Have Binding Prescription Protocols: Florida, New Jersey and Kentucky Have Strictest Regulations
- Minnesota Does Not Allow Dentist To Prescribe Opioids





"Prevention" Proposed Legislation/Executive Action

- Pass Legislation Eliminating 3-Day Doctor Exemption From PDMP Lookup (Only State w/ Exemption)
 - CDC, SAMSHA Say Many Addictions Begin After As Little
 As Three Days of Opioid Use
 - Proposed 2021 SB 407/AB 430 Addresses This Issue (Status: Never Went to Hearings)
 - Need to Intervene!





"Education" Proposed Legislation/Executive Action

- Have DPI, DHS or Another Agency Enforce/Monitor Existing Law:
 Comply or Penalty
 - Legislation That Eliminates All/Portion of State Education Funding to Districts That Fail to Comply
- State Should Provide Guidance on "Best in Class" Programs
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*"Prevention"*Opioid Prescription Lockup

- Ease of Access is the #1 Reason Youth Misuse Prescription
 Drugs
- 75% of Opioid Misuse Starts with Using Medication That Wasn't Prescribed for Them - Usually Taken from a Friend or Family Member
- A National Study Indicated That Only 29% of Parents with Children 18 and Younger Report Storing Medications Safely in the Home-in a Latched or Locked Location
- Federal Law Requires Pharmacies to Lock Up Controlled Substances
- 4 out of 5 Heroin Addicts Start on Prescription Drugs





• Model Legislation After "WI Social Host" Law. If They Stole Alcohol From an Unlocked Residential Location:

- Minor is Issued An Underage Drinking Citation
- 1st Offense \$500, Second \$1,000 and 90 Days in Jail
- If Arrested For Possession of Prescription Opioids Stolen From a "Unlocked" Resident Environment
 - Penalties Based on Severity, i.e. Overdose
- Have DHS Promote "Lock Bags/Boxes" with Pharmacies
- Potentially Fund a Statewide "Lock Bag" Program

The Continuum of Substance Abuse and Needed Care

Experimental Use Regular Use Abuse Dependent Use (Addiction) Rehabilitation

Prevention

- AODA Education
- ARC- RTI Program
- LRB-4581 (Start)
- Prescription Protocols
- Repeal 3-Day PDMPExemption Bill SB 407& AB 430
- 3,5,7 Day Acute Pain Prescription Protocol
- 2.9M Opioid Scripts
- 1 in 6 Residents
- 38 States w/ Protocols
- Lock-Up Opioids
- Model Social Host Law
- Lock Bags @ Pharmacy

Intervention/ Harm Reduction

- Narcan in Schools- SB206 Derailed by Republican Caucus
- School Intervention Counseling/Mentoring

Legislation: SB 600 to
Decriminalize Fentanyl
Test Strips Passed in
2022

Treatment

- Promote ER MAT
- Remove Obstacles
- Inpatient
- Incl. Room/Board
- State Med. Asst.
- LRB-4582
- -Full Rehabilitation
- 28 Days ??
- -Outpatient MAT
- Vivitrol Paid For

Aftercare

- -Monitoring
- -Periodic Outpatient
- -Recovery Groups



Current Bills in the Wisconsin Legislature Dealing With Opioids

LRB-4581

Provides Additional State Financial Assistance to Wisconsin School Districts Looking to Establish an Effective Substance Abuse Educational Program

SB 407 & AB 430

Repeals the 3-Day ePDMP Exemption Bill, Thus Requiring Physicians and Dentists to Check the Enhanced Prescription Drug Monitoring Program for all Opioid Prescriptions

AB619 & SB600

Legalizes the Use and Distribution of Fentanyl Test Strips

LRB-4582

Provides Improved Patient Treatment Options for Substance Abusers on BadgerCare

Naloxone/NARCAN for Wisconsin Schools

Senate Bill 206 Never Made It to the Floor for a Vote