



2016

Combating Opioid Abuse



A Report to
Governor Scott Walker

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We wish to note, however, that this report represents only the views of the Co-Chairs and does not purport to represent the views of every task force member.

Holding task force meetings all across the state was made much easier thanks to the hard work and hospitality of each host location: Aurora BayCare Hospital in Green Bay, Ascension St. Clare's Hospital in Westin, and the University of Wisconsin-La Crosse. We also appreciate the staff of the Wisconsin Legislature who facilitated our public hearing at the Capitol in Madison. We benefited from the advice of many witnesses, citizens, and stakeholders who spoke to our offices and who presented to the task force. We also appreciate the hard work of the agency steering committees.

Finally, this task force and report owe much to the staff in various agencies that brought the ideas and events together, including Casey Himebauch from the Governor's Office; Daniel Suhr, Alec Zimmerman, and Robert Schlaeger from the Lt. Governor's Office; Zach Bemis and Caroline Krause from Representative Nygren's Office; and Jennifer Malcore, Julie Lund, Taylor Stanek, and Jon Hoelter from the Department of Health Services.



From the Co-Chairs

All of us who drive Wisconsin freeways have seen the message boards warning us about the number of people who have died on the state's roadways so far this year. Though the statistic is always gut-wrenching, it may surprise you to learn that more people died last year from accidental drug overdoses than motor vehicle accidents.

Then again, it may not surprise you, because many people know firsthand that drug abuse is an epidemic sweeping our communities. We're not talking about marijuana, cocaine, or the drugs that inspired the "Just Say No" campaign of the 80's and 90's. Now it's heroin, meth, and prescription drugs. In fact, heroin and opioids account for three-quarters of drug overdose deaths. Cocaine is hardly a quarter.

As the drugs on the street have changed, our policy and policing frameworks must catch up to these shifting trends. As drugs destroy lives and families across Wisconsin, law enforcement, medical professionals, and community resources are cooperating to fight this deadly scourge.

Recognizing these challenges, Governor Walker convened a Task Force on Opioids Abuse and asked us to chair it. In collaboration with health care providers, law enforcement, public health officials, the tribes, and our state agencies, we listened to experts, looked at best practices from across the country and across Wisconsin, and heard from the people and families impacted by this crisis.

We don't expect to solve this problem overnight. But we are committed to continued progress, which is the purpose of this report. In the pages that follow we outline a number of legislative and executive initiatives that would improve our state's capacity and coverage. We also highlight several best practices for consideration by counties, employers, and private companies.

At the same time, we recognize there is only so much government can do. After all, drug abuse happens in the lives of people who are hurting, struggling, or making bad choices. Only people can care for other people; only family, friends, neighbors, coaches, teachers, doctors, and mentors can offer hope, healing, and the strength to make better choices and the accountability to follow through. So as we present our recommendations, we ask you to join us in this effort by looking after the people in your own life, to bring an end to drug abuse by starting an increase in hope.

Forward,



Lt. Governor Rebecca Kleefisch



Representative John Nygren



The Crisis We Face

Facts & Figures on Opioids in Wisconsin

“The number of Wisconsin citizens who die as a result of drug overdose now exceeds the number of those who die from motor vehicle crashes, as well as suicide, breast cancer, colon cancer, firearms, influenza, or HIV. Opioid-related overdose deaths more than tripled in Wisconsin from 194 deaths in 2003 to 622 deaths in 2014. They are now a leading cause of injury deaths in Wisconsin. Prescription opioid pain relievers such as oxycodone, hydrocodone, and methadone contributed to about one-half of the total drug overdose deaths, and heroin contributes to about one-third.

“Opioid abuse and drug overdoses have a devastating impact on individuals, families, and communities in our state. Wisconsin must acknowledge this impact and work together to address this public health epidemic.”

Wisconsin Department of Health Services, Sept. 27, 2016, issuing a Public Health Advisory

Heroin abuse is tightly tied to prescription drug abuse. The majority of heroin users’ addictions began with an addiction to legal prescription opioids. People are 40 times more likely to be addicted to heroin if they are addicted to prescription painkillers. Abuse of prescription painkillers is incredibly common — one in 20 Americans age 12 and older reported using painkillers for non-medical reasons in the past year.

Opioid-related overdose deaths more than tripled in Wisconsin from 194 deaths in 2003 to 622 deaths in 2014.

Although robust research in this area is limited, the causes of this surge may include:

- Rising use and misuse of opioid pain relievers
- Falling price and improved distribution of heroin
- Shifts in the demographics of heroin users
- Rising availability of pure heroin which reduced the need for injection

We have also seen a 200% increase in drugged driving deaths over the past decade. In 2015, 149 people died on Wisconsin roadways due to drugged-driving car crashes.

Fast Facts

-  In 2013, more Wisconsin residents died from drug overdose than motor vehicle accidents, suicide, or firearms.
-  Wisconsin State Crime Lab cases involving heroin increased by 419% from 2008 to 2014.
-  Of drug overdose deaths in Wisconsin in 2014, 82% were unintentional and 14% were attributed to suicide.
-  Poisoning is the second leading cause of injury deaths in Wisconsin, with 97% of poisoning cases a result of drug use.
-  85% of all drug overdoses are witnessed. In April 2014, the Wisconsin Good Samaritan Law was amended to encourage individuals to summon aid in the event of an overdose.

Heroin & Opioid Prevention and Education – Our work thus far

The Wisconsin State Legislature, thanks to the leadership of Representative Nygren, has passed a number of bills signed into law by Governor Walker that confront this crisis. Together this legislation is called the HOPE Agenda, a fitting name for our goals.

2013 Wisconsin Act 199 (2013-14 Assembly Bill 445): Requires individuals to show proper identification when picking up schedule II or III narcotic/opioid prescription medication in order to address prescription fraud and diversion.

2013 Wisconsin Act 200 (2013-14 Assembly Bill 446): Provides all levels of EMTs, first responders, police and fire the ability to be trained to administer Naloxone Narcan, a drug used to counter the effects of opioid overdose, such as a heroin 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.

2013 Wisconsin Act 194 (2013-14 Assembly Bill 447): Provides 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.

2013 Wisconsin Act 198 (2013-14 Assembly Bill 448): Encourages communities to set up drug disposal programs and regulates these programs so unwanted prescription drugs do not fall into the wrong hands.

2013 Wisconsin Act 197 (2013-14 Assembly Bill 668): Expands Treatment Alternatives and Diversion (TAD) programs by increasing funding by \$1.5 million annually. Administered by the counties, TAD has proven to be an effective and efficient means of combatting drug and alcohol abuse in our state.

2013 Wisconsin Act 195 (2013-14 Assembly Bill 701): Creates regional pilot programs to address opioid 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 (2013-14 Assembly Bill 702): Creates a system of immediate punishments for individuals who violate their parole or probation 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.

“I think Wisconsin has as much to teach the rest of us as we at Hazelden Betty Ford have to teach Wisconsin. I’ve been around Hazelden for about 20 years as an employee, and I would say, probably, Wisconsin is in the top three states. There is a lot of awareness around the issues of alcohol and drug use and there is a lot of good effort being directed at addressing the problem and promoting the solution.”

William C. Moyers, vice president of public affairs for Hazelden Betty Ford Foundation in St. Paul, Minnesota, October 28, 2016, in the Wisconsin Rapids Tribune

2015 Wisconsin Act 115 (2015-16 Assembly Bill 427): Expands Wisconsinites’ access to opioid antagonists like Narcan by offering the drug for purchase from certain pharmacies without a prescription via standing order.

2015 Wisconsin Act 266 (2015-16 Assembly Bill 364): 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).

2015 Wisconsin Act 268 (2015-16 Assembly Bill 365): 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.

2015 Wisconsin Act 265 (2015-16 Assembly Bill 366): 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 provides safeguards so “pill mills” don’t pop up in our state.

2015 Wisconsin Act 262 (2015-16 Assembly Bill 367): Requires methadone clinics to gather data such as staffing ratios, the 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 the opportunity to analyze outcome data.

2015 Wisconsin Act 338 (2015-16 Assembly Bill 657): Allocates \$2 million each fiscal year to go toward Treatment and Diversion 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 (2015-16 Assembly Bill 658): 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 (2015-16 Assembly Bill 659): 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.



"We've recently seen opioid use and abuse escalate throughout Wisconsin. The bottom line is this has become an epidemic and every year we see more people dying from opioid overdose. We've taken serious steps in the past to combat opioid abuse in Wisconsin, including signing Heroin Opiate Prevention and Education, or H.O.P.E., legislation into law... These efforts are saving lives and helping people get the support they need to recover."

Governor Scott Walker, Sept. 22, 2016

2015 Wisconsin Act 269 (2015-16 Assembly Bill 660): Allows a number of medical-affiliated boards under the Department of Safety and Professional Services (DPS) 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 (2015-16 Assembly Bill 766): Creates reporting requirements for the Prescription Drug Monitoring Program. The data collected will be reviewed and evaluated by the Controlled Substances Board to determine the effectiveness of the PDMP and to compare actual outcomes with projected outcomes.

Additionally, through the 2015-17 state budget, \$5.38 million in new funding was allocated toward residential substance abuse services under the Wisconsin Medicaid program.

Recommendations Moving Forward

Our Recommendations: Legislation and Statutes

Currently, school personnel are permitted to administer certain life-saving drugs to students in line with written physician instructions, such as a student's epinephrine (epi-pen). We recommend legislation permitting school personnel such as school nurses to administer an opioid antagonist such as Naloxone to a student on school premises if a student overdoses while at school.

Cough syrup can sometimes contain the powerful opioid codeine. We recommend that schedule V controlled substances that contain codeine may only be dispensed with a prescription.

Many young people struggle with opioid addictions. Recovery schools can offer high schoolers the opportunity to receive in-patient addiction treatment with ongoing high school education. We recommend permitting UW's Office of Educational Opportunity to charter a recovery school so that students who need in-patient care can receive it without missing a semester or year of school.

2013 Wisconsin Act 194 created Wisconsin's Good Samaritan statute, which provides limited immunity from certain criminal prosecutions for a person who calls 9-1-1 to report another person's overdose. The reality remains that too many overdoses go without an appropriate emergency response from fear that the person experiencing the overdose will be arrested. We recommend extending



limited immunity to the person who overdosed. In order to help facilitate an expanded Good Samaritan law, we also recommend amending the state statutes to permit relatives to commit a drug-addicted family member in the same fashion we currently allow for alcoholism. This change will empower family members to help bridge the gap from addiction to recovery with an intervention and support system for a struggling loved one.

We recommend amending the rural hospital graduate medical training program funding statute to clarify that grant funds may support addiction fellowships within one of the specialty fields for which doctors may train.

Our Recommendations: Funding and Programs

We need more doctors who are fully focused on addiction medicine. The University of Wisconsin School of Medicine has a program to train physicians focused on prevention, treatment, and management of addiction. We recommend spending \$150,000 to fund two additional fellowships to train addiction physicians.

The victims of this epidemic often extend beyond those fighting addiction, reaching into families as well. Child Protective Services at the county level have seen a significant surge in casework due to opioid-related child welfare cases. Additional state resources for Children and Family Aids will

help counties hire the social work staff they need to care for these additional victims.

We are convinced that peer support specialists and recovery coaches provide the biggest bang for the buck. Though they are trained and certified, they have the most important credential of all: a shared experience. Social science backs up the intuitive truth that peers often provide the best care, and do so at a cost much less than a medical professional. Moreover, often times a person in recovery doesn't need professional medical or psychiatric help, but a friendly face and a listening ear. To that end, we suggest a "Recovery Corps" based on the AmeriCorps model. For \$60,000, we could annually train 20 recovery specialists to serve at substance abuse and peer support sites.

We also recommend a grant program to allow up to 25 hospitals with high rates of drug overdose care to hire in-house recovery coaches. These coaches would be responsible for ensuring a smooth hand-off from in-patient care for an overdose to in- or out-patient care for addiction. When someone exits the hospital, there should be a smooth, arranged transition into ongoing care and support with family, friends, and addiction counseling. We propose dedicating \$2,000,000 to begin this program with the hope that hospitals will find value and consider continuing it after the pilot phase.

We also think recovery coaches could add value in correctional settings. We believe

parole and probation can be more effective when law enforcement is paired with community resources. We recommend \$500,000 to support recovery coaches and peer specialists in community corrections settings with high concentrations of addict offenders.

Medically assisted treatment (MAT) centers provide assessment, counseling, treatment, and intensive case management services to many individuals looking for addiction support, but also housing and employment. We recommend \$2,016,000 in funding to support the start-up of three new centers in underserved areas of the state.

MAT centers are one of many resources available to Wisconsinites fighting addiction. An Addiction Treatment & Recovery Hotline at DHS could provide a single door to the wide range of services available. Staffed by trained counselors and peer specialists, the call center and website would connect people to resources in their region, help them navigate insurance or Medicaid, and be a listening ear in a difficult hour. We expect the hotline to require \$400,000 annually to operate.

Another type of hotline that could add significant value is a doctor-to-doctor consultation service. Many times doctors, especially in rural areas, lack specialized knowledge of addiction medicine. Modeled on the child psychology hotline already in operation, \$500,000 could support a second hotline dedicated to substance abuse and addiction medicine. Moreover, \$20,000 is

necessary to support an expanded telehealth resource bank to connect rural practitioners to materials and experts statewide.

Another important training tool are first responder education kits. For sheriffs, police, social services, and emergency rooms, an overdose case may be a rare occurrence in some communities. For just \$50,000, DHS can prepare training and resource kits for first responders to learn about best practices and community resources.

Regional Prevention Resource Centers support community coalitions focused on substance abuse prevention and treatment. There are several innovative models underway in various Wisconsin communities, like Sauk County. We should supplement current federal funds by dedicating \$330,000 to these centers to support community coalitions as they develop plans specific to their communities. We further recommend \$1,000,000 to provide competitive Community Innovation Grants to implement the best treatment ideas developed by the community coalitions. The funds will focus on expanding MAT treatment, especially in conjunction with drug courts, and expanding recovery services.

We believe that the Screening, Brief Intervention, and Referral to Treatment (SBIRT) training program is a proven tool for schools and communities to respond to children in need of services. We appreciate

Superintendent Tony Evers' proposal to expand DPI's School SBIRT beyond current service levels to reach more schools. We recommend \$100,000 be added to expand SBIRT training to more teachers, administrators, and school nurses. We expect to see these funds make an impact through a vigorous effort by DPI to reach more schools with this useful training.

Wisconsin has demonstrated leadership in improving access to Naloxone through the standing order. The next step is to expand accessibility into communities that are at the highest risk for overdoses. DHS will expend \$1,000,000 to support education, training, and access through non-profits that serve high-risk populations, including our veterans.

Wisconsin faces a shortage of workers focused on health care delivery generally and substance abuse services in particular. We recommend that DWD dedicate funds to a special round of Wisconsin Fast Forward specific to health care grants. We encourage health care providers, tech colleges and universities, and other employers to seek funding for projects that train substance abuse counselors, peer specialists and recovery coaches, mental health professionals, addictionologists, social workers, and other professionals that serve these needs. The workforce shortage to provide these services is real, especially in our rural areas, and a Fast Forward funding round could connect willing workers to high-paying jobs in a high-demand, high-impact field.

We know that we cannot arrest our way out of the opioid addiction crisis we face. In most cases this is about disease and dependency, not about crime. People who engage in other crimes like theft or operating while intoxicated because of addictions must still face the consequences of those actions. And law enforcement is and must remain a vital partner in providing first-response treatment and transition into recovery. However, we can and must get tough on one particular set of criminals: the dealers and traffickers who are making millions selling heroin and pills to our kids. We propose \$420,000 to hire additional Criminal Investigation Agents at DOJ to focus specifically on drug traffickers operating in Wisconsin.

Treatment and Diversion (TAD) alternatives within the criminal justice system are an important tool. We recommend increasing funding for drug courts and other alternatives to incarceration for minor, drug-only offenses because social science and personal experience convince us that they work. TAD programs have a proven track record of better outcomes and lower recidivism. The program was previously funded at \$2 million per year in a one-time biennial transfer; we recommend continuing that funding and adding \$150,000 to expand the program to more counties. We recommend an additional \$261,000 to launch a pre-booking diversion pilot program to allow non-violent arrestees a treatment option that diverts them away from the criminal justice system and into support and healing in the community.

As we have studied the multiple facets of this issue, we have seen over and over again the gaps between providers, services, and agencies. Medical professionals, law enforcement, and service providers all experience the same absence of coordination, not from a lack of good will but from a vacuum of leadership. We believe a single statewide leader solely focused on this issue will bring incredible value. We recommend creating a director-level position within the Secretary's Office at DHS to develop the statewide needs assessment and strategic plan, work with agencies on rules and policies, work with insurers and Medicaid to improve access to services, speak across Wisconsin on addiction issues, review best practices in other states, and coordinate with parents, law enforcement, schools, and community groups to find the best ways for Wisconsin to lead the nation in the fight against addiction.

Data is a key to seriously tackling any statewide issue. And there is lots of data out there on opioids – 9-1-1 ambulance and police calls, hospital admissions, police bookings, heroin prosecutions, Medicaid drug and service reimbursements, PDMP prescribing, recovery center check-ins, death certificates. We propose appropriating \$250,000 to fund three staff to operate a data analysis center. Working with our agencies and the director, they will develop a dashboard for opioids data which will be used to develop our state needs assessment and statewide strategic plan. The data will also be shared with county

and municipal governments, law enforcement, community coalitions, hospitals, and service providers to better target resources.

One of our constant concerns is finding the people who need help before it's too late. To identify addicts and to better prepare people for the Wisconsin workforce, the Governor has ordered DHS to seek a federal waiver to conduct drug screening and testing for able-bodied adults without dependents who participate in FSET as part of the supplemental nutrition program. Importantly, anyone who fails the drug screen will be provided treatment.

Our Recommendations: Executive Actions

DOA and the Well Wisconsin Programming Committee should work with the state agencies to promote opioid awareness among state employees, perhaps especially during Prescription Opioid and Heroin Epidemic Awareness Week in September. Awareness campaigns may help state employees identify friends, family, and loved ones who struggle with addiction or may open doors to resources for state employees who themselves struggle with addiction. The wellness committee should also promote drug takeback days and temporary return receptacles in state facilities to encourage state employees to safely dispose of prescription drugs.

DCF should study how to integrate mental health and substance abuse awareness into its programs. In particular, DCF should consult U.S. Department of Health & Human Services memorandum TANF-ACF-PI-2009-12 and the National Conference of State Legislatures' publication "Treatment of Alcohol and Other Substance Use Disorders" to determine whether federal Temporary Aid for Needy Families (TANF) funds may be used to combat the opioid epidemic affecting many impoverished families, including those on W-2.

DOC should develop a web-based training module on opioid abuse for DOC staff who work with inmates who may have potential, current, or past addiction issues.

DOC should work with DHS to better assess the number of fatal and non-fatal overdoses among DOC offenders by comparing DOC offender data with DHS vital records data.

DOC should develop better methods to evaluate and screen incoming inmates for opioid and drug abuse. This will allow DOC to tailor programming to the health and social needs of inmates upon entry into custody.

DOC should consider developing a recovery housing unit within an institution where inmates would voluntarily commit to living clean after release, participating in an addiction program, and supporting their fellow inmates in their common battle for healing.

DOC should continue with its pilot program administering Vivitrol to volunteer participants paroled in eight northeast Wisconsin counties. We recommend \$800,000 in continued funding to complete the pilot. We expect the Task Force to evaluate DOC's data from the pilot with the possibility that we may recommend expansion statewide in the future if the data show significant impact.

DHS should improve Wisconsin's community substance abuse service standards to require all state-certified AODA clinics to have Naloxone on-site to administer in the event of an overdose. DHS should also revise DHS Rule 75 to grant the state's opioid treatment authority greater discretion to require certified clinics to embrace evidence-based practices in treatment. DHS may further revise DHS Rule 75 to simplify and streamline regulation of other service providers to ease access to services.

DHS should work with doctors, hospitals, health systems, medical schools, and others to increase the number of physicians familiar with MAT, which is a proven therapy approach that combines medicine with counseling and support services.

DSPS and its associated boards should evaluate, develop, and implement rules and procedures to ensure that the standards, investigatory practices, and discipline for all professions that prescribe, dispense, administer, and use opioids are as similar as possible to ensure consistency and fairness.

DSPS and its associated boards should work with Wisconsin's professional associations to promote best practices for counseling and support services to assist regulated professionals fighting addiction issues. Similarly, DATCP should create a support service for licensed veterinarians.

DSPS should work with the Controlled Substances Board (CSB) to promote information sharing among federal, state, and local agencies. Moreover, the CSB should hold an annual hearing with law enforcement agencies and prosecutors to receive information on drug trends so the CSB can consider updating its schedules.

DSPS should dedicate all necessary resources to ensuring the efficacy of the Prescription Drug Monitoring Program. As the PDMP becomes mandatory for three years, we expect DSPS to see an increase in investigations and enforcement actions based on the data it makes available.

DSPS should work with the Substance Abuse Counselor Certification Committee to revise the clinical hours requirements for counselors to better balance adequate training with workforce accessibility.

DWD should work with the Workers Compensation Advisory Council to incorporate best practices in opioid use based on data and strategies with a proven track record in other states.

DVA should ensure that its Division of Veterans Homes provides care in line with best practices for opioid prescription and

pain management. In particular, home residents with opioid prescriptions should have individualized plans of care that may include non-pharmaceutical treatment options. Moreover, DVA medical and pharmaceutical staff should ensure that opioid prescribing is in line with best practices recommended by the Medical Examining Board.

DVA should promote public awareness among the veteran community of opioid-related resources, for instance by ensuring that DVA and county veterans services staff, homeless veterans service providers, and DVA grantees and allies have information on opioid abuse.

OCI should conduct a survey of opioid addiction treatment coverage for the major insurers in Wisconsin. Once the results of this survey come back, they should be shared with the Task Force. OCI should also use the survey results to develop a consumer's guide to insurance coverage for opioid and substance abuse services, modeled on other OCI publications that empower consumers with the information they need to ask the right questions of insurers.

WHEDA should study expanding permanent supportive housing through Low Income Housing Tax Credits or other tools to provide homeless or inadequately housed individuals with substance abuse disorders the support they need to achieve and retain housing stability.

Our Recommendations: Best Practices for Industries and Communities

We applaud the Wisconsin Department of Transportation for committing to training State Patrol officers to be aware of drugged driving. Often times people are pulled over for drunk driving but blow a zero on the breathalyzer because there is no alcohol in their system. Over 200 state and local officers have achieved certification as drug recognition experts to identify drugged drivers in those situations. We encourage law enforcement agencies to consider the IACP/NHTSA certificate to ensure that officers who pull over drugged drivers can spot the right signs and adopt appropriate responses.

We intend for Medicaid to lead the way in the state for best practices in response to this crisis. From addiction medicine to coverage for non-pharmaceutical pain treatments to parity for mental health, we expect Medicaid to set the standard. We want this both because citizens on Medicaid deserve outstanding care and because we believe that good care up front helps citizens on Medicaid achieve the life stability they need to get off Medicaid and into a job and employer-sponsored insurance. Moreover, data drawn from other states show that Medicaid enrollees are disproportionately dying from drug overdoses. Because we intend for Medicaid to set the best practices for coverage, we encourage all other health insurance providers to bring their own policies in line

with Medicaid to ensure all citizens in Wisconsin have access to appropriate treatment for both pain and addiction. And we recommend that the Group Insurance Board consider plan design modifications that ensure that all state employees and their families receive appropriate health insurance coverage for substance abuse services.

We appreciate training already underway at the University of Wisconsin Medical, Pharmacy, and Veterinary Schools, Medical College of Wisconsin, Concordia University Wisconsin School of Pharmacy, and Marquette University School of Dentistry regarding best practices in opioid prescribing. We encourage these schools to continually review their curricula to ensure that our next generation of doctors, dentists, pharmacists, and veterinarians are aware of the best practices in pain management and opioid prescription.

We recognize the innovative leadership of several University of Wisconsin campuses that sponsor “sober dorms” or “recovery houses” within the university housing system. We suggest all UW campuses emulate this proven model to support students who elect into an environment that provides peer support for clean living.

We are grateful to the Wisconsin Interscholastic Athletic Association for taking a proactive approach to educating athletic directors and coaches at member schools on pain management and addiction awareness for student-athletes. We hope

that WIAA member schools and all schools conduct regular education and awareness for coaches and athletic trainers.

We are heartened by the increasing prevalence of drug take-back receptacles appearing across our communities. The Department of Agriculture, Trade, and Consumer Protection sponsors grants through the Wisconsin Clean Sweep program to help municipalities purchase and place receptacles. Private sector partners like Walgreens are also stepping forward, and the City of Milwaukee now has a mail-in return program. We hope these efforts expand and that readers of this report undertake their own cabinet check to create a safer home for their families.

“About 70 percent of the time, when a person begins abusing opiates, they do not get them from a doctor. They acquire them improperly from a family member or a friend. So we all have a role in solving this epidemic by securely storing painkillers in our homes and by properly disposing them.”

Attorney General Brad Schimel

Finally, we applaud the Attorney General’s “Dose of Reality” campaign. Public awareness of prescription drug abuse is an important part of any solution. Millions of pills sit unused and unneeded in cabinets and kitchens across the state, creating a danger where we don’t even realize it. The “Dose of Reality” ads and events bring home in a fresh and challenging way the imperative for all of us to be safe with our medicines and our families.



Reflections & Conclusion

This report has discussed statistics and statutes, policies and prescriptions, issues and institutions. But underneath it all are real people with real problems, faces and families. People like George, who died from an opioid overdose at just 28 years old. George graduated from UW-Milwaukee, worked as a financial analyst, and loved snowboarding and golf. His father came out to meet the Lt. Governor and share his son's story, and later mailed her the memorial card from his funeral. She carried that card to a Task Force meeting as a reminder of the real people behind the numbers, and the real results that their families and friends expect of us.

In the foregoing pages we have focused a lot on what state government can do to confront this epidemic. That makes sense, in that we are government officials who are in a position to pull levers that adjust the state's statutes and operations to best combat this crisis. But the work of this Task Force is far from over because the solution to this problem requires more than just public policy. Much more.

For starters, we must confront the social stigma attached to addiction. We hear too many parents say, "I had no idea my kid was doing pills, little less at risk for a fatal overdose." Sometimes young people make poor decisions and hide them from parents—all kids do that. But other times a curiosity or fun with friends has become a desperate, driving addiction that is a source of shame. In those instances coming

forward and confronting the addiction is the first step on the path to recovery and healing. And that means creating a culture where we can be honest about the struggles we face. That's hard in a world that expects so much of us, in an age when social media puts a smiling, happy façade on the lives of all our friends. But honesty is essential to make it in this world.

It requires a newfound focus on prevention. This report recommends significant investments to expand recovery and treatment capacity. And we make those recommendations without reservation, because there are people hurting right now who need help. A wait list is no answer for a parent trying to keep a struggling son alive. But ultimately we want as few sons and daughters to be in the position of needing recovery services because we have fewer people experience addiction in the first place.

To this end, we again commend the work of Dr. Tim Westlake and the Wisconsin Coalition on Prescription Drug Abuse, which is fundamentally rethinking the medical side of pain management. We know many people experience pain, both acute and chronic, and they deserve relief that's readily available. But we also know that dozens of pills for days on end with a couple refills is not best for the patient or the pain. Big scripts can sometimes create addictions, and other times they create surpluses that sit in cabinets until a curious child finds them. We are heartened by the seriousness with which doctors, hospitals, and clinics across Wisconsin are taking this issue, and

the many new protocols being put in place to better regulate pills. We hope this work continues, and that between the PDMP implementation and the cultural shifts afoot, we all arrive at a better place where fewer people begin addictions through the gateway of pain meds.

We also hope that increased awareness of opioid abuse leads to more engaged patients who serve as their own advocates. In the past a patient may have wanted the doctor to round up on the pain meds on the theory that it's better to be safe than sorry. Today empowered patients have a very different attitude—"Give me only what I need. And if I can use an over-the-counter product like aspirin or if physical therapy can give me the same relief, don't send me home with all those pills." Bravo to them.

Finally, we need young people to better understand the dangers of these powerful drugs. Pills seem safe – they are prescribed by a doctor, dispensed by a pharmacist, and are taken by a family member who feels better after doing so. But let's be honest—as one of our doctor friends says, a prescription opioid is basically heroin in another form. We all know heroin is illegal and dangerous. We need to teach kids that pain pills are functionally the same thing.

These are big issues. They will not be solved in one report. Our work as a task force will go on. We offer these recommendations from us as the co-chairs now to ensure their consideration in the biennial state budget process.

Yet we are confident these recommendations chart the way forward to

real results. By investing in additional treatment capacity, expanding diversion programs, and adopting best practices across our communities and industries, we can help people like George struggling with the dark and demons that we all face.

Wisconsin has earned its reputation as a national leader in the fight against opioids. But a state whose motto is "Forward" can never be content resting on its laurels. Especially when our sons and daughters are still dying. We won't – we can't – wait.

So instead we march forward confidently, trying new strategies and investing in proven models for success. Most of all, we turn to you, those who care, and ask you to join us in this effort. As we said in the introduction, government can only do so much. We each have our own part to do, and we must do it. Our families, friends, and neighbors deserve nothing less.



APPENDIX: Recommended Expenditures

PROMOTING PREVENTION, CREATING CAPACITY, AND DOING WHAT WORKS

Three New HOPE Centers	2,016
Sustained funding for Treatment & Diversion	2,000
Hospital-based Recovery Coaches	2,000
Community Innovation / MAT Expansion Grants	1,000
Naloxone Service Expansion Community Group Grants	1,000
Sustained funding for DOC Vivitrol Pilot	800
Telehealth Consultation Hotline	500
Corrections-based Recovery Coaches	500
DCI Heroin Interdiction Enforcement Surge	420
Addiction Recovery Resource Hotline	400
1 director & 3 data analytics staff	375
Regional Prevention Resource Centers	330
Pre-booking Diversion Pilot Program	261
Two additional addiction GME fellowships	150
Expanding drug courts with ongoing GPR	150
Expanding SBIRT Trainings with DPI	100
Training for a Recovery Corps	60
County and Emergency Room Tool Kits	50
Expanding Telehealth Training	20
ANNUAL TOTAL RECOMMENDED PACKAGE	12,132

N.B. All numbers on this chart in thousands. All funding recommendations above and throughout the report are annual, not biennial. Moreover, these funds will come from a number of sources, including general purpose revenue and federal funds.

Additional Resources



National Resources

American Enterprise Institute, <https://www.aei.org/tag/opioids/>

Hazelden Betty Ford Foundation, www.hazeldenbettyford.org/articles/opioid-crisis-priorities

National Alliance for Model State Drug Laws, www.namsdl.org

National Conference of States Legislatures, www.ncsl.org/research/health/prevention-of-prescription-drug-overdose-and-abuse.aspx

National Governor's Association Compact to Fight Opioid Addiction, www.nga.org/cms/Compact-to-Fight-Opioid-Addiction

Substance Abuse and Mental Health Services Administration, www.samhsa.gov/atod/opioids

Wisconsin Resources

Wisconsin Controlled Substances Board, dsps.wi.gov/Boards-Councils/Board-Pages/Controlled-Substances-Board-Main-Page/

Wisconsin Department of Health Services, www.dhs.wisconsin.gov/opioids/

Wisconsin Department of Justice, "Dose of Reality," doseofrealitywi.gov/

Wisconsin Department of Safety and Professional Services, Prescription Drug Monitoring Program, dsps.wi.gov/pdmp

Wisconsin Legislature HOPE Agenda, legis.wisconsin.gov/assembly/hope/



