



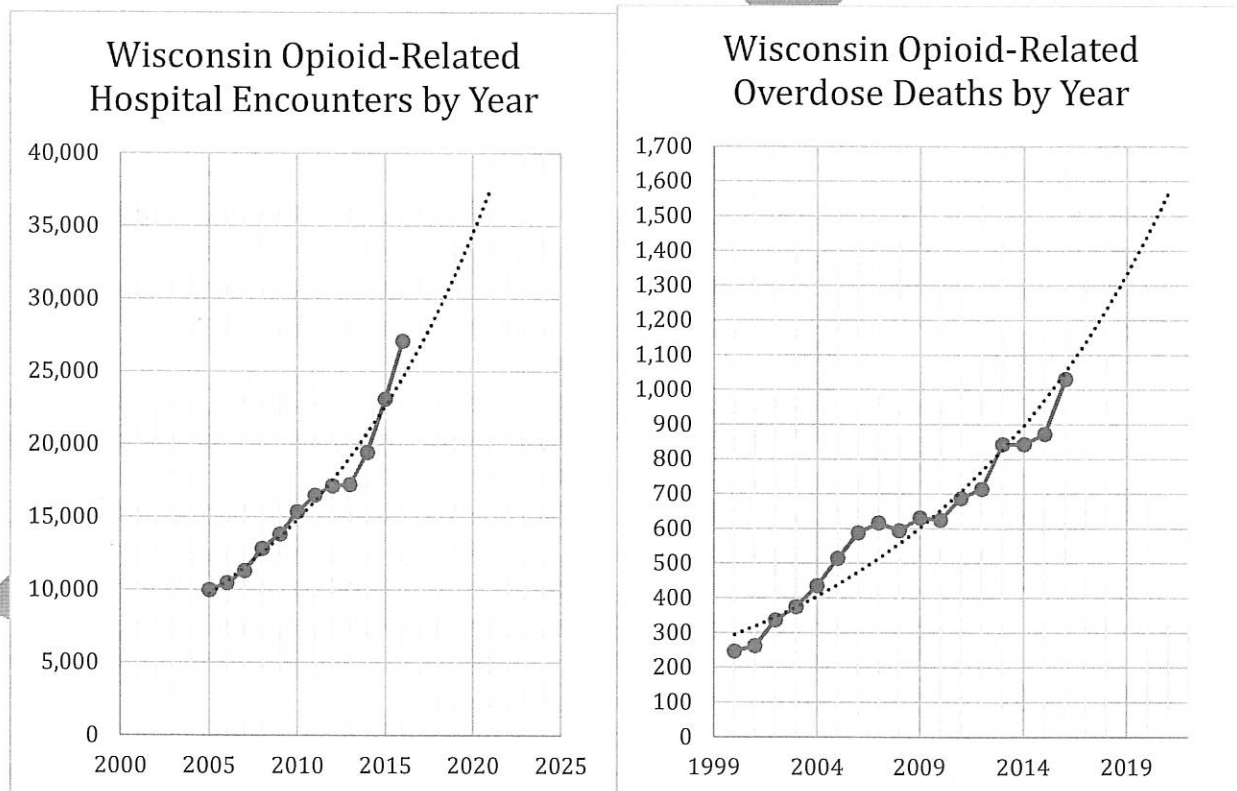
PUBLIC POLICY INSTITUTE  
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## Wisconsin's Opioid Crisis

### *More Should Be Done Via Prevention, Harm Reduction, Treatment and Recovery Strategies*

Wisconsin's deepening opioid crisis has not been adequately addressed by government policies. The state's Heroin, Opioid Prevention and Education (HOPE) Agenda were important first steps. In 2016, the Governor's Task Force on Opioid Abuse released its report, which contained a number of recommendations that also deserve strong consideration by the Legislature. State government departments, the Attorney General, medical providers, law enforcement, and local governments have also invested resources into tackling the crisis.

While progress has been made, the levels of overdose deaths, hospitalizations and other negative effects of the crisis have not been significantly reduced and the trends are alarming.



The opioid crisis in Wisconsin requires a comprehensive policy approach that incorporates **prevention, harm reduction, treatment and recovery services**. The following recommendations were developed in consultation with experts in these fields.

### **Prevention**

Prevention services focus on stopping a negative situation from ever taking place, and therefore such approaches are often highly cost-effective.

1. First, the state needs to better collect and disseminate data related to the crisis.

2. All of the state's prevention programming should receive funding that better reflects the magnitude of the crisis that will be revealed by better data.
3. The state should create an office focused on the crisis with duties that include:
  - a. Seeking additional federal funding;
  - b. Actively advocating for additional state funding to respond as needs arise and innovations occur;
  - c. Provide grants and technical assistance to other state agencies, providers, law enforcement, and local governments; and
  - d. Coordinate the state's response to the crisis.
4. The state should expand the HOPE law related to drug collection efforts to:
  - a. Conduct a statewide public information campaign on how to safely dispose of leftover medication;
  - b. Study effectiveness of drug drop boxes and collection programs;
  - c. Study the impact of unused drugs remaining in homes or being disposed of into the environment;
  - d. Use that study to establish more collection efforts, including at pharmacies, law enforcement offices, and targeted events and "drive-thru" drops;
  - e. Establish more drug incinerator sites (currently they exist in Baron County and in the State of Indiana, a significant distance from Wisconsin's major population centers);
  - f. Provide grants to law enforcement and pharmacies to:
    - i. Install drop boxes;
    - ii. Conduct drug collection events; and
    - iii. Conduct local public information campaigns on how to safely dispose leftover medication.
  - g. Amend Wis. Stat. 165.65 to allow local governments to enact Extended Producer Responsibility (EPR) programs that require pharmaceutical companies to fund drug collection efforts. Pharmaceutical producers and distributors are in part responsible for this crisis, just as tobacco companies were found responsible for the health impact of smoking.
    - i. Massachusetts and Vermont have passed statewide EPR efforts, and several units of local government across the country have done so as well. It is funding stream for these important and effective prevention programs.
  - h. The state could also consider litigation against pharmaceutical companies for misleading prescribers and patients. Any settlement money could be used for prevention, similar to what was done with the tobacco settlement funds that flowed to the State of Wisconsin.
5. No prevention effort will be fully successful without addressing the social and economic determinants of substance use. Poverty, segregation, violence, and inequities in education, among other determinants, contribute to this crisis. The state should:
  - a. Expand programs that get Wisconsinites back to work, like transitional jobs programs, and target those jobs statewide in part to people at risk of drug use or those who are recovering from addiction;
  - b. Expand and enhance its Earned Income Tax Credit (EITC) supplement to help working families and individuals;
  - c. Increase the minimum wage;
  - d. Create a refundable tax credit to ensure that individuals who are on disability or Social Security—but still poor—can get out of poverty;
  - e. Enact paid family leave and expand subsidies for child care to ensure that children of working parents have safe and quality care;
  - f. Develop and make available affordable housing (more below); and

- g. Reform the criminal justice system and reentry programs (more below).

## **Harm Reduction**

According to the harm Reduction Coalition, “Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.”<sup>1</sup>

To that end, this addiction crisis a public health and medical crisis, not a criminal justice crisis. Therefore, the following policies and reforms should be enacted:

1. The state should invest even more in treatment and diversion programs (TAD) and encourage local law enforcement to do more to help:
  - a. The state should encourage adoption of effective programs like the Greenfield Police Department’s Cops Assisting Addiction Recovery (CAARE) Program. The Greenfield Police Department “believes traditional police practices have had little to no affect on this problem that is facing our community.” The CAARE Program is a no-cost referral and assistance program to help individuals suffering from addiction go directly to treatment and voluntarily surrender drugs without fear of arrest. This program includes publicly-funded treatment,<sup>2</sup> dollars that are much better spent on treatment than they are on prosecution and incarceration.
2. More counties should adopt drug and mental health courts.
  - a. The state should provide more funding and develop best practices to share.
3. Local law enforcement needs help with evidence-based Crisis Intervention Training (CIT) and funding for teams to effectively intervene during mental health and addiction crises:
  - a. The Milwaukee Police Department has three of these teams, and they are in the process of adding another. Law enforcement across the state could learn from their experience, but they need help to do so.
4. Crisis Intervention Training for Youth (CIT-Y) is an add-on to CIT that local law enforcement and schools across Wisconsin should also implement.
  - a. According to the National Alliance on Mental Illness, “CIT for Youth programs teach law enforcement officers to connect youth with mental health needs to effective services and supports in their community. The goal is to intervene early in emerging mental health issues and prevent youth from becoming involved in the juvenile justice system. The programs work with schools, school based police officers, children’s mental health providers and parents to accomplish these goals.”<sup>3</sup>
5. Wisconsin should follow the lead of eight countries across the world and pilot a supervised injection facility to see if it can help people get connected to treatment.
  - a. Similar efforts have been pondered or piloted in Ithaca,<sup>4</sup> Boston,<sup>5</sup> San Francisco and New York City;
  - b. A supervised injection facility opened in Vancouver, Canada, in 2001. The effectiveness is striking: “[T]he addicts who have availed themselves of the program are 30 percent more likely to get treatment and other health services than those who do not.”<sup>6</sup>
6. The state should expand funding for safe needle exchange programs.
  - a. These programs have been proven to effectively reduce the spread of disease and help people struggling with substance use to get connected to treatment.

<sup>1</sup> <http://harmreduction.org/about-us/principles-of-harm-reduction/>

<sup>2</sup> <http://www.ci.greenfield.wi.us/550/CAARE-Program>

<sup>3</sup> <http://www.nami.org/Get-Involved/Law-Enforcement-and-Mental-Health/What-Is-CIT/CIT-for-Youth#sthash.7WV9R5Mf.dpuf>

<sup>4</sup> <https://www.nytimes.com/2016/03/23/nyregion/fighting-heroin-ithaca-looks-to-injection-centers.html>

<sup>5</sup> <http://www.npr.org/sections/health-shots/2016/03/01/468572534/bostons-heroin-users-will-soon-get-a-safer-place-to-be-high>

<sup>6</sup> <https://www.nytimes.com/2016/03/23/nyregion/fighting-heroin-ithaca-looks-to-injection-centers.html>

7. Training on the use of naloxone, which reverses the effects of an opioid overdose, should be provided to K-12 staff and appropriate law enforcement and housing staff of institutions of higher education, law enforcement, and first responders. The state should also ensure the overdose kits are available and accessible in every community.
8. Crisis nurseries must be available for families in need.
  - a. Wisconsin has only a small number of these crisis nurseries where young children can be taken to prevent exposure to a traumatic event that could have lasting effects on a child's development.
9. Chapters 51 and 55 should be reformed to include substance use disorders and better reflect the realities of today's mental health treatment system and criminal justice system.
10. The state should not punish those who suffer with substance use issues by removing them from public benefits programs like FoodShare, W2, BadgerCare or any other program. The state should instead implement constitutional screening and intervention services that help people get treatment.

## **Treatment**

For those who are actively struggling with or at risk of substance use, accessible and affordable treatment is a must. The following policies expand access to proven treatment:

1. Medicaid and private insurance benefits should be mandated by the state to cover:
  - a. Mental health treatment (and all of the implications of true parity between physical and mental health);
  - b. Substance use disorder treatments, including detox and medication-assisted treatments that evidence points to being successful (along with case management to ensure proper and continued use of the treatment); and
  - c. Alternative pain treatments, including acupuncture, massage, meditation, and other non-opiate pain relievers and procedures.
2. The state should not terminate the coverage of individuals who are incarcerated and should instead suspend those benefits until the individual leaves incarceration;
3. Individuals leaving detox should be connected to appropriate treatment services;
4. The state should audit mental health and substance use programs provided in prisons and county jails to evaluate their efficacy and make recommendations for improvement;
5. The state and Milwaukee County must develop a solution to the unavailability of inpatient mental health and substance use treatment in Milwaukee County and other areas of the state.<sup>7</sup>
  - a. This "moral crisis" is unacceptable and patients must be provided better options.
6. The state should bar health providers from using patient survey data on pain management to determine compensation for medical providers.
  - a. The use of these surveys contributed to providers over-prescribing opioids. This could be modeled on a federal bipartisan effort spearheaded by Wisconsin U.S. Senator Ron Johnson, the Promoting Responsible Opioid Prescribing (PROP) Act, which would limit the use of these surveys in Medicare reimbursements.<sup>8</sup>
7. The state should require that 1) prescribers indicate to patients that a prescribed opioid can be "habit-forming," 2) pharmacists tell patients that a prescribed opioid can be "habit-forming," and 3) all prescriptions must be clearly labeled with "habit-forming" language.
8. The state should explore "advanced outpatient" treatment for those with court mandates, which requires funding for day treatment centers, etc.

<sup>7</sup> <http://www.jsonline.com/story/money/business/health-care/2017/02/11/milwaukee-health-systems-failing-moral-test/97575620/>

<sup>8</sup> <https://www.ronjohnson.senate.gov/public/index.cfm/2016/4/johnson-senators-introduce-bipartisan-prop-act>

9. Safe, stable and affordable housing is a barrier for those struggling with substance use. The needs include more capacity of:
  - a. Emergency shelters, including those that accept children and those who are actively using drugs;
  - b. Sober living housing;
  - c. Transitional housing in general; and
  - d. Permanent supportive housing.
10. The state's Prescription Drug Monitoring Program (PDMP) needs:
  - a. More capacity
    - i. Analyze and share data so that it is useful (quickly and effectively ID and deal with problem prescribers; we know where to go to educate pharmacies and docs)
    - ii. Prescribers are optional to register (check before writing so doctor shopping doesn't occur)
  - b. A state audit of its effectiveness and a comparison to other states' operations.

### **Recovery Services**

1. The state should reevaluate the Department of Corrections' and county jails' reentry programs.
  2. The state should require jails to do enrollment assistance for individuals leaving incarceration and assist them with the mandate with a grant program.
  3. Other recovery services should be explored and examined for effectiveness and inclusion with required benefits packages mentioned above, including:
    - Peer mentorship
    - Case management programs
    - Home visit programs
    - Parenting classes
- a. Neo-Natal Abstinence Syndrome (moms who use, babies born addicted, research on what to do better, how to cover)
- Supportive services for mom and home

