Confronting the Opioid Crisis at the State Level

May 6, 2016

The webinar has not yet begun.

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Moderator:
Mandy Rafool, program principal, National Conference of State Legislatures
Confronting the Opioid Crisis at the State Level

Audio Information:
- Audio is now available through your computer's speakers.

Or, you may login via telephone using the call-in information contained in your registration confirmation e-mail.
Today's Speakers

Christine Vestal
Senior Writer
Stateline

John Nygren
Representative
Wisconsin

Don Perdue
Delegate
West Virginia
Christine Vestal has 30 years of experience in the news business. Before joining Stateline in 2005, she wrote for McGraw-Hill newsletters, the Financial Times newsletters, and Post-Newsweek Business Information. She has been covering health policy for Stateline since enactment of the Affordable Care Act in 2010. In addition to reporting on mental health and substance abuse, Christine has covered the political and legal battles over the health law, as well as children’s health, Medicaid, wellness and a variety of public health issues. She has also written about stem cell research, gay marriage, abortion, poverty, aging and child welfare.
Representative John Nygren was elected as the Wisconsin State Representative from the 89th Assembly District in November, 2006. He is a fourth generation resident of Northeast Wisconsin. He was born on February 27, 1964 in Marinette and is a 1982 Graduate of Marinette High School. He is deeply rooted in the community with his wife, Maggie, and their three children Cassie, Cali, and Colin.

Representative Nygren strongly believes in the “citizen legislature.” He continues his work with Great Lakes Financial Management Group. He began his career in financial services in 1998, and views his career as a way to keep in touch with the people in his district. Through his career he is able to meet with young families, the elderly, and business owners. He believes this gives him a perspective to represent this area well in Madison.

He is currently serving his fifth term in the Wisconsin State Assembly and his second term as Co-Chair of the budget-writing Joint Finance Committee.
Delegate Don Perdue is a Graduate of Marshall University and Ohio Northern University. He has served continuously in the West Virginia House of Delegates since 1998. He served as Chairman of the House Health and Human Resources Committee for 12 years and has acted as Co-Chair of NCSL’s Health Committee and as a Vice-President of the Steering Committee for the past several years.

He is a retired pharmacist with 35 years experience in all practice settings, and he and his wife, Mary Jo, reside on a small farm near Huntington, West Virginia.
Overview of Opioid Issues

Christine Vestal, Stateline

May 6, 2016
New Jersey Gov. Chris Christie, center right, and New Hope Baptist Church pastor Joe Carter, right, listen to former drug addicts talk during a summit on drug addiction. Millions of newly eligible adults in New Jersey and other states that are expanding Medicaid will have access to addiction treatments this year, many for the first time. (AP)
DEADLY BIAS: Why Medication Isn’t Reaching the Addicts Who Need It

January 11, 2016 | By Christine Vestal

Part One: In Drug Epidemic, Resistance to Medication Costs Lives

Part Two: Helping Drug-Addicted Inmates Break the Cycle

Part Three: Few Doctors Are Willing, Able to Prescribe Powerful Anti-Addiction Drugs
**FDA-Approved Medications**

**Methadone**
In use since the 1960s, the slow-acting synthetic opioid agonist effectively treats moderate to severe heroin addiction. It is only available in heavily regulated clinics.

**Buprenorphine/Suboxone**
Approved in 2002, the long-acting opioid agonist relieves drug cravings with fewer side effects than other opioids and is available by prescription from certain doctors. Suboxone is designed to deter illicit use.

**Naltrexone/Vivitrol**
Approved in pill form in 1984, it has been available since 2010 as a 30-day time-release injectable medication called Vivitrol. Patients must be completely off all opioids for seven to 10 days. Both block the effect of opioids, do not activate the opioid receptor system, and do not cause physical dependence.

**Naloxone**
Approved in 1971, the short-acting medication, also known as Narcan and Evzio, reverses opioid overdoses but does not treat opioid addiction.
Waiting Lists Grow for Medicine to Fight Opioid Addiction
February 11, 2016 | By Christine Vestal

States, CDC Seek Limits on Painkiller Prescribing
March 03, 2016 | By Christine Vestal

Building a Ground Army to Fight Heroin Deaths
March 16, 2016 | By Christine Vestal

Demand Surges for Addiction Treatment During Pregnancy
March 25, 2016 | By Christine Vestal

As Fentanyl Deaths Spike, States and CDC Respond
April 01, 2016 | By Christine Vestal

An Opioid Treatment Model Spawns Imitators
April 27, 2016 | By Christine Vestal
Too Few Prescribers

Percentage of people with an opioid addiction for which buprenorphine is available

Source: American Journal of Public Health

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Painkiller Sales and Overdose Deaths

The nation’s rising overdose death rate from painkillers such as Vicodin, Percocet and OxyContin closely parallels an increase in opioid prescription sales over the past 15 years.

*Sales data is unavailable for 2012.*

Source: U.S. Drug Enforcement Administration and Centers for Disease Control and Prevention
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Painkiller Prescriptions

Source: U.S. Centers for Disease Control and Prevention
© 2016 The Pew Charitable Trusts
Overdose Rescue Laws

As states grapple with a worsening opioid epidemic, New Mexico has pioneered increasingly popular overdose rescue laws. It was the first state to pass a law easing access to the overdose reversal drug, naloxone, in 2001; and the first to pass a “good Samaritan law,” in 2007.

Source: Network for Public Health Law, 2015
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Opioid Use in Pregnancy

Opioid use in pregnancy can cause severe withdrawal symptoms in newborns, leading to higher hospital costs.

Hospital Costs

Costs for newborns in withdrawal: $66,700
Costs for newborns with no withdrawal: $3,500

More Babies in Withdrawal

Source: Centers for Disease Control and Prevention
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States Gear Up to Help Medicaid Enrollees Beat Addictions
January 13, 2015 | By Christine Vestal

How Severe is the Shortage of Substance Abuse Specialists?
April 01, 2015 | By Christine Vestal

Most States List Deadly Methadone as a 'Preferred Drug'
April 23, 2015 | By Christine Vestal
Medicaid Expansion 2016

Thirty-one states and the District of Columbia have decided to expand Medicaid under the Affordable Care Act.

Source: Stateline research
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Percentage of People with Drug and Alcohol Addictions in Medicaid
Where Methadone is a “Preferred Drug”

Note: State Medicaid preferred drug lists are not always used by Medicaid managed care organizations in the state.

Source: American Academy of Pain Medicine, 2014, and Stateline research
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HOPE Agenda
Heroin, Opioid Prevention & Education

WISCONSIN STATE REPRESENTATIVE
JOHN NYGREN – ASSEMBLY DISTRICT 89
The Growing 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

Heroin use, United States, 2007-2014

Source: SAMHSA, 2014 National Survey on Drug Use and Health
Statistics

Rates of heroin-related emergency department visits, hospital discharges, and deaths, Wisconsin, 2007-2014

- **ED Visits**
- **Hospital Discharges**
- **Deaths**

**Heroin-related deaths, Wisconsin, 2014**

- **Number of Deaths**

<table>
<thead>
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<th>Age (years)</th>
<th>Number of Deaths</th>
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<tr>
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Source: Office of Health Informatics, Wis. Department of Health Services

- Median age 34 years old
- 67% completed high school or less
- 75% male
- 80% white
- 87% unmarried
- 88% died at home
HOPE Agenda: The Introduction

- In 2013, Rep. Nygren introduced seven bills that laid the foundation for the HOPE Agenda.
- During the 2015-16 Legislative session, Rep. Nygren offered 10 additional bills as a continuation of his 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 17 laws that make up the HOPE Agenda legislative package.
Opioid Antagonist Legislation

Opioid antagonists are life-saving drugs that, when administered to a person experiencing an overdose, may reverse the effects of the overdose. Expanding access to opioid antagonists will prevent unnecessary overdose-related deaths and, in turn, offer people another chance at life.

2015-16 Assembly Bill 427:

- Expands access to opioid antagonists like Narcan by offering the drug for purchase from certain pharmacies without a prescription through a standing order.
2013 Wisconsin Act 200:

- Provides all levels of EMTs, first responders, police, and fire the ability to be trained to administer Narcan (naloxone).
- Any person who administers the drug is immune from civil or criminal liability provided their actions are consistent with Wisconsin’s Good Samaritan law.
- This law is already saving lives. First responders have reported administering opioid antagonists over 1,000 times in the past year in Wisconsin.
Statistics

Emergency Medical Services Runs with Naloxone Administration by Patient County of Residence, Wisconsin, 2015

This map was prepared by the Injury and Violence Prevention Program, Division of Public Health, Wisconsin Department of Health Services. This map contains data extracted from reports from the Wisconsin Ambulance Run Data Center (WAVDC), Office of Preparedness and Emergency Health Care (OPHEHC), Division of Public Health, Wisconsin Department of Health Services.
Treatment and diversion 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.

**2013 Wisconsin Act 195:**
- This law increases access to comprehensive opioid treatment programs in rural and underserved areas of Wisconsin.
- Under this law, 3 regional treatment and diversion pilot programs have been created.

**2013 Wisconsin Act 197:**
- This law provides grants to counties that offer substance abuse treatment and diversion options in lieu of incarceration.

**2015-16 Wisconsin Act 338:**
- This bill allocates $2 million each fiscal year to go toward treatment and diversion programs.
Prescription Drug Monitoring Program (PDMP) Legislation

2015 Wisconsin Act 266:

- Changes the requirement for those who dispense certain prescription drugs to submit information to the prescription drug monitoring program (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).
The Wisconsin Department of Justice (DOJ) recently kicked off a new 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.
Get Involved

- There are many things you can do to get involved and help fight Wisconsin’s heroin and opioid epidemic.

1. The DEA facilitates nationwide drug take back days sporadically throughout the year. If you have unused, unwanted, or expired prescriptions in your medicine cabinet, you can turn them in for safe disposal on drug take back days. More information on dates and locations can be found on DOJ’s Dose of Reality website: www.DoseofRealityWI.gov.

2. Keep an open line of communication between you and your prescribers. It’s important to stay informed of the risks associated with prescription pain medications.

3. Many times, over the counter medications will suffice to treat pain after a minor surgery or injury. If you don’t feel as though you need a prescription pain medication to manage your pain, tell your prescriber.
Delegate Don Perdue
West Virginia
Questions?

- To ask a question, type your question into the box on the right-hand side of your screen.
  - You will not be identified, and only the presenters will see your question.
Questions after the webinar

- If you have any questions regarding the issues discussed during this Webinar, please contact: Christine Vestal, Karmen Hanson or Amber Widgery
  - cvestal@stateline.org
  - Karmen.hanson@ncsl.org
  - Amber.Widgery@ncsl.org

- This Webinar will be archived and will be available at the following link:
Resources

The Pew Charitable Trusts:
Stateline Series of Stories:


NCSL Resources:
NCSL program page on prevention of drug abuse:

Thank you for participating!

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