
Wisconsin's Heroin Epidemic: Strategies and Solutions



Analysis and Recommendations for Reducing Heroin Abuse in Wisconsin

July 2014

Wisconsin State Council on Alcohol and Other Drug Abuse
Prevention Committee
Heroin Ad-hoc Committee



State of Wisconsin
State Council on Alcohol and Other Drug Abuse

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Charge to the Heroin Ad-hoc Committee

In the 2012 State Council on Alcohol and Other Drug Abuse (SCAODA) Report, *Reducing Wisconsin's Prescription Drug Abuse: A Call to Action* (Call to Action Report), the Controlled Substances Workgroup recommended that SCAODA convene a workgroup to examine the use and related consequences of illicit drug use in Wisconsin, focusing on illegal opiates.

In 2013, the SCAODA 911 Good Samaritan Legislation Ad-hoc Committee reported,

“Between 2006 and 2011, Wisconsin experienced a 350% increase in heroin samples submitted to the Wisconsin State Crime Laboratory by law enforcement. In addition, according to the 2011 Milwaukee High Intensity Drug Trafficking Area, Drug Trafficking Trends Survey of law enforcement agencies across the state, many agencies reported that heroin is an increasing problem within their jurisdiction, or in many instances, “the number one drug problem in their jurisdiction”.

The 911 Good Samaritan Legislation Ad-hoc Committee subsequently also recommended that a workgroup be formed and dedicated to identifying the extent of heroin use in the state of Wisconsin and examining the many facets that lead to heroin use.

In recognition of this growing problem, the Wisconsin SCAODA established the Heroin Ad-hoc Committee in November 2013. The Ad-hoc Committee was charged with researching and discussing the incidence of heroin use and overdoses in Wisconsin. The Ad-hoc Committee researched and discussed programs that could be used to prevent the use of heroin, the legal and social consequences of heroin use and substance use disorders (SUDs), harm reduction strategies and treatment options to create safer and healthier communities. In particular, the committee examined the Four Pillar drug strategy focusing on prevention, harm reduction, treatment and law enforcement. In addition, the Committee included workplace strategies as a fifth pillar. The Ad-hoc Committee was charged with providing a recommendation report to SCAODA regarding programming that could be implemented to prevent and reduce the harm associated with heroin use and assist communities in dealing with heroin-related public health consequences.



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Background

Impact of Heroin Use

Heroin is an illegal, highly addictive drug. It is both the most abused and most rapidly acting pain-killing opiate. Heroin can be smoked, injected or snorted. Heroin is essentially morphine, a naturally occurring substance extracted from the seed pod of certain varieties of poppy plants. Heroin causes many short and long-term effects to the body. It can cause damage to various organs, including the heart, lungs, liver and kidneys. It can also cause breathing problems, collapsed veins and poses special problems due to the transmission of Human Immunodeficiency Virus (HIV), Hepatitis C Virus (HCV) and other diseases which can occur from sharing needles or other injection equipment¹.

In 2007, the economic cost of illicit drug use totaled more than \$193 billion in the United States. The estimated direct and indirect costs attributable to illicit drug use are in four principal areas: crime, health, medical care and productivity. Wisconsin's share of this cost is estimated to be at least \$2 billion based upon admissions to substance use treatment facilities². A separate 2001 study estimated the economic cost of heroin use alone in the United States at \$21.9 billion or about \$220 million in Wisconsin³. The recent resurgence of opiate-related problems has increased emergency room visits, crime, homicides, high school drop-outs and loss of employment and has public health, criminal justice and public policy officials concerned.

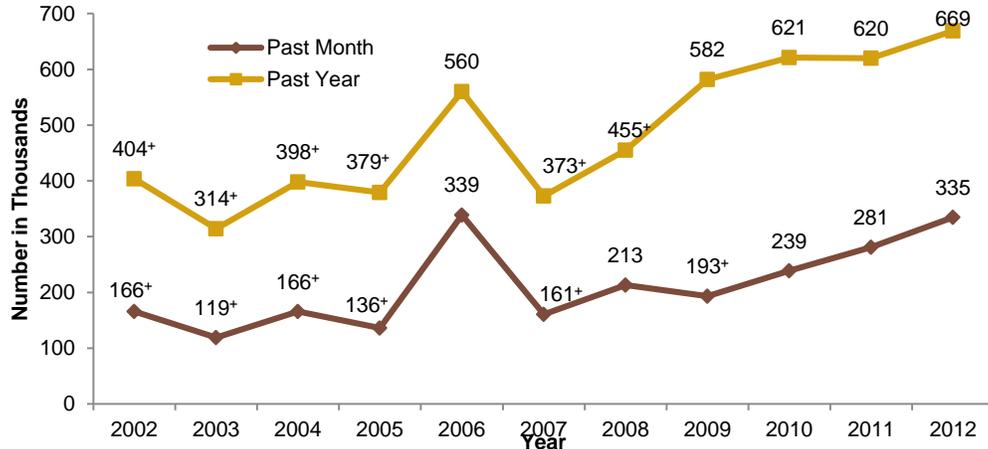
Nearly half of young people who inject heroin surveyed in three recent studies reported abusing prescription opioids before starting to use heroin. Some individuals reported switching to heroin because it is cheaper and easier to obtain than prescription opioids⁴⁻⁶. The National Drug Intelligence Center, which was shut down in 2012, reported that between 2007 and 2012 heroin use was up 79%, with four out of five users reporting having had experience with prescription drugs⁷. For more information on the relationship between prescription drug abuse and heroin use go to: http://www.upi.com/Top_News/US/2014/03/07/Experts-Heroin-use-rising-following-prescription-drug-crackdown/UPI-85401394230430/#ixzz2xqvunF83.

Wisconsin sample survey data from the National Household Survey on Drug Use and Health (NSDUH) shows 4.3% of Wisconsin adults report using heroin or another opiate (for non-medical purposes) in the past year; this represents approximately 163,300 Wisconsin adults, a dramatic increase over the past 10 years (**Figure 1**). Among young Wisconsin adults age 18-25, the rate of past year use of opiates is 11% or 68,600 persons. This age of first heroin use is consistent with statewide data which show one-quarter of people who began using heroin in Wisconsin were younger than 25 years old⁸.



Background (continued)

Figure 1. Past Month and Past Year Heroin Use among Persons Aged 12 or Older, United States, 2002-2012

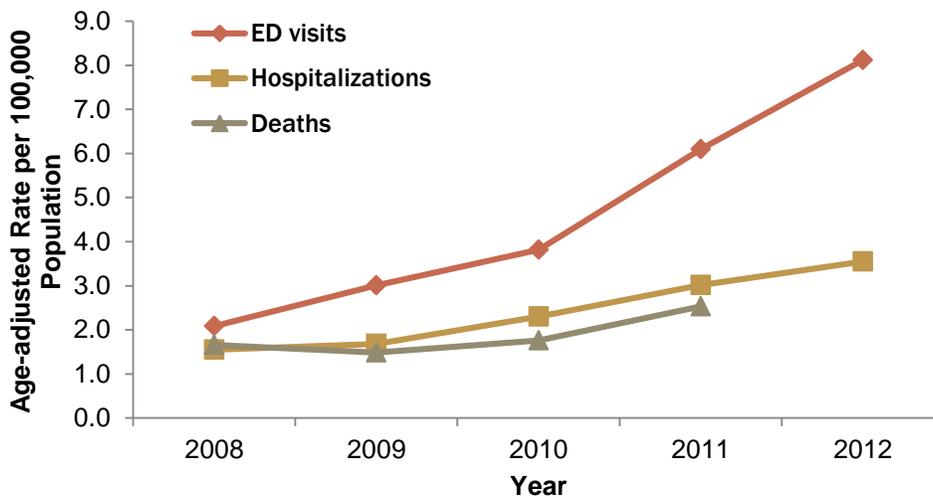


+ Difference between this estimate and the 2012 estimate is statistically significant at the .05 level.

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-46, HHS Publications No. (SMA) 13-4795. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013.

In Wisconsin, deaths and medical visits associated with heroin use have increased substantially in recent years. The number of deaths from heroin overdose doubled between 2008 and 2011, with at least 134 deaths in 2011. In 2012, heroin overdoses resulted in 190 hospitalizations (3.5 per 100,000 population) and 440 emergency department visits (8.1 per 100,000) (**Figure 2**). The rate of heroin overdose in 2012 was highest among those aged 15-24 years.

Figure 2: Age-adjusted Rates of Heroin Overdose and Deaths, Wisconsin, 2008-2012

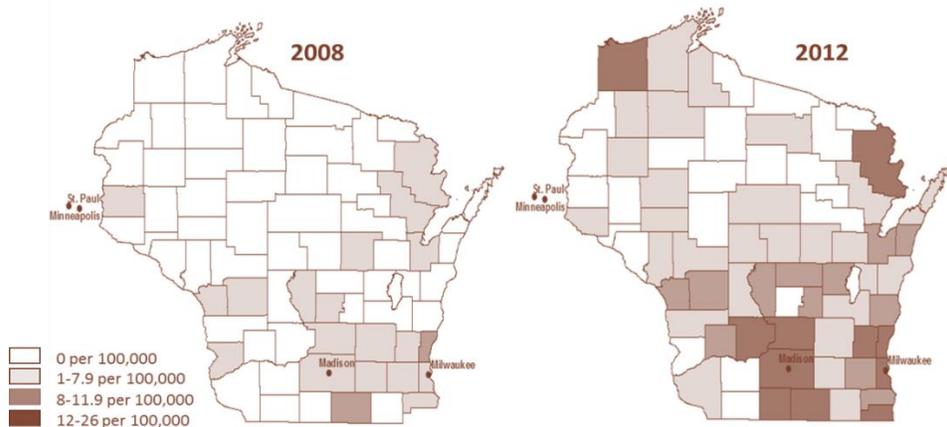


Source: Wisconsin hospital inpatient database, Wisconsin emergency department visit database, and Wisconsin resident death certificates, Office of Health Informatics (OHI), Division of Public Health (DPH), Wisconsin Department of Health Services (DHS). Rates were age-adjusted using the United States Standard 2000 population.

Background (continued)

In the most recent five years for which data are available, heroin overdoses have spread geographically across Wisconsin. Overdoses in rural areas now account for a significant proportion of all heroin overdoses in the state (**Figure 3**).

Figure 3: County-level Rates of Heroin Overdose in Wisconsin, 2008 and 2012

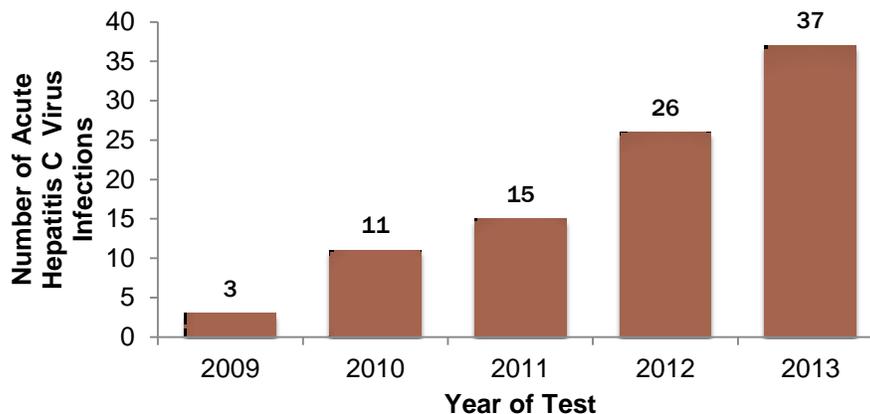


Source: Wisconsin hospital inpatient database and Wisconsin emergency department visit database, OHI, DPH, Wisconsin DHS. Figure shows hospitalizations and emergency department visits, combined.

In addition to death and overdose, another risk of injecting heroin is infectious disease transmission such as HIV infection. There were 84 HIV diagnoses among injection drug users (IDUs) in Wisconsin between 2007-2011⁹.

HCV, which can lead to cirrhosis and liver cancer, is primarily transmitted by injection drug use. In the United States, there is an ongoing epidemic of HCV infection among young adults who inject drugs. In Wisconsin, reports of acute HCV infection in young adults have increased (**Figure 4**). In 2013, 78% of people with new HCV infections reported injection drug use.

Figure 4. Trend in Acute Hepatitis C Virus Infection, Wisconsin, 2009-2013



Source: Wisconsin Electronic Disease Surveillance System. Bureau of Communicable Diseases and Emergency Response, DPH, Wisconsin DHS. 2013 data are current as of 1/15/2014. Note: During 2010-2011 DPH initiated enhanced surveillance for HCV infection in young adults. The availability of a rapid test for HCV antibody in 2012 allowed for increased HCV screening in outreach settings.

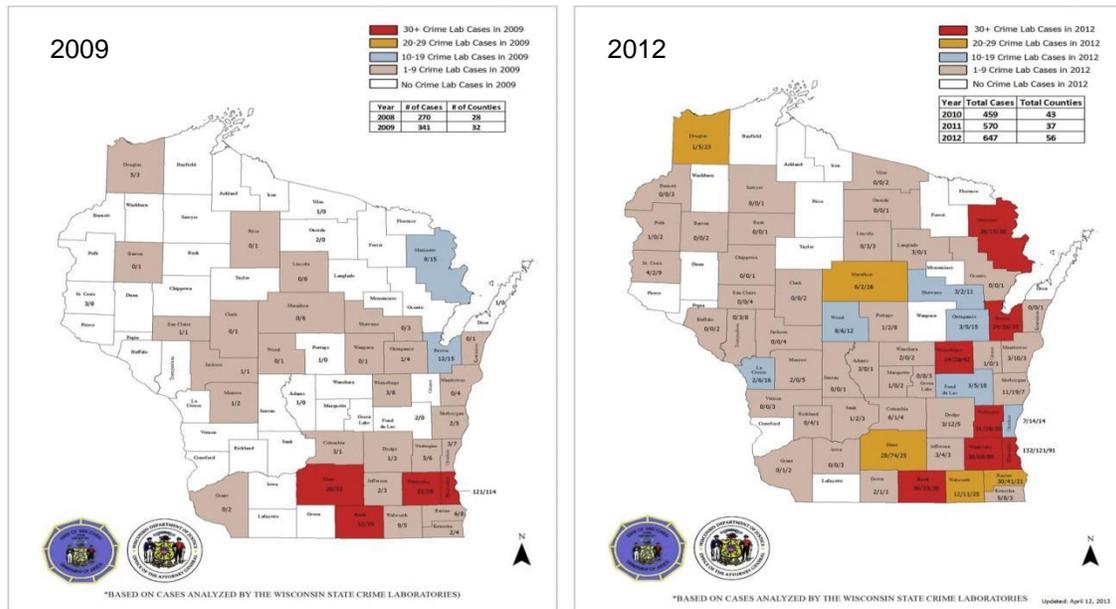
Background (continued)

A survey of Wisconsin residents who have used injection drugs and who also have HCV, showed heroin use began at an average age of 21 years and most (80%) started using heroin within three years of prescription opioid abuse¹⁰.

Heroin and other opiate abuse are also linked to increased crime. Not only are the manufacturing, possession and selling of these drugs a crime, but use of these drugs can also cause individual users to engage in risky and illegal behavior. In order to pay for their drugs, individuals who use drugs may resort to theft and other forms of crime. Many people who are arrested for a crime are also under the influence of drugs. Opiate abuse is often connected to the use of weapons and violence.

The number of heroin-related arrests and amount of heroin seized increased steadily throughout Wisconsin between 2009 and 2012 (**Figure 5**).

Figure 5. Number of Heroin Cases Processed by the Wisconsin State Crime Lab, 2009 and 2012



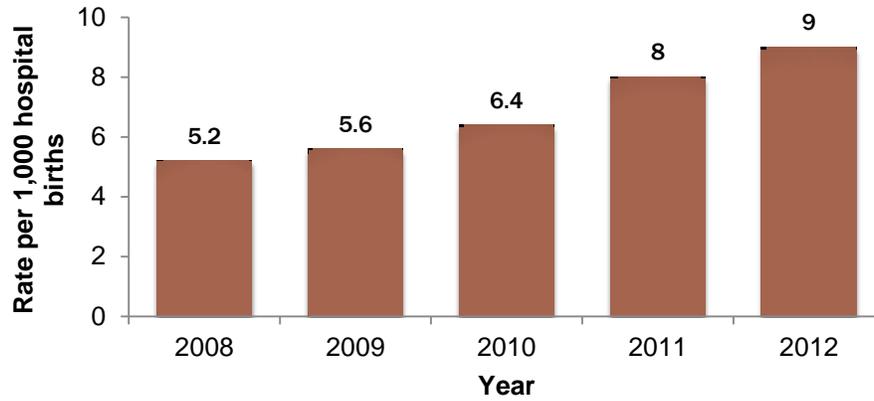
Source: Wisconsin Department of Justice (DOJ). Available at: <http://www.doj.state.wi.us/dci/heroin-awareness/cases-county?page=1> Accessed on 2/26/2014.

Heroin and other opiate abuse have devastating effects on children and families. Drug-affected newborns face potential lifelong mental and physical health problems and growing up in a household where a parent or caregiver has a SUD puts children at increased risk for addiction, maladaptive behaviors, risky behavior, child abuse and neglect. The Wisconsin Hospital Inpatient Data System shows a 58% increase between 2008 and 2012 in the rate of infants diagnosed with Neonatal Abstinence Syndrome (NAS) i.e. the group of problems that occur in a newborn who was exposed to addictive illegal or prescription drugs while in the mother's womb - (**Figure 6**).



Background (continued)

Figure 6. Neonatal Abstinence Syndrome (NAS) Wisconsin hospitalizations, 2008-2012 (de-duplicated cases), rate per 1,000 hospital births



Source: Wisconsin Hospital Inpatient Data System, OHI, DPH, Wisconsin DHS.

Note: NAS identified as an inpatient whose principal diagnosis, diagnosis at admission, or any of the first eight other diagnoses was ICD9 code 779.5 or 760.71-.75.



Executive Summary

In January 2012, SCAODA published *Reducing Wisconsin's Prescription Drug Abuse: A Call to Action* (Call to Action Report), followed by the *911 Good Samaritan Recommendation Report* in August 2013 (<http://www.scaoda.state.wi.us/AdHocCommitteeReports.htm>). Both reports recognized the inextricable link between the misuse, abuse and diversion of opioid analgesics and the use of illegal opiates (heroin). The Call to Action Report was written to address all prescription medications, with a particular emphasis on opioid analgesics. While overlap does occur in some recommendation areas, the fact that opioid analgesics have a medical purpose while heroin is classified as a Schedule I drug (deemed to have no medical purpose), the ways to combat use and accessibility of these two related drugs are often distinct. To address growing concerns about heroin use in Wisconsin, SCAODA recommended the formation of a Heroin Ad-hoc Committee to review policies, practices and stigma related to individuals using heroin.

For six-months, the Heroin Ad-hoc Committee examined the scope of heroin problems facing Wisconsin and developed recommendations to reduce the severe public health consequences related to heroin use.

In researching the recent rise in heroin use, both nationally and in Wisconsin, the Committee recognized the need to focus not only on reducing the initiation of heroin use through prevention efforts, but on the entire scope of agencies, individuals and systems that become involved with people who suffer from an opioid SUD.

With this in mind, the Committee reviewed the “Four Pillar Drug Strategy” currently being implemented in several countries and cities, including Vancouver, British Columbia, Canada with promising results.

The strategy is a coordinated, comprehensive approach that balances public order and health in order to create a safer, healthier community. This approach to SUDs was first implemented in Europe in the 1990s and is based on four principals:

- 1) **Prevention:** strategies and interventions that help prevent harmful use of alcohol, marijuana and tobacco, which often lead to the use and abuse of both illegal and prescription drugs.
- 2) **Harm Reduction:** to reduce harm to individuals and communities from the sale and use of both legal and illegal substances. The principles of harm reduction require that no harm is done to those suffering from SUDs, with a focus on the harm caused by problematic substance use, rather than substance use per se.
- 3) **Law Enforcement:** recognizes the need for peace, public order and safety in communities and neighborhoods. History tells us, however, that policing alone is not a solution to Wisconsin's drug problem. Rather an integrated approach including prevention, treatment, harm reduction and policing has proven to be effective.
- 4) **Treatment:** examines a range of interventions and support programs that encourage people with SUDs to make healthier decisions about their lives. Treatment improves health by decreasing preventable deaths, illnesses and injuries, while improving social integration.



Executive Summary (continued)

Successfully used in cities such as Geneva, Zurich, Frankfurt and Sydney, the four pillars approach has resulted in:

- Dramatic reduction in the number of drug users consuming drugs on the street.
- Significant drop in overdose deaths.
- Reduction in the infection rates for HIV and HCV.

In reviewing the four pillar approach, the Committee, in consultation with communities that are struggling with heroin issues, identified the need to add a fifth pillar or focus area; **Businesses/ Workplaces**. The development of recommendations specific to workplaces was included in order to specifically address concerns of employers dealing with workforce problems related to substance abuse.

This report includes recommendations organized into the Five Pillar Sections in an attempt to provide comprehensive approaches for addressing SUDs at the community, municipality, organization, county, tribal and state levels. Some of the strategies recommended in this report are pilot programs that will need to be tracked with data to ensure they are working for the populations they are intended to reach. There has already been community mobilization across the state with many municipalities developing task forces to address heroin issues in their area. Recent legislative action will also assist in addressing growing public health concerns related to prescription drug abuse as well as heroin use. These positive steps lay the groundwork for collaborative action to develop effective strategic plans. This report should be used to guide action plans in the Five Pillar Sections.

It is important to note that there is overlap in some of the recommendations in each pillar section. This is due to the fact that strategies to mitigate heroin use cannot be placed into individual categories, but rather are connected to each other. Overall, this Ad-hoc Committee Report aims to ensure that all people affected by SUDs are provided consistent, timely, person-centered, trauma-informed and age-appropriate services.

The Heroin Ad-hoc committee would like to thank the following individuals and organizations for their assistance, guidance and expertise in developing these recommendations: Special Agent William Brantley, Jacqueline Bodreau, Rebecca Deschane, Dennis Heling, Dorothy Erdmann, Sgt. Nate Thompson, Kevin Jones, Deb Piskoty, Sheila Weix, Andrea Benoit, Veronica Shaheen, Paul Krupski, Impact in Milwaukee and Rise Together's - Tyler Luedke, Douglas Darby, Anthony Alvarado and Ian Tilson.



Prevention Pillar

Background

Cost-benefit estimates show that effective school-based substance abuse prevention programs save \$18 for every \$1 spent on these programs¹¹. When dealing with the complexities of SUDs, it is clear that school-based prevention strategies are not the only effective means for delaying initiation, thereby reducing the likelihood of progression to substance abuse and addiction. In addition, prevention of heroin needs to start upstream. Initiating alcohol, nicotine and marijuana use at an early age remains a primary predictor of a later SUD. Prevention programs need to be introduced to youth early and often in order to reduce the likelihood of early substance use initiation.

Broad-based substance abuse prevention coalitions are endorsed at both the federal, state and tribal levels as the primary vehicle through which to launch efforts to address community substance abuse problems.

In Wisconsin, networks of coalitions are supported by a strong prevention infrastructure through the Alliance for Wisconsin Youth (AWY) which includes technical assistance and training to implement the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Strategic Prevention Framework (SPF)^a. By using this systematic, community-based approach, prevention coalitions ensure that substance abuse prevention programs can, and do, produce results. Using SPF, education and public awareness must be implemented as part of a comprehensive plan that is data-driven, evidence-based and thoroughly evaluated. Coalitions must develop and implement a diverse range of strategies and interventions in order to create population-level change in their communities. While many prevention strategies focus on raising public awareness and helping individuals make healthy choices, lasting behavioral change requires a focus on community systems, policies and local conditions to affect the environment in which substance use and abuse occurs.

The Community Anti-Drug Coalitions of America (CADCA) identify seven strategies for enacting community change:

1. Providing Information
2. Enhancing Skills
3. Providing Support
4. Enhancing Access/Reducing Barriers
5. Changing Consequences (Incentives/Disincentives)
6. Physical Design
7. Modifying/Changing Policy

Focusing on strategies in these areas assures that community prevention efforts are comprehensive enough to affect change^b.

Increasing Community Support

More than 14 million students leave school every afternoon with nowhere to go since they do not have access to affordable, after-school opportunities. According to the National Youth Violence Prevention Resource Center (NYVPRC), nine out of ten Americans think all youth should have access to after-school programs, but two-thirds of parents say they have trouble finding programs locally. After-school hours are the peak time for juvenile crimes and risky behaviors, including alcohol and drug use. NYVPRC found that children who do not spend any time in after-school activities are 49% more likely to have used drugs and 37% more likely to become a teen parent¹².

^a <http://captus.samhsa.gov/prevention-practice/strategic-prevention-framework>

^b http://www.nationaltriad.org/mcdDocs/2_seven_strategies_to_affect_community_change_overview.pdf



Prevention Pillar (continued)

One community initiative, the “Weed and Seed” initiative, originally launched in 1991 by the Office of Justice Programs, U.S. Department of Justice (DOJ), Community Capacity Development Office and the U.S. Attorneys’ Office, infused resources into communities throughout the country until the end of the funding in 2011. Weed and Seed was a community-based strategy that aimed to prevent, control and reduce violent crime, drug abuse and gang activity in targeted high-crime neighborhoods across the country. The goal of the strategy was to “weed out” violent crime, drug use and gang activity from selected neighborhoods and to help prevent crime from reoccurring by “seeding” those sites with a wide range of public and private efforts to empower and develop them.

Regularly connected to “Neighborhood Watch”, organizations comprised of a group of people living in the same area who want to make their neighborhood safer by working in conjunction with local crime prevention efforts come together to improve quality of life.

The success of the strategy depends on the coordination by law enforcement, community groups and social service agencies working together to revitalize a distressed neighborhood^c. These principles can continue to be used for community planning and development.

Youth and Families

Youth deal with stress in both healthy and unhealthy ways. Offering tools and strategies to help youth deal with stress in a healthy manner will support alcohol and drug-free youth. The Kids Health website (www.kidshealth.org) provides children and parents useful information on this topic.

According to the Center for Disease Control and Prevention (CDC), the Adverse Childhood Experiences (ACE) study is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being.

Best Practices for Women and Children

The Association of State and Territorial Health Officials (ASTHO) has specific recommendations on how states can help advance the knowledge base for primary prevention and best practices of care for women and children¹³:

During Pregnancy

- Universally screen women for alcohol, substance use and contraception use, especially pregnant women when appropriate.
- Provide enhanced prenatal services, including referrals to services in which coordination can occur with all relevant entities prior to birth.

At Birth

- Use consistent and effective protocols for identification of substance exposed newborns.
- Encourage all birthing hospitals to have a written policy on the criteria for screening and testing women and infants for substance exposure.
- Encourage the use of an NAS screening tool as the standard of care for monitoring infants.
- Withdrawal symptoms may begin to appear minutes or hours after birth and up to 2 weeks later; most symptoms appear within 72 hours. Monitor for withdrawal signs and maintain contact with the family to follow-up for at least two weeks after birth.
- Birthing hospitals should work with child protective service (CPS) agencies to review and train staff on policies for reporting substance-exposed newborns.
- Make referrals for developmental or child welfare services (Birth to 3).
- Track outcome for CPS referral made for NAS.
- Collaborate between the Department of Children and Families (DCF) and the Department of Health Services (DHS) since mother and newborn may be receiving services and assistance from both.

Through Infancy

- Provide developmental services for the child.
- Ensure an environment safe from abuse and neglect.
- Respond to immediate needs of other family members, including treatment of the parent child-relationship.

^c http://www.justice.gov/usao/pae/Programs/Weed%20and%20Seed/weed_and_seed_index.htm



Prevention Pillar (continued)

The ACE Study findings suggest that certain experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States. Progress in preventing and recovering from the nation's worst health and social problems is likely to benefit from understanding that many of these problems arise as a consequence of adverse childhood experiences¹⁴. This committee recommends that more research be conducted to see how ACE impacts the use of heroin and other drugs.

Programs for adolescents and young adults are imperative in helping children make sound decisions. These programs can be presented in many different ways and in many different venues. It is important that these programs are a community effort not just a school program. When youth are engaged, educated and given the opportunities and tools they will be successful.

Gateway to Heroin Use

Recognizing that individuals do not often initiate drug use with heroin is an important distinction to make when looking for ways to reduce use. According to SAMHSA's 2011 NSDUH, more than six million Americans abuse prescription drugs. That same study revealed more than 70% of people abusing prescription pain relievers got them through friends or relatives, a statistic that includes raiding the family medicine cabinet¹⁵. No study has been conducted on causation, or whether cracking down on prescription drug access directly causes patients to turn to heroin as a substitute, but the correlation is nonetheless disturbing. The use of pain relievers for non-medical purposes and heroin have both risen substantially within the past decade, and most people reporting heroin use initially started on prescription opioids¹⁶. Establishing policies to reduce the threat of individuals becoming dependent on prescription medications will ultimately stop the progression to heroin use. SCAODA's Call to Action Report lays the foundation for strategies to reduce prescription drug abuse.

Although there is a high correlation between prescription misuse and abuse and heroin use, it is important to note that any drug use can be a starting point for later heroin use. Heroin users have reported smoked drugs, such as tobacco and marijuana, as their drugs of first use.

The Ad-hoc Committee therefore offers the following prevention recommendations to address the seven strategies for community change and the prevention of substance use initiation.

Recommendation 1: Increase community awareness and substance abuse prevention messaging in order to reduce substance abuse and the stigma of SUDs.

In order to affect change, the community needs to be aware of the risks and consequences of substance abuse as well as positive proactive support systems which can reduce the likelihood of initiating substance use in the first place. The goal of community awareness and mobilization is to galvanize and sustain support for comprehensive efforts from community members and partners in order to reduce the impact of heroin use on individuals and the community as a whole.

To this end, community groups should:

- Engage the media using standard public awareness/messaging campaigns (e.g. Above the Influence (national campaign), The Fly Effect (WI DOJ), No One Plans to be an Addict, Pushback Against Drug Abuse (Marathon AOD Partnership), Lock Your Meds (national campaign), Good Drugs Gone Bad (re:THINK Winnebago's Healthy Living Partnership)).
- Provide targeted training to key stakeholders on speaking with the media about how heroin issues are affecting different community sectors and local efforts employed to prevent substance use.
- Establish directories of community resources.



Prevention Pillar (continued)

- Provide information throughout the community including places of business, schools, village or town centers, community festivals and faith-based organizations.
- Host town hall meetings to address emerging trends (SAMHSA’s Town Hall guide: <https://www.stopalcoholabuse.gov/townhallmeetings/tips-resources/planning.aspx>).
- Collaborate with individuals in the recovery community to develop and deliver messaging to reduce the stigma of SUDs (National Faces and Voices of Recovery <http://www.facesandvoicesofrecovery.org/>).

For more information on when to use a community awareness campaign, steps for creating a community awareness campaign and possible activities see Appendix A: Community Toolbox.

Recommendation 2: Substantially increase funding to support substance abuse prevention coalitions and their activities to reduce substance abuse in the community.

As community coalitions conduct local assessments, build capacity and implement and evaluate a local plan that involves all community sectors, they build the relationships and foundation for broad-based community buy-in for prevention services. Coalitions should work with the AWY and CADCA to receive training in the SPF and the seven strategies for community change in order to implement evidence-based approaches that lead to measurable reductions in substance use, misuse and abuse. In this way, coalitions become the community resource for providing training and technical assistance to enhance the skills and knowledge of local businesses, law enforcement, schools and parents. Currently, there are no state dollars that support local community coalitions. Funding to support local coalitions needs to be provided in order to maintain the necessary infrastructure for community-based substance abuse prevention efforts.

Recommendation 3: Provide opportunities to support youth participation in activities that reduce risk and enhance protection.

Programs and education need to focus on reducing risk factors for youth while increasing their resiliency to deal with their ever-changing environments. Interventions should provide reinforcement and encourage participation in activities that prevent substance abuse. By targeting teens and those who support them, strategy design is to prevent drug use before it starts as well as support those in recovery.

Community engagement can bring meaningful youth participation, which involves recognizing and nurturing the strengths, interests and abilities of young people through the provision of real opportunities for youth to become involved in decisions that affect them. These benefits are known to protect youth against risk-taking behavior that impacts negatively on health both in the short-term and the long-term. Successful youth participation involves shared decision-making and collaboration with adults who can serve as mentors for youth. Communities should:

- Promote afterschool activities/community engagement.
- Provide education through youth groups.
- Include cultural activities to improve protective factors.
- Encourage the use of peer to peer led groups (e.g. Students against Destructive Decisions (SADD), Youth Initiatives – Wood County, Students Opposing Drug Abuse (SODA), Safe Teens Offering More Possibilities (STOMP Barron County)).
- Encourage youth to participate in substance abuse prevention coalition efforts.
- Provide youth programming through; alternative, private and public schools; youth serving organizations; assemblies, churches and small groups.



Prevention Pillar (continued)

- Provide resources for youth to learn how to cope with stress.
- Provide resources and education for youth who are living with family members who have a SUD.
- Implement evidence-based substance abuse prevention strategies in schools using SAMHSA’s National Registry of Evidence-Based Programs and Practices (NREPP) as a starting point for selecting strategies.
- Research Adverse Childhood Experiences and provide trauma-informed services for youth and families.

Recommendation 4: Implement recommendations from the SCAODA *Reducing Wisconsin’s Prescription Drug Abuse: A Call to Action Report* in order to reduce access to prescription medications for non-medical use.

As stated earlier, teens are primarily getting pills from their parents’ medicine cabinets. Because the pills themselves are legal, there is a lack of perceived risk in taking them. Unfortunately, opioids that are taken medically to relieve pain are highly addictive. Once a person becomes addicted to prescription opioids, they often turn to heroin as a less expensive alternative^d. SCAODA’s Call to Action Report lays the foundation for implementing strategies to reduce access to prescription medications for non-medical purposes. The report recommendations are organized into eight priority areas:

- Fostering Healthy Youth
- Community Engagement and Education
- Health Care Policy and Practice
- Prescription Medication Distribution
- Prescription Medication Disposal
- Law Enforcement and Criminal Justice
- Surveillance System
- Early Intervention, Treatment and Recovery Across the Lifespan

For a full list of recommendations within these priority areas, see Appendix B.

Recommendation 5: Recruit employers, local government agencies, medical centers and non-profits to participate in substance abuse prevention and intervention activities.

Prevention coalitions can work with employers (chamber of commerce, Employee Assistance Programs (EAPs), non-profits), city councils, tribal councils and county boards as well as prescribers and dispensers, including physicians, physicians assistants, nurse practitioners, pharmacists, nurses, prescribing psychologists and dentists, to define the roles each play in reducing prescription drug abuse (which can lead to heroin use). Educating prescribers on SUDs is critically important, because even brief interventions by primary care providers have proven effective in reducing or eliminating substance use in people who use drugs but who are not yet diagnosed with a SUD.

Recommendation 6: Promote safe and healthy neighborhoods.

Provide innovative and comprehensive multi-agency approaches to ensure public health; public safety; community revitalization through neighborhood outreach and engagement; and promotion of neighborhood watches to prevent crime and instill a sense of community. This recommendation is based on the Weed and Seed model from the U.S. DOJ. The benefits include:

- Reduced risk of becoming a victim of a crime.
- Better informed public regarding how to respond to and report suspicious activity.
- A chance to get to know neighbors, creating a sense of community.
- Ability to address areas of concern within the neighborhood.
- Increased support for additional resources (including law enforcement).

^d Partnership for Drug-free Kids: <http://www.drugfree.org/>



Prevention Pillar (continued)

- Increased positive perceptions of “social capital” by improving neighborhood safety, strengthening relationships with public officials (including law enforcement and policy makers) and improving overall quality of life.
- Decrease in overall crime and drug-related activity.

Additional community resources:

- *Neighborhood Watch Manual* (National Sheriff’s Association): www.USAonwatch.org
- *Safe & Sound, Inc. – Community Partners Program* (Milwaukee): <http://www.safesound.org/about-us-2/community-partners/>
- 1996 Review of the Weed & Seed Program: <https://www.ncjrs.gov/pdffiles/weedseed.pdf>
- U.S. DOJ Community-Orientated Policing Services (COPS): <http://www.cops.usdoj.gov>

Recommendation 7: Endorse policies to reduce substance abuse and related harms.

In addition to the recommendations contained in this report, SCAODA produced two reports in 2013 aimed at supporting policies that will reduce substance abuse and related harms: the *911 Good Samaritan Recommendations*, and the *Screening, Brief Intervention and Referral to Treatment (SBIRT) Report* to SCAODA. These reports recommend specific policies and legislation that can be implemented within law enforcement agencies, medical centers, schools, employers as well as local and state governments. See Appendix C for a summary of policy recommendations from these two reports which can be implemented as a part of local strategic prevention plan.



Harm Reduction Pillar

Background

Many individuals who use opioids consume them via needle injection. This introduces a level of physical and life-long harm which goes beyond the immediate threat of fatal drug overdose. The possibility of HIV and HCV infection among individuals who inject drugs is a serious public health concern. The effect on children and families dealing with a person who is injecting drugs or who has a SUD can be severe. Harm reduction strategies are needed to assist the thousands of Wisconsin residents who currently have an opioid-based SUD in order to reduce the public health impact of their disorder until treatment is sought.

Stigma is a mark that sets a person apart. People who are victims of stigma often internalize the harm it carries, transforming it to shame and are often afraid to speak up. The stigma against people with addictions is so deeply rooted, it continues in many aspects of our society even in the face of the scientific evidence that addiction is a treatable disease and even when many people live healthy lives in long-term recovery.

Anthony J. Ernst, Behavioral Health Consultant

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.

Harm reduction incorporates a spectrum of strategies from safer use, to managed use, to abstinence. These strategies are designed to meet users “where they’re at,” addressing conditions of drug use along with the drug use itself. Because harm reduction demands that interventions and policies designed to serve drug users reflect specific individual and community needs, there is no universal definition or formula for implementing harm reduction services. However, the Harm Reduction Coalition, a national advocacy and capacity-building organization, has established the following principles as essential for harm reduction practice. These principles

have been adapted by many harm reduction and intravenous drug use (IDU) outreach programs around the United States^e.

- Accept, for better or worse, that licit and illicit drug use is part of our world therefore steps must be taken to minimize its harmful effects rather than simply ignore or condemn them.
- Understand drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence, and acknowledge that some ways of using drugs are safer than others.
- Establish quality of individual and community life and well-being, not necessarily cessation of all drug use, as the criteria for successful intervention and policies.
- Call for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.
- Ensure that individuals that use drugs, and those with a history of drug use, routinely have a real voice in the creation of programs and policies designed to serve them.
- Affirm people who use drugs are the primary agents for reducing the harms of their drug use, and seek to empower individuals to share information and support each other in strategies which meet their actual conditions of use.
- Recognize that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people’s vulnerability to and capacity for effectively dealing with drug-related harm.
- Do not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use^e.

^e Harm Reduction Coalition: <http://harmreduction.org/about-us/principles-of-harm-reduction/>



Harm Reduction Pillar (continued)

Although a strong evidence-base exists to support the need for and benefit of harm reduction strategies, many misconceptions remain. Studies have shown that harm reduction programs (including syringe exchange) do not encourage young people to start using injection drugs¹⁷ or increase crime¹⁸. The fact that these programs assist in reducing life-long illnesses, such as HIV and HCV, which contribute to health care costs, further emphasizes their importance.

Reduce Drug-related Overdoses

In 2013, the Wisconsin State Legislature passed several bills with a harm reduction focus and intended to reduce drug-related overdose. Of particular interest to the Ad-hoc Committee were:

- **Act 194** - Provides immunity from certain criminal prosecutions for an aider to get help for a person suffering from an overdose or other adverse reaction to a controlled substance. The aider may not be prosecuted for possession of a controlled substance under the circumstances that led the aider to get help (911 Good Samaritan Law).
- **Act 200** - Allows certified first responders to administer naloxone. It also allows EMTs at all levels of licensure to administer naloxone in opioid-related overdose situations. Naloxone can be prescribed through physician standing orders to anyone who may be in a position to assist in an opioid overdose.

In addition, the following were enacted to reduce the number of prescription opioids available for diversion by limiting access:

- **Act 198** – WI DOJ can authorize the operation of drug disposal programs to receive for destruction prescription drugs and controlled substances.
- **Act 199** - Schedule II or III controlled substances may not be dispensed unless the person picking them up shows an ID, with limited exceptions. It also requires the person dispensing the substances to record the name on the ID card of the person to whom it was dispensed.

Education and training needs to be provided to all effected by these law changes in order to operationalize these life-saving measures across sectors and into the community.

Children and Family Well-Being

Parental heroin use is a serious issue that impacts the health, safety and well-being of children. Prevention and intervention programs focus on the user, but children in the family of the user are impacted as well. Drug use does not necessarily mean that a parent will be incapable of parenting, however parental or caregiver abuse of drugs can cause serious problems in their children's lives.

Having a parent or caregiver with a SUD is now recognized as an ACE, which can require support or intervention to ensure healthy child development and prevent maladaptive and risky behaviors¹⁹. Children may suffer immediate consequences, such as unmet basic needs and increased risk of child maltreatment, but parental drug abuse may also have long-term consequences, interrupting a child's normal development and potentially continuing across the lifespan. In the publication, *The Nation's Children in 2012*, the Child Welfare League of America cited data showing that children of parents with SUDs are nearly three times more likely to be abused and more than four times more likely to be neglected than children of parents who do not abuse substances²⁰. Family-centered harm reduction strategies are needed to reduce the effects of substance abuse on children and other family members.

Babies who are born drug-affected, or addicted and survive, may face immediate or long term negative consequences due to the mother's use of substances during pregnancy. Women who use heroin during pregnancy have an increased risk of complications and expose their unborn child (and newborn) to risk of addiction, withdrawal symptoms, serious health problems or death.



Harm Reduction Pillar (continued)

Drug-affected infants often require specialized care to address their ongoing developmental and medical needs. Parents of drug-affected infants may need assistance caring for a challenging or inconsolable baby. Without coping skills and education these conditions place the baby at higher risk of child abuse and neglect. For infants in homes with parents who continue to use or are unable to meet their child's basic needs, out-of-home care placement may be necessary.

Family Drug Treatment Courts

Specialized courts address the needs of children and their families, rather than simply issuing criminal penalties for drug use and abuse. Family Drug Treatment Courts are being successfully implemented in Wisconsin and other states to address the growing number and complexity of child welfare cases involving substance abuse by a parent or caregiver. In these courtrooms, judges are using a trauma-informed approach to shift practice to include face-to-face time, engaging with the children as well as the adults, while addressing the presenting criminal matter. In order to strengthen the family and prevent future involvement in the criminal justice system and/or CPS, the court's focus is expanded to identify and address potential causes and unmet family needs.

Based on these considerations the Ad-hoc Committee identified three distinct areas of focus related to harm reduction strategies; individual drug user health, overdose prevention and children in households with an individual using drugs.

Recommendation 8: Harm reduction programs, including syringe exchange, should be widely available and accessible.

- Develop strategies to reduce stigma and to encourage people who inject drugs (PWIDs) to seek healthcare and substance abuse treatment services.
- Assess statewide need and expand programs into areas with unmet need.

Recommendation 9: Testing for HCV and HIV should be available in outreach settings that are frequented by people who inject drugs (PWIDs).

There has been an alarming increase in HCV infection in young adults who use injection drugs in the United States and in Wisconsin²¹. In order to prevent the further transmission of HCV and HIV, harm reduction and substance abuse treatment programs should integrate HCV, HIV and Sexually Transmitted Disease (STD) testing into screening and intake protocols. Currently the CDC recommends programs directed to PWIDs include²²:

- Service recommendations for the prevention and treatment of substance use and mental health disorders.
- Information or training in overdose prevention.
- Referral to outreach workers.
- Risk assessment for illicit use of drugs.
- Risk assessment, screening and prevention counseling for HIV, HCV, STD and Tuberculosis (TB).
- Vaccination against Hepatitis A and B and human papillomavirus, as recommended.
- Services for prevention of mother-to-child transmission of infectious diseases.
- Provision of information on risk-reduction for high-risk behaviors.
- Provision of health education and risk-reduction interventions and programs. Including;
 - Substance abuse treatment, including medication assisted therapy.
 - Access to new, sterile needles and to clean drug preparation equipment.
 - Access to condoms.
- Provision of partner services and contact follow-up.
- Provision of public health and medical services to those who test positive for HIV, HCV, STD and TB.
- Referral and linkage to treatment and care.
- Treatment adherence counseling.



Harm Reduction Pillar (continued)

- Information about interactions of medications and drugs.
- Implementation of integrated services.
- Address social needs, as feasible.

Recommendation 10: Increase and expand fatal opioid overdose prevention training and establish protocols for facilities that house or serve individuals with opioid overdose risk.

Approximately 85% of all overdoses are witnessed²³. The intent of this recommendation is to provide the opportunity for someone to appropriately respond to an overdose, thereby reducing the risk of harm and death. In 2013, the ARCW trained 1,508 PWIDs in overdose prevention, with 1,107 peer saves reported back to the agency. They also conducted 39,900 syringe exchange transactions, exchanging 2,500,000 needles. These numbers continue to increase every year. Overdose prevention training should be expanded to include:

- Active drug users.
- Non-drug using family, friends, or significant other.
- Pain Management Clinics (methadone/Suboxone® providers).
- Alcohol and Other Drug Abuse (AODA) Treatment Centers, half-way houses and sober living/recovery homes.
- Jails/Prisons and other law enforcement centers.
- Community-based organizations which may serve people who use opioids (e.g. homeless shelters, domestic violence shelters, faith-based organizations).
- Hospitals and other health care facilities through committees or workgroups of medical professionals.
- Collaborating with board members of recovery groups such as, Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Al-Anon, Nar-Anon, etc. to provide education related to the risks of overdose with relapse.

- Developing overdose response protocols for facilities that house people with SUDs or who are recovering from an SUD.

Recommendation 11: Procure funding for training on naloxone administration, including co-prescriptions of naloxone for any script written for an opioid.

There are challenges when looking to expand naloxone administration including, price gouging due to limited manufacturing creating purchase barriers, and limited facilities to distribute and train individuals on overdose response and naloxone use. With the enactment of Wisconsin Act 200 in 2013, certified first responders are now allowed to administer naloxone after appropriate training. This is a first step in reducing the number of individuals that will suffer from a fatal overdose. Additional training should be provided to:

- Pain management facilities (methadone/Suboxone® providers).
- Medical or dental providers prescribing opioids for pain relief.
- Family members/caregivers of individuals with who use/abuse opioids.

Recommendation 12: Raise public awareness regarding 2013 Wisconsin 911 Good Samaritan Legislation (Wisconsin Act 194).

In cooperation with substance abuse prevention coalitions or other community agencies focused on substance abuse overdose prevention, agency's providing harm reduction services should:

- Educate law enforcement regarding law changes about limited immunity for 911 callers and overdose victims.
- Inform and educate PWIDs about law changes (e.g., develop an info card or poster).
- Target the community regarding law changes through Public Service Announcement's (PSA's) on television, radio and billboards.



Harm Reduction Pillar (continued)

Recommendation 13: Enhance awareness of heroin use by parents and caregivers, its impact on children and the need for child-focused assistance and support.

- Substance abuse treatment programs should routinely ask patients if they have children to ensure that the identified children receive needed support.
- Heighten community awareness about the importance of referrals to CPS for children at risk.
- Strengthen the partnership between child welfare services, AODA prevention and treatment services to effectively support families and keep children safe.

Recommendation 14: Develop safety plans for children that are adult or child implemented.

Harm reduction recognizes that continued parental or caregiver drug use may occur, and practical strategies to protect children are necessary. Safety plans may be created by anyone and should be appropriate for the child’s age and developmental level (e.g., a young child may be able to call 911; an older child could call a relative or go to a neighbor for help). Safety plans may be developed and managed by families or developed and monitored under the supervision of agencies involved with the families.

Recommendation 15: Provide targeted prevention and treatment services for pregnant women to protect the health of the unborn child or drug-affected newborn.

Often, women who are pregnant are more amenable to entering treatment for the health of their child. Treatment and careful monitoring of the expectant mother is critical to the unborn child’s health and future.

- Suspected cases of heroin use by pregnant girls and women should be reported to CPS to help connect them with critical services and supports.
- Parents and caregivers with drug-affected infants should be informed about services and resources to support the family and assist with basic or specialized care as needed. This should include respite care.

Recommendation 16: Expand the number of specialized courts in Wisconsin to create Family Drug Treatment Courts to better address the needs of children whose parents or caregivers are arrested for substance-related offenses.

In order to strengthen families and prevent future involvement in the criminal justice and CPS systems, Family Drug Treatment Courts focus on expanding services to identify and address potential causes of family strife and unmet family need.

Prevention and intervention model for mothers with an SUD and their infants that addresses the complex, multiple risk factors associated with maternal drug use²⁴:

Maternal/Caregiver	Child
Intensive home-based services <ul style="list-style-type: none"> • Mental health screening • Parenting skills training • Support for recovery (abstinence or MAT) 	Specific individual therapy <ul style="list-style-type: none"> • Speech and language • Occupational • Behavioral
Integrated mental health and substance use treatment services	Early intervention/enrichment
	Ongoing cognitive and behavioral assessment



Law Enforcement Pillar

Background

While the abuse of narcotics, and for the purpose of this report, heroin, is a serious and life-threatening disease, all too often users are ultimately dealt with by law enforcement and the criminal justice system. According to the 2013 National Drug Control Strategy^f;

“While smart law enforcement efforts will always play a vital role in protecting communities from drug-related crime and violence, we cannot arrest our way out of the drug problem...When an individual becomes involved with the criminal justice system, it may be their first opportunity to obtain substance abuse treatment.”

In light of this, every effort must be made to ensure that law enforcement personnel along with persons working in the criminal justice system have adequate resources to do their work as well as training to recognize and understand SUDs, and how SUDs impact human behavior. Law enforcement is often the front line that has direct contact with persons dealing with addiction. The recommendations in this section reflect that in addition to supporting investigations and prosecuting criminal activity, persons within the law enforcement and criminal justice systems need additional resources, training and support to deal with the SUDs and the many problems that society faces as a result.

Prosecutor Training and Staffing

Effective prosecution of heroin-related cases not only requires an adequate understanding of opiate addiction and viable locally available treatment options, but also demands that prosecutors are familiar with criminal networks and common drug trafficking techniques. Drug Overdose Death Prosecutions under Wisconsin’s 1st Degree Reckless Homicide Statute capture the complexity of heroin cases. Commonly referred to as Len Bias prosecutions, these cases often involve witnesses who are users of heroin and other drugs, have suspects who are often members of criminal organizations involved in drug distribution, and require the production of forensic and toxicology experts.

Currently, Prosecutor’s offices within the State of Wisconsin are severely understaffed. According to a 2012 Workload Report released by the State Department of Administration, District Attorney’s Offices across the state are operating at 69% of recommended staffing levels. The Workload Report requires the addition of 172 state-funded prosecutors to operate at full-staffing levels (P. Werner, personal communication, April, 2014).

This chronic staffing shortage not only diminishes the ability of District Attorney’s Offices throughout the state to devote the necessary time to prosecute these cases, but it likewise decreases the time available to prosecutors to secure the necessary training and education to do so in the most effective manner possible. Rectifying the staffing shortage, while also devoting increased resources to state-wide prosecutor training, is essential to ensuring effective criminal justice system intervention.

Drug Collection and Take-back Events

Collection boxes not only serve as an effective law enforcement strategy for preventing the diversion of prescription medication for illegal purposes, but these sites also offer the opportunity for providing an avenue for the surrender of illicit substances, such as heroin, and the paraphernalia associated with its use. Ensuring that these substances are safely disposed of not only limits their availability for future illegal distribution and use, but also serves to limit the significant public health concern of infectious disease transmission associated with the repeated use of heroin paraphernalia.

^f www.whitehouse.gov/ondcp/national-drug-control-strategy



Law Enforcement Pillar (continued)

Drugged Driving Testing

A dual track system exists in Wisconsin for drug testing. The State Hygiene Laboratory is housed in the University of Wisconsin system. The Hygiene Lab is funded through forfeitures obtained from Operating While Intoxicated convictions. Samples that are affiliated with non-felony cases are handled by the State Hygiene Lab, which equates to approximately two thirds of all submissions annually.

The State Crime Laboratory is housed in the Wisconsin DOJ and is focused solely on criminal justice. The Crime Lab is funded by Wisconsin legislative statutes and handles all samples that arise from felony cases, approximately one third of all submissions annually.

An opportunity exists to examine this dual track system and make recommendations for improvement. First, law enforcement often requires samples to be tested prior to cases being fully investigated and therefore the felony/non-felony guideline for lab submissions is problematic. Additionally, the State Hygiene Lab, which handles the bulk of all submissions, has limited funding and limited capacity to do comprehensive testing on samples submitted.

Another promising approach to countering drugged driving is administrative per se laws. These laws provide for drug testing designed to detect the presence of illicit drugs (or in some states, medications that can impair driving) in drivers' bodies. A positive result is sufficient proof for violation of the law; it is not required that a level of impairment be established, as with alcohol, since the substance being tested for is illegal (or, in the case of medications, should not be taken prior to driving a motor vehicle)²⁵.

Drug Recognition Experts (DRE)

The 2013 National Drug Control Strategy from the Office of National Drug Control Policy (ONDCP) highlights drugged driving and educating the public about the inherent dangers of driving after using drugs. The National Highway Traffic Safety Administration's (NHTSA's) 2007 Roadside

Survey found that one in eight weekend night-time drivers tested positive for illicit drugs. A recent NHTSA study found that one-third of the drivers killed in traffic crashes, who were tested for drugs and whose results were known, tested positive²⁶. In order to better inform federal and state policy makers regarding the extent of the drugged driving problem more data is needed and programs to assist in the detection of drugged driving need to be expanded. Specialized training for law enforcement, including DRE training and Advanced Roadside Impairment Detection Education (ARIDE), equip law enforcement agencies with enhanced skills for conducting roadside investigations. Since training opportunities are limited, an ongoing challenge is maintaining existing levels of trained officers as well as establishing resources for expanding programs.

Drug Endangered Children (DEC)

All too often those impacted most by individuals with a SUD are children who end up in high risk situations or are exposed to dangerous drug environments. A DEC program is a multidisciplinary team most commonly composed of members of law enforcement, human services, prosecutors, the medical community, health departments, probation and parole, schools, treatment centers, non-profit groups and concerned community members. Representatives are determined by agencies at the county or tribal level.

DEC in Wisconsin exists on three levels:

- County/Tribal – Local effort and direct response
- State – County and tribal coordination, resources and training
- National – State coordination, resources and training

DEC programs work within their county or tribe to define 'drug endangered child' and the specific types of drugs that harm their community and endanger their children. Once the program defines the roles of each player, they can more easily provide resources to the children. The Wisconsin



Law Enforcement Pillar (continued)

Alliance for Drug Endangered Children (WIDEC) is a multidisciplinary partnership that assists communities in assessing service needs, coordinating efforts and keeping children safe and free from exposure to dangerous drug environments⁹.

Training & Professional Development

Substance use disorders often lead to a revolving door of criminal activity, arrest and incarceration. This process is extremely costly, frustrating to professionals working in law enforcement and the criminal justice system, and does very little to address the root cause of the problem. Without formalized, ongoing training the likelihood of successful prosecution, is greatly diminished. Similarly, proper handling of these matters requires that district attorney's offices have sufficient time and resources to properly review and prosecute these complex cases.

Alternatives to Incarceration

Approximately 80% of criminal offenders abuse drugs or alcohol and nearly one half are clinically diagnosed with a SUD. Comparable rates of substance abuse and dependence are found among groups and individuals involved with the criminal justice system, including parents in family dependency proceedings and juveniles in delinquency proceedings²⁷. These figures underscore the notion that for persons with SUDs, the criminal justice system will be a revolving door unless alternatives to incarceration can provide opportunities for comprehensive treatment and recovery programs.

Over the past twenty years, since the concept of drug courts came into existence, the evidence of their effectiveness in reducing crime is significant. According to the National Association of Drug Court Professionals, 75% of drug court graduates remain arrest-free two years after leaving the program. In addition, the most rigorous and conservative scientific meta-analyses conducted on drug courts show crime

reduced as much as 45% more than other sentencing options. Beyond reducing crime,

alternatives to incarceration show huge cost savings. Nationwide, for every \$1 invested in drug court, taxpayers save as much as \$3.36 in avoided criminal justice costs alone. When considering other cost offsets such as savings from reduced victimization and healthcare service utilization, studies have shown benefits range up to \$27 for every \$1 invested²⁸.

Based on these considerations, the Ad-hoc Committee recommends:

Recommendation 17: Reduce barriers to prevent overdose.

Law enforcement and other first responders are often called to respond to emergencies where intentional or unintentional narcotics overdoses occur. This recommendation builds on the recommendation originally outlined in SCAODA's Call to Action Report, to "Equip healthcare providers and first responders to recognize and manage overdoses." Specifically, this recommendation looks to include family members or others who may be concerned about a family member or loved one at risk of a drug-related overdose.

- Allow for family members or other caregivers to obtain opioid antagonists (naloxone) when there is concern for a user's safety.
- Community-based training programs should be promoted as a venue for receiving training in naloxone administration. The Aids Resource Center of Wisconsin's (ARCW's) training consists of a 12 minute video followed by reiteration of key concepts by staff to assure trainees grasp the intent. Once completed, trainees are given a prescription for naloxone and asked to report back if they deploy it. ARCW provides this service under standing orders from their Medical Director.

⁹ <http://www.wisconsindec.org/Welcome.html>



Law Enforcement Pillar (continued)

Recommendation 18: Develop a system to allow the surrender of heroin and drug paraphernalia to law enforcement without risk of legal ramifications.

The current lack of widely available surrender programs often leads those seeking to surrender illicit drugs or paraphernalia to contact law enforcement for direction. However, the fear of potential legal consequences for possession of these items serves to deter many individuals from doing so, contributing to the potential that these items are either disposed of in an unsafe manner or continue to be possessed.

Therefore, a system of surrender of heroin and drug paraphernalia to law enforcement without risk of legal consequences should be developed. A workgroup should be formed to explore practices in other states that could be replicated in Wisconsin. As a starting point, legislators should consider adapting the following provision to Act 194:

- A person is immune from criminal prosecution under s. 961.41(3g), for possessing a controlled substance or controlled substance analog, or s. 961.573, for possession of drug paraphernalia, if he or she summons a law enforcement officer for the express purpose of taking custody of the substance or paraphernalia or he or she surrenders the substance or paraphernalia at an established disposal site located at a law enforcement facility.

Recommendation 19: Establish a task force to examine the feasibility of sending blood samples for OWI cases to the State Crime Lab vs. the State Lab of Hygiene.

The task force should:

- Consist of representatives from the State Hygiene Lab, the State Crime Lab, law enforcement and other key stakeholders.

- Research and consider administrative per se laws related to impaired driving.
- Examine the dual track system and make recommendations that may include the following:
 - Development of guidelines for law enforcement to follow when determining where to submit samples.
 - Expanded testing for current samples submitted.
 - Identify ways to better support the Hygiene Lab to increase its capacity to conduct expanded testing.

Recommendation 20: Increase Drug Recognition Expert (DRE) and Advanced Roadside Impairment Detection Education (ARIDE) trainings statewide.

Currently, DRE and ARIDE programs are funded by the Wisconsin Department of Transportation (DOT) through NHTSA funding. Wisconsin DOT should continue providing this funding and expand these training opportunities in order to equip law enforcement agencies with enhanced skills when conducting roadside investigations and to establish a broad-base of law enforcement expertise across the state. Additional organizations such as the University of Wisconsin, Department of Continuing Studies should be considered as partners for providing valuable workforce development training opportunities with online and face-to-face training options to accommodate officers and law enforcement agencies. Additional potential partners include:

- The National Association of Drug Diversion Investigators.
- Local substance abuse prevention coalitions.
- Community Resource Officers using the Community Oriented Policing (COP) model.



Law Enforcement Pillar (continued)

Brown County Jails: Pilot Program for Assessing and Supporting People with Substance Use Disorders while Incarcerated.

Brown County, WI Jails have begun administering CAGE Assessments to inmates upon intake, with the following questions added to the assessment:

- “Do you have a problem with opiates (heroin, prescription drugs, etc.)?”
- “Have you ever felt that you ought to cut down on your drinking or drug use?”
- “Have people annoyed you by criticizing your drinking or drug use?”
- “Have you ever felt bad or guilty about your drinking or drug use?”
- “Have you ever had a drink or used drugs to steady your nerves or to get rid of a hangover?”

This new intake system is set up through individual ID’s to eliminate concern about counting an individual multiple times. The system should give better information about the extent of opiate use in the county.

Every two weeks, an ARCW Prevention Specialist conducts Opiate Overdose Education sessions with inmates that sign up for the program. Males and females are separated by groups and alternate weeks. Demographical and risk behavior information is collected. A booklet regarding treatment information is also distributed.

In addition:

- Brown County Human Services is in discussions about developing treatment programs inside the jail including some behavioral-based efforts.
- Libertas AODA Treatment Facility has agreed to pilot “treatment triage.” PWID can be referred to Libertas, who will then help the individual determine which treatment might be best and assist that person with referrals to treatment facilities.

Recommendation 21: Expand Drug Endangered Children (DEC) programs in every county and tribe in the state.

Proactively encourage and support sustainability of DEC programs in their efforts to serve communities. Below are the goals of the WIDEC:

- Increase the number of community programs in Wisconsin.
- Increase number of DEC programs in Indian Country.
- Support DEC programs in their ability to serve the children of our state by continuing to offer basic DEC training, developing regional training for establishing local DEC programs and providing an annual DEC conference in Wisconsin.
- Develop formalized data collection for DEC programs.
- Continue to serve as a role model to other states and tribes in developing DEC programs.

Recommendation 22: Provide basic training on substance abuse for all persons working in the criminal justice system to increase knowledge and awareness of SUDs.

- Provide training opportunities for prosecutors assigned to drug cases regarding laws specifically related to persons with SUDs (e.g. Len Bias).
- Provide training and professional development opportunities to equip professionals with the skills to recognize and understand SUDs.
- Partner with local substance abuse prevention coalitions and Departments of Public Health to assure consistent messaging and understanding of community drug-related problems.

Recommendation 23: Engage the Department of Corrections (DOC) to ensure a system for providing interventions to incarcerated persons who have substance use disorders (specifically heroin).

- Funding should be made available to provide treatment within the prison system.
- Brief services should be provided in county jails for persons incarcerated for short periods of time.
- Pilot programs for the administration of Vivitrol® to persons as they leave incarceration should be established.
- Explore the feasibility of expanding CAGE assessments and opiate overdose prevention education to jails in the state, like that which is being done in Brown County Jails.
- Establish programs at the county jail level to provide an initial assessment, information regarding treatment programs as well as dispensing naloxone upon release for persons with heroin-related SUDs.

Recommendation 24: Increase the number, funding and reach of Wisconsin drug courts.

- Examine local programs as well as innovative programs developed in other states, including Hawaii’s Opportunity Probation with Enforcement (HOPE) program (<http://www.nij.gov/topics/corrections/community/drug-offenders/pages/hawaii-hope.aspx>).



Treatment Pillar

Background

Addiction is a complex brain disease that alters reward, motivation, memory and related circuitry. These alterations manifest in biological, psychological, social and spiritual dysfunction most commonly exemplified as an increase in emergency room visits, overdose deaths, crime, homicides, high school drop-outs and loss of employment.

Today people in the United States make up 4.6% of the world’s population but consume 80% of the global supply of opioids, including 99% of the hydrocodone produced, with Vicodin® being the most prescribed medication in the United States²⁹. For many prescription opioid users, the shift to illegal and highly addictive heroin use is swift and of growing concern. Heroin is a cheaper more readily available option when prescription supplies dwindle or when the cost of medication is prohibitive. After repeated exposure, people who use heroin develop tolerance and increase their dose to achieve the desired high. To make matters worse, people who want to quit heroin often find themselves using again to manage withdrawal symptoms.

While 25-34 year olds remain the largest group of opioid abusers, it is the 18-24 year olds that are the fastest growing group of opioid users³⁰. Wisconsin sample survey data from NSDUH shows 4.3% of Wisconsin adults report using heroin or another opiate (for non-medical purposes) in the past year. This represents 163,300 Wisconsin adults. Among young Wisconsin adults age 18-25, the rate of past year use of opiates is 11% or 68,600 persons³¹.

Due to the complex nature of addiction, and in particular opiate addiction, a wide range of treatment and recovery support options need to be made available for all populations struggling with this disease. This includes establishing stabilization centers to include detoxification monitoring and mental and physical health assessments; providing services that are trauma-informed, culturally appropriate and person-centered; expanding both Medication Assisted Treatment (MAT) as well as Non-MAT options; establishing treatment and recovery networks throughout the community; and assuring that services are accessible and timely for all individuals in need of treatment including adolescents and pregnant women.

Medication Assisted Treatment:

For decades, studies have supported the view that opioid addiction is a medical disorder that can be treated effectively with medications administered under conditions consistent with their pharmacological efficacy and when treatment includes comprehensive services. The risk of relapse for individuals addicted to heroin is the highest during the first 3 to 6 months after cessation. Some researchers compared the basic aspects of SUDs with those of three disorders – asthma, hypertension and diabetes—which are considered medical, usually chronic and relapsing, and for which behavioral change is an important part of treatment. They found that genetic, personal-choice and environmental factors played comparable roles in these disorders and that rates of relapse and adherence to medication were similar, although SUDs were treated as an acute, not chronic, illness. The researchers’ review of outcome literature showed that patients who comply with treatment regimens have more favorable outcome³².

Adolescents and Young Adults:

People are most likely to begin abusing drugs during adolescence and young adulthood. Adolescence is a critical window of vulnerability to SUDs because the brain is still developing and some brain areas are still less mature than others. Adolescents experiment with drugs or continue to take them for several reasons, including to fit in, to feel good, to feel better, to do better and to experiment³³.

“Heroin users describe physical withdrawal like the worse flu one can ever imagine, multiplied times 10. They don’t sleep for days. Major anxiety in addition to horribly aching bones and muscles are also common.”

Sally Thoren,
Executive Director,
Gateway Foundation Chicago West



Treatment Pillar (continued)

“The adolescent brain is often likened to a car with a fully functioning gas pedal (the reward system) but weak brakes (the prefrontal cortex).

- NIDA, 2014

Some adolescents are more vulnerable to SUDs than others. This is largely due to risk factors. Adolescents with a history of physical and/or sexual abuse are more likely to be diagnosed with SUDs³⁴. Stressful early life experiences such as being abused or experiencing other forms of trauma are important risk factors that need to be screened and treated to prevent further progression of drug use and addiction. Nash, McQueen and Bray (2005) found that many other risk factors, including genetic vulnerability, prenatal exposure to alcohol or other drugs, lack of parental supervision or monitoring and association with drug-using peers also play an important role³⁵. These risk factors should be addressed while developing a treatment and recovery plan.

Pregnant Women and Infants:

Fluctuations in an expectant mother’s daily heroin use due to voluntary abstinence or lack of access to the drug affect the fetus’ wellbeing as well as the mother’s. If changes happen abruptly they can precipitate fetal abstinence syndrome, which increases the risk of premature delivery, low birth weight, stillbirth and sudden infant death syndrome³⁶.

Prenatal opiate exposure has greater adverse impact than prenatal cocaine exposure on the infant central nervous system (CNS) and autonomic nervous system, with effects that include abnormally high muscle tone, inconsolability, irritability, sneezing, stuffiness, excessive sucking, poor sucking ability and high-pitched cry³⁷. These factors can add further stress to a sometimes already stressed household.

The Ad-hoc Committee identified the following recommendations related to treatment for individuals with an opiate SUD.

Recommendation 25: Establish in-patient stabilization centers/facilities throughout Wisconsin to allow patients time to detox as well as coordinate follow-up services such as continuing treatment options, stabilized housing or community recovery support.

- Establish not-for-profit, regionally based statewide buprenorphine only Opioid Treatment Programs (OTPs).
- The treatment milieu should include a continuum of services to include the treatment of adolescents, residential treatment, natural supports and primary care settings employing mental health and AODA workers.
- Increase training and support for treatment providers and provide fair compensation from insurance companies for SUDs services.
- Services should ensure that patients have timely access to needed supports.

Recommendation 26: Provide treatment for persons while incarcerated.

- Establish ways to fund treatment, MAT, etc. since medical assistance is stopped while individuals are incarcerated.
- Find alternative ways for individuals to serve their time while receiving treatment, such as 24/7 drug-free programs.
- Train and educate corrections staff and individuals who are incarcerated about the dangers of drug use, overdoses, etc.
- Provide education services for individuals as they are released from incarceration, as well as their family members, related to risk of relapse, risk of overdose and community resources for supporting recovery.



Treatment Pillar (continued)

Recommendation 27: Provide accessible Medication Assisted Treatment (MAT) throughout Wisconsin for all populations through multiple service providers and delivery systems.

- Build capacity of MAT programs to include adolescent treatment options and increase accessibility to reduce (or eliminate) wait lists at treatment centers.
 - Explore the possibility of changing administrative rule to allow individuals under the age of 18 to access the same services provided for adults.
- Start individuals on Vivitrol® as they are released from incarceration and provide education on relapse prevention (how to prevent overdoses and deaths) and refer individuals to SUD treatment facilities in their community.
- Medical maintenance treatment is provided to stabilize patients and may include long-term provision of methadone, buprenorphine, or naltrexone, with less clinic attendance and fewer services; patients can receive medical maintenance at an OTP after they are stable.
- Maintenance treatment should be a combination that meets the needs of the individual and can include pharmacotherapy with a full program of assessment, psychosocial intervention and support services.
- Strengthen the certification guidelines for OTPs to ensure treatment and case management are provided in addition to medication.
- Ensure that OTPs provide sufficient, evidence-based, behavioral health counseling to clients enrolled within their programs.

Recommendation 28: Provide accessible Non-MAT throughout Wisconsin for all populations through multiple service providers and delivery systems.

- Non-MAT should be considered as the treatment of choice for those persons who do not meet DSM-IV-TR criteria for opioid dependence³⁸.
- Include education on relapse and the dangers of relapse for people in recovery.
- Service plans for all persons offered Non-MAT should include verbal and written information regarding the risks and benefits of MAT and Non-MAT³⁹ as well as:

Withdrawal Education: Preparing persons for the physical and emotional withdrawal may assist the person in assuring that the person can successfully complete the first step of the abstinence process.

Harm Reduction Education: Due to the medical risks associated with opiate use and the overdose potential, educating clients on medical co-occurring issues as well as risk of overdose need to be part of any abstinence-based treatment program.

Cognitive-Behavioral Coping Skills Therapy: Once the acute withdrawal process has occurred, counseling should be offered. Cognitive-Behavioral Coping Skills Therapy and client-centered therapy appear to be the most effective approaches. Clients learn to modify both thinking and behavior related to substance abuse as well as other areas of life functioning. Clients learn to address their thinking and activities and identify the effective and behavioral consequences of those thoughts and activities. Clients learn to strengthen coping skills and improve mood and interpersonal functioning and enhance social supports. Issues to be addressed include; 1) education of the patient about the treatment model; 2) collaboration between the patient and therapist to choose goals; 3) identifying unhelpful thoughts and developing



Treatment Pillar (continued)

experiments to test the accuracy of such thoughts; 4) guided discovery (facilitating the patient in identifying alternative beliefs through the use of questions designed to explore current beliefs); 5) interpersonal skill building through communication and assertiveness training; 6) behavioral rehearsal; and 7) role-play.

Treatment also includes homework to complete outside of the therapeutic sessions. This could include scheduled activities; self-monitoring; thought recording and challenging; and interpersonal skills practice⁴⁰.

Contingency Management: Research indicates that contingency management may have efficacy if included in an overall treatment regime. Contingency management approaches are based on behavioral principles of reinforcement that reward specific behavioral goals related to recovery. Monetary or non-monetary rewards are made contingent on objective evidence such as negative toxicology results (e.g., biological tests for recent drug or alcohol use), treatment adherence, or progress toward treatment goals⁴¹.

Recommendation 29: Establish adolescent treatment options throughout the state.

Currently, there are no options for juvenile treatment in Wisconsin outside of private pay centers. Adolescent populations should receive fair and equitable services in-line with services provided to adults with SUDs but which recognize the special needs of adolescents and young adults.

- The Adolescent Treatment Coordinator within DHS's Bureau of Prevention Treatment & Recovery should provide coordination between agencies and citizens to conduct an environmental scan of behavioral health services options and resources currently in Wisconsin.

- Collaborate and work with the Children, Youth and Family Sub-Committee of the Intervention and Treatment Committee of SCAODA to build capacity and expand adolescent substance abuse services in Wisconsin.
- Identify and implement new ways of providing behavioral health services, especially substance use disorder treatment for adolescents so they can maintain a tie to their community.
- Partner with local hospitals and community agencies to provide EAPs or Counselors to students while they attend school so they can receive both academic instruction and behavioral health services.

The National Institute on Drug Abuse (NIDA) wrote *Principle of Adolescent Substance Use Disorder Treatment: A Research-Based Guide* that outlines the principles and key components of creating and sustaining a comprehensive adolescent SUD treatment program. These principles are:

- Adolescent substance use needs to be identified and addressed as soon as possible.
- Adolescents can benefit from a drug abuse intervention even if they are not addicted to a drug.
- Routine annual medical visits are an opportunity to ask adolescents about drug use.
- Legal interventions and sanctions of family pressure may play an important role in getting adolescents to enter, stay in and complete treatment.
- Substance use disorder treatment should be tailored to the unique needs of the adolescent.
- Treatment should address the needs of the whole person, rather than just focusing on his or her drug use.
- Behavioral therapies are effective in addressing adolescent drug use.
- Families and communities are important aspects of treatment.



Treatment Pillar (continued)

- Several evidence-based interventions for adolescent drug abuse seek to strengthen family relationships by improving communication and improving family members’ ability to support abstinence from drugs.
 - In addition, members of the community (such as school counselors, parents, peers and mentors) can encourage young people who need help to get into treatment—and support them along the way.
- Effectively treating SUDs in adolescents requires also identifying and treating any other mental health conditions they may have.
 - Sensitive issues such as violence and child abuse or risk of suicide should be identified and addressed.
 - It is important to monitor drug use during treatment.
 - Staying in treatment for an adequate period of time and continuity of care afterward are important.

Recommendation 30: Provide positive proactive supportive services for pregnant women and people with SUDs with dependent children.

For pregnant women using heroin the standard of care is methadone maintenance therapy. Methadone is the only opioid medication approved by the U.S. Food and Drug Administration for MAT in pregnant patients⁴². However, there are points of potential intervention that span across multiple phases in women and children’s lives, where state/county/tribal agencies, healthcare providers and community-based services are involved. Minnes, Lang and Singer (2011) found critical to the success of opioid agonist therapy is the use of supportive services, including behavioral therapy and assistance with domestic violence issues, employment, housing, food and education needs⁴³.

Pregnant women in substance use treatment typically face financial, social and psychological difficulties that affect their options and treatment progress. The Center of Substance Abuse Treatment (CSAT) outlined substance use treatment recommendations to assist pregnant women in feeling supported and successful. This Committee supports the following CSAT recommendations in Wisconsin:

- Treatment should be provided in a gender specific, non-punitive, non-judgmental, nurturing manner, with attention to each client’s fears and cultural beliefs.
- Psychological interventions are indicated to address disruptions in the mother-child relationship, guilt, depression, low self-esteem and victimization and past trauma.
- Comprehensive treatment services, including individual, group and family therapy, address the physiological effects of substance use and psychosocial factors.
- A family has several points where they can be lost in follow-up care, such as a ‘warm handoff’ between agencies and providers; it will be crucial that state health agencies play a key role in linking various resources and providers systematically track substance-exposed infants through screening, assessment and service delivery⁴⁴.



Workplace Pillar

Background

According to the U.S. Department of Labor, more than 73% of illegal drug users are employed. Drug use costs employers approximately \$81 billion each year in lost time, accidents, health care and workers’ compensation costs⁴⁵. Additionally, the Small Business Administration reports that employees with substance use issues cost employers an average of \$7,000 annually and are 33% less productive^{46h}.

In Wisconsin, the impact of drug use on the workplace is increasingly worrisome. Employers are finding it more difficult to hire workers, as many prospective employees cannot pass drug tests or maintain employment because of their drug use. This concern was shared by one Wisconsin based Chamber of Commerce, which heard from local employers who shared that drug use was a key reason they were unable to fill vacant positions. It is this identified area of concern that prompted the discussion of partnering with workplaces to assist with education, prevention, harm reduction and treatment.

“With a fast growing economy and limited workforce, this heroin epidemic is rapidly shrinking the area’s labor pool and exhausting community resources.”

Jacqueline Boudreau
Executive Director and CEO,
Marinette Menominee Area
Chamber of Commerce

Understanding that drug-free workplace programs can help employers create cost-effective, safe and healthy workplaces, SAMHSA has developed a Drug-Free Workplace Toolkit (<http://store.samhsa.gov/product/Making-Your-Workplace-Drug-Free/SMA07-4230>). Based on early studies of successful drug-free workplace programs, the SAMHSA Drug-Free Workplace Kit recommends at least five key components: 1) a written policy, 2) employee education, 3) supervisor training, 4) an EAP and 5) drug testing.

Furthermore, the Small Business Administration, under the Drug-Free Workplace Act of 1998, specified the following six components: 1) a clear written policy, 2) a minimum of 2 hours of training for all employees, 3) additional training for working parents, 4) drug testing by a certified institution, 5) access to an EAP and 6) a continuing drug and alcohol abuse prevention program.

These best practices serve as the foundation for developing the recommendations in this section. In addition, it became clear at the beginning of discussions that a key concern for small business was limited resources available to address drugs in the workplace. With this concern in mind, the recommendations in this section include additional information on community-based resources for small businesses when possible. Resources also differ within communities, making it beneficial for small and large businesses to begin meeting to discuss opportunities and ways to support each other.

These recommendations were developed utilizing national best practices and with the input of large and small business representatives, prevention specialists, law enforcement and concerned community members. The recommendations are designed to provide businesses with a starting place for developing policies and are a small sample of policies that can be enacted to address substance use issues in a workplace. As evident by several of the recommendations, successfully addressing these concerns will require collaboration on multiple levels. It is this committee’s recommendation that all businesses have a drug policy and enact other recommendations as needed and reasonable for their organizations

^h National Drug Free Workplace Alliance <http://www.ndwa.org/aboutus.php>



Workplace Pillar (continued)

Recommendation 31: Establish a clear written workplace drug policy.

A written policy is the cornerstone of a drug-free workplace program, which can only be successful if it is enforced. Each organization will need to create a specific policy that is based on the company's philosophy and resources. At a minimum, the policy should include the following:

- Rationale (i.e. laws, organizational goals);
- Expectations for compliance;
- Options offered for assistance; and
- Consequences for violating the policy (i.e. discipline, referral for assistance, termination).

Workplace drug testing policies should reference the types of testing used, (i.e. pre-employment, post-accident, reasonable suspicion and random). Businesses should also include policies to address employees who may be using methadone, Suboxone® and other drugs for recovery; using prescription drugs for injury pain management; and self-report drug use. Ultimately whatever policy is developed for the organization, it is recommended that the policy is reviewed by legal counsel to ensure protected liability.

Resources that can provide guidance to businesses for developing well-thought out, clearly written policies include:

- SAMHSA, Division of Workplace Programs:
<http://workplace.samhsa.gov/>.
- U.S. Department of Labor, Drug-free Workplace Advisor:
<http://www.dol.gov/elaws/asp/drugfree/menu.htm> (user answers a series of questions and the site will write the policy).

Recommendation 32: Employers should provide employee education and prevention resources.

According to results of a NIDA-sponsored survey, employees using drugs are 2.2 times more likely to request early dismissal

or time off, 2.5 times more likely to have absences of eight days or more, three times more likely to be late for work, 3.6 times more likely to be involved in a workplace accident and five times more likely to file a workers' compensation claim⁴⁶. The entire workplace should know about the benefits of the drug-free workplace programs regarding savings to the bottom line including health insurance rates and safety concerns.

Trainings should include review of the workplace policy, drug trends, what to look for, how to report and available resources for those needing help (for employee or family member).

Education should include the Safe Drinking Guidelines established by the National Institutes of Health
http://pubs.niaaa.nih.gov/publications/RethinkingDrinking/Rethinking_Drinking.pdf. Additional information should be provided regarding SUDs as a disease with opportunities for recovery to reduce the stigma and encourage those who are using to seek help.

Resources that can assist organizations to implement this recommendation include:

- Work with local substance abuse prevention coalitions, law enforcement and other organizations to create a traveling showcase to present information such as drug trends, drug prevention and treatment resources.
- In workplace settings, provide parenting classes and prevention education, such as "how to talk to kids about drugs".
- Post drug trend information and signs of use in common areas of the workplace.
- Provide screening tools to assess employee drug use and possible abuse.
- Provide stress management and coping skills to assist with healthy coping mechanisms.
- Provide a supportive environment, including work parties that focus on family and not alcohol or other substance use.



Workplace Pillar (continued)

Recommendation 33: Provide supervisors training in how to identify, confront and report drug use.

Trainings should include a discussion of the business impact, the potential cost of not confronting employees who are potentially using, signs and symptoms of abuse and the protocols used for testing (such as the lab used, how transportation to the collection site is provided and whether an employee is suspended pending results). It is also recommended that sessions include how to intervene, what to document and how to respond to inquiries from co-workers.

According to the SAMHSA Drug-Free Workplace Toolkit, there are seven general guidelines for employers, supervisors and human resource staff:

1. Know the policy and program.
2. Be aware of legally sensitive areas.
3. Recognize potential problems.
4. Document in a systematic and fair manner.
5. Act in a confidential way.
6. Refer to appropriate services.
7. Reintegrate into the workplace.

Collaborations to assist businesses with implementing this recommendation include:

- Connect with DRE’s to provide Drug Impairment Trainings for Educational Professionals (DITEP).
- Connect with local Chambers of Commerce, Association of Non-profits, small business organizations or legal counsel to provide on-going trainings including information on the legalities of a fair documentation process and other safe-guards needed to ensure liability issues are covered.
- Connect with local substance abuse prevention coalitions for training and materials that support a drug-free workplace.

Recommendation 34: Provide or expand assistance for employees who are misusing or abusing drugs.

With so much to manage, personal challenges can easily develop and become difficult to solve on one’s own. To assist employees in times of personal setback or crisis, many businesses offer an important employee health benefit known as Employee Assistance Programs (EAPs). By making professional assistance readily available, companies hope that employees will seek help early to resolve problems and regain stability. In this way, they can maintain their most valued resource – a healthy and productive workforce.

If an EAP program is not available, especially for small businesses, organizations can work with local providers to provide similar services for the employee. Opportunities include:

- Connecting with local substance abuse prevention coalitions, public health departments or health and human service departments to obtain a list of local resources to provide for employees needing help.
- Providing meeting space or time off for employees to attend AA, NA or Al-Anon groups.
- Contacting local hospitals, outside EAP programs or other local resources, to find opportunities to provide support services on an individual basis.
- Workplaces may provide “Second Chance” programs. Second Chance Programs allow employees who are caught using drugs, testing positive for drug use, or self-reporting use the opportunity to seek treatment while still employed by the company. If a business chooses to do this, additional policies need to be in place and well documented regarding: expectations of the employee, provisions from the business and next steps if the employee does or does not meet expectations. Businesses should clarify if this option is available for all employees or limited. If limited, clear explanations as to “why” some



Workplace Pillar (continued)

receive consideration, such as management or long-term employees, should be included in the policy. If this recommendation is implemented, legal counsel should be sought to ensure all appropriate language is used.

Recommendation 35: Workplaces should establish consistent drug testing policies.

An increasing number of businesses are utilizing drug testing. Businesses that plan to do drug testing should have written policies and procedures in place, including supervisorial training and clear steps to take if there is a positive test. Small business owners may want to contact their local hospitals or small business association to determine if drug testing could be offered on an individual basis.

Workplaces should take the following into consideration when developing a drug testing policy:

- When will drug testing be performed? Most companies use some or all of the following practices: pre-employment drug testing, mandatory post-accident testing, suspicion and random. For each practice used in the workplace, clear policies must be in place about drug test use and protocols for a positive test. Businesses must also address how they will handle each of the processes if the results from the drug test are not immediate (i.e. testing for suspicion). For example, is the employee allowed back to work or are they suspended until drug test results are received?
- What type of test and specimen will be collected? The most common type of specimen is urine, followed closely by hair and saliva and breath testing; blood testing is seldom used for pre or post-employment testing, except in cases of accidents or court order.
- Where will specimen collection be conducted? This is usually limited to the employer's place of business or off-site at a designated collection point such as a laboratory, doctor's office or hospital.

Recommendation 36: Workplaces should consider hiring policies that do not discriminate against past drug use or criminal history.

The Ad-hoc Committee had lengthy discussions regarding the struggle to find a job some individuals in recovery face due to their past drug use and criminal history. Some companies and states are implementing a "Ban the Box" practice. This refers to removing from an employment application questions regarding an individual's conviction history as well as delaying a background check inquiry until later in the hiring process (<http://www.nelp.org/page/-/SCLP/ModelStateHiringInitiatives.pdf?nocdn=1>).

Although the Ad-hoc Committee was not ready to advocate for this type of direct legislation, the group did appreciate the principle behind the legislation. Workplaces should be encouraged to consider removing criminal history questions from employment applications for positions not requiring high level security. This would ensure that individuals with a past record are not discriminated against or immediately passed over for employment. As an alternative, businesses could request criminal history information on an employment application, but add specific charge-related follow-up questions such as, age at time of offense, time since last offense, whether offense was drug-related, or what the applicant has done since the offense to stay out of trouble. Some organizations have recognized the value of working with temporary employment placement agencies, which can screen and hire applicants on a trial basis. Hopefully, through time, more programs will be developed to find ways for supporting those in recovery to become a productive member of the workforce.



Conclusion

Wisconsin has the basic framework for reducing the negative consequences associated with opioid abuse and heroin use. Public policy and community practices have the ability to prevent and reduce illegal, inappropriate and dangerous opioid use. Wisconsin must adopt strategies at the private, community, municipal and state levels in an effort to make opioids less available and accessible for nonmedical use and increase services to those who have SUDs in order to lessen the impact on children, families and the community. By focusing on the Five Pillar sectors; prevention services, harm reduction strategies, law enforcement practices, treatment infrastructure and workplace policies, Wisconsin can change the landscape of services for those in need. The recommendations in this report provide a portfolio of effective, actionable strategies for leaders and communities creating a safer, healthier future in Wisconsin.



Summary of Recommendations

		Related Pillars:				
Recommended in:	Recommendation	P	HR	LE	T	WP
Prevention Pillar	Recommendation 1: Increase community awareness and substance abuse prevention messaging in order to reduce substance abuse and the stigma of SUDs.	✓	✓	✓	✓	✓
	Recommendation 2: Substantially increase funding to support substance abuse prevention coalitions and their activities to reduce substance abuse in the community.	✓				
	Recommendation 3: Provide opportunities to support youth participation in activities that reduce risk and enhance protection.	✓	✓	✓		
	Recommendation 4: Implement recommendations from the SCAODA <i>Reducing Wisconsin's Prescription Drug Abuse: A Call to Action</i> Report in order to reduce access to prescription medications for non-medical use.	✓	✓	✓		✓
	Recommendation 5: Recruit employers, local government agencies, medical centers and non-profits to participate in substance abuse prevention and intervention activities.	✓	✓	✓		✓
	Recommendation 6: Promote safe and healthy neighborhoods.	✓		✓		✓
	Recommendation 7: Endorse policies to reduce substance abuse and related harms.	✓	✓	✓	✓	✓
Harm Reduction Pillar	Recommendation 8: Harm reduction programs, including syringe exchange, should be widely available and accessible.		✓			
	Recommendation 9: Testing for HCV and HIV should be available in outreach settings that are frequented by people who inject drugs (PWIDs).		✓	✓	✓	
	Recommendation 10: Increase and expand fatal opioid overdose prevention training and establish protocols for facilities that house or serve individuals with opioid overdose risk.	✓	✓	✓	✓	✓
	Recommendation 11: Procure funding for training on naloxone administration, including co-prescriptions of naloxone for any script written for an opioid.	✓	✓	✓	✓	
	Recommendation 12: Raise public awareness regarding 2013 Wisconsin 911 Good Samaritan Legislation (Wisconsin Act 194).	✓	✓	✓		
	Recommendation 13: Enhance awareness of heroin use by parents and caregivers, its impact on children and the need for child-focused assistance and support.	✓	✓		✓	✓
	Recommendation 14: Develop safety plans for children that are adult or child implemented.		✓			
	Recommendation 15: Provide targeted prevention and treatment services for pregnant women to protect the health of the unborn child or drug-affected newborn.	✓	✓		✓	
	Recommendation 16: Expand the number of specialized courts in Wisconsin to create Family Drug Treatment Courts to better address the needs of children whose parents or caregivers are arrested for substance-related offenses.	✓	✓	✓	✓	
Law Enforcement Pillar	Recommendation 17: Reduce barriers to prevent overdose.	✓	✓	✓	✓	
	Recommendation 18: Develop a system to allow the surrender of heroin and drug paraphernalia to law enforcement without risk of legal ramifications.	✓	✓	✓		



Summary of Recommendations

		Related Pillars:				
Recommended in:	Recommendation	P	HR	LE	T	WP
	Recommendation 19: Establish a task force to examine the feasibility of sending blood samples for OWI cases to the State Crime Lab vs. the State Lab of Hygiene.			✓		
	Recommendation 20: Increase Drug Recognition Expert (DRE) and Advanced Roadside Impairment Detection Education (ARIDE) statewide.		✓	✓		
	Recommendation 21: Expand Drug Endangered Children (DEC) programs in every county and tribe in the state.		✓	✓		
	Recommendation 22: Provide basic training on substance abuse for all persons working in the criminal justice system to increase knowledge and awareness of SUDs.	✓		✓		✓
	Recommendation 23: Engage the Department of Corrections (DOC) to ensure a system for providing interventions to incarcerated persons who have SUDs (specifically heroin).		✓	✓	✓	
	Recommendation 24: Increase the number, funding and reach of Wisconsin drug courts.		✓	✓	✓	
Treatment Pillar	Recommendation 25: Establish in-patient stabilization centers/facilities throughout Wisconsin to allow patients time to detox as well as coordinate follow-up services such as continuing treatment options, stabilized housing or community recovery support.				✓	
	Recommendation 26: Provide treatment for persons while incarcerated.			✓	✓	
	Recommendation 27: Provide accessible Medication Assisted Treatment (MAT) throughout Wisconsin for all populations through multiple service providers and delivery systems.				✓	
	Recommendation 28: Provide accessible Non-MAT throughout Wisconsin for all populations through multiple service providers and delivery systems.				✓	
	Recommendation 29: Establish adolescent treatment options throughout the state.				✓	
	Recommendation 30: Provide positive proactive supportive services for pregnant women and people with SUDs with dependent children.	✓	✓	✓	✓	✓
Workplace Pillar	Recommendation 31: Establish a clear written workplace drug policy.					✓
	Recommendation 32: Employers should provide employee education and prevention resources.	✓				✓
	Recommendation 33: Provide supervisors training in how to identify, confront and report drug use.	✓				✓
	Recommendation 34: Provide or expand assistance for employees who are misusing or abusing drugs.				✓	✓
	Recommendation 35: Workplaces should establish consistent drug testing policies.					✓
	Recommendation 36: Workplaces should consider hiring policies that do not discriminate against past drug use or criminal history.				✓	✓

P = Prevention, HR = Harm Reduction, LE = Law Enforcement, T = Treatment, WP = Workplace.



Frequently Used Acronyms

ACE	Adverse Childhood Experiences
AA	Alcoholics Anonymous
AODA	Alcohol and Other Drug Abuse
ARIDE	Advanced Roadside Impairment Detection Education
ASTHO	Association of State and Tribal Health Officials
AWY	Alliance for Wisconsin Youth
CADCA	Community Anti-Drug Coalitions of America
CDC	Center for Disease Control and Prevention
COP	Community Oriented Policing
CPS	Child Protective Services
CSAT	Center for Substance Abuse Treatment
DCF	Department of Children and Families
DEC	Drug Endangered Children
DHS	Department of Health Services
DPH	Division of Public Health
DITEP	Drug Information for Teachers and Educational Professionals
DOC	Department of Corrections
DOJ	Department of Justice
DOT	Department of Transportation
DRE	Drug Recognition Expert
EAP	Employee Assistance Program
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
MAT	Medication Assisted Treatment
NA	Narcotics Anonymous
NAS	Neonatal Abstinence Syndrome
NHTSA	National Highway Traffic Safety Administration
NIDA	National Institute on Drug Abuse
Non-MAT	Non Medication Assisted Treatment
NSDUH	National Survey on Drug Use and Health
NYVPRC	National Youth Violence Prevention Resource Center
OHI	Office of Health Informatics
OJP	Office of Justice Programs
ONDCP	Office of National Drug Control Policy
OTP	Opioid Treatment Program
PWID	Persons Who Inject Drugs
SAMHSA	Substance Abuse and Mental Health Services Administration
SBIRT	Screening, Brief Intervention and Referral to Treatment
SCAODA	State Council on Alcohol and Other Drug Abuse
SPF	Strategic Prevention Framework
SUD(s)	Substance Use Disorder(s)
STD	Sexually Transmitted Disease
TB	Tuberculosis



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Appendix A: Community Toolbox

Portions, reproduced from the Community Toolbox. The Community Toolbox is a service of the Workgroup for Community Health and Development at the University of Kansas.

<http://ctb.ku.edu/en/toolkits>.

When do you use a community awareness campaign?

- When you're trying to change the behavior of a large group of people
- When you're trying to change behavior over a long period of time
- When you have resources necessary to manage a comprehensive effort

Steps to creating community awareness campaigns:

- Defining and understanding the problem: Your goals, your target audience, and what the community thinks about the problem
- Choosing strategies: Brainstorming possible strategies, choosing those which are most appropriate, designing messages, and pretesting your ideas
- Implementing and evaluating your work
- Do it all over forever – keep it “fresh”

Possible Activities:

- Identify your target audience – which may change your messages.
- Assess community need and knowledge level of the issue.
- Conduct “power mapping” to identify key players - *Power mapping is a strategic process for creating an engagement plan that maximizes the engagement of strategic and powerful supporters, and minimizes the engagement of opposition.*
- Conduct a town hall meeting or legislative forum/candidate education session.
- Invite key stakeholders to participate in a community discussion.
- Host a press conference to announce the launch your identified community campaign.
- Engage youth and youth-serving organizations in media and messaging creation.
- Identify three key messages and supporting facts or points to distribute to community stakeholders and coalition spokespersons.
- Conduct an editorial board visit.
- Monitor and track earned media opportunities.
- Make a resource list of key media and earn media opportunities.
- Promote an existing community awareness campaign (ex. www.theflyeffect.com) or created your own (it is recommended that you engage local marketing firm or media expert) brand (ex. www.pushbackdrugs.com).
- Train coalition partners and community stakeholders on media relations and public speaking.
- Build relationships with media to connect to coalitions through meetings, newsletters, etc.
- Produce & develop local public service announcements that can be used on multiple media platforms (online, TV, radio).

Tips:

- Avoid “scare tactics” in messaging directed at youth.
- Utilize various media strategies to distribute information.
- Include an “ask” or action that can be taken by your audience in conjunction with your messages.
- Catalog local stories that illustrate your messages and compliment data/trends.
- Collect business cards and specific contact information to directly reach out to media representatives versus using the generic contact information.
- Celebrate and recognize media support publically – this can build positive relationships.
- When “pitching” an idea to local media, include a local “story” or contacts to illustrate your goals.



Appendix A: Community Toolbox (continued)

- Utilize local production and marketing firms – such as Public Access or institutes of higher learning – often these are low cost and opportunities to build positive relationships towards the next project.

Resources:

- MoveOn.org: www.moveon.org/organize/campaigns/powermap.html
- Drug Free Action Alliance (OH): www.drugfreeactionalliance.org/scare-tactics
- WI Department of Justice (launched Sept 2013): www.theflyeffect.com
- Marathon County Alcohol & Other Drug (AOD) Partnership (launched May 2013): www.pushbackdrugs.com



Appendix B: Call to Action Report Summary of Recommendations

Priority Area: Fostering Healthy Youth

Recommendation 1: Support communities to foster healthy youth.

Priority Area: Community Engagement and Education

Recommendation 2: Launch a public outreach and education campaign.

Recommendation 3: Support community coalitions as the vehicle through which communities will successfully prevent and reduce prescription drug diversion, abuse and overdose deaths.

Priority Area: Health Care Policy and Practice

Recommendation 4: Mandate education and training for health care professionals.

Recommendation 5: Ensure that chronic pain sufferers have safe and consistent access to care.

Recommendation 6: Establish standard prescribing practices for urgent care and emergency departments.

Recommendation 7: Develop standard screening methodologies for drug-testing labs to use in detecting the presence of drugs to include all commonly misused opioids, benzodiazapines, psychostimulants, and related agents, and ensure that drug-testing methodologies used in clinical settings and in post-mortem settings (including the State Crime Lab system) are aligned in order to generate the most consistent and useful data.

Recommendation 8: Develop a standard set of treatment protocols for Opioid Treatment Programs (OTPs).

Recommendation 9: Establish guidelines to reduce the diversion of prescription drugs by those who handle prescription medications in the course of their daily work.

Recommendation 10: Equip healthcare providers and first responders to recognize and manage overdoses.

Recommendation 11: The Wisconsin Dental Association and Wisconsin Dental Examining Board should endorse the findings of the Tufts Health Care Institute Program on Opioid Risk Management and the School of Dental Medicine, Tufts University.

Priority Area: Prescription Medication Distribution

Recommendation 12: Convene a workgroup to develop recommendations to increase security measures in the dispensing of prescriptions for controlled substances.

Recommendation 13: Implement a system to ensure that, for controlled substance prescriptions, patients are identified in a manner similar to photo identification as required to obtain pseudoephedrine.

Recommendation 14: Support a system that increases security and traceability of controlled substances from manufacturer to patient.

Priority Area: Prescription Medication Disposal

Recommendation 15: Establish a coordinated statewide system for providing secure, convenient disposal of consumer medications from households.

Recommendation 16: Integrate medication collection with the Wisconsin Drug Repository.



Appendix B: Call to Action Report Summary of Recommendations (continued)

- Recommendation 17:* Create an infrastructure for the destruction of drugs in compliance with state and federal environmental regulations.
- Recommendation 18:* Identify the causes for prescription drug waste and implement proactive solutions.
- Recommendation 19:* Identify sustainable means for funding collection and disposal in cooperation with key stakeholders including pharmaceutical producers, local governments, law enforcement, waste management companies, health care providers, pharmacies and consumers.
- Recommendation 20:* Establish a system for effective disposal of consumer medications in all care programs and facilities which complies with state and federal waste management laws.
- Recommendation 21:* Establish regulations that would permit registered nurses, employed by home health agencies and hospices, to transport unused medications, including controlled substances, to designated drug drop-off and disposal facilities, so that when patient medications are no longer needed, such nurses are allowed by law to assist in their safe destruction.

Priority Area: law Enforcement and Criminal Justice

- Recommendation 22:* Build bridges between law enforcement and community-based prevention efforts.
- Recommendation 23:* Make drugged driving a priority issue.
- Recommendation 24:* Support drug courts.

Priority Area: Surveillance System

- Recommendation 25:* Design and implement an electronic Prescription Drug Monitoring Program (PDMP).
- Recommendation 26:* Develop a community early warning and monitoring system that tracks use and problem indicators at the local level.
- Recommendation 27:* Develop a community monitoring and early warning and monitoring system that tracks overdoses at the local level.
- Recommendation 28:* Improve consistency in reporting drug use and abuse across the state.

Priority Area: Early Intervention, Treatment & Recovery Across the Lifespan

- Recommendation 29:* Establish guidelines to screen for substance use in all health care settings.
- Recommendation 30:* Promote and support evidence-based screening and early intervention for mental health and substance abuse.
- Recommendation 31:* Integrate high quality medication management and psychosocial interventions for substance use disorders so that both are available to consumers as their conditions indicate.
- Recommendation 32:* Make addiction treatment and recovery support services available both on a stand-alone basis and on an integrated basis with primary health care services, as well as in other relevant community settings.



Appendix C: SBIRT and 911 Good Samaritan Report Summary of Recommendations

SBIRT Recommendations:

Recommendation #1 (Coordination)

It is recommended that the Governor's Office be part of a coordinated effort to bring together healthcare policymakers, purchasers, payers, and providers to advance the implementation of SBIRT in healthcare settings (e.g., primary care, emergency care, hospital inpatient care) so that SBIRT becomes a standard of care in health care in Wisconsin.

Recommendation #2 (Providers)

As a part of a coordinated effort, it is recommended that incentives be developed for provider organizations to deliver SBIRT. For example, a pay-for-performance program could be developed such that actual or anticipated reductions in health care costs resulting from SBIRT services are distributed back to providers to a degree that corresponds with performance on SBIRT quality measures.

Recommendation# 3 (Purchasers)

It is recommended that the Governor's Office harness the purchasing power of the Employee Trust Fund (ETF) to ensure that SBIRT is included in all employee health plans. With the ETF as a model, it is also recommended that the Governor's Office lead a coordinated effort to encourage other public purchasers as well as private-sector purchasers of health care to include SBIRT in health plans.

Recommendation# 4 (Payers)

It is recommended that the Governor's Office coordinate efforts among health care payers to reimburse on a fee-for-service basis SBIRT for alcohol, illegal drugs, tobacco, and depression by (a) promulgating Wisconsin Medicaid's current policy for reimbursing paraprofessional-administered alcohol and drug SBIRT services as a model reimbursement policy and extending that policy to reimbursement of tobacco and depression services, and by (b) instituting within Medicaid existing quality measures for SBIRT delivery to ensure effective services are being delivered. Additionally, it is recommended that the Wisconsin Legislature enact legislation requiring Wisconsin health care payers to describe their current policies on SBIRT reimbursement and that the Wisconsin Department of Health Services maintain a repository of such policy descriptions on a public website.

Recommendation# 5 (Dissemination)

The Ad-hoc Committee recommends the State Councils on Public Health and Mental Health endorse this report and add their support to the implementation of SBIRT.



Appendix C: SBIRT and 911 Good Samaritan Report Summary of Recommendations (continued)

911 Good Samaritan Recommendations

Recommendation 1: Draft a 911 Good Samaritan Law to meet Wisconsin's needs.

- Language providing limited immunity from prosecution for possession to those who call for or receive medical assistance in an overdose situation.
- Language providing deferred prosecution with the option of treatment for persons who call for or receive medical assistance in an overdose situation.
- Language incorporating the provision of Screening Brief Intervention and Referral to Treatment (SBIRT) services for persons who call for or receive medical assistance in an overdose situation (see “*Additional Recommendations*”, pg. 24 for more information on SBIRT). Language providing individuals, acting in good faith, the legal right to receive, possess, or administer naloxone to an individual suffering from an apparent overdose (see “*Naloxone Recommendations*” pg. 18).

Recommendation 2: Provide education and outreach regarding legislation to all stakeholders.

Naloxone Recommendations

Recommendation 3: Pass a 911 Good Samaritan Law that allows a person acting in good faith to receive a naloxone prescription, possess naloxone, or administer naloxone to an individual suffering from an apparent overdose without penalty.

Recommendation 4: Adapt and deliver research-based educational materials and training curricula to paraprofessionals and others who may administer naloxone; e.g. police officers, fire fighters, non-paramedic EMTs.

Recommendation 5: Train substance abuse treatment providers and their clients, including medication assisted treatment programs in overdose education and response.

Recommendation 6: Provide education within correctional facilities in overdose prevention and reversal.

Data Recommendations

Recommendation 7: Conduct surveys to gather information on public perception of current laws and practices as well as establishing factual accounts of emergency medical services and law enforcement practices related to life-saving calls for overdose assistance.

Recommendation 8: Develop standards for reporting incidents of fatal overdoses such that reports are consistent across jurisdictions/departments and the presence of individual drugs is specified.

Recommendation 9: Provide ongoing support for the monitoring of opioid overdoses and fatalities as well as other consequences that opiates have on the community at the state and county level.

Additional Recommendations

Recommendation 10: Create a workgroup to address the problem of heroin addiction.

Recommendation 11: Increase access to substance use disorders (SUDs) and AODA treatment.

Recommendation 12: Establish Drug Treatment Courts throughout the State.



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