Wisconsin Substance Use Trends

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Objectives
- Learn drug trends and current data in Wisconsin
- Understand the signs and symptoms of heroin use, opioid prescription misuse/abuse, and methamphetamine use
- Understand the extent of the opioid problem in Wisconsin and nationally
- Understand medication-assisted treatment (MAT) and its application in Wisconsin
- Learn ways to implement MAT into current practices

Opioids
- Morphine
- Codeine
- Thebaine
- Diacetylmorphine (Heroin)
- Hydrocodone (Vicodin®)
- Oxycodone (Oxycontin®)
- Oxymorphine (Opana®)
- Hydromorphone (Dilaudid®)

Naturally occurring opioids - also called opiates

Semi-synthetic opioids
Introduction

- Since 2000 the rate of deaths from drug overdoses has increased 137 percent, including a 200 percent increase in the rate of overdose deaths including opioids.
- An estimated 2.4 million individuals are living with an opioid use disorder, and most are not receiving treatment or not receiving the most effective care.

Signs of Opiate Abuse: Behavioral/Physical

- Pill bottles
  Addiction requires regular dosage and often. Pill bottles will often travel with addicts where they go.
- Shoplifting/stealing
  Money is needed to support habit
- Loss of appetite/weight
  Opiates suppress appetite. Frequent vomiting makes food unappealing.

- Doctor shopping
  Finding new physicians to fill prescriptions
- Itchy arms/neck/legs
  Frequent injections cause skin irritation
- Wearing long sleeves
  To cover needle marks. Suspect when long sleeves seem inappropriate.
- Constricted/pinpoint pupils
  Heroin causes this involuntary effect unlike other drugs that dilate (enlarge) pupils.
- Anxiety
  Looking at phone compulsively, usually when trying to find drugs
Signs of Opiate Abuse: Behavioral/Physical

- **Behavior change**
  A sudden change in routine and mood, suppressed emotions

- **Isolation**
  Social needs are secondary to heroin

- **Nodding off**
  Addiction saps body of energy. Heroin causes a sleep-like effect

- **Sudden change in hygiene**
  Sudden hair loss, bad complexion, cold sweaty skin, no interest in appearance

Signs of Opiate Abuse: Environmental

- **Missing vent screws**
  An addict will keep drugs close, so consider this when searching the personal space for drugs

- **Burned carpet**
  Black spots or areas where carpet has been burned, usually from cooked heroin spilling

- **Torn corners of plastic baggies**
  Often used to distribute heroin

- **Burnt foil/spoons/tea candle tins**
  Used to cook heroin. They accumulate soot from open flames.

- **Blackened fingers/smudges**
  Soot from handling burnt foil, spoons

Signs of Opiate Abuse: Environmental

- **Pen parts/straws**
  Used to snort heroin or crush opiate pills

- **Crushed pills/white powder**
  Crushing opiates to snort results in intense high. Risk of overdose or death is elevated

- **Torn Q-tip buds, cut cigarette filters**
  Used to filter heroin liquid when filling needle

- **Plastic bottle caps**
  Used to mix heroin powder with water prior to injecting
Signs of Opiate Abuse: Environmental

- Folded receipts, lottery tickets
  Innocent looking packaging used to carry heroin powder
- Sunglasses case
  Or any other obvious object used to disguise contents of a heroin kit
- Blood spots in sink/bedding/clothes
  Injecting veins causes bleeding

From Cuyahoga County, Ohio
letsfaceheroin.com/signs.html

Epidemiology

National

“Statistics are human beings with the tears wiped off” ~Paul Brodeur,
Outrageous Misconduct
Hydrocodone Usage in United States

Oxycodone Usage in United States

Opioid Pain Relievers Driving U.S. Overdose Epidemic, Heroin Catching Up

(overdose deaths can involve multiple drugs - not mutually exclusive)
States Affected by Fentanyl Overdose Incidents and Deaths 2013-2014

Source: State Medical Examiner Death Data and Open Source Reporting
Heroin vs. Fentanyl

Greatest Drug Threat Represented Nationally as Reported by State and Local Agencies, 2013-2015

Private Insurance Costs, Nationally
Epidemiology
Wisconsin

Surveillance: Data Sources and Systems
- Death certificates
- Hospital discharge and emergency department data
- Prescription Drug Monitoring Program (PDMP)
- Medical Examiner or Coroner data
- Emergency department encounter data
- Wisconsin Ambulance Run Data System

Opioid Pain Relievers Driving Increasing Trend of Drug Overdose Deaths in Wisconsin

Source: Wisconsin Department of Health Services, Office of Health Informatics
Opioid Overdose Deaths Steadily Increased Over Past the 15 Years in Wisconsin

Majority of Opioid Overdose Deaths in Wisconsin Due to Prescription Opioids

Rx Opioid Deaths are Highest in Middle Age, Heroin Deaths are Highest in Young Adults

Wisconsin, 2010-2014 (5-Year Average)
Opioid Overdose Deaths Higher Among Men
Wisconsin, 2010-2014 (5-year Average)

<table>
<thead>
<tr>
<th>Rate per 100,000 Population</th>
<th>Male</th>
<th>Female</th>
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<td>2010-2014 Average</td>
<td>11.65</td>
<td>6.51</td>
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Source: Office of Health Informatics, Division of Public Health Death certificates (1999-2014)

Opioid Overdose-Related Deaths by County
Wisconsin, 2012-2014

Average Annual Opioid Overdose-Related Deaths per 100,000 Population

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<thead>
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<tr>
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<td>2.01-5.4</td>
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<tr>
<td>10.41-13.4</td>
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<tr>
<td>Insufficient Data</td>
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Wisconsin Average: 10.5

Majority of Wisconsin Opioid-Related Hospital Visits Associated with Opioid Use Disorder
In 2014, of the **20,175** opioid-related hospital visits:

- **14,098 (70%)** identified with opioid use disorder* (non-dependent abuse, dependence, psychosis)
- **3,773 (19%)** associated with adverse drug effects
- **2,990 (15%)** due to acute opioid poisoning (overdose)

*Opioid use disorder is underreported.
More than Half of Wisconsin Opioid Overdose Hospital Visits Involve Prescription Opioids

Wisconsin Opioid Overdose Hospital Visit Rates by County, 2012-2014

Increase in Opioid Use Disorder Identified Upon Hospital Discharge in Wisconsin

Source: Office of Health Informatics, DPH Death certificates (2010-2014)

Wisconsin rate: 47.0 (8,087)

Source: Wisconsin Office of Health Informatics
Opioid Use Disorder Identified at Hospitals is Highest Among Young Adults

Wisconsin, 2010-2014 (5-year Average)

Source: Wisconsin Office of Health Informatics

Wisconsin Pharmacy Purchases of Oxycodone 2011-2015

Source: Wisconsin Office of Health Informatics, Office of Pharmacy Practice, Drug Control Unit

2015 Wisconsin Pharmacy Purchases of Oxycodone, By County

Source: ADICID
Wisconsin Pharmacy Purchases of Hydrocodone 2011 - 2015

2015 Wisconsin Pharmacy Purchases of Hydrocodone, By County

Neonatal Abstinence Syndrome (NAS)
- A group of problems that occur in a newborn who was exposed to addictive illegal or prescription drugs while in the womb.
- Symptoms
  - High-pitched cry
  - Jitteriness
  - Tremors
  - Generalized convulsions
- ABC News Report: Drug-Dependent Infants Detox at Tennessee NICU
Hepatitis C (HCV)

- The number of acute HCV detections has increased substantially (from 3 in 2009 to 42 in 2013)
- The median age of acute HCV cases was 24 years-old and 61 percent were male
- Most common reported risk factor was injection drug use
- As many individuals are unaware of HCV the estimate is that 74,000 people in Wisconsin have an HCV infection (Division of Public Health (DPH) has been notified of approximately 35,000)
Reported Acute HCA Cases, Wisconsin

Increases in Heroin Overdose Deaths and Hepatitis C Infections Among Youth People, Wisconsin, 2005-2014

HCV Infection Among Young Adults

Injection Drug Use-Infected Endocarditis (IDU-IE)

- It is an infection of either the heart's inner lining or the heart valves.
- It can be triggered by injection drug use, which can introduce bacteria into the bloodstream.
- Young adults (ages 15 to 34) accounted for 28 percent of all IDU-IE cases in 2000. This proportion grew to 42 percent in 2013.

National IDU-IE Hospitalizations

- The research team found that injection drug use-related infective endocarditis (IDU-IE) grew from an estimated 3,578 cases in 2000 to 8,530 cases in 2013, despite a downturn in hospitalizations in 2008.

![National IDU-IE Hospitalizations chart]

Naloxone (Narcan®)
- Naloxone (Narcan®) is a medication used to counter the effects of an opioid overdose.
- Naloxone may be injected in the muscle, vein, under the skin, or sprayed into the nose.
- It is a temporary drug that wears off in 20-90 minutes.

Statewide Standing Order
- Allows pharmacists to dispense Naloxone without a prescription.
- Must follow DHS policy and procedure.
- Over 70 pharmacies have expressed interest.

Drug Take-Back
- National (and Wisconsin) Drug Take-Back Day is October 22, 2016.
- Kiosks at 18 Walgreens stores in Appleton, Brookfield, Greenfield, Janesville, Kenosha, La Crosse, Madison, Marinette, Menomonee Falls, Milwaukee, Oconomowoc, Racine, Sheboygan, and Wausau.
Comprehensive Approach to Behavioral Health Factors

- Genetics
- Nutrition
- Rest
- Exercise
- Hygiene
- Religion
- Higher Power
- Inner Strength
- Knowledge
- Attitude
- Beliefs
- Housing
- Work
- Friends
- Opportunities

State Funded Services

- Medication-Assisted Treatment (MAT)
- Comprehensive Community Services (CCS)
- Recovery-Oriented Systems of Care (ROSC)
- Clinical Approaches
- MAT
- CCS
- ROSC
- Prevention Environmental Strategies, Coalitions
- CCS
- ROSC
- Peer Services
- Peer Certification
- Faith-Based Services
- HOPE Legislation

Actions to Prevent Opioid Harm and Abuse

Education
- Prescriber education
- Community education
- Naloxone access

Tracking and Monitoring
- Prescribed Drug Monitoring System (PDMP)
- Surveillance

Enforcement
- Identification verification at pharmacies
- Law enforcement training on prescription drug misuse and diversion

Reversal
Naloxone access

Medication Disposal
- Keeping medications safe at home
- Proper medication disposal guidelines consistent with FDA standards
- Community take-back programs

Treatment Options
- Treatment centers
- Outpatient and residential treatment at state-funded treatment providers

Policies
Supporting all sectors
Medication-Assisted Treatment
FDA approved medications
- Buprenorphine products (Suboxone® and Probuphine®)
- Naltrexone (Vivitrol®)
- Methadone

Buprenorphine Products (Suboxone®/Probuphine®)
- Schedule III narcotic medication indicated for the maintenance treatment of opioid dependence
- Reduces cravings and withdrawal symptoms
- Available at opioid treatment programs (OTPs) and from Drug Addiction Treatment Act (DATA) waived physicians

Buprenorphine Waiver
- Waiver now approved up to 275 patients
- Practitioners eligible to obtain the waiver if they have additional credentialing in addiction medicine or addiction psychiatry from a specialty medical board or professional society, or practice in a qualified setting as described in the rule
- Under the new rule, physicians will be required to complete a SAMHSA reporting form each year to ensure that physicians prescribing at the new higher levels are in compliance with safe and appropriate prescribing practices
Naltrexone (Vivitrol®)
- Vivitrol® is a prescription injectable medication containing naltrexone
- Administered once a month to prevent relapse to opioid dependence after detox
- Must stop all opiates 7-10 days prior to injection

Methadone
- Schedule II pharmaceutical opioid similar to oxycodone or morphine
- Binds to the mu opiate receptor and proteins in various tissues in the body
- Suppresses withdrawal symptoms and opioid cravings, also used for pain relief
- When properly prescribed does NOT produce a euphoric or tranquilizing effect
- Is addictive and similar to oxycodone or morphine

Opioid Treatment Programs in Wisconsin
- 18 centers
- Addresses and phone numbers on DHS website
Medication-Assisted Treatment (MAT)
- Provides comprehensive services
  - Medication
  - Counseling
  - Case management
  - Recovery supports
- Uses many paths to recovery
  - Medical intervention
  - Professional treatment
  - Mutual support groups
  - Peer supports
  - Family supports
  - Faith supports

Medication-Assisted Treatment (MAT)
- Develops diversion practices and policies
- Develops recovery-oriented systems of care (ROSC)

Federally Funded Services: DCTS
- MAT-PDOA Grant
  - Sauk County
  - Richland County
  - Columbia County
- Wisconsin Prescription Drug/Opioid Overdose-Related Deaths Project (WI-PDO)
  - Kenosha County
  - Sauk County
  - Waukesha County
- Wisconsin Strategic Prevention Framework-Prescription Drugs
MAT-PDOA Project
Sauk, Columbia, Richland counties:
• Replicates a community approach originated by St. Vincent DePaul in Prairie Du Sac (C.A.R.E)
• Involves community stakeholders committees
• Expands the provision of medication-assisted treatment
• Employs Community Recovery Specialists
  Employs dually credentialed clinician for assessments and treatment planning
• Adds a mobile nurse to support individuals who choose to detox at home
• Contracts with providers for treatment services, detox, outpatient, inpatient
  residential, etc.

Wisconsin Prescription Drug/Opioid Overdose-Related Deaths Project (WI-PDO)
$1,000,000 for five years
Expand training for first responders
Provide naloxone in Sauk, Waukesha, and Kenosha counties

Wisconsin Strategic Prevention Framework-Prescription Drugs
$371,616 for five years
Reduce prescription drug misuse and related consequences among individuals
12 years of age and older
Establish a statewide systematic surveillance system to track trends in
prescription drug misuse and abuse
State Funded Services: H.O.P.E. Programs
Northern tier of Wisconsin:
- Provide medication-assisted treatment to underserved and high-need areas
- Provide residential detoxification and stabilization services
- Reduce the rate of relapse and number of deaths
- Reduce the number of infants born to untreated opioid addicted women
- Create relationships with community providers to improve treatment availability

Other Efforts
- DHS has developed a multi-division committee to carry-on the National Governor’s Association’s efforts
- DCTS and DPH have created a committee to identify data collection needs and practices
- Governor’s Task Force on Opioid Abuse
  - First Meeting: Oct. 28 in Green Bay
  - Second Meeting: Nov. 22 in Wausau
  - Final Meeting: Dec. 16 in Chippewa Falls

Resources
- Alliance for Wisconsin Youth: www.allwisyouth.org
- Substance abuse programs: https://www.dhs.wisconsin.gov/regulations/aoda/so-only-directory.pdf
- Opioid treatment: https://www.dhs.wisconsin.gov/opioids/treatment.htm
**Intoxicated Driver Program (IDP)**

- Created in 1982 to reduce the number of impaired driving related crashes and related injuries, deaths, and property damage.
- Two parts
  - Assessment
  - Driver safety plan

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**Methamphetamine**
**DHS Efforts**
- Methamphetamine grants
- Matrix Model training
For More Information

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