

Addiction- HOPE Agenda

Subject and Grade Level: 6-12 Civics, Sociology, Health

Time: 120 minutes

Guiding Question: What can the State of Wisconsin do to address the epidemic of opioid and heroin addiction?

Overview

As of 2017 the Wisconsin State Legislature has passed 28 pieces of legislation related to the Heroin, Opioid Prevention and Education (HOPE) Agenda. In this lesson students will learn more about the nationwide crisis related to heroin and opioid addiction, analyze the root causes of the crisis, and evaluate the existing legislation in Wisconsin. Finally, students will create their own HOPE Agenda for future action, and compare this to the plans already in place for future legislation in the state.

Objectives

Knowledge

- Students identify understand the physical mechanisms driving opioid addiction, and the relationship between opioids and heroin.
- Students will identify the groups most severely impacted by the opioid crisis.
- Students will categorize existing legislation related to opioid addiction.

Skills

- Students will interpret trends in the graphical data on overdose deaths.
- Students will clearly express their ideas in writing.
- Students will analyze a contemporary problem to understand the root causes.

Dispositions

- Students will understand the severity of the opioid crisis.
- Students will recognize the need for multifaceted action in addressing social problems.

Wisconsin Model Academic Standards

- C.12.8 Locate, organize, analyze, and use information from various sources to understand an issue of public concern, take a position, and communicate the position

Wisconsin Disciplinary Literacy Standards

Reading Standards Grades 11-12

- 7. Integrate and evaluate multiple sources of information presented in diverse formats and media (e.g., visually, quantitatively, as well as in words) in order to address a question or solve a problem.

Speaking and Listening 11-12

- Initiate and participate effectively in a range of collaborative discussions (one- on-one, in groups, and teacher-led) with diverse partners on *grades 11–12 topics, texts, and issues*, building on others' ideas and expressing their own clearly and persuasively.

Writing Grades 6-8, 9-10, 11-12

- Produce clear and coherent writing in which the development, organization, and style are appropriate to task, purpose, and audience.

Materials

- **What are opioids?**
 - LINK: [CNN Video with Dr. Sanjay Gupta](#) (2 min)
- **What is happening?**
 - CDC and Wisconsin data on overdose deaths (see graphs pp 5-10)
- **Who is impacted?**
 - ASAM Opioid Addiction Facts and Figures (see pp 10-11 in this document)
original file: <http://www.asam.org/docs/default-source/advocacy/opioid-addiction-disease-facts-figures.pdf>
 - LINK: [Video essay on race and the response to addiction](#) (4 min)
- **What is being done?**
 - WISEYE VIDEO: [Excerpt from News Conference with Brad Schimel](#) (6 min)
 - WISEYE VIDEO: [Discussion of HOPE Agenda Legislation in '15-'16 session](#) (4 min)
 - WISEYE VIDEO: [Excerpt from Interview with Rep. Nygren](#) (6 min)
 - Selections from New York Times Article: States Move to Control How Painkillers Are Prescribed (see pp 13-14 in this document)

One copy for each student:

- Background Organizer (p4)
- Root Cause Tree (p15)
- Homework: A New HOPE Agenda (p20)

One set for each group:

- Graphs (print color if possible) (pp 5-10)
- ASAM Facts and Figures (pp 11-12)
- NYTimes Article (pp 13-14)
- Hope Legislation 2013-2015 (pp 16-19)
- Pair of Scissors, 4 pieces of blank paper, tape.

Plan of Instruction/Lesson Procedures:

Distribute copies of the "Background Organizer" to each student (p3). Students will use this to gather information in steps 1-4 below.

1. **What are opioids?** Watch CNN Video on Opioids in the brain as a class, students take notes on Background Organizer. Review in groups and answer clarifying questions as needed.
2. **What is happening?** Provide a set of graphs for each group. Ask students review the graphs together and discuss the trends in each graph. Summarize this information on Background Organizer.
3. **Who is impacted?**
 - Provide each group a copy of the ASAM Facts and Figures handout. Students take turns reading aloud to their group as others take notes. Share notes and identify five key statistics from the handout that summarize who is impacted by opioid and heroin addiction.
 - Optional: show PBS video essay on race and drug addiction (see link in *Materials* section). Allow students to share their reactions to the video with the class.
4. **What is being done?**
 - As a class watch the three WISEYE videos (linked in *Materials* section, total of 12 minutes). Answer clarifying questions about each video. Students continue to take notes on Background Organizer.
 - Optional: Provide each group with the NYTimes article, have them read it together and record additional efforts being undertaken in other states.

- Provide each group with the summary of the HOPE Agenda Legislation 2013-2015. Have them cut the bills apart and create categories of legislation addressing different issues related to opioids. Label categories on blank paper, and tape the bills to the relevant category. .

5. Introduce Root Cause Tree:

- The problems our society faces are complex. The “Root Cause Tree” allows us to carefully analyze the root causes of a problem and think about a variety of actions needed to address these root causes.
- The problem we are focusing on is opioid and heroin addiction and overdose deaths. Use the information gathered from the readings, data, videos, and legislation to fill in as much of the Root Cause Tree as possible with your group.
- Use the whiteboard, document camera, or other technology to create one large root cause tree as a class, drawing from the ideas of each group. Students should update and add to their own tree.

Assessment:

1. **Create a New HOPE Agenda (Homework p20):** Students demonstrate their understanding of the root causes, existing legislation, and remaining issues by creating a HOPE Agenda for the future.
2. **Follow-up in class:** Compare the ideas generated by the class to the legislative HOPE Agenda for 2017. (p21) (<http://legis.wisconsin.gov/assembly/hope/future/>)

Guiding Question: What can the State of Wisconsin do to address the epidemic of opioid and heroin addiction?

What are opioids?

What is happening?

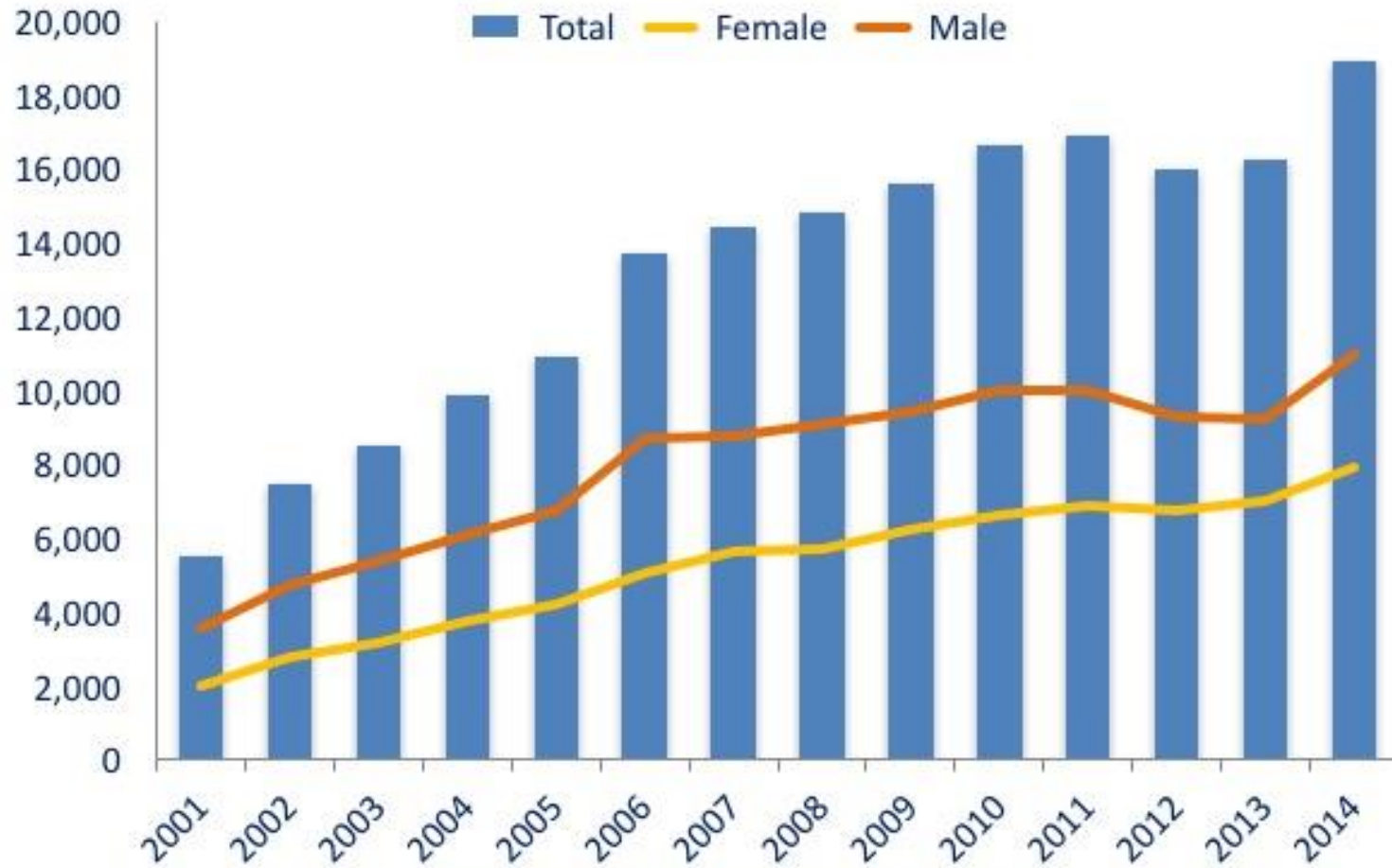
Who is impacted?

What is already being done?



National Overdose Deaths

Number of Deaths from Prescription Opioid Pain Relievers

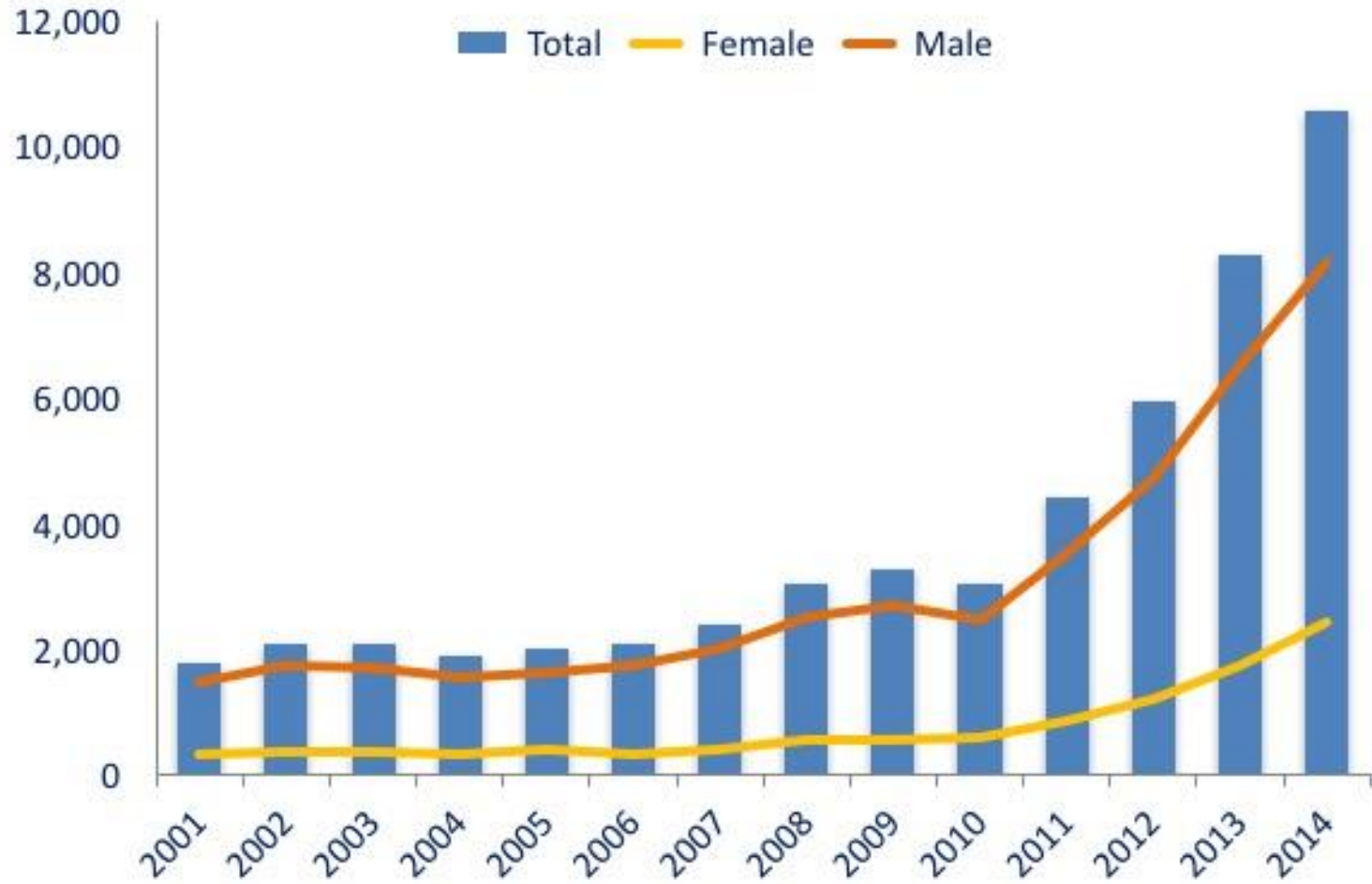


Source: National Center for Health Statistics, CDC Wonder



National Overdose Deaths

Number of Deaths from Heroin

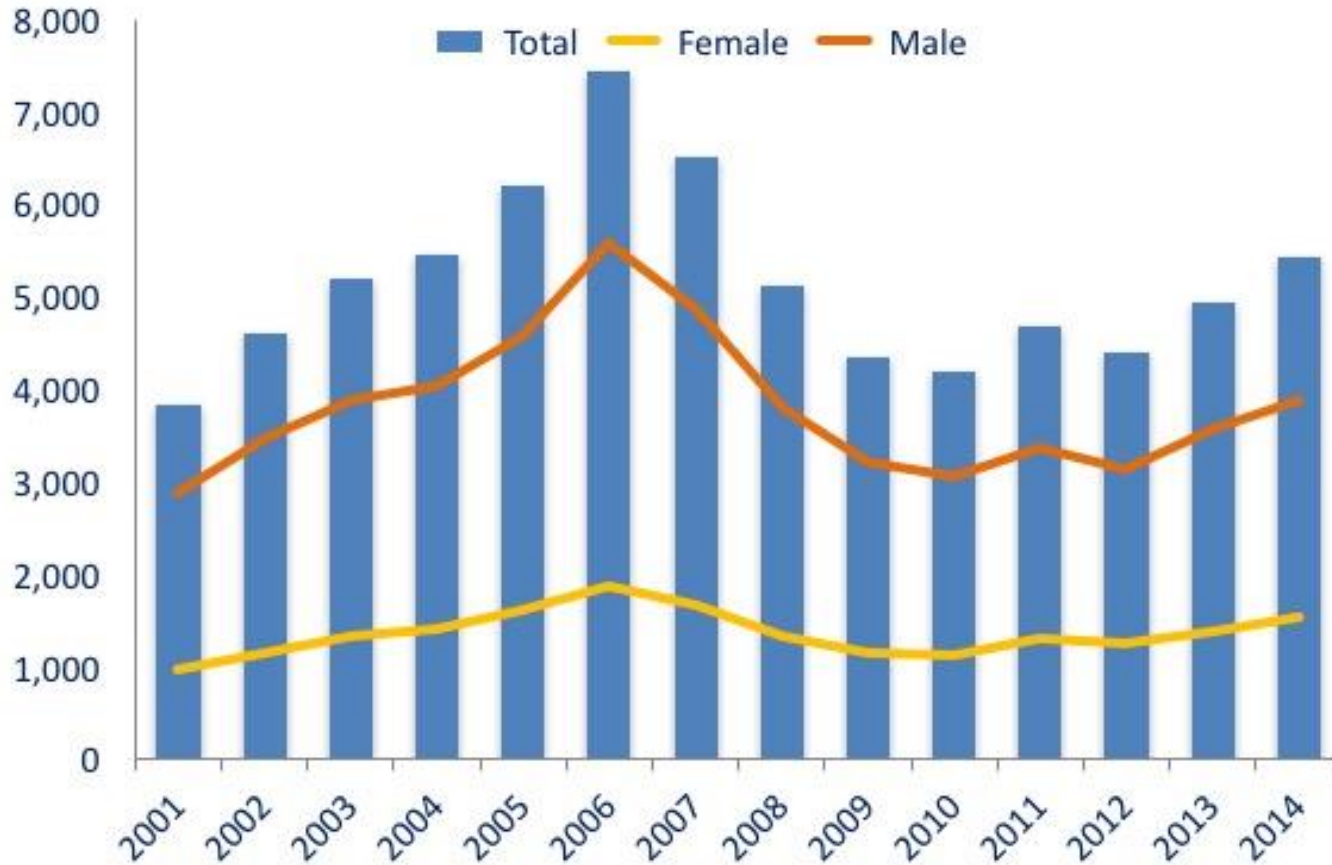


Source: National Center for Health Statistics, CDC Wonder

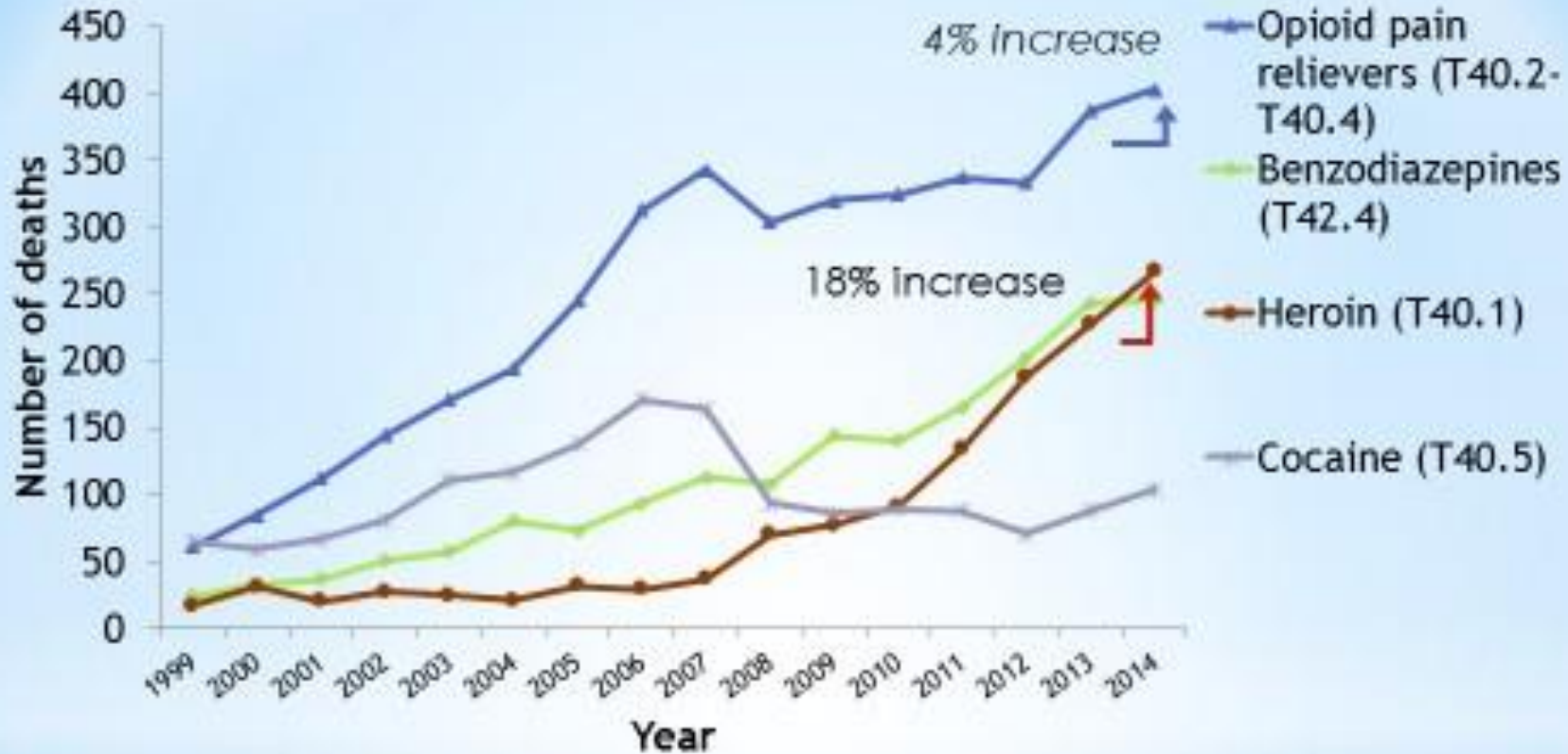


National Overdose Deaths

Number of Deaths from Cocaine



Source: National Center for Health Statistics, CDC Wonder

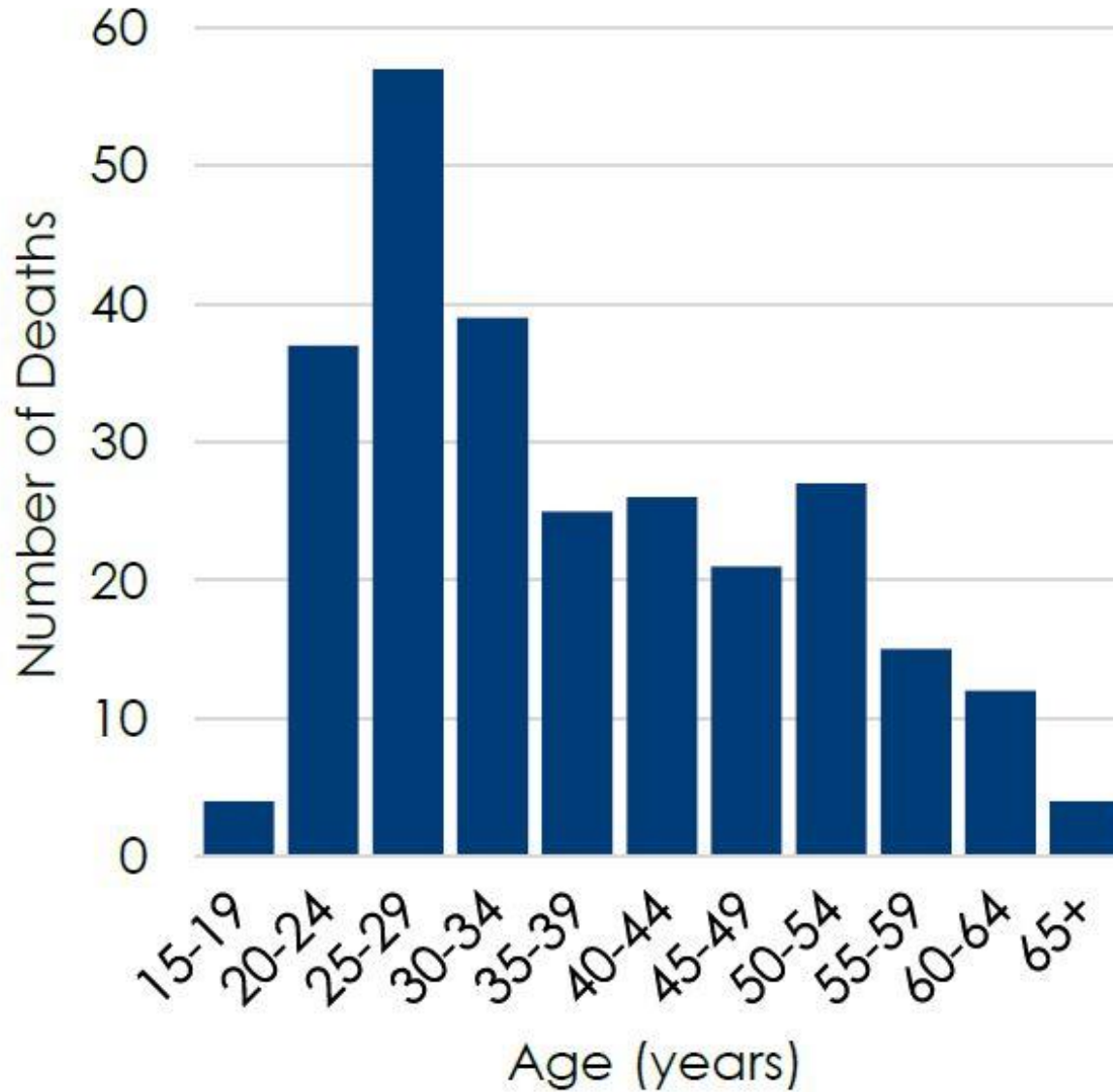


Number of Drug Overdose Deaths Involving Opioid (morphine-like) Pain Relievers and Other Drugs, Wisconsin, 1999-2014

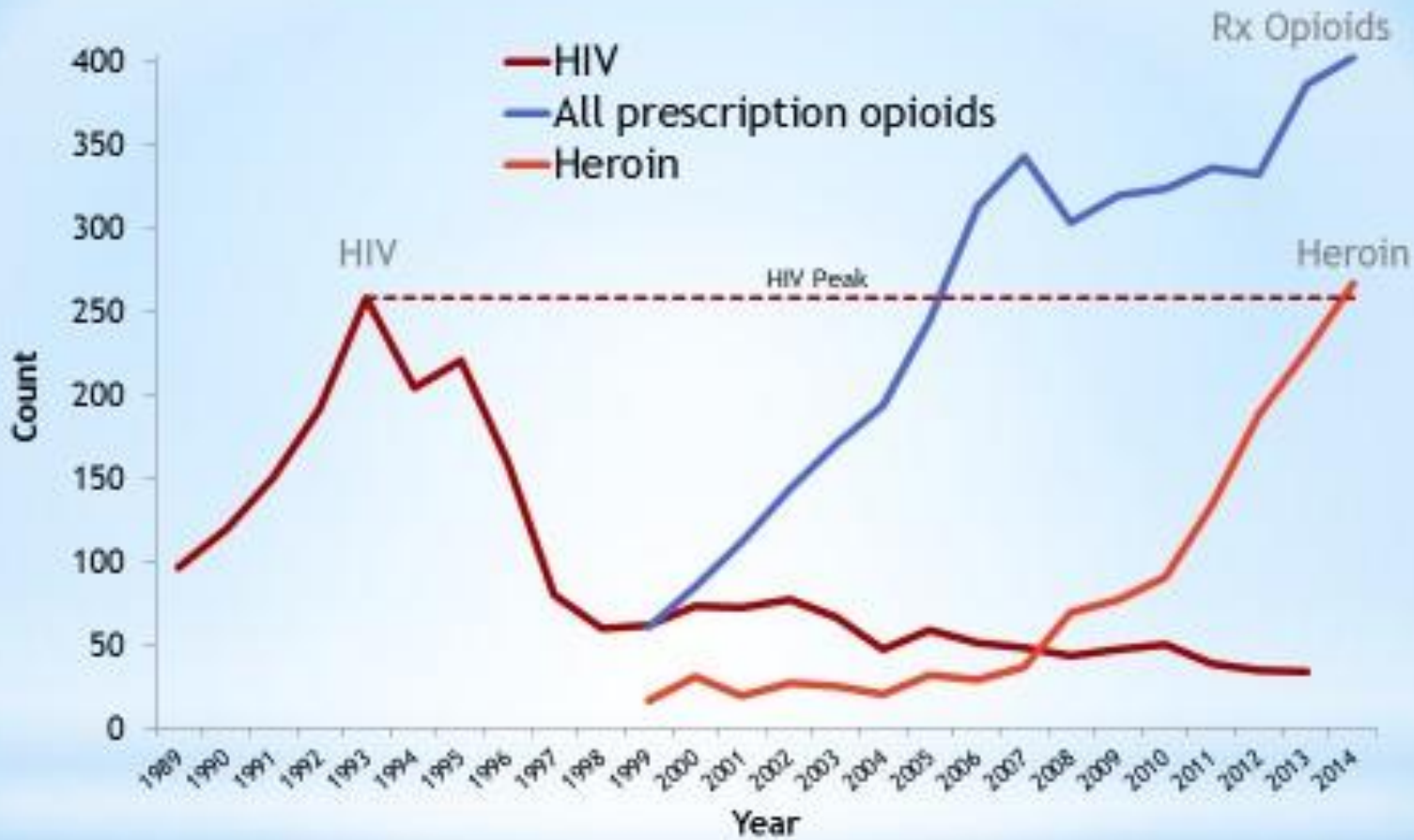


3.5 X increase in heroin, from 2009 (77) to 2014 (267)

Heroin-related deaths, Wisconsin, 2014



Source: <http://legis.wisconsin.gov/assembly/hope/statistics/>



The Opioid Epidemic in Wisconsin: Trends in Opioid Deaths vs HIV Deaths



(Any mentions)

Source: Office of Health Informatics, WI DPH WISH



Opioid Addiction

- Opioids are a class of drugs that include the illicit drug heroin as well as the licit prescription pain relievers oxycodone, hydrocodone, codeine, morphine, fentanyl and others.
- Opioids are chemically related and interact with opioid receptors on nerve cells in the brain and nervous system to produce pleasurable effects and relieve pain.
- Addiction is a primary, chronic and relapsing brain disease characterized by an individual pathologically pursuing reward and/or relief by substance use and other behaviors.
- Of the 21.5 million Americans 12 or older that had a substance use disorder in 2014, 1.9 million had a substance use disorder involving prescription pain relievers and 586,000 had a substance use disorder involving heroin.
- It is estimated that 23% of individuals who use heroin develop opioid addiction.

National Opioid Overdose Epidemic

- Drug overdose is the leading cause of accidental death in the US, with 47,055 lethal drug overdoses in 2014. Opioid addiction is driving this epidemic, with 18,893 overdose deaths related to prescription pain relievers, and 10,574 overdose deaths related to heroin in 2014.
- From 1999 to 2008, overdose death rates, sales and substance use disorder treatment admissions related to prescription pain relievers increased in parallel. The overdose death rate in 2008 was nearly four times the 1999 rate; sales of prescription pain relievers in 2010 were four times those in 1999; and the substance use disorder treatment admission rate in 2009 was six times the 1999 rate.
- In 2012, 259 million prescriptions were written for opioids, which is more than enough to give every American adult their own bottle of pills.

- Four in five new heroin users started out misusing prescription painkillers.
- 94% of respondents in a 2014 survey of people in treatment for opioid addiction said they chose to use heroin because prescription opioids were “far more expensive and harder to obtain.”

Impact on Special Populations

Adolescents (12 to 17 years old)

- In 2014, 467,000 adolescents were current nonmedical users of pain reliever, with 168,000 having an addiction to prescription pain relievers.
- In 2014, an estimated 28,000 adolescents had used heroin in the past year, and an estimated 16,000 were current heroin users. Additionally, an estimated 18,000 adolescents had heroin a heroin use disorder in 2014.
- People often share their unused pain relievers, unaware of the dangers of nonmedical opioid use. Most adolescents who misuse prescription pain relievers are given them for free by a friend or relative.
- The prescribing rates for prescription opioids among adolescents and young adults nearly doubled from 1994 to 2007.

Women

- Women are more likely to have chronic pain, be prescribed prescription pain relievers, be given higher doses, and use them for longer time periods than men. Women may become dependent on prescription pain relievers more quickly than men.
- 48,000 women died of prescription pain reliever overdoses between 1999 and 2010.
- Prescription pain reliever overdose deaths among women increased more than 400% from 1999 to 2010, compared to 237% among men.
- Heroin overdose deaths among women have tripled in the last few years. From 2010 through 2013, female heroin overdoses increased from 0.4 to 1.2 per 100,000.

Original with footnotes: <http://www.asam.org/docs/default-source/advocacy/opioid-addiction-disease-facts-figures.pdf>

New York Times: States Move to Control How Painkillers Are Prescribed

By BARRY MEIER and SABRINA TAVERNISE MARCH 11, 2016

A growing number of states, alarmed by the rising death toll from prescription painkillers and frustrated by a lack of federal action, are moving to limit how these drugs are prescribed.

On Thursday, Massachusetts lawmakers passed a bill expected to be signed next week that would sharply restrict the number of pain pills a doctor can prescribe after surgery or an injury to a seven-day supply. Officials in Vermont and Maine are considering similar actions, and governors across the country are set to meet this summer to develop a broad approach that could reduce the use of painkillers like OxyContin, Percocet and Vicodin.

The states' push points to a looming change affecting how doctors use narcotic painkillers, or opioids, which are the most widely prescribed class of medications in the United States. The move comes against the backdrop of a public health crisis involving heroin-related overdoses.

The governor of Vermont, Peter Shumlin, said in an interview that states were taking action because drug industry lobbyists had the ability to block federal initiatives. "The states are going to lead on this one because Big Pharma has too much power," said Mr. Shumlin, a Democrat.

In recent years, some states have enacted tough new rules to reduce prescriptions for the drugs. But the pace of activity in states has grown so intense that experts are having difficulty keeping track. Currently, there are about 375 proposals in state legislatures that would regulate pain clinics and several aspects of prescribing painkillers, according to the American Academy of Pain Management, an organization for medical professionals that receives drug industry funding.

Even some physician groups that have long opposed legislative interference in how doctors practice have softened their stance. For example, the Massachusetts Medical Society, while opposing a proposal of a three-day limit on initial opioid prescriptions for acute pain, supported the seven-day cap adopted on Thursday by state lawmakers. Some doctors and dentists give patients as many as 60 or 90 painkillers containing narcotics such as oxycodone or hydrocodone, giving rise to potential misuse of the drugs or opening a door to addiction.

"Usually we are opposed to carving anything in stone that has to do with medical practice," said Dr. Dennis Dimitri, president of the Massachusetts Medical Society. "But we are willing to go forward with this limitation because we recognize this is a unique public health crisis."

In 2014, the death toll from overdoses involving prescription painkillers or heroin reached 28,647, a 14 percent increase from the previous year, according to federal data. Many recent heroin deaths involve the use of illicitly produced fentanyl, a prescription opioid often mixed with heroin.

It is unclear what effect the laws about prescription painkillers are having on death rates, which in some ways are the ultimate measure for any public policy aimed at reducing substance abuse. Some experts argue that measures to reduce prescribing painkillers may be having the unintended consequence of driving people to try heroin and other illicit drugs. Others dispute that, pointing out that the shift toward heroin use happened before the recent focus on opioids took hold.

Some patient and medical groups maintain that little scientific data exists to warrant major new restrictions. But such arguments appear to be losing sway.

Along with the threat of addiction, there is also growing evidence that when given to patients in high doses, opioids pose a greater risk of overdoses as well as problems such as sleep apnea, sharply reduced hormone production and increased sensitivity to pain.

“We have a much better sense of the risks,” said Dr. Bruce Psaty, a researcher at the University of Washington in Seattle, who studies drug safety. “The culture has begun to change.”

The moves now underway in Massachusetts and other states are not the first attempts to control how drugs are prescribed. Every state, with the exception of Missouri, now has a so-called prescription monitoring program to try to stop people from getting prescriptions from multiple doctors.

But while many of those programs have been voluntary, big impacts have occurred in places that require doctors to check the databases before writing a prescription.

For example, after Kentucky passed a series of measures in 2012 including one requiring doctors to make such checks, opioid prescribing in the state fell 8.6 percent in one year, according to a 2015 report by researchers at the University of Kentucky in Lexington.

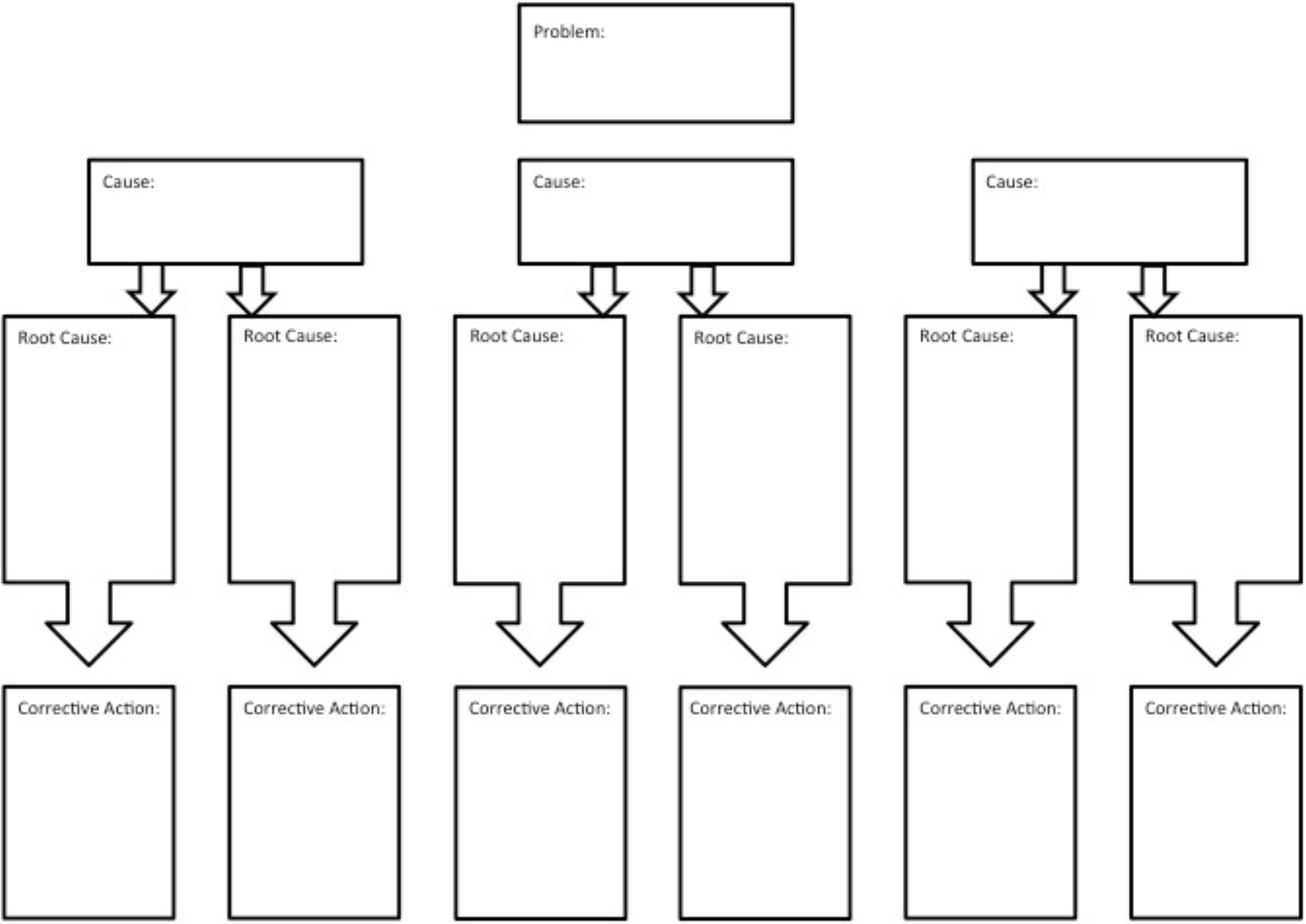
Mr. Shumlin, the Vermont governor, said he expected that members of the National Governors Association would discuss opioid prescribing strategies when they meet in July. “If we could adopt policies regionally or nationally, we could make some real progress,” he said.

As state initiatives gather momentum, there is even movement at the federal level.

The Centers for Disease Control and Prevention is expected to issue soon guidelines urging doctors to use opioids sparingly and treat pain first with nondrug approaches.

In Washington, the Senate passed a bill on Thursday that would authorize funds for states to underwrite addiction treatment services and prescription monitoring databases, though it did not provide immediate money for the measures.

A version of this article appears in print on March 12, 2016, on page B1 of the New York edition with the headline: “States Push to Curb Painkiller Overuse.”



HOPE Legislation 2013-2017

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

2013 Wisconsin Act 200 (2013-14 Assembly Bill 446): Provides all levels of EMTs, first responders, police and fire the ability to be trained to administer Naloxone Narcan, a drug used to counter the effects of opiate overdose, such as a heroin overdose. Any person who administers the drug is immune from civil or criminal liability provided their actions are consistent with Wisconsin's Good Samaritan law.

2013 Wisconsin Act 194 (2013-14 Assembly Bill 447): Provides limited immunity from certain criminal prosecutions for a person who seeks assistance from the police or medical professionals for another individual who has overdosed on controlled substances.

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

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

2013 Wisconsin Act 195 (2013-14 Assembly Bill 701): Creates regional pilot programs to address opiate addiction in underserved areas. The treatment programs will assess individuals to determine treatment needs, provide counseling, and medical or abstinence-based treatment. After individuals successfully complete the program, they will be transitioned into county-based or private post-treatment care.

2013 Wisconsin Act 196 (2013-14 Assembly Bill 702): Creates a system of immediate punishments for individuals who violate their parole or probation parolees based on so-called "swift and certain" laws in other states. The model is based on research that shows that it's the swiftness and the certainty of the sanction, not the length of the confinement, which has the greatest impact on influencing an offender's behavior.

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

2015 Wisconsin Act 266 (2015-16 Assembly Bill 364): Changes the requirement for those who dispense certain prescription drugs to submit information to the PDMP from 7 days to 24 hours. It will also require a practitioner to review a patient's record when initially prescribing a monitored prescription drug (for example, a Schedule II drug).

2015 Wisconsin Act 268 (2015-16 Assembly Bill 365): States that when law enforcement encounters an inappropriate use or an infraction of the law concerning scheduled drugs, they upload that information into the PDMP and have the PDMP notify the physician. There are exceptions for on-going investigations.

2015 Wisconsin Act 265 (2015-16 Assembly Bill 366): Gives the Department of Health Services (DHS) oversight over the operation of pain management clinics across the state. The department's oversight would not be regulatory, but would be a way of providing safeguards so "pill mills" don't pop up in our state.

2015 Wisconsin Act 262 (2015-16 Assembly Bill 367): Requires methadone clinics to gather data such as staffing ratios, the number of patients receiving behavioral health services with the medication, and average mileage an individual is traveling to come to a clinic. This information will then be reported to DHS on an annual basis to give public health and treatment professionals a chance to analyze outcome data.

2015 Wisconsin Act 338 (2015-16 Assembly Bill 657): Allocates \$2 million each fiscal year to go toward Treatment and Diversion (TAD) programs. These programs are alternatives for individuals charged with certain crimes to prosecution and incarceration. The individuals enrolled in the program will have the chance to receive the help and support they need in order to become and remain contributing members of society.

2015 Wisconsin Act 264 (2015-16 Assembly Bill 658): Criminalizes the use, possession, manufacture, distribution, and advertisement of any substance or device that is intended to defraud, circumvent, interfere with, or provide a substitute for a bodily fluid in conjunction with a lawfully administered drug test. Given that many employers subject their employees to lawfully administered drug tests, this bill will help ensure that people are not defrauding or interfering with the test results.

2015 Wisconsin Act 263 (2015-16 Assembly Bill 659): State regulations regarding opioid treatment programs are much more stringent than federal regulations. In order to afford more people accessibility to the treatment they need, this bill streamlines Wisconsin's state regulations to align with federal regulations. With these changes, more Wisconsinites will be able to have access to opioid treatment.

2015 Wisconsin Act 269 (2015-16 Assembly Bill 660): Allows a number of medical-affiliated boards under the Department of Safety and Professional Services (DSPS) to issue guidelines regarding best practices in prescribing controlled substances. These best practices will help reduce instances of overprescribing and, in turn, lessen prescription opioid misuse, abuse, and addiction.

2015 Wisconsin Act 267 (2015-16 Assembly Bill 766): Creates reporting requirements for the Prescription Drug Monitoring Program (PDMP). The data collected will be reviewed and

evaluated by the Controlled Substances Board (CSB) to determine the effectiveness of the PDMP and to compare actual outcomes with projected outcomes.

2017 Wisconsin Act 29 (2017 Special Session Assembly Bill 1): Schools are often the center of our communities, and this bill helps to ensure the safety of all who visit our local schools. Currently, school personnel are allowed to administer certain life-saving drugs to students in compliance with written instructions from a practitioner. This bill allows school personnel with the proper training to administer an opioid antagonist if a person on school grounds is experiencing an overdose. These lifesaving drugs include epinephrine (epi-pen) for treating an allergic reaction, and glucagon for students who suffer from diabetes. An amendment to this bill allows for residence hall directors at UW-System institutions, technical colleges, and private colleges to administer an opioid antagonist.

2017 Wisconsin Act 32 (2017 Special Session Assembly Bill 2): Treatment and Diversion (TAD) grants are awarded by the Department of Justice to counties that offer alternatives to prosecution and incarceration – like drug courts – for individuals charged with certain drug-related crimes. This bill allocates additional funding for TAD programs to expand TAD to new counties, and for a pre-booking diversion pilot program.

2017 Wisconsin Act 33 (2017 Special Session Assembly Bill 3): According to a study by The Network for Public Health Law, 88 percent of drug users surveyed indicated that they would be more likely to summon emergency personnel during an overdose if the state enacted a Good Samaritan law. As of January of this year, 37 states and the District of Columbia have enacted some form of a Good Samaritan or 911 drug immunity law. Current law offers limited immunity from prosecution for certain drug-related offenses to a person who summons emergency personnel in the event of another person's overdose. This bill expands upon current law to offer the same limited immunity to the person who is overdosing.

2017 Wisconsin Act 25 (2017 Special Session Assembly Bill 4): Majority of states don't allow codeine cough syrups to be purchased over the counter (OTC). In Wisconsin, however, these medications *are* available without a prescription. This bill requires a prescription to obtain certain Schedule V medications, like codeine cough syrups and will help ensure these potentially dangerous medications are less accessible to those looking to misuse/abuse them.

2017 Wisconsin Act 34 (2017 Special Session Assembly Bill 5): Alcoholism and drug addiction should be treated similarly in circumstances when an individual is a danger to his/herself or others. This bill allows for the same treatment of alcohol addiction as drug addiction: 3 petitioners, Court proceedings, and a 72 hour hold. This bill also fits in tandem with the Good Samaritan expansion – if a person suffers an overdose, he/she may be taken out of active use through emergency detention.

2017 Wisconsin Act 30 (2017 Special Session Assembly Bill 6): This recovery school is an alternative to a student's residential school and will offer high school aged students who have struggled with addiction an opportunity at long-term recovery while continuing their high school education. The school will offer mental health and therapy supports to encourage students to continue on the path to recovery. This bill is based on proven national recovery

school models, utilizes a braided funding structure, and is capped at 15 students during the pilot phase to ensure every student gets the support they need to succeed.

2017 Wisconsin Act 26 (2017 Special Session Assembly Bill 7): Currently graduate training and fellowships are not widely available in addiction medicine, yet due to rapid growing opioid epidemic, addiction medicine specialists are in high demand. This bill allocates funding for additional addiction medication fellowships in Wisconsin to better assist with the increasing case workload.

2017 Wisconsin Act 27 (2017 Special Session Assembly Bill 8): Due to an increasing addiction epidemic, there is a high need for addiction treatment services. Previous law created 3 regional treatment facilities in rural and underserved areas including: NorthLakes Community Clinic (serving northwest WI), Northeast Wisconsin Opioid Treatment Services (Marinette area/Libertas), and HOPE Consortium (between northeast and northwest facilities). This bill allocates funding to establish more regional treatment facilities in underserved areas.

2017 Wisconsin Act 28 (2017 Special Session Assembly Bill 9): This bill provides a Doctor-to-Doctor Consultation program modeled after the Child Psychiatry Consultation Program (CPCP) at the Medical College of Wisconsin. This program will act as a resource for doctors who aren't well versed in addiction medicine to be in consultation with other doctors who can suggest addiction treatment best practices.

2017 Wisconsin Act 35 (2017 Special Session Assembly Bill 10): Often times, people who become addicted to opioids inevitably turn to drugs like heroin when prescription medications become too expensive or difficult to obtain. These positions will function in tandem with the DEA to focus solely on stopping drug trafficking into Wisconsin by allocating funding for 4 new DOJ positions to fight drug trafficking.

2017 Wisconsin Act 31 (2017 Special Session Assembly Bill 11): Often times, students don't feel comfortable going to a teacher or school administrator with questions about drugs or alcohol. However, data shows that access to counselors has a positive impact on the lives of students who may be at risk for substance abuse disorders. This bill allocates funding for a program called Screening, Brief Intervention, and Referral to Treatment (SBIRT), where students will have access to trained counselors should they have any concerns about substance use, abuse, and addiction.

Name _____

Create a New HOPE Agenda

Using your Root Cause Tree as a guide, consider what has already been done to address the opioid and heroin addiction epidemic in Wisconsin, and what corrective actions still need to be taken. Create a HOPE Agenda for the future.

- First summarize what actions have already been taken to address the root causes of addiction and overdose.
- Then propose two or three new pieces of legislation that could help us continue to deal with this ongoing crisis.

Expanding Upon the HOPE Agenda

<http://legis.wisconsin.gov/assembly/hope/future/>

Plans for the Future

Next session, we plan to continue building upon the HOPE Agenda to expand access to treatment, further increase access to opioid antagonists like Narcan, and expand upon the 911 Good Samaritan law, among other things. The following is a list of possible legislative ideas for the 2017-18 session:

- Expanding treatment options, including increasing access to both medical assisted and non-medical assisted treatment opportunities
- Changes to Chapter 51 - Alcohol, drug abuse, developmental disabilities & mental health act
- Expanding the 911 Good Samaritan Law to potentially give limited immunity to the person experiencing an overdose
- Further expanding access to naloxone (Narcan) in order for more lives to be saved in the event of an opioid overdose
- Gathering data on coroners' overdose records to help guide decision-making regarding the HOPE Agenda in the future and diversion
- Beginning discussions with insurance providers to address access to treatment issue