



The Opioid Crisis: Gathering Forces to Confront the Epidemic

Presentations by:

Gary Mendell, Shatterproof Founder, Chairman and CEO

Brad Schimel, Attorney General, State of Wisconsin

John Nygren, Wisconsin State Representative (R-Marinette)

***Michael Miller, MD, Director of Addiction Program Development and Training,
Rogers Behavioral Health***

April 26, 2018

Italian Community Center

Executive Summary

Representatives from employers, providers, brokers and other stakeholders gathered on April 26 at the Italian Community Center, Milwaukee, to hear four powerful presentations that spanned the spectrum of the opioid crisis: personal experience, law enforcement, legislative leadership and addiction treatment. The following are key takeaways from the morning's presentations.

Gary Mendell, Founder, Chairman and CEO, Shatterproof

- **Addiction is:**
 - A disease like any other – it is not a character flaw
 - The third leading cause of death behind heart disease and cancer
 - A public health crisis – over 22 million with addiction impacting 100 million families; opioid overdoses up 30% in the last year (up 70% in the Midwest)
- Learned that billions of dollars of research that could improve outcomes and treatment for addiction were not being implemented.
- After losing his son to addiction, Mendell made the decision to form Shatterproof to fund research and solutions.
- Shatterproof's mission is to end the devastation addiction causes families:
 - Working with legislators (including WI, "a model state in addressing the issue")

- Working with the CDC on guidelines to completely transform the treatment model
 - Brought together the six largest insurers – rating every treatment program to be sure care is consistent with principles
- Why should employers care?
 - Employees affected by addiction cost employers three times as much as other employees: significantly higher turnover; 50% more days off
 - Average cost of addiction is \$370,000 for every 1,000 employees
- What can employers do?
 - Identify costs of untreated addiction in the workforce with an easy to use [tool](#) available from the National Safety Council
 - Implement workplace programs to educate and encourage treatment
 - Change corporate culture to eliminate stigma of addiction
 - Shatterproof is developing a workplace education program for employers
 - Can include peer to peer addiction coaching that has been proven to help
- Addiction is absolutely preventable and treatable – all states need to join in the effort like Wisconsin, which is leading the way to find solutions.

Slides from Gary Mendell’s presentation are available for [review](#).

Brad Schimel, Attorney General, State of Wisconsin

- Opioid deaths in WI went from 111 in 2000 to 827 in 2016 (experienced a 500% increase in 2014).
 - Heroin and fentanyl cases analyzed by the State Crime Lab are on a dramatic rise (Heroin cases went from 273 in 2008 to 1,168 projected cases in 2016)
 - Accidental drug overdose is the number one cause of accidental death in WI
 - The solution is a focus on prevention
- Opioid myths need to be dispelled:
 - “They are safe because they are prescribed by a doctor” (they should never be taken casually)
 - “Just affecting ‘bad kids’ “ (affects people from all walks of life)
 - “Illicit drugs are the cause of the problem” (more than four out of five heroin users began with prescription painkillers, many obtained from friends or relatives)
 - “Not in our neighborhood” (problem is not just urban, it’s everywhere)
- Simple prevention messages:
 - Only take medications prescribed to you
 - Store painkillers safely and securely (“you wouldn’t leave a gun out”)
 - Dispose of medications properly
- The State’s prevention efforts (“not looking for who to blame – looking at how we solve the problem together”):
 - Dose of Reality awareness campaign began in 2015

- Drug “Take Back” efforts (over 330,000 lbs. of unused medications collected in three years)
 - Leading the nation in number of [agencies](#) that take back medications
- WI is taking a multi-faceted approach:
 - Law enforcement – “locking up users doesn’t lead to sobriety”; dealer network has been tough to unravel
 - Treatment – 163,000 opiate abusers in WI; drug treatment courts address the underlying problem; working to expand medication-assisted treatment (MAT); treatment is far better (far less costly than jail/prison or OD death)
 - Prevention is most important – we need to address demand
- Role of medical community – educate prescribers, change conversation with patients, follow recommended professional guidelines, and continuing medical education (CME)
 - Supported mandatory Prescription Drug Monitoring Program – already seeing reductions in prescribing of opioids (most recent stats show 18.3% drop)

Slides from Attorney General Schimel’s presentation are available for [review](#).

John Nygren, Wisconsin State Representative (R-Marinette)

- Heroin and prescription opioid cases are spiking -- epidemic is growing in WI:
 - Affects big cities and rural areas (never anticipated it happening in Marinette – his own daughter is affected by addiction)
 - ER visits in WI increased by 105% last year
- Biggest problem is addiction stigma (lack of empathy).
 - Every age/demographic group is affected
- Taking a collaborative approach to find solutions – doesn’t believe government is the answer, just one part of the solution.
- Launched HOPE (heroin, opioid prevention and education) legislative agenda.
- With broad bipartisan support, passed nearly thirty bills that target heroin and prescription drug abuse addiction (majority of heroin addiction begins with prescription drug addiction):
 - Making Narcan more available
 - Evidence-based treatment program
 - Implemented mandatory Prescription Drug Monitoring Program (PDMP)
- PDMP seems to be working:
 - 17.5 million fewer opioid dosages dispensed last year (12% decrease)
 - 2018 stats are trending at a 52% decrease
- Pew Charitable Trust chose Wisconsin to work with because of successes - provided staff, research and seven recommendations to Governor’s Task Force:
 - 1. Hub and spoke treatment delivery system, 2. Increase access to buprenorphine for treatment, 3. Substance abuse certification criteria, 4. Treatment for pregnant women, 5. Comprehensive source on treatment providers, 6. Uniform provider reporting, 7. Process to compile info on untreated addicts, improve re-entry process for addicts

- Governor’s Task Force is looking at alternatives to pain management (e.g., chiropractic, PT, acupuncture).

Slides from Rep. Nygren’s presentation are available for [review](#).

Michael Miller, MD, Director of Addiction Program Development and Training, Rogers Behavioral Health

- Rogers is the largest behavioral health provider in the state and a leader in addiction treatment.
- Addiction is not solely a social, criminal justice, psychological or moral problem – it’s a neurological problem (disease of the brain).
- Brain circuitry triggers a pathological pursuit of reward through substance abuse.
 - Addiction is also affected by the way a person is hardwired, genetic factors, psych morbidities, trauma, environmental and life experience
 - Risk factors are 60% genetic and 40% environmental
- We must get rid of demand, not drugs, and deal with vulnerabilities and prevention.
 - Don’t ignore the role of communities, relationships and values
- Treatment of addiction consists of psychosocial treatments and medication-assisted treatment (MAT).
- There are not enough addiction physicians and it’s difficult to find good programs (local vs. out of town – need to have the family involved); American Society of Addiction Medicine (ASAM) certifies programs.
 - Levels of care: inpatient care/withdrawal management; residential care; partial hospitalization; intensive outpatient
- Five actions employers can take:
 - Make occupational medicine (on-site if possible) available to evaluate and return to work ASAP
 - Focus on functioning (affected by absenteeism and presenteeism)
 - Focus on rehab and return to work rather than having to recruit and train replacements
 - Use “smart” drug testing (don’t rely on preliminary results)
 - Use certified Medical Review Officers (MROs)
- 75% of people with addiction are employed – recognize it is a long-term disease.
- Dependents are also affected, so be proactive – treat addiction, save lives.

Slides from Dr. Miller’s presentation are available for [review](#) as well as [photos](#) from the event.

Call to Action for Employers

What can employers do to begin to address opioid awareness and addiction prevention in the workplace? **BHCG is pleased to announce the development of a workplace opioid awareness/prevention communication toolkit for employers.**

The toolkit is being designed in conjunction with BHCG communication partners, The Write Source and AFFIRM Agency (AFFIRM developed the state of Wisconsin Justice Department's opioid awareness campaign, *Dose of Reality*):

- Multi-media materials (worksite posters, table tents, PowerPoint modules, window clings, monitor and online graphics, etc.)
- Designed to increase awareness and educate employees
- BHCG member employers can download materials with the option to customize
- BHCG will also make some materials available to community-at-large employers
- First module of materials will be available in June