



# Priority: Opioids

Drug overdoses, especially of opioids, are a big problem in Wisconsin. Over the last 10 years, deaths from people overdosing on opioids have more than doubled. In 2014, more than 14,000 hospital visits were because of opioids, and almost 3,000 were for opioid overdoses. The number of people in Wisconsin aged 12 and older who have used opioids nonmedically or illegally is just under the number of people living in the city of Madison, Wisconsin, or 202,770 people. More than 80% of Wisconsin's counties have had opioid-related deaths.

Prescription opioids have been the main cause of drug overdoses. In 2014, prescription medicine was the reason for six out of 10 opioid-related deaths and eight out of 10 hospital visits in Wisconsin. Heroin is also a serious problem, and three out of four people who use heroin started with prescription opioids. Heroin is cheap, easy to get and very strong. In Wisconsin, from 2010 to 2014, the rate of heroin deaths increased by 188% compared to a 21% increase in the rate of prescription drug deaths during the same time period. Individuals often use both heroin and prescription drugs.

Heroin deaths are highest among young adults (20-29 years), and hospital encounters for opioid use disorder are also highest among this group. Prescription drug deaths are highest among middle-aged adults (45-54 years). Men have higher rates of opioid overdose deaths than women.

Mental health issues are associated with substance addiction. At least six out of 10 of those with addiction also have a mental illness, and one in five people having mental health conditions also have an addiction. Individuals with a substance addiction are six times more likely than the general population to attempt suicide.

Studies have shown that toxic stress during childhood, such as ongoing childhood abuse or neglect, impacts the pleasure and reward center of the brain that is involved with substance dependence. With more data being collected and attention being paid to opioid use and misuse in Wisconsin, we will continue to study the connection between ACEs and opioids to better inform policy decisions, prevention and intervention efforts.

Opioid misuse and opioid addiction can lead to poverty, unemployment, not being as productive, not doing as well in school, family problems and abuse, crime and homelessness.

Preventing these problems requires many partners and many strategies, including making it harder to misuse prescription opioids, making it easier to get Naloxone to prevent opioid overdose death and making sure people can get help for substance use and mental health issues.

## References:

United Health Foundation, "America's Health Ranking," [Online].  
Available at <http://www.americashealthrankings.org/>

University of Wisconsin Population Health Institute, "County Health Rankings 2016," [Online]  
Available at [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

U.S. Census Bureau, "Quickfacts (2015)," [Online] Available at <https://www.census.gov/quickfacts/>

Centers for Disease Control and Prevention. [2013] Youth Risk Behavior Survey Questionnaire.  
Available at: [www.cdc.gov/yrbbs](http://www.cdc.gov/yrbbs)



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Goal: Prevent and Reduce Opioid-Related Deaths and Harm



## Objective 1

Reduce the number of overdose deaths, hospitalizations, and emergency department visits associated with nonmedical or illicit opioid use by 5% by 2020:

- › From 622 deaths in 2014 to fewer than 590 in 2020
- › From 12,134 hospitalizations in 2014 to fewer than 11,530 in 2020
- › From 8,041 emergency department visits in 2014 to fewer than 7,640 in 2020

## Strategies

Strategy 1: Improve pain management practice in Wisconsin in accordance with best practices including widely distributing the CDC's Opioid Prescribing Guideline.

Strategy 2: Improve use of prescription drug monitoring information systems.

Strategy 3: Promote Naloxone distribution and administration and training to prevent overdoses and overdose-related deaths.

Strategy 4: Ensure proper disposal of prescription drugs.

Strategy 5: Develop a community monitoring and early warning system that tracks overdoses associated with prescription drug and heroin use at a local level.

## Objective 2

Increase people benefiting from outreach, intervention, treatment and support services for nonmedical and illicit opioid addiction by 5% from 4,015 persons in 2014 to at least 4,210 persons in 2020.

## Strategies

Strategy 1: Promote evidence-informed screening and treatment, including SBIRT (screening, brief intervention, referral, treatment) intervention and referral for treatment, among health care, mental health and social service professionals. Encourage physicians to screen their patients for opioid use disorder and provide or connect them with evidence-informed treatment.

Strategy 2: Promote effective models of opioid outreach, intervention, treatment and support that reach out to active drug users; non drug-using friends and family members; pain management clinics; community-based organizations; correction facilities; and hospitals.

## Objective 3

Reduce the percentage of adolescents who have used an opioid prescription drug for nonmedical purposes from 14.9% in 2013 to less than 13% by 2020.

## Strategies

Strategy 1: Improve knowledge and adoption of evidence-informed policies and programs that prevent and reduce nonmedical and illicit opioid use among adolescents.

Strategy 2: Promote pharmacist, family physician and parent education about the risks and practices to prevent nonmedical use of opioid prescription medications.

Strategy 3: Educate prescribers and community members on alternatives to opioid pain relievers for acute pain situations such as sports injuries, car accidents and minor medical or dental procedures.