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STATE SENATOR • 17<sup>TH</sup> SENATE DISTRICT

## Capitol Update By Senator Howard Marklein June 10, 2016

### **H.O.P.E. for Ending Drug Addiction & Abuse**

I recently attended a funeral for the son of a former colleague who died from a drug overdose. At 27 years of age, Chad's addiction to pain medication after a car accident, took his life.

Chad's story is not unique. In 2014, 21.5 million Americans struggled with some sort of substance abuse. Of this number, 1.9 million were addicted to prescription pain relievers and 586,000 had a substance use disorder involving heroine. Most of us would see heroin as a bigger problem, but clearly, prescription drugs are a major threat and many heroin users begin as prescription drug abusers.

Prescription pain relievers are legal opioid medications that include drugs such as oxycodone, hydrocodone, codeine, morphine, and fentanyl. Anyone who has had a surgery or injury within the last several years has likely been prescribed an opioid pain reliever.

Every person's body reacts to pain and pain medication differently. Many people seek temporary relief from prescription pain medication because they don't want to become addicted or limit their ability to perform day-to-day tasks; while others refuse to take any sort of opioid prescription at all. Others, despite their best intentions, cannot manage without strong pain relief and ultimately succumb to the addictive qualities of these drugs.

Unfortunately, our culture has become less tolerant for pain overall. When we are injured or undergo a surgery, our doctors nearly always offer us pain relief, whether we ask for it or not. As a society, we rate the performance of our medical providers by how much pain we feel and as a response, our medical providers prescribe medication to lessen our pain in order to achieve the best possible ratings from us.

With the increasing threat posed by prescription drug addiction throughout our communities, I believe it is time to consider "pain" differently. When we are injured or we have surgery, isn't pain meant to be a signal to us? Isn't pain meant to tell us when we need to rest and recover? Isn't pain a necessary part of the healing process? Why do we, as a culture, reject pain?

In our rejection and avoidance of pain, we have opened ourselves to addictive drugs that are destroying families and taking lives from us every single day, out in the open, in our homes, our schools and our communities. These drugs are not the back alley, dark of night, drugs of the movies. These are every day, prescribed medications that are completely legal and in ready supply.

According to the American Society of Addiction Medicine (ASAM), drug overdose is the leading cause of accidental death in the United States, with more than 47,000 lethal drug overdoses in 2014. Opioid addiction is a huge part of this statistic, as almost 19,000 of these overdoses were related to opioids. 10,500 of these overdoses were related to heroin use. ASAM estimates that four in five new heroin users started out by misusing prescription pain killers. It is estimated that 23% of individuals who use heroin also develop an opioid addiction. Nationally, the rate of heroin overdoses showed an average increase of 6% per year from 2000 to 2010. From 2010 to 2013, the average annual increase jumped to 37%.

The 17<sup>th</sup> Senate District borders two other states. This makes our communities uniquely susceptible to drugs moving across state lines from outside Wisconsin. Addressing opioid addiction in Wisconsin requires the support of legislators and leaders from across the state, regardless of political party. This past session, in response to this nationwide epidemic, Wisconsin legislators created the Heroin, Opioid, Prevention, and Education (HOPE) legislative package. All of these bills were created and passed on a bipartisan basis to address opioid and heroin addiction.

In total, between 2013 and 2016, there were 17 bills passed and signed into law that combat the opioid epidemic in Wisconsin. Last session, bills were passed that focused on encouraging municipalities to conduct drug disposal programs, provided emergency workers the ability to administer Naloxone Narcan to combat the effects of heroin overdose, required individuals to show proper identification when picking up certain prescription drugs, provided limited immunity for those individuals reporting an overdose, expanded Treatment & Alternative (TAD) programs, created pilot programs to treat opiate addiction in underserved areas, and created immediate punishments for those who violated parole or probation.

In the future, legislators plan to build upon the HOPE agenda by expanding access to treatment options, increasing access to naloxone, and expanding the Good Samaritan law. There are already efforts to collaborate with insurance providers to increase access to treatment for those struggling with addiction and gathering data on victims of overdose to learn more help guide further policy-making.

I also think it is important for us, as a culture, to explore ways to decrease the exposure of all people to pain medication by managing our own expectations of pain when we are injured or undergo a surgery. We need to accept that pain is part of the function of the human body. I have directed my physician to not give me any Opioid pain medications, unless I am in hospice.

I am optimistic that the HOPE legislation signed into law will be an effective effort to decrease use and addiction in Wisconsin. For more information on opioid addiction and the legislation that has been signed into law to combat this epidemic, please visit <http://legis.wisconsin.gov/assembly/hope/>

For more information and to connect with me, visit my website <http://legis.wisconsin.gov/senate/17/marklein> and subscribe to my weekly E-Update by sending an email to [Sen.Marklein@legis.wisconsin.gov](mailto:Sen.Marklein@legis.wisconsin.gov). Do not hesitate to call 800-978-8008 if you have input, ideas or need assistance with any state-related matters.

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