



**Testimony by ARCW Vice President Bill Keeton in Support of the January 2017 Special Session Package of Bills Addressing Heroin and Opioids**

Dear Chairwoman Vukmir and Committee Members,

Thank you for allowing me the opportunity to provide written testimony in support of the bills resulting from the Governor's Task Force on Opioid Abuse that are aimed at fighting heroin and opioid abuse in our state.

First, it is important to recognize the work of Governor Walker, Lieutenant Governor Kleefisch, Representative Nygren and all of the members of the Governor's task force for their work in developing the set of proposals before you today.

Since 1994, ARCW has been engaged in the fight against heroin and opiate abuse through our nationally renowned HIV, hepatitis C and opiate overdose prevention programs that have been successfully providing services to injection drug users, their family members, their social networks, members of law enforcement and public health programs across the state.

Previous HOPE bills have had a direct and positive impact in addressing the opioid and heroin epidemic. At ARCW, we have been able to increase community access to naloxone and have heard first hand reports of how individuals witnessing an overdose have been more likely to call 9-1-1 for help. Our Lifepoint prevention and outreach program, which is built upon the tenants of harm reduction, operates statewide and last year was instrumental in helping ARCW reach more than 15,000 people who are using opiates and who at-risk for HIV infection in Wisconsin annually. To date, our staff have trained more than 12,000 people on the use of naloxone and provided them with doses they can use to save a life during an overdose. More than 4,000 times, individuals we have trained have returned to one of our locations to let us know they have used the naloxone we provided them to save a life.

The relationship we are able to engage in with our program participants not only helps prevent new HIV infections, it also helps people who are battling addiction get linked to the health care and treatment services they need to begin traveling the often difficult road to sobriety.

These outcomes are the result of the enactment of HOPE legislation.

The five bills being heard today will continue this legacy by helping to overcome identified gaps in our state's ability to address the ongoing opioid epidemic.

Special Session Senate Bill 1 will help ensure that more individuals are protected when administering naloxone or narcan to a student who may be experiencing an overdose.

Much the same as how epinephrine injectors can save the lives of people who are experiencing a severe allergic reaction, the delivery of narcan or naloxone to someone experiencing an overdose in a timely fashion is paramount to saving their life.

By tightening controls related to the availability of codeine, Special Session Senate Bill 4 will help reduce access to another pathway to addiction and abuse of opioids. While often less publicized than other opiates, codeine contributes to the development or continuation of opiate addiction for many individuals. The passage of this bill will help ensure less opioids are available to be abused.

Special Session Assembly Bills 7 and 9 together will help address a critical need in our state's response to this problem as well. Too often, individuals who reach out to ARCW for help in accessing treatment for their addiction are placed on wait lists or are unable to find providers in their areas at all. This is especially true in rural areas throughout the state. Building our provider workforce, clinical capacity and taking advantage of technology are all critical as we continue to address gaps in access to addiction treatment.

ARCW encourages the committee to support passage of the four bills before you today.

Thank you for your consideration of my testimony.

Sincerely,

Bill Keeton  
Vice President, Government and Public Relations



# John Nygren

WISCONSIN STATE REPRESENTATIVE ★ 89<sup>TH</sup> ASSEMBLY DISTRICT

Senate Committee on Health and Human Services

Chair, Senator Leah Vukmir

Testimony by Representative John Nygren

April 6, 2017

Thank you Chair Vukmir and members of the Senate Committee on Health and Human Services for holding a public hearing on Special Session Assembly Bills 1, 4, 7, 9, and Special Session Senate Bill 5.

For the past two sessions, we have worked together to pass a package of 17 bills aimed at combating our state's opioid and heroin epidemic. We call this package the Heroin, Opioid Prevention and Education – or HOPE – Agenda. With unanimous bipartisan support and Governor Walker's signature, we successfully laid a foundation to combat heroin and opioid addiction in Wisconsin. That said, there is still more work to be done.

This session, I was appointed Co-Chair of the Governor's Task Force on Opioid Abuse with Lt. Governor Kleefisch. From the work of this task force, the Lt. Governor and I released a report of recommendations to Governor Walker. The governor took immediate action and called for a Special Session on Opioid Abuse.

The following bills are part of Governor Walker's Special Session call to fight opioid abuse and addiction in Wisconsin:

## 2017 Special Session Assembly Bill 1

Currently, school personnel are only protected to administer epinephrine in the event of an allergic reaction and glucagon in the event of a diabetic students' low blood sugar event. This bill expands upon these safety measures to allow school district personnel to administer an opioid antagonist to a student or other individual who experiences an overdose on school grounds.

Additionally, I worked on an amendment with Rep. Billings to allow residence hall directors in public, private, and technical colleges across the state to administer opioid antagonists to students on campus.

Expanding access to these lifesaving drugs is key to ensuring the safety of all students and adults on school grounds.

## 2017 Special Session Assembly Bill 4

Codeine is an opioid that can be found in certain cough syrups and other medicines used to treat severe colds and common illnesses. While many other states require a prescription to obtain these medications, Wisconsin does not.

When codeine is ingested in large doses, the person taking the medication can experience a dangerous high. To stop mass consumption of this potentially harmful substance, this bill requires a prescription for certain schedule V medications, like codeine cough syrup.

An amendment has been offered by Rep. Kolste that will expand upon this bill to require a prescription for other Schedule V medications beyond those that contain codeine.

### **2017 Special Session Senate Bill 5**

Under current law, there is a stringent framework in place that allows for the involuntary commitment to treatment for a person who is suffering from alcohol addiction. This bill expands upon current law to allow for the involuntarily commitment of a person who suffers from drug addiction to treatment.

Additionally, I worked with the Wisconsin Counties Association on an amendment that helps streamline the system so counties across the state are notified and ready to provide resources should a person be committed.

This expansion will allow family members, friends, and others the opportunity to bridge the gap between their loves ones' addiction and an opportunity for treatment and recovery.

### **2017 Special Session Assembly Bill 7**

It's well known that there is a need for more addiction experts across the state. Currently, doctors can pursue fellowship positions to become certified in a specific area of medicine; however, addiction-related fellowships are unavailable in Wisconsin. This bill provides grants to support addiction-specific fellowships so doctors can become certified in an area of addiction medicine.

### **2017 Special Session Assembly Bill 9**

In parts of the state, access to addiction medicine specialists, addiction psychiatrists, and other addiction experts is hard to come by. Specifically, rural areas don't have as many addiction resources as more populated areas of the state. This bill creates a doctor-to-doctor consultation service, modeled after the Medical College of Wisconsin's Child Psychiatry Consultation Program (CPCP), to help increase access to addiction experts in underserved areas. With this bill, doctors will have a place to turn if they have questions about best practices when treating a patient who suffers from an addiction.

I appreciate the opportunity to testify before your committee today on these important pieces of legislation and welcome any questions you may have at this time.



*One Voice. One Vision.*

**DATE:** April 6, 2017  
**TO:** Senator Leah Vukmir, Chairman  
Members, Senate Committee on Health & Human Services  
**FROM:** Danielle M. Laurent, MPH, Director, Public Affairs, Pharmacy Society of Wisconsin  
**SUBJECT:** SSSB 4 relating to: prohibiting certain schedule V controlled substances from being dispensed without a prescription.

Thank you for the opportunity to provide testimony on Special Session Senate Bill 4, relating to prohibiting certain schedule V controlled substances from being dispensed without a prescription. The Pharmacy Society of Wisconsin appreciates the work of the bill authors, Representative Nygren and Senator Petrowski, in bringing forth this bill as part of the Governor's Special Session on Opioid Abuse.

When used correctly, prescription opioid medications can prevent pain and suffering for patients; however, many opioid medications, including codeine, have a high propensity for abuse. Codeine's propensity for abuse has been identified in numerous studies, based on its opiate effects and the development of tolerance within a short timeframe after both regular and excessive use<sup>1</sup>. Like many opiate medications, misuse of products containing codeine can occur following initial legitimate therapeutic use of the drug or can occur when the drug is used to induce intoxication.

While codeine-only products require a prescription, Wisconsin currently allows the sale of codeine-containing products over-the-counter, without a prescription, if the codeine is combined with another non-narcotic active ingredient. Essentially, this is a loophole that allows patients to receive a narcotic drug over-the-counter.

Codeine-containing drugs are frequently misused; abuse can lead to dependency, hallucinations, and respiratory failure. The combination of codeine-containing cough syrups, soda, and candy is commonly referred to by street names including "Purple Drank," "Syrup," or "Texas Tea." In a study conducted by The Partnership for Drug-Free Kids, 15% of American teenagers reported using over-the-counter cough medicine to get high<sup>2</sup>.

The challenge, therefore is how to ensure that patients who need codeine-containing medications for legitimate medical use are able to access the drug, while minimizing the risk of dependence. This bill seeks to achieve that goal by making codeine-containing products available solely with a prescription. By requiring a prescription, patients can be dispensed the drug if a prescriber has determined it necessary for therapeutic purposes.

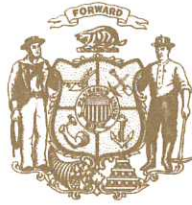
Many pharmacies in Wisconsin already require a prescription for these products. In a survey of 11 of Wisconsin's largest pharmacy chains, 9 of the 11 chains stated they have policies in place that do not allow patients to acquire these products without a prescription. Many pharmacies are already recognizing the need to move these products to prescription only, and this bill would require all pharmacies to adopt this model.

It is the belief of the Pharmacy Society of Wisconsin that the risk of abuse for these medications outweighs the therapeutic benefit provided by making these drugs available without a prescription, and we support requiring a prescription for all codeine-containing products.

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<sup>1</sup> Marie-Claire Van Hout, Ian Norman. 2016. "Misuse of non-prescription codeine containing products: Recommendations for detection and reduction of risk in community pharmacies." *International Journal of Drug Policy* (27): 17-22. [http://www.ijdp.org/article/S0955-3959\(15\)00302-3/pdf](http://www.ijdp.org/article/S0955-3959(15)00302-3/pdf).

<sup>2</sup> Partnership for Drug-Free Kids. 2013. *The Partnership Attitude Tracking Survey*. MetLife Foundation. <http://www.drugfree.org/wp-content/uploads/2014/07/PATS-2013-FULL-REPORT.pdf>.



# JERRY PETROWSKI

WISCONSIN STATE SENATOR

***Special Session Senate Bill 4: Prohibiting certain schedule V controlled substances from being dispensed without a prescription***

Senate Committee on Health and Human Services

April 06, 2017

Good morning, members of the committee, and thank you for the opportunity to provide testimony today on Special Session Senate Bill 4, which would prohibit schedule V controlled substances containing the opioid codeine from being dispensed without a prescription.

Combating our state's opioid and heroine epidemic has been at the forefront of the legislative agenda for the past several years. Last fall, in furtherance of this effort, Governor Walker created the Task Force on Opioid Abuse – chaired by the Lt. Governor and Rep. Nygren. A number of recommendations were brought forth by that committee and subsequently the Governor called for a Special Session on Opioid Abuse to tackle the issue. This bill is part of the package of bills introduced in response to that Special Session call.

Codeine is an opioid found in certain medications that when used appropriately can ease pain and discomfort, and when misused, can cause a dangerous high. Currently, medications containing this schedule V drug are available without a prescription, although many pharmacies have stopped carrying it altogether because of its addictive nature and frustrations with trying to self-police distribution. This legislation discourages the abuse and illegal consumption of codeine by requiring a prescription in order to purchase these medications.

By requiring a prescription, this bill closes a loophole through which patients can get a narcotic without a prescription, effectively shutting down another avenue that can lead people on the path to addiction.

29TH SENATE DISTRICT



**DATE:** Thursday, April 6, 2017

**TO:** Senator Leah Vukmir, Chair  
Members, Senate Committee on Health and Human Services

**FROM:** Joe Cesarz, MS, PharmD  
Director of Ambulatory Pharmacy Services at UW Health

**SUBJECT:** Special Senate Bill 4 relating to: prohibiting certain schedule V controlled substances from being dispensed without a prescription

Thank you for the opportunity to testify on Special Session Senate Bill 4. I am here today as a representative of UW Health to express my professional support for this bill.

Given the opioid and heroin epidemic in our state, having a codeine-containing product accessible without a prescription carries a high level of risk. Over-the-counter codeine products are commonly utilized to treat cough symptoms, but many pharmacists would tell you that these products are oftentimes sought for recreational purposes.

We previously encountered this situation across our fourteen UW Health pharmacy locations. Pharmacy employees were receiving questions from individuals trying to determine what inventory of codeine cough products we had in stock. These questions were oftentimes received over the phone, and the individual requesting the information would refer to the products based on the recreational name (e.g. "Purple Drank"), or product characteristics (e.g. "do you have the purple one in stock"?). It was clear to us that the intended use of the products for these individuals was not to control a cough.

After these concerns were raised, our leadership team knew that we had to develop a policy around the problem that was more stringent than what current law stated. The policy that we developed at that time matched the intent of the bill we are discussing today – only providing these products to patients in situations where a prescription was provided from a practitioner.

Approval of this legislation would ensure that these products do not fall into the wrong hands. Additionally, it would ensure that sales of these items are reported to the PDMP, and visible for practitioners to review when prescribing controlled substances.

Thank you again for the opportunity to share these comments. I would be happy to answer any questions from the committee.