

Wisconsin Department of Safety and Professional Services
Division of Industry Services
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Tony Evers, Governor
Dan Hereth, Secretary

December 22, 2022

Wisconsin State Senate
Chief Clerk
PO Box 7882
Madison, WI 53707-7882

Wisconsin State Assembly
Chief Clerk
PO Box 8952
Madison WI 53708-8952

Dear Chief Clerks:

As specified in Wis. Stat. §96136 (3), I am submitting the 2022 Compliance with Controlled Substances Law Report on behalf of the Controlled Substances Board. Questions regarding the report can be directed to Assistant Deputy Secretary Jennifer Garrett at (608) 266-6795.

Sincerely,

Dan Hereth
Secretary-designee

Doug Englebert
Chairperson

Alan Bloom
Vice Chairperson

Yvonne Bellay
Secretary

CONTROLLED SUBSTANCES BOARD



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2022 Annual Report

I. Membership

Statutory membership of the Board:

1. A psychiatrist (appointed by the Governor)
2. A pharmacologist (appointed by the Governor)
3. Chairperson of the Pharmacy Examining Board or designee
4. Chairperson of the Board of Nursing or designee
5. Chairperson of the Dentistry Examining Board or designee
6. Chairperson of the Medical Examining Board or designee
7. State Attorney General or designee
8. Secretary of the Department of Agriculture, Trade & Consumer Protection or designee
9. Secretary of the Department of Health Services or designee

II. Drug Scheduling

The Controlled Substances Board may add substances to or delete or reschedule substances listed in the schedules of chapter 961.

Scheduling

The Controlled Substances Board took the following scheduling actions in 2022:

Schedule I:

- Addition of 7 synthetic benzimidazole-opioid substances

Schedule III:

- Addition of 38 anabolic steroids

Schedule IV:

- Addition of daridorexant

Schedule V:

- Addition of ganaxolone

III. Drug Use Trends in Wisconsin

The Controlled Substances Board received the following information at a public hearing held on November 11, 2022.

Trends

According to the Wisconsin State Crime Laboratories, the most prevalent drugs seen in 2022 are:

- Methamphetamine
- Cannabis
- Cocaine
- Fentanyl/ fentanyl analogs
- Heroin

The data listed below was compiled by the Wisconsin Department of Health Services and can be found on the Dose of Reality: Opioids Data Dashboard.

2021 Overdose Data

*Data for 2022 was not available for the reporting year at the time this report was required for submission

The statewide death rate per 100,000 people was 24.6 for all opioids and 6.1 for prescription opioids

- 54.9 in Milwaukee County
- 26.1 in Dane County
- 24.7 in Waukesha County

Wisconsin Overdose Deaths

(Data source: WI Department of Health Services)

*Please note that a single death can be represented in multiple drug categories

2020		2021	
All Opioids	1,231	All Opioids	1,425
Heroin	265	Heroin	162
Prescription Opioids	335	Prescription Opioids	355
Synthetic Opioids (including Fentanyl)	1,052	Synthetic Opioids (including Fentanyl)	1,293
Cocaine	397	Cocaine	549

National Overdose Deaths

(Data source: Centers for Disease Control and Prevention National Vital Statistics System and *CDC WONDER)

2020		2021	
All Opioids	69,061	All Opioids	80,926
Heroin	13,253	Heroin	9,259
*Prescription Opioids	7,790	Prescription Opioids (data not yet available)	---
Synthetic Opioids (including Fentanyl)	56,894	Synthetic Opioids (including Fentanyl)	71,074
Cocaine	19,601	Cocaine	24,688

IV. Special Use Authorization (SUA) Permits

The Board under Chapter 961 issues permits that authorize individuals to manufacture, obtain, possess, use, administer or dispense controlled substances. Permits are necessary for research, teaching, analytical laboratories, industrial applications, humane societies, and drug detection dog training.

SUA Types	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Year Totals
Analytical Lab	3	1	3		10			5	7	8	2		39
Humane Society	6	9	1	1	3	1	5	5	7	4	4	1	47
Instructional Activities					1								1
Narcotic Dog Training									1				1
Research	15	1	17	6	20	2	1	8	30	17	11	2	130
Other	1												1
Law Enforcement Animal Control Officers									1				1
Industrial/Commercial Processing	1								1				2
Total SUA's Issued in 2022													219

V. The Wisconsin enhanced Prescription Drug Monitoring Program (WI ePDMP).

The ePDMP is a tool to help combat the ongoing prescription drug abuse epidemic in Wisconsin. By providing valuable information about monitored prescription drugs that are dispensed in the state, it aids healthcare professionals in their prescribing and dispensing decisions. The ePDMP also fosters the ability of pharmacies, healthcare professionals, law enforcement agencies, and public health officials to work together to reduce the misuse, abuse, and diversion of prescribed monitored prescription drugs.

2022 Accomplishments

- In 2022, the WI PDMP was awarded \$1,400,000 in federal funding through the Bureau of Justice Assistance (BJA) Harold Rogers PDMP Grant program. This funding will allow the PDMP to improve on-demand training materials as well as create new interactive testing opportunities for data submitters and healthcare professionals. Along with updating current training materials, DSPS will create a sandbox environment, equipped with tutorials, allowing users to test data submission processes and better understand the analytics and new functionalities of the ePDMP system.
- In 2022, the PDMP began to allow healthcare organizations to access ePDMP data via electronic health record (EHR) without the payment of monthly subscription fees. This will continue to greatly benefit under-resourced and rural healthcare facilities.
- DSPS has conducted a survey of ePDMP users on a quarterly basis which began the second quarter of 2021 to measure user satisfaction and inform current and future system enhancements. Survey results indicated a 78% overall user satisfaction rate amongst respondents, a 6% increase compared to the same timeframe in 2021.

2022 Referrals

The Controlled Substances Board refers to relevant boards, suspicious or critically dangerous conduct or practices of a pharmacy, pharmacist, or practitioner.

The Controlled Substances Board made the following referrals in 2022:

- 36 physicians to the Medical Examining Board
- 18 dentists to the Dentistry Examining Board
- 5 physician assistants to the Physician Assistant Affiliated Credentialing Board
- 4 advanced practice nurse prescribers to the Board of Nursing

Top 15 Dispensed Monitored Prescription Drugs

In general, the top 15 drugs have annually remained the same with some changes in the ranking with the exception of gabapentin, which joined the list in 2021 for the first time.

The Top 15 Dispensed Monitored Prescription Drugs by Dispensing in the third quarter of 2022 were:

1. Gabapentin (Other)
2. Hydrocodone-Acetaminophen (Opioid)
3. Amphetamine-Dextroamphetamine (Stimulant)
4. Tramadol HCl (Opioid)
5. Oxycodone HCl (Opioid)
6. Pregabalin (Other)
7. Alprazolam (Benzodiazepine)
8. Clonazepam (Benzodiazepine)

9. Lorazepam (Benzodiazepine)
10. Methylphenidate HCl (Stimulant)
11. Oxycodone w/ Acetaminophen (Opioid)
12. Lisdexamfetamine Dimesylate (Stimulant)
13. Zolpidem Tartrate (Other)
14. Buprenorphine HCl-Naloxone HCl Dihydrate (Opioid)
15. Diazepam (Benzodiazepine)

2022 Dispensing Trends

There was an 8% increase in monitored prescription drugs being dispensed in Wisconsin through Q3 2022 compared to the same quarter in 2021. This increase in dispensing can largely be attributed to gabapentin being introduced as a monitored drug in Q3 2021 which had 157,175 dispensings in that timeframe. In Q3 2022, gabapentin accounted for 388,049 dispensings, a 115% increase compared to the same quarter in 2021.

- 5% decrease in the total number of monitored prescription drugs dispensed through Q3 2022 compared to 2017 including:
 - 32% decrease in the number of opioid prescriptions dispensed
 - 27% decrease in the number of benzodiazepine prescriptions dispensed
 - 17% increase in the number of stimulant prescriptions dispensed
- 38% decrease in the total number of data-driven alerts generated by the WI ePDMP through Q3 2022 compared to 2017 including:
 - 39% decrease in the number of alerts for multiple same day prescriptions
 - 33% decrease in the number of alerts for multiple prescribers or pharmacies
 - 65% decrease in the number of alerts for high opioid daily dose
 - 42% decrease in the number of alerts for concurrent benzodiazepine and opioid prescriptions
 - 35% decrease in the number of alerts for long-term opioid therapy
 - 30% decrease in the number of alerts for early refills