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Opioid Addiction Treatment Pilot Program (Corrections -- Adult Corrections)

[LFB 2015-17 Budget Summary: Page 123, #6]

CURRENT LAW

The Department of Corrections provides various alcohol and other drug abuse (AODA) programming at its institutions and contracts for AODA services for offenders supervised in the community.

GOVERNOR

Provide $836,700 GPR annually associated with an opioid addiction treatment pilot program within the state prison system. Funding calculations assume the pilot program would include 100 offenders, who would receive monthly Vivitrol treatment injections and drug testing at an annual cost of approximately $8,400 per offender.

DISCUSSION POINTS

1. In May, 2014 testimony to the U.S. Senate Caucus on International Narcotics Control, the National Institute on Drug Abuse (NIDA) reported that the number of heroin users in the U.S. nearly doubled between 2005 and 2012: "Heroin abuse, like prescription opioid abuse, is dangerous both because of the drug's addictiveness and because of the high risk for overdosing." Regarding treatment of opioid addiction, NIDA reported:

> "Scientific research has established that medication-assisted treatment of opioid addiction is associated with decreased in the number of overdoses from heroin abuse, increases retention of patients in treatment and decreases drug use, infectious disease transmission, and criminal activity. For example, studies among criminal offenders,

many of whom enter the prison system with drug abuse problems, showed that methadone treatment begun in prison and continued in the community upon release extended the time parolees remained in treatment, reduced further drug use, and produced a three-fold reduction in criminal activity."

2. The Wisconsin State Council on Alcohol and Other Drug Abuse released a report, Analysis and Recommendations for Reducing Heroin Abuse in Wisconsin, in July 2014. The report indicated that "4.3% of Wisconsin adults report using heroin or another opiate (for non-medical purposes) in the past year; this represents approximately 163,300 Wisconsin adults, a dramatic increase over the past 10 years." Among its recommendations for reducing heroin abuse in Wisconsin, the Council included:

"Recommendation 23: Engage the Department of Corrections (DOC) to ensure a system for providing interventions to incarcerated persons who have substance use disorders (specifically heroin).

- Funding should be made available to provide treatment within the prison system.
- Brief services should be provided in county jails for persons incarcerated for short periods of time.
- Pilot programs for the administration of Vivitrol to persons as they leave incarceration should be established.
- Explore the feasibility of expanding CAGE [Cut-down, Anger, Guilt, Eye-opener] assessments and opiate overdose prevention education to jails in the state, like that which is being done in Brown County Jails.
- Establish programs at the county jail level to provide an initial assessment, information regarding treatment programs as well as dispensing naloxone upon release for persons with heroin-related SUDs."

3. The bill would provide $1,673,400 GPR over the biennium ($836,700 GPR annually) to support a pilot opioid addiction program. Funding was calculated based on the following assumptions: (a) 100 offenders would receive treatment; (b) treatment would include monthly Vivitrol treatment injections at $692.23 per injection; and (c) monthly drug testing at $5 per test. As a result, annual costs would be $8,367 per offender.

4. Corrections does not have data on offenders' "drug of choice," however, there were 703 inmates on December 31, 2014, incarcerated with opiate-related offenses. These offenses generally include manufacturing or delivery of heroin (varying amounts of grams) and possession with intent to manufacture or deliver (varying amounts of grams). As of April, 2015, there 1,081 offenders under community supervision with opiate-related offenses. It should be noted that these offenders are under Corrections' jurisdiction specifically for opiate-related offenses. To the extent offenders are in prison or community supervision as the result of other crimes related to their addiction (for example, committing a robbery for money to buy heroin), there are likely many more offenders with opioid addictions who would benefit from treatment.

5. While the Department has indicated that the program would target offenders both in

the institutions and in the community, all the funding is provided under Corrections' Division of Adult Institutions. The Department currently is not able to determine if there may be savings associated with some offenders having private insurance or BadgerCare to cover injection costs, or if there may be additional costs associated with behavioral medication therapy in conjunction with injection costs.

6. Regarding details about the pilot program and how it would be implemented, Corrections indicates that the program would be voluntary, with medically-fit offenders who have been assessed with an opiate addiction and are participating in treatment programs to address the cognitive behavioral changes necessary for medication intervention to have a lasting effect: "A concrete implementation program for the pilot will need to be established by DOC once it is known that the funding will be available. A workgroup is being formed to begin drafting an implementation program."

7. Since the Department does not yet have a detailed plan, questions remain regarding the number of inmates in institutions and/or the number of offenders in the community who would volunteer and be treated under the pilot, which facilities and/or regional community corrections offices would be involved in the pilot, and potential additional costs or savings associated with implementation. Given that a detailed plan for a pilot program has not yet been formulated and possible additional costs and/or associated savings are unknown, the Committee may wish to wait until more information becomes available before providing funding for a pilot. The Committee could place the funding under its GPR supplemental appropriation and direct that, in order to receive funding, the Department report back to the Committee by January 1, 2016 with more details and a plan for implementing the pilot program. [Alternative 3]

8. Given that funding is provided for a pilot program, and that the administration of the pilot program and its effectiveness are unknown, the Committee could provide less initial funding. The following table identifies various funding amounts, and the total change to the bill. [Alternative 2]

Lower Percent of Funding	2015-16	2016-17	Biennium	Change from Bill
a. 75%	$627,500	$627,500	$1,255,000	-$418,400
b. 50%	418,400	418,400	836,800	-836,600
c. 25%	209,200	209,200	418,400	-1,255,000

ALTERNATIVES

1. Approve the Governor's recommendation to provide $836,700 annually associated with an opioid addiction treatment pilot program within the state prison system. Funding calculations assume the pilot program would include 100 offenders, who would receive monthly Vivitrol treatment injections and drug testing at an annual cost of approximately $8,400 per offender.

2. Approve the Governor's recommendation to provide funding for an opioid addiction

treatment pilot program, but at one of the lower percentages:

Lower Percent of Funding	2015-16	2016-17	Biennium	Change from Bill
a. 75%	$627,500	$627,500	$1,255,000	-$418,400
b. 50%	418,400	418,400	836,800	-836,600
c. 25%	209,200	209,200	418,400	-1,255,000

3. Modify either Alternative 1 or 2 to provide funding for an opioid addiction pilot program by placing the funding in the Joint Committee on Finance's supplemental appropriation. Direct the Department, in order to receive funding, to submit a request to the Committee by January 1, 2016, with a report providing more details and a plan on how the pilot program would be implemented.

4. Delete provision.

ALT 4	**Change to Bill**
GPR	$1,673,400

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