



# Can 'Hub and Spoke' break opioid crisis?

## Wisconsin adopts Vermont approach as latest step in its fight against opioid addiction; and for one representative, it's personal

by Wisconsin Rep. John Nygren ([Rep.Nygren@legis.wisconsin.gov](mailto:Rep.Nygren@legis.wisconsin.gov))

Each day, 115 people die in the U.S. from opioid overdoses. That's nearly 42,000 deaths from opioids each year. This public health issue is now causing more yearly deaths than breast cancer and many more than prostate cancer.

This issue is very personal for me, and recently became even more real for my family. Now, more than ever, do I feel the disastrous consequences of addiction. Wreckage left in the wake of addiction is left for family members and friends to pick up and put back together.

With that said, my family's story is not unique. In fact, it is all too common in a seemingly endless line of destructive examples. These stories illustrate how addiction continues to have negative consequences on families and communities nationwide. These stories are the motivating factor behind my work in the Wisconsin Legislature to fight this epidemic.

And the good news is that our hard work is having an impact. Data recently released by the Wisconsin Prescription Drug Monitoring Program is very promising. When comparing the first quarter of 2018 to the same time in 2015, Wisconsin saw a nearly 30 percent decrease in opioid prescriptions. This decrease helps close the door to future addiction and saves lives.

Since 2013, Wisconsin, through broad bipartisan support, has passed more than 30 pieces of legislation as a part of the Heroin, Opioid Prevention and Education (HOPE) Agenda. After watching this epidemic ravage northern Wisconsin in particular, I made it my mission to do all that I can to end it.

Our first wave of bills in the 2013-14 legislative session focused on responding to incidents of opioid abuse, obtaining and disposing of opioids, and creating or expanding treatment programs in communities throughout Wisconsin.

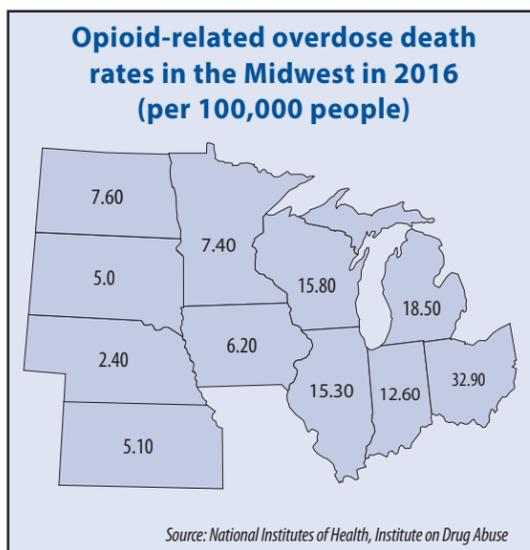
The most prolific bill of the 2013-14 legislative session focused on the usage of naloxone, also known as Narcan. This bill expanded the use of naloxone drastically statewide in a multitude of ways. First, we expanded training opportunities for first responders in administration of the drug as a way to lower the mortality rate of heroin and opioid overdoses.

Second, we required emergency medical technicians to carry a supply of naloxone and to keep records of its administration. We also legalized the prescribing of naloxone to trained individuals who are assisting individuals at risk of overdose.

Finally, we created immunity from civil and criminal liability for prescribers and administrators of naloxone.

Additionally in 2013-14, we worked to improve access to treatment for individuals suffering from opioid abuse. We provided funding to expand existing treatment programs and created pilot programs for under-served areas of the state.

The second round of HOPE Agenda bills was introduced in the 2015 legislative session.



Building on the momentum of the previous session, we expanded access to the life-saving drug naloxone, broadened reporting requirements for the Prescription Drug Monitoring Program, provided more funding for treatment alternatives and diversion programs, and crafted a number of laws to allow the state to reduce opioid abuse in Wisconsin.

The Prescription Drug Monitoring Program has been one of Wisconsin's strongest tools in the fight against the opioid epidemic. By simply reporting and tracking prescriptions and the patients that are receiving them, we have reduced "doctor shopping" by 47 percent and have significantly reduced the number of opioid prescriptions.

A reduction in the use of opioids means less individuals at risk of developing potentially deadly addictions. It also means we are able to focus resources on expanding treatment to individuals currently struggling with addiction without adding to their ranks.

In 2015, we introduced three bills aimed at strengthening the Prescription Drug Monitoring Program with the hopes of halting addiction before it begins. In an attempt to curb doctor shopping, the amount of time that physicians have to report a filled prescription to the program was reduced from seven days to 24 hours.

We also required practitioners to utilize the program to review a patient's records prior to prescribing opioids. In an effort to increase the flow of information among prescribers and law enforcement, we required law enforcement to also use the program to report illegal or inappropriate use of monitored prescription drugs, opioid-related overdoses, and reports of stolen prescription drugs.

In September 2016, Gov. Scott Walker issued an executive order creating the Governor's Task Force on Opioid Abuse. I was appointed to serve as the co-chair of this task force along with Lt. Gov. Rebecca Kleefisch. The task force consists of a group of state leaders, state agencies, addiction experts, and members of law enforcement who are working to end opioid abuse in Wisconsin.

Since its conception, we have held numerous

meetings throughout Wisconsin. In January 2017, the task force submitted a report to Gov. Walker which led to the passage of 11 bills, most of which focused on expanding treatment options and recovery programs.

### Hub and spoke

More recently, Wisconsin has partnered with The Pew Charitable Trusts to study Wisconsin's treatment systems. Through months of stakeholder meetings and discussions, Pew made a set of recommendations which have since been passed into law.

The most significant of the recommendations was for Wisconsin to explore a "hub and spoke" treatment delivery system, comprised of regional "hubs," or opioid treatment clinics providing medically assisted, intensive programs, that are linked to "spokes," or office-based settings for less intensive opioid treatments.

Vermont installed a Hub-and-Spoke system in 2014, and has seen positive outcomes as a result: a Vermont Department of Health study in 2017 reported a 96 percent decrease in opioid use and a 92 percent decrease in injection drug use among system participants.

That state now has the highest capacity for treating opioid use disorders in the United States and has seen a dramatic increase in the number of physicians able to prescribe buprenorphine, which helps reduce withdrawal symptoms for people addicted to opioids. I am optimistic that the Hub-and-Spoke model will yield similar results for Wisconsin.

I firmly believe it is because of the work we have undertaken in Wisconsin that we are now seeing positive impacts throughout the state.

We have given Wisconsin a chance. We have given our most vulnerable a chance. And we have given families ridden with worry and despair, a chance. A chance for a life free of addiction and sorrow.

Together as a state we are seeing the turn of the tide. But the fight is far from over; if we stop now, if we get complacent, we will lose to the perils of addiction. As long as family and friends are dying from the catastrophic effects of the opioid epidemic, there is still more work to do. ★

Rep. John Nygren is a Republican from Marinette.

### Submissions welcome

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