Purpose of the Study:

Regulatory and programmatic barriers prevent individuals struggling with opioid addiction from receiving addiction treatment services. The Wisconsin Legislative Council requested that a team of students from the La Follette School of Public Affairs characterize these barriers and provide recommendations for expanding access to opioid addiction treatment services in Wisconsin.

The team identified three factors that prohibit access to opioid addiction treatment services: geographic access barriers, treatment process service gaps, and limited supply of clinically effective treatment programs. The rationale for intervention and five policy alternatives are provided in this report.

A copy of the full report is available online at http://www.lafollette.wisc.edu/research-public-service/publications/opioid-addiction-treatment-in-wisconsin-needs-assessment

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Opioid Addiction Treatment in Wisconsin: An Assessment of Need and Options for Expanding Access

Drug abuse is now the leading cause of accidental death in the United States. A group of drugs known as opioids are responsible for an alarming number of these deaths. Opioids include the illicit drug heroin in addition to pain-relieving drugs such as hydrocodone, oxycodone, morphine, methadone, and buprenorphine. In Wisconsin alone, opioid-related deaths nearly doubled from 266 deaths in 2005 to 485 in 2012.

Figure 1. Wisconsin Opioid-Related Deaths, 2005-2012

![Graph showing opioid-related deaths in Wisconsin from 2005 to 2012](image)

Source: Wisconsin Death Records; Department of Health Services, Division of Public Health, Office of Health Informatics

To combat this upward trend, Wisconsin must supply opioid addiction treatment services that are both clinically effective and accessible. The federal government recommends medication-assisted therapy (MAT) for treatment. This recommendation comes from extensive evidence-based practice and clinical trials.

Five policy alternatives can increase access to treatment services and ensure the delivery of clinically effective treatment. The State of Wisconsin could take advantage of a federal program and create comprehensive care facilities where the full spectrum of MAT services can be offered, reduce Wisconsin-specific regulations for opioid treatment programs that utilize methadone, increase the number of physicians prescribing buprenorphine, expand the county collaboration pilot programs that are active in La Crosse and Chippewa counties, and collect additional data to better inform policy decisions.

The five policy alternatives are not mutually exclusive; this flexibility allows for policymaker discretion in determining the best approach for addressing opioid addiction treatment needs and services for Wisconsinites. Any combination of the alternatives could be adopted without decreasing the effectiveness of any single alternative.