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# Evidence-Based Health Policy Project

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## *Briefing Summary: March 1st, 2017*

### **Addressing Opioid Use: What's New and Emerging in Wisconsin?**

Presentation slides, event video and other briefing materials available at:

<https://uwphi.pophealth.wisc.edu/programs/health-policy/ebhpp/events/index.htm>

#### **Speaker Information**

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##### **Dr. Aleksandra Zgierska**

Assistant Professor, UW School of Medicine and Public Health, Department of Family Medicine and Community Health

*Initiatives to Reduce Opioid-related Harms and Improve Outcomes in Addiction and Chronic Pain*

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##### **Dr. Sara Lindberg**

Director of Evaluation Research, UW School of Medicine and Public Health, Population Health Institute

*Evaluation of Wisconsin-based Opioid Prevention and Treatment Efforts*

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##### **Capt. Cory Nelson**

Captain of the West District, City of Madison Police Department

*Initiatives to Reduce Opioid-related Harms and Improve Outcomes in Addiction and Chronic Pain*

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##### **Bri Deyo**

Research Coordinator, UW School of Medicine and Public Health, Department of Family Medicine and Community Health

*Screening in Trauma for Opioid Misuse Prevention (STOMP)*

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#### **Dr. Aleksandra Zgierska and Captain Cory Nelson**

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Dr. Zgierska and Capt. Nelson highlighted projects working in the community to improve outcomes for both addiction and chronic pain, noting that an opioid overdose death occurs every 16 minutes in the U.S. The initiatives of focus include Mind-Body Therapies for Opioid-Treated Back Pain and the Madison Addiction Recovery Initiative (MARI). The first study follows patients with chronic lower back pain, the main cause for opioid prescription other than cancer. Patients enrolled in the large national study will be randomly assigned into two therapies (mindfulness meditation or cognitive behavioral therapy) and will receive a reduced dose of opioids along with the 8-week mind-body therapy. The study will look for evidence of decreased pain, higher function, increased quality of life, and reduced pain medication utilization for patients in both treatment groups. Researchers are currently recruiting patients for the study, and hope that its results will support use of psychological treatments for pain in common practice, currently not widely covered by health plans.

The second project, in collaboration with the City of Madison Police Department, aim to increase access to treatment and to reduce stereotypes from the disease of addiction. The Madison project links individuals who've committed minor drug-related crimes with treatment and tracks their outcomes, specifically targeting first-time offenders with so-called "victimless crimes" such as auto theft. The grant funds a treatment counselor and recovery coaches in an assessment hub, centralizing and improving access. If an individual successfully completes the 6-month requirements of the program, he or she will avoid criminal charges, increasing opportunities for subsequent job placement. Dr. Zgierska noted that the program is intended to support both improved outcomes for individuals and communities as well as save in health care costs. Police-led initiatives in [other cities](#) have been shown to reduce substance abuse, overdose deaths, and crime rates. The study also

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hopes to improve police practices and relations with community members. Primary study partners include the Madison Police Department, UW-Madison Department of Family Medicine, Public Health Madison Dane County, Dane County Human Services, Safe Communities, the WEA Trust, and the District Attorney's Office.

Capt. Nelson, a MARI project partner, expressed his concerns about a trend in increased heroin use, with 440 Madison overdoses in the last year. Primary areas of improvement he noted include increasing access to treatment, currently with waitlists from 90-120 days. Reframing addiction as a disease instead of a crime allows officers to interact with individuals using new approaches. Legislative initiatives to increase access and funding would further support the studies discussed. Dr. Zgierska commented that regulations such as the 'Cocaine Mom' law deter pregnant women from seeking care when it is most necessary. DHS Regulation 75 promotes independent assessments across treatment programs, and a standardized assessment would function more effectively across institutions. Continuity of coverage and health insurance to cover treatment are important additional policy considerations. Dr. Zgierska named a fragmented service system as a primary barrier, as opposed to lack of existing treatment options. However, trained primary care physicians and counselors in areas outside Madison are also necessary.

## **Dr. Sara Lindberg**

Dr. Lindberg discussed the ongoing evaluation of opioid programs throughout Wisconsin conducted by the Evaluation Research Group. Evaluation of interventions to promote community health are especially important in order to support ongoing learning and quality improvement. Evaluation supports effective and efficient programming through systemized methodologies including qualitative interviews, experimental designs, and data analysis. The Population Health Institute has evaluated opioid programs work in the areas of prevention, treatment, and diversion. Examples of evaluations include monitoring of provider prescribing practices, targeted trainings for law enforcement, improved access to local data, behavioral health screenings like SBIRT, effectiveness of recovery high schools, and an analysis of use and availability of Naloxone.

## **Bri Deyo**

Ms. Deyo is the research coordinator for the Screening in Trauma for Opioid Misuse Prevention (STOMP) study. STOMP's three-year grant plans to investigate the risk factors that may predict prolonged opioid use, and create a screening tool that could predict opioid misuse, similar to alcohol screeners currently used. The investigative team includes experts from trauma surgery, addiction medicine, psychology, population health, social work, systems engineering, biostatistics and other community partners, providing a diverse range of perspectives. Partners include Marshfield Hospital, Gunderson, and the Medical College of Wisconsin, sites that will help pilot a program once developed. The study will include 295 injury victims from UW Health Center Trauma Services, utilizing standardized questionnaires, medical record data, and public records to gain information from patients with acute pain. STOMP also aims to develop a protocol of how the screening tool should be used, including who should administer it, and how. Ms. Deyo expects that by week 4, the Current Opioid Misuse Measure (COMM), along with a Pain Medication Questionnaire (PMQ) will help predict misuse patterns before they become diagnosable disorders. Quality of Life measures and pain measures will also inform assessment of risk. Ms. Deyo acknowledges that opioids are highly powerful in healing and treating pain from traumatic injury, but that a balance must be struck between adequate treatments and reducing potential harms of opioids. Prescribers can effectively support this balance by supporting transitions of care between specialists, primary care providers, and complementary medicine practitioners. Removing barriers to access by increasing coverage of nontraditional pain treatment programs would further assist patients in their recovery.