



CONTROLLED SUBSTANCES BOARD
Room N208, 4822 Madison Yards Way, 2nd Floor, Madison
Contact: Christian Albouras (608) 266-2112
March 13, 2020

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions and deliberations of the Board.

AGENDA

9:30 A.M.

OR IMMEDIATELY FOLLOWING THE REFERRAL CRITERIA WORK GROUP MEETING

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. Adoption of Agenda (1-3)

B. Approval of Minutes

1. January 10, 2020 (4-9)

C. Administrative Matters - Discussion and Consideration

1. Department, Staff and Board Updates
2. Board Members

D. Prescription Drug Monitoring Program (PDMP) Update – Discussion and Consideration (10)

1. WI e PDMP Operations
 - a. Recent and Upcoming Releases
 - b. Interstate Data Sharing
 1. PMPi and RxCheck Active
2. EHR Integration Status
 - a. Health Systems Currently Live
 - b. Health System Finalizing Contracting, to Begin Testing
3. Update on VA and APRIS Impact
 - a. Legal Counsel Update
4. WI ePDMP Outreach Calendar
5. Dispenser Compliance Audit
6. Update on Staffing
7. Updating on New Grants

E. Legislative and Policy Matters – Discussion and Consideration

1. Update on Bill to Extend PDMP Mandatory Check

F. Administrative Rule Matters – Discussion and Consideration (11)

1. Scheduling Request from Walworth County Relating to Isotonitazene (11-14)
2. Scheduling Request from Calumet County Relating to 1P-LSD (15-17)

3. Scheduling Lasmiditan by Affirmative Action **(18)**
4. CSB 4 Relating to Designating Gabapentin as a Monitored Drug
5. Pending or Possible Rulemaking Projects

G. Wisconsin Department of Health Services Report – Discussion and Consideration

1. Review of Sample Prescriber Monitoring Reports **(19-38)**

H. Report and Action Resulting from the Referral Criteria Work Group Meeting

1. Review of Sample Prescriber Monitoring Reports

I. Board Member Reports

1. Medical Examining Board – Timothy Westlake
2. Dentistry Examining Board – Leonardo Huck
3. Board of Nursing – Peter Kallio
4. Pharmacy Examining Board – John Weitekamp

J. Liaison Reports

K. Special Use Authorizations (SUA) – Discussion and Consideration

L. Update Regarding Meeting with US Attorneys – Discussion and Consideration

M. Discussion and Consideration of Items Received After Preparation of the Agenda:

1. Introductions, Announcements, and Recognition
2. Administrative Matters
3. Election of Officers
4. Appointment of Liaisons and Alternates
5. Delegation of Authorities
6. Informational Items
7. Division of Legal Services and Compliance (DLSC) Matters
8. Education and Examination Matters
9. Credentialing Matters
10. Practice Matters
11. Legislative and Policy Matters
12. Administrative Rule Matters
13. Liaison Reports
14. Appearances from Requests Received or Renewed
15. Speaking Engagements, Travel, or Public Relations Requests, and Reports
16. Consulting with Legal Counsel

N. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).

O. Deliberation on SUA Applications

P. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

Q. Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate

R. Open Session Items Noticed Above Not Completed in the Initial Open Session

ADJOURNMENT

NEXT MEETING: MAY 8, 2020

MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED
WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held at 4822 Madison Yards Way, Madison, Wisconsin, unless otherwise noted. In order to confirm a meeting or to request a complete copy of the board's agenda, please call the listed contact person. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Interpreters for the hearing impaired provided upon request by contacting the Affirmative Action Officer, 608-266-2112.

**CONTROLLED SUBSTANCES BOARD
MEETING MINUTES
JANUARY 10, 2020**

PRESENT: Subhadeep Barman (*arrived at 9:52 a.m.*), Yvonne Bellay, Alan Bloom, Doug Englebert, Leonardo Huck, Peter Kallio (*via Skype*), Sandy Koresch, John Weitekamp, Timothy Westlake (*via Skype/excused at 11:16 a.m.*)

STAFF: Debra Sybell, Executive Director; Jameson Whitney, Legal Counsel; Sharon Henes, Administrative Rules Coordinator; Kimberly Wood, Program Assistant Supervisor-Advanced; and other DSPS Staff

CALL TO ORDER

Doug Englebert, Chairperson, called the meeting to order at 9:31 a.m. A quorum was confirmed with eight (8) members present.

ADOPTION OF AGENDA

Amendments to the Agenda:

- Open Session: After item “H. Prescription Drug Monitoring Program (PDMP) Update – Discussion and Consideration” **ADD:**
 - Discussion Around Possible Areas of Collaboration with US Attorneys’ Offices

MOTION: Alan Bloom moved, seconded by Peter Kallio, to adopt the Agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES

MOTION: Alan Bloom moved, seconded by Leonardo Huck, to approve the Minutes of November 15, 2019 as published. Motion carried unanimously.

**PUBLIC HEARING: CLEARINGHOUSE RULE 19-156 RELATING OPERATION OF
PRESCRIPTION DRUG MONITORING**

Review and Respond to Clearinghouse Report and Public Hearing Comments

MOTION: Peter Kallio moved, seconded by Leonardo Huck, to accept all Clearinghouse comments for Clearinghouse Rule CR 19-156 relating to operation of prescription drug monitoring program. Motion carried unanimously.

MOTION: Yvonne Bellay moved, seconded by Leonardo Huck, to authorize the Chairperson to approve the Legislative Report and Draft for Clearinghouse Rule CR 19-156, relating to operation of prescription drug monitoring program, for submission to the Governor’s Office and Legislature. Motion carried unanimously.

(Dr. Subhadeep Barman joined the meeting at 9:52 a.m.)

PUBLIC HEARING: CLEARINGHOUSE RULE 19-157 RELATING SPECIAL USE AUTHORIZATIONS

Review and Respond to Clearinghouse Report and Public Hearing Comments

MOTION: Alan Bloom moved, seconded by Yvonne Bellay, to reject Clearinghouse comment number 5.L.(5), and to accept all remaining Clearinghouse comments for Clearinghouse Rule CR 19-157, relating to special use authorizations. Motion carried unanimously.

MOTION: Yvonne Bellay moved, seconded by Alan Bloom, to authorize the Chairperson to approve the Legislative Report and Draft for Clearinghouse Rule CR 19-157, relating to special use authorizations, for submission to the Governor's Office and Legislature. Motion carried unanimously.

PRELIMINARY PUBLIC HEARING ON SCOPE STATEMENT: SS 108-19 RELATING TO SCHEDULING OF 5F-EDMB-PINACA, 5F-MDMB-PICA, FUB-AKB48, 5F-CUMYL-PINACA, AND FUB-144

MOTION: Sandy Koresch moved, seconded by John Weitekamp, to approve the Scope Statement, SS 108-19, revising CSB 2.66, related to scheduling of 5F-EDMB-PINACA, 5F-MDMB-PICA, FUB-AKB48, 5F-CUMYL-PINACA, and FUB-144, for implementation after consideration of all public comments and feedback. Motion carried unanimously.

PRELIMINARY PUBLIC HEARING ON SCOPE STATEMENT: SS 111-19 RELATING TO DESIGNATING GABAPENTIN AS A MONITORED DRUG

MOTION: Subhadeep Barman moved, seconded by John Weitekamp, to approve the Scope Statement, SS 111-19, revising CSB 4, relating to designating Gabapentin as a monitored drug for implementation after consideration of all public comments and feedback. Motion carried unanimously.

ADMINISTRATIVE MATTERS

Election of Officers

Chairperson

NOMINATION: Alan Bloom nominated Doug Englebert for the Office of Chairperson.

Debra Sybell, Executive Director, called for nominations three (3) times.

Doug Englebert was elected as Chairperson by unanimous voice vote.

Vice Chairperson

NOMINATION: Yvonne Bellay nominated Alan Bloom for the Office of Vice Chairperson.

Debra Sybell, Executive Director, called for nominations three (3) times.

Alan Bloom was elected as Vice Chairperson by unanimous voice vote.

Secretary

NOMINATION: Doug Englebert nominated Yvonne Bellay for the Office of Secretary.

Debra Sybell, Executive Director, called for nominations three (3) times.

Yvonne Bellay was elected as Secretary by unanimous voice vote.

ELECTION RESULTS	
Chairperson	Doug Englebert
Vice Chairperson	Alan Bloom
Secretary	Yvonne Bellay

Appointment of Liaisons and Alternates

LIAISON APPOINTMENTS	
Special Use Authorization Liaison(s)	Alan Bloom, Yvonne Bellay
PDMP Liaison(s)	Timothy Westlake <i>Alternates:</i> Subhadeep Barman, John Weitekamp-Pharmacy Issues
Legislative Liaison(s)	Timothy Westlake <i>Alternate:</i> Doug Englebert
SCAODA Representative	Subhadeep Barman
Referral Criteria Workgroup	Doug Englebert, Peter Kallio, Timothy Westlake, John Weitekamp

Delegation of Authorities

Document Signature Delegations

MOTION: Yvonne Bellay moved, seconded by Leonardo Huck, to delegate authority to the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to sign documents on behalf of the Board in order to carry out its duties. Motion carried unanimously.

MOTION: Sandy Koresch moved, seconded by Peter Kallio, in order to carry out duties of the Board, the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) has the ability to delegate signature authority for purposes of facilitating the completion of assignments during or between meetings. The members of the Board hereby delegate to the Executive Director or DPD Division Administrator, the authority to sign on behalf of a board member as necessary. Motion carried unanimously.

Delegated Authority for Urgent Matters

MOTION: Sandy Koresch moved, seconded by Yvonne Bellay, that in order to facilitate the completion of urgent matters between meetings, the Board delegates its authority to the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession), to appoint liaisons to the Department to act in urgent matters. Motion carried unanimously.

Special Use Authorization Liaison Delegation

MOTION: John Weitekamp moved, seconded by Sandy Koresch, to authorize the Special Use Authorization (SUA) liaison(s) to review and make approval decisions regarding SUA applications and approve required training or credentialing on behalf of the Board. Furthermore, the Board authorizes DSPS staff to sign SUA permits on behalf of the Board. Motion carried unanimously.

MOTION: Peter Kallio moved, seconded by Alan Bloom, to authorize the Special Use Authorization (SUA) liaison(s) to make all decisions related to Special Use Authorizations. Motion carried unanimously.

Legislative Liaison Delegation

MOTION: Yvonne Bellay moved, seconded by Peter Kallio, to delegate authority to the Legislative Liaisons to speak on behalf of the Board regarding legislative matters. Motion carried unanimously.

SCAODA Representative Delegation

MOTION: Alan Bloom moved, seconded by Yvonne Bellay, to authorize the SCAODA representative to vote on behalf of the Board at the State Council on Alcohol and Other Drug Abuse meetings. Motion carried unanimously.

PDMP Liaison Delegation

MOTION: Subhadeep Barman moved, seconded by John Weitekamp, to authorize PDMP Liaisons to make individual decisions on behalf of the Board when waiting for a Board meeting would unreasonably delay the development, testing, deployment, or operation of the PDMP. The Board also grants the PDMP liaison the authority to suspend access to the PDMP pursuant to CSB § 4.09(3). Motion carried unanimously.

PRESCRIPTION DRUG MONITORING PROGRAM (PDMP) UPDATE

VHA Integration Pilot Through Appriss Gateway

MOTION: Subhadeep Barman moved, seconded by Alan Bloom, to request that the Department assess whether the Appriss Gateway program is compatible with the PDMP under the requirements of CSB 4.14 and any other relevant statutory or rule provisions, and provide the Board with a cost-benefit analysis of integrating the systems. Motion carried unanimously.

(Timothy Westlake was excused at 11:16 a.m.)

CONVENE TO CLOSED SESSION

MOTION: Yvonne Bellay moved, seconded by Alan Bloom, to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85(1)(b), 440.205 and 961.385(2)(c) Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.). Doug Englebert, Chairperson, read aloud the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Subhadeep Barman-yes; Alan Bloom-yes; Yvonne Bellay-yes; Doug Englebert-yes; Leonardo Huck-yes; Peter Kallio-yes; Sandy Koresch-yes; and John Weitekamp-yes. Motion carried unanimously.

The Board convened to Closed Session at 11:22 a.m.

DELIBERATION ON SUA APPLICATIONS

Monica Gardner

MOTION: Alan Bloom moved, seconded by Yvonne Bellay, to table consideration of the Special Use Authorization of Monica Gardner and to refer back to the SUA Liaison for further action. Motion carried unanimously.

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

MOTION: Peter Kallio moved, seconded by Alan Bloom, to reconvene into Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 11:51 a.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION, IF VOTING IS APPROPRIATE

MOTION: Peter Kallio moved, seconded by Yvonne Bellay, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

(Be advised that any recusals or abstentions reflected in the closed session motions stand for the purposes of the affirmation vote.)

ADJOURNMENT

MOTION: Alan Bloom moved, seconded by Yvonne Bellay, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 11:52 a.m.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Nathan Neumann Research Analyst, PDMP		2) Date when request submitted: 3/4/2020 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Controlled Substances Board			
4) Meeting Date: 3/13/2020	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? PDMP Update	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session		8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
9) Name of Case Advisor(s), if required:			
10) Describe the issue and action that should be addressed: <ol style="list-style-type: none"> 1. WI ePDMP Operations <ol style="list-style-type: none"> a. Recent and Upcoming Releases <ol style="list-style-type: none"> i. R17 (mid-March) <ol style="list-style-type: none"> 1. 103 items <ol style="list-style-type: none"> a. Law Enforcement Naloxone Reporting b. MME Calculator c. Improvements to the User Query Audit function d. Enhanced error/void process for dispensers e. User search enhancements f. Enhanced EHR experience b. Interstate Data Sharing <ol style="list-style-type: none"> i. New/Pending States c. EHR Integration Status <ol style="list-style-type: none"> i. Enhanced EHR ii. Over 50% of Q4 queries d. Q4 and 2019 Summary Report 2. WI ePDMP Outreach 			
11) Authorization			
Signature of person making this request			Date
Supervisor (if required)			Date
Executive Director signature (indicates approval to add post agenda deadline item to agenda)			Date
Directions for including supporting documents: <ol style="list-style-type: none"> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. 			

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sharon Henes Administrative Rules Coordinator		2) Date When Request Submitted: 2 March 2020 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Controlled Substances Board			
4) Meeting Date: 13 March 2020;	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Rule Matters 1. Scheduling Request from Walworth County Relating to Isotonitazene 2. Scheduling Request from Calumet County Relating to 1P-LSD 3. Scheduling Lasmiditan by Affirmative Action 4. CSB 4 Relating to Designating Gabapentin as a Monitored Drug 5. Updates on Pending or Possible Rulemaking Projects	
7) Place Item in: <input type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
<i>Sharon Henes</i>		<i>03/02/2020</i>	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

From: Suha, Timothy A - DAIT
Sent: Friday, February 14, 2020 4:09 PM
To: Albouras, Christian - DSPS
Subject: FW: WL19-310 toxicology results

Dear Mr. Albouras,

I am writing to start the process to see if I can prosecute a new substance as a controlled substance, in a Len Bias drug delivery homicide here in Walworth County. We are just awaiting the toxicology, which is attached, and now is quantified in terms of substance in the decedent's blood, for the cause of death to be determined. Assuming that cause supports that this substance caused her death, I am trying to streamline, and inform my judge and the defense of the process before we can try the case or not.

The State believes the substances, Isotonitazene and Piperidylthiambutene, but specifically Isotonitazene, is an analog closely related to edonitazine, a Controlled substance Schedule 1. Per Wisconsin statutes 961.01(4m)(a) and 961.25, I am asking permission to charge this substance as an analog of edonitazine.

Please let me know if there are any other steps, any other information you need, to let me know if this is permissible.

Thank you,

Timothy A. Suha
Assistant District Attorney
Walworth County, WI
P.O. Box 1001
Elkhorn, WI 53121
262.741.7198

Toxicology Report**Report Issued:** 01/30/2020**To:** Lynda Biedrzycki M.D.
Waukesha County Medical Examiner**CFSRE Case Number:** 2020-0124
Agency Case Number: WL19-0310**Item(s) Received:**

Exhibit #	Date Received	Description
1	01/24/2020	Blood (~5-10 mL) labeled WL19-0310
2	01/24/2020	Urine (~30-40 mL) labeled WL19-0310
3	01/24/2020	Vitreous fluid (~3-5 mL) labeled WL19-0310

Results and Conclusions:

Exhibit #	Analyte(s) Identified
1	Isotonitazene, Piperidylthiambutene
2	Isotonitazene, Piperidylthiambutene
3	Not detected

Methods of Analysis:

Exhibit #	Analytical Techniques
1, 2, 3	Liquid Chromatography Quadrupole Time of Flight Mass Spectrometry (LC-QTOF-MS) Liquid Chromatography Tandem Mass Spectrometry (LC-MS/MS)

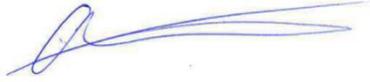
Reference Comment(s):

1. Isotonitazene is a synthetic opioid, not medically approved in the United States. To date, 18 death investigation cases have been confirmed positive for isotonitazene, nine of which were previously negative for any opioid. The average isotonitazene concentration in blood was 2.2 ± 2.1 ng/mL (median 1.75 ng/mL, range 0.4-9.5 ng/mL) and the average isotonitazene concentration in urine was 2.4 ± 1.4 ng/mL (median 2.7 ng/mL, range 0.6-3.5 ng/mL).
2. Piperidylthiambutene is a synthetic opioid, not medically approved in the United States. No quantitative information for this substance is available at this time.

Laboratory Comments:

I certify that the Center for Forensic Science Research and Education (CFSRE) has taken custody of the samples and integrity seals were in order. The analysis was performed under chain of custody. The chain of custody documentation is included in the case file and can be received upon request. The remainders of the submitted samples are scheduled to be discarded six (6) weeks from the date of this report unless alternate arrangements are made prior thereto.

Case 2020-0124 was signed on 01/30/2020



Alex J. Krotulski, PhD
Research Scientist



Barry K. Logan, PhD, F-ABFT
Executive Director



Nathan F. Haberman, District Attorney
Douglass K. Jones, Assistant District Attorney

206 Court Street, Chilton, WI 53014
Office: (920) 849-1438 | Toll Free: (833) 620-2730
Fax: (920) 849-1464 | Email: calumetda@da.wi.gov

March 05, 2020

Christian Albouras
Executive Director
Division of Policy Development
Wisconsin Department of Safety and Professional Services
Christian.Albouras@Wisconsin.gov

Re: Emergency Scheduling of Controlled Substance

Director Albouras:

As the executive director of the controlled substance board for Wisconsin, I am requesting that there be an emergency scheduling of 1P-LSD as a controlled substance. Pursuant to Wis. Stat. § 961.25, "No later than 60 days after the commencement of a prosecution concerning a controlled substance analog, the district attorney shall provide the controlled substances board with information relevant to emergency scheduling under s. 961.11 (4m)."

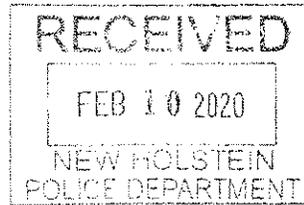
I am prosecuting Ryan Mayr, DOB: 01/18/92, in Calumet County case 19CF186. I have filed an Information today that charges Mr. Mayr with Possession of an Analog Controlled Substance for LSD, namely 1P-LSD. I have attached to this letter and incorporate by reference the Wisconsin State Crime Laboratory Report regarding M19-820. The controlled substance analyst detected the presence of 1P-LSD in this case.

Please let me know if I can be of any further assistance. Thank you for your attention to this matter.

Sincerely,

Nathan F. Haberman
District Attorney





Wisconsin Department of Justice
Division of Forensic Sciences
State Crime Laboratory - Madison
4626 University Avenue
Madison, WI 53705-2174
(608) 266-2031
FAX (608) 267-1303

Submitting Agency:
Chief Brian Reedy
Attn: William Galarno
New Holstein Police Department
2110 Washington Street
New Holstein WI 53061

Date: February 3, 2020
Case No: M19-820
Report No: 2
Agency No: NH19-000350 CAD

Laboratory Analyst:

David J. Hannon
(Controlled Substances Unit)

Case Name: Mayr, Ryan D. (S)

*1/16
2/3/20*

I do hereby certify this document, consisting of 2 page(s), to be a true and correct report of the findings of the State Crime Laboratory on the items examined as shown by this report. This report contains the conclusions of the above signed analyst.

Joshua L. Kaul
ATTORNEY GENERAL

DESIGNEE

<u>Item</u>	<u>Description / Source</u>
B	A sealed ziplock plastic bag (#13) containing foil containing five (5) pieces of blotter paper with perforated squares (items B1 through B5). Four pieces of blotter paper (items B1, B2, B3 and B4) were selected for analysis.

Examinations of the blotter paper from items B1 and B2 indicated* the presence of 1-Propionyl-Lysergic Acid Diethylamide (1P-LSD). Examinations of the blotter paper from items B3 and B4 identified the presence of 1P-LSD.

Examinations performed on items B1 and B2 - Color Test - Gas Chromatography - Gas Chromatography/Mass Spectrometry
Examinations performed on items B3 and B4 - Gas Chromatography - Gas Chromatography/Mass Spectrometry

Item B1	Net Weight: 0.051 gram(s) ± 0.004 gram(s)
Item B2	Net Weight: 0.049 gram(s) ± 0.004 gram(s)
Item B3	Net Weight: 0.016 gram(s) ± 0.004 gram(s)
Item B4	Net Weight: 0.018 gram(s) ± 0.004 gram(s)
Item B5	Net Weight: 0.017 gram(s) ± 0.004 gram(s)

The uncertainty values for the reported weight(s) were calculated using a coverage probability of 95.45%.

*Use of the term 'indicated' in this report means the examinations performed did not meet the reporting criteria for identification of that substance.

COPYING AND DISTRIBUTION OF THIS REPORT IS THE RESPONSIBILITY OF THE SUBMITTING AGENCY
The laboratory reserves the right to choose the items which will be tested and the methods which will be used to test them.

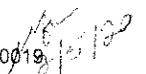


Item B5 was visually examined and weighed only.

Laboratory Case No. M19-820
Report Number: 2

Page 2 of 2

Analyst David J. Hannon 
 M1N05F62020

000019 

STATE OF WISCONSIN
CONTROLLED SUBSTANCES BOARD

IN THE MATTER OF RULE-MAKING : AFFIRMATIVE ACTION
PROCEEDINGS BEFORE THE : ORDER OF THE
CONTROLLED SUBSTANCES BOARD : CONTROLLED SUBSTANCES BOARD

FINDINGS

1. On January 31, 2020, the Department of Justice, Drug Enforcement Administration published its interim final rule in the Federal Register placing lasmiditan into schedule V of the federal Controlled Substances Act. The scheduling action is effective January 31, 2020.
2. The Controlled Substances Board did not receive an objection to similarly treating lasmiditan as a schedule V under ch. 961, Stats. within 30 days of the date of publication in the federal register of the final order designating lasmiditan as a controlled substance.
3. The Controlled Substances Board will promulgate a final rule, without making the determinations or findings required by ss. 961.11(1), (1m), (1r) and (2) or s. 961.21 and omitting the notice of proposed rule making, designating lasmiditan as a schedule V controlled substance.

ORDER

Pursuant to s. 961.11(4), Stats., the Controlled Substances Board by affirmative action similarly treats lasmiditan under chapter 961, Stats. by creating the following:

CSB 2.71 Addition of lasmiditan to schedule V. Section 961.22(8), Stats., is created to read:

961.22 (8) Lasmiditan [2,4,6-trifluoro-*N*-(6-(1-methylpiperidine-4-carbonyl)pyridine-2-yl)-benzamide]

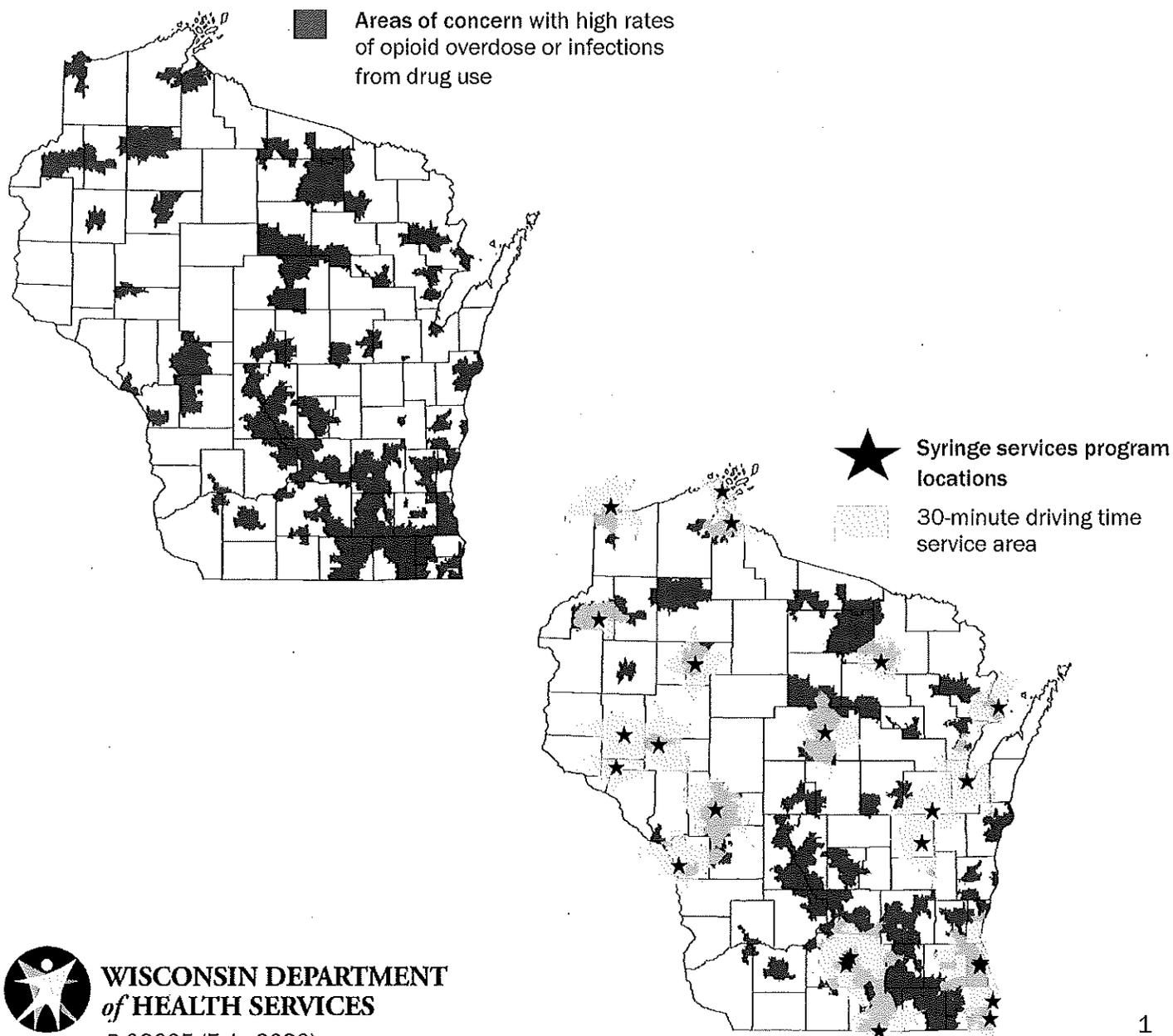
This order shall take effect on March 23, 2020 to allow for publication in the Administrative Register. The order expires upon promulgation of a final rule.

Dated _____

Doug Englebert, Chair
Controlled Substances Board

Preventing and treating harms of the opioid crisis

An assessment to identify geographic gaps in services, and a plan to address these gaps



WISCONSIN DEPARTMENT
of HEALTH SERVICES

P-02605 (Feb, 2020)

Contents

Executive Summary	3
Background	4
Assessment	6
Identification of areas of concern	6
Identification of prevention and treatment resources	8
Identification of gaps in resources	8
Overall accessibility of resources.....	13
Plan for addressing geographic gaps in resources.....	14
Addressing specific gaps identified	14
Gaps in syringe services programs	14
Gaps in access to naloxone	14
Gaps in MAT and other mental health and substance use treatment.....	14
Gaps in hepatitis C treatment	14
Gaps in HIV prevention services	14
Other ongoing activities to prevent and treat harms related to drug use.....	15
Prevention navigation services at syringe services programs	15
Prevention of hepatitis A and hepatitis B among people who use drugs	15
Technical Notes.....	16
Methods.....	16
Identification of areas of concern	16
Identification of resources.....	17
Identification of resource gaps	18
Limitations.....	18
Outcome data.....	18
Resources data	18
Other limitations.....	18
References	18
Contributors.....	19
Funding.....	19
Contact information	19

Executive Summary

Background

The opioid crisis is ongoing in Wisconsin. Opioid overdose deaths and hospitalizations have increased dramatically over the past decade. Infections related to injection drug use, such as hepatitis C, have also increased substantially in Wisconsin. These harms from drug use can be prevented and treated. However, some prevention and treatment resources may not be available in all areas of Wisconsin. The Wisconsin Department of Health Services (DHS) conducted a mapping assessment to identify areas of Wisconsin most in need of resources to prevent, intervene, and treat the harms of the opioid crisis.

Mapping Assessment

- The assessment identified areas of concern in Wisconsin that have the highest rates of opioid overdoses and blood-borne infections related to injection drug use.
- The maps in this report show locations of treatment and prevention resources throughout Wisconsin, and show which areas of Wisconsin are and are not within a reasonable driving time from each type of resource.
- By comparing areas of concern to the locations of treatment and prevention resources, we identified geographical gaps in services to prevent, intervene, and treat the harms of the opioid crisis.
- This information will be used to inform the allocation of funding and resources from DHS to community partners, including local health departments. Additionally, this information will help guide efforts by DHS and local communities to improve access to resources and reduce the harms associated with the opioid crisis.

Areas of concern

ZIP codes with the highest rates of opioid overdoses and infectious harms from drug use were identified. These areas were located in rural and urban areas of Wisconsin, overlapped with several tribal boundaries, and often were located near interstate highways.

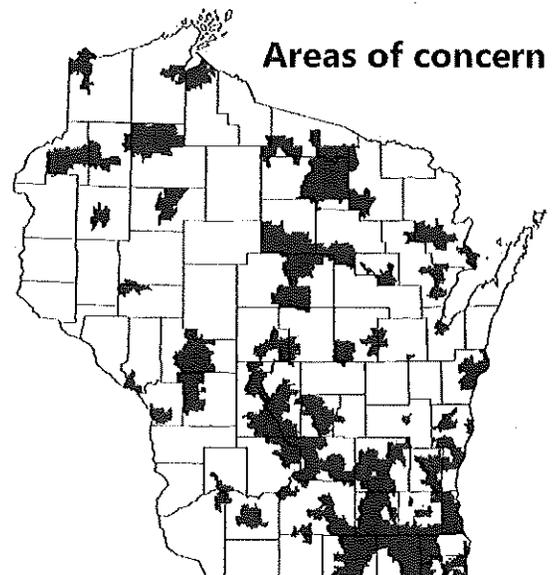
Gaps in Services

There are areas of concern, particularly in more rural areas of Wisconsin, that are not within a reasonable driving distance of pharmacies with a standing order for naloxone, syringe services programs, medication-assisted treatment providers, substance use treatment providers, hepatitis C treatment providers, and HIV prevention services.

Plan to Address Gaps in Services

Together with local partners, DHS is working to expand access to services to prevent and treat the harms of the opioid crisis. DHS will use the information in this assessment to inform the allocation of funding and resources to treat, intervene, and prevent the harms of the opioid crisis.

- The identification of geographic gaps will help DHS when writing grants and awarding funding to counties in need of additional support.
- The ability to identify ZIP code-level information will be helpful for local health departments, behavioral health departments, and coalitions in order to address local gaps in services.

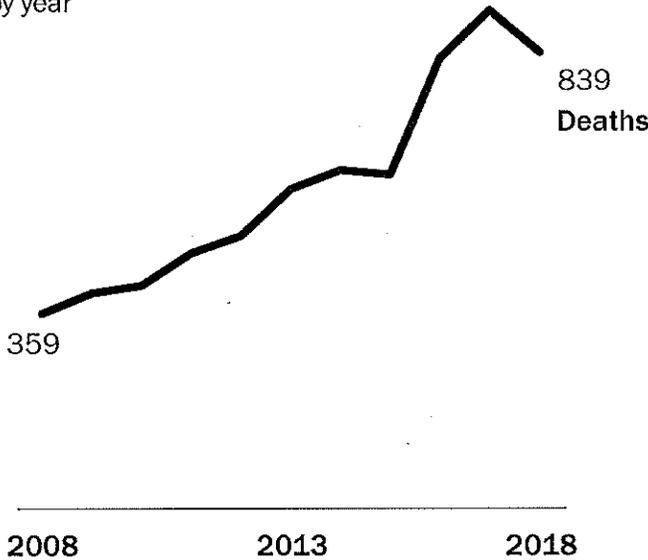


Background

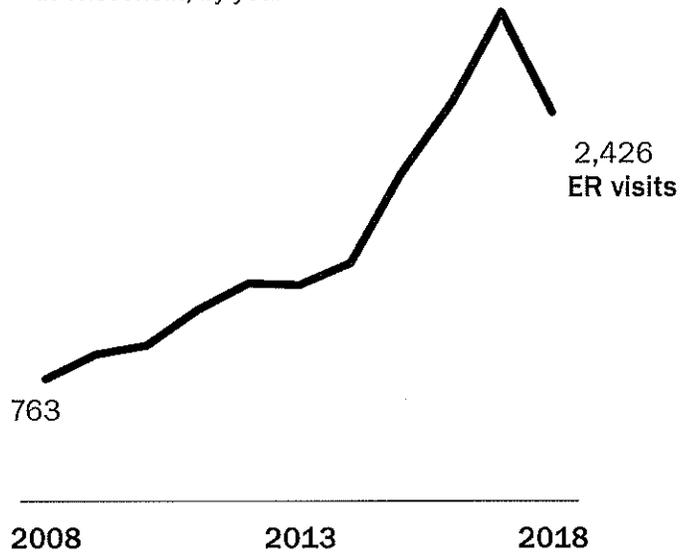
The opioid crisis is ongoing in Wisconsin. In Wisconsin, from 2008 to 2018, the annual number of opioid overdose deaths increased 133% and the annual number of opioid overdose emergency room visits increased 218%. Both rural and urban areas of Wisconsin have been affected.

The opioid crisis is ongoing in Wisconsin.

Number of opioid overdose deaths in Wisconsin, by year



Number of opioid overdose emergency room visits in Wisconsin, by year

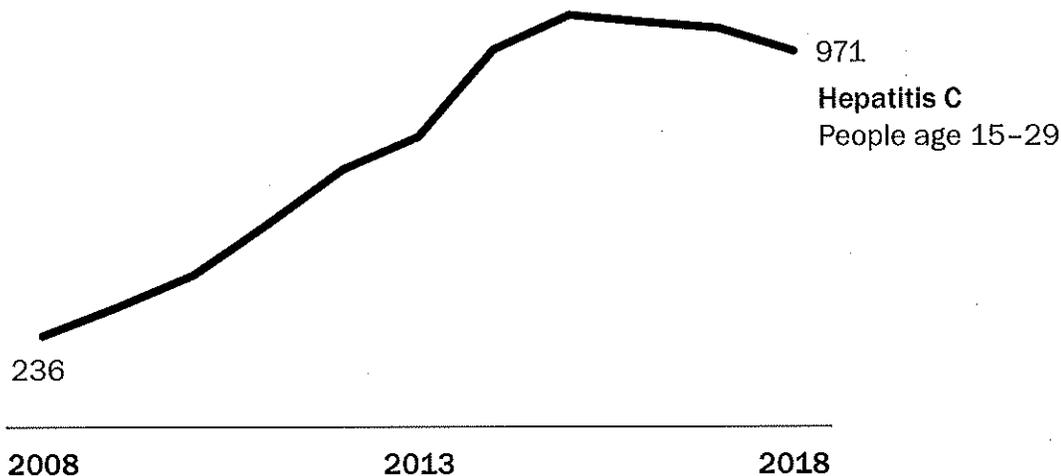


Source: Wisconsin Interactive Statistics on Health; <https://www.dhs.wisconsin.gov/opioids/dashboards.htm>

During this same time, infections related to injection drug use have also increased in Wisconsin. From 2008 to 2018, the annual number of people age 15–29 newly reported with positive hepatitis C test results increased more than 300%. Although most cases of hepatitis C among young adults are in urban areas of Wisconsin, rates of new infections among this age group are highest in rural areas.

In Wisconsin, hepatitis C among people ages 15–29 increased more than 300% in the past decade.

Number of people ages 15–29 newly reported with hepatitis C positive test results, by year of report



Source: Wisconsin Electronic Disease Surveillance System; <https://www.dhs.wisconsin.gov/publications/p00440-2018.pdf>

Tied to the opioid crisis, other states have reported increases in other infectious diseases related to drug use including hepatitis A, hepatitis B, and HIV. During 2014–2015, a large and unexpected outbreak of HIV occurred in a rural area of southern Indiana. After this event, CDC conducted an assessment to identify which counties in the United States were at high risk of having a similar type of outbreak. No Wisconsin counties were identified as being at high risk.

To identify areas within each state that are at high risk, during 2018–2019, CDC funded 40 states to conduct mapping assessments. Wisconsin was one of the states funded to conduct an assessment. The purpose of the assessment was to identify areas of Wisconsin at high risk for opioid overdoses and infections related to injection drug use. The results of the assessment will be used to inform the allocation of resources and to improve access to prevention and treatment resources in the areas of Wisconsin that need them the most.

This project was funded through a supplement to the CDC Cooperative Agreement for Emergency Response: Public Health Crisis Response (TP-18-1802).

Assessment

Identification of areas of concern

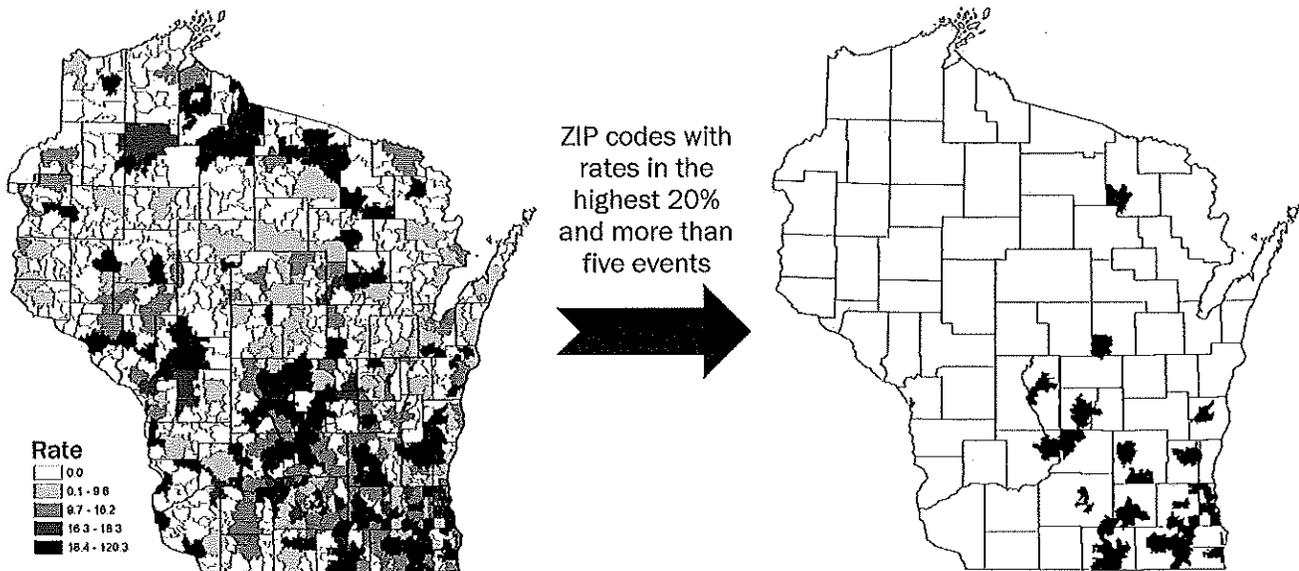
Areas of concern were identified using data routinely reported to DHS for the years 2017 and 2018 combined. Areas of concern were defined as ZIP codes that had rates in the highest 20% of any of four health outcomes (opioid overdose deaths, opioid overdose hospitalizations, suspected opioid overdose ambulance runs, newly reported cases of hepatitis C among people age 15–39) and had more than five events of that outcome during the 2-year period (Figure 1). This method identified 169 ZIP codes (22% of all Wisconsin ZIP codes) as areas of concern (Figure 2). See technical notes for details.

FIGURE 1.

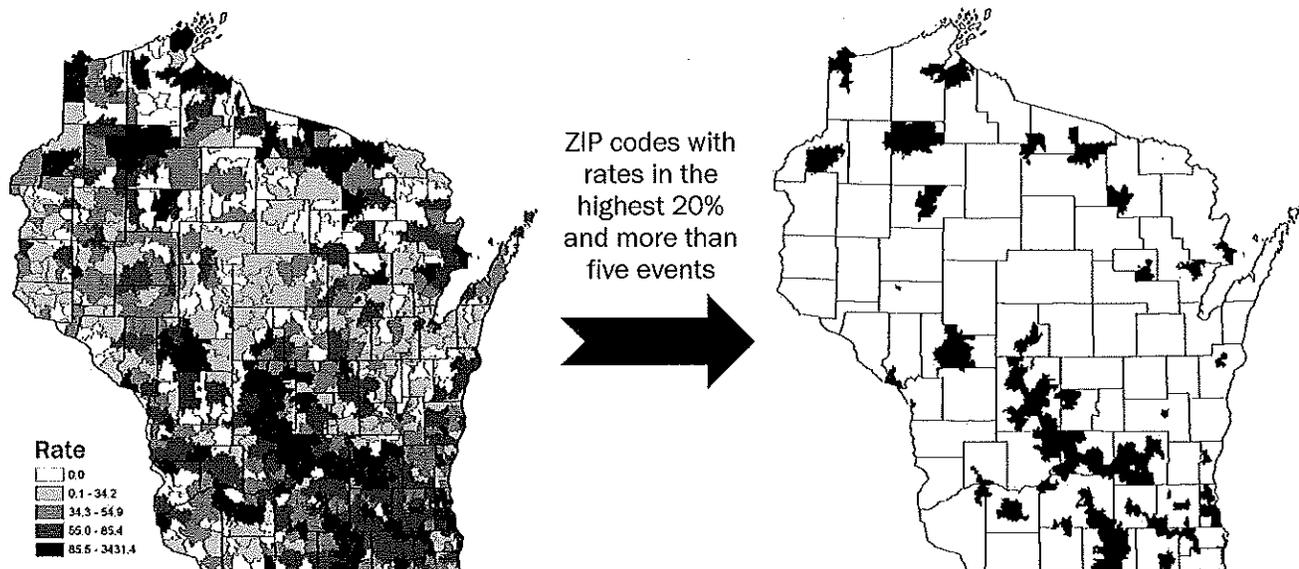
Four different health outcome measures were used to identify areas of concern.

Rate per 100,000 of each outcome, by ZIP code, 2017-2018

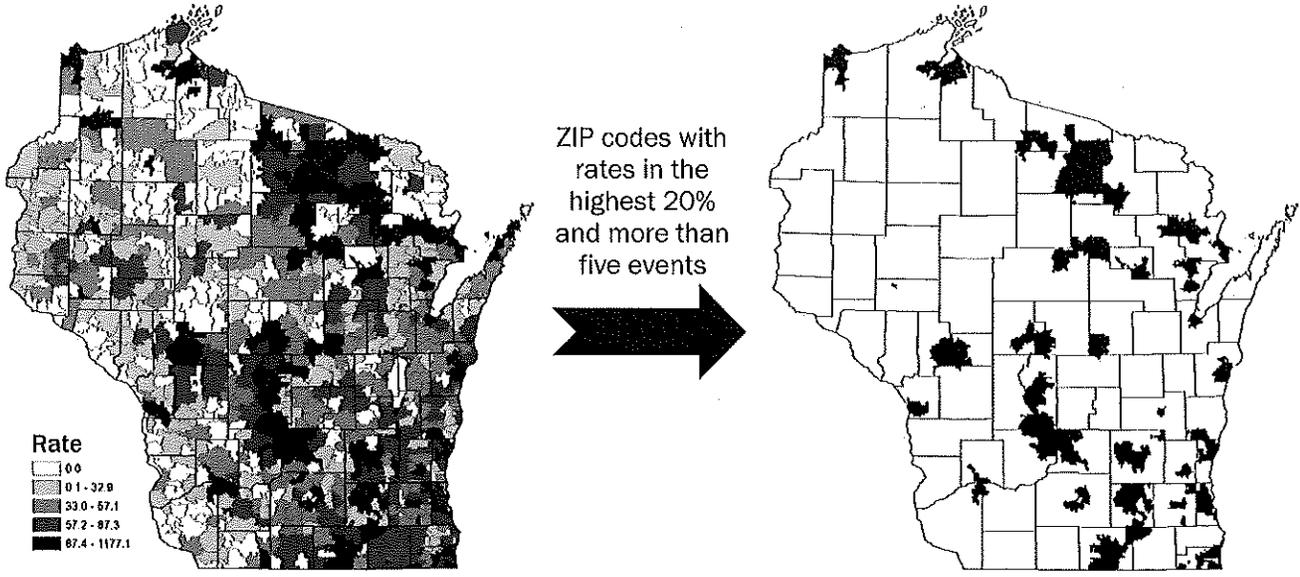
Opioid overdose deaths



Opioid overdose hospitalizations



Opioid overdose ambulance runs



Hepatitis C cases among people age 15-39

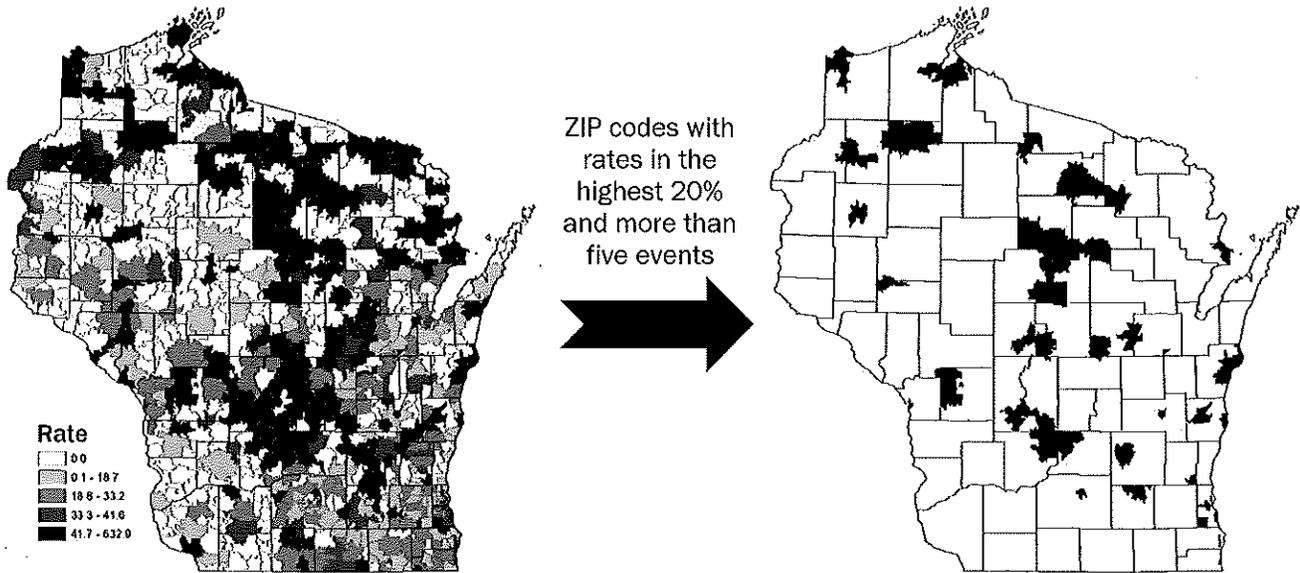
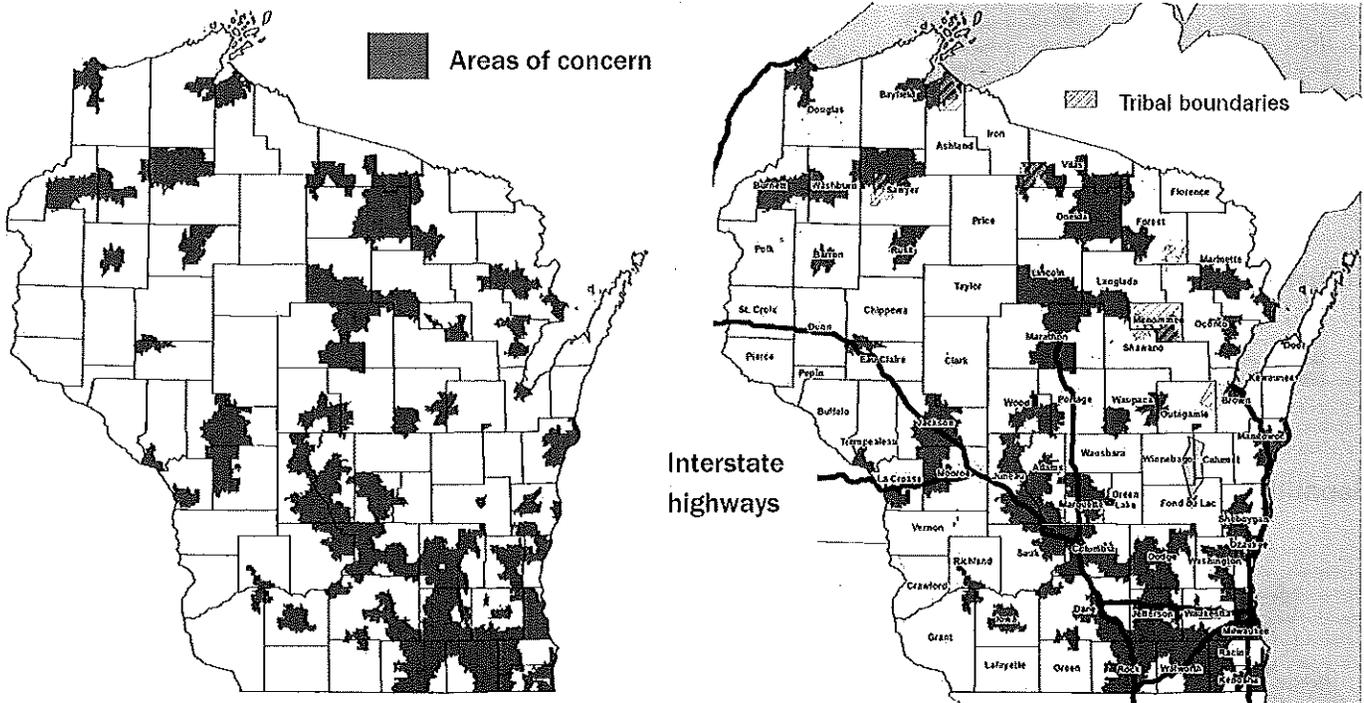


FIGURE 2

Areas of concern are located in rural and urban areas of Wisconsin, overlap with several tribal boundaries, and border several interstate highways.

ZIP codes with rates in the highest 20% for any of the four outcomes* and more than five events of the outcome, 2017-2018



Note: *Opioid overdose death, opioid overdose hospitalization, opioid overdose ambulance run, hepatitis C among persons age 15–39

Identification of prevention and treatment resources

Locations of prevention and treatment resources, such as syringe service programs, buprenorphine providers, and opioid treatment programs were identified through a variety of data sources and partnerships with other organizations. Locations of resources were geocoded and mapped. In addition, driving-time service areas around each provider were generated. See the technical notes for more details.

Identification of gaps in resources

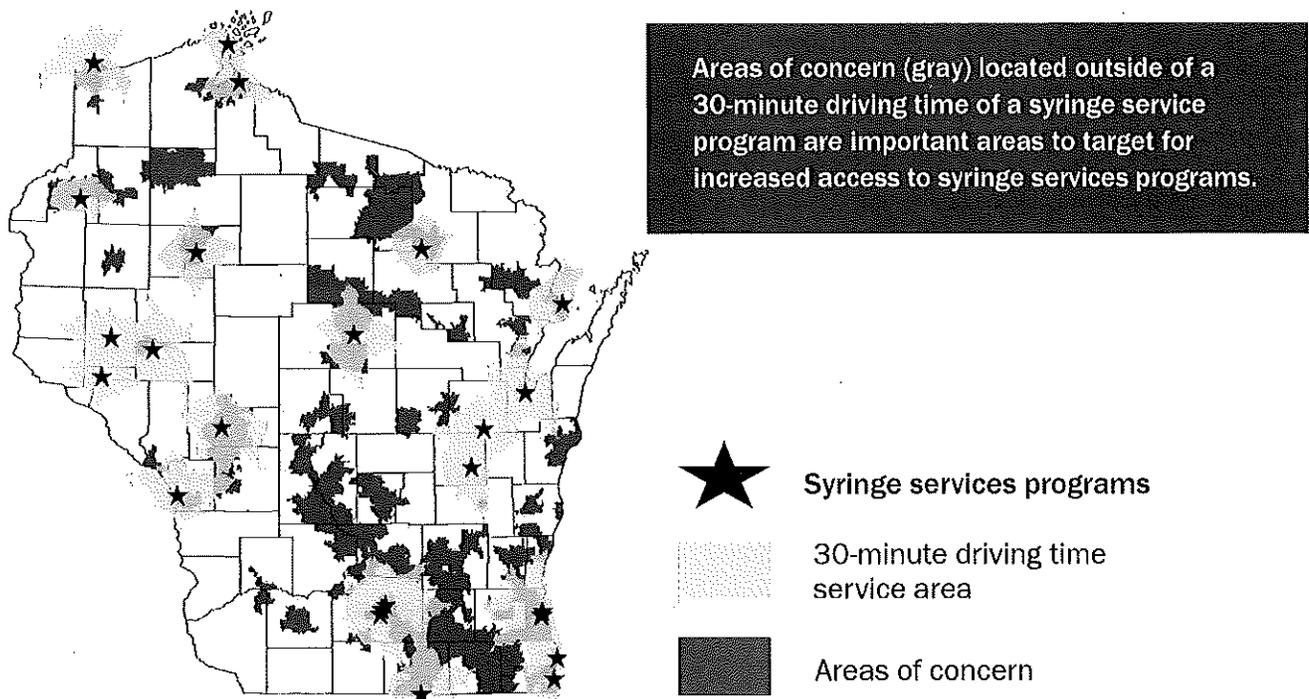
For each treatment and prevention resource, the areas of concern were compared to the locations of treatment and prevention resources and their driving-time service areas. Areas of concern not within a reasonable driving time (for example, within 30 minutes driving time) of a resource provider were identified as gaps that were in need of that resource.

Gaps in syringe services programs (Figure 3), naloxone availability at pharmacies through a standing order (Figure 4), medication-assisted treatment (Figure 5), HIV prevention, hepatitis C treatment, and substance use treatment provider (Figure 6) were identified.

FIGURE 3

Access to syringe services programs

Comparison of areas of concern to the locations of primary and satellite syringe services programs and the 30-minute driving time around the syringe services programs.

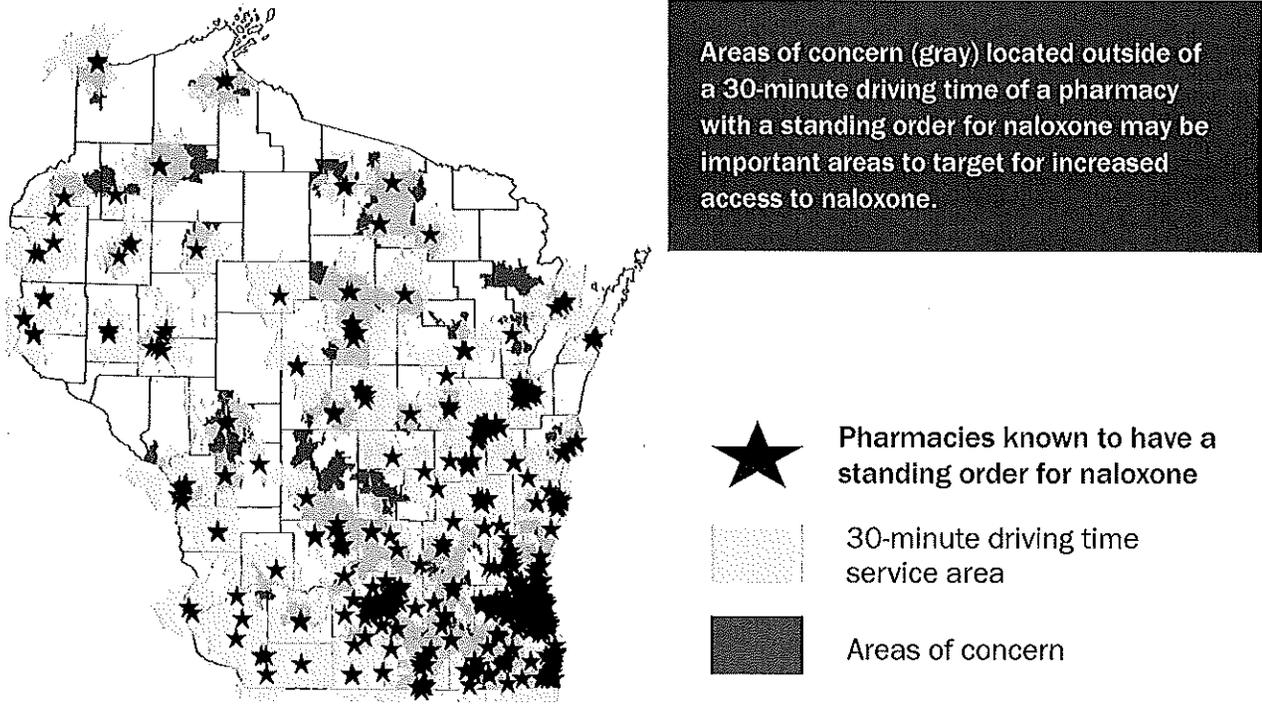


In addition, mobile van syringe services programs are available, at different frequencies, in the following counties: Adams, Columbia, Dane, Grant, Juneau, Milwaukee, Ozaukee, Richland, Sauk, Washington, and Waukesha.

FIGURE 4

Access to naloxone through a standing order at a pharmacy

Comparison of areas of concern to the locations of pharmacies known to have standing orders for naloxone and the 30-minute driving time around these pharmacies.

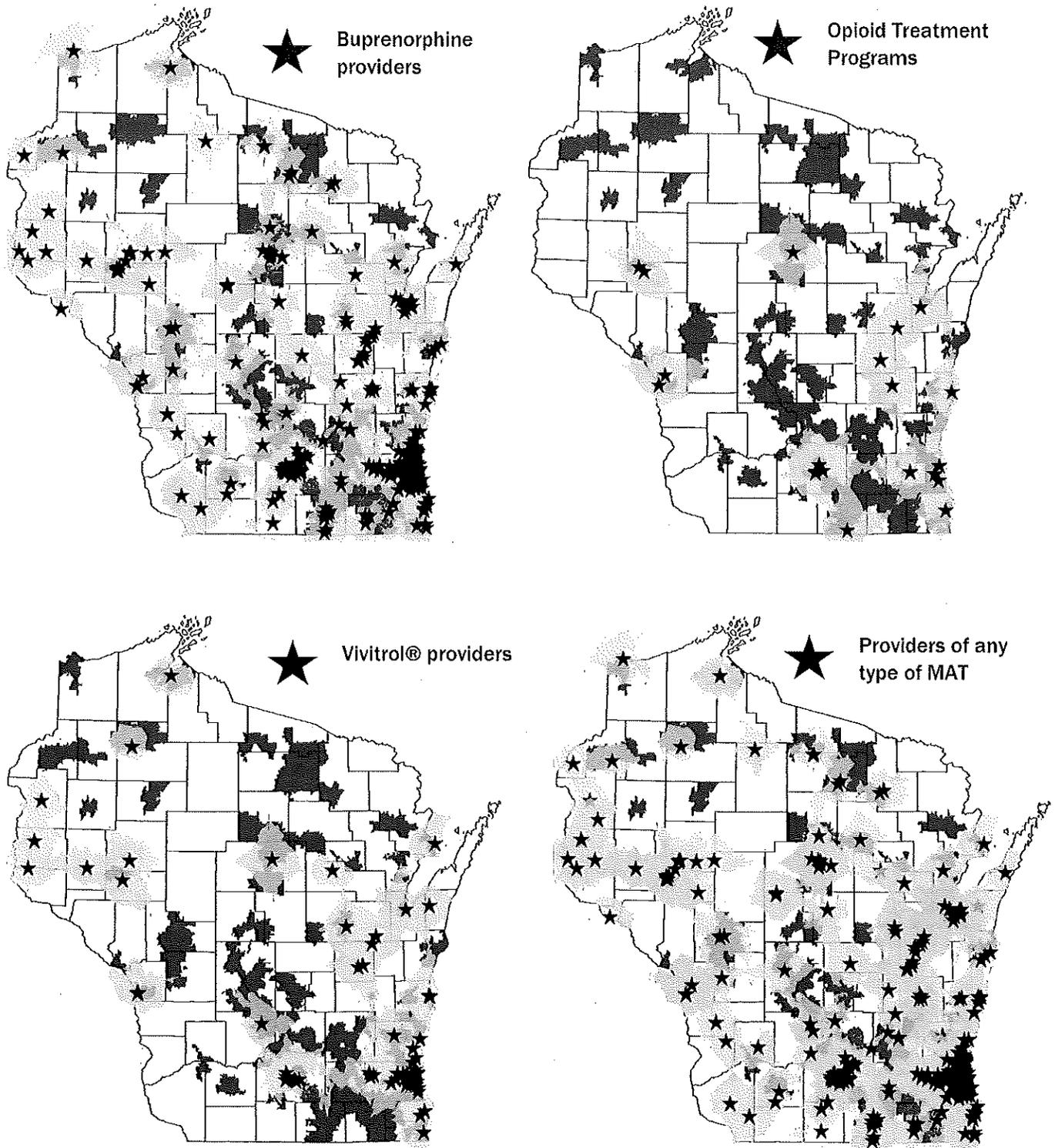


Other non-pharmacy organizations provide access to naloxone, such as syringe services programs and other community organizations. See the technical notes about limitations related to pharmacy distribution of naloxone through the statewide standing order.

FIGURE 5

Access to medication-assisted treatment (MAT) providers

Comparison of areas of concern to the locations of buprenorphine providers, Opioid Treatment Programs, Vivitrol® providers, and the 30-minute driving time around these providers.



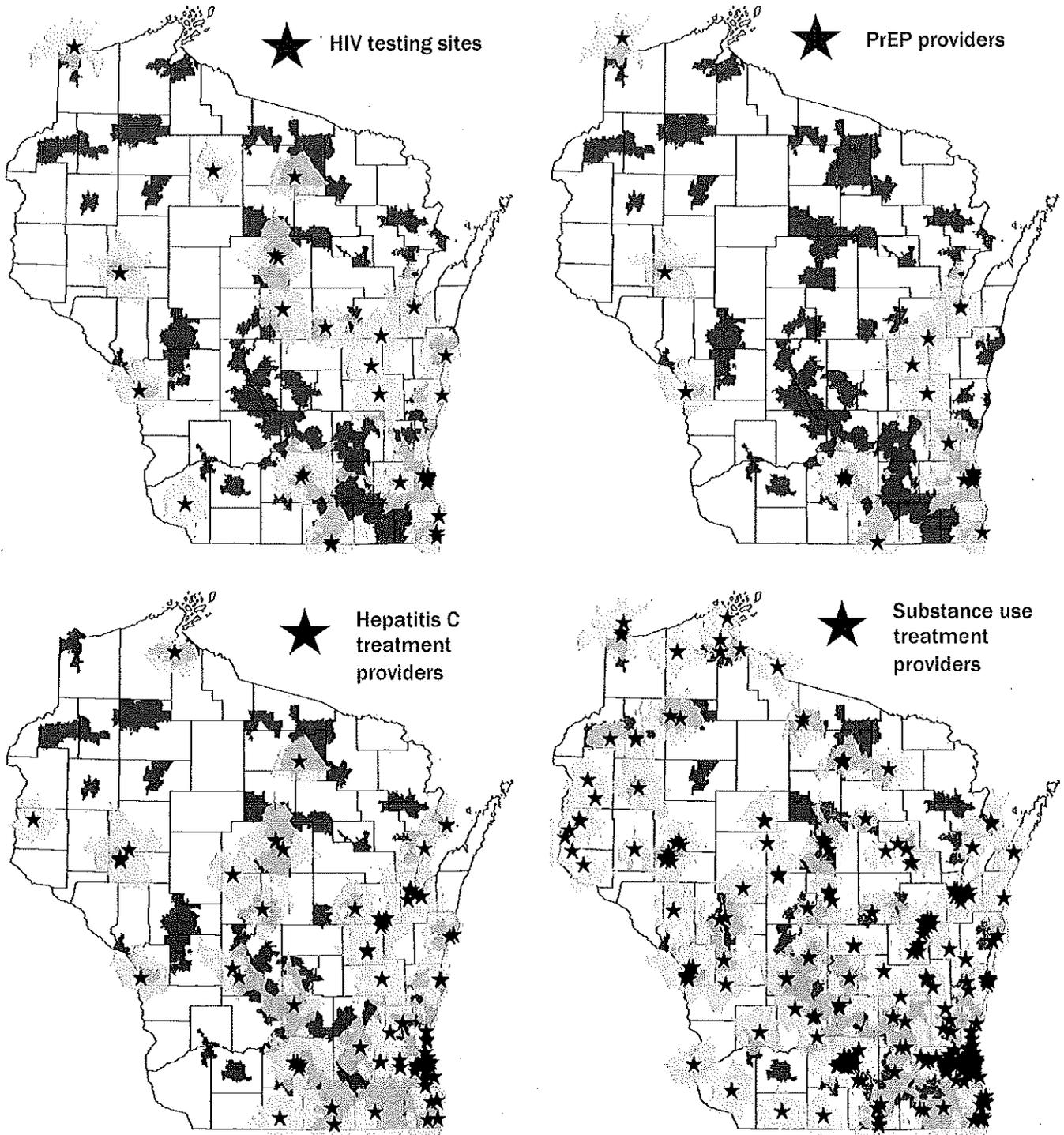
Areas of concern (gray) located outside of a 30-minute driving time of an MAT provider are important areas to target for increased access to MAT.

30-minute driving time service area
Areas of concern

FIGURE 6

Access to HIV prevention services, hepatitis C treatment providers, and substance use treatment providers

Comparison of areas of concern to the locations HIV prevention services, hepatitis C treatment providers, and substance use treatment providers.



Areas of concern (gray) located outside of a 30-minute driving time of these services may be important areas to target to increase services.

30-minute driving time service area
Areas of concern

Overall accessibility of resources

In addition to comparing areas of concern to available resources, the maps can also evaluate the overall accessibility of resources for Wisconsin residents (Figure 7). Residents in northern and western Wisconsin have less access to several key resources.

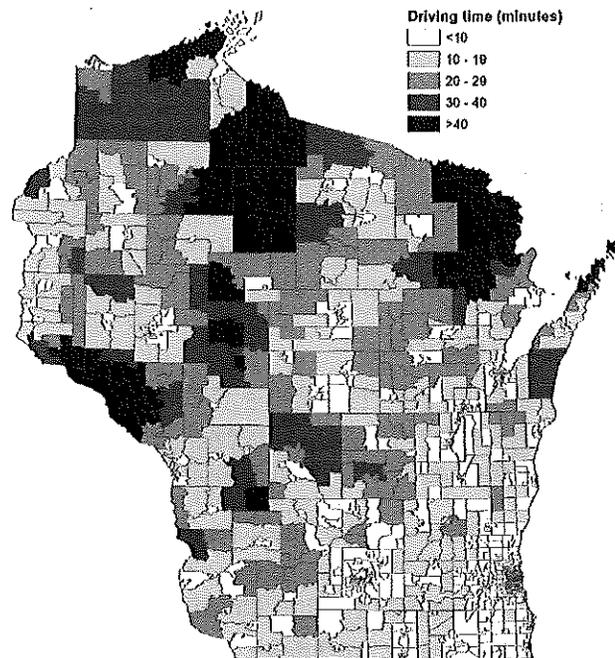
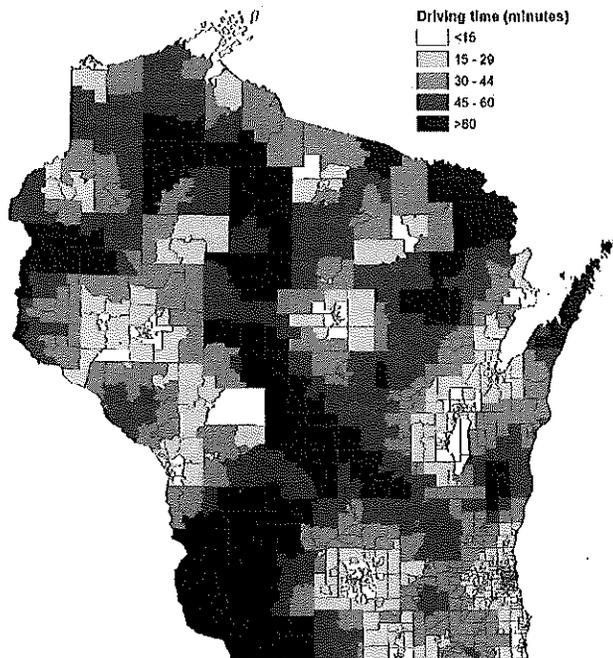
FIGURE 7

Accessibility to Resources

Driving times (minutes) to each resource type, average by census tract.

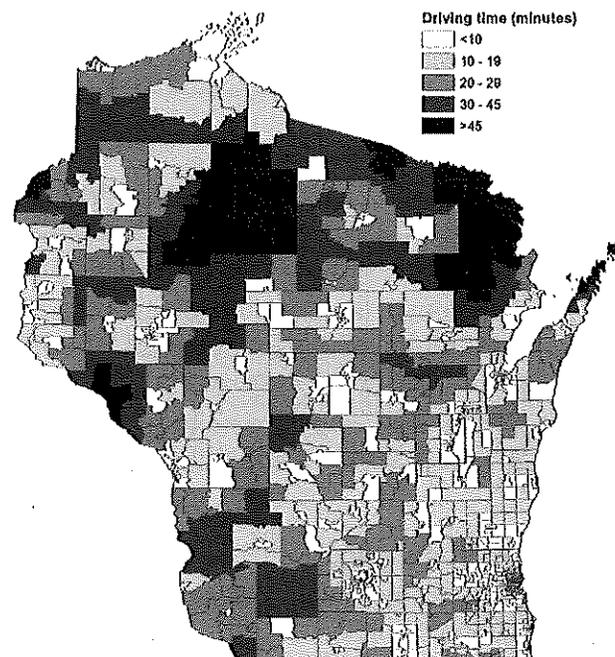
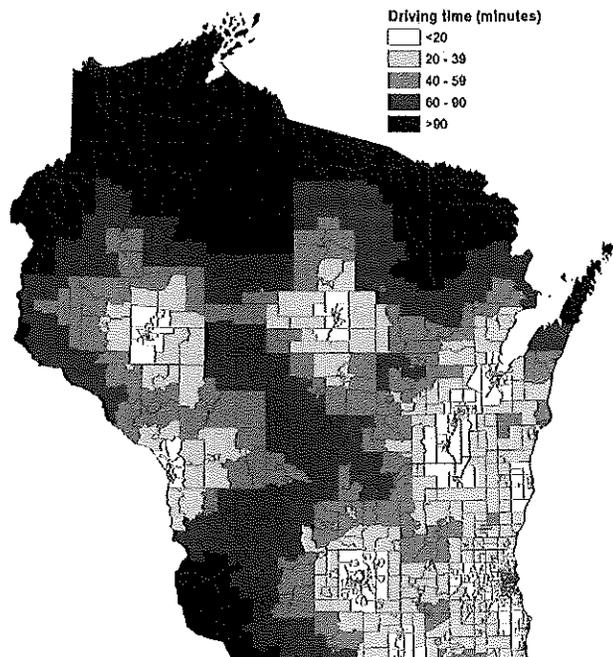
Syringe services programs

Naloxone at pharmacies with standing order



Opioid treatment programs

Substance use treatment providers



Plan for addressing geographic gaps in resources

These maps identify gaps in access to syringe services programs, naloxone, MAT, HIV prevention, hepatitis C treatment, and substance use treatment providers. To address these gaps, DHS will use this information to target resources to areas of concern that do not have services available. Additionally, DHS will work with external partners including local health departments, tribal health organizations, and community-based organizations, to improve access to treatment and prevention services.

Addressing specific gaps identified

Gaps in syringe services programs

- DHS will continue to work to expand capacity to provide harm reduction services in Wisconsin. During 2018 and 2019, DHS sponsored trainings by the Harm Reduction Coalition to teach local health department, tribal health clinic, and syringe service program staff members about the principles of harm reduction.
- DHS will work with existing syringe service programs to determine whether their mobile van services provide resources to the gap areas, and if these services can be expanded or intensified.
- DHS will continue to support HIV and hepatitis C testing at syringe services programs.

Gaps in access to naloxone

- DHS is working to increase the number of pharmacies that provide naloxone through a standing order.
- DHS has established a NARCAN@ Direct program to improve access to naloxone through community agencies, including local health departments. This program will continue to expand.

Gaps in MAT and other mental health and substance use treatment

- DHS, specifically the Division of Care and Treatment Services (DCTS), will incorporate the information identified in this assessment to identify areas most in need of funding and resources.
- DCTS regularly awards funding to health and human services departments, tribal agencies, coalitions, and other agencies for prevention, treatment and recovery. This funding supports programs like outpatient therapy, training of providers regarding how to administer MAT, naloxone purchasing, and drug take-back events.
- This information will also be useful for community partners, including local health departments, to understand where to allocate resources within their communities.

Gaps in hepatitis C treatment

- Since 2017, Wisconsin Medicaid allows non-specialists, including primary care providers, to prescribe hepatitis C treatment. DHS will continue to support trainings for primary care providers, and will explore training primary care providers and using telemedicine to reach rural areas with gaps in services.
- Since 2019, Wisconsin Medicaid no longer considers current or past alcohol or substance use when approving prior authorizations for hepatitis C treatment. Treatment requests will also be considered for patients who have previously received hepatitis C treatment.
- In addition, DHS is exploring barriers to providing hepatitis C treatment, and is working to educate providers and health systems about the importance of reducing barriers to providing hepatitis C treatment.

Gaps in HIV prevention services

- DHS will continue to support HIV testing in outreach settings, including at syringe services programs and at correctional facilities.

- DHS will continue its work to improve accessibility to PrEP for people attending syringe services programs and persons at risk of HIV statewide.
- DHS will continue to ensure that persons living with HIV are in care and reach viral suppression in order to reduce the likelihood of transmission of HIV to others through sexual contact or drug use.
- DHS will continue to implement its well-established process of monitoring persons newly reported with HIV/hepatitis C coinfection and ensuring they are in HIV care, reach viral suppression, and have access to prevention services, like harm reduction services. This process is especially important because injection drug use is not a major driver of new HIV infections in Wisconsin, and the communities at risk of HIV typically do not overlap with persons at risk of hepatitis C through injection drug use. Therefore, identifying and ensuring persons with coinfection are in care is an important method of preventing the spread of HIV through injection drug use in Wisconsin.

Other ongoing activities to prevent and treat harms related to drug use

Prevention navigation services at syringe services programs

- The University of Wisconsin-Madison School of Medicine and Public Health is entering the second phase of the NIH-funded “Wisconsin Rural Opioid Study.” DHS is a collaborator on this project. This project focuses on areas of Wisconsin in northern and western Wisconsin, many of which overlap with the areas of concern and the gap areas.
- The second phase of the study, starting in spring 2020, will implement and study the effectiveness of incorporating prevention navigators into existing syringe services programs to help persons who inject drugs learn about and access prevention and treatment services for substance use and the infectious harms from drug use. This includes access to naloxone as well as linkage to care for hepatitis C, substance use disorder, and to mental health providers.

Prevention of hepatitis A and hepatitis B among people who use drugs

- The DHS Immunization Program recently began a program that allows local health departments to partner with community-based organizations, including county jails and homeless shelters, to provide vaccination services (including hepatitis A and hepatitis B vaccines) at the community location. DHS is currently promoting this new program among local health departments throughout the state, including in the areas of concern identified in this assessment.
- The Immunization Program has been actively working with county jails across the state to determine the barriers to providing hepatitis A vaccine in county jails and to identify methods for overcoming those barriers.
- The Wisconsin Department of Corrections offers hepatitis A and hepatitis B vaccine to all persons entering state correctional facilities. All doses are entered into the statewide Wisconsin Immunization Registry so that the person’s vaccination record is available to future health care providers.

Technical Notes

Methods

Identification of areas of concern

To identify areas of concern, four health outcomes routinely reported to DHS were analyzed. These health outcomes are described in the table below.

Outcome	Data source	Year of Outcome	Details
Hepatitis C case reports among persons age 15–39	Wisconsin Electronic Disease Surveillance System	2017-2018	Included new reports of hepatitis C among persons age 15–39 years with a confirmed case of acute or chronic hepatitis C as defined by the CDC case definitions: https://wwwn.cdc.gov/nndss/conditions/hepatitis-c-acute/case-definition/2016/ https://wwwn.cdc.gov/nndss/conditions/hepatitis-c-chronic/case-definition/2016/ Excluded cases newly reported by the Wisconsin Department of Corrections because these persons do not have home ZIP code information available.
Death from any opioid overdose	Death certificates	2017-2018	Included drug overdose deaths involving any opioid, as described here: https://www.dhs.wisconsin.gov/wish/opioid/technotes.htm
Hospitalization from any opioid overdose	Wisconsin hospital discharge database	2017-2018	Included inpatient hospital stays or emergency department visits with any diagnosis field indicating opioid poisoning, as described here: https://www.dhs.wisconsin.gov/wish/opioid/technotes.htm
Ambulance run for suspected opioid overdose	Wisconsin Ambulance Run Data System	2017-2018	Included all incidents of ambulance runs to suspected opioid overdoses.

For each health outcome, rates were calculated for each ZIP code tabulation area (ZCTA) as defined by the U.S. Census Bureau. ZCTAs are generalized areal representations of United States Postal Service ZIP code service areas. For ease of interpretation for the reader, this report uses the phrase “ZIP code” when referring to a ZCTA.

ZIP codes were used for this analysis (rather than census tracts) in order to accommodate the hospitalization data that were only available by patient residence ZIP code. For hospitalization data, hospitalizations were aggregated by ZIP code and a separate analysis was conducted to convert the aggregated hospitalization counts to their associated ZCTA. For the other health outcomes, the data were geocoded to determine the ZCTA that contained the address. After all the health outcomes data were aggregated to ZCTAs, rates per 100,000 were calculated using U.S. Census Bureau population estimates as the denominators.

For each health outcome, the rates for all ZIP codes in Wisconsin were separated into quintiles, and the ZIP codes with rates in the highest 20% of the outcome were identified.

ZIP codes were included into the area of concern if they met two specific criteria for any of the health outcomes:

- 1) the rate of the health outcome was in the highest 20%, and
- 2) there were more than five events of that health outcome in the ZIP code during the 2-year period.

ZIP codes meeting these criteria for any of the four health outcomes were consolidated into a single layer and referred to as areas of concern.

This method was chosen because persons who have experienced overdoses are at risk of overdosing again and are at risk of infectious harms from drug use. Young people newly reported with hepatitis C are likely engaging in injection drug use with unsterile equipment and are at risk of other infectious harms from drug use, including HIV, as well as overdose. This method was used because each outcome and data source has limitations. This method considers each outcome equally and is more sensitive in identifying areas of concern than relying on one outcome alone or by averaging the outcomes. Additionally, this method was chosen because it can be frequently and easily updated, and because this method is relatively easy to explain to internal and external partners and stakeholders.

Identification of resources

Resources for the prevention and treatment of opioid-related harms were identified through a variety of data sources.

Resource	Data source	Date updated	Details
Syringe services programs	DHS HIV program, Vivent Health	2019	Includes all syringe services programs funded by the DHS HIV program to provide HIV counseling, testing, and referral services; includes additional syringe services programs, including satellite locations of partner organizations and local health departments that provide syringe services programs. Excludes programs that requested to be excluded from the map.
Hepatitis C treatment providers	DHS Medicaid claims, IQVIA	2018	Includes all providers who submitted claims to Wisconsin Medicaid for hepatitis C treatment; also includes Wisconsin providers identified by the IQVIA retail prescription database as having provided hepatitis C treatment.
HIV testing sites	DHS HIV program	2018	Community-based organizations and local health departments known to provide HIV testing. There may be other locations that test persons for HIV that are not included in the map. https://www.dhs.wisconsin.gov/hiv/ctr-sites.pdf
PrEP providers	DHS HIV program	2019	Providers who have reported to the HIV program that they provide PrEP. https://www.dhs.wisconsin.gov/publications/p01180.pdf
Opioid treatment programs	DHS DCTS	2019	Certified opioid treatment programs provide FDA-approved medications combined with counseling and other support services. https://www.dhs.wisconsin.gov/opioids/find-treatment.htm
Vivitrol® provider	Alkermes Pharmaceuticals	2019	Providers in Wisconsin who have authorized us to identify that they offer treatment with Vivitrol® (a type of naltrexone).
Buprenorphine providers	SAMHSA	2019	Providers in Wisconsin who have waivers to provide buprenorphine and have authorized SAMHSA to identify them publicly.
Substance use treatment providers	DHS Division of Quality Assurance	2019	Provider facilities that are regulated by the state of Wisconsin to provide substance use treatment.
Naloxone, pharmacies with standing order	Pharmacies registered as having a standing order for naloxone	2019	Pharmacies included in the current layer are those that have subscribed to the statewide standing order and those pharmacies that have their own corporate standing order. Participation in the standing order by pharmacies is voluntary. Naloxone is not available free of charge through this method. https://www.dhs.wisconsin.gov/opioids/naloxone-pharmacies.htm

Identification of resource gaps

For each resource, the areas of concern were compared to the known locations of that resource and the 30-minute driving time service area around those resource locations. Driving time service areas were generated using ArcGIS Network Analyst.

Areas of concern not within the 30-minute driving time service areas were considered to be areas that were in need of that service (i.e., "gaps" in services).

Limitations

Outcome data

The outcomes data used to identify areas of concern have limitations. For example:

- In order to be included as a person newly reported with **hepatitis C**, the person had to have attended a syringe services program or attended a health care provider to receive testing. Therefore, areas that already have syringe services programs might have higher rates of younger persons with reported hepatitis C than areas without syringe services programs.
- When Wisconsin residents are **hospitalized** in Illinois or Michigan, these data are not reported to DHS. As a result, some border areas of Wisconsin might have artificially lower rates of hospitalization for opioid overdose.
- Rates of **ambulance runs** for suspected opioid overdoses are dependent on the areas having ambulances that are readily available to provide services in that area, and communities who are willing to call an ambulance when they witness an overdose. Additionally, some of the ambulance runs coded as a suspected opioid overdose might not actually be an opioid overdose.
- **Deaths** from opioid overdose are specific, but are relatively few in number. Deaths might signal where fentanyl use is highest and not where opioid or other drug misuse is highest.

Because each data source has limitations, ZIP codes were included as an 'area of concern' if they were in the highest 20% of *any* of the outcomes of interest.

Resources data

The resources data have limitations. For example:

- It can be difficult to measure access to **naloxone** because naloxone is offered by many different types of organizations in the community. Presently, DHS has data available to map the locations of pharmacies that offer naloxone through a standing order and syringe services programs that offer naloxone. In the future, DHS plans to map other sources of naloxone as well.
- **Buprenorphine providers** include only those providers who have agreed to be listed and have completed training to prescribe buprenorphine. It does not specify providers who have documentation of having prescribed buprenorphine or which providers are accepting new patients.
- **Vivitrol®** providers are those who have agreed to be listed and have ordered this medication. It does not specify providers who have documentation of having prescribed this medication.

Other limitations

- This assessment considers geographical gaps only. Other barriers to accessing resources, such as lack of transportation, stigma, poverty, and unstable housing are not included.
- This assessment does not include accessibility by public transportation, however we are working to identify layers of bus stops and routes.
- This assessment does not consider resources in neighboring states. This is something we will work to add in the future.
- This assessment does not include information on provider capacity. Although it is possible to map locations of providers, we do not currently know whether providers are actively accepting new patients.

References

Wisconsin Interactive Statistics on Health Opioid Module. Wisconsin Department of Health Services.
<https://www.dhs.wisconsin.gov/wish/opioid/index.htm>

Opioids Summary Data Dashboards. Wisconsin Department of Health Services.
<https://www.dhs.wisconsin.gov/opioids/dashboards.htm>

Hepatitis C in Wisconsin. Wisconsin Hepatitis C Virus Surveillance Annual Review, 2018. Wisconsin Department of Health Services. <https://www.dhs.wisconsin.gov/publications/p00440-2018.pdf>

Van Handel MM, Rose CE, Hallisey EJ, et al. County-Level Vulnerability Assessment for Rapid Dissemination of HIV or HCV Infections Among Persons Who Inject Drugs, United States. J Acquir Immune Defic Syndr. 2016 Nov;73(3):323-331. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5479631/>

Peters PJ, Pontones P, Hoover KW, et al. Indiana HIV Outbreak Investigation Team. HIV Infection Linked to Injection Use of Oxycodone in Indiana, 2014-2015. N Engl J Med. 2016 Jul 21;375(3):229-39. <https://www.nejm.org/doi/full/10.1056/NEJMoa1515195>

Contributors

Benjamin Anderson, Geospatial Solutions Developer
Joseph App, Geospatial Solutions Developer
Joseph Tavano, Geospatial Solutions Developer
Andrew Swartz, GIS Team Lead
Thomas Bentley, Population Health Researcher
Jennifer Broad, Research Analyst-Advanced
Sheila Guilfoyle, Viral Hepatitis Program Manager
Ruth Koepke, Hepatitis C Epidemiologist
Ronald Prince, Opioid Prevention Epidemiologist
Kate Rifken, Substance Use Data Analyst
Joseph Tatar, Epidemiologist-Advanced

Funding

This project was funded through a supplement to the CDC Cooperative Agreement for Emergency Response: Public Health Crisis Response (TP-18-1802).

Contact information

If you have questions about this assessment, please contact
Ruth Koepke, MPH
Hepatitis C Epidemiologist
Division of Public Health
Wisconsin Department of Health Services
Ruth.Koepke@wisconsin.gov

Kate Rifken, MS
Substance Use Data Analyst
Division of Care and Treatment Services
Wisconsin Department of Health Services
Katharine.Rifken@wisconsin.gov

Wisconsin Department of Health Services
<https://www.dhs.wisconsin.gov/opioids/index.htm>

