



# The Prescription Drug Abuse Epidemic in Wisconsin

Wisconsin Nurses Association  
Task Force on Prescription Drug Abuse  
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**Introduction:**

The membership of the Wisconsin Nurses Association adopted a Reference that addressed the epidemic of prescription drug abuse in America with a focus on Wisconsin and determined if there is a role for WNA and nurses. The following is a summary of the work of the assigned Task Force and recommendations for WNA.

**Charge to the Task Force:**

The WNA Task Force on the Prescription Drug Abuse Epidemic in Wisconsin will identify educational, policy, research and legal strategies related to the recommendations contained in the White House President's Report. The identified recommendations included in the report are as follows:

Support the recommendations of the 2011 White House President's Report which include:

1. Education to raise the awareness of parents, youth, patients, and healthcare providers regarding prescription drug use.
2. Development of "tracking and monitoring" programs for prescription drug usage and abuse.
3. Proper medication disposal to prevent diversion and environmental harm.
4. Enforcement, including supporting actions against pain clinics and prescribers who are not prescribing within the usual course of practice and not for legitimate medical purposes.
5. Working for community-based solutions for "doctor-shopping."

**WNA Members Serving on the Task Force:**

Karin Barber; Bernadette Conroy; Rae Eanneli; Gwen Herzog; Debra Johnson; Christina Keedick; Betty Koepsel; Jonna Kronholm (Subcommittee Chair); Laura Larue; Anne Nudi; Karlyn Raddatz; Karen Sanchez; Colleen Sibert; Rosemary Stetzer (Subcommittee Chair); Margaret Schmelzer (Task Force and Subcommittee Chair); Cynthia Renee Verfeurth

**Coordinator:**

Katrina Boyd, MPH, WNA Staff

**Medical Consultant to the Task Force:**

Alexandra Zgierska, MD, Family Physician, Addiction Medicine, UW School of Medicine and Public Health, Madison, WI

**Interagency Briefing Panel (May 23, 2013):**

- Louis Oppor, Wisconsin Department of Health Services, Division of Mental Health and Substance Abuse Services
- Timothy Bartholow, MD, Chief Medical Officer, Wisconsin Medical Society
- Brad Dunlap, Wisconsin Department of Justice
- Chad Zadrazil, Prescription Drug Monitoring Program, Wisconsin Pharmacy Board
- James Greer, Wisconsin Department of Corrections
- Cindy Gaston, Pharmacy Society of Wisconsin
- Gina Bryan, DNP, Journey Mental Health Center

**Key Policy Documents:**

1. [\*Epidemic: Responding to America's Prescription Drug Abuse Crisis \(2011\)\*](#), Executive Office of the President of the United States
2. [\*Reducing Wisconsin's Prescription Drug Abuse: A Call to Action \(January 2012\)\*](#), State of Wisconsin, State Council on Alcohol and Other Drug Abuse

**Brief Background:**

On February 5, 2013, Gina Dennik-Champion, Executive Director, Wisconsin Nurses Association, briefed the WNA Council on Practice and Quality on a number of issues for action by the Board of Directors to seek their leadership in taking action. The Practice Council fully supported future action on the prescription drug abuse epidemic in Wisconsin and the nation. Margaret Schmelzer, Council Chair, agreed to lead a Task Force to study the issue and prepare recommendations.

The WNA Prescription Drug Abuse Task Force was convened on May 23, 2013. Two foundational reports (listed above) were distributed and a multi-sector panel briefed the Task Force on scope and depth of the problem. The Task Force was divided into three subcommittees covering all five issues identified by the Board. The three subcommittees were led by: Rosemary Stetzer, Jonna Kronholm, and Margaret Schmelzer.

**Task Force Recommendations****Context:**

Prescription drug abuse is a broad, deep, and insidious problem for the 5.6 million people of Wisconsin and the communities where we live, grow, work, learn, and play. Moreover, it is a national problem that calls for multi-sector leadership. WNA is in a critical position to engage our partners to “speak in one voice” to strengthen policies and systems to improve, protect and preserve health and improve the overall quality of life in Wisconsin.

**Note from the Task Force Chair:** The White House and State Council on Alcohol and Drug Abuse (SCAODA) dovetail beautifully. Both reports are cited below. The [SCAODA Report](#) is excellent, is especially germane to the Board’s interests, and it links directly to the [state health plan, Healthiest Wisconsin 2020](#). It provides many additional avenues for WNA involvement beyond the recommendations of the Task Force.

**Enforcement Subcommittee Recommendations:**

1. Recommend that the federal government work with the U.S. Congress to require the Veteran's Administration to participate in the prescription drug monitoring and tracking programs developing throughout the nation. (Note: it is the Chair's understanding that the Veterans Administration has a program but it may not interface with the state programs. This would require some brief follow up to verify current status of the VA program and how it is implemented both nationally and within Wisconsin.)
2. Include a description of the contemporary scope and role of professional nursing in any WNA correspondence to elected officials, professional societies, and policy / program/ professional partners at the local, state, national levels (Appendix 1). (This evidence-based reference statement has been prepared by the subcommittee for review and approval. The subcommittee believes that many of these partners simply don't understand the scope and role of nurses, and believe such a statement would help educate them and otherwise assure that professional nursing is engaged and at the table.)
3. Send a letter to the Wisconsin Department of Health Services, Division Administrator, Division of Mental Health and Substance Abuse Services, recommending that expert APRNs be included in the development and testing of an upcoming survey instrument. (This survey is being designed in conjunction with the UW Survey Lab to identify the dynamics and etiology of the misuse and abuse in Wisconsin.)
4. Strengthen patient and family education about the effects of prescription pain drugs on driving capacity. (This is consistent with the policy recommendation identified in the SCAODA Report.)
5. Physicians and nurses should not be punished based on feedback from patient satisfaction surveys. (The incentive should be to do what's right, but there is a financial disincentive based on patient satisfaction surveys. They have "lost control" to provide safe and high quality care due to reimbursement. This is likely a policy issue for the Centers for Medicare and Medicaid.)
6. Take action against pain clinics. ( This is consistent with the policy recommendation in the SCAODA Report.)
7. Explore the expansion of drug courts and if the Board is in agreement, go on record in support of drug courts. (An excellent source of information includes:  
<http://www.nadcp.org/learn/what-are-drug-courts.>)
8. Brief the leadership of the Wisconsin Public Health Association and the Wisconsin Conference of Local Health Departments and Boards of Health. (Local health departments play pivotal roles and work across the system through their statutory requirement to produce local community health improvement plans. Fostering partnerships among local partners is a key strategy to improve and protect health. Partnerships foster local capacity needed to address and prevent prescription drug abuse in Wisconsin communities.)
9. Send of letter to the Secretary of the Wisconsin Department of Health Services and the Chair of

the State Council on Alcohol and Drug Abuse commending their leadership and asking for nursing representation in addressing this problem.

10. Send a letter to the Wisconsin Congressional Delegation briefing them on the prescription drug abuse problem and how professional nurses can help.

**Education and Medication Disposal Subcommittee Recommendations:**

1. Partner with the Pharmacy Society and Pharmacy Board in rule making regarding disposal.
2. Support established collection programs (policy and pharmacy) and strengthen nursing's participation and engagement in local prevention coalitions.
3. Identify where there are disparities in collection programs, such as the City of Milwaukee. (Find ways to establish policies in those communities through participation in established programs such as the UW-Extension, Pharmaceutical Waste Working Group, AODA prevention coalitions, and water/sewage treatment facilities.)
4. Support policies that address and assure the safety of the nurse and family in delivering care in the home setting. (Nurses need evidence-based training to build knowledge and capacity to effectively educate patients and families about storage and disposal. This applies to nurses providing care in the home as well as all nurses.)
5. Encourage the two medical school foundations (Healthier Wisconsin Partnership Program (MCW) and the Wisconsin Partnership Program (UW) to strengthen research opportunities including evaluating the effectiveness of new programs and services through their community grant programs.
6. Support the Prescription Drug Monitoring Program in the Wisconsin Department of Safety and Professional Services. (Done. Letter sent July 2013, by the WNA Board of Directors.)
7. Educate nurses about the prescription drug abuse epidemic including the severity of the problem, warning signs of drug misuse and the proper disposal of unused medication. Remind nurses about the importance of teaching patients about non-pharmacological pain management strategies.
8. Review and disseminate Appendix 2. This appendix identifies website resources in the areas of prevention strategies and ways to decrease access to prescription drugs (including non-pharmacological pain management modalities) and proper disposal of unused medications.
9. Offer a pre-conference to the WNA APRN Forum Pharmacology and Clinical Update Conference to focus on information about the Wisconsin Prescription Drug Monitoring Program (PDMP), appropriate prescribing and dispensing of opioids to prevent adverse effects, diversion and addiction, and screening and referral of addiction symptoms.
10. Discuss with the State Board of Nursing and schools of nursing the need to include education about the prescription misuse problem and suggested strategies.
11. The WNA Office to disseminate information about different aspects of the Prescription Drug Abuse Epidemic to members on a regular basis (perhaps via the WNA Monitor or STAT). Information could include suitable webinars, website links, educational workshops, etc).
12. Develop a survey to measure nurses' knowledge about patient education regarding the proper disposal of unused medications. The survey will be conducted prior to the dissemination of information and

again after information has been provided.

13. Work with the WNA Wisconsin Environmental Health Nursing Coalition Mutual Interest Group in addressing the [2011 WNA Reference Report: Disposal of Pharmaceuticals and Personal Care Products](#) to include prescription drug abuse in a “Life Cycle Stewardship” type solution through educational opportunities and partnerships.

**Prescription Drug Monitoring and Doctor Shopping Subcommittee Recommendations:**

1. Support legislation to facilitate interstate exchange of prescription information. (To avoid substitution effect, programs should monitor all scheduled controlled substances with addictive potential (especially opioids, sedative hypnotics, and stimulants.)
2. Integration into clinical workflow. (Enabling physicians to gain access via electronic medical records and providing unsolicited alters directly to the electronic medical record may facilitate provider's use of the prescription drug monitoring program.)
3. Proactive Programs. (Prescription drug monitoring programs should track standard outcome measures, i.e., the number of patients who fill from five or more providers within a six month period, submit overlapping prescriptions, or receive risky co-prescriptions.)
4. Use the drug monitoring program to assess for doctor shopping to identify abuse or diversion of schedule II-V drugs.
5. Work with the WNA Wisconsin Environmental Health Nursing Coalition Mutual Interest Group in addressing the [2011 WNA Reference Report: Disposal of Pharmaceuticals and Personal Care Products](#) to include prescription drug abuse in a “Life Cycle Stewardship” type solution through educational opportunities and partnerships
6. Post list of doctor shopping behaviors.
7. Strengthen provider education:
  - a. Post resource links to guide providers on best practices using data on the prescription drug monitoring program.
  - b. Develop a template to aid staff to pre-assess patient current opioid status.
  - c. Offer educational sessions at WNA nursing conferences on “what the prescription drug monitoring program is” and how to use it to keep patients safe and prevent misuse or abuse of opioids.
  - d. Provide ANCC pharmacology continuing education on case study to provide medication management of chronic pain patients on chronic opioids. (This can be suggested as something for the systems to consider but until the system pays an addiction specialist to devote time in this manner (provides salaried, protected time for non-face-to-face patient encounters) this is not feasible.
  - e. Write for WNA *STAT Bulletin* or *Nursingmatters* on how nurses can use the prescription drug monitoring program.
  - f. Provide education on the differences between patients with chronic pain on opioid medication versus patients with addiction issues.
  - g. Provide ANCC continuing education on best practices on comprehensive treatment plans for

chronic opioid use.

h. Friendly recommendation from the Enforcement Subcommittee:

- Improve the quality and frequency of evidence-based professional education for nurses. (Enforcement Subcommittee also discussed this. WNA representatives report infrequent and general education in institutional settings. This is also addressed in the SCAODA Report whereby healthcare providers need broader and deeper training and education. This recommendation provides fertile ground for WNA, medicine, pharmacy and other professional healthcare providers to assure quality education and training is regularly provided.)

**Respectfully Submitted,**

Margaret O. Schmelzer, MS, RN Task Force Chair

Appendix 1: Sample draft statement on the role of nursing (Enforcement Subcommittee)

Appendix 2: Narcotics Disposal

Appendix 3: Prescription Drug Abuse Resources for RNs

## **Appendix 1**

### **Statement on Including Registered Nurses on Key Drug Abuse Committees**

Registered Nurses (RNs) are uniquely qualified to help prevent prescription drug abuse and drug diversion as they spend more time with patients than any other healthcare professional (Wallace, Grossman, Campbell, Land, Lange & Shea, 2009). RNs provide an invaluable link between physicians, nurse prescribers, pharmacists and patients, completing the much needed steps of ongoing monitoring and assessment. Unfortunately, RNs have not generally been included with their physician and pharmacist colleagues in discussions concerning drug misuse prevention. This oversight may likely cause failure in our state's efforts to identify and curb the problem of prescription drug abuse as it ignores the largest group of healthcare providers who can provide the most data concerning patient behaviors and drug pattern use.

RNs go into patient's homes, often have the initial contact with the patient and their family and friends when seen for office visits, and assess patients in hospitals and nursing homes over extended periods of time. They monitor medication use and view the patient and how they are reacting to their medications. Due to their ongoing relationship with patients, they often overhear conversations that indicate the patient may have illicit reasons for seeking narcotic medications. RNs can identify when patients may be falling victim to misuse of their medications by family or acquaintances. They can help investigate for misuse by calling pharmacies to check to see if patients have received prescriptions from multiple providers- something which the prescribing provider may not always have time to do.

RNs, by nature of their profession, are excellent problem solvers. RNs need to be included on the committees that are charged with finding solutions to illicit use of narcotics in Wisconsin. We request your assistance in facilitating their inclusion.

### **Reference**

- Wallace, M., Grossman, S., Campbell, S., Land, R., Lange, J. & Shea, J. (2009). Integration of end-of-life care content in undergraduate nursing curricula: student knowledge and perceptions. *Journal of Professional Nursing*, 25(1):50-6. doi: 10.1016/j.profnurs.2008.08.003.

## Appendix 2

### Narcotics Disposal

Currently, “in order not to harm others”, the Federal Drug Administration (FDA) recommends (<http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm#MEDICINES>):

1. Flushing narcotics/controlled substances down the toilet
2. Mixing other prescription drugs with kitty litter or coffee grounds in a sealed plastic bag and throwing into the garbage
3. Medication take back programs

None of these solutions are adequate in protecting both the immediate need for safety and the long term need for environmental protection and health.

Solutions are not available that holistically look at substance abuse and protection of the environment, particularly water and Lake Michigan.

Offering an expanded point of view on the Environmental Protection Agency (EPA) website (<http://www.epa.gov/esd/bios/daughton/green2.pdf>), Christian Daughton writes in “Cradle-to-Cradle Stewardship of Drugs for Minimizing Their Environmental Disposition While Promoting Human Health.

II. Drug Disposal, Waste Reduction, and Future Directions”:

“...disposal of drugs to domestic sewage systems is probably the least desirable way to dispose of any drug. In the United States, two better alternatives might include reworking existing regulations that prevent a) local pharmacies from taking back consumer medications (to either dispose of by medical incineration or return to “reverse distributors”) or

b) local hazardous waste collectors from collecting unwanted medications (e.g., community curbside pickup programs but not for Resource Conservation and Recovery Act (RCRA) - or Drug Enforcement Administration (DEA) - listed Pharmaceuticals and Personal Care Products (PPCPs).

As a last alternative, disposal in household trash destined for engineered landfills is probably more environmentally sound (but still not desirable) than disposal to sewage systems; landfills, however, are really a form of potential “pollution postponement”—as opposed to an ultimate solution.”

The University of Wisconsin (UW) Extension has been involved in the longer term solution for medication disposal. One of the solutions nationally that is being considered is the Life Cycle Stewardship. Life Cycle Stewardship (<http://fyi.uwex.edu/pharma/>) is defined:

“All those involved in the life cycle of pharmaceuticals –from design through manufacture, use and disposal — can help reduce pharmaceutical waste.”

Within Life Cycle Stewardship (<http://fyi.uwex.edu/pharma/product-stewardship/>):

**Product Stewardship** – Product Stewardship is the act of minimizing health, safety, environmental and social impacts, and maximizing economic benefits of a product and its packaging throughout all lifecycle stages. The producer of the product has the greatest ability to minimize adverse impacts, but other stakeholders, such as suppliers, retailers, and consumers, also play a role. Stewardship can be either voluntary or required by law.

**Extended Producer Responsibility** – Extended Producer Responsibility (EPR) is a mandatory type of product stewardship that includes, at a minimum, the requirement that the producer's responsibility for their product extends to post-consumer management of that product and its packaging. There are two related features of EPR policy: (1) shifting financial and management responsibility, with government oversight, upstream to the producer and away from the public sector; and (2) providing incentives to producers to incorporate environmental considerations into the design of their products and packaging.

Not directly mentioned in the Life Cycle Stewardship work is the role of the healthcare system in treatment and prescribing (“use” in the definition above). Alternative non-pharmacological pain management strategies to prescription drugs and the prescription process itself, as mentioned by other members of our task force, need to be included in the solution. King County in Washington and Almeda County in California have recently passed legislation to address stewardship.

#### Recommendations

1. Work with the Wisconsin Environmental Health Nursing Coalition (WEHNC) Wisconsin Nurses Association Mutual Interest Group (MIG) in addressing the 2011 WNA Reference Report: Disposal of Pharmaceuticals and Personal Care Products to include prescription drug abuse in a “Life Cycle Stewardship” type solution through educational opportunities and partnerships.
2. Partner with Pharmacists, Physicians, UW Extension, AODA pilot projects and other interested stakeholders to discuss and develop strategies for disposal.

## **Appendix 3**

### **Prescription Drug Abuse Resources for RNs**

#### **Pain Management Modalities**

1. American Holistic Nurses Association  
<http://www.ahna.org/Home/ForConsumers/HolisticModalities/tabcid/1921/Default.Apx>  
description of a wide variety of Healing Modalities from the American Holistic Nurses Association
2. American Society for Pain Management Nursing  
[http://www.aspnn.org/Organization/position\\_papers.htm](http://www.aspnn.org/Organization/position_papers.htm) Position papers from the American Society for Pain Management Nursing include information for "Pain Management in Patients with Substance Abuse Disorders" and "Optimizing the Treatment of Pain in Patients with Acute Presentations".

#### **Prevention**

1. The Medicine Abuse Project <http://medicineabuseproject.org/>  
A partnership at DrugFree.org contains a section for healthcare providers as well as consumers and educators. Information includes information about the epidemic, addiction issues, how to talk to your patients about medicine abuse, tools for screening and treatment referral, best practice guidelines and numerous patient education tools.
2. Pushback against Drugs <http://www.pushbackdrugs.com/>  
PUSHBACK AGAINST DRUGS is a public awareness initiative of the Marathon County Alcohol and Other Drugs Partnership. Our goal is to engage all residents of our community in efforts to reduce drug abuse problems through innovative and proven Prevention, Enforcement and Treatment strategies.

#### **Decreasing Access to Prescription Medications/Disposal**

1. Tips on Safe Storage and disposal of your Prescription Medicines  
[http://www.talkaboutrx.org/documents/safe\\_storage.pdf](http://www.talkaboutrx.org/documents/safe_storage.pdf)
2. USDA Food and Drug Administration recommendations regarding the storage and disposal of medications: <http://www.fda.gov/forconsumers/consumerupdates/ucm272905.htm>  
<http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm>
3. Lock Your Meds <http://www.lockyourmeds.org/>  
Lock Your Meds<sup>®</sup> is a national multi-media campaign designed to reduce prescription drug abuse by making adults aware that they are the "unwitting suppliers" of prescription medications being used in unintended ways, especially by young people. Produced by National Family Partnership<sup>®</sup> (NFP), the campaign includes a wide array of high quality advertisements, posters, educational materials, publicity opportunities, inter-active games and slideshow presentations, with all roads leading to this website, where visitors can learn more and ask questions.