
Reducing Wisconsin's Prescription Drug Abuse: A Call to Action



Critical steps toward building a healthier Wisconsin

January 2012

Wisconsin State Council on Alcohol and Other Drug Abuse
Prevention Committee
Controlled Substances Workgroup



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The Controlled Substances Workgroup (CSW) was committed to producing a report that represents the full breadth and scope of the prescription drug abuse epidemic. To that end, CSW consulted with a broad range of individuals and organizations representing key stakeholders impacted by this issue. The CSW would like acknowledge the contributions of the following: Wisconsin Dental Association, Tribal State Collaborative for Positive Change, Pharmaceutical Waste Working Group, Dane County Public Health Safe Communities, Wisconsin State Health Lab, Pharmacy Examining Board, Tanya Bakker (Wisconsin State Opioid Treatment Authority, Department Health Services), Robert Block (Wisconsin Crime Laboratory, Drug Identification Unit Leader, Retired and Wisconsin Controlled Substances Board – Chair), Danielle Luther, Bob Kovar, Joe Willger, Raj Panneerselvan, and Paula Hensel, RN, MSN, APNP (all of Marshfield Clinic) and the Wisconsin Narcotics Officers Association.



Charge to the Controlled Substances Workgroup

Communities around the state report that prescription narcotic abuse, such as oxycodone and hydrocodone, along with illegal narcotic substances, such as heroin, are on the rise. The Wisconsin State Council on Alcohol and Other Drug Abuse (SCAODA), in recognition that prescription drug abuse and narcotic abuse is a growing problem in Wisconsin, established a Controlled Substances Prevention Sub-Committee. The committee, known as the Controlled Substances Work Group (CSW) convened for the first time in July 2010. CSW was charged with identifying prescription and non-prescription drugs that are most often abused in Wisconsin, focusing upon legal opiates (opioid analgesics) and illegal opiates, as well as other drugs of abuse with high consequences. Additionally, CSW was tasked with examining the prevalence and burden of use and to determine if an adequate surveillance system exists in Wisconsin.

CSW also examined the role of community coalitions, substance abuse prevention and treatment providers, law enforcement and the judicial system, the medical community, schools, and legislative and state agencies in preventing drug abuse. CSW also identified key educational messages targeting the health care community in the broad scope including: physicians, pharmacists and other key health care stakeholders, and to determine if there are preventive measures that can be employed when prescribing or dispensing drugs with a high potential for abuse. CSW examined community based education targeting the general population and specific subgroups (such as high risk populations) to help avoid abuse and its deadly consequences.

CSW identified the urgency in establishing a Prescription Drug Monitoring Program (PDMP) as well as an accessible and cost effective system for prescription drug disposal in Wisconsin.

The work of CSW culminated in this report that outlines strategies and recommendations to prevent and reduce substance abuse in Wisconsin.

During the initial two meetings of CSW in July and August 2010, considerable time was spent discussing the charge to the group and to identify a scope of work. CSW recognized the correlation between the abuse of prescription medications and illicit drugs, but a report that addresses both legal and illicit drugs would be too broad in scope. CSW came to the consensus that for the purpose of this report, the scope would be limited to Food and Drug Administration (FDA) approved prescription medications. Given the fact that opioid analgesics (legal opiates) are the most highly diverted and abused class of medication, particular emphasis was placed on providing recommendations to reduce and prevent the misuse, abuse and diversion of these controlled substances.

CSW recognizes the inextricable link between the misuse, abuse and diversion of opioid analgesics and the use of illegal opiates (heroin). This report is designed to provide practical, cost effective recommendations to reduce and prevent the amount of prescription medications diverted. Inevitably, with the reduction in prescription drugs being misused, abused and diverted, there will be an increase in the use of illegal opiates. *CSW recommends that SCAODA convene a work group to examine the use and related consequences of illicit drug use in Wisconsin, focusing upon illegal opiates.*

CSW deliberated the merits of a Good Samaritan Law for Wisconsin. The CSW recommends that SCAODA examine the issues related to a Good Samaritan Law as a strategy to reduce opioid related overdose deaths in Wisconsin.



Charge to the Controlled Substances Workgroup

Use and Consequences of Commonly Prescribed Medications*			
	Effects of short-term use	Effects of long-term use Potential for physical dependence & addiction	Should not be used with
Pain Relievers	Alleviates pain Drowsiness Constipation Depressed respiration (depending on dose)	Severe respiratory depression or death following a large single dose	Other substances that cause CNS depression Alcohol Antihistamines Tranquilizers/ sedatives
Tranquilizers & Sedatives	A "sleepy" and uncoordinated feeling during the first few days; as the body becomes accustomed (tolerant) to the effects, these feelings diminish.	Seizures following a rebound in brain activity after reducing or discontinuing use	Other substances that cause CNS depression Alcohol Prescription pain reliever medicines Some over the counter cold/ allergy medications
Stimulants	Elevated blood pressure Increased heart rate/ respiration Suppressed appetite Sleep deprivation	With high doses possibly dangerously high body temperature/ irregular heartbeat/ hostility/ paranoia Cardiovascular failure/ lethal seizures	Over the counter decongestant medications Antidepressants, unless supervised by a physician Some asthma medications

*Prescription Drugs: Abuse and Addiction. (2005) National Institute on Drug Abuse. U.S. Department of Health and Human Services. www.drugabuse.gov/ResearchReports/Prescription/prescription8.html



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Background

The continuum of unauthorized use of prescription medications begins with diversion and ends with non-medical use, often by youth. The continuum of health impacts begins with risky use and extends through harmful use and can end in overdose deaths.

While all classes of prescription medications have the potential for abuse, opioid analgesics, which are controlled substances, are particularly dangerous given their highly addictive nature and abundant supply. The increase in supply is clearly illustrated through data tracking the sale of Vicodin®, a powerful narcotic painkiller that is a combination of hydrocodone and acetaminophen. According to the Center for Disease Control and Prevention (CDC), between 1997 and 2007, there was a 627 percent increase in the sale of Vicodin®, resulting in it being the most widely prescribed medication in the United States.¹ Currently, there is enough Vicodin® prescribed in the nation to provide every American 5 mg every 4 hours for three weeks. Interestingly, data related to opiate related overdose deaths from 1999-2007 rose from 2,901 to 11,499, a 296 percent increase.²

Nationally, the average number of prescriptions per resident is 12.9 per year, in Wisconsin the rate is 12.7 per year.³ In Wisconsin, 5.5 million prescriptions were dispensed each month in 2009, this includes all prescription medications as well as prescription refills.⁴ With such an abundant supply of medications in society, it is no surprise that prescription medications are now commonly misused, abused and diverted for non-medical use.

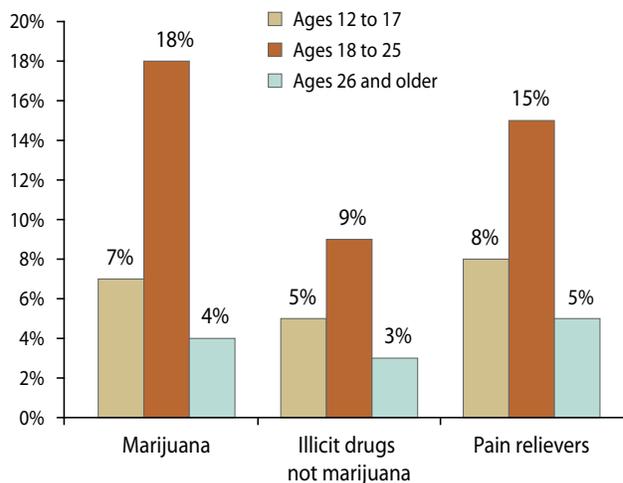
Between 2007 and 2008, 15% of Wisconsin adults reported using pain relievers for non-medical purposes.⁵ National trends show that, in many states, unauthorized prescription drug use has now overtaken marijuana use as the most common illegal drug used by youth (alcohol remains the most common drug used by youth even though its use by youth is illegal). Given the fact that the trend patterns in Wisconsin tend to follow suit, it stands to reason that prescription drug use in Wisconsin will

“Prescription drug abuse is an epidemic. Throughout the nation it is a growing problem with no signs of slowing down.”

- CDC 2010 -

soon top marijuana use. Recent data indicate that in Wisconsin, prescription drugs are the second most common drug used for recreational purposes after marijuana. In 2009, 20.5% of Wisconsin high school students reported ever taking a prescription drug (such as OxyContin®, Percocet®, Vicodin®, Adderall®, Ritalin®, or Xanax®) without a doctor’s prescription. This is identical to the US average of 20%. Figure 1 shows that pain reliever use for non-medical purposes peak among 18-25 year olds, but is more common than marijuana use among residents ages 26 and older (see Fig. 1).

Figure 1:
Illicit drug use in Wisconsin, by age

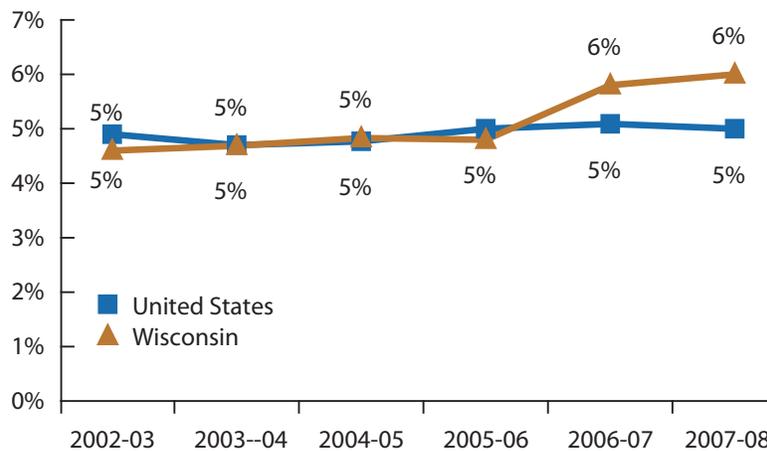




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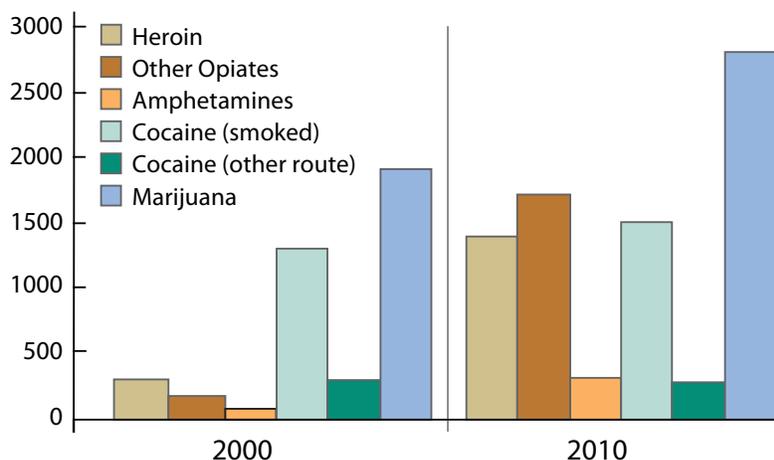
The most recent data available shows that Wisconsin is actually outpacing national averages in the rate of overall prescription drug misuse (see Fig. 2).

Figure 2: Prescription Drug Misuse, US and Wisconsin, ages 12 and older



Misuse of prescription drugs leads to abuse, dependence and addiction. Nationally, between 2000 and 2009, “other opiate” (non-heroin) treatment episodes increased 609%, the largest increase of any drug tracked in the Treatment Episodes Data Set (TEDS) of the Center for Substance Abuse Treatment (see Fig. 3).

Figure 3: Treatment Episodes by Drug, 2000 and 2010



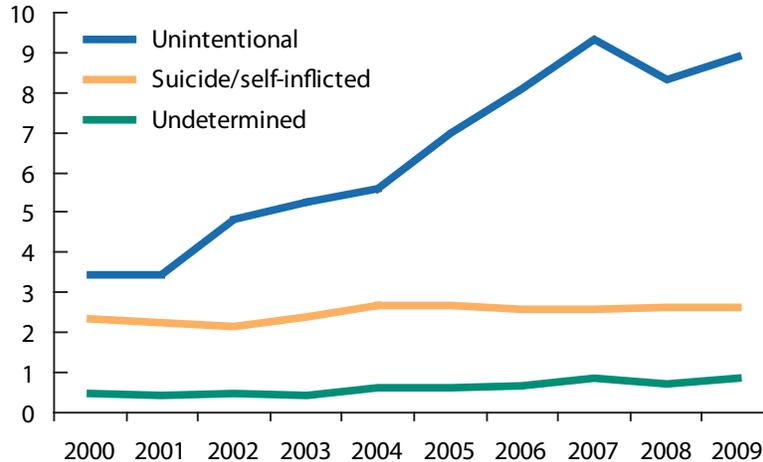
Misuse of prescription drugs can also lead to death. According to national statistics, the rate of deaths due to unintentional poisonings^a increased four-fold between 1999 and 2008 with no concurrent rise in suicides from poisoning in general (see Fig. 4). The majority of all poisonings are due to prescription, over-the-counter and illicit drugs.

^a An unintentional poisoning is a poisoning in which the individual exposed to the substance is not attempting to cause harm to himself or herself or others. It can result from misuse and abuse of prescription or recreational drugs, overuse of drugs prescribed for medical reasons and exposure to chemicals, gases, vapors, venoms, biological toxins and other substances.



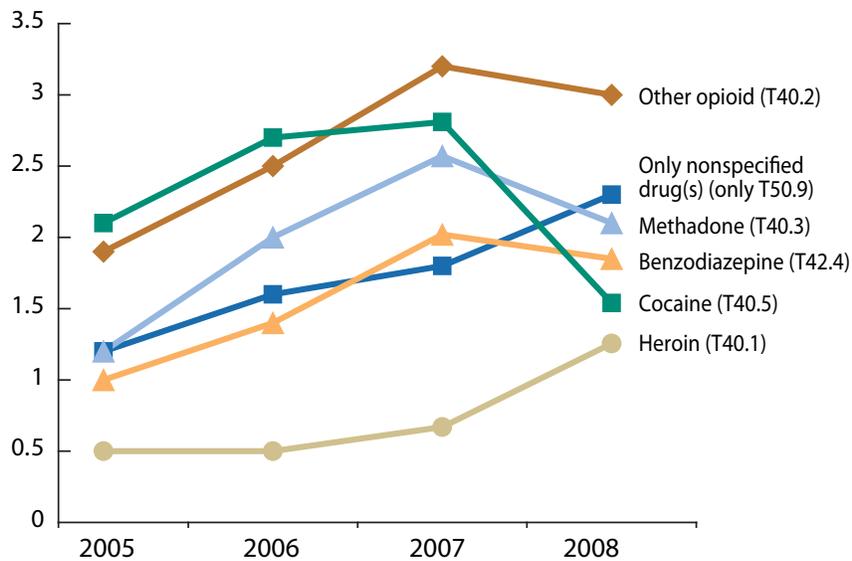
Background (continued)

Figure 4: Deaths due to Poisoning, 1999-2009



Using multiple causes of death, one can examine the types of drugs that led to overdoses. Opioids other than heroin and methadone were the most common drug mentioned on the death certificate as one cause of death. Mentions of benzodiazepines also increased sharply between 2005 and 2008 (see Fig. 5).

Figure 5: Cause of Death by Drug, 2005-2008



According to the CDC, prescription drugs are now involved in more overdose deaths than heroin and cocaine combined.⁶ While no state is immune from this epidemic, currently Wisconsin lacks adequate surveillance to systematically monitor the problem or identify trends at the local and state level. One of the primary goals of this report is to identify an effective way to measure the problems, starting with the number of legal prescriptions written, and ending, tragically, with the number of overdose deaths attributable to prescription drugs. Results will come via prevention, but measurement of the problem and its components, as well as measurement of results, must be the foundation of evidence-based prevention and intervention efforts. In Wisconsin, no real progress will be made in reducing the burden of prescription drug abuse until there is an effective way to measure the problem.



Executive Summary



Prescription drug abuse is America's fastest growing drug problem.⁷ While all classes of prescription medications have the potential for abuse, narcotic pain medications (also referred to as painkillers or opioid analgesics) are

particularly dangerous given their highly addictive nature and abundant supply. The United States makes up only 4.6 percent of the world's population, but consumes 80 percent of its opioids, and 99 percent of the world's hydrocodone, the opioid that is in Vicodin®.⁸ There have been a number of reports issued at the federal level (2010, 2011 – ONDCP, SAMHSA) that serve as clear illustration that prescription drug abuse is an epidemic that requires swift and comprehensive action. In fact, reducing prescription drug abuse is a national priority as documented in the 2011 National Drug Control Strategy Report, along with the recently produced document, *Epidemic... Responding to America's Prescription Drug Abuse Crisis*.

While the risks associated with misuse of prescription drugs pose a significant threat to the healthy development and wellbeing of all Wisconsin citizens, adolescents and young adults are particularly at risk, as overdose deaths are a significant contribution to overall mortality. In many states, the first illegal drug used by youth is no longer marijuana, it is non-medical use of prescription drugs. One in five Wisconsin high school students report having taken a prescription drug without a doctor's prescription at least once in their lifetime.⁹ Taking into account the national trends, it is expected that non-medical use of prescription drugs will soon surpass marijuana as the most commonly used drug by Wisconsin youth. Based on the fact that the onset of addiction is usually prior to age 21, and sometimes prior to age 15, many experts make the point that addiction is a pediatric disease and have used "delaying the age of onset of first use" as an evidence-based strategy for preventing the incidence of addiction.

Exacerbating the problem is the fact that Wisconsin does not have a Prescription Drug Monitoring Program (PDMP). A well designed PDMP will provide an early warning system for emerging drug abuse trends, assist in enhancing patient care, and serve as a vehicle for communication with other states subsequently reducing doctor shopping across state lines. In addition, with appropriate confidentiality protections built into the Wisconsin PDMP for patient-identifiable health information, a PDMP will enhance the ability of law enforcement to conduct investigations of the illegal diversion of prescription medications.

Wisconsin must recognize that prescription drug abuse is first and foremost a compelling public health issue, and as such, the solutions are broad-based and not limited by any means to law enforcement initiatives. The health care community plays a key role in curbing the prescription drug epidemic. In this report, the health care community refers to a broad spectrum including nurse practitioners, physician assistants, nursing homes and veterinarians and veterinary hospitals. Policies and practices must be implemented in health care settings to ensure the provision of adequate medications to patients for legitimate medical purposes, but reduce the amount of medications that are prescribed and subsequently misused, abused and diverted. Particular emphasis must be placed on the development of policies and practices that reduce the number of narcotic pain medication doses that are prescribed.

Public policy initiatives and governmental actions are critical in addressing these issues, but sustainable solutions will only be achieved through coordinated efforts at the local, state and federal level. This report identifies state recommendations for action, building upon and taking into consideration federal recommendations. In addition, the report also identifies recommendations for local communities, coalitions, health care and other key stakeholders as a starting point for action. In terms of achieving significant and sustained reductions in rates of prescription drug abuse and related consequences, Community Anti-Drug Coalitions' of America (CADCA) frameworks are acknowledged in this report. It is essential to understand the critical role of broad-based community anti-drug coalitions as the central framework through which to coordinate and implement many of these initiatives.



Executive Summary (continued)

Wisconsin's recommendations are deeply rooted in the accomplishments of other states who have led the way in taking steps to reduce and prevent prescription drug abuse. We gratefully acknowledge several reports that served as a blueprint for Wisconsin's report. The CSW focused primarily on the work done in the following states:

California

(http://www.adp.ca.gov/Director/pdf/Prescription_Drug_Task_Force.pdf),

Ohio

(<http://www.odh.ohio.gov/features/odhfeatures/drugod/drugoverdose.aspx>), and

Maryland

(<http://www.oag.state.md.us/Reports/PrescriptionDrugAbuse.pdf>),

as well as the 2010 and 2011 National Drug Control Strategy reports of the White House Office of National Drug Control Policy (ONDCP). It is important to note that the recommendations outlined in this report are those that have largely state level implications. The National Drug Control Strategy (2010, 2011) includes not only many of the recommendations included in Wisconsin's report, but recommendations that address the epidemic at the national level. The CSW endorses all the recommendations outlined in the National Drug Control Strategy.

While this report was written in response to a compelling community health crisis, it is also important to recognize that some communities have already come together in response to this issue with notable accomplishments. Exciting and successful initiatives such as the Lakeland Area Prescription Drug Abuse Task Force in Vilas and Oneida counties, and the public awareness campaign "Good Drugs Gone Bad" in the Fox Valley, are two examples of local communities developing effective programs and services that are seeing positive results. The CSW would like to acknowledge that the initiatives highlighted in this report represent only a small portion of the work being done in Wisconsin. At its root, substance abuse is a local issue. And all across Wisconsin, communities are coming together to find creative solutions.

The recommendations are categorized by priority areas. After careful deliberation, the CSW opted not to rank the recommendations or the priority areas. Each and every recommendation in this report is an important component in successfully combating the prescription drug abuse epidemic. The final section of this document identifies recommendations that have been identified as being the most actionable and impactful in terms of next steps. The members of the CSW undertook this project with the commitment to identify long term, sustainable solutions to an epidemic that is taking a grave toll on Wisconsin, not only in terms of financial costs, but in lives lost and families destroyed by addiction. Each recommendation in this report is a critical step toward building a healthier Wisconsin.



Priority Area: Fostering Healthy Youth



This report is rooted in the belief that prevention is the long term solution, not only to reduce prescription drug abuse, but in addressing the serious threat to public health that Wisconsin faces due to substance misuse, abuse and addiction. Prevention is most effective when it is targeted to the youngest populations at risk for development of a chronic health condition. The landmark 2009 Institute of Medicine (IOM) report, *Preventing Mental, Emotional, and Behavioral Disorders Among Young People*, sums up over 20 years of prevention research with this opening sentence: “Several decades of research have shown that the promise and potential lifetime benefits of preventing mental, emotional, and behavioral (MEB) disorders^b are greatest by focusing on young people and that early interventions can be effective in delaying or preventing the onset of such disorders.”

It would be shortsighted not to recognize that as a society, we need to provide programs and services that will build resiliency and ensure access to services that will address mental and behavioral health issues, including substance use disorders. Not everyone who engages in non-medical use of prescription drugs has a pattern of use or features of use confirming the presence of an addictive disorder, but many regular users of opioid analgesics do develop an addiction to them. When it comes to the abuse of prescription drugs, the end-point can be an overdose death – an end-point all of Wisconsin should work to prevent.

The good news is,
Prevention Works!

Based on the above considerations, Wisconsin should:

RECOMMENDATION 1: Support communities to foster healthy youth.

- ✓ Support communities in adopting and sustaining evidence-based prevention programs that build mental, emotional, and behavioral health from early childhood to young adulthood, and to implement universal, selective, and indicated prevention activities for mental health and substance use disorders as outlined in the IOM Continuum of Care Model <http://www.cars-rp.org/publications/Prevention%20Tactics/PT8.13.06.pdf>
- ✓ Evidence-Based Prevention programs and practices should be made available to all individuals through appropriate channels including healthcare providers, media, employers, public agencies, communities, and schools. See Appendix A: National Registry of Evidence-based Programs and Practices.

^b MEB disorder is defined as a diagnosable mental or substance use disorder.



Priority Area: **Community Engagement & Education**



Prescription drug diversion and abuse is a complex issue. Enhanced education and awareness should be at the forefront of strategies to address this growing problem and its related consequences. While Wisconsin has made great strides in raising awareness about the dangers of underage alcohol use, there is much to be done at the state and local level to raise awareness about the many issues related to prescription drug diversion, misuse, and overdose deaths – from perception of risk (the beliefs persons have about the likelihood of encountering harm from engagement in a given behavior), to safe storage and disposal of home supplies of prescription drugs. Comprehensive, *locally implemented* public education and awareness campaigns will heighten community concern and ultimately increase a community's readiness to address the

problem. On the continuum of prevention initiatives, education and awareness seeks to lay the foundation for population level changes in attitudes, behaviors and policies related to the way prescription medications are obtained, used, stored and disposed.

Community Engagement: Coalitions

Broad-based community coalitions are endorsed at both the federal and state levels as the primary vehicle through which to launch efforts to address substance abuse problems. In Wisconsin, networks of coalitions are supported by a strong prevention infrastructure that includes technical assistance and training to implement the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Strategic Prevention Framework (SPF). SPF provides the theoretical framework through which to develop and implement comprehensive community action plans in order to prevent and reduce prescription drug abuse (see Appendix B). SPF is a systemic, community-based approach to prevention which aims to ensure that substance abuse prevention programs can, and do, produce results. SPF is based upon findings from public health research along with evidence-based prevention policies, practices and programs to build capacity within States, Tribes, local communities and the prevention field as a whole. SPF places strong emphasis upon the implementation of environmental strategies to achieve and sustain population-level reductions in substance dependence (addiction) and in harmful or risky use of prescription drugs. It is important to acknowledge that while broad educational messages are an important element in addressing prescription drug abuse, *education does not change behavior*. Following the SPF, education and public awareness must be implemented as part of a comprehensive plan that is data driven, evidence-based and thoroughly evaluated. When communities come together through coalitions and address this issue through a public health lens, positive outcomes will be achieved.

Education

According to the National Survey on Drug Use and Health (NSDUH), over 70 percent of people who reported non-medical use of prescription drugs obtained their supplies from friends or relatives.

Prescription drug abuse is a growing, yet misunderstood, risk to Wisconsin communities. Many citizens are still misinformed of the risks associated with non-medical use of prescription drugs. "Parents Who Host Lose the Most" is one great illustration of a community education campaign that can achieve success in terms of educating the public about risky behaviors related to underage drinking. In that campaign, the target message focuses on the risks associated with adult provision of alcohol to minors. Similar campaigns should be implemented to inform and educate the community about the risks of prescription drug use, misuse and addiction.



Priority Area: Community Engagement & Education (continued)

In terms of safe disposal of prescription drugs, consumers need to be made aware of how and where to dispose of unused and unwanted medications. Anecdotal information suggests that there is a tendency on the part of consumers to hold on to unused prescription pain medications (opioid analgesics) in the event that they sustain a future episode of painful injury or illness - the idea being that by keeping unused medications around, it will save a future trip to the doctor or the expense of filling a new prescription in the future. This is a particularly dangerous practice, as it results in narcotics being readily available for youth to access, not to mention that it sends a strong message to youth that it is acceptable to use these dangerous medications outside of the direction of a licensed prescriber. Communities of all sizes must establish or have access to nearby facilities and programs for authorized drop-off of unused medication, especially controlled substances, and consumers need to be educated on the proper way to secure, drop-off and dispose of prescription medications. Community "take-back" events utilizing permanent drop-off locations should be widely promoted. Emphasis should also be placed upon proper disposal methods to ensure that prescription drug disposal is environmentally responsible. In particular, older adults and their caretakers require education in terms of safe and secure storage of medications at home, as well as the risks of prescription theft. Unfortunately, older adults are often unknowingly targeted for their prescription supplies by drug seekers.

In addition to the proper storage and disposal of medications at home, parents and other adults need to be made aware of the issues and trends related to youth and adult misuse of prescription drugs, including the signs to look for relating to medication abuse and dependence. Parents need to be informed of the high tendency of youth to experiment with prescription drugs due to the low perception of risk, (a commonly held belief that since prescription medications originally came from a physician, they are "safe"). Youth require education to combat the low perception of risk of using/misusing prescribed medications, including those prescribed by dentists, and the possible consequences associated with substance use, misuse, and addiction.

"A friend of my 16 year old daughter has recently started abusing prescription drugs – taking them from her parents."

Health education classes should address the signs of drug overdose and steps that should be taken to mitigate adverse outcomes when a case of drug overdose is encountered.

Given that persons seeking supplies of controlled substances have learned that particular locations or circumstances provide a higher likelihood of success in obtaining drugs than others, it is necessary to educate certain sectors of the business community, including real estate agents and funeral directors, using relevant, targeted educational messages to reduce prescription drug diversion.

Successful Wisconsin Initiatives

This report endorses "Good Drugs Gone Bad" as a Wisconsin-based program that is being reviewed to become an evidence-based program (Appendix C). In addition, the CSW recognizes other Wisconsin-based efforts to reduce access to diverted prescription medications, such as in Fond du Lac County, where in 2008 the City of Fond du Lac became the first community in Wisconsin to have a permanent drug drop-off location. Other communities have followed suit with permanent drop boxes as well as "take-back" events. To find more information on how Fond du Lac worked to establish a permanent drop-off location and organize take back events visit <http://www.drugfreefdl.com/drugdrop.html>.

Based on the above considerations, Wisconsin should:



Priority Area: Community Engagement & Education (continued)

RECOMMENDATION 2: Launch a public outreach and education campaign

Outreach and education campaigns should include the following:

- ✓ Information to families with children that, even though prescription drugs are FDA approved and have a legitimate medical purpose, when they are misused or abused they can be extremely dangerous and unauthorized use can lead to unintended injury, addiction, and even death.
- ✓ Consumer education regarding how and where to dispose of unused and unwanted medications, linked with efforts to educate consumers to make use of such opportunities and dispose of all unused medications.
- ✓ Community-wide public awareness campaigns, including participation in national and local prescription drug “take-back” events, advertising of permanent prescription drug drop-off locations, public service announcements, printed materials and media advocacy efforts.
- ✓ Educational messages for youth, which should be delivered through various vehicles, including accredited evidence-based school programs, health care classes, advocacy groups, social service organizations, and social media.
- ✓ Educational messages for the businesses community, which can be accomplished through intersecting with public health networks, professional associations, newsletters, lunch and learn opportunities, and civic organizations.
- ✓ Educational messages to parents, delivered through public health networks, PTAs, parent networks, employers, newsletters, school workshops, as well as community-wide public service announcements, print media campaigns and media advocacy efforts.
- ✓ Educational programs and information for older adults, delivered through public health networks, hospitals and clinics, senior centers, retirement communities, public health nurses, in-home care providers and others.

“A grandma at our senior center has a 4 year old great granddaughter whose parents give the girl a ‘little pill’ to help her sleep.”

- ✓ Education for law enforcement about the environmentally safe collection and disposal of pharmaceuticals and other controlled substances in compliance with waste regulations and Drug Enforcement Agency (DEA) regulations regarding chain-of-custody for delivery and handling of controlled substances.
- ✓ Drug Information for Teachers and Educational Professionals (DITEP) training sessions should be expanded throughout the state.

RECOMMENDATION 3: Support community coalitions as the vehicle through which communities will successfully prevent and reduce prescription drug diversion, abuse and overdose deaths.

Local community coalitions should contact Alliance for Wisconsin Youth (AWY), Northwoods Coalition, or CADCA to seek training in utilizing the SPF, to address community-specific local conditions regarding prescription medication abuse.

As coalitions conduct a comprehensive assessment of local conditions, build coalition capacity to address the issue and then develop, implement and evaluate a comprehensive plan that involves all community sectors, they should look towards using a logic model that addresses root causes, local conditions and the *Eight Strategies for Effective Community Change developed by CADCA* (see Appendix D). Using these evidence-based approaches will lead to measureable reductions in prescription drug abuse and related consequences.



Priority Area: Health Care Policy and Practice



Prescription drug problems are unique in that, unlike illicit drugs, prescription drugs have a legitimate medical purpose, and when properly prescribed and administered they relieve suffering and treat illness. In particular, prescription pain medications have a specific purpose in the continuum of pain control for those who live with chronic pain. When diverted and misused, however, pain medications can lead to powerful addiction. The most common initial source of prescription drugs that are later associated with misuse and overdose deaths, is a legitimate prescription written by a dentist, a physician, or other health care provider.

While drug diversion and misuse is often considered a problem to be addressed by law enforcement and the judicial system, the fact is that substance use disorders, including addiction, are fundamentally complex medical conditions, and not just social or criminal justice problems. The health care community plays a critical role in establishing policies and practices that address the prescription drug problem. Prescribers, and the professional societies to which they belong, are central in the implementation of practice standards and guidelines to address the types and doses of medications prescribed, the number of prescriptions and the number of tablets authorized, the subpopulations of patients at increased risk for addiction or drug misuse, the impact of drug-seeking behaviors, and the development and provision of patient education about the risks of potentially addictive prescription medications. Licensed health professionals with prescribing privileges play an important role in the education of parents, grandparents and all patients. In addition, steps should be taken to ensure that workers with access to controlled substances in the course of their daily work (such as pharmacy technicians) undergo adequate background checks as a strategy to reduce theft. In terms of addressing the growing number of overdose deaths, first responders should be trained how to recognize and manage overdoses, and should have access to opioid antagonists in the field.

“My brother-in-law (age 50’s) just went to sleep and never woke up. He could never stand pain and would always go to the doctor to get medicine for any toothache or headache. He also had medicine for knee replacement, ankle surgery, and carpel tunnel surgery. He was always on some pills.”

Controlled Substances Prescribing

Opioid analgesics are associated with mortality from accidental or intentional overdose at an increasing rate in Wisconsin. But these agents are also tremendously beneficial for patients when prescribed appropriately and when used as prescribed. Decades of data have shown that physicians have under-prescribed opioids in some clinical situations and that even cancer patients have not always had adequate access to proper dosages of analgesics. Physicians in some instances have been hesitant to prescribe because they have not understood well enough what addiction and substance use disorders are, have misinterpreted physical dependence or “medication-seeking behaviors” as signs of addiction, have not known how to use clinical drug testing appropriately, and have had fears about the threat of professional sanction they may face due to their prescribing practices.



Priority Area: Health Care Policy and Practice (continued)

Through the assistance of entities such as the Pain Policy Project of the University of Wisconsin, the Federation of State Medical Boards (of which the Wisconsin Medical Examining Board is a member) Model Guidelines for regulatory bodies have been developed. The Model Guidelines oversee medical practice, making clear that proper diagnosis, proper treatment planning and clinical documentation should include a balanced approach to cancer pain and chronic non-cancer pain such that physicians can treat pain patients with opioids without fear of undue regulatory scrutiny.

Recently, the federal government and the governments of specific states such as Florida, have taken steps to investigate and develop new regulations for pain medicine practice sites which appear to grossly overprescribe opioid analgesics or other controlled substances. The term “pill mill” has entered official language at the level of the White House Office of National Drug Control Policy (ONDCP) to describe profiteering and unethical physicians who establish clinics which dispense large doses of opioids to persons without adequate medical examinations to document clinical necessity or ongoing documentation of the results of prescriptions on the improvement of symptoms and functioning in patients provided with controlled substances. The medical professional and the regulatory community continue to struggle to identify a true balance between the needs of patients for appropriate pain control and the needs of public health and public safety with respect to controlled substances diversion and overdose deaths. Practice guidelines developed by professional societies that identify best practices can assist clinicians in making the most appropriate clinical decisions when prescribing controlled substances.

Opioid Treatment Programs (OTPs)

OTPs, previously known as methadone clinics, play an important role in providing avenues for treatment for persons addicted to heroin or other opiates. These outpatient treatment facilities provide Medication Assisted Treatment (MAT) through the use of methadone, Suboxone[®], and most recently Vivitrol[®] as well as individual and group counseling by certified addictions counselors. Methadone, Suboxone[®] and Vivitrol[®] are designed to be a part of

a comprehensive treatment program which involves psychosocial counseling. This vital combination of medication and counseling helps the patient enter sobriety and ultimately, recovery. There are 14 OTPs in Wisconsin and all are regulated by both Federal guidelines, (42 CFR, Part 8) and Wisconsin State Administrative Code, Chapter DHS 75. Best practice standards via outcome-based treatment are continually being recognized as a successful means to help addicted persons remain in recovery. The opportunity exists to enhance the current treatment protocols for the OTPs in Wisconsin. Standard treatment protocols should be developed for OTPs to include treatment plans, discharge plans and patient to counselor ratios. Treatment plans should include information that indicates a clear expectation on the part of the clinic and the patient that the use of medication assisted treatment is only one aspect of professional treatment. To this end, availability of and access to addiction counseling needs to be increased and solidified according to best practice standards, so that patients can maintain recovery.

The Dental Community

Dentists have an important role to play in reducing prescription drug abuse. According to the Journal of The American Dental Association, dentists prescribe 12 percent of the [immediate release] opioids, particularly hydrocodone and oxycodone. Given this fact, it is a natural assumption that a portion of the pain medications being prescribed by dentists are being diverted and used for nonmedical purposes. To explore this issue, a steering committee of the Tufts Health Care Institute (THCI) Program on Opioid Risk Management convened a panel of experts. The panelists held a meeting in Boston in March 2010. Findings from that meeting were published in the Journal of the American Dental Association in July 2011. The article, “Prevention of Prescription Opioid Abuse: the Role of the Dentist” highlights many important aspects of the prescription abuse issue.¹⁰ Specifically, the article concludes that the dental community should review current peer-reviewed recommendations for the treatment of dental-related pain and that the appropriate use of opioids requires dentists to follow responsible and tailored prescribing practices to provide adequate pain control while limiting opportunities for abuse and diversion.



Priority Area: Health Care Policy and Practice (continued)

Drug Testing

Currently, the Wisconsin State Laboratory of Hygiene (WSLH) is the primary forensic laboratory in Wisconsin for detecting drugs in OWI cases as well as in coroner/medical examiner cases. The WI State Crime Laboratory system performs some of this testing and the Milwaukee County Medical Examiner's office performs a significant number of post-mortem drug tests for Milwaukee and surrounding counties. Inadequate funding coupled with a dramatic increase in drugged driving cases in Wisconsin have resulted in a large backlog of drug testing cases at the WSLH. Turnaround times for drug testing results are currently 8-9 months. As a result, many medical examiners send toxicology samples out of state to fee-for-service labs which can provide faster turn-around times.

In addition, laboratories providing forensic drug testing face constant challenges to keep up with newly developed drugs and with existing drugs that are prescribed for new treatment protocols. Drug testing, especially in blood, is complicated, time-consuming and resource intensive. The identification of abused drugs comes at a high cost, making it difficult for laboratories to provide the desired level and scope of testing.

Based on the above considerations, Wisconsin should:

RECOMMENDATION 4: Mandate education and training for health care professionals.

Mandated education should include:

- ✓ Education about substance use disorders and addiction, the differences between addiction and physical dependence, and the complex interfaces of pain and addiction in patient populations.
- ✓ Education for current and future prescribers regarding appropriate prescribing practices for pain medications and other medications subject to non-medical use.

- ✓ Education for current and future prescribers regarding their role in prevention of prescription drug diversion, misuse and addiction, including their role in providing education to patients, especially those who are parents and grandparents.
- ✓ Information and training for pharmacists and physicians regarding the altering or theft of prescriptions, how to detect fraudulent prescriptions, and how to detect and prevent both "doctor shopping" and the use of fraudulent prescriptions by patients or persons posing as patients.
- ✓ Information and training for the broad spectrum of prescribers, from the dental community, nurse practitioners and physician assistants to veterinarians.
- ✓ A workgroup should be convened to identify state medical and health care associations, spanning the scope of the health care community including dental, nursing, and other professional associations, particularly the Pharmacy Society of Wisconsin and the Wisconsin Veterinary Medical Association. A formal request for their commitment should be made so that the issue is integrated into meetings, conferences, courses, websites and newsletters of professional associations. In addition, support should be solicited for policy changes in Wisconsin that would mandate education and training for their members.
- ✓ Mandated education in Wisconsin will ideally be aligned with mandates for education deriving from national policy initiatives, including Risk Evaluations and Mitigation Strategies (REMS) developed by pharmaceutical manufacturers in response to FDA mandates, or mandates developed to link with national prescriber registration processes of the U.S. DEA for controlled substances prescribing.



Priority Area: Health Care Policy and Practice (continued)

RECOMMENDATION 5: Ensure that chronic pain sufferers have safe and consistent access to care.

- ✓ Support the Wisconsin Medical Society in the dissemination and the updating of the comprehensive report and recommendations of its Task Force on Chronic Pain, and encourage professional societies for other professionals with prescribing privileges to develop similar recommendations for their members. Encourage the adoption of professional standards that would allow for smaller less-lethal supplies of opioids to be prescribed at each visit, and paid for by pharmacy benefit plans.
- ✓ Provide education on the safe use of methadone as a treatment for chronic pain, recognizing that many current prescribers offer generic methadone to patients (especially Medicare patients), because of its lower cost without appreciating the unique and intricate safety issues that must be attended to in order to prevent inadvertent overdose deaths.
- ✓ Work with professional associations to encourage development or updating of best-practice guidelines and professional standards of practice regarding the evaluation and management of chronic cancer pain and non-cancer pain along with risk-management strategies to identify substance use disorders, minimize non-medical use of prescription drugs, and improve prescribing practices.
- ✓ Work with professional societies to generate continuing medical education specifically addressing safe initiation of methadone therapy in pain patients.
- ✓ Health care organizations should establish standards to advise the prescription of short-term supplies until the patient is stable, including in the case of prescriptions for buprenorphine and methadone. Additionally, work with commercial health plans to assure that patient co-pays will not be adversely affected by the implementation of safe prescribing practices.

Recommendation 6: Establish standard prescribing practices for urgent care and emergency departments.

- ✓ In some Wisconsin communities, health care providers have come together to explore the feasibility of standardizing prescribing practices in urgent care and emergency departments, which is due to the fact that drug seekers commonly utilize these types of facilities to obtain prescription narcotics. In particular, the Lakeland Area Prescription Drug Task Force in Vilas and Oneida counties is currently working to standardize policies within that region. This report suggests that health care systems throughout Wisconsin undertake the same process to reduce the number of drug seekers that are successful in their attempts to fraudulently obtain controlled medications (see Appendix E for a sample policy.)

RECOMMENDATION 7: Develop standard screening methodologies for drug-testing labs to use in detecting the presence of drugs to include all commonly misused opioids, benzodiazepines, psychostimulants, and related agents, and assure that drug-testing methodologies used in clinical settings and in post-mortem settings (including the State Crime Lab system) are aligned in order to generate the most consistent and useful data.

- ✓ Encourage stakeholders to promote the use of clinical drug testing by prescribers as part of “Universal Precautions¹¹” as suggested by physician organizations, and to assure payment for medically necessary testing of urine and other body fluids by commercial and state health plans (including Medicaid).



Priority Area: Health Care Policy and Practice (continued)

- ✓ Work with national and state organizations to improve the design and utilization of clinical drug testing. Additionally, work with commercial health plans, Medicaid, and regional Medicare carriers to assure that medically necessary urine drug testing is paid for on a par with diagnostic laboratory testing in other clinical scenarios, so that pain medicine physicians, addiction medicine physicians, psychiatrists and other physicians caring for pain and addiction patients and other patients prescribed controlled substances which have a potential for addiction, diversion, and overdose, will be able to order, and will order, drug testing as part of chronic disease management plans.
- ✓ Encourage WSLH, the State Crime Lab and the Milwaukee County Medical Examiner's Office to collaborate with the medical community to align drug testing procedures with clinical drug testing.
- ✓ Funding for WI forensic laboratories should be provided to develop and implement the expanded testing protocols needed to identify all of the targeted prescription drugs. Laboratories would also need support for increasing their capacity to develop testing methods for new drugs with abuse potential.
- ✓ Increase support to County Coroner and Medical Examiner offices to support toxicology screening to make accurate determination of cause of death.
- ✓ Provide guidance to Coroners and Medical Examiners regarding recommended drug testing protocols to ensure that fee-for-service laboratories they choose are able to provide the desired scope of testing.

RECOMMENDATION 8: Develop a standard set of treatment protocols for Opioid Treatment Programs (OTPs).

- ✓ Convene a workgroup under the State Opioid Treatment Authority that includes representatives from OTPs, Wisconsin Department of Health Services (DHS), and other key stakeholders.
- ✓ Determine a reciprocity system with bordering states to address the unmet need for OTP services in the far northwestern and far southeastern regions of Wisconsin.

RECOMMENDATION 9: Establish guidelines to reduce the diversion of prescription drugs by those who handle prescription medications in the course of their daily work.

- ✓ Require individuals who work with controlled substances to have criminal background checks performed as a condition of employment.
- ✓ Require reporting by co-workers or supervisors, to both the employer and law enforcement, of all cases of theft or diversion of controlled substances.

RECOMMENDATION 10: Equip healthcare providers and first responders to recognize and manage overdoses.

- ✓ Require that all ambulances carry opioid antagonists such as naloxone, and ensure that all EMTs and paramedics are trained and authorized by law to administer it.
- ✓ Examine other state and local programs that provide training, administration equipment for the use of rescue doses, and supplies of opioid antagonist medications to patients and illicit drug users through public health departments or other distribution systems, so that lay persons can reverse coma in cases of opioid overdose in the field before professional first responders arrive.

RECOMMENDATION 11: The Wisconsin Dental Association and Wisconsin Dental Examining Board should endorse and implement the findings of the Tufts Health Care Institute Program on Opioid Risk Management and the School of Dental Medicine, Tufts University.^c

- ✓ Recommendations include patient education regarding sharing prescriptions, utilizing prescription drug monitoring programs, reviewing prescribing practices, and screening of patients for signs of substance use disorders.

^c As reported in the Journal of the American Dental Association, July 2011.



Priority Area: Prescription Medication Distribution



Prescription medications enter the community through many channels, and there are many points where they can be obtained for diversion. Prescription medications may be diverted through robberies of pharmacies, delivery vehicles and other storage facilities. Diversion may also take place through the use of fraudulent prescriptions or by individuals who legally obtain them with minimum barriers, and subsequently abuse them or sell them for profit. Lastly and most common, left-over prescription medications are shared, passed on or taken between family members, relatives and friends.

Based on the above considerations, Wisconsin should:

RECOMMENDATION 12: Convene a work group to develop recommendations to increase security measures in the dispensing of prescriptions for controlled substances

- ✓ The work group should consider electronic, fax, written and verbal prescription processes addressing security options, effectiveness of security options, and barriers to implementation. For example, the workgroup should consider tamper-resistant paper, unique prescriber identifiers for verbal and electronic prescriptions, or requirements on how to write the prescription to eliminate fraud on strength or quantity changes.

“I had my identity stolen by someone in order to obtain prescription drugs.”

RECOMMENDATION 13: Implement a system to ensure that, for controlled substance prescriptions, patients are identified in a manner similar to photo identification as required to obtain pseudoephedrine.

- ✓ To ensure that controlled medications are given only to patients with legitimate prescriptions, a system should be utilized that requires photo identification or some other validation of identity for the person receiving the dispensed prescription.

RECOMMENDATION 14: Support a system that increases security and traceability of controlled substances from manufacturer to patient.

- ✓ Develop a resource tool for providers and consumers to recognize and identify problem diversion opportunities.
- ✓ Some controlled substance medications are lost in transit via mail and other delivery methods utilized. Systems including radio frequency identification (RFID) can be utilized in various distribution steps to provide security or traceability of the medications. Other non-technological options can be utilized, for example, consumers verifying the count of prescription medications received in the mail or packaging medications in manners such that handlers may not know what is being delivered and therefore are less likely to divert.



Priority Area: Prescription Medication Disposal



The CSW collaborated with the Wisconsin Pharmaceutical Waste Working Group (PWWG) in the development of recommendations in this priority area. The PWWG was established around the same time as the CSW and a partnership was established to align work and avoid duplication of effort. The PWWG represents a wide variety of stakeholders interested in household pharmaceutical waste disposal in Wisconsin. It is an ad hoc group co-chaired by UW Extension's Solid and Hazardous Waste Education Center and the Wisconsin Department of Natural Resources. Its mission is to reduce the negative impacts of pharmaceutical waste on Wisconsin's environment and communities.

Among its approximately 35 members, PWWG includes healthcare providers (including hospice and home care), pharmacists, law enforcement, waste haulers, reverse distributors, county/municipal solid waste and health departments, educators, colleges and universities, technical assistance providers and regulators.

The PWWG grew out of a smaller working group that met from 2006 to 2008. The former group developed educational materials and a plan that led to the pilot mail-back medication collection program in two Wisconsin counties in 2008. Based on this pilot, UW Extension secured an Environmental Protection Agency (EPA) Great Lakes Restoration Initiative grant to offer a pharmaceutical mail-back program to residents of the 36 Wisconsin counties that drain to the Great Lakes. This mail back program, known as "Get the Meds Out," began in August 2011 and ran until early December.

The work of the PWWG focuses primarily upon pharmaceutical collection and disposal. The group also promotes strategies to reduce pharmaceutical waste and the concept of product stewardship for funding collections. The group collaborates with other pharmaceutical waste working groups in Minnesota, Michigan, Illinois, Indiana and Ohio.

For more information on the Pharmaceutical Waste Working Group, visit <http://fyi.uwex.edu/pharma/> or contact co-chairs Barb Bickford, Medical Waste Coordinator, DNR, 608-267-3548, barbara.bickford@wisconsin.gov or Steve Brachman, Waste Reduction Specialist, UW Extension, 414-227-3160, steve.brachman@ces.uwex.edu.

Accessible Medication Disposal

Current medication disposal options are neither clearly defined nor consistent. Some communities have permanent drop boxes, some have collection events once a year, and in a few communities, mail-back programs were piloted. In many areas of the state, however, there are no safe and secure disposal options available to consumers. Furthermore, consumers may be unaware of how to dispose of medications properly. In order to maximize compliance with disposal programs, voluntary disposal of medications should be convenient, easily accessible, and at low or no cost to the consumer. A permanent and sustainably financed program is necessary to protect the health of our families from prescription drug abuse and to protect our waterways from pharmaceutical pollution. See Appendix F for *Key Elements of Pharmaceutical Collection and Disposal Programs: A Vision for the Great Lakes Region*. This document was developed by a group of state and local governments and environmental and public health organizations throughout the region. It calls for the creation of a permanent, convenient and secure collection program for unused and unwanted pharmaceuticals.



Priority Area: Prescription Medication Disposal (continued)

Cost Effective Medication Disposal System

There are very few options in Wisconsin for physically destroying medications in a manner that complies with both safety and environmental laws and that does not violate federal controlled substances statutes. Most collected medications are either transported out of state for destruction or destroyed locally in combustion units that may not meet environmental rules. These two options are costly, inconvenient and, in the case of inadequate combustion, unhealthy. The lack of options limits the successful implementation of a pharmaceutical waste disposal program in Wisconsin. As a result, it is probable that a significant portion of unused drugs are being released into Wisconsin's surface waters directly through flushing or indirectly by being deposited in landfills and subsequently being removed as landfill leachate and sent to waste water treatment plants which are not designed to remove pharmaceutical compounds.

(For more information on the environmental effects of pharmaceuticals, see <http://fyi.uwex.edu/pharma/> or <http://dnr.wi.gov/org/aw/wm/pharm/pharm.htm> or www.epa.gov/ppcp/)

Product Stewardship

Medication disposal and destruction has a cost. The cost is off-set, in theory, by lower rates of crime, fewer health consequences associated with prescription drug abuse, greater efficiencies in drug production and distribution, and less harmful impact on the environment. Product stewardship is a policy that ensures that all those involved in the lifecycle of a product share responsibility for reducing its health and environmental impacts, with producers bearing primary financial responsibility.

Expanding the number of parties responsible for disposal costs provides a powerful incentive to reduce the amount of medications in distribution that ultimately require disposal. For example, pharmaceutical waste may be reduced if pharmaceutical manufacturers and mail order pharmacies package medications so there is less waste when medications are no longer needed; if insurance companies and government change reimbursement and benefit structures; and if consumers and healthcare providers communicate and coordinate care to minimize medication waste when patient prescriptions are changed.

Wisconsin should examine the various options for involving all stakeholders in funding or establishing permanent pharmaceutical collection programs.

Community-Based Health Care

Community-based health care is in a difficult position when it comes to drug disposal. These entities provide health care, including managing and assisting with medications. An inherent challenge exists in that while these entities have the same environmental requirements as large health care institutions, they do not have the same capacity for regulations and infrastructure to support medication disposal that institutions such as hospitals have in place. In some cases, as with controlled substance medications, the only method long-term care and assisted living facilities currently employ to dispose of controlled medications pragmatically and affordably is to flush them into the sewer system.

Based on the above considerations, Wisconsin should:

RECOMMENDATION 15: Establish a coordinated statewide system for providing secure, convenient disposal of consumer medications from households.

- ✓ Establish a range of disposal options including but not limited to permanent collection boxes or facilities and take back events in community locations convenient to all consumers (such as pharmacies and hospitals).
- ✓ Clearly brand the program (education, logo, color) on drop boxes or collection locations statewide.
- ✓ Coordinate the collection of pharmaceuticals in a manner that ensures that waste streams do not get mixed. For example, pharmaceuticals should not end up in the same waste streams as medical sharps, inhalers and mercury thermometers. New processes for safe disposal which keep waste streams appropriately separated should be addressed with appropriate revisions to s. NR 526.09(5), Wis Admin. Code.
- ✓ Change regulations and offer incentives as necessary to allow for voluntary collection of pharmaceuticals from households.



Priority Area: Prescription Medication Disposal (continued)

RECOMMENDATION 16: Integrate medication collection with the Wisconsin Drug Repository.

The Wisconsin Drug Repository utilizes volunteer pharmacies and medical facilities to accept properly packaged medications that would normally be disposed of and subsequently, redistributes them to persons in need.

- ✓ If federal controlled substance laws change, allow controlled substances to be accepted in this program.
- ✓ Widely inform the public, hospice, other health care providers, and other stakeholders that the program is an option for unused medications.
- ✓ Add more pharmacies to the program to handle increased use of it and to make it more convenient for consumers to use.

RECOMMENDATION 17: Create an infrastructure for the destruction of drugs in compliance with state and federal environmental regulations.

- ✓ Identify a network of Wisconsin incinerators and boilers capable of destroying pharmaceuticals in Wisconsin in order to minimize the cost of transportation to out-of-state incinerators.
- ✓ Provide incentives and modify permits as needed to allow Wisconsin incinerators and boilers to burn all pharmaceuticals.
- ✓ Enable identification of alternate means of destruction.
- ✓ Convene a workgroup under the leadership of the Wisconsin PWWG to assess opportunities and challenges for the safe and environmentally sound destruction of household pharmaceuticals within Wisconsin.

RECOMMENDATION 18: Identify the causes for prescription drug waste and implement proactive solutions.

- ✓ Analyze the causes for prescription drug waste in Wisconsin, with emphasis on controlled substance drugs that may be misused.
- ✓ Implement solutions that minimize the amount of medication waste. For example, consider permitting closed pharmacy deliveries that adjust prescriptions on a weekly basis or in some cases within a few days, for in-home deliveries.



Priority Area: Prescription Medication Disposal (continued)

RECOMMENDATION 19: Identify a sustainable means for funding collection and disposal in cooperation with key stakeholders including pharmaceutical producers, local governments, law enforcement, waste management companies, health care providers, pharmacies and consumers.

- ✓ Establish a collaborative process, involving key stakeholders, for choosing a funding option that works for Wisconsin.
- ✓ Use the process to examine a variety of voluntary or mandatory options to implement fees, taxes or incentives to producers, deliverers and consumers to pay for a disposal program.

RECOMMENDATION 20: Establish a system for effective disposal of consumer medications in all care programs and facilities which complies with state and federal waste management laws.

- ✓ Support changes in regulations to allow disposal of controlled substances through channels hospitals have available (requires DEA regulation changes).
- ✓ Support changes in regulations to help all health care entities manage health waste easier and more cost effectively, with minimal impact on the environment.

RECOMMENDATION 21: Establish regulations that would permit registered nurses employed by home health agencies and hospices to transport unused medications, including controlled substances, to designated drug drop-off and disposal facilities, so that when patient medications are no longer needed, such nurses are allowed by law to assist in their safe destruction.

- ✓ Encourage home health agencies and hospices to standardize procedures to ensure that good faith effort is made to dispose of all unused prescription medications.
- ✓ Regulations should address medications no longer needed by living patients as well as those who are recently deceased.



Priority Area: Law Enforcement and Criminal Justice



While the abuse of prescription drugs is very much a medical issue, the abuse and diversion of prescription drugs is ultimately dealt with by law enforcement and the criminal justice system. Every effort must be made to support law enforcement in investigating criminal activity and in establishing effective enforcement guidelines for new and existing laws related to prescription drug diversion.

Community-Based Law Enforcement Efforts

In addition to traditional law enforcement activities, this report recognizes the need to establish strategic partnerships and working relationships with community anti-drug coalitions locally, regionally and at the state level. As acknowledged in the ONDCP's National Drug Control Strategy, law enforcement has a very important role to play in community education, data collection and other initiatives related to the prevention of prescription drug abuse.¹²

Law enforcement plays a critical role in delivering, preventing and enforcing policies and practices, therefore should be encouraged to actively participate in community prevention efforts. Law enforcement officers should participate in community prevention programs in schools, community anti-drug coalitions, civic organizations and faith-based organizations.

Support Investigations

It is important to keep in mind that there are legitimate medical uses for prescription medications. The vast majority of prescribers in health care and dental settings follow responsible prescribing practices. Unfortunately, there are a small number of practitioners who do not follow responsible prescribing practices, and over prescribe medications under the guise of legitimate medical care. Every effort must be made to ensure that law enforcement has adequate information and resources at their disposal to fully investigate these cases. Access to information provided by a comprehensive, proactive, PDMP will be a tremendous advantage in stopping illegal activity on the part of prescribers.

Drugged Driving

The national data on the risks of drugged driving are compelling. Among drivers killed in motor vehicle crashes with known drug test results, one in three tested positive for drugs. In a 2007 national roadside survey conducted by the Department of Transportation (DOT), one in eight night time weekend drivers tested positive for an illicit drug. This number rose to one in six when pharmaceuticals with the potential to impair driving (i.e., opioid analgesics, tranquilizers, sedatives, and stimulants) were included.¹³ At the federal level, the ONDCP's National Drug Control Strategies (2010, 2011) have articulated clear calls to action to make the issue of drugged driving a national priority. In Wisconsin, the scope of the drugged driving problem is difficult to gauge as currently there is no statewide surveillance system in place. In addition, there is an opportunity to improve law enforcement training so that officers are equipped with the skills necessary to identify drugged drivers.

Drug Courts

Approximately 80% of criminal offenders abuse drugs or alcohol and nearly one half are clinically addicted. Comparable rates of substance abuse and dependence are found among other groups of individuals involved with the justice system, including parents in family dependency proceedings and juveniles in delinquency proceedings.¹⁴



Priority Area: Law Enforcement and Criminal Justice (continued)

Many of the prescription drug abusers that enter the criminal justice system would benefit from effective, and ongoing, supervised treatment. Effectively run drug courts allow communities to provide treatment to offenders while reducing recidivism. Evidence-based sentencing through drug courts relies on scientific data to balance the interests of public safety, cost and the psychosocial impacts of various dispositions on individuals coming before the courts. Rather than over-apply any one policy, the goal of evidence-based sentencing through drug courts is to match individuals to specific programs and services that are most likely to improve their outcomes in the most cost-efficient and safety-conscious manner. Evidence of success is gauged by reducing recidivism, reducing substance abuse and related dysfunction, and doing so with a better cost/benefit ratio than alternative programs.

Based on the above considerations, Wisconsin should:

RECOMMENDATION 22: Build bridges between law enforcement and community-based prevention efforts.

- ✓ Law Enforcement agencies should designate an officer to be active on local community anti-drug coalitions.
- ✓ Community groups and law enforcement agencies should actively participate in each others' respective conferences and trainings. (Wisconsin State Prevention Conference, Wisconsin Narcotics Officers Association, Wisconsin Chapter of the National Association of Drug Diversion Investigators, Wisconsin Association of Treatment Court Professionals, etc).

RECOMMENDATION 23: Make drugged driving a priority issue

- ✓ Explore the possibility of instituting a statewide pilot drugged driving surveillance system specifically geared toward traffic stops where blood can legally be drawn. This should be done in an effort to determine the extent of the problem and could potentially be sponsored by the Wisconsin DOT. This may include requiring blood draws for Operating While Intoxicated

(OWI) stops to include a toxicology screen for prescription drugs.

- ✓ Encourage the Department of Health Services (DHS) to conduct a comprehensive science-based survey to understand the breadth of the problem of drugged driving.
- ✓ Enhance prevention of drugged driving by educating communities and professionals (Good Drugs Gone Bad) about the effects of prescription drugs on a person's ability to operate a vehicle.
- ✓ Provide training to law enforcement on identifying drugged drivers, specifically Drugged Recognition Expert (DRE) training, currently available at technical colleges and other private vendors.
- ✓ Consider funding through the Law Enforcement Training and Standards Board (LESB) to ensure that every officer in Wisconsin receives at least 4 hours of training per year in drugged driving detection and practices.
- ✓ Support and seek grant funding to provide DRE training for a minimum number of one patrol officers per shift per department.

RECOMMENDATION 24: Support Drug Courts

- ✓ This committee supports the Board of Directors of the National Association of Drug Court Professionals (NADCP), who unanimously endorsed principles of evidence-based sentencing and dispositional reform for substance abusing individuals involved with the justice system. These principles reflect reliable findings from the research literature that should guide the dispositional process and lead to more rational, effective and humane sentencing and other dispositional policies. NADCP's "*Principles of Evidence-Based Sentencing and Other Court Dispositions for Substance Abusing Individuals*"⁴ presents information on the general principles of dispositional reform and makes specific recommendations concerning how drug courts and other problem-solving collaborative courts should fit within the broader spectrum of programs that are currently available for substance abusers involved with the justice system.



Priority Area: Surveillance System



This report recognizes the need to establish systems that will enable Wisconsin to effectively gauge the scope and breadth of the prescription drug abuse epidemic as well as to provide further research in this area.

Public Health Systems

The public health community should address the prescription drug epidemic more systematically, with epidemiologists developing more accurate and complete baseline statistics as well as trend data regarding what is prescribed, in what amounts, how much of it is diverted for non-medical use, the subpopulations at increased risk for addiction or drug misuse, the incidence and prevalence of drug-seeking behaviors, and the numbers of deaths where prescription drugs of various types are the direct, the indirect or the contributory cause of death.

Accurate and timely information on mortality trends is necessary to develop effective prevention, treatment, and policy change. In order to have accurate, actionable data, there must be consistent terminology in the completion of death certificates, the actions and data entry of coroners and medical examiners, and the vital statistics, including mortality statistics, tabulated by state government. More consistency is also required in the areas of clinical pathology and forensic pathology, so that tests of body fluids and tissues analyze controlled substances in a way that accurately identifies prescription drugs, individually and by drug class, ultimately supporting better epidemiology and mortality trend evaluation. Deaths attributable to opioid analgesics, sedative-hypnotics, and combined exposures to these potentially addictive and potentially lethal compounds, must be better understood, so that policy decisions are developed in a proactive, guided manner.

Prescription Drug Monitoring Program

Prescription Drug Monitoring Programs (PDMPs) are databases that record prescription drug distribution at the state level. Although there is no standard format for PDMPs, all collect information on controlled substances that include information on patients, prescribers, dispensers, size of prescription and date dispensed. The information is stored in a secure database. Health care entities and law enforcement are the primary recipients of the information collected and stored through a PDMP. State's should consider reviewing The American Society of Addiction Medicine's Public Policy Statement on PDMPs when developing their own programs (<http://www.asam.org/policycategory.cfm>).

Currently, 34 states have implemented PDMPs. In May 2010, Wisconsin passed a law mandating that the Pharmacy Examining Board (PEB) create a PDMP for Wisconsin. Subsequently, the PEB commissioned a cost-benefit analysis of developing and maintaining a PDMP in Wisconsin, which was published in December 2010.

“There are many more deaths where drug abuse contributes to the death than appear on the death certificate. The cause of death for a person who drowns while intoxicated would be drowning even though the drowning is attributable to the intoxicants.”

- WI County Coroner -

That report focused on the costs and benefits of the program as they impact society including the burden to state budget, prescribers, pharmacists, law enforcement, and Wisconsin citizens in general. Based upon those criteria, the recommendation was for the PEB to contract with the vendor Health Information Designs (HID) to implement and run Wisconsin's PDMP.

Community Early Warning System

Wisconsin should establish a community early warning system that tracks indicators at the local level and is comprised of both youth and adult surveys. Drug overdose data often serve as an early warning system to emerging trends and issues at the local level. Currently, there is no system through which to track drug overdoses in Wisconsin and reporting of drug abuse cases across the state is inconsistent. Collaboration with the federal CDC may be useful in designing and implementing monitoring systems to generate accurate epidemiological data on drug overdose deaths in the state of Wisconsin.



Priority Area: Surveillance System (continued)

Self-Reported Use Surveys

Self-reporting of prescription drug use, misuse and abuse through state-wide youth and adult surveys such as the Behavioral Risk Factor Surveillance System (BRFSS) and the Youth Risk Behavior Survey (YRBS) should be expanded to include specific questions about different classifications of drugs.

Wisconsin should explore improvement of the YRBS questions in order to better understand the different patterns of misuse and abuse for stimulants and opioid analgesics through the use of questions that have been tested for validity. Communities should be encouraged to use standardized state questions so that there are valid, comparable data at the national, state and local levels. This report recommends the use of the online version of the YRBS that is administered through the Department of Public Instruction (DPI). In terms of financial considerations, the online YRBS is currently offered to school districts at no cost. In addition, encouraging school districts and community coalitions to utilize a standard survey instrument will lead to reliable data that are uniform in their collection.

The Alliance for Wisconsin Youth (AWY) should coordinate the work of coalitions in collecting self-reported use information via youth surveys through the development of standard and widely accepted prescription drug questions that incorporate both the National Outcome Measures and risk and protective factors. AWY should then work with DPI to have standard questions added to the online YRBS and promoted to school districts and community coalitions throughout the state.

Based on the above considerations, Wisconsin should:

RECOMMENDATION 25: Design and implement an electronic Prescription Drug Monitoring Program.

- ✓ Support the work of the Pharmacy Examining Board in developing a Prescription Drug Monitoring Program including collaborating with other states to link prescription monitoring systems.

RECOMMENDATION 26: Develop a community early warning and monitoring system that tracks use and problem indicators at the local level.

- ✓ Problem indicators include:
 - Pharmacy robberies
 - Lost in transit reports
 - Consumer thefts outside of pharmacies
 - Emergency room drug admissions
 - School incident reports
 - Aids Resource Centers of Wisconsin (ARCW) needle exchange program naloxone use reports

RECOMMENDATION 27: Develop a community monitoring and early warning system that tracks overdoses at the local level.

- ✓ A community monitoring program should include:
 - Instances of Narcan[®] dosing by EMS personnel as well as in Emergency Rooms,
 - Naloxone use reports from needle exchange programs such as the program of the AIDS Resource Centers of Wisconsin (ARWC),
 - Positive tests for non-medical prescription drug use,
 - Emergency room reports for overdoses, and
 - Reportable diseases related to injection drug use, such as hepatitis or HIV.

RECOMMENDATION 28: Improve consistency in reporting drug use and abuse across the state.

- ✓ This would include:
 - Training for coroners and medical examiners,
 - Linking coroners and medical examiner data statewide, and
 - Guidelines for when and what to test for at the time of death



Priority Area: Early Intervention, Treatment & Recovery Across Lifespan



While this report ultimately seeks to provide recommendations that will prevent the initiation of prescription drug abuse, more must be done to adequately identify those at risk for substance use disorders, provide access to those with dependence and addiction, and provide adequate support for recovery across the lifespan. The disease of addiction is addressed in this recommendation. However, when considering prescription pain medications specifically, one must also include chronic pain sufferers, surgical patients, sickle-cell patients, and cancer patients that seek relief from pain. While patients such as these are prescribed pain medication by their physicians for legitimate medical reasons, there is a risk of addiction. These individuals are not addicts

in the stereotypical sense, but people with legitimate medical conditions who find themselves in the same situation as persons with drug addiction. It is imperative that effective screening is in place to identify patients that may initiate their use of prescription pain medications for legitimate medical reasons, but who are at risk of developing addiction.

Currently, in Wisconsin there are no standard screening protocols across health care settings that could increase identification of those in need of treatment or for those who engage in the hazardous use of substances long before the user progresses to dependency or addiction. In addition, there are currently no standard screening protocols before prescribing potentially addictive medication.

In terms of early intervention, the Screening, Brief Intervention, and Referral to Treatment (SBIRT) program is endorsed by SAMHSA¹⁵ and the ONDCP⁶ as an effective, evidence-based approach to identifying and curbing unhealthy behaviors before they turn into life threatening conditions. The National Institute on Drug Abuse (NIDA) endorses drug screening in medical settings as a strategy to identify drug users early and briefly educate them about the adverse consequences of continued drug use. Screening provides the opportunity to offer resources for quitting and enhances medical care by increasing awareness of the potential impact of substance use on physical health, more specifically, the interaction of substance use with a patient's medical care, including potentially fatal drug interactions. In addition, NIDA endorses drug screening as a vehicle to improve linkages between primary and secondary health care services and specialty drug and alcohol treatment services.⁷

Improvement in terms of access and standardization of treatment is recommended for OTPs, expansion of Drug Court options, as well as access to high quality medication management and psychosocial treatment that is offered in clinical settings. Approximately one million Americans are dependent on heroin, prescription painkillers and other opioids, but the vast majority of them, (as many as 800,000) are not receiving any treatment.⁸ When combined with psychological counseling, opiate substitutes that prevent withdrawal are among the most effective treatments for such addictions.⁹ Persons with opioid addiction sometimes avoid OTPs due to the inconvenience of their locations, their hours of operation, or because of the stigma that even potential patients of OTPs may attach to opioid maintenance treatment. Even though they would like to enroll, they are sometimes discouraged due to limited treatment slots. Recent approval by the FDA of buprenorphine as a part of behavioral and psychosocial treatment has expanded opportunities for effective treatment.



Priority Area: Early Intervention, Treatment & Recovery Across Lifespan (continued)

Screening, Brief Intervention and Referral to Treatment

Over the last five years, a number of medical clinics in Wisconsin participated in a SBIRT pilot program. This program aims to screen for substance use/abuse in the primary care setting and offer brief intervention to help patients reduce their use in an effort to improve their health or refer to treatment if needed. Specifically, screening and brief intervention strategies stress the importance of the patient-doctor relationship in identifying unhealthy behaviors before they evolve into life threatening conditions. While still being evaluated, the program has resulted in positive outcomes for both alcohol and marijuana use. This report recommends the expansion of and enhanced reimbursement for SBIRT services.

Based on the above considerations, Wisconsin should:

RECOMMENDATION 29: Establish guidelines to screen for substance use in all health care settings.

Wisconsin should develop guidelines for health care organizations in all health care settings in the screening of patients for risks of substance abuse. Standards should be based upon the list of clinical indications developed by the NIDA, the National Institute on Alcohol Abuse and Alcoholism (NIAAA), and SAMHSA.

These screening guidelines and indications should be:

1. A part of any routine examination,
2. Conducted before prescribing any medication that interacts with alcohol,
3. Mandatory in urgent care or emergency departments, and
4. When seeing patients who:
 - a. Are pregnant or trying to conceive;
 - b. Are likely to drink heavily, such as smokers, adolescents, and young adults;
 - c. Have health problems that might be AODA induced or exacerbated by use; such as cardiac arrhythmia, dyspepsia, liver disease, trauma, insomnia, depression or anxiety;

- d. Have a chronic illness that is not responding to treatment as expected, such as; chronic pain, diabetes, gastrointestinal disorders, depression, heart disease, or hypertension.

RECOMMENDATION 30: Promote and support evidence-based screening and early intervention for mental health and substance abuse.

- ✓ Increase adoption and reimbursement of SBIRT billing codes by commercial and public insurance plans, including Medicaid.
- ✓ Expand the provision of SBIRT services by training more health providers so they are skilled in offering these services.

RECOMMENDATION 31: Integrate high quality medication management and psychosocial interventions for substance use disorders so that both are available to consumers as their conditions indicate.

- ✓ Wisconsin should increase the network of physicians who are certified to prescribe buprenorphine and should also provide new opportunities for psychologists and therapists to get involved in pharmacotherapy-based substance abuse treatment by making such treatments available in a wide variety of settings and by increasing the number of patients who use pharmacotherapies and who therefore need the counseling and behavioral treatments that psychologists can provide.
- ✓ Services should be available and provided in the appropriate "therapeutic dose".

RECOMMENDATION 32: Make addiction treatment and recovery support services available both on a stand-alone basis and on an integrated basis with primary health care services, as well as in other relevant community settings.



Conclusions



Financial Considerations

While the cost of prescription drug abuse is obviously high, given the available prevalence and economic data, there are no current cost analyses that include opioid as well as non-opioid prescription drugs (tranquilizers, stimulants, and sedatives). This represents a significant gap in our knowledge, given that 20.6 percent of Americans have abused prescription drugs in their lifetimes. More is known at this point about prescription pain killer abuse, the most common type of prescription drug abuse, reported by 13.9 percent of Americans. According to Baldasare in the “Cost of Prescription Drug Abuse”, the cost to society of pain reliever abuse alone was \$8.6 billion in 2001.²⁰ Since that time, the number of Americans who have ever abused prescription pain relievers has escalated from approximately 22 million in 2001 to roughly 35 million in 2009, an increase of nearly 13 million or 58 percent, and associated costs have presumably risen as well in response (NSDUH, 2009). Costs of non-opioid prescription drugs are likely to vary significantly from opioids, due to different health and social consequences and co-occurring health conditions.¹ Currently in Wisconsin, inadequate surveillance and tracking systems prevent the accurate analysis of the financial burden of prescription drug abuse to the state, which is why one of the priority areas in this report is focused on surveillance. There is no doubt, however, that the costs are substantial, when one includes health care, criminal justice and societal costs in the equation. The toll in terms of loss of human life is incalculable.

This report has identified recommendations around eight broad areas that, if implemented, would significantly reduce prescription drug abuse in Wisconsin. Some recommendations become sustainable as a result of a policy enactment, others through re-distribution of current resources, while others would require new sustainable funding. Federal grant funds may become available to support some of these activities, although none have been identified currently. It is estimated that funding in the amount of \$1.3 Million would be needed annually to support the recommendations.

Those recommendations that would require new sustainable funding include:

- Launching a public outreach and education campaign (\$500,000 for statewide media and education campaign).
- Education and training for providers, prescribers and health care professionals (\$30,000 for statewide training events).
- Establish a coordinated statewide system for providing secure, convenient disposal of consumer medications from households and care facilities that meets compliance with state and federal air environmental regulations (\$125,000 increase in the “Clean Sweep Program”, Department of Agriculture, to fund permanent drug drop-off and disposal sites. There is currently \$75,000 available through this program).
- Establish surveillance systems that provide early warning and monitoring to track use, problem indicators and overdoses at the local level (\$65,000 to fund Epidemiological reports through DHS, Division of Public Health).
- Increased support for Law Enforcement for DRE training and to investigate and prosecute those who illegally abuse prescription drugs (\$400,000 to the Department of Justice to support increased law enforcement investigations).
- Increased support to County Coroner and Medical Examiner offices to support toxicology screening to make accurate determination of cause of death (\$200,000 to provide supplemental funding for toxicology screens).



Conclusions (continued)

The estimates provided total \$1,320,000. Funding for these activities could be achieved through a two-cent surcharge on each prescription filled in the State of Wisconsin. Based on estimates from the Henry Kaiser Family Foundation, 66,188,884 retail prescriptions were written in Wisconsin in 2009, or approximately 5.5 Million prescriptions per month (this does not include mail order prescriptions sent from outside of Wisconsin). A two-cent surcharge would generate approximately \$1,323,776 annually. Although some might argue this places a financial burden on those obtaining prescriptions, the State could collect this fee directly from the pharmaceutical companies as opposed to passing it on to the consumer. Total retail sales of prescription drugs filled at pharmacies in Wisconsin for 2009 is estimated at \$3,948,738,128 according to www.statehealthfacts.org. Pharmaceutical companies actively promote their products but the CSW feels they could be more active in preventing abuse of their products.

Next Steps

The CSW did not rank the recommendations. Prescription drug misuse, abuse and diversion are multifaceted, and unfortunately, there is no silver bullet that will solve the problem. Significant and sustained outcomes will only be achieved through actively engaging key community sectors and stakeholders in adopting the recommendations outlined in this report. In terms of next steps, however, the CSW has identified recommendations that need to be implemented without delay, as they will have the most immediate impact.

First and foremost, Wisconsin must continue its efforts to implement a well designed PDMP, which will be an effective tool across a number of priority areas including health care, surveillance and law enforcement. At the time this report was published, the Wisconsin PEB was awarded federal funding through the Harold Rogers Prescription Drug Monitoring Program, which is an initiative of the Office of Justice Programs, Bureau of Justice Assistance.

At its root, substance abuse is a local issue, and locally implemented community education campaigns such as Good Drugs Gone Bad can be launched by local anti-drug coalitions and other community groups at little or no cost. In addition, the health care community must recognize the severity of the prescription drug epidemic and provide staff development and continuing medical education opportunities so that prescribers are better equipped to recognize drug seeking behavior and to identify patients at risk of developing substance use disorders. Key stakeholders must work together to identify local trends and issues and to coordinate efforts.

Wisconsin is making strides in establishing permanent drop off locations for prescription drug disposal, and the number of Wisconsin communities participating in national and state prescription “take back” events, such as those sponsored by the DEA, is increasing. Despite these efforts, there are an inadequate number of venues for consumers to properly dispose of unwanted and unused prescription medications. Wisconsin should establish a coordinated, statewide system of prescription medication disposal, and look to the Wisconsin PWWG for leadership in this initiative.

Consumers should monitor prescription medications in the home and properly dispose of unwanted and unused medications. Additionally, we must all examine our own behaviors and patterns, especially related to consuming pain medications. While it is acknowledged that legal opiates have legitimate medical purposes, there is simply no question that as a state and a nation, we consume an extraordinarily large amount of prescription narcotics.



Controlled Substances Workgroup Recommendation Summary

▶ Priority Area: Fostering Healthy Youth

RECOMMENDATION 1: Support communities to foster healthy youth.

▶ Priority Area: Community Engagement and Education

RECOMMENDATION 2: Launch a public outreach and education campaign.

RECOMMENDATION 3: Support community coalitions as the vehicle through which communities will successfully prevent and reduce prescription drug diversion, abuse and overdose deaths.

▶ Priority Area: Health Care Policy and Practice

RECOMMENDATION 4: Mandate education and training for health care professionals.

RECOMMENDATION 5: Ensure that chronic pain sufferers have safe and consistent access to care.

RECOMMENDATION 6: Establish standard prescribing practices for urgent care and emergency departments.

RECOMMENDATION 7: Develop standard screening methodologies for drug-testing labs to use in detecting the presence of drugs to include all commonly misused opioids, benzodiazapines, psychostimulants, and related agents, and ensure that drug-testing methodologies used in clinical settings and in post-mortem settings (including the State Crime Lab system) are aligned in order to generate the most consistent and useful data.

RECOMMENDATION 8: Develop a standard set of treatment protocols for Opioid Treatment Programs (OTPs).

RECOMMENDATION 9: Establish guidelines to reduce the diversion of prescription drugs by those who handle prescription medications in the course of their daily work.

RECOMMENDATION 10: Equip healthcare providers and first responders to recognize and manage overdoses.

RECOMMENDATION 11: The Wisconsin Dental Association and Wisconsin Dental Examining Board should endorse the findings of the Tufts Health Care Institute Program on Opioid Risk Management and the School of Dental Medicine, Tufts University.

▶ Priority Area: Prescription Medication Distribution

RECOMMENDATION 12: Convene a workgroup to develop recommendations to increase security measures in the dispensing of prescriptions for controlled substances.

RECOMMENDATION 13: Implement a system to ensure that, for controlled substance prescriptions, patients are identified in a manner similar to picture identification as required to obtain pseudoephedrine.

RECOMMENDATION 14: Support a system that increases security and traceability of controlled substances from manufacturer to patient.

▶ Priority Area: Prescription Medication Disposal

RECOMMENDATION 15: Establish a coordinated statewide system for providing secure, convenient disposal of consumer medications from households.

RECOMMENDATION 16: Integrate medication collection with the Wisconsin Drug Repository.

RECOMMENDATION 17: Create an infrastructure for the destruction of drugs in compliance with state and federal environmental regulations.



Controlled Substances Workgroup Recommendation Summary (continued)

- RECOMMENDATION 18: Identify the causes for prescription drug waste and implement proactive solutions.
- RECOMMENDATION 19: Identify sustainable means for funding collection and disposal in cooperation with key stakeholders including pharmaceutical producers, local governments, law enforcement, waste management companies, health care providers, pharmacies and consumers.
- RECOMMENDATION 20: Establish a system for effective disposal of consumer medications in all care programs and facilities which complies with state and federal waste management laws.
- RECOMMENDATION 21: Establish regulations that would permit registered nurses, employed by home health agencies and hospices, to transport unused medications, including controlled substances, to designated drug drop-off and disposal facilities, so that when patient medications are no longer needed, such nurses are allowed by law to assist in their safe destruction.

▶ Priority Area: law Enforcement and Criminal Justice

- RECOMMENDATION 22: Build bridges between law enforcement and community-based prevention efforts.
- RECOMMENDATION 23: Make drugged driving a priority issue.
- RECOMMENDATION 24: Support drug courts.

▶ Priority Area: Surveillance System

- RECOMMENDATION 25: Design and implement an electronic Prescription Drug Monitoring Program (PDMP).
- RECOMMENDATION 26: Develop a community early warning and monitoring system that tracks use and problem indicators at the local level.
- RECOMMENDATION 27: Develop a community monitoring and early warning and monitoring system that tracks overdoses at the local level.
- RECOMMENDATION 28: Improve consistency in reporting drug use and abuse across the state.

▶ Priority Area: Early Intervention, Treatment & Recovery Across Lifespan

- RECOMMENDATION 29: Establish guidelines to screen for substance use in all health care settings.
- RECOMMENDATION 30: Promote and support evidence-based screening and early intervention for mental health and substance abuse.
- RECOMMENDATION 31: Integrate high quality medication management and psychosocial interventions for substance use disorders so that both are available to consumers as their conditions indicate.
- RECOMMENDATION 32: Make addiction treatment and recovery support services available both on a stand-alone basis and on an integrated basis with primary health care services, as well as in other relevant community settings.



Frequently Used Acronyms

AWY –	Alliance for Wisconsin Youth
BRFSS –	Behavioral Risk Factor Surveillance System
CADCA –	Community Anti-Drug Coalitions of America
CDC –	Center for Disease Control and Prevention
CSW –	Controlled Substances Workgroup
DEA –	Drug Enforcement Agency
DHS –	Department of Health Services
DITEP –	Drug Information for Teachers and Educational Professionals
DOT –	Department of Transportation
DPI –	Department of Public Instruction
DRE –	Drugged Recognition Expert
FDA –	Food and Drug Administration
IOM –	Institute of Medicine
NADCP –	National Association of Drug Court Professionals
NIDA –	National Institute on Drug Abuse
NSDUH –	National Survey on Drug Use and Health
ONDCP –	Office of National Drug Control Policy
OTP –	Opioid treatment Program
OWI –	Operating While Intoxicated
PDMP –	Prescription Drug Monitoring Program
PEB –	Pharmacy Examining Board
PWWG –	Pharmaceutical Waste Working Group
SAMHSA –	Substance Abuse and Mental Health Services Administration
SBIRT –	Screening, Brief Intervention, and Referral to Treatment
SCAODA –	State Council on Alcohol and Other Drug Abuse
SPF –	Strategic Prevention Framework
WSLH –	Wisconsin State Laboratory of Hygiene
YRBS –	Youth Risk Behavior Survey



Definitions

Abuse: Any use of an illegal drug or the intentional self-administration of a medication for a nonmedical purpose such as altering one's state of consciousness (for example, "getting high"). Both misuse and abuse are dangerous and can be harmful – even life threatening.

Addiction: A primary, chronic, neurobiological disease, with genetic, psychosocial and environmental factors influencing its development and manifestations; it is characterized by behaviors that include impaired control over drug use, compulsive use, continued use despite harm and craving or a combination of these. Addiction can be viewed as a continued involvement with a substance or activity despite the negative consequences associated with it. Pleasure and enjoyment would have originally been sought, however over a period of time involvement with the substance or activity is needed to feel normal.

Controlled Prescription Drug: A drug or chemical substance whose possession and use are regulated under the Controlled Substances Act (1970), which regulates the prescribing and dispensing, as well as the manufacturing, storage, sale, or distribution of substances assigned to five schedules according to their 1) potential for or evidence of abuse, 2) potential for psychic or physiologic dependence, 3) contribution to a public health risk, 4) harmful pharmacologic effect, or 5) role as a precursor of other controlled substances.

Controlled Substances Act: The Controlled Substances Act (CSA) was enacted into law by the Congress of the United States as Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970. The CSA is the federal U.S. drug policy under which the manufacture, importation, possession, use and distribution of certain substances is regulated. The legislation created five Schedules (classifications), with varying qualifications for a substance to be included in each. Two federal agencies, the Drug Enforcement Administration and the Food and Drug Administration, determine which substances are added to or removed from the various schedules.

Drug Diversion: In the terminology of the United States Drug Enforcement Administration, diversion is the use of prescription drugs for recreational purposes. The term comes from the "diverting" of the drugs from their original purposes.

Drug Scheduling: The drugs and other substances that are considered controlled substances under the CSA are divided into five schedules. A listing of the substances and their schedules is found in the [DEA regulations, 21 C.F.R. Sections 1308.11 through 1308.15](#). A controlled substance is placed in its respective schedule based on whether it has a currently accepted medical use in treatment in the United States and its relative abuse potential and likelihood of causing dependence. Some examples of controlled substances in each schedule are outlined below.

NOTE: Drugs listed in schedule I have no currently accepted medical use in treatment in the United States and, therefore, may not be prescribed, administered, or dispensed for medical use. In contrast, drugs listed in schedules II-V have some accepted medical use and may be prescribed, administered, or dispensed for medical use.

Schedule I Controlled Substances

Substances in this schedule have a high potential for abuse, have no currently accepted medical use in treatment in the United States, and there is a lack of accepted safety for use of the drug or other substance under medical supervision. Some examples of substances listed in schedule I are: heroin, lysergic acid diethylamide (LSD), marijuana (cannabis), peyote, methaqualone, and 3,4-methylenedioxymethamphetamine ("ecstasy").

Schedule II Controlled Substances

Substances in this schedule have a high potential for abuse which may lead to severe psychological or physical dependence. Examples of single entity schedule II narcotics include morphine and opium.



Definitions (continued)

Schedule II Controlled Substances (continued)

Other schedule II narcotic substances and their common name brand products include: hydromorphone (Dilaudid®), methadone (Dolophine®), meperidine (Demerol®), oxycodone (OxyContin®), and fentanyl (Sublimaze® or Duragesic®). Examples of schedule II stimulants include: amphetamine (Dexedrine®, Adderall®), methamphetamine (Desoxyn®), and methylphenidate (Ritalin®). Other schedule II substances include: cocaine, amobarbital, glutethimide, and pentobarbital.

Schedule III Controlled Substances

Substances in this schedule have a potential for abuse less than substances in schedules I or II and abuse may lead to moderate or low physical dependence or high psychological dependence. Examples of schedule III narcotics include combination products containing less than 15 milligrams of hydrocodone per dosage unit (Vicodin®) and products containing not more than 90 milligrams of codeine per dosage unit (Tylenol with codeine®). Also included are buprenorphine products (Suboxone® and Subutex®) used to treat opioid addiction. Examples of schedule III non-narcotics include benzphetamine (Didrex®), phendimetrazine, ketamine, and anabolic steroids such as oxandrolone (Oxandrin®).

Schedule IV Controlled Substances

Substances in this schedule have a low potential for abuse relative to substances in schedule III. An example of a schedule IV narcotic is propoxyphene (Darvon® and Darvocet-N 100®). Other schedule IV substances include: alprazolam (Xanax®), clonazepam (Klonopin®), clorazepate (Tranxene®), diazepam (Valium®), lorazepam (Ativan®), midazolam (Versed®), temazepam (Restoril®), and triazolam (Halcion®).

Schedule V Controlled Substances

Substances in this schedule have a low potential for abuse relative to substances listed in schedule IV and consist primarily of preparations containing limited quantities of certain narcotics. These are generally used for antitussive,

antidiarrheal, and analgesic purposes. Examples include cough preparations containing not more than 200 milligrams of codeine per 100 milliliters or per 100 grams (Robitussin AC® and Phenergan with Codeine®).

Drug Misuse: Use of a medication (prescribed for a medical purpose) other than as directed or as indicated whether willfully or unintentionally and whether or not harm results.

Prevention: The group has discussed a number of definitions for prevention, but in terms of this work group, there is no single definition that is applicable. Ideally, this group seeks to prevent initiation of drug use, but at the other end of the spectrum, this work group seeks to prevent drug related overdose and deaths.

Opiate: In medicine, the term opiate describes any of the narcotic opioid alkaloids found as natural products in the opium poppy plant, as well as many semi-synthetic chemical derivatives of such alkaloids. In the traditional sense, *opiate* has referred to not only the alkaloids in opium but also the natural and semi-synthetic derivatives of opium. The term is often incorrectly used to refer to all drugs with opium- or morphine-like pharmacological action, which are more properly classified under the broader terms *opioid*.

Opioid: Any morphine-like synthetic or non-synthetic narcotic that produces the same effects as drugs derived from the opium poppy (opiates), such as pain relief, sedation, constipation and respiratory depression.

Product Stewardship: Product stewardship is a policy that ensures that all those involved in the lifecycle of a product share responsibility for reducing its health and environmental impacts, with producers bearing primary financial responsibility.

Extended Producer Responsibility: Extended Producer Responsibility (EPR), a central tenet of product stewardship, is a policy approach in which the producer's responsibility for their product extends to the post-consumer management of that product and its packaging.



Appendices

Appendix A: National Registry of EBPP

Evidence-Based Program Registries

Revised August 2009

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A RESOURCE FROM *WHAT WORKS, WISCONSIN*

The following websites contain registries, or lists of evidence-based programs that have met specific criteria for effectiveness. Program registries are typically sponsored by federal agencies or other research organizations that endorse programs at different rating levels based on evidence of effectiveness for certain participant outcomes. The registries listed below cover a range of areas including substance abuse and violence prevention as well as the promotion of positive outcomes such as school success and emotional and social competence. Generally, registries are designed to be used for finding programs for implementation. However, registries can also be used to learn about evidence-based programs that may serve as models as organizations modify aspects of their own programs.

Best Practices Registry for Suicide Prevention

http://www.sprc.org/featured_resources/ebpp/index.asp

This registry, developed by the Suicide Prevention Resource Center (SPRC) and the American Foundation for Suicide Prevention, includes two registries of evidence-based programs. The first draws directly from a larger registry- that of the Substance Abuse and Mental Health Administration's (SAMHSA) National Registry of Evidence-Based Programs and Practices (NREPP). Users interested in finding out more about programs drawn from this registry will be directed to the NREPP site. The second registry was developed by SPRC in 2005 and lists Effective and Promising evidence-based programs for suicide prevention. This portion has fact sheets in PDF format for users interested in learning more about the listed programs.

California Child Welfare Clearinghouse

<http://www.cachildwelfareclearinghouse.org/>

This is a program listing designed to inform the California child welfare community of research evidence for specific child welfare related programs. The registry programs can be accessed by a complete program listing or by child welfare related topic areas. The programs listed by topic area are all the recommendations of experts in that particular topic area. The programs are rated on a scale of one to five for strength of research evidence and a scale of one to three for child welfare relevance, where the number one indicates the highest rating.



Appendix A: National Registry of EBPP (continued)

Center for the Study and Prevention of Violence, Blueprints for Violence Prevention

<http://www.colorado.edu/cspv/blueprints/index.html>

This research center site provides information on model programs in its “Blueprints” section. Programs that meet a strict scientific standard of program effectiveness are listed. These model programs (Blueprints) have demonstrated their effectiveness in reducing adolescent violent crime, aggression, delinquency, and substance abuse. Other programs have been identified as promising programs. Endorsements are updated regularly, with programs added to and excluded from the registry based on new evaluation findings.

The Collaborative for Academic, Social, and Emotional Learning (CASEL)

<http://www.casel.org/programs/selecting.php>

The *Safe and Sound* report developed at CASEL lists school-based programs that research has indicated are effective in promoting social and emotional learning in schools. This type of learning has been shown to contribute to positive youth development, academic achievement, healthy behaviors, and reductions in youth problem behaviors. Ratings are given on specific criteria for all programs listed, with some designated “Select” programs. This registry has not been updated since programs were reviewed in 2003.

Exemplary and Promising Safe, Disciplined and Drug-Free Schools Programs

<http://www.ed.gov/admins/lead/safety/exemplary01/index.html>

The Department of Education and the Expert Panel on Safe, Disciplined and Drug-Free Schools identified nine exemplary and 33 promising programs for this 2001 report. The report, which can be found at this site, provides descriptions and contact information for each program. The focus is on programs that can be implemented in a school setting whether in the classroom, in extracurricular activities, or as after-school programming.

Helping America's Youth

<http://www.findyouthinfo.gov/ContentPage.aspx?cpid=55>

This registry is sponsored by the White House and was developed with the help of several federal agencies. Programs focus on a range of youth outcomes such as academic achievement, substance use, and delinquency, and are categorized as Level 1, Level 2, or Level 3 according to their demonstrated effectiveness. The registry can be searched with keywords or by risk or protective factor, and is updated regularly to incorporate new evidence-based programs.

Northeast Center for the Application of Prevention Technology (CAPT) Database of Prevention Programs

<http://www.hhd.org/search/node/>

This site features a simple or advanced search function to find substance abuse and other types of prevention programs and determine their effectiveness according to a variety of criteria. Also





Appendix A: National Registry of EBPP (continued)

included is information about the sources those agencies used for their evaluations, contact information, websites, domains, relevant references, and a brief description of each program.

Office of Juvenile Justice and Delinquency Prevention (OJJDP) Model Programs Guide

<http://ojjdp.ncjrs.org/programs/mpg.html>

The OJJDP Model Programs Guide is a user-friendly, online portal to prevention and intervention programs that address a range of issues across the juvenile justice spectrum. The Guide now profiles more than 200 programs - rated Exemplary, Effective, or Promising - and helps communities identify those that best suit their needs. Users can search the Guide's database by program category, target population, risk and protective factors, effectiveness rating, and other parameters. This registry is continuously updated and contains more programs than other well-known registries, although many of these are Promising rather than Exemplary or Effective.

Promising Practices Network on Children, Families and Communities

<http://www.promisingpractices.net/programs.asp>

A project of the RAND Corporation, the Promising Practices Network website contains a registry of Proven and Promising prevention programs that research has shown to be effective for a variety of outcomes. These programs are generally focused on children, adolescents, and families. The website provides a thorough summary of each program and is updated regularly.

Social Programs that Work, Coalition for Evidenced-Based Policy

<http://www.evidencebasedprograms.org/>

This site is not a registry in the conventional sense of the word in that it does not include and exclude programs based on some criteria of effectiveness. Instead, it summarizes the findings from rigorous evaluations of programs targeting issues such as employment, substance use, teen pregnancy, and education. Some of the programs have substantial evidence of their effectiveness, while others have evaluation results suggesting their ineffectiveness. Users are welcome to sign up for emails announcing when the site is updated.

Strengthening America's Families: Effective Family Programs for Prevention of Delinquency

<http://www.strengtheningfamilies.org/>

This registry summarizes and rates family strengthening programs which have been proven to be effective. Programs are designated as Exemplary I, Exemplary II, Model, or Promising based upon the degree, quality and outcomes of research associated with them. A program matrix is also included, which can be helpful in determining "at a glance" which programs may best meet community needs. This registry was last revised in 1999.



Appendix A: National Registry of EBPP (continued)

Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Registry of Evidence-Based Programs and Practices

<http://nrepp.samhsa.gov/>

The National Registry of Evidence-based Programs and Practices (NREPP) is a searchable database with up-to-date, reliable information on the scientific basis and practicality of interventions. Rather than categorizing programs as Model, Effective, or Promising, NREPP rates the quality of the research findings separately for each outcome that has been evaluated, as well as readiness for dissemination. Users can perform customized searches to identify specific interventions based upon desired outcomes, target populations and settings.

Youth Violence: A Report of the Surgeon General

<http://www.surgeongeneral.gov/library/youthviolence/chapter5/sec3.html>

This report designates programs as Model or Promising and goes further than many other registries to also include a "Does Not Work" category. General approaches and specific programs for the prevention of youth violence are described at three levels of intervention: primary, secondary and tertiary. This report has not been updated since its publication in 2001, but it is rare in that it discusses the cost-effectiveness of the programs.

What Works Wisconsin: Evidence-based Parenting Program Directory

<http://whatworks.uwex.edu/Pages/2parentsinprogrameb.html>

This directory provides an overview of currently available evidence-based parenting programs, a subset of the larger body of evidence-based programs. It is intended to serve the needs of parent educators, family practitioners, program planners and others looking for effective programs to implement with parents and families. The directory is divided into three sections: section one focuses on parenting education/training for parents of children within a single age range; programs in section two include options for parenting education/training across multiple age ranges; and section three consists of multiple-component programs where one of the components is parenting education.

WHAT WORKS, WISCONSIN

This is one of a series of resources on effective prevention and intervention programs for children, youth, and families prepared by the *What Works, Wisconsin* team at the University of Wisconsin–Madison, School of Human Ecology, and Cooperative Extension, University of Wisconsin–Extension. All of the resources can be downloaded from: <http://whatworks.uwex.edu/>.

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Appendix B: Strategic Prevention Framework

The Strategic Prevention Framework (SPF) developed by the Substance Abuse Mental Health Services Administration (SAMHSA) asserts that to be effective, communities must move away from the traditional approaches that are designed to affect individuals or families to focus on impacting the larger community through the implementation of comprehensive strategies to achieve population level change.

SPF is a systemic community-based approach, that works to ensure that substance abuse prevention programs can and do produce results. SPF involves five steps: assessment, capacity, planning, implementation and evaluation; and two key elements: sustainability and cultural competence which are designed to be incorporated into every step. The five steps and two overarching elements are designed to lead coalitions through the process of developing an effective coalition infrastructure, conduct a comprehensive assessment of local conditions that are leading to the issues related to substance abuse, develop and implement a comprehensive plan, and evaluate the process and the outcomes. A brief overview of each of the SPF steps and elements is provided below:

Assessment: Coalitions undertake a process to gather both qualitative and quantitative data related to substance abuse in the community. To accomplish this, a coalition identifies the geographical boundary they want to work within, decide what substance or issue they want to assess, gather enough data to determine the root causes and local conditions, and the level of community readiness to address the issue.

Capacity: This refers to the ongoing process of identifying the key community decision makers and stake holders who need to be involved in the efforts, mobilizing them to take action, and taking steps to ensure that everyone is on the same page and that the coalition is well structured and running efficiently.

Planning: Upon completion of a comprehensive assessment, coalitions develop a logical, thoughtful plan that is designed to address the root causes and local conditions that are leading to the substance abuse problems. Plans include a logic model, a strategic plan that identifies short and long-term objectives, and a work plan that details tasks, responsible persons and required resources.



Implementation: Following the development of a well designed plan, the coalition puts the plan to work making sure to involve every member of the coalition, leveraging the unique skills that each member brings to the table.

Evaluation: Evaluation helps a coalition plan programs and strategies, monitor their implementation, and ultimately, provide information that will enable the coalition to make adjustments where necessary to improve results. Evaluation is taken into account in every step of the SPF process.

Sustainability: Sustainability goes beyond funding to include human and social resources. It involves focusing attention on organizational structures and relationships that need to be maintained in order to provide effective prevention policies, practices and programs. Sustainability also means maintaining outcomes over time. Sustainability is taken into account in every step of the SPF process.

Cultural Competence: Communities include many different cultures. Even specific cultures may have important intergroup differences. Therefore, to be successful, coalitions need to identify, learn about and include members of the different cultures that exist in their communities. In this way, a coalition's vision can better reflect the diverse perspectives of how the coalition would like the community to look in the future. Cultural competence is taken into account in every step of the SPF process.

Appendix C: Good Drugs Gone Bad Fact Sheet

Good Drugs Gone Bad



Fact Sheet

A program to combat prescription drug abuse

**Fact Sheet updated
November 7, 2011**

What have we done?

Delivered message to over 600 students!

Delivered message to over 2,300 adults!

Presented to groups such as:

- WI Coroners & Medical Examiners Association
- WI Crime Prevention Practitioners Association
- WI Social Services Association
- National Multi-Jurisdictional Conference
- WI Prevention Network

Distributed over 300 toolkits at train-the-trainer sessions

• Oshkosh, WI	2010
• LaCrosse, WI	2010
• Eagle River, WI	2011
• Whitewater, WI	2011

Implemented pharmaceutical disposal boxes at police departments in Oshkosh and Neenah, WI.

Epidemic

When people speak of drug abuse, one immediately thinks of drugs such as marijuana and cocaine. However, people rarely think of the common drugs found in their homes and medicine cabinets. These pharmaceuticals are typically used for medicinal or “good” purposes; however we are starting to see an alarming trend of abuse of this medicine which has resulted in an increase in crimes, hospitalizations and even death.

- Illegally diverted pharmaceuticals are considered a top threat in the Fox Cities.
- Thefts, burglaries, robberies, even homicides have been attributed to prescription drug abuse.
- 24% of Winnebago County high school students have taken a prescription drug to get high without a doctors prescription.

Response

Law enforcement officials, health care workers, judicial system staff , coalition representatives, and parents have collaborated with state and national organizations to develop the Good Drugs Gone Bad Toolkit to decrease the harm caused by prescription drug abuse. The Toolkit provides resources and materials to reach target audiences including: youth, adults, senior citizens and health care professionals.

Get Involved

Is there a prescription drug abuse concern in your community? Use the Good Drugs Gone Bad Toolkit to reach targeted audiences with:

- Presentations
- Videos
- Handouts
- Public Service Announcements

Ongoing Prevention Efforts

The Good Drugs Gone Bad Toolkit is part of a statewide effort that supports the prevention of prescription drug abuse. In addition, the coalition continues to evaluate and update the toolkit.

For More Information or to Request a Copy of the Good Drugs Gone Bad Toolkit, contact:

Jason Weber, Town of Menasha Police, 920-720-7109
OR
Lisa Brown, re:THINK, Winnebago’s Healthy Living Partnership, 920-232-3009



Appendix D: Eight Strategies for Effective Community Change*

1) Providing Information –

Educational workshops or dissemination of information via other sources and other venues. This can also include a public awareness or education campaign.

2) Enhancing Skills –

Workshops, programs or other activities designed to develop skills and competencies among youth, parents, teachers, and/or families to prevent substance abuse.

3) Providing Support –

Creating opportunities to support people to participate in activities that reduce risk, enhance protection, and prevent substance abuse.

4) Enhancing Access/Reducing Barriers –

Improving systems and processes to increase the ease, ability, and opportunity to utilize those systems and services.

NOTE- This strategy also can be reversed to **Reducing Access/Enhancing Barriers**. Prevention science tells us that when more resources (money, time, etc.) are required to obtain a substance, use declines. So, when community coalitions establish barriers to underage drinking or other illegal drug use, they decrease its accessibility and so reduce use.

5) Changing Consequences –

Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior.

6) Physical Design –

Changing the physical design or structure of the environment (e.g., parks, landscapes, signage, lighting, outlet density) to reduce risk or enhance protection.

7) Modifying/Changing Policies –

Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures, public policy actions, systems change within government, communities and organizations.

8) Strengthening Coalitions –

How the coalition manages and mobilizes its relations and other resources in order to collaboratively conduct the strategies needed to prevent substance abuse in their communities.

* Adapted from

http://coalitioninstitute.org/SPF_Elements/Implementation/SevenStrategies4CommunityChange.pdf



Appendix E: Sample Emergency Room Opioid Policy

The following outlines Bay Area Hospital's Emergency Room policy for the prescription of narcotic and similarly regulated medications.

The Emergency Department provides evaluation and treatment for persons presenting with a wide variety of acute medical conditions including complaints associated with varying degrees and acuity of pain that sometimes requiring the prescription of a short course of narcotic pain medication and other similar, highly regulated medications. However, this prescriptive ability needs to be balanced by societal and regulatory concerns that these restricted and potentially highly addictive medications will be diverted or otherwise misused. It is beyond the scope and abilities of the ER setting and the scope of practice of the ER physician, to prescribe narcotics for chronic pain conditions or recurrent ER visits for recurrent, non-malignant pain.

Objective:

To provide guidance on appropriate provision, and subsequent prescription, of narcotic pain medications to patients being treated in and discharged from the Emergency Room.

Procedure:

1. Every patient who presents to the emergency room will be evaluated and treated appropriately based on their presenting complaint and screening medical examination.
2. If after a medical screening examination, a person is found not to have an emergency medical condition warranting narcotic analgesia, then only non-narcotic pain treatments will be prescribed.
3. The following situations are examples of non-emergency conditions for which narcotic analgesia will not be prescribed :
 - A. The ER physician will not prescribe narcotic analgesia to patients with chronic pain conditions requesting refills.
 - 1) It is a patient's responsibility to maintain active prescriptions with his or her primary care physician, specialty physician, or pain specialist.
 - 2) The ER cannot refill prescriptions that have run out or otherwise lapsed.
 - 3) Patients with chronic pain conditions may receive non-narcotic pain medications and other non-narcotic treatment modalities as appropriate.
 - B. The ER physician will not prescribe narcotic analgesia for patients whose narcotic pain medications have been lost or stolen, even if the patient has documentation from legal authorities.
 - C. Patients who have frequent, multiple visits to the ER with recurrent complaints of painful conditions will be considered to have a chronic pain syndrome, and once identified as having such, will no longer receive narcotic pain medications.
 - 1) These painful conditions include (but are not limited to) recurrent headaches, back pain, dental pain, pelvic pain, and fibromyalgia. Patients with these conditions may receive non-narcotic pain medications and other non-narcotic treatment modalities as appropriate.



Appendix E: Sample Emergency Room Opioid Policy (continued)

4. Pain contracts: The ER physician may provide acute pain treatment to a patient with a chronic condition if that person has an established pain contract, available to the ER physician, specifying ER treatment for episodic exacerbations of severe pain not responding to appropriate outpatient therapies. The conditions and appropriate use of a pain contract will be monitored by both the primary care provider and the emergency room.
5. Any patient treated in the ER with an oral or injected narcotic or sedative will be required to have a driver present before being discharged home.
6. Any narcotic prescription given for an acute painful condition at the time of discharge from the ER will be limited to a small quantity intended to last only until the patient can reasonably follow up with a non-emergency room provider or to cover a painful condition which is by nature self-limited and temporary.
7. This policy in no way supersedes the clinical judgment of the emergency room physician in deciding appropriate care and treatment of persons presenting to the ER.



Appendix F: Key Elements and Vision of Pharmaceutical Collection and Disposal Programs: A Vision for the Great Lakes Region



Key Elements of Pharmaceutical Collection and Disposal Programs: A Vision for the Great Lakes Region

Significant progress has been made to establish safe and secure medicine collection and disposal programs in the Great Lakes Region. These programs include collections through retail pharmacies, clinics, law enforcement agencies, and municipal facilities, as well as through mail-back programs. Due primarily to funding constraints, programs are unable to fully meet the needs of residents throughout the region. The following key elements of a model program were developed by local and state agencies, organizations, and other stakeholders, with the goal to expand effective pharmaceutical collection and disposal programs throughout the region.

- **Programs should protect public health and the environment** by maximizing prompt collection and proper disposal of unused pharmaceuticals, including controlled substances. To this end, programs should be:
 - **On-going.** Residents should have year-round access to safe disposal opportunities for pharmaceutical drugs, reducing the need for home storage.
 - **Convenient throughout the Great Lakes region.** Programs should be available to all residents throughout the Great Lakes region. Eventually, there should be ongoing collection sites in every county, and every town or city of a population of 5,000 or greater. Mail-in services can help to fill gaps.
 - **Set up to collect all types of pharmaceutical drugs.** To the extent feasible under state and federal regulations, programs should accept all types of pharmaceuticals from households.
 - **Secure.** All programs must be operated in a secure manner, and in compliance with all state and federal regulations. Security is critical to minimizing the risk of illegal diversion.
 - **Free at the point of delivery for disposal.** There should be no charge to the public when they deliver unwanted pharmaceutical drugs via a collection location or mail-in service.
 - **Widely promoted.** A high level of public awareness must be created about the importance of safely storing and promptly disposing unused medications through the program. Public education should be a shared responsibility of all key stakeholders including those who prescribe, dispense, and manufacture pharmaceuticals.

- **Programs should minimize the impact on the environment** by ensuring that collected medicines are destroyed in compliance with federal, state, and local regulations. When possible, all material collected should be destroyed through high temperature incineration, or with the best available technology, to minimize the risk of environmental contamination. To the extent possible, transportation of wastes should be minimized.

- **Programs should be sustainably and adequately funded** to ensure continued service and widespread public outreach. Those who benefit from the manufacture, sale, and use of pharmaceutical drugs have the greatest responsibility for ensuring program success. Pharmaceutical companies should fund the expansion of existing programs and/or the development of new ones. Other stakeholders, including state and local governments, pharmacies, and prescribers should partner with pharmaceutical companies to educate the public, provide collection services, and/or implement other activities consistent with their capabilities and mission.

- **Programs should also identify and address the underlying drivers that contribute to pharmaceutical waste.** Reducing the quantity of drugs that become waste not only reduces environmental and public health risks, it also has the potential to improve medical care and reduce medical costs for individuals and taxpayers through Medicare and Medicaid programs. It may also reduce costs for manufacturers, distributors and retail establishments.



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