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State Council on Alcohol and Other Drug Abuse, Controlled Substances Workgroup (2011) Wisconsin Prescription Drug Recommendation Report

Wisconsin Prescription Drug Recommendation Report

State Council on Alcohol and Other Drug Abuse,
Controlled Substances Workgroup

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State of Wisconsin

State Council on Alcohol and Other Drug Abuse
1 West Wilson Street, P.O. Box 7851
Madison, Wisconsin 53707-7851

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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, Robert Block, Marshfield Clinic: Danielle Luther, Bob Kovar, Joe Willger, Raj Panneerselvan, and Paula Hensel, RN, MSN, APNP), and 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) was convened for the first time in July 2010. The CSW was tasked with studying this issue and subsequently making recommendations to reduce and prevent this type of substance abuse in Wisconsin.

The 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. It was tasked with examining the prevalence and burden of use within Wisconsin related to those drugs of abuse, and to determine if an adequate surveillance system exists.

The 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. The work group was also required to identify key educational messages that should be delivered to 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. It was also required to examine key messages that should be delivered to the general population and specific subgroups (such as high risk populations) to help avoid abuse and its deadly consequences.

Priority areas that were identified and explored included the establishment of a Prescription Drug Monitoring Program (PDMP) as well as an accessible and cost effective system for prescription drug disposal in Wisconsin.

The work of the CSW was to culminate in a comprehensive report, published within 12 months, that outlines strategies and recommendations to prevent and reduce substance abuse in Wisconsin.

During the initial two meetings of the CSW in July and August 2010, considerable time was spent discussing the charge to the group – and how to identify a scope of work to address the most compelling drug problems. The CSW recognized that an inherent challenge exists in that there are correlations between the abuse of prescription medications and illicit drugs, but a report that addresses both legal and illicit drugs would be extremely difficult to produce. The group came to the consensus that for the purpose of this report, the scope is limited to *Food and Drug Administration (FDA) approved prescription medications*. Given the fact that opioid analgesics (legal

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

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

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.

The 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 available for diversion. Inevitably, with the reduction in prescription drugs being misused, abused and diverted, there will be an increase in the use of illegal opiates. *The 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.*

The 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.

Controlled Substances Workgroup Membership (listed alphabetically)

Pamela Bean, PhD
Rogers Memorial Hospital

Barb Bickford
Wisconsin Department of Natural Resources

Barry Busby
Winnebago County Coroner, Oshkosh

Dorothy Chaney, Med (Chair)
Marshfield Clinic

Jim Cramm
Marshfield Police Department

Bradley Dunlap
Wisconsin Department of Justice

Doug Englebert
Wisconsin Department of Health Services

Kathy Federico
Drug Enforcement Agency

Twila Johnson
Security Health Plan Pharmacy Services

Amanda Jovaag
University of Wisconsin, Population Health Institute

Janet Lloyd
Drug Free Communities of Fond du Lac County/ Fond du Lac School District

Amy Miles-Cochems
Wisconsin Sate Laboratory of Hygiene

Michael Miller, MD
Rogers Memorial Hospital

Rick Sandvig
Aids Resource Centers of Wisconsin

Sue Shemanski
Substance Abuse Counselor
Waushara County Human Services

David Spakowicz
Wisconsin Department of Justice

Arthur Thexton
Wisconsin Chapter President of the National Association of Drug Diversion Investigators (NADDI)

Betty Thunder
Forest County Potawatomi Community

Christopher Wardlow
ThedaCare, Outagamie County Department of Health & Human Services, Wisconsin Prevention Network.

Jason Weber
Town of Menasha Police Department

Committee Staff:
Christine Niemuth
University of Wisconsin, Population Health Institute/ Wisconsin Department of Health Services

Louis Oppor
Wisconsin Department of Health Services

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 death.

> "Prescription drug abuse is an epidemic. Throughout the nation it is a growing problem with no signs of slowing down."
> - CDC 2010

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 (CDC), between 1997 and 2007, there was a 627 percent increase in the sale of Vicodin®, making it the most widely prescribed medication in the United States.[1] Currently, there is enough Vicodin® prescribed 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] The correlation between these two statistics cannot be overlooked. The reality is that that our culture has evolved into a place where prescriptions are expected to be a "cure all" for every condition.

Nationwide, prescription drug use averages 1.5 prescriptions per month for all Americans under age 65 and almost 4 per month for Americans over age 65.[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 nonmedical 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, prescription drug use has now overtaken marijuana use as the most common drug used by youth. Given the fact that the trend patterns in Wisconsin tend to follow suit, it stands to reason that prescription drug use in Wisconsin will soon top marijuana. 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 similar 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 among residents ages 26 and older.

Figure 1: Illicit drug use in Wisconsin, by age

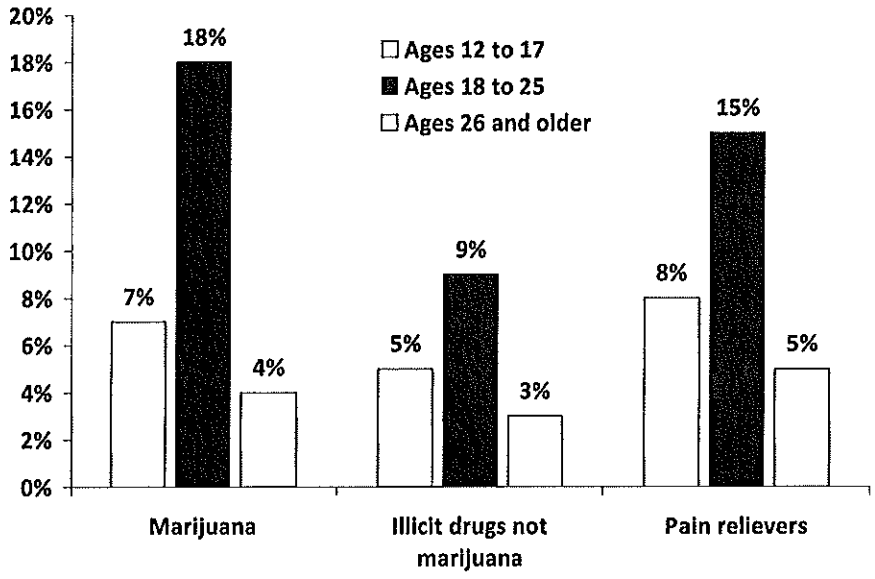
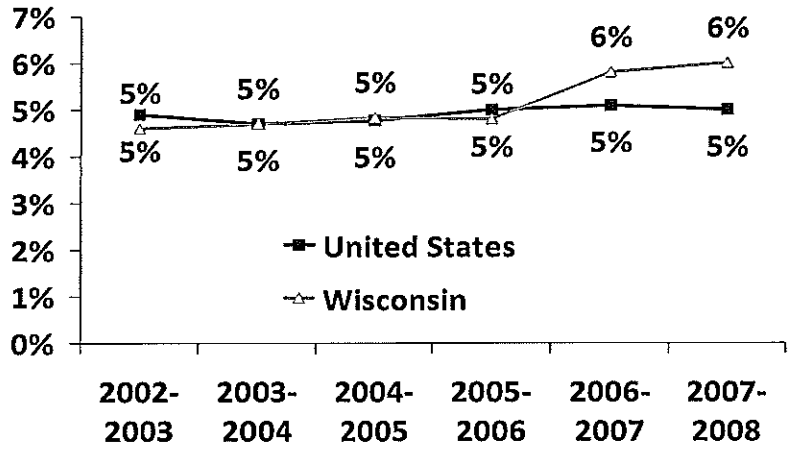
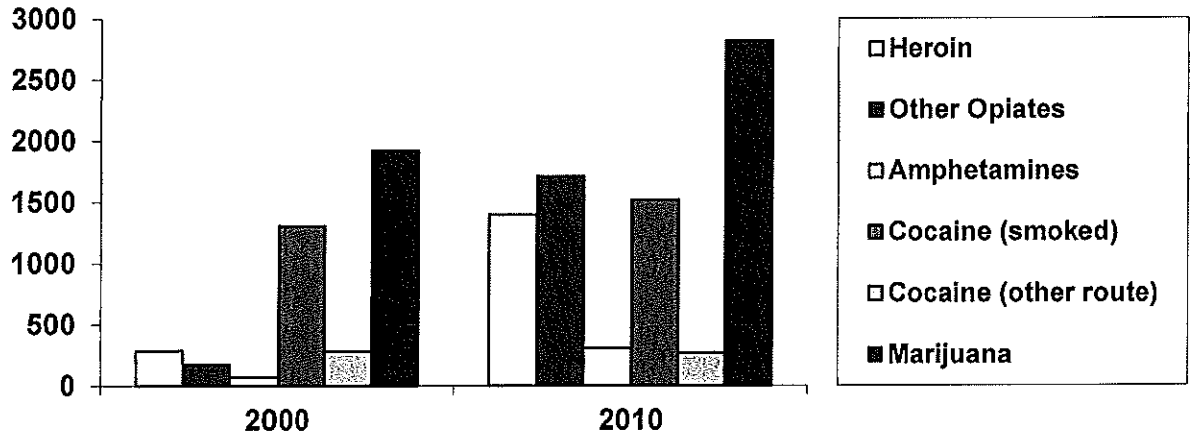


Figure 2: Prescription Drug Misuse, US and Wisconsin, ages 12 and older



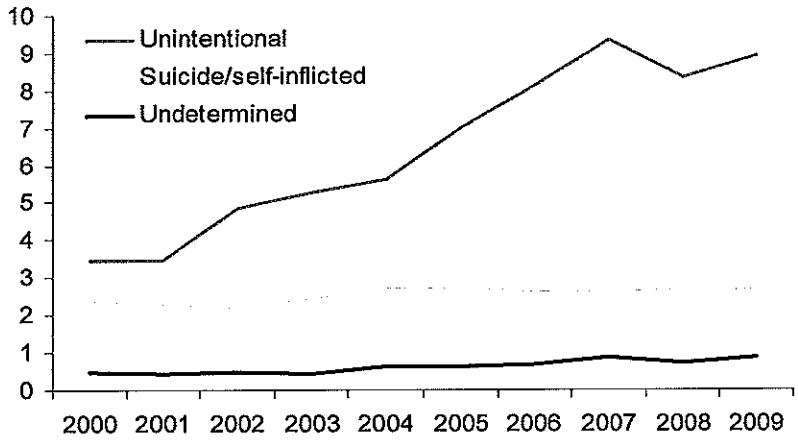
Misuse of prescription drugs leads to dependence, addiction and abuse. Nationally, between 2000 and 2009, other opiate (non-heroin) treatment episodes increased 609%, the largest increase of any drug tracked in the Treatment Episodes Data Set (TEDS) program.

Figure 3: Treatment Episodes by Drug, 2000 and 2010



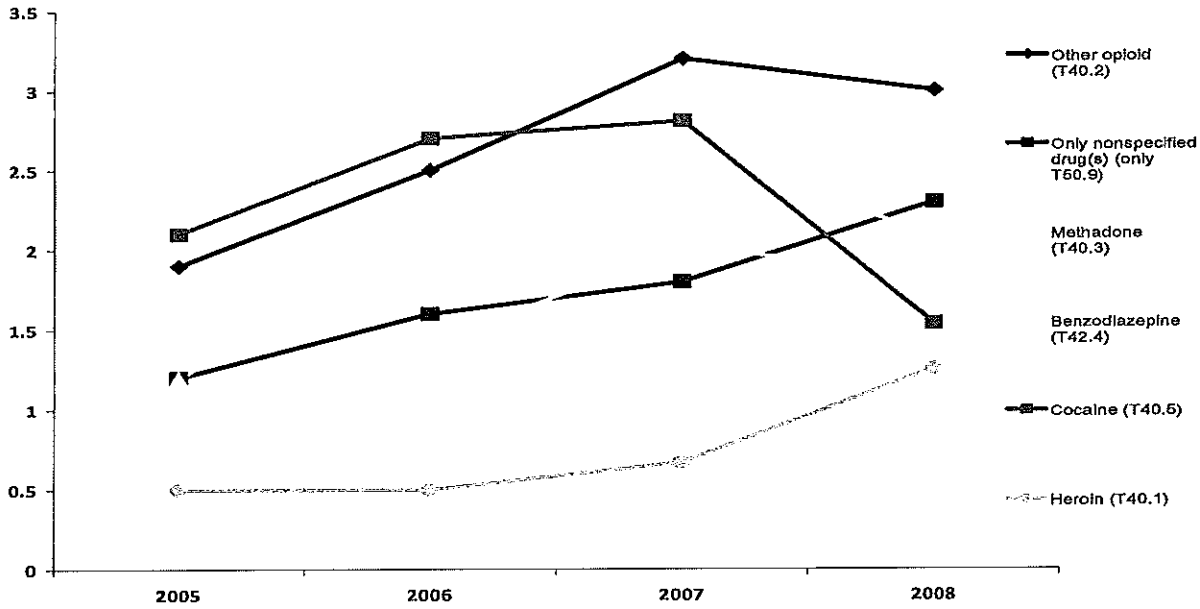
Misuse of prescription drugs can also lead to death. According to national statistics, the rate of deaths due to unintentional poisonings (primarily drug overdoses) increased 4fold between 1999 and 2008 with no concurrent rise in suicides from poisoning.

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 methodone were the most common drug mentioned on the death certificate as one cause of death. Mentions of benzodiazapines also increased sharply between 2005 and 2008.

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 ways to better track the number and types of prescriptions being dispensed as well as accurate means of measuring the consequences of prescription drug misuse, abuse and diversion. 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, opioid analgesics or legal opiates) 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 opiate 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. Twenty-percent of 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 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 pinnacle role in curbing the prescription drug epidemic. In this report, the health care community refers to a broad spectrum including physicians, dentists, pharmacists, nurse practitioners, nursing homes and veterinarians. 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 medications 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's (CADCA's) 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 implement and coordinate many of these initiatives.

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 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 ONDCP's 2010 and 2011 National Drug Control Strategy Reports. 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 and there are notable accomplishments. Exciting and successful initiatives such as the Menomonie Healing to Wellness Court, and the public awareness campaign "Good Drugs Gone Bad" 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 was determined to be an important component in

successfully combating the prescription drug abuse epidemic. The final section of this document does, however, identify several recommendations that CSW believes to be the most impactful and actionable 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 and abuse. 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[a] are greatest by focusing on young people and that early interventions can be effective in delaying or preventing the onset of such disorders."

The good news is, Prevention Works!

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.

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

[a] MEB disorder is defined as a diagnosable mental or substance use disorder.

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.

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 unhealthy use of substances. 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.

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.

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

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 bielief 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. 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 Fond du Lac County, which in 2008 became the first Wisconsin community 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:

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 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 broad-based 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.
- 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.

> "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."

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

"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

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.

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 has 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.

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 (OTP's)

OTP's, 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 Medicated 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 OTP's 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 OTP's in Wisconsin. Standard treatment protocols should be developed for OTP's 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 medicated 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.

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 WI has 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 providers, and other 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. See Appendix E: Senator Chuck Schumer (NY) and Jay Rockefeller (WV) Proposed Senate Bill
- 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.

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

- Support the Wisconsin Medical Society in 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 F 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 Precautions" as suggested by physician organizations and payment for medically necessary testing of urine and other body fluids by commercial and state health plans (including Medicaid).
- 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 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 (OTP).

- Convene a workgroup under the State Opioid Treatment Authority that includes representatives from OTP's, 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.[b]

- 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.

Priority Area: Prescription Medication Distribution

Prescription medications enter the community through many channels, and there are many points where prescription medications can be obtained for diversion. Prescription medications may be diverted through robberies of pharmacies, delivery vehicles and other storage facilities. Prescription medications are diverted by illegally obtaining prescription medications through the use of fraudulent prescriptions or by individuals who legally obtained them, with minimum barriers, and subsequently abuse them or sell them for profit. Lastly and most common, left-over prescription

[b] As reported in the Journal of the American Dental Association, July 2011.

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

medications are shared, passed on or taken between family members, relatives and friends.

Based on the above considerations, Wisconsin should:

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

- Workgroup 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 evident 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.

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.

- To ensure that controlled medications are given to patients with legitimate prescription a system that requires picture identification or some other identifier should be utilized to ensure that the controlled substance is provided to the intended patient.

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. Collaboration between to the two groups was established to align the 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 in 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 will continue for at least a year, as funding permits.

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 are available. 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.

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 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 and 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, mail-back programs, 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.

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 others 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, 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.

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.

- 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 effect 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 an issue that is 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 this issue.

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 have a very important role to play in community education, data collection and other initiatives related to the prevention of prescription drug abuse.[11]

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 that 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 have 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 roadside survey conducted by the Department of Transportation (DOT), one in eight nighttime 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 pain relievers, tranquilizers, sedatives, and stimulants) were included.[12] 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.[13] Many of the prescription drug abusers that enter in 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 Department of Transportation. 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"*[13] 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.

Appendix H [Waiting to get the written overview of the Menomonie Tribal Healing to Wellness Court to highlight as a best practice]

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.

> "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

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 consist 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, such 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 to 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.

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. 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.

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 narcotics through the use of questions that have been tested for validity. Communities should be encouraged to use standardized state questions so that there is 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 is uniform in its collection.

The 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,

- 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 ultimately, provide adequate support for recovery across the lifespan. The disease of addiction is what is really being 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 real medical conditions who find themselves in the same situation as drug addicts. 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 SAMHSA[14] and the ONDCP[11] 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 provide 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.[15]

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.[16] When combined with psychological counseling, opiate substitutes that prevent withdrawal are among the most effective treatments for such addictions.[17] Many addicts avoid OTPs because of their inconvenience or perceived stigma. Even those who would like to enroll 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.

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 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.
- Enhance healthcare provider(s') skills in providing SBIRT services.

Recommendation 31. Integrate high quality medication management and psychosocial interventions 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 treatment and recovery support services available both on a stand-alone and integrated basis with primary care, in addition to being provided by other appropriate organizations and 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. The cost to society of pain reliever abuse alone was $8.6 billion in 2001. 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.[18] 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 incorporates health care and the criminal justice system, not to mention societal costs and the toll in terms of loss of human life.

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).

The estimates provided above 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 Keiser 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 was deliberate in not ranking 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 and priority areas that need to be addressed 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 awaiting notification of 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. Community anti-drug coalitions, law enforcement and health care 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 providers and other 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 pseudoeffedrine.

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.

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 so that both are available to consumers as their conditions indicate.

Recommendation 32: Make treatment and recovery support services available both on a stand-alone and integrated basis with primary care, in addition to being provided by other appropriate organizations and 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

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. 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.

Appendix A

Appendix A : National Registry of EBPP
Appendix B: SPF Model
Appendix C: Good Drugs Gone Bad Fact Sheet
Appendix D: CADCA 7 Strategies for Community change
Appendix E: Senate Proposed Bill
Appendix F: Standard Prescribing Practices
Appendix G: Best Practices: Menominee Tribal Healing

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