



TO: Lt. Governor, Rebecca Kleefisch, Co-Chair and Rep. John Nygren, Co-Chair and Members of the Governor's Task Force on Opioid Abuse

FROM: Gina Dennik-Champion, RN, MSN, MSHA, Wisconsin Nurses Association, Executive Director

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RE: WNA Perspectives on the Issue of Opioid Abuse

On behalf of the Wisconsin Nurses Association, (WNA), I thank you for allowing me to share WNA's perspective on this important public and population health issue, opioid abuse and addiction. Opioid dependence and associated drug-related overdose and deaths are serious public health problems and WNA is appreciative of Wisconsin's legislature and the Governor in response to Wisconsin's crisis.

I would like to begin my remarks with a quotation from the Robert Wood Johnson Foundation publication that examined the issue of substance abuse and addiction.

It is the worst of plagues. It knows no season, no boundaries, no microbe isolated, no vaccine invested to end its reign. It is a pestilence with all the classic trappings of social disruption, suffering and death - and one terrible, defining difference: we invite it to kill, maim, and diminish us. And because its vector is pleasure and its mask is time, we have not even recognized its horror fully enough to grant it a name worthy of its grizzly power. Is it inadequate to call this filler of graves and plunderer of nations by so pallid a name as Substance Abuse?

This quotation summarizes the impact of addiction has on the individual but as stated above, the net of impact of addiction is affecting all of Wisconsin as it, "knows no boundaries" that is it resides in all communities, all economic classes, and every age ... and because of this we see "social disruption" taking place within our families, our schools, our work settings and our workforce. This in turn has impacts our health care and mental health delivery systems, our public health and unfortunately our judicial system.

Deaths from drug overdose have risen steadily over the past two decades and drug overdose has become the leading cause of injury death in the United States. We know that the data are staggering: From 1999 to 2013, the rate for drug poisoning deaths involving opioid analgesics nearly quadrupled (Centers for Disease Control and Prevention [CDC], 2015). Deaths related to heroin have also increased sharply since 2010, including a 39% increase between 2012 and 2013 (Hedegaard, Chen, & Warner, 2015).

The Role of Registered Nurses and Advanced Practice Registered Nurses

Prescription drugs, especially opioid analgesics, increasingly have been implicated in drug overdose deaths over the last decade. Registered nurses (RNs), who often are the care providers best equipped to assess a patient's pain and need for pharmacologic pain relief, are on the front lines of addressing this problem. APRNs, whose advanced education (including advanced pharmacology) prepare them to assume responsibility and accountability for assessment, diagnosis, and management of patients' problems (including the use and prescription of pharmacologic interventions), play a critical role.

Because RNs practice in a variety of direct-care, care-coordination, leadership, and executive roles, they are often in a key position to help patients understand the risks and benefits of pain treatment options and can play a key role in the prevention of opioid overuse and dependence. As educators and patient advocates, nurses are in a unique position to help patients with pain by using a holistic approach, including therapies that do not involve prescription opioids, such as other medication modalities, regional anesthetic interventions, surgery, psychological therapies, rehabilitative/physical therapy, and complementary and alternative medicine (CAM)

Barriers to Effective Pain Management

Nurses at all levels can facilitate the breaking of barriers to effective pain management. According to the Institute of Medicine (IOM, 2011) report, "Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research," four barriers can occur—at the system, clinician, patient, and insurance levels.

At the system level, barriers arise as a consequence of clinical services (and research endeavors) being organized along disease-specific lines. Since acute and chronic pain transverse those services, pain management belongs to everyone and therefore, in a sense, belongs to no one.

Existing clinical (and research) silos prevent cross-fertilization of ideas and best practices and impede the interdisciplinary approach needed for effective pain care.

At the clinician level, health care professionals generally are not well educated regarding emerging clinical understanding and best practices in pain prevention and treatment. Should primary care practitioners want to engage other types of clinicians, including physical therapists, psychologists, or CAM practitioners, it may not be easy for them to identify which specific practitioners are skilled at treating chronic pain.

Patient-level barriers include societal stigma applied, consciously or unconsciously, to people reporting pain, particularly if they do not respond readily to treatment. Is the pain real? Is it drug or disability benefit-seeking behavior? Religious or moral judgments may also come into play: Mankind is destined to suffer. Finally, popular culture has a role: Suck it up; no pain, no gain.

Insurance and third-party payer limitations constitute another barrier. On the whole, payers do not encourage interdisciplinary team care. Payers frequently limit reimbursement for or do not cover psychosocial and rehabilitative care, which are essential components of comprehensive care. Rehabilitation services also face insurance limits, especially under Medicare. In addition, many CAM therapies widely used in pain management frequently are not covered by health insurance.

By recognizing all the potential barriers to effective preventive and pain management strategies, nurses can lead the cultural transformation in pain prevention, care, education, and research and facilitate development of “a comprehensive population health-level strategy” (IOM, 2011)

Prescribers as Gatekeepers for Prescription Opioids

Although actions to address prescription opioid abuse must target all caregivers, prescribers, and patients, prescribers are the gatekeepers for preventing inappropriate access. Interventions to improve safe and appropriate prescribing must balance the legitimate need for these drugs with the need to curb dangerous practices. Within this priority are three objectives:

- Improve clinical decision making to reduce inappropriate prescribing;
- Enhance prescription monitoring and health information technology (health IT) to support appropriate pain management; and
- Support data sharing to facilitate appropriate prescribing.

Opioid Prescribing Guidelines for Chronic Pain

The Centers for Disease Control and Prevention (2016) has developed guidelines for opioid prescribing for chronic pain to improve clinical decision making and reduce inappropriate opioid prescribing. To ensure effective implementation of guidelines, the Office of the National Coordinator for Health Information Technology is exploring opportunities to convert guidelines into standardized, shareable, health IT-enabled clinical decision support interventions. The Advanced Practice Registered Nurse Group of WNA has developed “Principles of Prescribing Controlled Substances” which includes the use of the CDC Guidelines.

Medication-Assisted Treatment for Opioid Use Disorders

MAT, the most effective form of treatment for opioid use disorders, includes the use of medication along with counseling and other support. Combined with behavioral therapy, effective MAT programs for opioid addiction can decrease overdose deaths, be cost-effective, reduce transmissions of HIV and hepatitis C related to IV drug use, and reduce associated criminal activity. While the ultimate goal of MAT is to have the patient reach a drug-free state, some patients with severe addiction issues will need to stay on MAT indefinitely. The HHS plan is focused on two objectives: Support research that informs effective use and dissemination of

MAT and accelerates development of new treatment medications; and increase access to clinically effective MAT strategies.

The increase in persons with substance abuse disorder has quickly outpaced the availability of substance abuse treatment centers. The Drug Addiction Treatment Act of 2000 (DATA 2000) was intended to address that problem and improve access for patients with substance abuse disorder outside of the usual treatment facilities, like the traditional methadone clinic. When originally passed, DATA 2000 allowed qualified physicians to apply for a waiver to prescribe Schedule III, IV, and V narcotic drugs for maintenance treatment or detoxification treatment in the private-office setting (SAMHSA, 2000).

Two years later, the FDA approved the combination of buprenorphine and naloxone (Suboxone) to be prescribed under this waiver. Physicians were given the authority after completing required training and obtaining a special license from the Drug Enforcement Agency (DEA). They were not allowed to delegate prescribing Suboxone to other health care providers, such as APRNs and physician assistants.

At the Federal level, this July 2016, the number of patient's that can gain access to medication-assisted treatment (MAT) has been expanded in two ways, the first is allowing credentialed Advanced Practice Registered Nurses (APRNs) to prescribe buprenorphine which is an FDA approved medication that is used to treat opioid addiction. Secondly, the number of patient's that one credentialed prescriber can treat for one year has increased from 100 to 275. WNA recommends that Wisconsin adopt the legislation necessary to add credentialed Advanced Practice Registered Nurses to prescribe buprenorphine.

The Wisconsin Nurses Association appreciates the opportunity to provide our perspectives. As you can see the Wisconsin Nursing Workforce 87,440 that includes the 3,142 advanced practice registered nurses, should be viewed as an incredible asset in supporting an effective strategy for reducing opioid abuse and addiction in Wisconsin.

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