

## WNA Strategic Plan and Objective

### Goal: **Nurse-focused Innovation**

### Objective: **RN-focused innovation for health care improvement.**

## Introduction and Background

- In 2013 the membership of the Wisconsin Nurses Association adopted a Reference that addressed the epidemic of prescription drug abuse in America with a focus on Wisconsin.
- A Task Force was developed and identified the role for WNA and registered nurses.
- A report with recommendations was disseminated to nurses and other key stakeholders.
- The report, *The Prescription Drug Abuse Epidemic in Wisconsin* addressed a variety of topics that include **enforcement, education, medication disposal, statewide prescription drug monitoring system and patient's "doctor shopping"**.

## Introduction and Background

- Fast forward to 2018
  - Prescribing patterns have changed.
  - Many patients addicted to opioid medications can no longer access prescription drug products
  - Have moved on to using heroin and fentanyl
  - Epidemic across the state
  - Is there a role for WNA in supporting the reduction in heroin abuse and addiction?

## What Are Opioids?

- Class of drug that is derived from the opium plant
- Used for short-term pain relief by binding to opioid receptors on nerve cells, and can create a sense of euphoria
- Can lead to dependence and addiction when misused



(National Institute on Drug Abuse, n.d.)

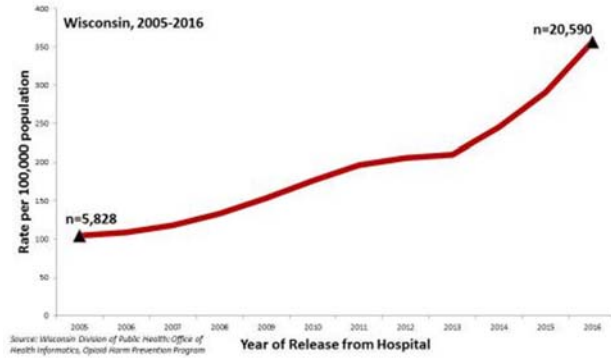
## Types of Opioids

1. Pain relievers
  - Oxycodone/OxyContin
  - Hydrocodone/Vicodin
  - Codeine
  - Morphine
  - Many others
2. Heroin
3. Fentanyl (Synthetic opioid)

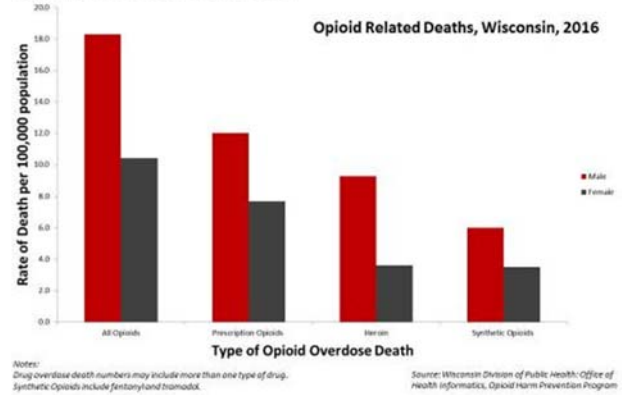


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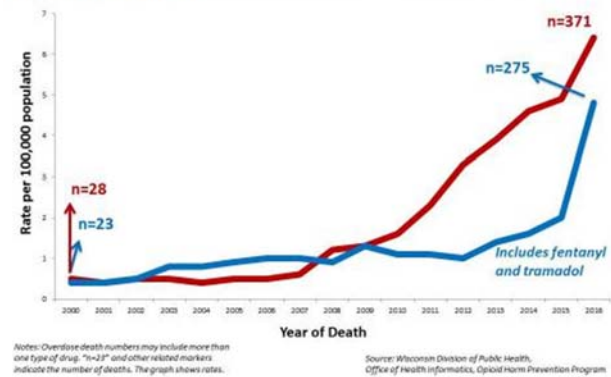
The rate of opioid use disorder has **more than tripled** since 2005.



Wisconsin **males** are more likely to die from an opioid related overdose.



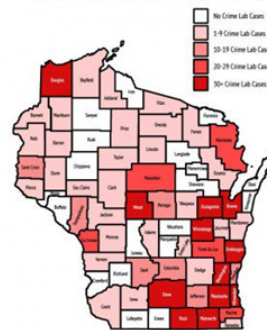
There have been sharp increases in **heroin** and **synthetic opioid** related deaths in Wisconsin.



2009 heroin cases by county



2014 heroin cases by county



### Effects on the Population

- Drug poisonings are categorized as "unintentional death," which is the 3<sup>rd</sup> leading cause of death in the United States (CSC, 2017d)
- Deaths from opioids quadrupled in 1999-2013 (14 years)
- Deaths from heroin quadrupled in 2010-2015 (5 years)

(ANA, 2018)

### Heroin vs. Synthetic Fentanyl

#### Heroin Background

- Natural substance derived from morphine
- Can be injected, smoked, or snorted
- Not accepted in medicinal practice

#### Fentanyl Background

- Synthetic/Man-made
- Similar to morphine but 50-100 times more potent
- Is accepted in medicinal uses unlike heroin
  - Prescribed for patients who have severe pain following surgery or chronic pain with opioid tolerance

#### Dangers of Fentanyl

- Causes respiratory depression by binding to endorphin-releasing receptors, which causes the body to not respond to low oxygen levels or high carbon dioxide levels within the body
- Lethal dose = 0.25mg

### Signs of an Opioid Overdose

- Blue lips or nails
- Dizziness and confusion
- Can't be woken up
- Choking, gurgling or snoring sounds
- Slow, weak or no breathing
- Drowsiness or difficulty staying awake

## FENTANYL KILLS. HERE'S HOW YOU CAN STAY ALIVE!



Help each other.  
Don't use alone—pair up.



Fentanyl kills quickly. Make sure you and your friends carry naloxone.



Fentanyl comes in pills, pure powders, and powder mixed with other drugs, especially heroin and cocaine. You can't see it, smell it, or taste it. Whatever you do, start low, and go slow.



If you think it's an overdose, **call 911**. Every minute counts.

Call 2-1-1 to get connected to treatment and recovery services.

### Proper PPE for Fentanyl Overdose Cases

- Nasal Naloxone in case of secondary exposure while treating patient
- Nitrile gloves
- Containers for transportation and storage
- Respiratory protection, such as face masks and filtering facepiece respirators



Can find more information at:

[https://www.fentanylsafety.com/wp-content/uploads/Fentanyl\\_Equipment.pdf](https://www.fentanylsafety.com/wp-content/uploads/Fentanyl_Equipment.pdf)

### Dangers to Healthcare Providers

- Fentanyl is being mixed with heroin, and causing many overdoses within the community
- Use of proper PPE when treating an overdose patient with fentanyl is vital because Fentanyl can:
  - Be absorbed through the skin
  - Inhaled
  - Ingested
  - Passed through accidental needle stick prick



### Opioid Overdose Treatment

What is Naloxone/Narcan?

- Life-saving medication that blocks the opioids from binding to the endorphin-releasing receptors to stop the overdose
  - Can be used for all forms of opioids

Reasons to use Narcan

- Patients receiving high doses of opioids for long-term chronic pain or rotating opioid medication regimens
- Patients discharged following an opioid poisoning or intoxication
- Taking certain extended-release or long-term opioid medication
- Completing mandatory opioid detoxification or abstinence programs

\*\*\*Use Methadone or Buprenorphine in situations with pregnant mothers to prevent neonatal abstinence syndrome (NAS)

### Overdose Recovery Position



1. tilt head back, lift chin to open airway
2. turn to one side, place hand against chin
3. bend knee against floor
4. tilt head back, check breathing
5. call emergency and wait till it arrives

### Narcan Administration:

[https://www.youtube.com/watch?v=xa7X00\\_QKWk](https://www.youtube.com/watch?v=xa7X00_QKWk)

### Narcan Access Barriers

- Many pharmacies don't sell it
  - In April 2018, the NYT called 720 pharmacies in New York and only 270 had it and did not require a prescription
- Cost is HUGE
  - One Narcan kit costs around \$130-\$140, and is expensive because the drug is currently patented
  - Narcan's shelf life lasts around 18-24 months,
  - Many nonprofit groups are pushing for a generic version of the drug due to the epidemic in the United States

## Current Laws in Place



## Current State Initiatives

"The Statewide Standing Order for Naloxone allows pharmacists in Wisconsin to give naloxone without a health care provider's prescription to anyone at risk of an opioid overdose, as well as their family, friends and anyone who may witness an opioid overdose"

—Wisconsin Department of Health

<https://www.dhs.wisconsin.gov/opioids/standing-order.htm>

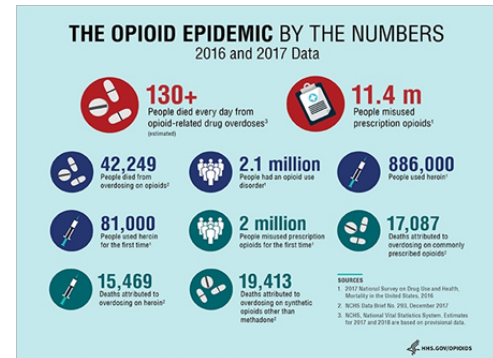
## Regulation - PDMP

Prescription Drug Monitoring Program (PDMP) → state-run electronic databases that provide a prescriber or pharmacist information regarding a patient's prescription history, allowing providers to identify patients who are potentially misusing medications

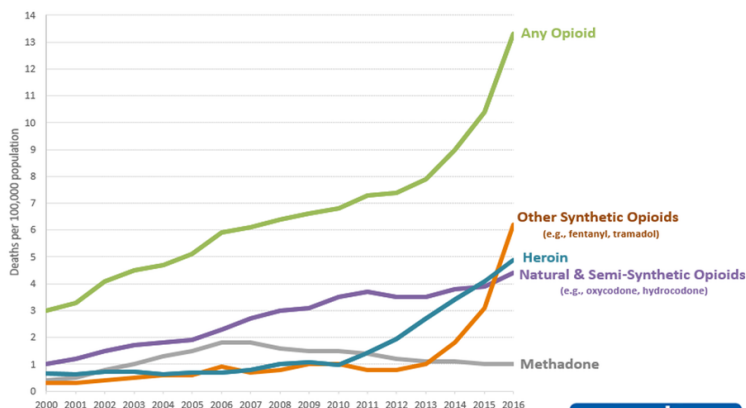
- Allows clinicians to engage with patients
- Change practice to conform with evidence-based, non-opioid pain management strategies
- The Wisconsin Department of Safety and Professional Services maintain ePDMP (Enhanced Prescription Drug Monitoring Program)
  - ePDMP → provides information about controlled substance prescriptions dispensed in the state

## PDMP Program

- 50 states, District of Columbia, territory of Guam
- Issue → there is no consensus or standard as to drugs monitored, and data collected or shared
- Proposal → include a national interoperable PDMP network
- Efficacy of PDMPs has shown mixed results due to lack of standardization among programs

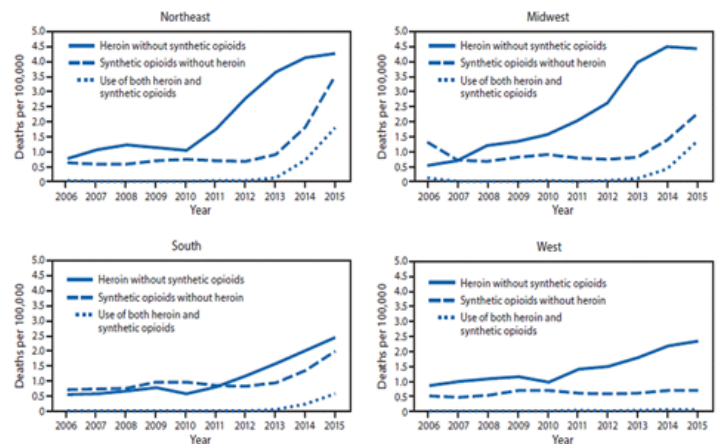


Overdose Deaths Involving Opioids, by Type of Opioid, United States, 2000-2016

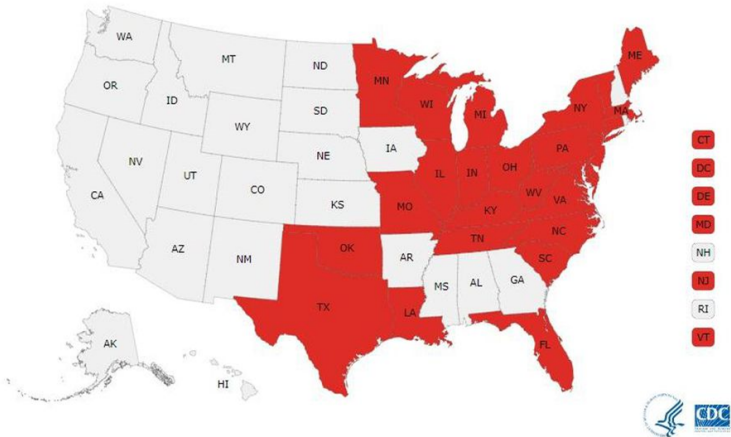


[www.cdc.gov](http://www.cdc.gov)  
 Your Source for Credible Health Information

SOURCE: CDC/NCHS, National Vital Statistics System, Mortality; CDC WONDER, Atlanta, GA; US Department of Health and Human Services, CDC; 2017. <https://wonder.cdc.gov/>



Statistically significant drug overdose death rate increase from 2015 to 2016, US states



### Opioid Overdose Deaths



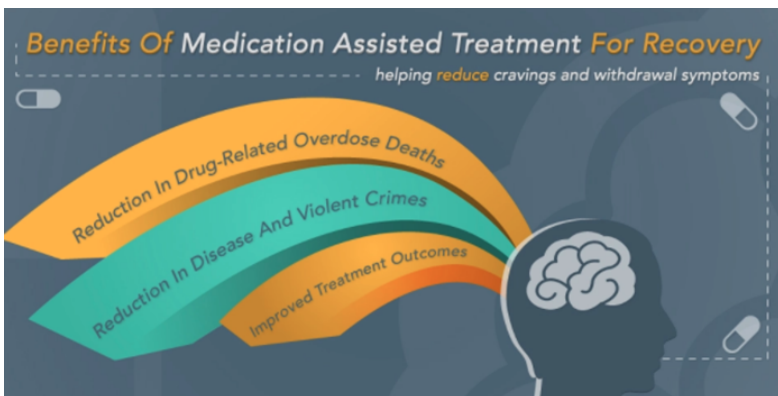
## Wisconsin Legislation (HOPE)

### Heroin, Opiate, Prevention, and Education (HOPE) Agenda.

- Over 30 bipartisan bills passed over the past two biennium to address:
  - Decrease supply,
  - Treatment and Diversion
  - Training of emergency responders and emergency departments
  - Medication Assisted Therapy
  - Prevention strategies
  - Funding schools of nursing to increase supply of psych-mental health nurses

## Medication Assisted Therapy

- Allow qualified providers to apply for a waiver
- Comprehensive Addiction and Recovery Act (CARA)
  - expands privileges of NPs and PAs
- Reasons for non-participation



## Federal Action

- Federal Action
  - Congressional Action:
    - Expand access to naloxone
    - Prevention education
    - Reduce prevalence of unused pain pills
    - Offer providers student loans and forgiveness
    - Increase collaboration with law enforcement & criminal justice systems

## American Nurses Association



- Supports efforts supporting patient care
- Access to treatment, recovery, behavioral health
- Concerns

## Federal Legislation

- Addiction Treatment Access Improvement Act of 2018
  - Central component
  - Increase number of providers → increase number of patients treated
  - Access to patients in rural areas



## Results

- Approximately 49% of participants reduced prescription painkiller abuse after receiving MAT for more than 12 weeks
- Drop in success rate after discontinuation
- MAT treatments are not temporary
- Reasons for expiration:
  - Budgeting tactic
  - Provision and mandatory 24 hour training requirement
- Net economic benefit
  - Estimate → 5,235 NPs and PAs would obtain the waiver → average cost savings \$122,254-139,255 for every NP or PA obtaining the waiver

## Statistics

- February 21, 2107 → 33,663 DATA-waived physicians compared to 1,247,716 total physicians
- May 5, 2018 → 5,649 NPs have obtained a DATA 2000 waiver compared to 248,000 total NPs
- **In less than two years, NPs have received almost as many waivers as physicians received in 17 years (2.3% of NPs vs 2.7% of physicians)**

## References

1. American Nurses Association. (2018). The Opioid Epidemic: The Evolving Role of Nursing. *ANA Issue Brief* 2018,1-14. Retrieved October 17, 2018, from <https://www.nursingworld.org/~4a4da5/globalassets/practiceandpolicy/work-environment/health-safety/opioid-epidemic/2018-ana-opioid-issue-brief-vfinal-pdf-2018-08-29.pdf>.
2. National Institute on Drug Abuse. (n.d.). Opioids. Retrieved from <https://www.drugabuse.gov/drugs-abuse/opioids#summary-of-the-issue>
3. Public Affairs. (n.d.). What is the U.S. Opioid Epidemic? Retrieved October 17, 2018, from <https://www.hhs.gov/opioids/about-the-epidemic/index.html>
4. Siegel, E. (2018, March 20). Opioid Epidemic So Dangerous, Says CDC, It's Finally Killing As Many Americans As Guns. Retrieved from <https://www.forbes.com/sites/startwithabang/2018/03/20/opioid-epidemic-so-dangerous-says-cdc-its-finally-killing-as-many-americans-as-guns/#217a9c46c21c>
5. Wisconsin Department of Safety and Professional Services. (n.d.). Statistics - Wisconsin Prescription Drug Monitoring Program. Retrieved October 17, 2018, from <https://pdmp.wi.gov/statistics>

Questions?

## Table Discussion

What should WNA's role be in Addressing the Opioid Epidemic in Wisconsin

- Policy/Legislation
- Workplace Advocacy
- Education
- Practice and Quality
- Leadership

## Report Out

Top three priorities for each category:

- Policy/Legislation
- Workplace Advocacy
- Education
- Practice and Quality
- Leadership