



George "Chip" Morris, MD

Working to Address the Opioid Crisis

George "Chip" Morris, MD, FAAN

It's no secret that the opioid crisis represents a serious threat to the health of Wisconsin citizens and the rest of the nation. From our exam rooms and emergency departments to every form of media, we're seeing the impact the misuse, abuse, and diversion of opioids is having on our patients and our communities every day. That's why, in 2015, the Wisconsin Medical Society (Society) convened an Opioid Task Force, which is committed to reducing and preventing opioid abuse, misuse, and diversion. The Society seeks to influence state and national legislation, while providing education on best practices and guidelines for physicians and patients.

Through the task force, the Society has focused its efforts in three key areas—legislation, physician education, and public awareness—with safe and effective pain management as its overarching goal.

Legislation

Perhaps some of our most visible and successful advocacy efforts have been related to the Heroin, Opioid Prevention and Education (HOPE) Agenda. Spearheaded by Wisconsin State Assembly Representative John Nygren, the HOPE Agenda is a series of bills introduced during the past 3 legislative bienniums that target heroin and prescription drug abuse. They have received overwhelming bipartisan support and, to date, 17 bills have become laws addressing a number of issues, including streamlining the use of the enhanced Prescription Drug Monitoring Program (ePDMP)

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to alert prescribers to the presence of potential abusers, expanding use of naloxone to prevent overdose and death, and increasing funding for treatment alternatives and diversion programs.¹

Physician Education

It's essential that physicians and other clinicians have access to timely, relevant education in pain management. Members of the task force and other Society members who specialize in addiction and pain management have responded by creating nearly a dozen online courses approved for CME that address topics including the Wisconsin Medical Examining Board Opioid Prescribing Guideline, using the ePDMP, legal requirements for opioid prescribing, identifying opioid abuse risk in patients with chronic pain, interacting with drug-seeking patients, and more. In addition, the Society has developed an opioid performance improvement activity that addresses responsible opioid prescribing and supports the implementation and use of the ePDMP. Physicians who successfully complete the activity earn *AMA PRA Category 1 Credit*[™] and satisfy Maintenance of Certification Part IV requirements. But more importantly than the credit, physicians are able to analyze their own prescribing patterns, set and implement goals, and make adjustments to improve their practice.

Public Awareness

Possibly most challenging is changing our culture and community response to pain. In addition to publishing editorials, disseminating public service announcements, and promoting "Drug Take-Back Days," the Society partnered with Wisconsin Attorney General Brad Schimel to help develop and promote "Dose of Reality," a statewide multimedia campaign launched in 2015 that aims to increase awareness and provide information to the public

about the dangers of misusing prescription pain medicines.

Although we certainly can't take all the credit, as a state our efforts are paying off. During the fourth quarter of 2015, the total number of monitored drug prescriptions dispensed was 2,675,609. In comparison, during the same time period in 2016, that number was 2,461,013—a reduction of nearly 8%.²

This crisis doesn't mean physicians should never prescribe opioids. Effective pain care uses the most appropriate choice, weighing the risk and benefits, and not losing sight of the patient's quality of life. Our approach to managing pain must be a shared responsibility between the patient and physician. Patients should come to expect physician efforts to start with the low-risk approach of rest and non-narcotic treatments, including non-steroidal medications. Patients and physicians must agree that more risky medications such as opioids should be provided in limited quantities due to their addictive potential. Managing disease-related pain that has progressed beyond disease-based care, such as in cancer diagnoses, or other destructive conditions, has evidence-based approaches. The patient-physician partnership must follow these approaches with the risks in mind.

The Wisconsin Medical Society Opioid Task Force remains active and aggressive in these efforts, and we will not rest until pain management is a nuanced, successful process.

REFERENCES

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