

The Wisconsin Pharmacy Examining Board Examining Board encourages patient pain control by optimizing the Patient - Pharmacy – Medical care management triad.

BACKGROUND

The Wisconsin Pharmacy Examining Board has been approached by June L. Dahl, PhD, Director of the Wisconsin Pain Initiative and Matt Bromley, Communications and Policy Director for the American Alliance of Cancer Pain Initiatives, to expand its position statement of *Pain & Policy Studies Group on Wisconsin Pharmacists and Schedule II Medications* as published in the Board's Wisconsin Regulatory Digest article *Volume 13, No. 2 October, 2001* <http://drl.wi.gov/boards/phm/digest/20011000.pdf>

A survey of Wisconsin pharmacists' knowledge and attitudes about dispensing opioid analgesics for chronic cancer and non-cancer pain was published in the March/April 2001 issue of the Journal of the American Pharmaceutical Association. <http://www.medsch.wisc.edu/painpolicy/publicat/01japhak/01japhak.htm> The study found that not all pharmacists knew what constituted legitimate dispensing practices for controlled substances under federal or state policy in emergencies or for patients with terminal illness. Also many pharmacists were unaware of the distinction between addiction, physical dependence, and tolerance. The Board encourages pharmacists to re-educate themselves with current literature on pain management. Appropriate pain control can improve or at least maintain a patient's quality of life. It is the pharmacist's duty to provide medications along with proper counseling to ensure pain control. The PEB considers refusal to fill a Schedule II prescription based on speculation or ignorance unacceptable.

Specifically, this expanded Position Board Statement clearly articulates to pharmacists that the Board;

- 1) encourages pain management;
- 2) recognizes that pain management, and the use of opioids for pain management, are a part of medical / pharmacy practice; and,
- 3) recognizes confusion exists around the terms addiction, physical dependence and tolerance.

While developing this statement, the Board surveyed multiple other state's Position Statements for completeness and consistency. The Board acknowledges utilization of the position statements of The Iowa and Texas Boards of Pharmacy.

As with all professional and practice questions, should they require clarification, the Board encourages Pharmacist contact. Written correspondence is preferred either via the Department of Regulation and Licensing URLs or by US Postal Service.

The Wisconsin Pharmacy Examining Board
Position Statement on the Treatment of Pain
Effective Date: December 7, 2005

The mission of The Wisconsin Pharmacy Examining Board is to promote, preserve and protect the public health, safety and welfare by fostering provision of quality pharmaceutical care to all Wisconsinites. The Board recognizes quality care dictates the citizens of the State of Wisconsin have access to appropriate and effective pain relief. The appropriate application of current knowledge, practice standards and treatment modalities can serve to improve the quality of life for those patients who suffer from pain. This in turn will reduce the morbidity and costs associated with untreated or inappropriately treated pain. The Board encourages pharmacists to view effective pain management as a part of quality care for ALL patients with pain, acute or chronic. It is especially important for patients who experience pain as a result of terminal illness. All pharmacists should become knowledgeable about effective methods of pain treatment, as well as, statutory requirements for dispensing controlled substances.

Inadequate pain control may result from physicians' and pharmacists' lack of knowledge about pain management or an inadequate understanding of addiction. The Board recognizes controlled substances, including opioid analgesics, may be essential in the treatment of pain, whether acute due to trauma or surgery or chronic due to cancer or non-cancer origins.

The Board recognizes controlled substances are subject to abuse by individuals who seek them for mood altering and other psychological effects rather than their legitimate medical uses. When dispensing controlled substances, the pharmacist should be diligent in preventing them from being diverted from legitimate to illegitimate use.

Tolerance and physical dependence are normal consequences of sustained use of these drugs and are NOT synonymous with psychological dependency (addiction). Psychological dependency is characterized by the compulsion to take a drug despite its harmful and destructive effect on the individual. Tolerance represents a secondary medical condition requiring pharmacy and medical assistance to resolve and continue patient pain control. Psychological dependency requires social (regulatory), plus pharmacy and medical assistance to maximize patient care while controlling the harmful and destructive patient behavior.

As with all medication therapies, the Board affirms the pharmacist's duty to provide medications along with proper counseling to ensure pain control. Failure to:

- a) counsel, monitor and assist the patient in receiving optimal care of any condition or,
- b) knowingly facilitating care, continuing care or providing medications known to be inappropriate to the patient

is unprofessional practice with the possibility of discipline under various Board rules plus Wisconsin and Federal Regulations. IE, controlled substances shall only be dispensed for legitimate medical purposes.

By participating as a member of the health care team, Pharmacists should NOT fear disciplinary action from the Board for dispensing controlled substances, including opioid analgesics, for a legitimate medical purpose in the usual course of professional practice. The Board will initially consider dispensing controlled substances for pain to be for a legitimate medical purpose based on accepted scientific knowledge of the treatment of pain, patient clinical presentation and sound clinical judgment. All such dispensing must be based on clear documentation in the patient's pharmacy records of the patient's medical condition plus pertinent discussions with the prescribing practitioner. Using proper written documentation, the patient's medical condition and clinical response to treatment provide a strong foundation for verifying optimal patient care, if review of the patient record is necessitated at some future time.