



HPNA Position Statement
Medication Safety in Hospice and Palliative Care Settings

Position Statement

It is the position of the Hospice and Palliative Nurses Association (HPNA) that medication safety is an essential aspect of hospice and palliative nursing. Hospice and palliative nurses are instrumental in public education about medication safety for patient with serious illnesses, their family, and the community.

Clinical Practice

- Hospice and palliative nurses must ensure organizational policies for safe medication prescription, medication safety, and disposal of medications.
- Hospice and palliative nurses must engage in best practices for safe storage and medication disposal at the community level and globally.
- Registered nurses have a legal responsibility to adhere to safe prescribing practices which include the following actions:
 - Educate patients in the safe use of prescription medications such as opioids, benzodiazepines, and psychotherapeutic medications.
 - Review safe storage strategies for medications.
 - Provide instructions on the proper disposal of expired, unused, or unwanted medications.
- Advanced practice registered nurses, as medication prescribers, have a legal responsibility to adhere to safe prescribing practices which include the following actions:
 - Consider the most appropriate medication for pain and symptom based on comprehensive assessment using universal prescribing precautions and risk assessment tools.
 - Prescribe appropriate quantities.
 - Educate patients in the safe use of prescription medications like opioids, benzodiazepines, and psychotherapeutic medications.
 - Review safe storage strategies for medications.
 - Provide instructions on the proper disposal of expired, unused, or unwanted medications.

Education:

- Hospice and palliative nurses must understand the concepts of medication safety including safe prescribing, safe medication storage in the home, and safe disposal.
- Hospice and palliative nurses must stay current on federal, state, and local regulations.
- Hospice and palliative nurses should be aware of their local resources for federally approved take-back programs as they relate to environmental regulations in their communities (e.g., state, county, local).

Policy/Advocacy

- Hospice and palliative nurses and their organizations have a responsibility to participate and promote take-back programs and take-back events.

Research

- Ongoing research opportunities exist on best practices for safe medication disposal, public education and engagement, conservation of limited healthcare resources by decreasing the amount of unused medication, diversion by family members, and the impact of disposal on the environment.

Background

Medication Safety During the Current Opioid Epidemic

There is currently a serious opioid and medication diversion crisis in the United States. Medications are being obtained illicitly and used inappropriately, and patients with serious illnesses are at risk of having their medications stolen. Medication safety is a top priority, particularly during today's opioids misuse crisis. In the United States, there are alarmingly high rates of medication diversion and abuse, and opioid diversion/misuse is resulting in high rates of death. The current status of medication abuse has been reported in the Institute for Clinical and Economic Review's *Abuse-Deterrent Formulations of Opioids: Effectiveness and Value*: "For every one death from prescription opioids, it is estimated that there are 10 treatment admissions for abuse, 32 emergency room visits for misuse or abuse, 130 people who become dependent on opioids, and 825 people who report nonmedical use of these drugs."¹

Many individuals who abuse opioids do not receive a prescription from a clinical healthcare prescriber, obtaining opioids as leftover medications from family, friends, and neighbors instead. This is known as diversion, or the transfer of any medication, including opioid analgesics, from a lawful to an unlawful channel for distribution or use. According to national surveys, about 50% of people who misused prescription opioids got them from a friend or relative for free, while 22% got them from a doctor, and 4% bought them from a drug dealer.¹

The volume of prescription opioids diverted annually for nonmedical use is extremely difficult to estimate, however, street prices of specific opioids can be a

good indicator of drug availability, demand, and abuse potential.² Of note, many of the medications prescribed to patients with serious illnesses fall into the categories of medications at risk for abuse.

Medications and Patients with Serious Illnesses

Over the course of the illness trajectory, patients with serious illnesses may have various regimens initiated to promote quality of life. Patients often use a variety of controlled medications to manage pain and symptoms, but because of the changing nature of their conditions, they may require different medication regimens over time. Often, medications may be left over at the time of death, resulting in many unused medications. Significant cost is associated with discarded medications, but if they are inadequately disposed of, the medications could be diverted or used accidentally by children or pets. Of course, safe prescribing includes giving the right medication at the right dose, in safe quantities, however, unused medications can still pose a threat.

To reduce harm from accidental exposure, intentional misuse, or diversion, medication storage and disposal has become a major focus. Medication preparations include pills, tablets, and capsules; liquids and elixirs; patches; syringes; inhaled products; and suppositories. Medication safety includes safe storage, proper disposal, education of storage, and understanding of adverse side effects if taken by a person without an illness. Proper disposal of medications is associated with two factors: (1) the actual medication and (2) the environmental impact of the disposal process. As part of comprehensive, quality, and safe care, hospice and palliative nurses must educate patients and families on the proper use, management, storage, and disposal of medications.

Ownership of Medications

Within the hospice and palliative world, there has been discussion of who owns the medications, particularly under the Medicare hospice benefit. The *Controlled Substances Act* clarified this by delineating an ultimate user: “a person who has lawfully obtained, and who possesses, a controlled substance for his own use or for the use of a member of his household or for an animal owned by his [her] or by a member of his [her] household.”³ Thus, the patient is responsible for the safety of medications.⁴ However, ownership and responsibility of controlled substances for hospice patients is still a bit unclear. A new law was enacted in October 2018 to promote safe disposal of controlled substance by hospice providers, the *Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT for Patients and Communities Act)* to promote safe disposal of medications.⁵

Safe Storage

Medications should be stored properly in the residential setting. Inpatient facilities usually have strict guidelines, but once medications are dispensed, they become the property of the patient; therefore, patients and families need education about safe storage. The first step includes keeping the medications in the container they were prescribed in, not plastic bags or loose in drawers, purses, backpacks, briefcases, or luggage.⁶ The second step is having a routine for medications,

such as putting them away after administration.⁷ The third step includes using safety caps and keeping medications out of harm's way for others.⁶ Such strategies include ensuring safety caps are replaced, using safety caps unless otherwise planning, and putting medications up and away out of reach for children.⁶ For opioids, benzodiazepines, and other potentially harmful medications, it means securing medications; this includes keeping medications out of sight of children and visitors.^{6,7} Strategies include locking medications in a medicine cabinet, a lock box, or bank bag with a lock.⁶

Responsibility of Medication Disposal

The *Controlled Substance Act* was amended in 2014 to become the *Secure and Responsible Drug Disposal Act of 2010*.³ The amendment of safe disposal delineates the responsibility of safe disposal: only ultimate users have the authority to transfer controlled substances to authorized collectors for disposal.³ Thus, the ultimate responsibility falls back to the patient and family, unless they are in long-term care facilities.

Medication Disposal

For hospice and palliative care patients, there are different rules for disposal depending on the type of care. For hospice, the Centers for Medicare and Medicaid Services' (CMS) *Hospice Conditions of Participation*, Sec. 418.106, requires individual hospice agencies to have organizational policies and procedures on disposal of controlled substances.⁸ The nurse's role includes providing a written copy of this policy and procedure to the patient or patient's representative and family, providing education in a language and manner they can understand, and documenting accordingly in compliance with their institution's policy. Unfortunately, the *Hospice Conditions of Participation* do not make specific recommendations or provide guidelines. However, a key provision of the 2018 *SUPPORT for Patients and Communities Act* is the allowance of the safe disposal of a hospice patient's controlled substance medication that was either expired or no longer necessary by a qualified hospice professional.⁵

Within the CMS conditions, home health agencies are not authorized to dispose of controlled substances, but home health agencies are encouraged to partner with authorized collectors in take-back programs.³ Here, the nurse's role is to provide education on disposal. Skilled facilities or institutions that provide extended care to patient residents may dispose of controlled substances on behalf of ultimate users or patient residents.³

There are guidelines published for disposal by the Food and Drug Administration (FDA) and most publications for consumers are based on the content in these guidelines. The FDA developed these guidelines to encourage the proper disposal of medicines and help reduce harm from accidental exposure or intentional misuse when no longer needed.^{9,10} Medication disposal falls into several areas: take-back programs for unused medications, trash disposal with appropriate alteration of the medication to make it unusable, and flushing programs. There may be community-specific regulations in smaller communities or rural areas that restrict take-back programs in their area or disposing via trash,

if there are issues of water contamination. The choice depends on location, the community, medication form, and type of medication.¹¹

Take-Back Programs

Take-back programs allow the public to take unused drugs to a central location for proper disposal, including authorized collectors like pharmacies or clinic programs where individuals can mail back prescriptions. These must be overseen by law enforcement agencies for specified days of take-back programs.

The U.S. Department of Justice, in collaboration with the Drug Enforcement Administration (DEA), organizes a national take-back day every year.⁴ Local law enforcement agencies often sponsor medicine take-back programs in the community. Authorized sites may be retail, law enforcement locations, or hospital or clinic pharmacies. Some pharmacies offer mail-back programs or collection receptacles (e.g., drop-boxes). Disposal of medications, particularly in household trash, sewer, and septic systems, continues to raise environmental concerns, especially in smaller communities.

Trash disposal should focus on altering substances and making them unappealing and undesirable. This method of disposal consists of three steps:

1. Remove labels from original bottles or containers to hide the fact it is a medication.
2. Mix crushed pills or liquids with coffee grounds, tea leaves, kitty litter, or dirt to render them both unrecognizable and unusable.¹²
3. Place the mixture in a sealable bag, empty can, or other container to prevent the drug from leaking or breaking out of a garbage bag.

Specific disposal instructions on the prescription label or patient information that accompanies the medicine should be followed. It should be noted that there is now consensus between the FDA, DEA, and the Environmental Protection Agency on disposal. All of these agencies promote altering medications before disposal into trash, as flushing medications into the sink or toilet affects the water supply.^{9,13}

Definition of Terms

Disposal: When medications or drugs are no longer necessary to medical treatment or can no longer be used due to expiration dates, they must be discarded or thrown out in a way that it is safe for the environment.¹¹

Diversion: Any act or deviation that removes a prescription drug from its intended path from the manufacturer to the patient.¹⁴

Safe drug-disposal programs: Called drug take-backs; gives ultimate users ways to safely remove unwanted prescription drugs from their homes. These include authorized collectors such as pharmacy, clinics, and law enforcement agencies.¹¹

Ultimate user: A person who has lawfully obtained, and who possesses, a controlled substance for one's own use or the use of a member of one's household; any person lawfully entitled to dispose of a decedent's property, if that person dies while lawfully in possession of a controlled substance; and long-term care facilities on behalf of ultimate users who reside or have resided at such facilities are granted DEA authority for the purpose of drug disposal.^{3,4}

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This statement reflects the best available evidence at the time of writing or revisions.

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