The Vital Role of the Nurse Practitioner in the Treatment of Substance Use Disorder

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Learning Objectives:

1. Identify how nurse practitioners can increase confidence in providing quality care for patients with substance use disorders.

2. Recognize methods to maintain professionalism with patients and colleagues that will facilitate and maintain coordination of care and ethical practice.

3. Describe how to maintain professional standards of practice within the guidelines of governing bodies.
Happy Nurse Practitioner Week!

Nurse Practitioner Week is November 13th – 19th, 2022.

Nurse practitioners are a critical part of nursing practice and the health care team.
What year was the first nurse practitioner training program?

A. 1945  
B. 1965  
C. 2004
In 1965, Loretta Ford, partnered with a physician, Henry Silver, to create the very first training program for Nurse Practitioners. Their program, offered at the University of Colorado, focused on family health, disease prevention, and the promotion of health.
What year did we start celebrating NP week?

A. 1965
B. 2004
C. 2017
AATOD Conference 2022
Power of Collaboration

Power of Collaboration
More Access to Substance Use Disorder SUD Treatment is needed!
Power of Collaboration
All Levels

- American Association for the Treatment of Opioid Dependence Conference 2022 Baltimore Maryland, **AATOD**
- World Federation for the Treatment of Opioid Dependence **WFTOD**
- Maryland Association for the treatment of Opioid Dependence **MATOD**
- Office of National Drug Control Policy **ONDCP**
- Substance Abuse and Mental Health Services Administration **SAMHSA**
- National Center on Substance Abuse and Child Welfare **NCSACW**
- Drug Enforcement Administration **DEA**
- Opioid Operational Command Center **OOCC**
- Behavioral Health Administration **BHA**
- Behavioral Health Systems Baltimore **BHSB**
- Legal Action Center **LAC**
- American Nurses Association **ANA**
Power of Collaboration
My take away national level

- Collaboration is at all levels!
- Policy guides practice - be involved with policy makers
- New National polices are coming 2023
- Media Makes A Difference
- Fentanyl is in the USA and Canada and new analogs coming soon
- Fentanyl is not in Europe
- **More Access to treatment is needed** –
- Three medications approved for SUD mandated for all jails
  - Methadone, Buprenorphine and Naltrexone
- Harm Reduction is viewed in many ways
  - Look forward to my spring presentation on Harm Reductions for NP practice
Power of Collaboration
provider level

- Verify the Community Provider
  - Primary Care
  - Pain Management
  - Counselor IOP or OP
  - Therapist / Psychiatrist
  - Peer Recovery Specialist
  - Specialty providers
- Obtain Release of Information ROI on admission
- Obtain ROI with all new provider
- Collaborate with Health Provider
- Assure patient is aware that this is collaborative
Power of Collaboration
mental health and specialty level

- Verify the Mental Health Provider
- Obtain Release of Information on admission
- Collaborate with Mental Health Provider
  - Remember Methadone, Buprenorphine and Naltrexone dispensed from an OTP will not show up on CRISP
- Assure patient is aware that this is collaborative
Power of Collaboration
family and community level

● Know your community resources
● Verify Family Members, Significant Others
  ○ Emergency Contacts
● Obtain Release of Information ROI on admission
● Obtain ROI with all new contacts
● Collaborate with family SO
● If you are on a telehealth ask to meet the family, the pets
● Assure patient is aware that this is collaborative
Power of Collaboration
pharmacy level

- E-preserve
- Send to pharmacy near you if possible
- Know your pharmacy
- Choose a pharmacy that is easy to collaborate
- Collaborate with Pharmacy with discrepancies
- Verify CRISP every visit
- Collaborate with CRISP for discrepancies
Power of Collaboration
patient care level

- Take care of your patient!
- Have compassion
- Story board write it down and incorporate into your conversation, update regularly
- Know your patient
- Build the connection
- Well rounded provider
- Add the personal touch - do a follow up call
Actions speak louder than words!!!

People Need To See That You Care Before They Care What You Think
Patient/Prescriber Agreement

• Outlines expectations of patient and prescriber

• Can serve as informed consent tool

• Identifies alternatives to buprenorphine

• Recommend updating and reviewing at regular intervals (eg annually and if issues arise)
What year was Buprenorphine approved for SUD?

- 1969
- 2002
- 2017
What year allowed NP’s PA’s approved to prescribe Buprenorphine?

- 2016
The Comprehensive Addiction and Recovery Act of 2016 (CARA, P.L. 114-198) expanded prescribing authority for buprenorphine, one of three medications approved by the U.S. Food and Drug Administration for treating OUD, to nurse practitioners and physician assistants. CARA allowed these advanced practitioners to obtain waivers under the Drug Addiction Treatment Act of 2000 (DATA 2000, P.L. 106-310), which previously limited prescribing authority to qualified physicians.
Waiver Training

- 8 Hour Training + 16 Hour Training = 24 Hours of Education Required to Obtain a DEA MAT Waiver for More Than 30 Patients Register.
- After one year of 30 patient limit can apply for 100 patient limit
- Can apply for 275 limit with additional services available in practice
- **SAMHSA in April 2021 approved Buprenorphine to be prescribe for up to 30 patients without the waiver**, however still need to have DEA –number and registered with SAMHSA, [https://www.samhsa.gov/medication-assisted-treatment/become-buprenorphine-waivered-practitioner](https://www.samhsa.gov/medication-assisted-treatment/become-buprenorphine-waivered-practitioner)
Waiver Training

- MACS  Maryland Addiction Consultation Service
- ASAM  American Society of Addiction Medicine
- PCSS  Providers Clinical Support System
- SAMHSA Substance Abuse and Mental Health Service Administration
- APNA  American Psychiatric Nurses Association
NURSE PRACTITIONER
Addiction Certification

- IntNSA International Nurses Society on Addictions supports [https://ancbonline.org/About](https://ancbonline.org/About) certification for Addictions Registered Nurse CARN and Nurse Practitioners CARN-AP

- NACDN National Association of Chemical Dependency Nurses [National Association of Chemical Dependency Nurses | Nursing Network](https://www.nationalassociation.com) pending certification by Jan 2023. CDNC

- University of Maryland has an Addiction Certificate Program that will prepare you to pass the CARN-AP
Rural Study

- RESULTS: Of the waivered NPs and PAs, 80.3% reported having prescribed buprenorphine and 71.1% said they were currently accepting new patients with OUD.
- Providers with the 30-patient waiver were treating, on average, 13.2 patients; **37.0% were not treating any patients.**
- The **most common barrier**, cited by half of providers, was concerns about diversion/medication misuse.
- More rural providers indicated **lack of specialty backup** and mental health providers as a barrier than urban providers.
- Never-prescribers and former-prescribers reported 6 barriers at significantly higher rates than did current prescribers.
- More rural providers accepted Medicaid and cash reimbursement than urban providers.
NP Increase Access
Reduce Disparities

- NPs and PAs have considerable potential to reduce substantial MAT access disparities.
- NPs and PAs are projected to increase the number of rural patients treated with buprenorphine by 10,777 (15.2%). Census
- England and East South Central Census Divisions are projected to have the largest population-adjusted increase.

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ADDICTION IS TREATABLE!!!
Person First Language
Language Matters

- Current language focuses on labeling and stigmatizing people
- “Abuse”¹
  - Long implied the willful commission of an abhorrent (wrong and sinful) act
  - Come to characterize those of violent and contemptible character-those who abuse their partners, children or animals
  - Defined in terms of immorality, not as health problem
- Study of 728 MH professionals randomly presented one of 2 vignettes with different descriptive language of person portrayed²
  - “Substance Abuser” vs “Person with Substance Use Disorder”
  - Those assigned “substance abuser” vignette more likely to view individual as personally culpable for condition, able to self-regulate behavior, and intervention should be punitive (jail)

²Kelly et al Int J Drug Policy, 2010
## Changing Language

<table>
<thead>
<tr>
<th>Instead Of</th>
<th>Try this Non-Judgmental Alternative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addict</td>
<td>Person with a substance use disorder; or Person with a severe substance use disorder</td>
</tr>
<tr>
<td>Alcoholic</td>
<td>Person with an alcohol use disorder; or Person with a severe alcohol use disorder</td>
</tr>
<tr>
<td>Clean</td>
<td>Abstinent; or Abstaining from</td>
</tr>
<tr>
<td>Clean (urine test)</td>
<td>Negative for substance X; or As expected</td>
</tr>
<tr>
<td>Dirty</td>
<td>Actively using; or Positive for substance use</td>
</tr>
<tr>
<td>Dirty (urine test)</td>
<td>Positive for substance X; or Unexpected</td>
</tr>
<tr>
<td>Drug habit</td>
<td>Substance use disorder; or Compulsive or regular substance use</td>
</tr>
<tr>
<td>Drug Abuse or Substance Abuser</td>
<td>Person with a substance use disorder; or Person who uses substances (if does not qualify for a diagnosis of substance use disorder)</td>
</tr>
<tr>
<td>Methadone clinic</td>
<td>Opioid Treatment Program (OTP)</td>
</tr>
<tr>
<td>Non-compliant</td>
<td>Use descriptive terms geared towards stage of change (eg: thinking about quitting use)</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>Substance use disorder</td>
</tr>
</tbody>
</table>
"HERONYL"/"FENTOIN" F.A.S.H

(Fentanyl Adulterated/Substituted Heroin)

**Toxic Fentanyl sold as Heroin**

Powder fentanyl can cause overdoses
Fentanyl overdoses can be harder to reverse
Try not to use alone
Inject slowly
Use naloxone
Carry Naloxone
Call 911 right away if someone ODs

**Recommendations for Laboratory Testing for Acetyl Fentanyl and Patient Evaluation and Treatment for Overdose with Synthetic Opioids**

Summary: Heroin, a number of individual drug users have overdosed on a new, non-prescription, fentanyl-related synthetic opioid, fentanyl. CDC recommends screening for fentanyl and its analogs in all samples suspected of being heroin. The presence of fentanyl in a sample indicates the presence of fentanyl or a fentanyl analog. CDC recommends using an enzyme-linked immunosorbent assay (ELISA) for fentanyl.

Background

Since March 6, 2013, 14 overdose deaths related to a single, non-prescription synthetic opioid have occurred among drug users in the United States. In March, the Drug Enforcement Administration, the Food and Drug Administration, and the Centers for Disease Control and Prevention, in collaboration with the Rhode Island Department of Health, recommended the inclusion of fentanyl analogs in current screening and diagnostic tests for drug use.

Fentanyl is now available as a prescription drug in the United States.

The U.S. Department of Health and Human Services, the Public Health Agency, and the Health Resources and Services Administration, in collaboration with the Rhode Island Department of Health, are collaborating on a plan to address the increase in fentanyl-related deaths in New York City.

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These deaths represent a significant increase in the number of fentanyl-related overdoses compared with the number of cases typically reported in a month in the United States.

There have been unconfirmed reports from other states of increases in fentanyl-related overdose events and in emergency departments. Media reports have associated these events with "fentanyl"-contaminated heroin or in some cases, heroin alone. It is possible that these events are related to the use of fentanyl, but further testing is needed to verify this.

**Case definitions:**

1. Fentanyl-related overdose: A diagnosis based on a positive screen for fentanyl.

Note: If a suspected fentanyl-related overdose results in death, jurisdictions often carry out drug screening. Some jurisdictions perform an ELISA that includes a screen for fentanyl, while others do not routinely screen for fentanyl. CDC recommends screening for fentanyl by ELISA.
Rainbow Fentanyl
Naloxone Nasal Spray

- Naloxone

- Kloxxado 8 mg
Pregnancy
Mono- vs Combo-Product

- “Subutex”- just buprenorphine
- “Suboxone”- buprenorphine + naloxone
- Subutex initially recommended for pregnant women
  - it was the only form studied when FDA approved in U.S. in 2002.
  - Was also thought to have a lower risk for precipitated withdrawal.
- >10 studies now with Suboxone showing no negative outcomes
- 1 study with Suboxone showed significantly less NOWs than with Subutex
When Enough is Enough – and What to Do

- Decide on comfort level caring for complex patients
- Decide on what practice can realistically manage
  - Shorten lengths of prescriptions
  - More frequent visits
  - Check buprenorphine/norbuprenorphine ratios if drug testing done
- Look at patient agreement and review with patient
- Consider risks of discontinuing buprenorphine with risks of continuing office-based practice for complex patients
- Use patient and prescriber supports
- Transfer patients to specialty addiction treatment specialists
  - OTP with buprenorphine dispensing capability
  - Residential care if other unstable SUDs present
  - IOP/OP if no OTP available
When Enough is Enough – and What to Do

- Doses need to be adequate
  But........

- Buprenorphine is not a panacea
  - Other substance use disorders may develop or recur
  - Opioid use disorder may recur or remain unstable
  - Other co-occurring conditions or psychosocial issues may complicate management in office-based setting

- Initial reaction and temptation is often to taper/discontinue buprenorphine if patients are not doing well – or doing what they “are supposed to”; but........

- High mortality off medications
Provides support to prescribers and their practices in addressing the needs of their patients with substance use disorders and chronic pain management.

All Services are FREE

• Phone consultation for clinical questions
• Education and training opportunities related to substance use disorders & chronic pain management
• Assistance with addiction and behavioral health resources and referrals
• Technical assistance to practices implementing or expanding office-based addiction treatment services
• MACS TeleECHO™ Clinics: collaborative medical education through didactic presentations and case-based learning

1-855-337-MACS (6227) • www.marylandMACS.org
Educational Resources

- MACS website: [www.marylandmacs.org](http://www.marylandmacs.org)
- MACS for MOMs: [MACS for MOMs | MACS for MOMs (umaryland.edu)](http://macsformom.umd.edu)
- MACS ECHO: [ECHO Clinics | University of Maryland School of Medicine (marylandmacs.org)](http://echoclinics.umd.edu)
  - Consultation
  - Education
  - Technical Assistance
- Provider Clinical Support System: [https://pcssnow.org/](https://pcssnow.org/)
- SAMHSA
- American Society of Addiction Medicine:
Nurse Practitioner are Fantastic!

- Take Care of yourself
- Take Care of your patient
- See you in the spring for part II of Nurse Practitioners in Medication Assisted Treatment.
- Questions
Nurse Practitioner Week

See you soon

Thank You!

Happy National Nurse Practitioner Week