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Maryland Addiction Consultation Service

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.

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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

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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-prescribe
- 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

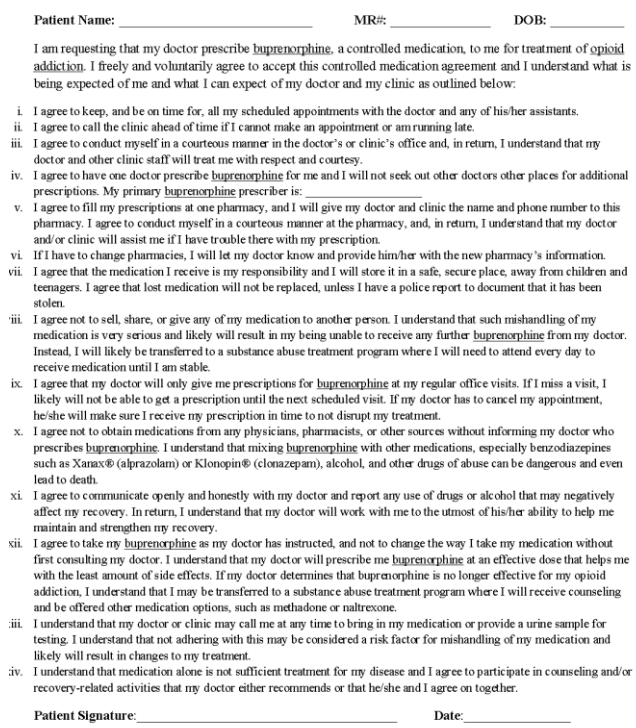
Power of Collaboration
patient care level

- 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!!!

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)



Patient Name: _____ **MR#:** _____ **DOB:** _____

I am requesting that my doctor prescribe buprenorphine, a controlled medication, to me for treatment of opioid addiction. I freely and voluntarily agree to accept this controlled medication agreement and I understand what is being expected of me and what I can expect of my doctor and my clinic as outlined below:

i. I agree to keep, and be on time for, all my scheduled appointments with the doctor and any of his/her assistants.
ii. I agree to call the clinic ahead of time if I cannot make an appointment or am running late.
iii. I agree to conduct myself in a courteous manner in the doctor's or clinic's office and, in return, I understand that my doctor and other clinic staff will treat me with respect and courtesy.
iv. I agree to have one doctor prescribe buprenorphine for me and I will not seek out other doctors other places for additional prescriptions. My primary buprenorphine prescriber is: _____
v. I agree to fill my prescriptions at one pharmacy, and I will give my doctor and clinic the name and phone number to this pharmacy. I agree to conduct myself in a courteous manner at the pharmacy, and, in return, I understand that my doctor and/or clinic will assist me if I have trouble there with my prescription.
vi. If I have to change pharmacies, I will let my doctor know and provide him/her with the new pharmacy's information.
vii. I agree that the medication I receive is my responsibility and I will store it in a safe, secure place, away from children and teenagers. I agree that lost medication will not be replaced, unless I have a police report to document that it has been stolen.
viii. I agree not to sell, share, or give any of my medication to another person. I understand that such mishandling of my medication is very serious and likely will result in my being unable to receive any further buprenorphine from my doctor. Instead, I will likely be transferred to a substance abuse treatment program where I will need to attend every day to receive medication until I am stable.
ix. I agree that my doctor will only give me prescriptions for buprenorphine at my regular office visits. If I miss a visit, I likely will not be able to get a prescription until the next scheduled visit. If my doctor has to cancel my appointment, he/she will make sure I receive my prescription in time to not disrupt my treatment.
x. I agree not to obtain medications from any physicians, pharmacists, or other sources without informing my doctor who prescribes buprenorphine. I understand that mixing buprenorphine with other medications, especially benzodiazepines such as Xanax® (alprazolam) or Klonopin® (clonazepam), alcohol, and other drugs of abuse can be dangerous and even lead to death.
xi. I agree to communicate openly and honestly with my doctor and report any use of drugs or alcohol that may negatively affect my recovery. In return, I understand that my doctor will work with me to the utmost of his/her ability to help me maintain and strengthen my recovery.
xii. I agree to take my buprenorphine as my doctor has instructed, and not to change the way I take my medication without first consulting my doctor. I understand that my doctor will prescribe me buprenorphine at an effective dose that helps me with the least amount of side effects. If my doctor determines that buprenorphine is no longer effective for my opioid addiction, I understand that I may be transferred to a substance abuse treatment program where I will receive counseling and be offered other medication options, such as methadone or naltrexone.
xiii. I understand that my doctor or clinic may call me at any time to bring in my medication or provide a urine sample for testing. I understand that not adhering with this may be considered a risk factor for mishandling of my medication and likely will result in changes to my treatment.
xiv. I understand that medication alone is not sufficient treatment for my disease and I agree to participate in counseling and/or recovery-related activities that my doctor either recommends or that he/she and I agree on together.

Patient Signature:_____ **Date**:_____

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

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 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 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 portrayed[2]
  - "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)

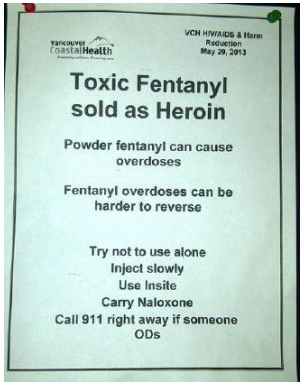
[1]White, The Rhetoric of Recovery Advocacy: An Essay on the Power of Language, 2006
[2]Kelly et al Int J Drug Policy, 2010

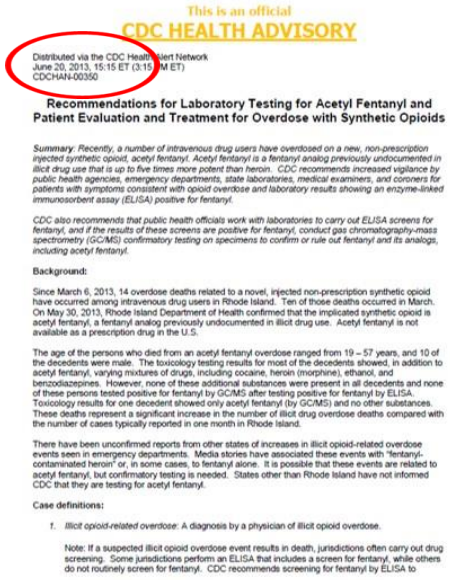
Changing Language

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

“HERONYL”/“FENTOIN”
F.A.S.H

(Fentanyl Adulterated/Substituted Heroin)





This is an official

CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
June 20, 2013, 15:15 ET (3:15 PM ET)
CDCHAN-00350

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

Summary: Recently, a number of intravenous drug users have overdosed on a new, non-prescription injected synthetic opioid, acetyl fentanyl. Acetyl fentanyl is a fentanyl analog previously undocumented in illicit drug use that is up to five times more potent than heroin. CDC recommends increased vigilance by public health agencies, emergency departments, state laboratories, medical examiners, and coroners for patients with symptoms consistent with opioid overdose and laboratory results showing an enzyme-linked immunosorbent assay (ELISA) positive for fentanyl.

CDC also recommends that public health officials work with laboratories to carry out ELISA screens for fentanyl, and if the results of these screens are positive for fentanyl, conduct gas chromatography-mass spectrometry (GC/MS) confirmatory testing on specimens to confirm or rule out fentanyl and its analogs, including acetyl fentanyl.

Background:

Since March 6, 2013, 14 overdose deaths related to a novel, injected non-prescription synthetic opioid have occurred among intravenous drug users in Rhode Island. Ten of those deaths occurred in March. On May 30, 2013, Rhode Island Department of Health confirmed that the implicated synthetic opioid is acetyl fentanyl, a fentanyl analog previously undocumented in illicit drug use. Acetyl fentanyl is not available as a prescription drug in the U.S.

The age of the persons who died from an acetyl fentanyl overdose ranged from 19 – 57 years, and 10 of the decedents were male. The toxicology testing results for most of the decedents showed, in addition to acetyl fentanyl, varying mixtures of drugs, including cocaine, heroin (morphine), ethanol, and benzodiazepines. However, none of these additional substances were present in all decedents and none of these persons tested positive for fentanyl by GC/MS after testing positive for fentanyl by ELISA. Toxicology results for one decedent showed only acetyl fentanyl (by GC/MS) and no other substances. These deaths represent a significant increase in the number of illicit drug overdose deaths compared with the number of cases typically reported in one month in Rhode Island.

There have been unconfirmed reports from other states of increases in illicit opioid-related overdose events seen in emergency departments. Media stories have associated these events with "fentanyl-contaminated heroin" or, in some cases, to fentanyl alone. It is possible that these events are related to acetyl fentanyl, but confirmatory testing is needed. States other than Rhode Island have not informed CDC that they are testing for acetyl fentanyl.

Case definitions:

1. *Illicit opioid-related overdose:* A diagnosis by a physician of illicit opioid overdose.

   Note: If a suspected illicit opioid overdose event 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 to

- 3-Methylbutyrfentanyl, 3-MBF
- 3-Methylfentanyl, 3-MF
- 4-Chloroisobutyrfentanyl, 4-ClBF, p-ClBF
- 4-Fluorobutyrfentanyl, 4-FBF, p-FBF
- 4-Fluoroisobutyrfentanyl, 4-FiBF, p-FiBF
- 4-Methoxybutyrfentanyl, 4-MeO-BF, p-MeO-BF
- 4-Fluorofentanyl, 4-FF, p-FF
- Acetylfentanyl, AF
- Acrylfentanyl
- AH-7921
- α-Methylfentanyl, "China White"

- Butyrfentanyl, BF
- Cyclopentylfentanyl, CP-F
- Desmethylprodine, MPPP
- Furanylfentanyl, Fu-F
- MT-45
- O-Desmethyltramadol
- Tetrahydrofuranylfentanyl, THF-F
- U-47700
- U-51754[62]
- Valerylfentanyl, VF

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

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for MOMs

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

MACS

Maryland Addiction Consultation Service

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
- MACS for MOMs: MACS for MOMs | MACS for MOMs (umaryland.edu)
- MACS ECHO: ECHO Clinics | University of Maryland School of Medicine (marylandmacs.org)
  - Consultation
  - Education
  - Technical Assistance
- Provider Clinical Support System: https://pcssnow.org/
- SAMHSA

https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP21-02-01-002.pdf

- American Society of Addiction Medicine:

https://www.asam.org/Quality-Science/covid-19-coronavirus

Nurse Practitioner are Fantastic!

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

Nurse Practitioner Week

See you soon