

# Opioid use disorder screening, assessment and treatment in Nursing

Mary Weber, PhD, PMHNP-BC, FAAN, FAANP  
Endowed Professor In Psychiatric Nursing  
University of Colorado College of Nursing

## Focus today

- ▶ How is your business/practice/service impacted by substance abuse? Any impacts from prescribed and non-prescribed opioids.
- ▶ What is currently working well in your field to address these impacts?
- ▶ What are the challenges and gaps to addressing these impacts and do you have any policy recommendations that would help address these challenges and gaps?

## Impact on / Going well in Nursing

- ▶ Education on SBIRT in undergraduate and graduate programs growing across the county to focus on:
  - ▶ SCREENING for substances
  - ▶ Brief Intervention for substances
  - ▶ Referral for Treatment for substance
- ▶ Nurses comfortable talking, screening and referral for all substance issues
- ▶ Nurses and Nurse Practitioners checking PDMD as a regular part of practice before prescribing controlled substances

## Impact on/going well in Nursing

- ▶ All schools and colleges of Nursing are now doing education on safe prescribing of opioids and adding the CDC guidelines on the treatment of chronic pain
- ▶ All national Nursing CE meetings include information about safe prescribing practices for opioids as well as treatment options for opioid use disorder
- ▶ Nursing programs and national conferences are also talking about naloxone use so that we have that as part of all practices

## Going well: CARA legislation

- ▶ On July 22, 2016, President Obama signed the Comprehensive Addiction and Recovery Act (CARA) in to law.
- ▶ Expands prescribing privileges to Nurse Practitioners and PAs for five years (until October 1, 2021) to prescribe buprenorphine
- ▶ Nurse Practitioners and PAs must complete 24 hours of training to be eligible for a waiver to prescribe buprenorphine
- ▶ **Seeing Nurse Practitioners prescribing buprenorphine in primary/integrated care settings**

## Going well: Senate Bill 74

- ▶ The University of Colorado College of Nursing overseeing the expansion of MAT services in Routt and Pueblo counties
- ▶ Focus on increasing the numbers of Nurse Practitioners and Physician Assistants in these two areas to add prescribing buprenorphine to their practice
- ▶ Once evaluated, we hope this can be rolled out state-wide

## Challenges /gaps

- ▶ Two main substance problems in Colorado has been cannabis and opioids
- ▶ Many people presenting in emergency rooms and primary care settings with significant opioid and cannabis use disorders and hard to find treatment, especially when severe
- ▶ Not enough Nurse Practitioners know about the possibility of prescribing MAT in primary care sites
- ▶ SIM project started integration of psych care into primary care but not as much guidance as to how to integrate substance treatment

## Recommendations

- ▶ More state wide information sharing about Nurse Practitioners ability to prescribe buprenorphine as well as all MAT products in multiple settings
- ▶ More state wide information sharing about how we can integrate substance treatment into more settings with nurses as care managers and Nurse Practitioners as providers
- ▶ Planning for how we can sustain integrated care with substance treatment in primary care and build off the SIM work
- ▶ Access to MAT publicized across the state so we can increase access and reduce stigma