

Understanding the Opioid Epidemic: The Academic Nursing Perspective

“In this global economy of ours, the most important thing we can do is to reduce demand for drugs. And the only way that we reduce demand is if we’re providing treatment and thinking about [substance use] as a public health problem, and not just a criminal problem... there are steps that can be taken that will help people battle through addiction and get on to the other side, and right now that’s under-resourced.” President Barack Obama¹

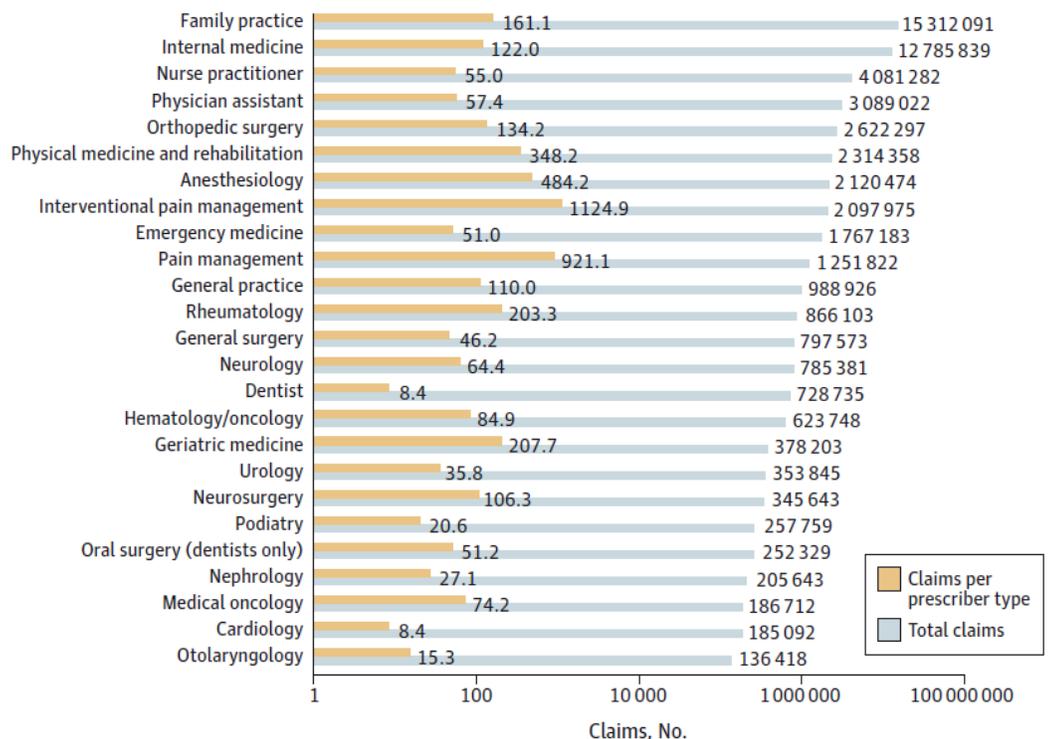
On October 21, 2015, President Barack Obama announced a plan to address prescription drug use and abuse. According to the White House press release, “Health care providers wrote 259 million prescriptions for opioid pain medications in 2012 – enough for every American adult to have a bottle of pills. Opioids are a class of prescription pain medications that includes hydrocodone, oxycodone, morphine, and methadone. Heroin belongs to the same class of drugs, and four in five heroin users started out by misusing prescription opioid pain medications.”²

Proposed solutions to address the epidemic as outlined by the Administration include increasing access to medication-assisted treatment (MAT), improving and standardizing opioid prescriber training across health provider groups, and raising awareness about the opioid crisis. Academic nursing plays a critical role in ensuring training across the nursing workforce. This edition of *Inside Academic Nursing* will describe the extent to which nurses are currently prescribing opioids, examine the role of nurses in medication-assisted treatment for opioid dependence, and highlight the commitment made by schools of nursing, medicine, and pharmacy across the United States to address this crisis through education.

Nursing’s Role in Opioid Prescribing

Previous research at the state level found that growth in opioid prescribing was limited to a small number of practices with noted high volumes. However, recent studies examining the national landscape indicate that “Medicare opioid prescribing is distributed across many prescribers” (see Figure 1). In 2013, the three largest provider groups prescribing opioids through Medicare Part D were family physicians, internists, and nurse practitioners (NPs). While claims per provider were far higher in specialty fields such as pain management and anesthesiology, NPs were the third largest provider group in terms of total opioid claims.

Figure 1. Top 25 Prescriber Specialties by Total Medicare Part D Claims for Schedule II Opioids in 2013 ³



Source: Chen, J.H., Humphreys, K., Shah, N.H., Lembke, A. (2016). Distribution of opioids by different types of Medicare prescribers. *JAMA Internal Medicine*, 176(2), 261-263.

Though NPs are highlighted in Part D research as a major opioid prescriber group, other advanced practice registered nurses (APRN) also administer controlled substances in accordance with their state nurse practice act. These roles include the Clinical Nurse Specialist (CNS), Certified Nurse Midwife (CNM), and Certified Registered Nurse Anesthetist (CRNA). In addition to being a licensed APRN in good standing and adherence to state nurse practice acts, APRNs who intend to prescribe controlled substances must also register with the Drug Enforcement Administration (DEA) and obtain a DEA Number.⁴

Regardless of whether an APRN meets all the criteria specified above, there is still one medication that advanced practice registered nurses and other non-physician providers cannot prescribe: buprenorphine. Buprenorphine is one of three medications currently being used for medication-assisted treatment of opioid dependence and is the only schedule III medication that existing laws permit *only* physicians to prescribe.^{5,6} From a historical perspective, the Drug Addiction Treatment Act (DATA) of 2000 (Public Law 106-310) gave “qualifying physicians” (physician’s board certified in addiction or those with a waiver) the ability to prescribe buprenorphine for detoxification and/or maintenance therapy for patients with opioid use disorders. In 2002, the Food and Drug Administration (FDA) approved buprenorphine for the treatment of opioid dependence in the U.S.⁷ If APRNs are to be part of the solution and play a larger role in this work, barriers such as this limitation to expand patient access must be removed.

What is Medication-Assisted Treatment?⁸

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), MAT combines behavioral therapy and medications to treat substance use disorders. There are four medications used in MAT: buprenorphine, methadone, and naltrexone for opioid use disorder treatment, and naloxone for opioid overdose.

2016 Policy Proposal

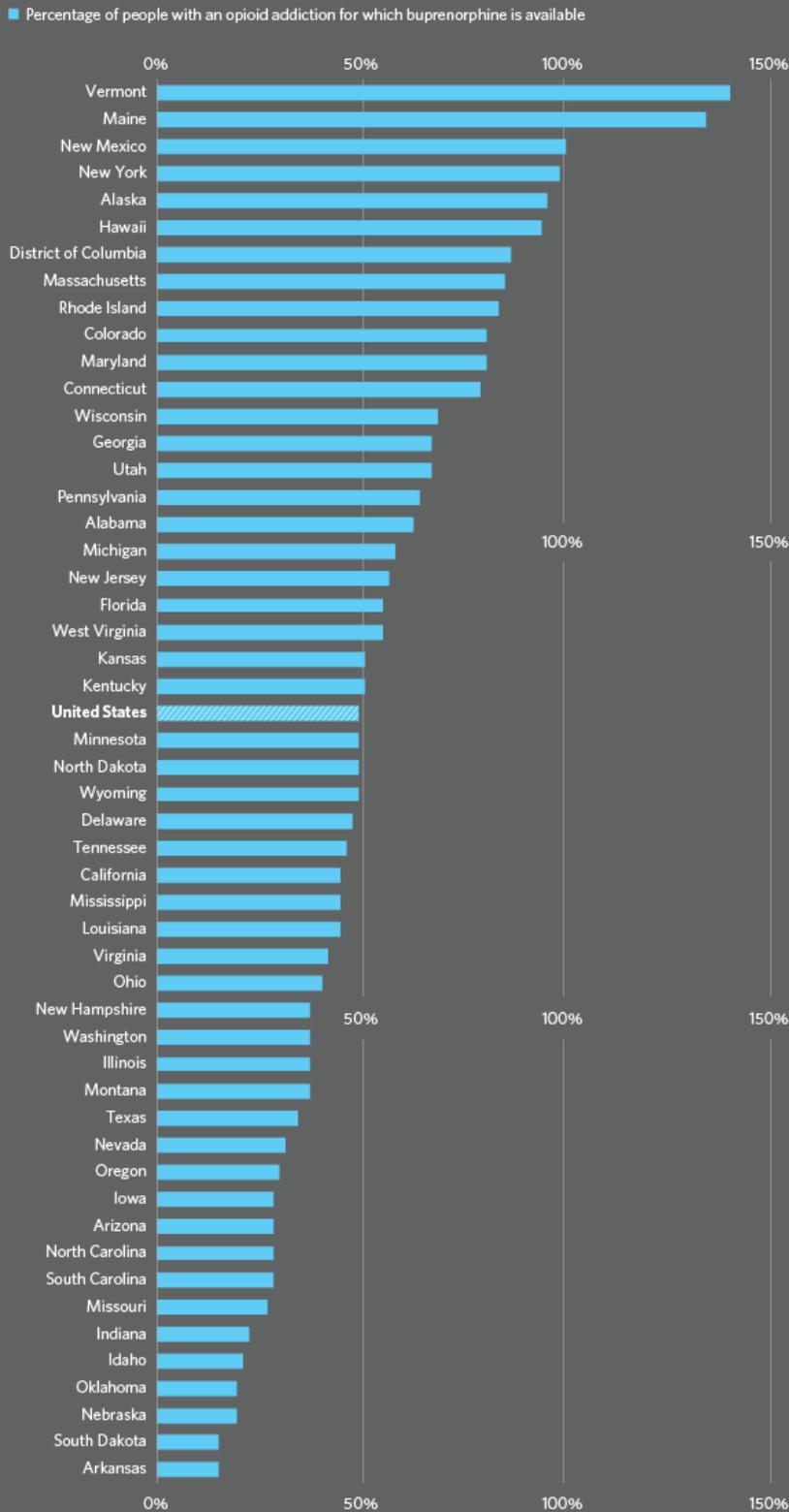
A primary policy solution to increase access to MAT is to lift the restriction on non-physician prescribers. According to Robinson, Shattell, and Naegle (2015), “The need for medication assisted treatment is greater than the number that can be treated by certified physician providers.”⁹ Congress has taken this issue up through various bills. In 2014, Senator Edward Markey (D-MA) introduced the Recovery Enhancement for Addiction Treatment Act or the TREAT Act (S. 2645). The TREAT Act proposed to revising current statute to allow both nurse practitioners and physician assistants who go through a minimum of 24 hours of training to prescribe buprenorphine. Additional proposals have since been added to the debate. The Comprehensive Addiction and Recovery Act (CARA) was passed by the Senate on March 10, 2016 and by the House of Representatives on May 13, 2016 as part of a comprehensive package of bills taken up in the House Energy and Commerce Committee to address this issue.

Concurrently, the Department of Health and Human Services released a Notice of Proposed Rulemaking to expand the number of patients a physician can prescribe buprenorphine to as a solution to increase patient access to MAT. As Secretary of Health and Human Services Sylvia Burwell recently stated, “This epidemic is multifaceted, and we need to respond with the best solutions that medicine and behavioral therapy can provide together. We need to increase the use of buprenorphine, which can help us treat opioid use disorder when combined with psycho-social support.”¹⁰ Expanding physician patient caps may have little impact given that only 58 percent of physicians who are able to prescribe buprenorphine actually do.¹¹ Today, the number of physicians that are eligible to prescribe buprenorphine is just over 32,000, and nearly two-thirds can only prescribe to 30 or fewer patients.¹² Additionally, the geographic distribution of eligible physicians does not match the distribution of individuals who would benefit from this intervention (see Figure 2).^{13, 14} These factors make legislation that enables prescribing by advanced practice registered nurses even more critical.

Figure 2. Opioid Addicts and Buprenorphine Availability by State^{13, 14}

Too Few Prescribers

In the U.S. only 49 percent of people with an opioid dependence can potentially receive treatment because too few doctors prescribe the medicine, and those that do can serve only a limited number of patients because of federal restrictions. Vermont and Maine have excess capacity to treat opioid addicted patients with buprenorphine.



Source: American Journal of Public Health
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Organizations outside the nursing realm also support expanding the types of providers allowed to prescribe buprenorphine to improve access to MAT. The National Governor’s Association highlighted the importance of lifting prescribing restrictions on buprenorphine for non-physician providers in the “Governors’ priorities for addressing the nation’s opioid crisis” document released on February 18, 2016.¹⁵ From the academic nursing perspective, provider restrictions such as this prevent future generations of APRNs from practicing to the full extent of their education and training.

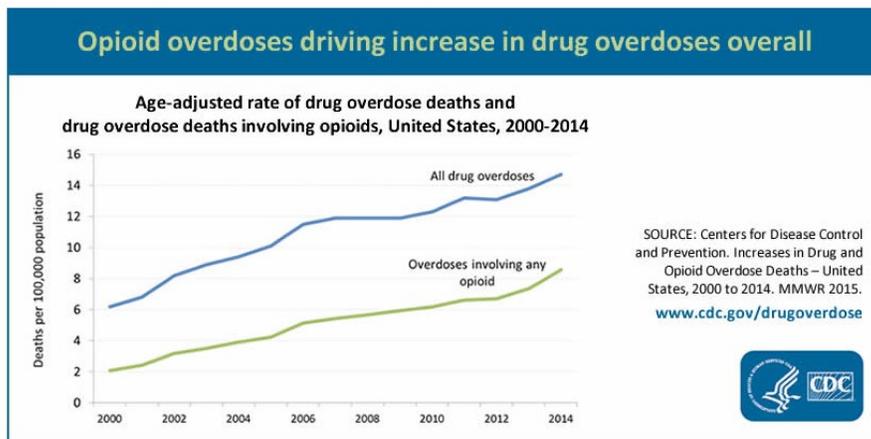
Prescriber Training

Given the exponential growth of opioid use, abuse, and overdose (see Figure 3) in the last 15 years, this issue has reached a tipping point and is now at the center of the President’s agenda. One major issue that reaches across provider groups is content integration within educational programs.

There is a need to ensure students are current with emerging trends, treatment policies, and national guidelines. One recent guideline the Administration has requested support in distributing is the Centers for Disease Control and Prevention (CDC) *Guideline for Prescribing Opioids for Chronic Pain* that highlights twelve recommendations for safe prescribing. The primary objective of this document is “to provide recommendations about opioid prescribing for primary care clinicians treating adult patients with chronic pain outside of active cancer treatment, palliative care, and end-of-life care.” To date, 204 schools of nursing, over 50 pharmacy schools, and 60 medical schools (allopathic and osteopathic) have pledged to teach these guidelines.

Many consider the CDC Guideline a step in the right direction and have called for the inclusion of research studies that examine patient outcomes for timeframes of one year or greater as well as additional information on opioid prescribing for acute pain.¹⁶ Given the diverse specialties cited in Figure 1, additional opioid training is critical for all professionals and is necessary across care settings, both chronic and acute.

Figure 3. Opioid Overdoses Compared to All Overdoses 2000-2014



The Work Ahead

Academic nursing has been asked by the Administration to help combat the opioid epidemic. Representing future APRNs and RNs, AACN recognizes the need to dynamically infuse contemporary content in order to address burgeoning public health problems. To that end, AACN has partnered with six national nursing organizations—the American Association of Nurse Anesthetists, the American Association of Nurse Practitioners, the American College of Nurse-Midwives, the American Nurses Association, the National Association of Clinical Nurse Specialists, and the National Organization of Nurse Practitioner Faculties—to develop a webinar series aimed towards educating APRN students, faculty, and clinicians on this critical issue. Ultimately, academic nursing must have a keen eye on what state and federal law dictates for future practitioners, especially given the current climate and concerns with the growth and abuse of prescription opioids and the continued gap in services available to individuals suffering from opioid dependence.

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