



PA FOUNDATION

# PA PROFILES

## ADDRESSING SUBSTANCE USE DISORDER ON THE FRONT LINES



**JAMES ANDERSON, PA-C, MPAS, DFAAPA**  
SEATTLE, WASHINGTON  
EVERGREEN TREATMENT SERVICES

### WHAT TYPE OF PRACTICE SETTING DO YOU WORK IN?

Addiction medicine - opioid treatment program

### HOW DID YOU END UP IN THIS SETTING OR SPECIALTY?

I did a rotation here in PA school and really enjoyed it.

### DO YOU SPECIALIZE IN SUD?

Yes

### WHAT DO YOU THINK PAS BRING TO THE TREATMENT OF SUD?

Bedside manner, respect for patients with SUD, ability to learn quickly, tradition of mission-driven practice that the profession is built upon.

### WHAT DO YOU CONSIDER THE BIGGEST OBSTACLE IN TREATING SUD?

Regulatory restriction. This is improving, particularly with buprenorphine, but methadone treatment of addiction is ridiculously restricted.

### WHAT HAVE YOU LEARNED FROM TREATING SUD?

I've learned about the innate courage of people with addiction, of the strength and resilience they demonstrate, and the way that their kindness and decency in the face of sometimes unspeakable obstacles spotlights the basic goodness of human beings.

### WHAT HAVE YOU ENJOYED MOST ABOUT WORKING WITH PATIENTS WITH SUD?

Their kindness and humanity, helping keeping them alive, and seeing so many of them return from the devastation of addiction to happy and productive lives.

### WHICH TYPES OF MEDICATION TREATMENT FOR SUD DO YOU OFFER?

Methadone, buprenorphine. We are a federally approved Opioid Treatment Program.

### HAVE YOU RECEIVED A DEA X-WAIVER?

Yes

### WHAT ADVICE WOULD YOU GIVE A NEW PA STARTING THEIR CAREER WHEN IT COMES TO TREATING PATIENTS WITH SUD?

Look hard for any progress, and highlight it to the patient. Sometimes they have a hard time seeing it, due to the pressures and struggles that many of them deal with daily. Also, learn to tailor expectations and goals to the patient. For some patients, showing up every day may be a reasonable goal, while for others, more extensive expectations may be in order. One size does not fit all in goal-setting for patients with SUD.

### WHAT ADVICE DO YOU HAVE FOR PA STUDENTS CONSIDERING GETTING TRAINED IN MEDICATION TREATMENT FOR OUD? CONSIDERING GOING INTO TREATING SUD AS THEIR CAREER?

Do it! It's a great field, with amazing rewards, particularly for PAs who are mission-driven. There is no better feeling than helping keep a human being alive.



## **RICHARD BOTTNER, PA-C**

AUSTIN, TEXAS

DELL MEDICAL SCHOOL AT THE UNIVERSITY OF TEXAS AT AUSTIN

### **WHAT TYPE OF PRACTICE SETTING DO YOU WORK IN?**

Inpatient hospital medicine

### **HOW DID YOU END UP IN THIS SETTING OR SPECIALTY?**

By being a member of AAPA! The Academy offered an "Ask the Experts" session on the Huddle which featured a PA that works in addiction medicine. It piqued my interest in learning more about how addiction-related diagnoses, opioid use disorder in particular, were impacting patients in the safety net hospital where I practice. I was shocked at what I learned and realized that our healthcare teams could provide better care.

### **DO YOU SPECIALIZE IN SUD?**

No

### **DO YOU FIND YOURSELF TREATING SUD AS A PART OF YOUR REGULAR PRACTICE?**

I work in hospital medicine but so many of my patients have challenges with substances. As a front line provider, I have the opportunity to introduce change into their lives during acute hospitalization.

### **APPROXIMATELY HOW MANY OF YOUR PATIENTS SUFFER FROM SUD?**

The vast majority of my patients carry a diagnosis of SUD: tobacco, alcohol, opioids, etc. When I started screening more effectively, I was amazed by how many patients have SUD or are personally impacted by SUDs.

### **WHAT TYPES OF SUBSTANCES DO YOU SEE IN YOUR PRACTICE?**

Opioids stand out but we see quite a bit of tobacco and alcohol in addition to amphetamine and cocaine.

### **IN WHAT WAYS DO YOU SEE SUD IMPACT OR AFFECT A PATIENT'S OVERALL HEALTH?**

It's important to define health beyond how the patient is impacted from a physiologic standpoint. Clearly, SUDs often result in medical complications such as hepatitis C, cirrhosis, respiratory arrest, myocardial infarctions and more. But SUDs are also major barriers to living productive and meaningful lives. It's hard to keep a job, have stable relationships, and secure housing - to name a few.

### **WHAT DO YOU CONSIDER THE BIGGEST OBSTACLE IN TREATING SUD?**

STIGMA!!! Substance use disorders are chronic, relapsing-remitting medical conditions.

### **WHAT HAVE YOU LEARNED FROM TREATING SUD?**

I have been involved in health care for 15 years and it wasn't until 2017 when I began to appreciate that I was feeding into the stigma of addiction and not appropriately treating patients with addiction. I used poor language that was not patient-centered and I focused only on the acute medical problem before me instead of the underlying issue. The more I learned, the more I changed my practice. This is the most rewarding work I have had the privilege of doing.

### **WHICH TYPES OF MEDICATION TREATMENT FOR SUD DO YOU OFFER?**

Buprenorphine

### **HAVE YOU RECEIVED A DEA X-WAIVER?**

Yes

### **WHAT ADVICE WOULD YOU GIVE A NEW PA STARTING THEIR CAREER WHEN IT COMES TO TREATING PATIENTS WITH SUD?**

Be open-minded and do what PAs do best - provide outstanding interprofessional care.

### **WHAT ADVICE DO YOU HAVE FOR PA STUDENTS CONSIDERING GETTING TRAINED IN MEDICATION TREATMENT FOR OUD? CONSIDERING GOING INTO TREATING SUD AS THEIR CAREER?**

Link up with a mentor and join the Society of PAs in Addiction Medicine (SPAAM).



**TOM DISHION, PA-C**  
 COLORADO SPRINGS, COLORADO  
 THE RECOVERY VILLAGE AT PALMER LAKE

**WHAT TYPE OF PRACTICE SETTING DO YOU WORK IN?**

Inpatient and outpatient SUD facility

**HOW DID YOU END UP IN THIS SETTING OR SPECIALTY?**

I had several family members who struggled with substance abuse. My mother passed away from complications due to liver cirrhosis and my uncle struggled with heroin addiction before he died at a young age. I felt like this was my calling.

**DO YOU SPECIALIZE IN SUD?**

Yes

**WHAT TYPES OF SUBSTANCES DO YOU SEE IN YOUR PRACTICE?**

Alcohol, benzodiazepines, opioids, cocaine, cannabis, methamphetamine, amphetamine, DXM, kratom, synthetics, LSD, MDMA. The primary ones that stand out are alcohol, benzodiazepines and opioids. We are seeing an increasing number of kratom abusers who experience significant withdrawal symptoms for an extended period of time.

**WHAT DO YOU THINK PAS BRING TO THE TREATMENT OF SUD?**

We bring a lot of diversity in regards to education, practice background and experience. PAs in our practice can perform H&Ps in addition to psychiatric evaluations. We have a good working partnership with the addictionologists and psychiatrists in our practice.

**WHAT DO YOU CONSIDER THE BIGGEST OBSTACLE IN TREATING SUD?**

Getting insurance coverage for our patients at the appropriate level of care. For PAs I think there's still a misconception that they aren't trained well enough to manage psychiatric conditions.

**WHAT HAVE YOU LEARNED FROM TREATING SUD?**

I've learned this disease affects everyone from all walks of life.

**WHICH TYPES OF MEDICATION TREATMENT FOR SUD DO YOU OFFER?**

Naltrexone, disulfiram, acamprosate calcium. We've had a few patients on buprenorphine extended-release.

**HAVE YOU RECEIVED A DEA X-WAIVER?**

Yes

**WHAT ADVICE WOULD YOU GIVE A NEW PA STARTING THEIR CAREER WHEN IT COMES TO TREATING PATIENTS WITH SUD?**

You will see fewer patients than in a primary care setting and in my opinion will be able to focus more on quality of care vs. quantity.

**WHAT ADVICE DO YOU HAVE FOR PA STUDENTS CONSIDERING GETTING TRAINED IN MEDICATION TREATMENT FOR OUD? CONSIDERING GOING INTO TREATING SUD AS THEIR CAREER?**

You have to be ready to treat a variety of complex medical conditions in addition to their substance use problems. You also want to be comfortable managing psychiatric conditions.





**MICHELLE GAFFANEY, PA-C**  
DENVER, COLORADO  
DENVER HEALTH MEDICAL CENTER

**WHAT TYPE OF PRACTICE SETTING DO YOU WORK IN?**

Inpatient addiction counseling

**HOW DID YOU END UP IN THIS SETTING OR SPECIALTY?**

I was interested in pursuing a career in psychiatry after graduation from PA school and was presented with the opportunity to develop a more robust addiction consult team with the focus of starting MAT during patient hospitalization. I took a chance and jumped on board.

**DO YOU SPECIALIZE IN SUD?**

Yes

**WHAT TYPES OF SUBSTANCES DO YOU SEE IN YOUR PRACTICE?**

Heroin, fentanyl, methamphetamine, cocaine, alcohol, tobacco, cannabis, synthetic cannabis, LSD. Alcohol is by far the most common substance I see with some of the most severe medical complications and difficulties related to its use.

**IN WHAT WAYS DO YOU SEE SUD IMPACT OR AFFECT A PATIENT'S OVERALL HEALTH?**

I see the direct medical complications resulting from ongoing substance use. Most commonly: endocarditis, osteomyelitis, cellulitis, bacteremia, cirrhosis, end-stage renal disease (ESRD), congestive heart failure (CHF), and chronic obstructive pulmonary disease (COPD). I also regularly see substance use impacting patients' mental health and psychiatric disorders including substance induced psychosis and mood disorders.

**WHAT DO YOU THINK PAS BRING TO THE TREATMENT OF SUD?**

I think PAs can function as a bridge between medicalization of addiction treatment and the traditional counseling based treatment. I feel both components are important for patients to engage in long term recovery; however, both are not always provided due to focus of training from other providers.

**WHAT DO YOU CONSIDER THE BIGGEST OBSTACLE IN TREATING SUD?**

I think current system gaps and barriers serve as the biggest obstacles in SUD treatment. The system is very disjointed, poorly funded, and lacks comprehensive services. It becomes very frustrating when people present willing to engage in treatment services but have difficulty navigating the system, discouraging their ongoing engagement. I also think the ongoing perception that addiction is a moral failing and the judgment and stigma still stand as barriers to creating a more comprehensive treatment continuum.

**WHAT HAVE YOU ENJOYED MOST ABOUT WORKING WITH PATIENTS WITH SUD?**

How people can surprise you. I have worked with some difficult and complex patients with long history of trauma, homelessness, and lack of social support who pull their lives together and become functioning members of society. People want to contribute, but sometimes need additional resources and support to get there.

**WHICH TYPES OF MEDICATION TREATMENT FOR SUD DO YOU OFFER?**

Methadone, buprenorphine, naltrexone.

**HAVE YOU RECEIVED A DEA X-WAIVER?**

Yes

**WHAT ADVICE WOULD YOU GIVE A NEW PA STARTING THEIR CAREER WHEN IT COMES TO TREATING PATIENTS WITH SUD?**

Listen. As difficult as it is with the pace of medicine and time restraints, I think the most valuable part of learning about addiction is to listen to patients' stories. This can provide a foundation for empathy which will allow you to serve your patients more effectively.

**WHAT ADVICE DO YOU HAVE FOR PA STUDENTS CONSIDERING GETTING TRAINED IN MEDICATION TREATMENT FOR OUD? CONSIDERING GOING INTO TREATING SUD AS THEIR CAREER?**

Do it! It is a difficult but rewarding field to practice in. Practice good self care and cherish the success stories.



**NELAE KEENE, BHS, MPAS, CAQ PSYCHIATRY**  
HUNTINGTON BEACH, CALIFORNIA  
ORANGE COUNTY PSYCHIATRY AND ADDICTION MEDICINE

**WHAT TYPE OF PRACTICE SETTING DO YOU WORK IN?**

Private practice

**HOW DID YOU END UP IN THIS SETTING OR SPECIALTY?**

After graduation and before moving to California from Pennsylvania, I had only planned on applying for jobs in OBGYN. That's what I saw myself doing for most of PA school. I struggled finding job opportunities for PAs in OB and in my search, I came across my current job, interviewed, immediately clicking with the team and was offered the job the next week. I always enjoyed psychiatry but had very little exposure to it in school. I knew nothing about addiction medicine but I thought it would be fulfilling to see people regain their lives with sobriety. So I accepted the job, and 8 years later, I am still very happy with my decision.

**DO YOU SPECIALIZE IN SUD?**

Yes

**APPROXIMATELY HOW MANY OF YOUR PATIENTS SUFFER FROM SUD?**

95% of my patients suffer from SUD and about 30% have it as their primary diagnosis, with no primary mental health diagnosis.

**WHAT TYPES OF SUBSTANCES DO YOU SEE IN YOUR PRACTICE?**

Opioid use disorder (OUD) and alcohol use disorder (AUD) are the two most common SUD I see in practice. We specialize in medical detox and most of the time, these diagnoses require specialized medical treatment. Methamphetamine addiction is very common in California, and use of benzodiazepines in conjunction with heroin has become increasingly problematic as well. We treat dependence to any substance including inhalants and marijuana.

**IN WHAT WAYS DO YOU SEE SUD IMPACT OR AFFECT A PATIENT'S OVERALL HEALTH?**

I have given naloxone to someone overdosing in my office, I have treated abscesses from IV drug use, and all the symptoms associated with opiate withdrawal. Emergent referrals to ER for endocarditis. Patients smoking methamphetamine or smoking any drug for that matter may have poor dentition, and need an evaluation of their oral health. We draw labs on all new patients, often seeing anemia of chronic disease, electrolyte imbalance, elevated liver enzymes, STDs, and diseases of IV drug use including hepatitis C and HIV. In the midst of addiction, your patient puts their health on the bottom of the to-do list and often seeks to remedy their chronic issues in week one of getting sober. So finding the balance in medical management and managing expectations is important. Physical health aside, the patient's mental health suffers greatly with addiction. We specialize in dual diagnosis, which is when there is a co-occurring mental health diagnosis along with substance abuse. The lifestyle of addiction is traumatic. My patients often suffer from some level of trauma or post-traumatic stress disorder and insomnia. The question lies on what came first, your depression, anxiety, mood swings and then drug use? Or did all of these emotional imbalances come as a result of your drug use? This takes some clean time to really make the appropriate diagnosis.

**WHAT DO YOU THINK PAs BRING TO THE TREATMENT OF SUD?**

More access to care in a stigmatized population of people desperately needing help.

**WHAT HAVE YOU LEARNED FROM TREATING SUD?**

Everything! This has been my first and only job as a PA. I was afraid to specialize so specifically after graduation for fear I would lose my core medical knowledge but that is far from reality. I am fortunate to be able to treat primary care issues alongside of my specialty of psychiatry and addiction medicine.

**WHAT HAVE YOU ENJOYED MOST ABOUT WORKING WITH PATIENTS WITH SUD?**

Seeing the shift of physical and emotional well-being in such a short period of time. I enjoy the continuity of care and being a part of their treatment from the beginning to end. Patients with SUD that are committed to changing their lives for themselves and for their families are some of the most resilient people I have ever met.

**WHICH TYPES OF MEDICATION TREATMENT FOR SUD DO YOU OFFER?**

Buprenorphine, naltrexone

**HAVE YOU RECEIVED A DEA X-WAIVER?**

No

**WHAT ADVICE DO YOU HAVE FOR PA STUDENTS CONSIDERING GETTING TRAINED IN MEDICATION TREATMENT FOR OUD? CONSIDERING GOING INTO TREATING SUD AS THEIR CAREER?**

Educate yourself on these treatment options, they can work really well. I also recommend prescribing naloxone for your patients with opiate addiction; statistically, they will likely relapse, and if they have naloxone in their possession, could save a life.





**GIANNI MIGLIACCIO, PA-C**  
NORTH EAST MARYLAND  
ASHLEY ADDICTION TREATMENT

**WHAT TYPE OF PRACTICE SETTING DO YOU WORK IN?**

Inpatient addiction treatment

**HOW DID YOU END UP IN THIS SETTING OR SPECIALTY?**

An interest in addiction and alcoholism stemming from life experience.

**DO YOU SPECIALIZE IN SUD?**

Yes

**WHAT TYPES OF SUBSTANCES DO YOU SEE IN YOUR PRACTICE?**

Heroin/carfentanyl and the deaths it is causing.

**WHAT DO YOU THINK PAS BRING TO THE TREATMENT OF SUD?**

The ability to begin to implement evidence-based approaches including MAT to patients with SUD.

**WHAT DO YOU CONSIDER THE BIGGEST OBSTACLE IN TREATING SUD?**

Access to care.

**WHAT HAVE YOU LEARNED FROM TREATING SUD?**

Humans are very complex and a compassionate, evidence-based and energetic holistic approach is needed.

**WHAT HAVE YOU ENJOYED MOST ABOUT WORKING WITH PATIENTS WITH SUD?**

Helping patients get well and seeing them again sober and how well they are doing!

**WHICH TYPES OF MEDICATION TREATMENT FOR SUD DO YOU OFFER?**

Buprenorphine and naltrexone

**HAVE YOU RECEIVED A DEA X-WAIVER?**

Yes

**WHAT ADVICE WOULD YOU GIVE A NEW PA STARTING THEIR CAREER WHEN IT COMES TO TREATING PATIENTS WITH SUD?**

To understand that it is a disease and difficult to treat. To expect resistance and to educate themselves on all that is available that can help.

**WHAT ADVICE DO YOU HAVE FOR PA STUDENTS CONSIDERING GETTING TRAINED IN MEDICATION TREATMENT FOR OUD? CONSIDERING GOING INTO TREATING SUD AS THEIR CAREER?**

If you're passionate about it, do it! According to research SUD is still under-treated in the U.S. despite significant morbidity and mortality.



## **DEBRA NEWMAN, PA-C, MPAS, MPH**

SANTA FE, NEW MEXICO  
FIRST JUDICIAL DISTRICT COURT

### **WHAT TYPE OF PRACTICE SETTING DO YOU WORK IN?**

Adult drug court

### **DO YOU SPECIALIZE IN SUD?**

Yes

### **WHAT TYPES OF SUBSTANCES DO YOU SEE IN YOUR PRACTICE?**

Opioid use disorder. I see all substance use disorders in my practice.

### **IN WHAT WAYS DO YOU SEE SUD IMPACT OR AFFECT A PATIENT'S OVERALL HEALTH?**

Infectious diseases like hepatitis C. Skin infections that if left unchecked can lead to serious consequences including loss of extremities.

Severe liver disease. Potential for cardiac and bone complications including endocarditis and osteomyelitis.

### **WHAT DO YOU CONSIDER THE BIGGEST OBSTACLE IN TREATING SUD?**

The barriers placed on MAT. The stigma on patients with SUD. Not enough treatment beds. Lack of compassionate care.

### **WHAT HAVE YOU LEARNED FROM TREATING SUD?**

That these patients have lived a life of trauma that deserves kindness and respect from a medical team who listens, cares, is present, and is not judgmental.

### **WHAT HAVE YOU ENJOYED MOST ABOUT WORKING WITH PATIENTS WITH SUD?**

Seeing moms get their lives back, get their children back, regain employment, reestablish with family, get a home. Be proud of how far they've come.

### **WHICH TYPES OF MEDICATION TREATMENT FOR SUD DO YOU OFFER?**

Buprenorphine

### **HAVE YOU RECEIVED A DEA X-WAIVER?**

Yes

### **WHAT ADVICE WOULD YOU GIVE A NEW PA STARTING THEIR CAREER WHEN IT COMES TO TREATING PATIENTS WITH SUD?**

Be connected with a mentor who can assist you.

### **WHAT ADVICE DO YOU HAVE FOR PA STUDENTS CONSIDERING GETTING TRAINED IN MEDICATION TREATMENT FOR OUD? CONSIDERING GOING INTO TREATING SUD AS THEIR CAREER?**

Join ASAM; look at local support in your own community.



**CHRISTOPHER ORTIZ, PA-C, EMT-P**  
MILTON, MASSACHUSETTS  
COLUMN HEALTH

**WHAT TYPE OF PRACTICE SETTING DO YOU WORK IN?**

Outpatient treatment program

**HOW DID YOU END UP IN THIS SETTING OR SPECIALTY?**

I chose this specialty after PA school because I wanted to make a difference. There is a severe shortage of mental health providers and MAT prescribers throughout the United States. Approximately 21% of Americans who suffer from mental health disorders cannot access care due to barriers, including provider shortage. Not only did I want to help address the current opioid crisis, I wanted to be an agent of change in the way in which medical professionals and the community treat and view this population.

**DO YOU SPECIALIZE IN SUD?**

Yes

**APPROXIMATELY HOW MANY OF YOUR PATIENTS SUFFER FROM SUD?**

Working in an outpatient addiction/psychiatric office approximately 85% of my patient panel suffer from SUD. The vast majority suffer from dual-diagnosis including anxiety, depression, bipolar disorder, and schizophrenia.

**WHAT TYPES OF SUBSTANCES DO YOU SEE IN YOUR PRACTICE?**

Currently, I see a variety of substances that are being abused which are contributing to negative health outcomes and complicating psychosocial issues including opiates, methamphetamine, cocaine, benzodiazepines, and alcohol. Opiates and opioids are the drugs that stand out, but many patients suffer from polysubstance abuse.

**IN WHAT WAYS DO YOU SEE SUD IMPACT OR AFFECT A PATIENT'S OVERALL HEALTH?**

SUD has far-reaching implications in many aspects of patients' lives including financial, social, familial, religious, and legal. The impact can be devastating. And unfortunately if biopsychosocial needs are not met or complicated, they present as significant risk factors for continued use or relapse with drugs.

**WHAT DO YOU THINK PAS BRING TO THE TREATMENT OF SUD?**

As PAs we have the opportunity to effect meaningful change for patients who suffer from substance use disorders. We are often the "first-line" providers and having the ability to recognize, diagnose, and offer treatment allows us to be effective agents in addressing this crisis.

**WHAT DO YOU CONSIDER THE BIGGEST OBSTACLE IN TREATING SUD?**

Legal policy is one of the biggest obstacles in treating SUD. As a PA I can only treat up to 100 patients. Yet, there are no parameters or limitations on prescribing opiates. We should be able to treat patients without limitations.

**WHAT HAVE YOU LEARNED FROM TREATING SUD?**

I have learned that every story is unique and that every patient's treatment plan has to be personally tailored to them. There is no "cookie cutter" treatment.

**WHAT HAVE YOU ENJOYED MOST ABOUT WORKING WITH PATIENTS WITH SUD?**

Working with patients on their journey and helping them identify and achieve meaningful goals, not just sobriety. Whether obtaining a new employment, finding stable housing, or restoring the family unit. Helping patients achieve these other aspects which traditionally are outside the purview of prescribers has been one of the most enjoyable parts of working with patients with SUDs.

**WHICH TYPES OF MEDICATION TREATMENT FOR SUD DO YOU OFFER?**

For OUD we offer both buprenorphine and naltrexone products. For AUD we offer naltrexone products, acamprosate, and disulfiram.

**HAVE YOU RECEIVED A DEA X-WAIVER?**

Yes

**WHAT ADVICE WOULD YOU GIVE A NEW PA STARTING THEIR CAREER WHEN IT COMES TO TREATING PATIENTS WITH SUD?**

Be kind and listen. This patient population struggles with the stigma that has been attached to their disorder. They often feel shame, embarrassment, and isolation. The relationship that we build with patients who suffer from SUD is vital in helping them in their recovery.

**WHAT ADVICE DO YOU HAVE FOR PA STUDENTS CONSIDERING GETTING TRAINED IN MEDICATION TREATMENT FOR OUD? CONSIDERING GOING INTO TREATING SUD AS THEIR CAREER?**

Students who have a strong desire or interest in entering this field of medicine should shadow a PA or another medical provider so they can gain an understanding of what working in this area of medicine looks like because of the lack of focus in many academic curriculums on SUDs. Get involved in organizations such as ASAM or SAMHSA. Not only can we effect meaningful changes in patients' lives, but we can also be the catalyst for policy change and continuing to educate future medical professionals in SUDs.





**MATTHEW PROBST, PA-C**  
SANTA FE, NEW MEXICO  
EL CENTRO FAMILY HEALTH

**WHAT TYPE OF PRACTICE SETTING DO YOU WORK IN?**

FHQC - Rural community health center

**DO YOU SPECIALIZE IN SUD?**

No

**DO YOU FIND YOURSELF TREATING SUD AS A PART OF YOUR REGULAR PRACTICE?**

Yes. Treating addiction is primary care. My role in our health care team is focused mainly on youth prevention to include substance abuse prevention.

**APPROXIMATELY HOW MANY OF YOUR PATIENTS SUFFER FROM SUD?**

5%

**WHAT TYPES OF SUBSTANCES DO YOU SEE IN YOUR PRACTICE?**

All substances but alcohol still dominates and most patients use multiple substances. Opioids stand out.

**IN WHAT WAYS DO YOU SEE SUD IMPACT OR AFFECT A PATIENT'S OVERALL HEALTH?**

Devastation ranging from the slow death of chronic alcoholism to the sudden death of fentanyl overdose.

**WHAT DO YOU THINK PAS BRING TO THE TREATMENT OF SUD?**

All primary care providers should treat SUD including PAs.

**WHAT DO YOU CONSIDER THE BIGGEST OBSTACLE IN TREATING SUD?**

Stigma

**WHAT HAVE YOU LEARNED FROM TREATING SUD?**

Meet patients where they are. They already carry shame so shaming them further for not doing what you think they should does not help. It is the same for any chronic disease such as uncontrolled diabetes.

**WHAT HAVE YOU ENJOYED MOST ABOUT WORKING WITH PATIENTS WITH SUD?**

Saving and changing lives of patients, their families, and communities.

**WHICH TYPES OF MEDICATION TREATMENT FOR SUD DO YOU OFFER?**

Buprenorphine and to a lesser extent naltrexone.

**HAVE YOU RECEIVED A DEA X-WAIVER?**

No

**WHAT ADVICE WOULD YOU GIVE A NEW PA STARTING THEIR CAREER WHEN IT COMES TO TREATING PATIENTS WITH SUD?**

Get trained. Whether you end up treating SUD or not you should know about it.

**WHAT ADVICE DO YOU HAVE FOR PA STUDENTS CONSIDERING GETTING TRAINED IN MEDICATION TREATMENT FOR OUD? CONSIDERING GOING INTO TREATING SUD AS THEIR CAREER?**

Again, get trained either way. In the outpatient setting I don't see addiction treatment as a specialty but as part of primary care. Although endocrinology is great, thankfully you don't have to be an endocrinologist to treat diabetes because there just aren't enough specialists, especially in rural and underserved America. Community health means you do everything you can to help your patients, their families, and community. Like diabetes or any other chronic illness, preventing and treating addiction is an important part of that.



## **JEANNE ROSNER, PA-C**

KENMORE, WASHINGTON

EVERGREEN TREATMENT SERVICES

### **WHAT TYPE OF PRACTICE SETTING DO YOU WORK IN?**

Addiction medicine - opioid treatment program

### **HOW DID YOU END UP IN THIS SETTING OR SPECIALTY?**

My background was originally in family medicine. I started out working with addiction medicine as a clinician on a research study through the drug and alcohol institute at the University of Washington. After the study was completed, I was hired by one of the psychiatrists at Evergreen.

### **DO YOU SPECIALIZE IN SUD?**

Yes

### **IN WHAT WAYS DO YOU SEE SUD IMPACT OR AFFECT A PATIENT'S OVERALL HEALTH?**

This is a complex question. I am working with some of the most unhealthy populations that I have ever worked with. Besides the many physical effects of intravenous drug use, this population suffers a disproportionate level of mental health disorders and homelessness.

### **WHAT DO YOU THINK PAS BRING TO THE TREATMENT OF SUD?**

Wisdom, compassion, and inexpensive high quality care.

### **WHAT DO YOU CONSIDER THE BIGGEST OBSTACLE IN TREATING SUD?**

Funding for this health crisis is abysmally low. These are the most needing individuals of our society and are often the most neglected.

### **WHAT HAVE YOU LEARNED FROM TREATING SUD?**

I work primarily with methadone. I also prescribe buprenorphine. Technically, I also provide naltrexone. I worked with this medication on our research study.

### **WHICH TYPES OF MEDICATION TREATMENT FOR SUD DO YOU OFFER?**

A little bit of wisdom and compassion.

### **HAVE YOU RECEIVED A DEA X-WAIVER?**

Yes

### **WHAT ADVICE WOULD YOU GIVE A NEW PA STARTING THEIR CAREER WHEN IT COMES TO TREATING PATIENTS WITH SUD?**

Spend some time in a clinic that provides MAT. Learn how important MAT is in saving lives. Get a DEA X-waiver.

### **WHAT ADVICE DO YOU HAVE FOR PA STUDENTS CONSIDERING GETTING TRAINED IN MEDICATION TREATMENT FOR OUD? CONSIDERING GOING INTO TREATING SUD AS THEIR CAREER?**

Blessings on you. It's a great career if you want to have a powerful effect on the lives of your patients.



**PATRICIA SMITH, PA-C**  
SILVER SPRING, MARYLAND  
KOLMAC OUTPATIENT CLINIC

**WHAT TYPE OF PRACTICE SETTING DO YOU WORK IN?**

Intensive outpatient treatment of SUD

**HOW DID YOU END UP IN THIS SETTING OR SPECIALTY?**

After my own treatment for SUD.

**DO YOU SPECIALIZE IN SUD?**

No

**WHAT TYPES OF SUBSTANCES DO YOU SEE IN YOUR PRACTICE?**

Alcohol, cannabis, opioids.

**WHAT DO YOU CONSIDER THE BIGGEST OBSTACLE IN TREATING SUD?**

The stigma associated with it. Also, some patients are not aware that it is a disease.

**WHAT HAVE YOU ENJOYED MOST ABOUT WORKING WITH PATIENTS WITH SUD?**

Although I am not treating the patients, I do sit in on the group therapy sessions and to see them change over time is remarkable and very rewarding. I did not see a patient with better A1C levels or hypertension treatment change in such a remarkable way.

**WHAT ADVICE WOULD YOU GIVE A NEW PA STARTING THEIR CAREER WHEN IT COMES TO TREATING PATIENTS WITH SUD?**

Don't be afraid to learn about it and ask about it. When I graduated PA school, AIDS was the epidemic. Now SUD is the epidemic. Do not judge or discriminate against patients with this disease. They deserve respectful and competent treatment. At minimum, have resources to refer to if you don't treat it. All specialties will come in contact with persons with this disease.



***Preparing to Address Substance Use Disorder in Practice: A PA Student Guide***

*This publication is part of a program that includes videos and other resources on the treatment of substance use disorder. To access the complete suite of resources and learn more about addressing substance use disorder in your practice, visit [www.pa-foundation.org/Student-SUD-Guide](http://www.pa-foundation.org/Student-SUD-Guide).*



**PA FOUNDATION**

*The PA Foundation produced and is solely responsible for the content of this program. This project was funded in part with federal funds from the National Institute on Drug Abuse, National Institutes of Health, Department of Health and Human Services, under Contract No. HHSN271201700059C. The views expressed in these materials and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. government.*