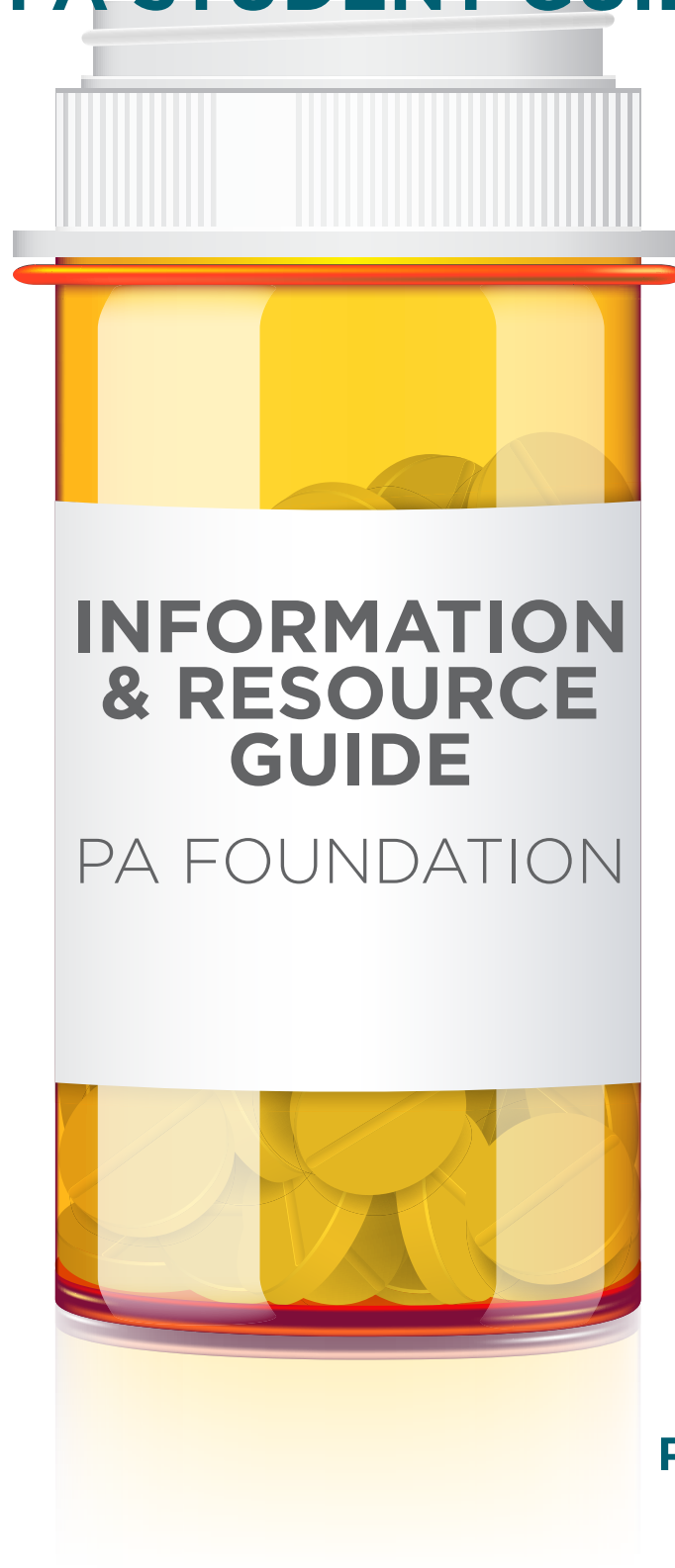


PREPARING TO ADDRESS SUBSTANCE  
USE DISORDER IN PRACTICE:  
**A PA STUDENT GUIDE**



**PA FOUNDATION**



## Questions & Answers About Substance Use Disorder For PAs

### What does substance use disorder (SUD) look like?

SUD (frequently referred to as addiction) is often characterized by:

- » Inability to consistently **Abstain** from substances
- » Impairment in **Behavioral** control
- » **Craving** or increased “hunger” for drug of choice
- » **Diminished** recognition of significant problems with one’s behaviors and interpersonal relationships
- » A dysfunctional **Emotional** response<sup>1</sup>

### Why is SUD important to address?

- » Drug overdose deaths have doubled since 2007.<sup>2</sup>
- » In 2017, the number of overdose deaths involving opioids (including prescription opioids and illegal opioids like heroin and illicitly manufactured fentanyl) was 6 times higher than in 1999.<sup>3</sup>
- » In 2017, accidental deaths from substances (primarily prescription opioids) overtook deaths from car crashes.<sup>4</sup>

- » That year, approximately 70,000 deaths made drug overdose the leading cause of injury deaths in the United States.<sup>5</sup>
- » Approximately one quarter of all deaths for people between 20 and 39 years of age are attributed to alcohol.<sup>6</sup>
- » Alcohol is the third highest preventable cause of death in the United States, killing an estimated 88,000 people each year.<sup>7</sup>



*“Do not judge or discriminate against patients with this disease. They deserve respectful and competent treatment. At a minimum, have resources to refer to if you don’t treat it. All specialties will come in contact with persons with this disease.”*

**Patricia Smith, PA-C**  
Kolmac Outpatient Clinic





### Why are opioids addicting?

- » For some people, opioids make them feel euphoric or “normal,” often for the first time in their lives.
- » Repeated use of opioids can lead to tolerance (needing to take more of the opioid to get the same effect) and dependence (physical withdrawal symptoms if they stop the opioid).<sup>8</sup>
- » Because of tolerance and dependence, patients may increase their doses over time and avoid stopping because of the severe withdrawal symptoms.

### Why are opioids deadly?

- » Opioids depress the respiratory center of the brain, which can cause a person to stop breathing.
- » Nearly all people who use heroin also use at least one other drug. This creates compounding effects of multiple drugs, which increase the risk for death.<sup>9</sup>
- » If someone has stopped using opioids for a period of time (perhaps due to being incarcerated or in rehabilitation), and they begin using again at their previous dose, they have a high risk of fatal overdose. The tolerance they previously developed while using the opioid is gone, making their “old” dose now deadly.

### Why is it important to become trained to address SUD in primary care?

- » SBIRT (screening, brief intervention and referral to treatment) has been shown to be effective in treating alcohol use disorder; however, only 1 in 6 patients talk with their primary care provider about their alcohol use.<sup>10</sup>
- » Provider discomfort and avoidance are key barriers in preventing appropriate use of evidence-based screening and counseling.
- » The shame associated with substance use disorder (especially heroin) keeps many patients and families from seeking treatment. A primary care provider has the unique advantage of knowing a patient over a period of time and forming a relationship, making it easier to discuss difficult topics.

### Why is primary care the right place for SUD treatment?

- » Primary care providers are the first-line providers for most patients, so they are in a position to identify patients in need of treatment.
- » Patients often trust their primary care provider and may reveal high-risk behaviors more readily to this trusted entity.
- » Trust and non-judgmental behaviors can reduce stigma and increase likelihood of adherence to medication-assisted treatment.
- » As with other mental health disorders, primary care providers are uniquely situated and tasked with care coordination of complex health needs.
- » Patients with SUD have higher prevalence of other major health problems which may be treated at the primary care level.<sup>11</sup>



*“I don’t see addiction treatment as a specialty but as part of primary care... 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.”*

**Matt Probst, PA-C**  
El Centro Family Health





### What is medication treatment for OUD?

Medication treatment for opioid use disorder (OUD), sometimes referred to as medication-assisted treatment (MAT), is the most effective way to treat OUD. The treatment involves the use of medications along with other modalities.<sup>12</sup>

- » It is cost-effective, reduces the risk of overdoses, reduces cravings, improves function, improves compliance, reduces the risk of infectious disease transmission, and reduces criminality.
- » In 2016, the CARA Act was signed, which allowed PAs to begin prescribing medication treatment for OUD.<sup>13</sup>
- » In order to prescribe medication treatment for OUD, a PA or PA student must complete 24 hours of approved training (either live or online). Proof of completion of the training will then allow a PA to apply for a waiver to his/her DEA license (X-waiver) and prescribe buprenorphine.

### If I complete the 24-hour training, how soon do I need to apply for my DEA X-waiver?

There is no expiration on your eligibility once you complete the training; however, states have different rules about what is required for a PA to apply for the X-waiver (i.e., in Colorado, a PA needs to have a supervising physician with an X-waiver).

### Can I get CME for completing the X-waiver training?

Yes! The 24-hour trainings are FREE and count towards Category 1 CME if you are a certified PA. If you are not yet certified, there is no CME available, but this training will be a great addition to your CV.

### What resources are available to me to learn more about treating SUD?

See the resources page for more information on provider trainings, patient information and organizations committed to SUD treatment and prevention.



*“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.”*

**Christopher Ortiz, PA-C, EMT-P**  
Column Health



## I don't want to practice addiction medicine. Why should I consider the X-waiver training?

- » SUD shows up in every medical specialty. Being trained in effective treatment will provide you the foundation and confidence to provide the best possible support for your patients and their overall health.
- » The training is free and gives you Category 1 CME (and you may even be paid to do the training, as there is increased funding for education).
- » You can put it on your CV!
- » 3.3 million people in the U.S. are misusing opioid medications,<sup>14</sup> so even if you don't specialize in medication treatment, you will have patients who are taking opioids or struggling with SUD.
- » This training will allow you to better address the stigma associated with OUD and understand opioids, substance use disorders and treatments.
- » Knowledge about medication treatment for OUD will allow you to help correct patients' and family members' misconceptions about opioid use and misuse.
- » With increasing public awareness about long-term SUD treatment, you will likely encounter a patient using medication treatment for OUD in your career, even if you are not the one prescribing it.
- » You will need to understand how, and if, medication treatment for SUD will influence other medication prescriptions.
- » The training covers diagnosing and treating other substance use disorders commonly encountered in all healthcare settings, such as alcohol and nicotine.



*"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."*

**Debra Newman, PA-C, MPAS, MPH**  
First Judicial District Court

## How do I complete the training and apply for an X-waiver?

Register for free online training through:

[American Society of Addiction Medicine and AAPA's collaborative e-Learning Center](#)

[Harvard Medical School's NIDA-sponsored OUD Education Program \(3 part series\)](#)

Complete the training (24 hours) online at your leisure. Receive certificate and CME credit.

Apply for a DEA license which provides prescriptive authority for Schedule III, IV, and V controlled substances.

Check for state-specific requirements by [reviewing PA Role in Opioid Treatment Programs](#) (starting on page 9).

Apply for "X-waiver" addition to your DEA license which will allow you to prescribe buprenorphine for opioid use disorder.





## What can every PA do to address the opioid epidemic?

**A**ssess your patient for increased risk of potential SUD by asking patients about risk factors such as:

- » A personal or family history of addiction to benzodiazepines, sleeping medications, heroin, alcohol, tobacco and/or marijuana
- » Euphoria with opioid use
- » Emotional trauma or untreated mental health issues

**B**e a conscientious prescriber and use non-opioid pain treatments and adjuvant therapy as first-line treatments for pain or transition to them quickly. Additionally, if you must provide a more robust pain relief for acute pain:

- » Use the lowest effective opioid dose and immediate-release formulations
- » Prescribe only the quantity needed for acute pain relief (usually less than 7 days) and see your patient back in that time frame to monitor progress

**C**larify patient goals and temper expectations about pain by educating your patient on the healing process and the role of pain as an important body signal. Once goals are established, consider other modalities for pain relief such as:

- » Cognitive behavioral therapy
- » Exercise
- » Mindfulness and/or meditation

**D**o your part to assess and mitigate risk by using the PDMP with every patient receiving a scheduled medication. If opioids are necessary for pain management, think about:

- » Offering a naloxone prescription with the opioid prescription
- » Avoiding concurrent prescription of benzodiazepines or other sedating medications

**E**xpedite referral to and/or initiation of medication treatment for OUD. If you do not have an X-waiver, see the resources section for more information on how to find a local prescriber.



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## Resource Guide

### Organizations:

- » [ASAM](#) (American Society of Addiction Medicine)
- » [NIDA CTN-DI](#) (National Institute on Drug Abuse Clinical Trials Network Dissemination Initiative)
- » [PCSS](#) (Providers Clinical Support System)
- » [SAMHSA](#) (Substance Abuse and Mental Health Services Administration)
- » [CDC](#) (Centers for Disease Control and Prevention)
- » [NIAAA](#) (National Institute on Alcohol Abuse and Alcoholism)

### Provider Education/Tools:

- » NIDA-Supported Web-Based Resources
  - » Harvard Medical School's OUD Education Program (24 free CMEs, qualifies for X-waiver training):
    - » [Understanding Addiction](#)
    - » [Identification, Counseling, and Treatment of OUD](#)
    - » [Collaborative Care Approaches for the Management of OUD](#)
  - » [Office-Based Buprenorphine Treatment for OUD \(Video\)](#)
  - » [OUD - Expanding Access to Treatment: CME Podcast](#)
  - » [Extending the Practice Environment for Treating Patients with Opioid and Alcohol Use Disorder: CME Podcast](#)
  - » [Motivational Interviewing Interactive Practice Simulations](#)
  - » [Medscape Test & Teach CME Activity: Case Challenges for OUD](#) (must register for account before searching for activity)
- » Web-Based SUD Screening Tools:
  - » [Adolescent Patients: BSTAD and S2BI](#)
  - » [Adult Patients: TAPS](#)

- » SAMHSA-Supported Web-Based Resources
  - » [Obtaining your DEA X-Waiver to Prescribe Buprenorphine](#)
  - » [MATx for Opioids: Free Mobile App](#)
  - » [Opioid Overdose Prevention Toolkit](#)
  - » [SAMHSA's Treatment Improvement Protocols \(TIPS\)](#)
- » PA Foundation Vital Minds Podcast
  - » [Addressing Addiction in PA Practice](#)
  - » [Opioid and Alcohol Use Disorder \(sponsored by NIDA\)](#)
  - » [Tackling Opioid Use Disorder in the Hospital Setting](#)

- » [PA Role in Opioid Treatment Programs](#) (and State PA Prescriptive Authority Statutes and Administrative Rules)
- » [CDC Guideline for Prescribing Opioids for Chronic Pain](#)
- » [PCSS Mentoring Program](#)
- » [Diagnosing SUDs in the DSM-5](#)

### Patient Education/Tools:

- » [ASAM Patient Resources](#)
- » [SAMHSA's SUD Treatment Locator](#)
- » [SAMHSA's Buprenorphine Treatment Locator](#)
- » [Center on Addiction](#)
- » [NIAAA's Alcohol Treatment Navigator](#)
- » [Drugs & the Brain Wallet Card](#)

### Opportunities for PAs through NIDA and the PA Foundation:

- » [NIDA Mentored Outreach Award in SUD Treatment Dissemination](#)



### ***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/substance-use-disorder-in-practice](http://www.pa-foundation.org/substance-use-disorder-in-practice).*



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*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.*