

POSITION PAPER

The Prescribing of Buprenorphine by Advanced Practice Addictions Nurses

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In order to increase safe access to buprenorphine treatment for patients with opioid dependence, it is the position of the International Nurses Society on Addictions (IntNSA) that the Drug Addiction Treatment Act of 2000 (DATA 2000) be amended to allow for the prescribing of buprenorphine by qualified advanced practice nurses who have both prescriptive authority and specialty certification in addictions nursing.

Keywords addictions nurses, advanced practice, buprenorphine, IntNSA, opioid dependence, prescribing

INTRODUCTION

Misuse of opioids, including prescription opioid medications, has become an increasingly important public health problem, from adolescence through older adulthood (SAMHSA, 2007). The prevalence of prescription opioid abuse now greatly exceeds that of illicit opioids such as heroin, and prescription opioid dependence has come to dominate the profile of opioid dependence in the United States (Sullivan & Fiellin, 2008).

Buprenorphine (Suboxone, Subutex), a medication developed by the National Institute on Drug Abuse (NIDA) and approved by the U.S. Food and Drug Administration (FDA), has been shown to be a safe and effective form of pharmacotherapy for the treatment of opioid dependence (Orman & Keating, 2009), including detoxification and maintenance therapy. How-

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ever, as part of the original legislation guiding the use of this medication, prescriptive authority was limited to a relatively small percentage of physicians meeting certain qualifications (SAMHSA, n.d.).

As a result, patient access to this medication is limited, and insufficient to meet a serious and growing healthcare need. This disparity could be lessened, and access to quality addictions treatment enhanced, by expanding the field of potential buprenorphine prescribers to include Advanced Practice Registered Nurses (APRNs) with independent or delegated prescriptive authority, and added qualifications as a Certified Addictions Registered Nurse-Advanced Practice (CARN-AP).

RECOMMENDATIONS

The International Nurses Society on Addictions recommends that DATA 2000 be amended to allow for the prescribing of buprenorphine by Advanced Practice Registered Nurses (APRN), i.e., Nurse Practitioners (NP) and/or Clinical Nurse Specialists (CNS) with independent or delegated prescriptive authority, consistent with the requirements of his or her respective State(s), who also hold

- A current State nursing license;
- A Drug Enforcement Administration (DEA) Controlled Substance Registration Certificate, and;
- Specialty certification as a Certified Addictions Registered Nurse-Advanced Practice (CARN-AP), as obtained through the Addictions Nursing Certification Board (ANCB).

Consistent with physicians who are authorized to prescribe buprenorphine, the Advanced Practice Addictions Nurse will

- Complete not less than 8 hours of approved training specific to the treatment and management of opioid-addicted patients, or an acceptable alternative;

- Attest that they have the ability to provide or refer addiction treatment patients for appropriate counseling and other non-pharmacologic therapies;
- Receive a modified DEA registration number to reflect the ability to prescribe buprenorphine.

It would be an additional advantage, though not required, for APRNs who hold delegated prescriptive authority, rather than independent status, to collaborate with one or more physician colleagues who are also registered to prescribe buprenorphine.

RATIONALE

- As one of its key messages in a consensus report on the “The Future of Nursing: Leading Change, Advancing Health,” the Institute of Medicine (IOM, 2011) stated that nurses should practice to the full extent of their education and training, and this initiative reflects that growing trend.
- Within their respective domains, Advanced Practice Registered Nurses (APRNs) are highly educated, trained, and licensed to assess, diagnose, and treat complex clinical cases.
- Designation as a Certified Addictions Registered Nurse-Advanced Practice (CARN-AP) reflects additional education and training in the recognized specialty of addictions nursing (Finnell, Garbin, & Scarborough, 2004).
- CARN-APs are qualified to provide various non-pharmacological treatments in conjunction with buprenorphine therapy, as required by DATA 2000, and recommended by the Center for Substance Abuse Treatment (CSAT, 2009), the National Association of Alcoholism & Drug Abuse Counselors (NAADAC, 2002), and Reckitt Benckiser (2007, 2008), the manufacturer of buprenorphine.

SUMMARY

Amending DATA 2000 to allow for the prescribing of buprenorphine by advanced practice addictions nurses will increase access to buprenorphine therapy for an important and emerging patient population, while simultaneously establishing and maintaining high standards of addictions treatment.

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