**Opioid use disorder screening, assessment and treatment in Nursing**

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**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) into 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.
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

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