

# **PAIN, SUD, INTERVENTIONS, AND NEW STATUTES**

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## **DISCLOSURES**

- **NO CONFLICTS TO DISCLOSE**
- Full-time Associate Professor Touro University of Nevada, College of Osteopathic Medicine since Nov. 1, 2012; Associate Dean for Clinical Education
- Nevada State Senator District #12 since 2010
- Member AAFP, NAFP, CCMS, NSMA
- Fellow ABFM
- Veteran USAF, Major, Medical Corps
- No other outside income affiliations
- 31.5 hours of CME since Nov. 28<sup>th</sup> on Addictions and Treatments

## **PRODUCTS OFF-LABEL USES**

- It could happen in discussions or questions
- Will identify such either as investigational or not known
- No such product will be recommended

## **LEGISLATIVE MANDATES AND INTENTIONS**

- Use health care extenders
- Apply for Federal waivers
- Programs for Practitioners
- Medicaid Suspension instead of termination for Prisoners
- Federal encouragement of use of Buprenorphine
- Suicide hot-line 9-8-8 funded by surcharge on mobile/landline phones
- Not allowed to buy tobacco products till age 21

## **INTERCONNECTION BETWEEN PAIN AND MENTAL HEALTH AND SUBSTANCE USE DISORDER**

- Chronic pain: quit smoking, counseling, optimize non narcotics
- Alternative means to treat pain. Pain is depressing.
- Complex Regional Pain Syndrome: opioids don't work but rarely.
- Trigeminal neuralgia, the associated increased suicide risk.

## **PHYSICIAN EXTENDERS**

- Pharmacists' collaborative practices (SB229)
- Pharmacists for HIV prescriptions and hormonal birth control (SB190)
- Doulas: work with pregnancy issues
- PAs, NPs, APRNs, Midwives, Medical Assistants
- Community Health Workers (CHWs?)
- Expansion of Telehealth to include audio only, parity reimbursement (except for workers comp telehealth)
- Peer support organizations credentialing

## **FEDERAL WAIVERS NEEDED PRIOR TO ALLOWED**

- SB420, the "Public Option", effective target 2025-26
- Doula services payments included in the State Medicaid Plan, AB256
- SB154 waivers needed for substance use disorder treatment in institution for mental illness and to treat severe mental illness in an institution for mental disease

## **MEDICATION ASSISTED TREATMENT, MAT**

- Methadone: relaxed rules during pandemic, hopefully will continue
- Buprenorphine: X-waiver requirements relaxed to Notice for Intent on April 28<sup>th</sup>. Up to 30 patients without mandate for counseling or facilities. Question if still confidential information or necessity for separate charting.
- Naloxone, short and long-acting naltrexone

## BUPRENORPHINE QUICK START GUIDE

- **SAMHSA: Substance Abuse and Mental Health Services Administration**
- <https://www.samhsa.gov/sites/default/files/quick-start-guide.pdf>
- [https://store.samhsa.gov/sites/default/files/SAMHSA\\_Digital\\_Download/PEP21-02-01-002.pdf](https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP21-02-01-002.pdf)



## SBIRT: SCREENING, BRIEF INTERVENTION, REFER TO TREATMENT (AB442)

- Screening can be done by physician extenders
- Brief Intervention to educate as to risks and opportunities for change
- Referral for Treatment

## MOTIVATIONAL INTERVIEWING

- Per Wikipedia: "... is a counseling approach developed in part by clinical psychologists William R. Miller and Stephen Rollnick. It is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence."
- Helps the patients make decisions that they would like to make to change their behaviors and habits to conform to what they vision to what they would like to be/do.
- Commonly used in helping people with substance use disorders.

## SCREENING TOOLS FOR AUD, OUD, TUD

- <https://www.drugabuse.gov>
- NMASSIST (Quick Screen) NIDA-Modified ASSIST
- Opioid Risk Tool
- CAGE:
  - 1) Ever felt needed to **C**ut down on drinking?
  - 2) **A**nnoyed by critical people of your drinking
  - 3) **G**uilty about drinking?
  - 4) Needed or wanted and **E**ye-opener in the morning?

## SBIRT (AB442) QUALIFIES FOR REMUNERATION

- Don't have to be an expert to do SBIRT screening.
- **Screening** can be done by physician, NP, medical assistant, community health worker, pharmacist, PA, can be self-administered by patient
- Don't have to solve all the problems in **Brief Intervention**.
- **Referral for Treatment** can even include peer-based group mediation

## EXTRA CREDIT SOCIAL DETERMINANTS OF HEALTH BIPOC (BLACK, INDIGENOUS, PEOPLE OF COLOR)

- Vaccinations for COVID-19
- Sickle Cell Disease pain crises fewer MMEs than metastatic bone pain
- Food Deserts
- Confidence in power structure
- No school for a year w/o adequate support system in poverty zones

## NALOXONE

- Shelf life has been lengthened to 3 years from 2 (in Narcan)
- A higher dose, 8 mg, nasally has been produced (Kloxxado)
- In spite of increased availability and no prescription required, narcotic overdoses have been increasing; almost by 30% from 2019-2020.
- Naloxone does not reverse alcohol, cocaine, methamphetamine ...
- Fentanyl requires multiple repeated doses of naloxone

## Fatal Doses



## THE WAIVER

- April 28, 2021 SAMHSA approved exemption from perceived road-block in practitioners applying for the requirement for training, counseling and hours of continuing education
- New exemption mandates submitting a Notice of Intent (NOI) to use buprenorphine to treat Opioid Use Disorder. Medication-based Opioid Use Disorder (MOUD or MAT, medication assisted treatment)
- Takes up to 5 minutes to check the boxes and self identify information on a form online found at Buprenorphine waiver, then clicks and scrolls until one sees the "request original waiver", but with a different box added
- SAMHSA links can get to the same place
- Title 42 part 2 CFR protects confidentiality for SUD and ID treatments

## ADDICTION NOW USE DISORDER ADDICTS NOW A PERSON WITH USE DISORDER

- Addiction per NCBI.NIM.Gov
  - Craving for drug or the reward
  - Decreased cognition of significant problems with behavior
  - Dysfunctional emotional response
  - Impairment of behavioral control
  - Inability to consistently abstain

## NOW WHAT?

And maybe some answers:

- Medical treatment (MAT) is more effective than moral/legislative/imprisonment
  - **"Where there is a demand, there will be a supply"** – it's business
    - Adam Smith, *Wealth of Nations*, 1776
    - "El Chapo" Guzman, testimony in Federal Court, 2018
- Choose life over punishment – encourage Naloxone use; encourage MAT use
- Realize that, "there, for the grace of God, go I"
  - 10% of U.S. population is genetically prone to substance use addiction
  - Stop the punishment of innocent patients in pain because there are genetically predisposed to addiction among us

## GLOSSARY

- NIDA: National Institute on Drug Abuse
- PCSS: Providers Clinical Support System (All free training, etc.)
- MOUD: medication-based Opioid Use Disorder
- MAT: Medication Assisted Treatment
- DATA 2000: Drug Addiction Treatment Act 2000
- SAMHSA: Substance Abuse and Mental Health Services
- NCBI.nlm.nih: Nat'l center biotechnology.nat'l library of medicine NIH
- EPCS: Electronic Prescribing of Controlled Substances (for Sch II-III)
- UD: use disorder, such as SUD, OUD, TUD, CUD, Etc.
- ASAM: American Society of Addiction Medicine



## QUESTIONS ?