

ASSOCIATION OF NURSES IN AIDS CARE

POSITION STATEMENT

Advanced Practice Nurse Prescriptive Authority of Buprenorphine

Adopted by the ANAC Board of Directors September 17, 2011

Position:

It is the position of Association of Nurses in AIDS Care that:

- **Qualified advanced practice nurses should be allowed to prescribe buprenorphine for the treatment of opioid dependence;**
- **The Drug Addiction Treatment Act of 2000 (DATA 2000) should be amended to allow qualified advanced practice nurses to prescribe buprenorphine; and,**
- **Granting prescriptive privileges for buprenorphine to advanced practice nurses will increase patient access to substance use treatment;**

Problem Statement:

According to the Drug Addiction Treatment Act of 2000 (DATA 2000), only “qualified physicians” may prescribe Schedule III, IV or V medications for opioid treatment, including buprenorphine (SAMHSA, n.d.). This provision limits the number of available providers and restricts patient access to care.

Advanced practice registered nurses (APRNs), including Nurse Practitioners (NPs) and Clinical Nurse Specialists (CNSs) provide safe, quality and cost-effective care. APRNs possess advanced education that enables them to diagnose and prescribe medications in their area of specialization. According to the American Academy of Nurse Practitioners, “Restrictions on prescriptive authority limit the ability of nurse practitioners to provide comprehensive health services. (AANP, 2010).

Studies have demonstrated that patients report high levels of satisfaction with care provided by nurses with prescriptive authority (Drennan, et al, 2011) and nurse care management models have been implemented to expand availability of opioid treatment services (Pond, 2009). Granting buprenorphine prescriptive privileges to qualified advanced practice nurses falls well within their scope of practice and would result in expanded patient access to care.

Background:

Buprenorphine was approved by the Food and Drug Administration in 2002 to offer treatment for opioid addiction by alleviating drug cravings and lessening withdrawal symptoms. An advantage of buprenorphine is that patients can seek treatment in their own primary care provider's office or clinic. The availability of buprenorphine expanded patient access to treatment, and offered an important opportunity for providers to manage both HIV and drug treatment in one setting. In fact, Sullivan, et al,

demonstrated that the integration of HIV care and opioid dependence treatment proved beneficial for treatment retention and reductions in substance use (Sullivan, et al, 2006).

Waivers to prescribe buprenorphine have been restricted to physicians who meet specific qualifications (SAMHSA, n.d.). The number of patients who would benefit from a treatment plan that includes buprenorphine far exceeds the number of available providers. According to the International Nurses Society on Addictions, "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," (INTNSA, 2011).

Roose et al (2008) found that NPs who care for people living with HIV have expressed a high interest in prescribing buprenorphine (Roose, et al, 2008). This same study also determined that NPs were equally as interested in prescriptive authority as generalist physicians, and were more interested than infectious disease physicians.

Advanced practice nurses are regulated by state boards of nursing or other designated state agencies, entities which monitor and facilitate competent clinical practice. Nurse practitioners can prescribe other controlled substances in most states (United States Department of Justice, 2011). ANAC recommends, therefore, that APRNs seeking prescriptive authority for buprenorphine must hold a current State nursing license and a Drug Enforcement Administration Controlled Substance Registration Certificate. Standards to maintain prescriptive privileges can be consistent with those required for authorized physicians.

References:

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