

**Addictions Nursing Part I: Prepared for the Opioid Crisis? Part II**

Prepared and written for the American Academy of Health Care  
Providers in the Addictive Disorders

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March 26, 2023

## **Addictions Nursing 2023 Part One: Part Two: Were we Prepared for the Opioid Crisis?**

This paper shall focus on the way Addictions Nursing has impacted the Opioid Crisis and how one nurse can make a difference. I will start with a background and move on to how the addictions field changed my thoughts and feelings about dependency and addiction and what happened over the past 34 years in the substance use disorder field in Southwest Ohio.

In addition this paper will focus on Methadone Treatment as in a historical background beginning in the mid-1960's through 2023 and discuss how Methadone Treatment and Buprenorphine Treatment better prepared the nation and had a readymade treatment modality to deal with the Opioid Crisis with its many overdose deaths that followed. Saving lives has been my call for nurses to enter the field of Addictions Nursing and were we truly ready for the Opioid epidemic as it swept the country in the mid 2000's?

With more potent opioids compared to the early years, it has become a challenge for Opioid Treatment Programs to maintain replacement strong enough to help individuals from becoming a statistic of overdose and possibly death. We have learned that individual counseling and group therapy has added to the overall positive outcomes associated with Opioid Use Disorder.

In 1989 I walked into a Methadone Treatment Program in Cincinnati, Ohio not knowing what to expect. I was asked to help while a Registered Nurse was on maternity leave. I had worked at a Rehabilitative Hospital the Drake Center from 1977 thru October 1989 as a ventilator charge nurse, when I decided to make a change. I showed up knowing very little about Opioid Use Disorder and found it intriguing and demanding. I had other offers including working at the Warren Correctional Facility as an Administrative nurse. My two weeks promise at the Methadone Treatment Program turned into a 34-year odyssey in learning what a truly important field this was and how a diligent and passionate nurse could help.

As a nursing supervisor in one of only 9 Opioid Treatment Programs in the state of Ohio in 1989 and I wanted to learn as much as I could to help treat this devastating "Brain Chemistry disease". (SAMHSA 1989) I found that there were not many physicians that knew enough about methadone and my journey into the field began in earnest. (TIP 63 ES3) I tested and earned my Certified Addictions Registered Nurse credential (CARN) in 1998 and attended an AATOD conference in New York City. (ANCB 1998) At this time the mayor of New York Rudy Giuliani wanted close methadone programs in the city and it was a very hot topic. (*New York Times, August 18, 1998, Section A, Page 18*)

I was fortunate to meet some very important people in this conference that changed me from just a nurse in the addictions field to a warrior fighting the stigma and non treatment of SUD patients. I noticed a physician, H. Westley Clark with an MD, JD and the CAS letters following his name and asked him what the CAS was. (AATOD Conference 1998) This was my introduction to the American Academy of Health Care Providers in the Addictive Disorders and like they say "the rest is history".

In 1999 I received my CAS and have been very proud of this distinction. I also met another physician that helped me begin one of the most important projects in my life. Dr. Lorretta Finnegan (Finnegan Scale and Advanced, Drexel University) helped me develop the very first Mothers on Methadone

(MOM's) program in the state of Ohio. Along with Dr. Jeanne Ballard, Neonatal medicine at the University of Cincinnati we started the **Camp Program** to help mothers who were dependent on opioids and pregnant. This has now turned into the **HOPE Program** at Tri-Health Good Samaritan Hospital, Cincinnati, Ohio. In 1998 this was important and certainly needed because opioid dependent expectant mothers were not always treated with dignity and respect. I wanted to change the way these vulnerable, opioid dependent mothers were treated.

The Medical Director, Dr. Emmett Cooper and I were able to provide methadone treatment for about 600 mothers and their babies over the next 25 years. Since 1998 we were able to ensure prenatal care, treatment with dignity and respect, neonatal care and post-partum care. We had great success with the collaboration of High-Risk pregnancy and a dedicated staff at our OTP. Mothers and babies thrived in this environment and outcomes were exceptional. This treatment spawned more MOM's programs and eventually the state of Ohio began a similar program. (*MOMSOhio funded by Ohio Medicaid*) Today there is a robust program in Southwest Ohio and throughout the state treating mothers with methadone and Subutex. As a consultant working with many of the OTP's, I continue to work with pregnant moms and programs that accept them.

As a Program Director and then owner of Opioid Treatment Programs including one of the first Suboxone Programs in 2003, I wanted to learn more from a different perspective and became a Licensed Chemical Dependency Counselor (**LCDCII**). In 2019 I was elected to the International Nurses Society on Addictions as a Director at Large Board Member and in October of 2020 was nominated and received my **Fellow in the International Academy of Addictions Nursing (FIAAN)**. This was a distinction that I am proud of and lead me to train other nurses, counselors and physicians in addiction treatment. I am now the Treasurer in the USA branch of IntNSA and work to further the addictions field for nurses.

In 2018 we opened **Pax Treatment Centers, in Middletown, Ohio** and after 30 years running an OTP in Cincinnati, my sister and I now owned an OTP specializing in methadone treatment as well as suboxone treatment. During 2019 I was also appointed to the *Butler County Mental Health and Addiction Recovery Services Board* and was chosen Chair of the Addiction Recovery Services Committee for our county of 390,000 residents. During the past 9 years it has also been my pleasure to have helped develop the standards, policies and procedures for the state of Ohio's Mental Health and Addictions Services board (OHIO MHAS) which oversees all 113 Opioid Treatment Programs in Ohio.

In 2017 Dr. Rick Massatti, our SOTA chose me and three other providers to meet with the DEA, Ohio Medical Board, State Board of Pharmacy, SAMHSA, Ohio MHAS, and many Lawyers to develop new policies and procedures for the state Opioid Treatment Programs. I introduced the Academy of Health Care Providers in the Addictive Disorders CAS to help with a pathway for physicians to become addictions specialists. To be a Medical Director in an OTP one must have an ABAM, ABPM or a CAS. The new rules recognizing the **CAS** used as a credential needed to become a Medical Director in an OTP helped tremendously and continues to ensure there are Certified Addictions Specialists operating OTP's in Ohio.

**How has addictions nursing helped with the Opioid Crisis?** In 2021 I was asked along with our Medical Director, Clifford Q. Cabansag, MD FASAM DABAM CTTS to facilitate and begin a rotation in the field of addictions, training 4<sup>th</sup> year Medical Students. I was honored as a nurse to be able to help precept over 18 medical students from the Ohio University and Grandview program as well as Nurse Practitioners from Northern Kentucky University. There is very little training in the field of addictions for nurses or

physicians while they are in school, so we try to ensure that we help these students understand how important addiction knowledge is.

**Were we prepared when Ohio became the epicenter of the largest problem with overdose from the use and abuse of opioids?** Yes and no. We understood what we had with the treatment modalities in place and at the same time the scrutiny including myths: **MYTH** – Opioid Treatment Programs are ineffective. Patients with OUD have historically been labeled as difficult to treat due to high rates of mortality and premature departure from abstinence-based treatment settings. **Receiving effective treatment with medication increases retention rates, prevents overdose, reduces transmission of HIV and Hepatitis C, and improves quality of life.** **MYTH** – Patients taking methadone experience euphoria and are not truly “sober.” Patients who are physiologically dependent upon opioids who use methadone as prescribed do not experience euphoria. Rather, withdrawal symptoms and cravings are controlled making it possible for the individual to participate in activities such as school or work, childcare, operating a motor vehicle, and other activities that an individual without OUD might do in a typical day. *(NIDA Medications to treat OUD, Research Report June 2018)*

Methadone Treatment facilities are over regulated, under funded and the Federal and State standards have tied the hands of physicians. We are regulated by SAMHSA/CSAT, the State Board of Pharmacy, The Drug Enforcement Administration, Ohio Mental Health and Addiction Services Board, and an accrediting body such as The Joint Commission, CARF, or COA. • The rules continue to become barriers to treatment. Providers who must abide by 30 to 40 different regulations from The Pharmacy Board and the DEA. *(SAMHSA TIP 63 Medications to treat OUD Update 2020)*

**Can you imagine not having a viable option to the Opioid crisis?** With OTP’s, and OBOTS in place in 2012 we at least had a treatment that if followed could help those who fell victim to the pill mills and cartels bringing in very potent opioids. Heroin to Fentanyl the change has had a devastating affect on our nation. *(National Institute of Health 2017)*

I would like to acknowledge the two physicians who helped with the heroin epidemic in New York City in the mid 1960’s. They were the physicians responsible for the first methadone treatment programs in the USA. Due to their diligence in 1964, many years ago we were better prepared to handle the Opioid Crisis today. *(NIH The Prepared Mind, Marie Nyswander methadone maintenance and the metabolic theory of addiction)*

Pioneers in the field of Opioid Dependency- Methadone Treatment are Vincent Dole, MD. Vincent Dole was an American doctor, Endocrinologist specializing in Diabetes who, along with his wife, Marie Nyswander, MD a Psychiatrist developed the use of methadone to treat heroin addiction. (Wikipedia) ∪ Born: May 18, 1913, Chicago, IL ∪ Died: August 1, 2006, Manhattan, New York, NY ∪ Marie Nyswander- ∪ Born: March 13, 1919 Reno Nevada ∪ Died: Apr 21, 1986 — Dr. Marie Nyswander, a psychiatrist who helped develop the use of methadone to treat heroin addiction, died of cancer in her home in Manhattan, NY. *(The New York Times, 4/21/1986)*• The introduction of methadone in the early years made today’s treatment important and saved many thousands of lives.

Dole and Nyswander hypothesized that addicts could benefit from a type of treatment in which they were given a medication that could satisfy their craving, reduce their drug-seeking behavior, and allow them to lead productive lives. Dole, who had previously done considerable research on diabetes and the value of insulin, viewed the condition of the heroin addict as analogous to that of the diabetic. • Dole

and Nyswander thought it possible that heroin addicts were motivated by a biological need for opiates and that this need resulted from either an inborn deficiency or the effect of damage created by chronic administration of heroin. Regardless of the origin of the deficiency, they believed that a possible solution was to provide addicts with a medication that would satisfy their physical craving for opiates and decrease their drug-seeking behavior and the concomitant crime and antisocial behavior required to obtain illegal supplies of heroin. (*JAMA. 2008 Nov 19;300(19):2303-5. doi: 10.1001/jama.2008.648.* )

I would like to say that without the development of methadone programs and later Buprenorphine programs we may have lost many more lives with this Opioid epidemic that has brought death to many and destroyed thousands of families. 57 years later we fight the good fight for the soul of our patients as they continue to work one day at a time.