

The Opioid Epidemic: A National Response and Nursing's Contribution to Ending the Crisis

Kathleen A. Russell, JD, MN, RN

In 2016, opioid use in the United States offered a sobering statistic. Although the country is only 5% of the global population, 80% of worldwide opioid consumption is in the United States (Starnier, 2016). Evidence of overuse of opioids is demonstrated by the steep increase in the number of prescriptions issued for opioids (up by 300% since 1999) and the approximately 1,000 emergency room visits per day associated with misuse. In 2015 and 2016, the use of opioids, opioid addiction, and its related consequences became a major focus of the U.S. Department of Health and Human Services (HHS), the Centers for Disease Control and Prevention (CDC), as well as various state and healthcare and practitioner groups.

The CDC (2016) cites data (Daubresse et al., 2013) that opioid prescribing rates are highest for pain medicine, surgery, and physical medicine/rehabilitation providers; however, primary care providers account for about half of opioid pain relievers dispensed (CDC, 2016). These providers report insufficient training in pain management and lack of evidence regarding how opioids improve various types of pain, as well as the effect on function and quality of life (CDC, 2016). HHS initiatives leading up to 2016 focused on this gap in education and training, as well as emergency medication for overdose and medication-assisted treatment for addiction (HHS, 2015a, 2015b). Additionally, in 2015, the White House created an initiative that requires federally employed healthcare providers who prescribe opioid pain medications to complete opioid prescriber training (CADCA, 2016). More than 40 provider groups made commitments to have more



than 540,000 healthcare providers complete opioid prescriber training in the next two years. Joining the movement for increased education, the American Public Health Association (APHA) called for action to reduce opioid abuse by releasing a policy statement that advises the implementation of evidence-based provider training programs on mental health, substance abuse and overdose prevention, risks and benefits of high-dose opioid therapy, nonpharmacological alternatives to pain treatment, and referral and treatment for suspected drug abuse (APHA, 2015).

In 2016, federal agencies continued to announce initiatives to end the opioid epidemic. The FDA issued a plan to reassess the agency's approach to opioid medications to focus on policies aimed at reversing the epidemic while still providing pain patients access to effective medication. Also, and most importantly, the CDC filled the gap in prescription recommendations by publishing guidelines on opioid prescribing for chronic pain (Dowell, Haegerich, & Chou, 2016). These initiatives serve to educate practitioners

to prevent additional numbers of Americans from opioid addiction.

For those who are addicted, the U.S. Surgeon General supports treating opioid abuse like a chronic disease. President Obama's Comprehensive Addiction and Recovery Act (CARA) of 2016 (Congress.gov, 2016) establishes a comprehensive, coordinated, balanced strategy through enhanced grant programs that would expand prevention and education efforts while also promoting treatment and recovery. The original proposed \$1.1 billion in funding is not reflected in the CARA legislation. While CARA authorized over \$181 million each year in new funding to fight the opioid epidemic, monies must be appropriated every year through the regular appropriations process. Despite the funding concerns, this is the first major federal addiction legislation in 40 years and the most comprehensive effort undertaken (CADCA, 2016). CARA is seen as a coordinated response to prevention, treatment, recovery, law enforcement, criminal justice reform, and overdose reversal (CADCA, 2016). CARA includes expanding opioid education to professionals, making naloxone more widely available, and allowing medication-assisted therapy as well as mental health counseling for those addicted to opioids. Importantly, it also expands the number of providers who can prescribe buprenorphine for addiction management, following education, to advanced practice registered nurses (APRNs) (CADCA, 2016).

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Nursing's Contribution to Ending the Opioid Epidemic

Opioid addiction and Substance Use Disorder can affect anyone regardless of age, occupation, economic circumstances, ethnic background, or gender. They are progressive and chronic diseases, but also can be successfully treated and prevented. The multifaceted approach created through initiatives and law – which includes prescribers, regulatory authorities, pharmaceutical companies, employers, legislators, law enforcement, and the federal government – has a chance at turning the tide of Substance Use Disorder and opioid-related morbidity and mortality.

Nurses can make a critical contribution to ending the opioid epidemic. The American Nurses Association (ANA, 2016) is committed to helping nursing in the fight against opioid dependence, overdose, and pain by focusing on expanded access to medication-assisted treatment, prescriber education and training, abuse-deterrent drug formulations, the role of prescription drug monitoring programs, and increased access to opioid antagonists (Cipriano, 2016). The American Association of Colleges of Nursing (AACN) announced commitments by more than 200 schools of nursing with APRN programs to educate their APRN students on the *CDC Guideline for Prescribing Opioids for Chronic Pain* (AACN, 2015).

National Council of State Boards of Nursing (NCSBN) responded to the APHA call to action through an initiative to educate nurses and the public about substance use by removing the cost to NCSBN's two Substance Use Disorder Continuing Education courses (NCSBN, 2016). Prevention starts with knowledge. Knowing the warning signs of Substance Use Disorder can lead to early detection and treatment.

Pamela Cipriano (2016) noted recently that many nurses have indicated that the widespread cultural expectation by nurses and patients that medication will “make it all better” needs to be changed. She stated, that “instead, we must pro-

mote alternative treatments, including physical and occupational therapy, acupuncture, mindfulness, and other holistic approaches” (Cipriano, 2016). Nursing faculty must be armed with knowledge to educate students regarding a broad method of pain management. The ANA website provides many resources to begin that exploration into the opioid epidemic and pain management in general (ANA, n.d.).

For those students or nurses who are suspected of or diagnosed with Substance Use Disorder, treatment and monitoring are necessary. It is also important to know your board of nursing's requirements regarding mandatory reporting. Boards of nursing from most jurisdictions offer the nurse a non-disciplinary “alternative to discipline” program. These alternative to discipline programs enhance a board of nursing's ability to quickly assure public protection by promoting earlier identification and requiring evidence-based intervention for nurses with Substance Use Disorder. The benefits to the nurse include the opportunity to demonstrate to the board of nursing in a non-disciplinary and non-public manner that they can become safe and sober and remain so, while retaining their license. Each state with an alternative to discipline program has specific rules and procedures for entry into the program. NCSBN provides a webpage with links to various alternative to discipline programs (NCSBN, n.d.).

Knowledge, as well as advocacy at the legislative level and the bedside/office, will reduce inappropriate prescribing. Just as nurses were leaders in the assessment of pain in the 1980s, nurses can be leaders in the movement to recognize that acute and chronic pain deserve different treatment and modalities. **DN**

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NSNA 65th Anniversary Convention

Hilton Anatole – Dallas, TX • April 4-9, 2017

Faculty Schedule

Faculty from around the nation will join over 3,000 nursing students at the 65th Anniversary NSNA Convention, where they can network and earn contact hours. In addition to sessions offering contact hours and opportunities to save on registration fees by volunteering in the Career Development Center, a pre-conference program that focuses on the use of debriefing for meaningful learning (see description below) is co-sponsored by NSNA and the National League for Nursing. See www.nсна.org for complete schedule, hotel, and travel information.

Pre-Conference: Learning to Use Debriefing for Meaningful Learning

Wednesday, April 5, 8:30 a.m. – 4:30 p.m.
(6.0 contact hours available)

Faculty Pre-Convention Workshop (Special Registration Required)

Debriefing has been identified as an essential component of practice teaching for the development of clinical reasoning skills and to augment meaningful learning in students. The evidence supporting it as a powerful method for teaching and learning continues to grow; however, good debriefing doesn't just happen. We need nurse faculty who are prepared to apply evidence-based debriefing methods that use Socratic reasoning and critical conversations to guide students to reflect in, on, and beyond the clinical experience. By transcending the traditional learning environments of today, students will be thoughtful clinicians tomorrow. During this one-day workshop, attendees will learn how to engage students in critical conversations during debriefing and how to use the Debriefing for Meaningful Learning method. Contact hours will be awarded for this program by the National League for Nursing, an authorized provider through the International Association of Continuing Education and Training (IACET). There is no partial credit awarded. You must attend the learning event in its entirety and complete all required assessments to receive contact hours.

Speaker: Kristina Thomas Dreifuerst, PhD, RN, CNE, ANEF

Sponsors: National League for Nursing, Washington, DC, and National Student Nurses' Association, Brooklyn, NY

Building a Culture of Ownership in Healthcare: The Invisible Architecture of Core Values, Attitude, and Self-Empowerment

Tuesday, April 4, 2:30 p.m. – 4:00 p.m. (1.5 contact hours)

Sponsor: American Organization of Nurse Executives

Consultants and Advisors Leadership University Certificate Program

Tuesday, April 4, 5:00 p.m. – 8:00 p.m. Part I

Wednesday, April 5, 7:15 a.m. – 8:15 a.m. Part II

(Part I and Part II = 4.0 contact hours)

Volunteering as a Career Strategy

Wednesday, April 5, 4:30 p.m. – 5:30 p.m. (1.0 contact hour)

Opening Ceremony and Keynote Address

Wednesday, April 5, 5:45 p.m. – 7:30 p.m.

Keynote Speaker: Mary Wakefield, PhD, RN, FAAN, Previous Acting Deputy Secretary of the Department of Health and Human Services.

Sponsor: Nurses Service Organization

Faculty-Student Mentorship: Preparation of Next Generation of Nurses for the "Real World"

Thursday, April 6, 8:00 a.m. – 9:00 a.m. (1.0 contact hour)

20 Years in the Making: A Conversation with NSNA Leaders from the Past

Thursday, April 6, 9:15 a.m. – 10:45 a.m. Plenary Session

Sponsor: American Nurses Association

Grand Opening Career Development Center in the Exhibit Hall

Thursday, April 6, 11:15 a.m. – 3:45 p.m.

Sign up at <https://form.jotform.com/nsnainc/faculty-volunteers-needed> or in the Faculty Lounge to volunteer to review resumes and coach students about planning their career. For your participation, you will receive partial registration rebate following the convention.

First Time Consultant/Advisor Orientation to Convention

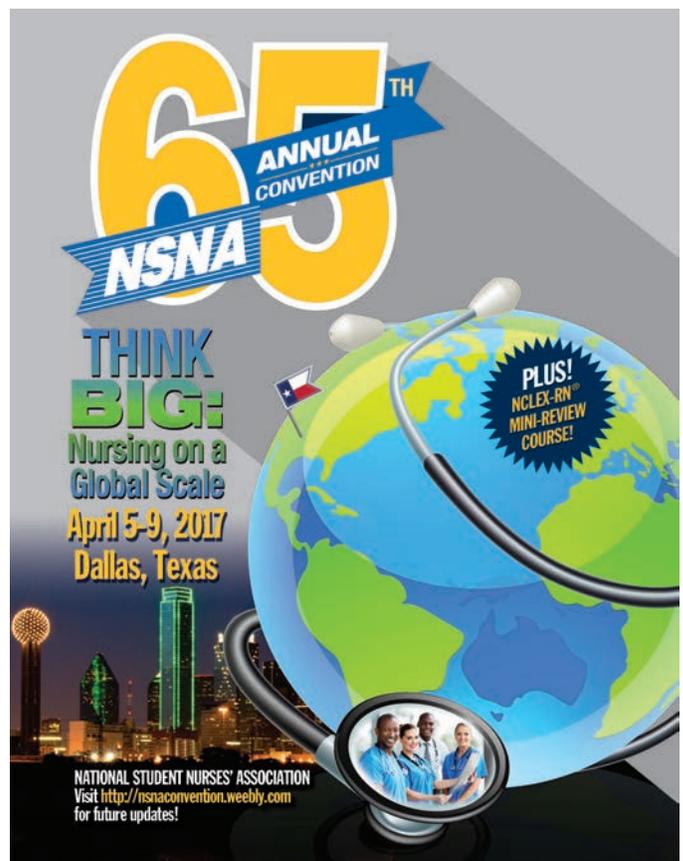
Thursday, April 6, 11:30 p.m. – 12:30 p.m.

Don't Set Your Students Up to Fail: Rethinking Student Writing Assignments

Thursday, April 6, 2:00 p.m. – 3:30 p.m. (1.5 contact hours)

Consultants/Advisors Briefing

Thursday, April 6, 4:15 p.m. – 5:45 p.m.



Volume 38, No. 3 • January/February 2017

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Dean's Notes is indexed in Cumulative Index to Nursing & Allied Health Literature.

Dean's Notes is published five times a year (September/October, November/December, January/February, March/April, and May/June) by Anthony J. Jannetti Inc., East Holly Avenue, Box 56, Pitman, New Jersey 08071-0056. Telephone 856.256.2300. FAX 856.589.7463. All rights reserved. No part of this publication may be reproduced without the express written permission of the publisher. Address changes should include mailing label and be forwarded to the publisher.

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National Council of State Boards of Nursing (NCSBN)

Update – breakfast and discussion

Friday, April 7, 7:15 a.m. – 9:15 a.m. (2.0 contact hours)

Sponsor: NCSBN

Embracing the Past, Envisioning the Future

Friday, April 7, 9:00 a.m. – 10:45 a.m. Plenary Session

Sponsor: Central Methodist University, Fayette, MO

Career Development Center in the Exhibit Hall

Friday, April 7, 11:00 a.m. – 3:30 p.m.

Best Practices for Writing Test Items

Friday, April 7, 11:00 a.m. – 12:30 p.m. (1.5 contact hours)

Sponsor: Kaplan Nursing

Everything is Bigger in Texas: FNSNA Auction

Friday, April 7, 1:45 p.m. – 3:15 p.m.

Global Approach to Teaching: The Language of Concepts

Friday, April 7, 3:00 p.m. – 4:30 p.m. (1.5 contact hours)

Sponsor: Sylvia Rayfield & Associates/ICAN Publishing

Integrating LGBT Health into the Nursing Curriculum

Friday, April 7, 5:00 p.m. – 6:30 p.m. (1.5 contact hours)

Sponsor: NSNA and NYU Rory Meyers College of Nursing

FNSNA Forever Nursing 5K Care Run/1K Walk

Saturday, April 8, 7:00 a.m. – 9:30 a.m.

Sponsor: Johnson & Johnson Campaign for Nursing's Future

Career Counseling Center in Exhibit Hall

Saturday, April 8, 9:00 a.m. – 12:00 p.m.

ERRORS Happen! Malpractice Case Studies

Saturday, April 8, 11:00 a.m. – 12:30 p.m. (1.5 contact hours)

Sponsor: Nurses Service Organization

Maximizing Your Own Career: Options for Faculty Academicians

Saturday, April 8, 2:00 p.m. – 4:00 p.m. (2.0 contact hours)

Sponsor: National Student Nurses' Association

Closing Ceremony and Endnote Address

Saturday, April 8, 4:30 p.m. – 6:00 p.m.

Speaker: Earl Young, a 1960 Olympic gold medal winner in the 4-by-400-meter relay, will inspire us to make the world a better place for our patients.

Chapter Awards and introduction of the 2017-18 Board of Directors and Nominating and Elections Committee.

Visit www.nсна.org and click on *meetings* for Convention updates.