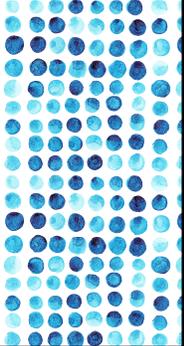



Nursing With Heart in an Opioid Epidemic
PRESENTED 11/1/19 BY CLARE JONES, BSN, RN
Medication Diversion Prevention RN



1

What is addiction?

- ▶ A primary, chronic disease of the brain characterized by:
 - Inability to consistently abstain
 - Impairment in behavioral control and emotional response
 - Diminished recognition of problems related to behaviors and interpersonal relationships
- ▶ Like other chronic diseases, often involves cycles of relapse and remission
- ▶ Without treatment or engagement in recovery activities, is progressive and can result in disability or premature death



American Society of Addiction Medicine

2

It's a Brain Thing

Drugs and alcohol stimulate brain's reward circuitry:

- ▶ Reward circuit exists to ensure we learn to repeat life-sustaining activities (eating, sleeping, etc)
- ▶ Releases dopamine ("pleasure" neurotransmitter) whenever we perform these activities
- ▶ Creates an association between the activity and feelings of pleasure – motivating us to repeat the activity



Harvard Newsletter

3

Drugs/Alcohol = Dopamine Overdrive

- ▶ Brain releases up to 10 times the normal amount of dopamine
 - Extreme feelings of euphoria highly motivates a person to use the substance again
- ▶ With continued use, brain adapts: produces less dopamine, reduces the number of dopamine receptors, resulting in:
 - Tolerance (increasingly larger doses required to feel an effect)
 - Loss of pleasure from normal activities
 - Withdrawal without the substance

At this point, continuing to use is no longer a matter of choice; the body and the brain need the substance to function and feel pleasure



Harvard Newsletter

4



- ▶ Addicted brain pursues alcohol and other drugs as if these substances are needed for survival
- ▶ Need for the substance eclipses almost any other priority:
 - Have to use to avoid withdrawal
 - Have to use just to feel "normal"
 - "Use so I won't die"

5

What Do We Know For Sure?

- ▶ All nurses encounter patients with addictions on a daily basis, in all practice settings
- ▶ Patients with addictions can be challenging to take care of
- ▶ Nurses require more evidence-based training & skills regarding addiction, recovery and treatment



6



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Nursing Attitudes about Addiction

Literature's description of nurses' attitudes and feelings toward patients with substance use disorders:

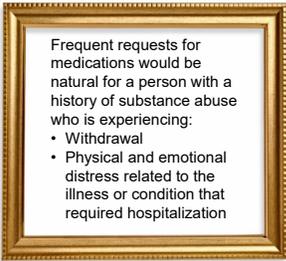
- ▶ Intolerance
- ▶ Anger
- ▶ Distrust
- ▶ Powerlessness
- ▶ Anxiety
- ▶ Feelings of being manipulated
- ▶ Frustration, futility, and disappointment related to patient relapse and recidivism



Turney

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Reframe The Picture:

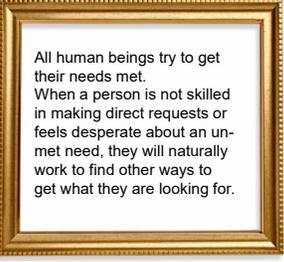


Frequent requests for medications would be natural for a person with a history of substance abuse who is experiencing:

- Withdrawal
- Physical and emotional distress related to the illness or condition that required hospitalization

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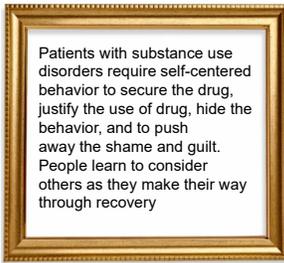
Reframe The Picture:



All human beings try to get their needs met. When a person is not skilled in making direct requests or feels desperate about an unmet need, they will naturally work to find other ways to get what they are looking for.

10

Reframe The Picture:



Patients with substance use disorders require self-centered behavior to secure the drug, justify the use of drug, hide the behavior, and to push away the shame and guilt. People learn to consider others as they make their way through recovery

11

Reframe The Picture:



Change is a process that involves self-evaluation, experience, and development and practice of new skills. It takes time to make a major life change, and few of us do it perfectly the first time. When a patient has been through treatment multiple times, they are not hopeless. They are going through the normal and difficult human process of learning and changing.

12

Reframe The Picture:



What appears to be a lack of desire for change may in fact be fear of change or lack of the necessary skills to change. Hospitalization can fuel a patient's desire for change. With hopeful support of a healthcare team, there is always an opportunity for recovery.

13

Medication Assisted Treatment (MAT)

- ▶ FDA approved withdrawal suppression medications (i.e. Suboxone) combined with counseling/behavioral therapies
- ▶ Numerous studies show that MAT:
 - Improves patient survival
 - Increases retention in treatment
 - Decreases illicit opiate use and other criminal activity among people with substance use disorders
 - Increases patients' ability to gain and maintain employment
 - Improves birth outcomes among women who have substance use disorders

“Medication-assisted treatment saves lives while increasing the chances a person will remain in treatment and learn the skills and build the networks necessary for long-term recovery.”
Michael Botticelli, director, national drug control policy

14

Barriers to Treatment:

70%–80% of people with diseases such as high blood pressure and diabetes receive treatment.

It's much easier in America to get high than it is to get help.

But only 1 in 10 of those struggling with addiction — also a chronic disease — get any kind of treatment.

Addiction Facts Infographics | Addiction.com

Cost:

- Expensive
- Inpatient not always covered

Availability:

- Demand growing fast
- Wait lists

Time:

- More than three-quarters of people with addiction have a job

Perception:

- More than a third of people with substance use disorders think they don't have a problem, or they can quit on their own

Stigma and Shame

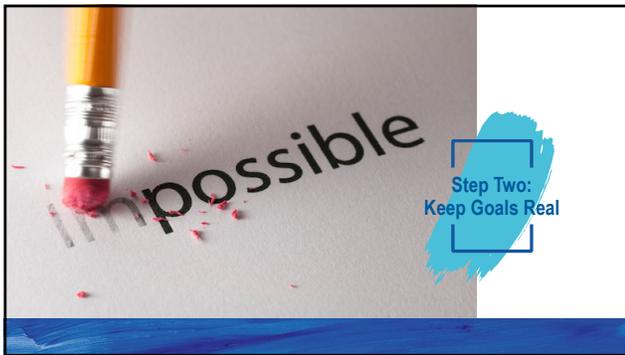
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Stigma and Shame:

- ▶ Are leading reasons why only one in four people get the treatment they need
- ▶ Keep addiction under-diagnosed, under-treated, under-funded and misunderstood



16



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Care Team Goals

Goal	Assessment	Intervention
Safety: Provide a medically safe process of withdrawal from substances	<ul style="list-style-type: none">• Obtain information about patient's history of complications during detoxification• Use standardized withdrawal assessment tool for vitals and symptoms of withdrawal	<ul style="list-style-type: none">• Provide medications to stabilize vital signs• Prevent contraband from being brought to the unit• Prevent suicide attempts and aggression



Denox, L. (2012). Inpatient Psychiatric Nursing: Clinical Strategies & Practical Interventions.

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Anger and Addiction



Dr. Martha Beck: anger indicates:

- ▶ Something your essential self needs is absent; or
- ▶ Something that your essential self can't tolerate is present.

In Addiction:

- ▶ Anger feels better than despair
- ▶ Anger feels like control: Threatening and intimidating behavior sometimes achieves the immediate goal

"Where there is anger, there is always pain underneath."
Edmund Spenser

19

Care Team Goals

Goal	Assessment	Intervention
Stabilization: Increase patient comfort during the withdrawal process	Monitor patient's functional ability, level of comfort and use of/ response to comfort measures Assess for indications of mental health co-morbidities	Offer non-addictive medications and other comfort measures Facilitate patient access to inpatient mental health resources
Stabilization: Help patient visualize a life without addicting substances	Assess readiness for treatment and recovery Assess available family and community support	<ul style="list-style-type: none"> Provide education and resources Help with goal setting Educate and engage family members and loved ones



Damon, L. (2012). *Inpatient Psychiatric Nursing: Clinical Strategies & Practical Interventions*.

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Care Team Goals

Goal	Assessment	Intervention
Engagement: Assist patient to engage in treatment and recovery plans	Assess patient's reasons for participating in treatment, readiness to engage in treatment, and past treatment experience	<ul style="list-style-type: none"> Build trust Reinforce patient's reasons for participating in treatment Frame past experiences with treatment as part of a normal recovery process Avoid assumptions and confrontation Encourage and demonstrate hopefulness

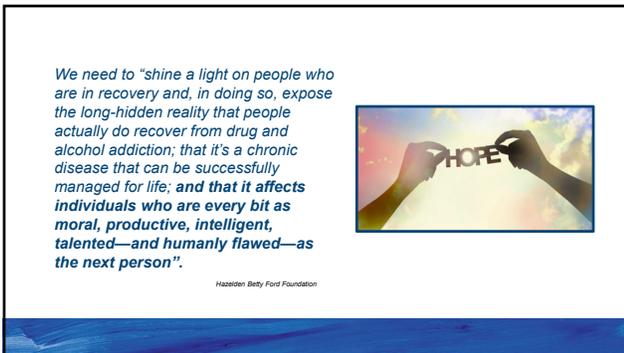


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