

Guest Editorial

How will we lead? Nursing actions to reduce health impact of addiction



Harm, chronic illness, family disruption, disparate health care, and escalating costs. These issues together describe the effect of substance use on the health of people, children, families, communities, organizations, and the nation. In 2017, drug overdose killed 70,237 people, with 47,600 deaths involving opioids [National Institute of Drug Abuse (NIDA), 2019]. Costs (e.g., health care, lost productivity) related to illicit drugs, alcohol, and tobacco exceed \$740 billion annually (NIDA, 2017). Incidence of neonatal abstinence syndrome (NAS), also called neonatal opioid withdrawal syndrome (NOWS), rose from 1.5 to 8.0 per 1,000 babies between 2004 and 2014 (Winkleman, Villapiano, Kozhimannil, Davis, & Patrick, 2018). The majority of babies that experienced NAS/NOWS (73.7%) were covered by Medicaid for whom costs have increased from \$65.4 million (2004) to \$462 million (2014) (Winkleman et al., 2018). Opioid use disorder, substance use disorder, and NAS/NOWS have claimed lives, amplified suffering, and threatens the future generations of children.

These data indicate emergent issues, affecting health and health care for people across regardless of age, gender, race, and ethnicity. The risks of adverse outcomes associated with substance use to physical, social, psychological, interpersonal, and economic health to individuals, families, and communities are high. Nursing's potential role in reversing the escalating trends of substance use and harm is significant as clinicians and health care leaders. The opportunity is making a unique contribution toward generating and implementing solutions across clinical practice, research, and policy advocacy in a cohesive response.

There is much to be done in generating knowledge on effective clinical interventions needed for substance use prevention, treatment, and recovery. Research funding is available for the study of priority problems through National Institutes of Health (NIH) (e.g., Helping to End Addiction Long-Term [HEAL]) (NIH, 2019) and the Patient-Centered Outcomes Research Institute (PCORI) (PCOR1a, 2019; PCOR1b, 2019). Equally as important is the need to translate evidence-based practices to the clinical setting. Agency for Healthcare Research and Quality (AHRQ) has recently released an opioid action plan summarizing results of over 100 systematic reviews to identify gaps for future research and guide clinical practice (AHRQ, 2019).

It is time for us as individuals and our profession to identify our role in the response to substance use and

addictions, partner with our community, and measure the impact of nursing on better care and patient outcomes. We start by clearly stating the issue we will tackle, articulate why it is important to health and health care and how we will respond. Next, we activate our networks and provide training, resources, and tools to spread for response.

As clinicians, the public knows they can count on us as the most ethical and trusted profession (Brenan, 2018). In addition, we have diverse relationships with many communities and stakeholders who are providing care or interacting with people who use substances. It is important to partner with communities to build capacity and relationships but also to develop mutual resilience to respond to this and future public health crisis. These communities range widely—including clinical health care partners, businesses, and elected officials. Here are a few potential actions:

- Implementation of Screening Brief Intervention Referral to Treatment (SBIRT) in acute care hospitals by Registered Nurses. Quick reliable screening tools can be added to the initial assessment. Nursing would screen the patient for risk, and either complete the brief intervention or develop an interprofessional process to complete the brief intervention and referral to treatment. There are 5,262 community hospitals in the nation that admit over 34 million patients (American Hospital Association, 2019). If SBIRT was standardized on admission assessment, risky substance use would be identified, patient-centered counselling delivered and referral to treatment initiated with the goal to reduce substance use and deaths. An example of an SBIRT multisite hospital implementation study is provided (Newhouse et al., 2018).
- Develop and evaluate Advanced Practice Registered Nurse (APRN) models of comprehensive and integrated care. Integrated care is patient-centered, includes available resources with clinicians and providers working seamlessly toward better health care for people with behavioral health needs or those that use substances. These models would also include central competencies for nursing in care coordination as well as specialty care delivered by APRNs—such as prescribing and delivering medication assisted treatment (MAT). Development and spread of successful APRN models would increase access to care, transition more people from active substance use to recovery and reduce deaths.

- Create an opioid or addictions learning network to enable information exchange, sharing of tools and strategies for quality improvement, and rapid translation of evidence to practice related to substance use. Learning networks can be an effective strategy to spread what is working and what is not, form new collaborative teams, respond to request for proposals and share and tailor resources for diverse settings. By innovating care processes, quality and access to care for people that use substances can be improved, reducing substance use and deaths.

The American Academy of Nursing (AAN) has been a leader and advocate for a number of important priorities for nursing including behavioral health (AAN, 2019a) and care coordination (AAN, 2019b). This year AAN is focusing on affecting wellness across the continuum of care where we are “born, live, work, attend school, or travel,” innovation and sustainability in models of care, and reducing burden to give and receive optimal care (AAN, 2019c). A major role for nursing is to foster the public understanding of health problems, why our action is needed and how nursing can help. A necessary next step for nursing is to think and act comprehensively as a profession in our response to public health crisis as we are facing with the opioid epidemic and addictions. The question for us is...how will we lead?

Supplementary materials

Supplementary material associated with this article can be found in the online version at doi:10.1016/j.outlook.2019.07.002.

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