

Title: A call for action to combat the growing synthetic opioid epidemic: The need for the creation and expansion of addiction and psychiatric nursing programs

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Authors' note:

The views expressed by Ehsan Jozaghi and Zahra Dadakhah-Chimeh in this letter are those of the authors, and they may not necessarily express the views of the Canadian Institutes of Health Research (CIHR), Ottawa, Ontario, the British Columbia Centre for Disease Control (BCCDC), Vancouver, British Columbia or Douglas College, Coquitlam, British Columbia. In addition, the CIHR, the BCCDC, and Douglas College had no influence on the scope, design, writing, or the direction of this letter.

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Author biographies

Ehsan Jozaghi is a postdoctoral research fellow at University of British Columbia in Vancouver, Canada. Ehsan has worked closely with people who have had lived experiences of illegal drug use in the past and his research is reflective of this close collaborations. His primary research and work revolves around improving the health care delivery to marginalized populations through evaluation and research.

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A call for action to combat the growing synthetic opioid epidemic: The need for the creation and expansion of addiction and psychiatric nursing programs

Dear Editor,

Background

In today's society, the number of fatal overdose cases attributed to opioids and synthetic opioids has surpassed the frequency of motor vehicle accidents in many jurisdictions (Hadland, Wood, & Levy, 2016). For example, 50,000 Americans (a population of an average town in North America) have lost their lives due to unintentional opioid overdose fatalities (Rudd, 2016). While many researchers and policy makers have offered suggestions that address some of the root causes of the current epidemic, such as excessive prescription practices by physicians (Compton, Jones, & Baldwin, 2016), economic uncertainties (Monnat, 2016), heroin oversupply, and the introduction of synthetic opioids in the illegal markets (Ciccarone, 2017), little attention has been given to the role of evidence-based health care—more specifically, the role of nurses in managing and containing the epidemic. In fact, there is growing evidence of the negative attitudes directed toward people with substance use and mental health disorders by nurses and health-care professionals due to their lack of knowledge and hands-on training/experience which in turn diminishes a patient's access to adequate health care (Hamilton et al., 2014; The National Center on Addiction and Substance Abuse at Columbia University, 2012; van Boekel, Brouwers, Van Weeghel, & Garretsen, 2013).

Ways Forward

Global substance use and mental health disorders continue to impact our communities both financially and emotionally, with over a 37% increase in the burden of cases between 1990 and 2010 (Whiteford et al., 2013). While more recent epidemics—such as HIV/AIDs, Avian Flu, Swine Flu, Ebola, and Zika outbreaks—have received the greatest media attention and financial contributions from health and government agencies, substance use and mental health disorders have been neglected, and health-care resources have failed to commensurate with the burden (Whiteford et al., 2013). Moreover, the shortage of skilled and knowledgeable health-care professionals who have received evidence-based training and experience with the unique needs of people with addiction and mental health disorders may hinder patients in seeking and succeeding with their specialized health care, diagnosis, or treatment (McCutcheon & Morrison, 2014).

This is particularly true, as previous research has shown high prevalence of problematic drug, alcohol use, and high risk of opioid injection drug use initiation in pediatric patients (Cerdá, Santaella, Marshall, Kim, & Martins, 2015; Knight et al., 2007). Recent advancements in the fields of addiction nursing and harm reduction practices have the potential to offer new avenues to target marginalized patients (Bowman, Eiserman, Beletsky, Stancliff, & Bruce, 2013). For example, innovations in nursing strategies and interventions targeting people with substance use disorders play an essential role in the screening and treatment of vulnerable patients (Voon, Johnson, Small, Wood, & Klimas, 2017).

Next Steps

With some researchers predicting that synthetic opioids will become recurrent, permanent, or the “new norm” in the illegal markets, there is an urgent need to tackle this crisis through a health-care-based and evidence-based model of harm reduction, treatment, and prevention. There have been several evidenced-based harm reduction recommendations at the state level that highlight access to primary care as an ethical and human rights issue, the implementation of supervised consumption/injection facilities, free naloxone distribution, opioid agonist substitution treatments, and supportive housing (Thomson, Lampkin, Maynard, Karamouzian, & Jozaghi, 2017). There is still, however, a public health approach needed to address the complexities of the current synthetic opioid crises. This is particularly relevant, as previous researchers have raised the alarm regarding skill deficits in the public health workforce, specifically an overreliance on experience and on-the-job trial and error as well as enhanced accreditation of public health workers (Kaufman et al., 2014; U.S. Department of Health and Human

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Services, 2016). The ability to properly equip our health-care system with knowledgeable nurses, public health officials, and health-care providers who are trained in and acquainted with mental health and substance use disorders is one solution that addresses the needs of our current vulnerable, at-risk, and marginalized patients. Specifically, there should be greater emphasis placed on nursing programs and school health services that are tailored toward at-risk and vulnerable adolescents. For example, a recent article indicates that individuals who are placed in child welfare systems, entrenched in illegal substance use, living with blood-borne infections, female and children of Indigenous ancestry are more likely to die of an overdose case, even prior to the recent introduction of potent forms of synthetic opioids in the illegal markets (Jongbloed et al., 2017). For Indigenous children and youth, it is estimated that they are 13 times more likely to die of overdose events when compared to the general population (Jongbloed et al., 2017). Currently in North America, the British Columbia Centre on Substance Use (2017) is the only program to offer addiction nursing fellowships to four registered nurses per year. Therefore, through the expansion of new programs for registered nurses providing enhanced addiction education programs for nurses already employed in the field—especially nurses who work in schools—in addition to increasing public awareness in schools about addiction as a physiological disease, we will see improvements in the capability and capacity of our health-care system, which in turn will initiate the possibility to overcome the synthetic opioid crisis by preventing and diminishing future costs of substance abuse and mental health cases in our communities.

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