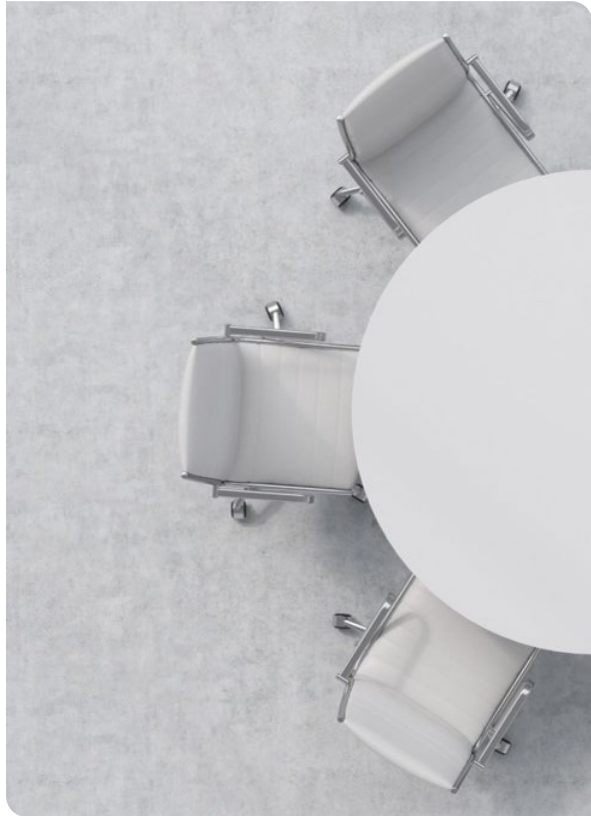


SUBSTANCE USE DISORDER NURSING EDUCATION: ADDRESSING MISCONCEPTIONS

PRESENTERS



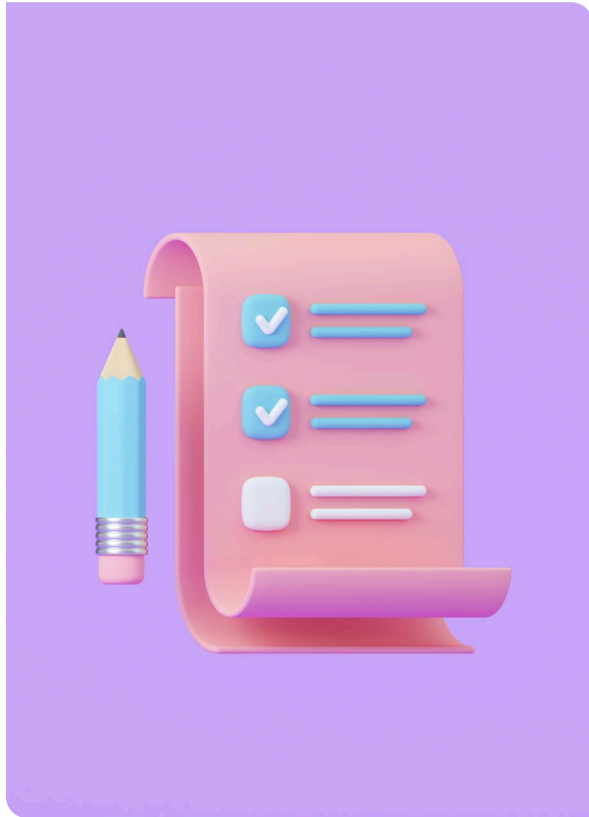
Ashel Kruetzkamp, MSN, RN

- **Program Manager, St. Elizabeth Emergency Department**

Kate Schadler, BSN, RN, CMSRN, PCCN

- **Clinical Nurse Manager, St. Elizabeth Edgewood 7D**

AGENDA



- **Background & Timeline**
- **Nurse Residency**
- **Inpatient**
- **Emergency Department**
- **Additional Opportunities**
- **Questions**

ST. ELIZABETH HEALTHCARE

“OUD/SUD TREATMENT IS CONSISTENT WITH OUR MISSION AND AN OPPORTUNITY TO HELP THOSE WHO ARE SUFFERING—SOMETIMES THE MOST VULNERABLE,” SAID CEO AND PRESIDENT, GARREN COLVIN.

St. Elizabeth’s Mission

As a Catholic healthcare ministry, we provide comprehensive and compassionate care that improves the health of the people we serve.

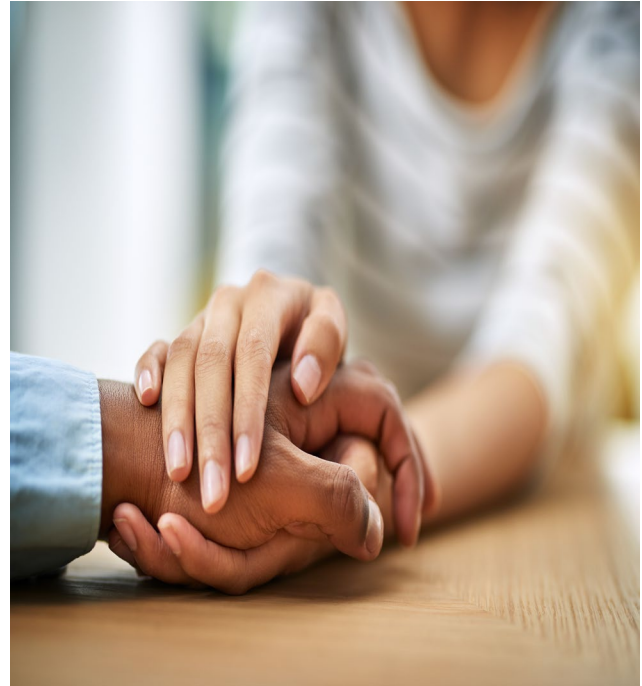
St. Elizabeth’s Vision

St. Elizabeth will lead the communities we serve to become the healthiest in America.



Nursing Education Timeline

- **Knowledge gap identified through a needs assessment in 2017.**
 - Over 300 inpatient nurses completed.
- **Programs and task forces created.**
 - Opioid 101 for IP and ED nursing and Internal Addiction Response Team.
- **Nursing education transition to initial and annual competencies.**
 - NRTP, Skills Day, Annual CBLs, Dept Specific Training.



Inpatient

- NRTP
- Skills Day Content
- Annual CBLS for CIWA and OWA
- Educators:
 - Chemical Dependency Educators (including KORE SW) at Edgewood, Florence, Ft. Thomas, and Dearborn.

Specialized Inpatient Department

- Department specific training for initial and ongoing competencies
 - CIWA, OWA, Trauma Informed Care, De-Escalation.
- Mixed med-surg patient population.
 - Cardiac monitoring, withdrawal management, addiction medicine consultation, therapy and peer support services.
- Educators:
 - Clinical Education Specialist RN and CDAC on team.

NURSING EDUCATION

Emergency Department

- NRTP
- Skills Day Content
- Annual CBLS for CIWA and OWA
- Department specific training for initial and ongoing competencies
- Educators:
 - Clinical Education Specialist RN and KORE SW for ED coverage at EDG, FLO, FTT, GRT, COV, and DBN.

Nurse Residency Program

- Every New Grad Nurse
- 1 hour class
- Content:
 - Pain management and alternative therapies
 - Commonly misused substances
 - Statistical data for overdoses and overdose deaths nationally, and in Kentucky, Indiana, and Ohio.
 - Legislature
 - Neurobiology of addiction
 - Impact on health
 - Behavioral disturbances and de-escalation
 - Options for treatment
 - Resources and tools



NRTP 3 PPT 1.2024.pptx

NRTP



St. Elizabeth

HEALTHCARE

Kate Schadler, BSN, RN, CMSRN, PCCN
(Original Ashel Kruetzkamp, MSN, RN)

Revised 1/2024

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(o) 859-301-9273

Pain Management & Opioids

- The most common reason for visiting an urgent care, emergency room, or doctor's office is... Pain!
- Opiates are the most effective pain medication for acute-moderate to severe pain.
- Opiates are also used in treating chronic pain.
- Opioids are either derived from the opium poppy plant or synthetically in a lab.
 - They activate your body's opioid receptors to regulate pain and also release endorphins and dopamine.
- Opiates are highly addictive and can be very dangerous if misused.
 - A tolerance to opioids can develop very quickly, within days.

Pain Management & Alternative Therapy

- **Exercise, Physical Activity, and Physical Therapy**
 - Physical activity and exercise can reduce severity of pain and improve function, quality of life, and mental health.
- **Non-Opioid Medications**
 - NSAIDS, Acetaminophen, Corticosteroids, Antidepressants, Anticonvulsants, Topical Medications
- **Other interventions:** essential oils, joint injections, nerve blocks, TENS, etc.

“Pill Mill”

- What is a “pill mill”?
 - Places where people can get prescription drugs without a legitimate medical reason.
 - Significant contributing factor to our opioid epidemic.
- According to the National Drug Intelligence Center, it is estimated that there are 7500 pill mills operating in the US.
- Dangerous for many reasons: poor education on how to properly use these medications, not monitored, large quantities, multiple scripts.

Drugs of Abuse

- Alcohol
- Cocaine
- Fentanyl
- Heroin
- Inhalants
- Marijuana
- Methamphetamine
- Opioids

10 Most Commonly Abused Drugs



22 Million











The number of Americans 12 years or older who met clinical criteria for alcohol & marijuana abuse in 2019.

Why alcohol & marijuana?

- 1 Easier to access, despite age limits
- 2 Cheaper than more expensive habits



10 Most Commonly Abused Drugs in U.S.

Type of Drug	People ages 12+ (millions)
 Alcohol	16 mil
 Marijuana	12 mil
 Pain relievers	9.7 mil
 Hallucinogens	6.0 mil
 Depressants	5.9 mil
 Cocaine	5.5 mil
 Rx Stimulants	4.9 mil
 Inhalants	2.1 mil
 Meth	2.0 mil
 Heroin	.74 mil

Source

National Institute on Drug Abuse (NIDA):
National Survey on Drug Use and Health 2019
<https://www.samhsa.gov/data/release/2019-national-survey-drug-use-and-health-nsduh-releases>

Recent Drug Overdose Deaths

More than four (4) times as many people died from drug overdose (OD) than from homicide in the first month of 2021.

- 96,779 drug overdose deaths were reported from March 2020 to March 2021.
- Opioids kill more than 136 Americans every day
- OD death totals during this period are 36.1% higher than the previous annual high from December 2018 to December 2019 (71,130 deaths).
- In January 2021, drug overdose deaths exceeded homicides by 306.7%.
- Motor vehicle accidents and suicides combined killed 84.5% as many as ODs.

Deadliest Drugs

Drug Used in OD	% of Total Deaths*
Opioids	67.8%
Cocaine	21.2%
Psychostimulants	20.6%
Methadone	4.03%

Kentucky, Ohio, & Indiana

Kentucky:

- 1,380 overdose deaths per year.
- OD deaths decrease at an annual rate of 0.25% over the last 3 years.
- The OD death rate is **32.5** deaths out of every 100,000 residents.
- This is 57.00% above the national average OD death rate.

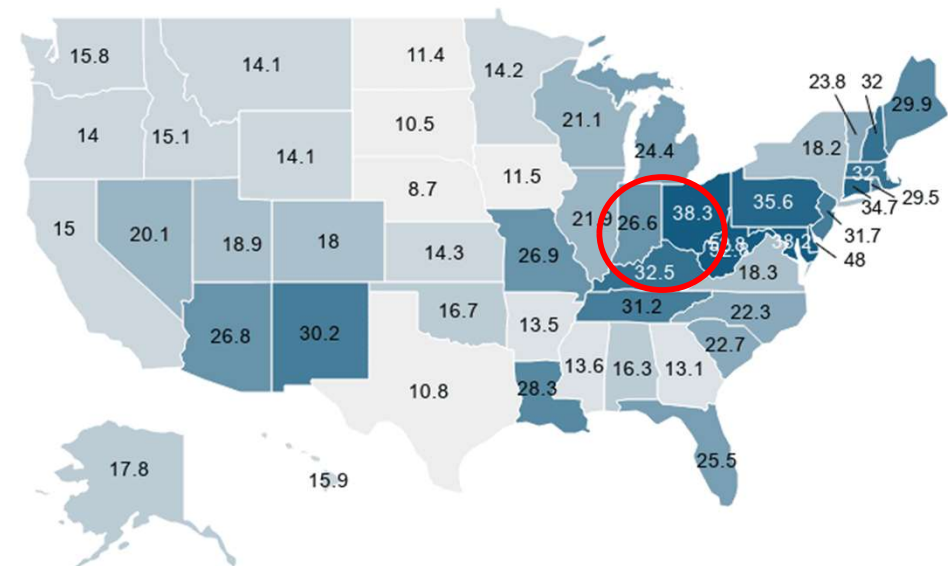
Ohio:

- 4,251 overdose deaths per year.
- OD deaths increased at an annual rate of 0.88% over the last 3 years.
- The OD death rate is **38.3** deaths out of every 100,000 residents.
- This is 85.02% higher than the national average OD death rate.

Indiana

- 1,699 overdose deaths per year.
- OD deaths increased at an annual rate of 4.49% over the last 3 years.
- The OD death rate is **26.6** deaths out of every 100,000 residents.
- This is 28.50% above the national average OD death rate.

Overdose Deaths per 100,000 Residents



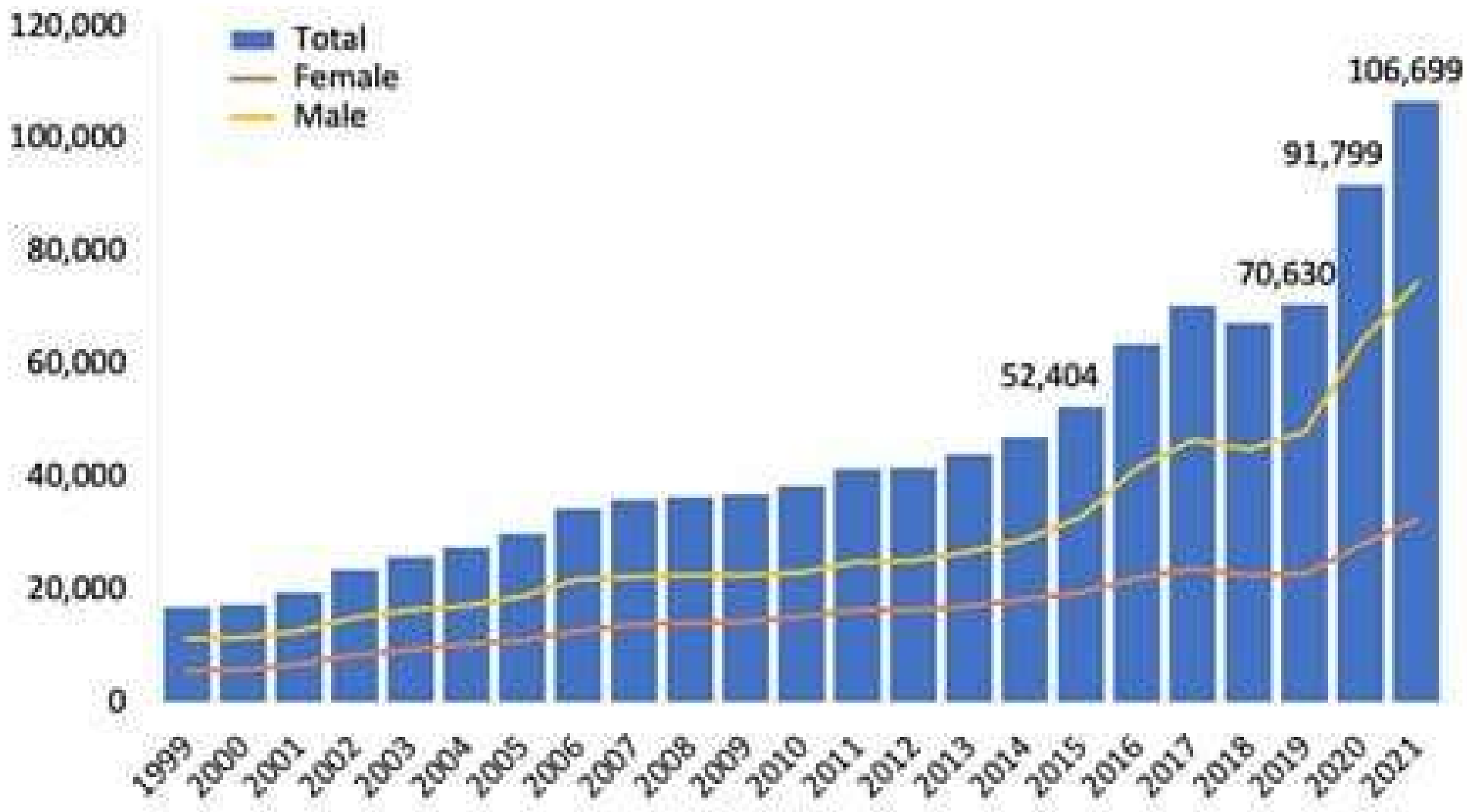
In 2020, 91,799 drug overdose deaths occurred in the United States. The age-adjusted rate of overdose deaths increased by 31% from 2019 (21.6 per 100,000) to 2020 (28.3 per 100,000).

- Opioids—mainly synthetic opioids (other than methadone)—are currently the main driver of drug overdose deaths. 82.3% of opioid-involved overdose deaths involved synthetic opioids.
- Opioids were involved in 68,630 overdose deaths in 2020 (74.8% of all drug overdose deaths).
- Drug overdose deaths involving psychostimulants such as methamphetamine are increasing with and without synthetic opioid involvement.²

More than 932,000 people have died since 1999 from a drug overdose.¹

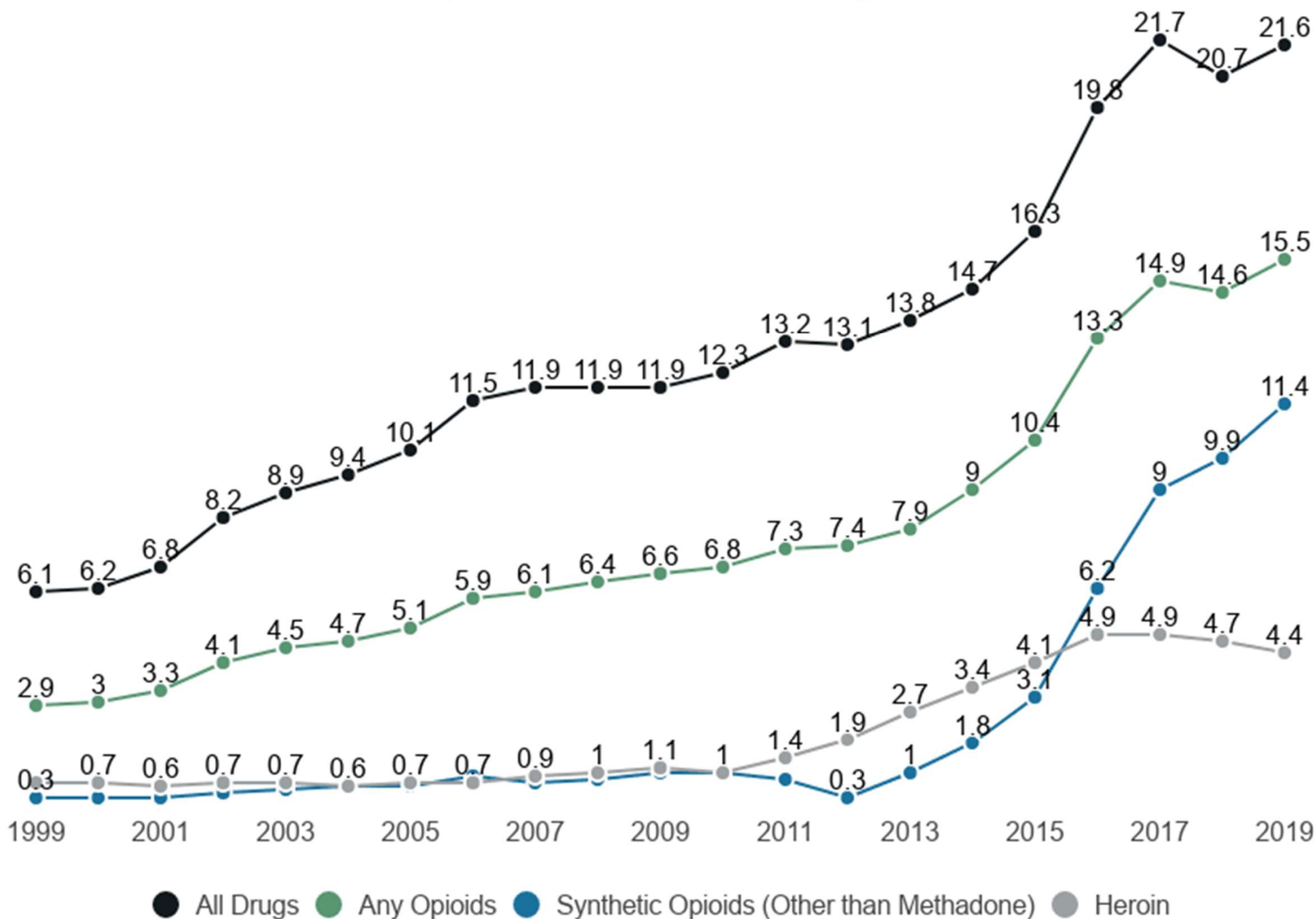


Figure 1. National Drug-Involved Overdose Deaths*, Number Among All Ages, by Gender, 1999-2021



*Includes deaths with underlying causes of unintentional drug poisoning (X40-X44), suicide drug poisoning (X50-X54), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10-Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2021 on CDC WONDER Online Database, released 1/2023.

Historical Trends in Opioid Overdose Deaths per 100,000 Residents



Why the Epidemic?

- State of Kentucky Passed HB (House Bill) 1 in 2012.
 - State's landmark prescription drug abuse bill
- Impacts
 - Fewer "Pill Mills"
 - New pain management clinics must be owned and licensed medical provider, must employ medical director in good standing with professional licensure boards.
 - More KASPER reports
 - HB1 expanded the Kentucky All Schedule Prescription Electronic Reporting (KASPER) system, the state's prescription monitoring system, by requiring all prescription providers of controlled substances to register. Regulations promulgated by the various medical professional licensure boards mandate that licensees use the KASPER system before prescribing controlled substances.

Senate Bill 192

“The Heroin Bill”

- State of Kentucky Passed in March 2015.
 - Stronger and harsher penalties for dealers and drug trafficking.
 - In KY, importing heroin with intent to distribute punishable up to 10 years in prison.
 - Changes in eligibility for parole.
 - Better treatment options for those seeking assistance.
 - Permitting clean needle exchanges at health departments with approval from local jurisdictions.
 - Increasing availability of naloxone.
 - “Good Samaritan Provision” for victims of overdose and their bystanders.

2005 – laws passed to restrict the sale of PSE.

→ National Precursor Log Exchange implemented to log sales and alert pharmacists.

→ 2012 – Senate Bill 3 passed limiting the amount of OTC allergy and cold medication that can be purchased without a prescription.

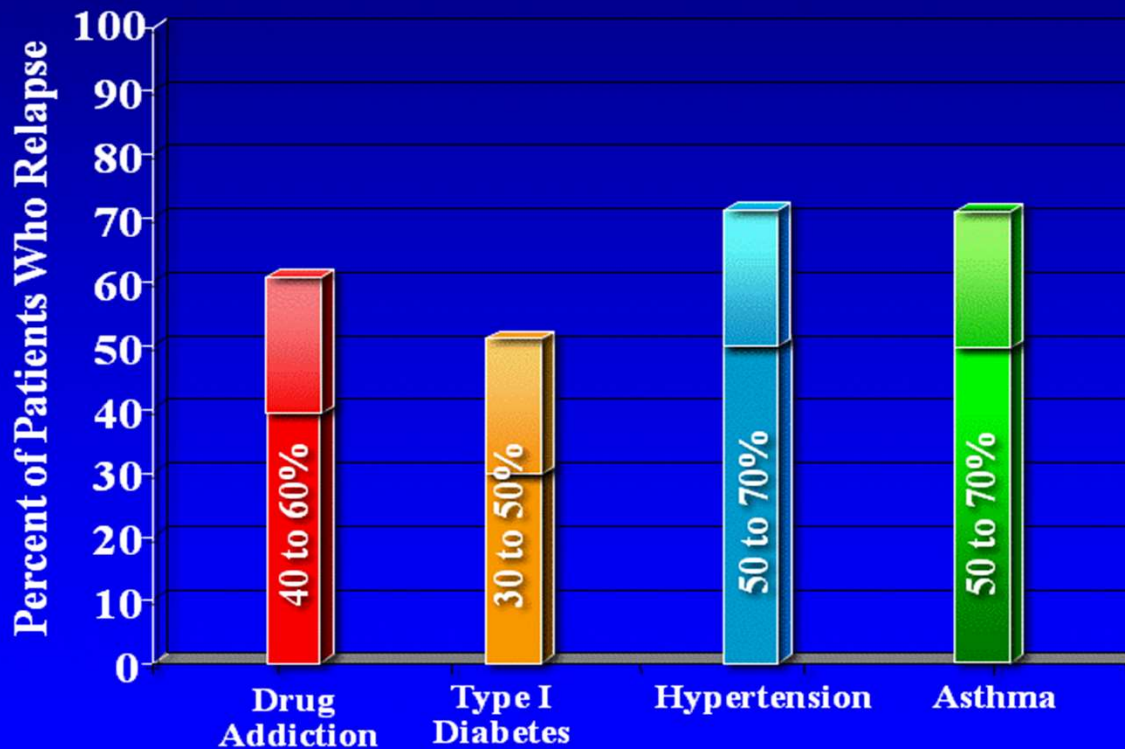
What is Addiction?

- Addiction is a chronic disease characterized by drug seeking and use that is compulsive, or difficult to control, despite harmful consequences.
- The initial decision to take drugs is voluntary for most people, but repeated drug use can lead to brain changes that challenge an addicted person's self-control and interfere with their ability to resist intense urges to take drugs.

What is Addiction?

- These brain changes can be persistent, which is why drug addiction is considered a "relapsing" disease—people in recovery from drug use disorders are at increased risk for returning to drug use even after years of not taking the drug.
- It's common for a person to relapse, but relapse doesn't mean that treatment doesn't work.
 - As with other chronic health conditions, treatment should be ongoing and should be adjusted based on how the patient responds. Treatment plans need to be reviewed often and modified to fit the patient's changing needs.

Relapse Rates Are Similar for Drug Addiction & Other Chronic Illnesses



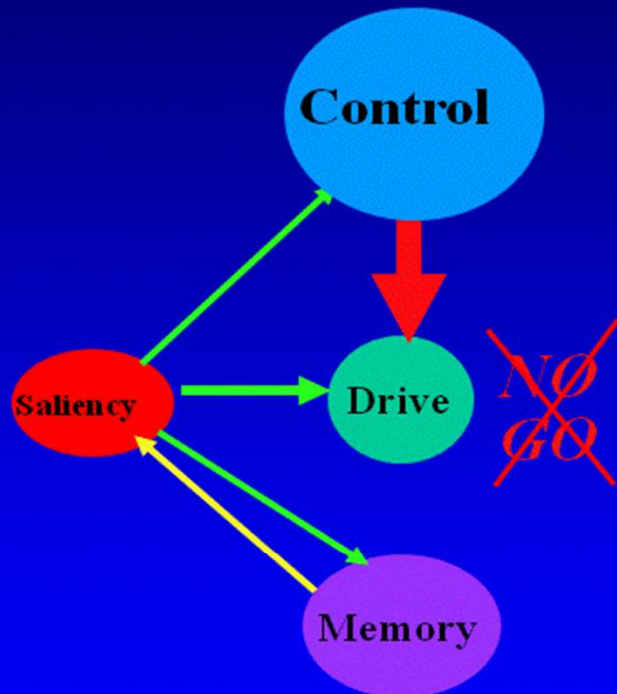
McLellan et al., JAMA, 2000.

NIDA

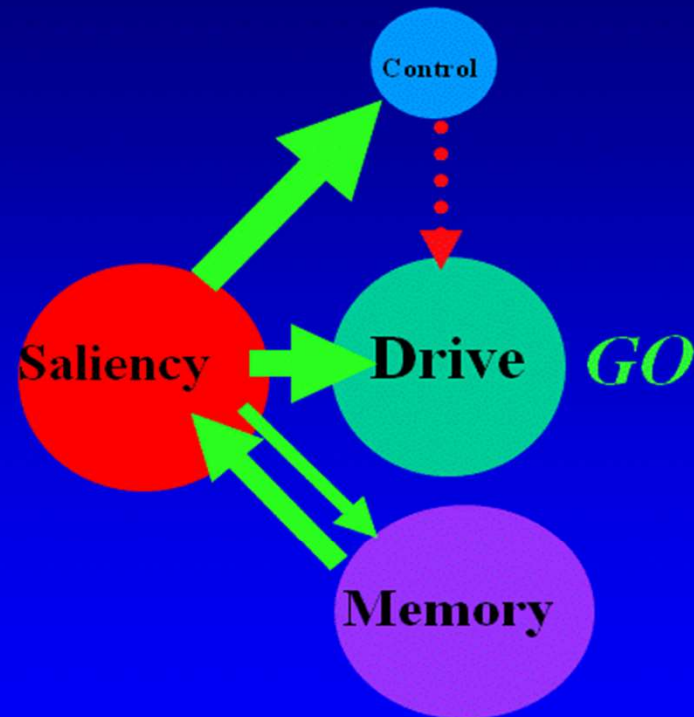


Why Can't Addicts Just Quit?

Non-Addicted Brain



Addicted Brain



Because Addiction Changes Brain Circuits

Adapted from Volkow et al., Neuropharmacology, 2004.

NIDA

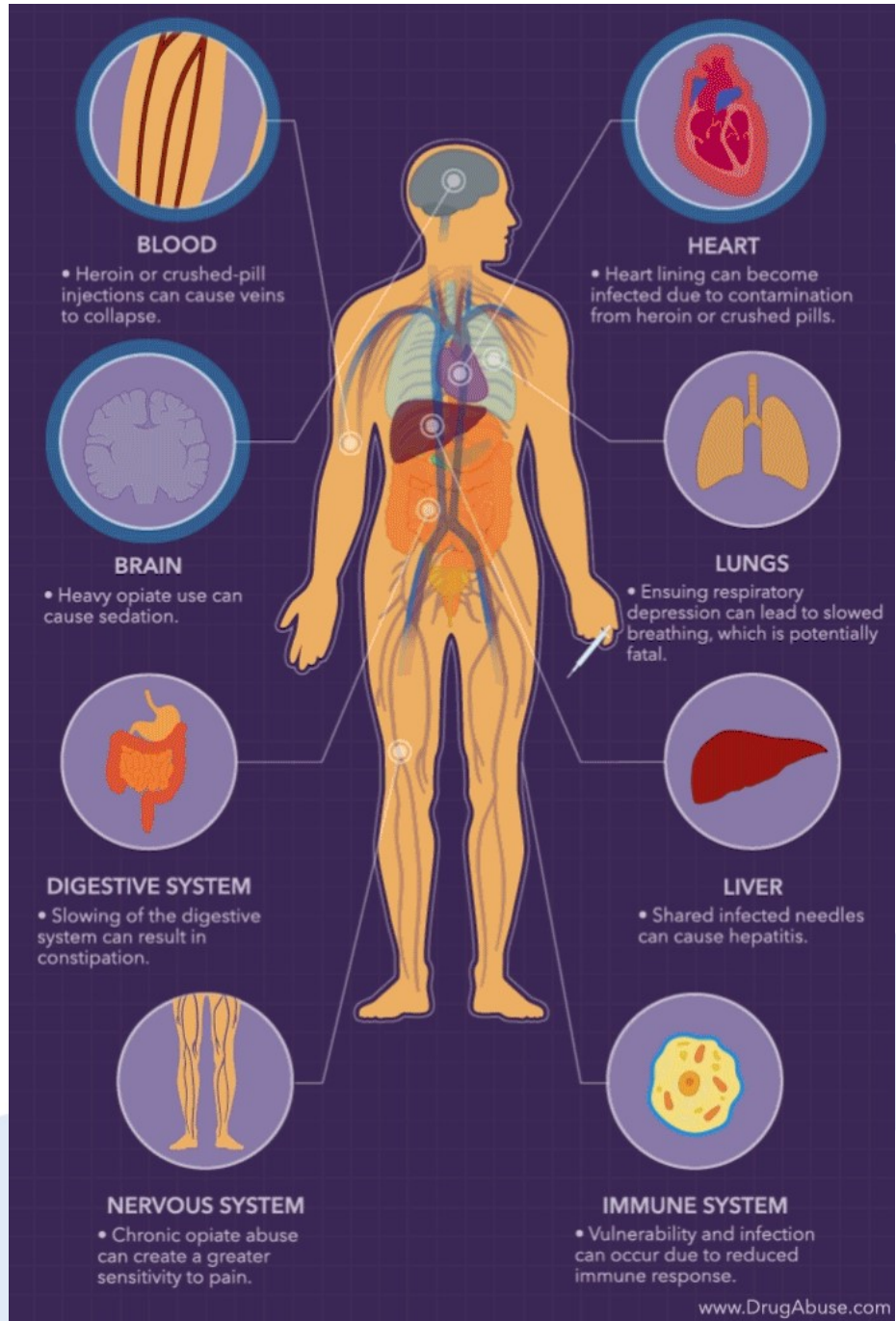
How does Drug Affect the Brain?

- Most drugs affect the brain's "**reward circuit,**" causing euphoria as well as flooding it with the chemical messenger dopamine.
- A properly functioning reward system motivates a person to repeat behaviors needed to thrive, such as eating and spending time with loved ones.
- Surges of dopamine in the reward circuit cause the reinforcement of pleasurable but unhealthy behaviors like taking drugs, **leading people to repeat the behavior again and again.**

How does Drug Affect the Brain?

- Long-term use also causes changes in other brain chemical systems and circuits as well, affecting functions that include:
 - learning
 - judgment
 - decision-making
 - stress
 - memory
 - behavior
- Despite being aware of these harmful outcomes, many people who use drugs continue to take them, which is the nature of addiction.

Impact on your Health



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Behavioral Signs of Substance Use

Behavioral signs of opiate abuse and addiction include:

- Avoiding eye contact, or distant field of vision
- Substantial increases in time spent sleeping-Nodding Off
- Increase in slurred, garbled or incoherent speech
- Sudden worsening of performance in school or work, including expulsion or loss of jobs
- Loss of motivation and apathy toward future goals
- Withdrawal from friends and family, instead spending time with new friends with no natural tie
- Repeatedly stealing or borrowing money from loved ones, or unexplained absence of valuables
- Hostile behaviors toward loved ones, including blaming them for withdrawal or broken commitments

Signs of Opiate Overdose:

- Breathing is slow and the person shows difficulty. Breathing may also be shallow.
- Pupils may become very small. This is sometimes called "pinpoint pupils." It is a very serious sign of heroin overdose.
- The tongue may be discolored.
- Mouth is very dry.
- Pulse weakens with heroin overdose, and the victim's blood pressure will drop.
- Watch for the lips and fingernails to be tinged with blue.
- Stomach spasms are a sign of heroin overdose, as is constipation.
- Muscle spasms in various parts of the body.
- Disorientation is a sign of heroin overdose. This disorientation may even heighten to delirium.
- A victim of heroin overdose may even slip into a coma.

Naloxone (Narcan)

- Opioid antagonist-Binds to receptors to prevent neurotransmitters from activation



Naloxone (Narcan)

- Naloxone only works on overdoses caused by an opioid
 - Heroin
 - Oxycontin
 - Fentanyl
 - Methadone
 - Vicodin
 - Percocet
- Naloxone will not reverse overdose resulting from non-opioid drugs
 - Cocaine
 - Benzodiazepines (Xanax, Valium)
 - Alcohol

Dealing with a Difficult Patient

Strategies for Dealing with Difficult Patients



Extend the patient's social and health care support networks.

These patients often benefit from reassurance that the practitioner is consistently prepared to care for them. They should also be made aware that there are other services that may be beneficial, such as behavioral health services and Chemical Dependency Counselor.

Set limits.

While letting the patient know that you are prepared to care for them, do not allow them to overstep boundaries and expect or demand treatment that is not indicated or needed.

These patients often respond best to **warm involvement** from health care providers. **Compassion and empathy** can be very helpful.

Recognize patient's strengths but also redirect back to best possible care.

Show interest in patient's opinion and explain why there may be a better way of handling the problem. **Do not argue or debate with them.** Work with denial but do not fight it.

RESPECT them as you would any other patient. **Talk and Listen** just as you would in treating any other disease.

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- **Do not dismiss somatic complaint.** Treat their symptoms as with any other patient.
The patient is experiencing discomfort. Do not label pain as “just in your mind” or “drug-seeking”
- **Screen for depression or anxiety.**
Depression and anxiety can manifest in lack of energy, difficulty sleeping and bodily complaints.
Screen for these or refer to behavioral health specialist to screen.
- **Do not allow the patient to let you lose control of your emotions.**
Remain calm and resist the urge to vent your anger at the patient. You may want to begin speaking more slowly and/or softly.
- **When unsure what to do, listen.** Listening provides the opportunity to further plan out a response, calms the patient and provides you with additional data.
- **Convey interest and concern.**

**BEHAVIORAL
ASSISTANCE
RESPONSE
TEAM****BART****YOUR BART TEAM**

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The Behavioral Assistance Response Team (BART) was developed to assist and support all associates in de-escalating and providing stabilization in situations involving patients or visitors, experiencing disruptive emotional, verbal, nonverbal or physical behaviors.

It provides education and communication training for associates throughout the organization to assist them in handling patients and visitors who are experiencing these types of behaviors toward themselves or others, and which may interfere with the associate's abilities to provide quality care.

Go-Live Dates: FTT 11/12/2017, FLO 10/21/2018, EDG 4/7/2019, EDG ED 12/7/2020, GRT ED 6/27/2021, DBN 12/11/2022, MCH 1/9/2023, COV ED 7/9/2023

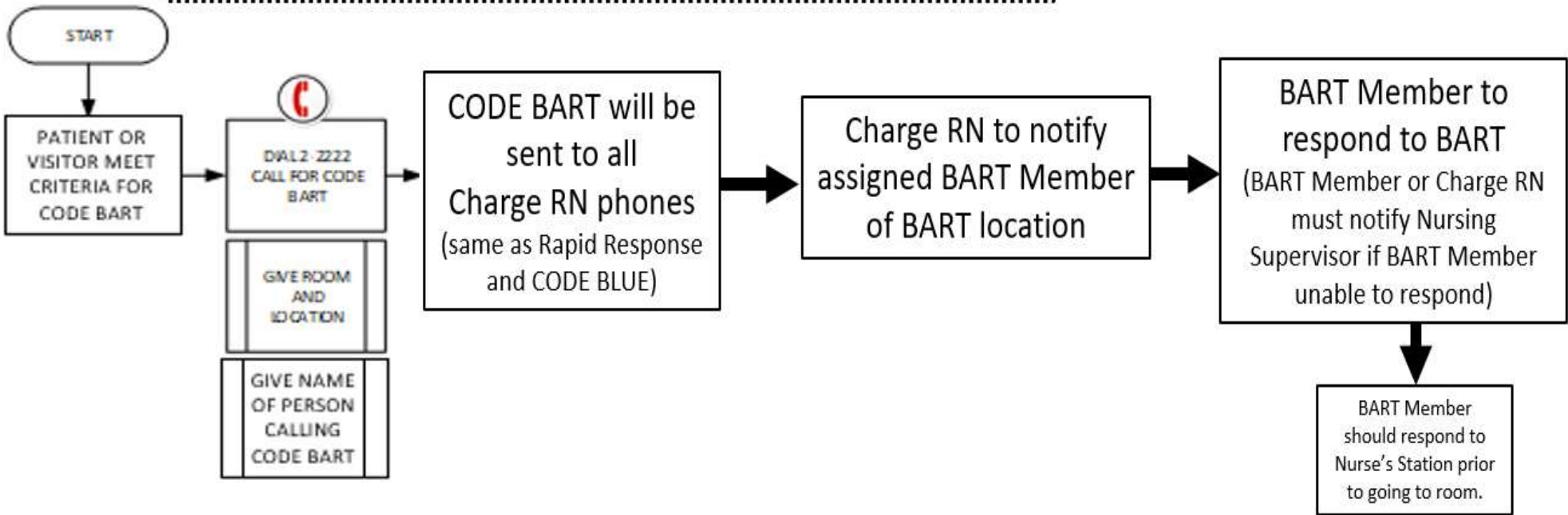
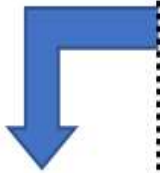
Coming Soon: FTT ED 12/3/2023 & FLO ED TBD



BART Inpatient Nurse
House Supervisor
Pastoral Care
Security
BART Reporting Associate

Criteria for CODE BART

- Staff is concerned about patient's current behavioral or psychological condition.
- Perception that staff safety is at risk and that additional resources are required.
- Acutely disruptive patient or visitor displaying behaviors including but not limited to yelling, increasingly demanding, cursing, sexual inappropriateness, spitting, assaults toward staff, or any unwanted physical contact.
- Patient responding to hallucinations and/or delusions that interfere with patient care.
- Patient or visitor displaying behavior that indicates danger to self or others.
- Patient shows increased clinical signs of confusion or agitation beyond healthcare associate's ability to manage.
- Patient or visitor that exhibits acting out behavior that interferes with staff's ability to provide care to the patient, causing disruption on the unit.



Tools

Assessment/Screening

- OWA (Opiate Withdrawal Assessment)
- CIWA (Clinical Institute Withdrawal Assessment)
- SBIRT (Screening, Brief Intervention, and Referral to Treatment)
- AUDIT (Alcohol Use Disorder Identification Test)
- DAST (Drug Abuse Screening Test)

Care Plans

- Care of Patient on Opiates for Acute Pain
- Care of Patient with Known Substance Use Disorder
- Care of Violent/Verbally Abusive Patient

Treatment

Three Medication Pathways

- 12 Step Facilitated Groups in Conjunction With...

No Medication

Buprenorphine/Naloxone

Naltrexone

First Pathway: No Medication

- Short Term Medications
- Detox
- Residential Treatment
- Intensive Outpatient Treatment
- Outpatient Therapy
- Sober Living
- Therapeutic Techniques
 - Cognitive Behavioral Therapy
 - Motivational enhancement therapy
 - Contingency Management
 - 12 Step Facilitated Therapy



Second Pathway: Medication Assisted Treatment Opiate Substitution Therapy

Metadone

- Long-acting opioid receptor agonist
- Reduces withdrawal symptoms and cravings

Buprenorphine

- Opioid partial agonist, like opioids
- Long-acting opioid agonist
 - Suboxone (buprenorphine and Naloxone)
- Reduces the withdrawal symptoms and cravings

PLUS - Therapeutic Techniques

- Cognitive Behavioral Therapy
- Motivational enhancement therapy
- Contingency Management
- 12 Step Facilitated Therapy



MEDICATION-ASSISTED
TREATMENT

MEDICATIONS FOR OPIOID OVERDOSE, WITHDRAWAL, & ADDICTION

Medications for opioid **overdose**, **withdrawal**, and **addiction** are safe, effective, and save lives.

The National Institute on Drug Abuse supports research to develop new medicines and delivery systems to treat opioid use disorder and other substance use disorders, as well as other complications of substance use (including withdrawal and overdose), to help people choose treatments that are right for them.

Medications approved by the U.S. Food and Drug Administration for opioid addiction, overdose, and withdrawal work in various ways.

- ⊖ **Opioid Receptor Agonist**
Medications attach to opioid receptors in the brain to block withdrawal symptoms and cravings.
- ⊖ **Opioid Receptor Partial Agonist**
Medications attach to and partially activate opioid receptors in the brain to ease withdrawal symptoms and cravings.
- ⊖ **Opioid Receptor Antagonist**
Medications attach to and block activity of opioid receptors in the brain. Antagonist medications that treat substance use disorders do so by preventing euphoric effects (the high) of opioids and alcohol and by reducing cravings. Antagonist medications used to treat opioid overdoses do so by reversing dangerous drug effects like slowing or stopping breathing.
- ⊖ **Adrenergic Receptor Agonist**
A medication that attaches to and activates adrenergic receptors in the brain and helps alleviate withdrawal symptoms.

REDUCES OPIOID USE AND CRAVINGS

Methadone

Daily liquid or tablet



Naltrexone

Monthly injection



Buprenorphine

Daily tablet
Weekly or monthly injection



Buprenorphine/ Naloxone

Daily film under the tongue or tablet



TREATS WITHDRAWAL SYMPTOMS

Lofexidine

As-needed tablet



REVERSES OVERDOSE

Naloxone

Emergency nasal spray or injection



Nalmefene

Emergency nasal spray or injection



Third Pathway: Naltrexone/Vivitrol

Vivitrol (Naltrexone)

- Opiate antagonists
- Decreases the desire to use opiates
- Used after opiate detoxification to prevent relapse to opiate abuse.

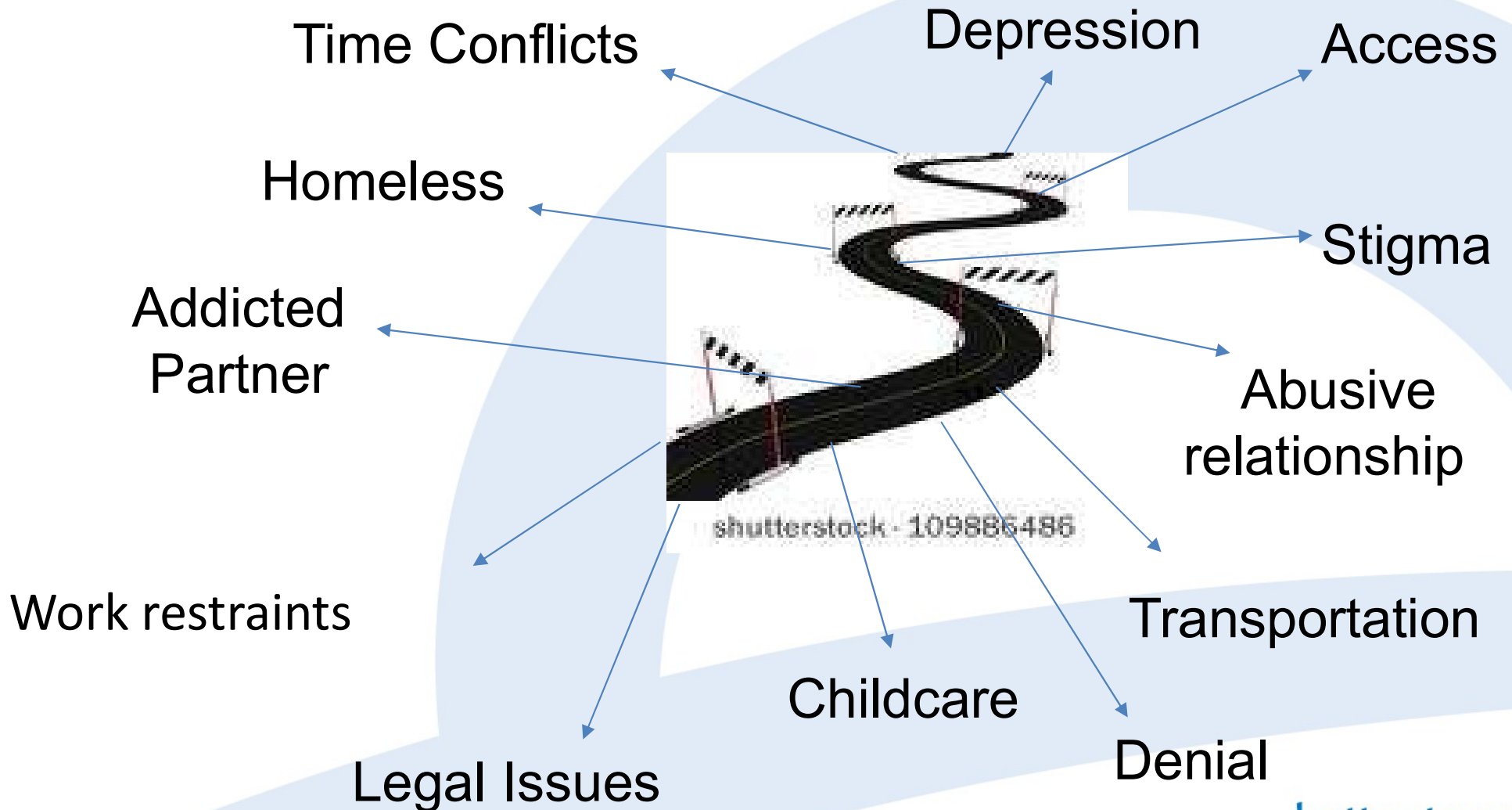


Potential Outcomes of Medication Assisted Treatment

- Decreases impulsive behavior
- Helps to develop structure
- Decreases criminal activity
- Increases retention in treatment
- Increases engagement in socially productive roles
- Increases employability
- Decreases overall chaos in patient's life/family

MAT can help improve overall function of patients and assist living a 'normal' and productive life.

Barriers to Treatment



Inpatient Resources

Chemical Dependency Educator

- Inpatient education in all hospital locations (EDG, FLO, FTT)
 - Use **EPIC** Consult
 - “Per Protocol, No Co-Sign Required”
- Chemical Dependency Inpatient Educators:
 - Pam Easterling – FLO, FTT, and 2A
 - Tawona Pearson – Edgewood KORE
 - Rebecca Harrison – Florence KORE

2A/7D (301-2291)

- Monitored Med-Surg, Specialty Substance Use Disorders
- Partnerships with Community Resources
- Inpatient Hospital-Based Programming with Journey Recovery Center
- All staff with specialized training
- Chemical Dependency Educator (Pam Easterling)
- Clinical Education Specialist RN (Nina McClurg)

Addiction Resources



24/7 Helpline

Trained counselors are available 24/7 to help families navigate the treatment network. Immediate assessment and access to treatment follows the initial call.

- Kentucky: **(859) 415-9280**
- Ohio: **(513) 281-7880**

Journey Recovery Center – outpatient practice plan

- Call **(859) 757-0717** for more information

Treating the patient with substance use disorder who is pregnant

- Call **(859) 301-2501** for more information about the Baby Steps program

KY Online Treatment Provider Directory
<http://dbhdid.ky.gov/ProviderDirectory/ProviderDirectory.aspx>

Meetings: Find a meeting near you
<https://www.addiction.com/meetingfinder/>

NKY Hates Heroin Digital Resource Guide:
<http://nkyhatesheroin.com>

Transitions, Inc.

- Call **(859)491-4435** for more information

Brighton Recovery Center for Women

- Call **(859) 282-9390** for more information

NorthKey Community Care

- Call **(859) 331-3292** for more information

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Points to Remember

- **Drug addiction is a chronic disease** characterized by drug seeking and use that is compulsive, or difficult to control, despite harmful consequences.
- Brain changes that occur over time with drug use challenge an addicted person's self-control and interfere with their ability to resist intense urges to take drugs.
- Relapse indicates the need for more or different treatment.
- No single factor can predict whether a person will become addicted to drugs. A combination of genetic, environmental, and developmental factors influences risk for addiction. The more risk factors a person has, the greater the chance that taking drugs can lead to addiction.
- **Drug addiction is treatable** and can be successfully managed.

Resources

- SAMHSA - Substance Abuse and Mental Health Services Administration.” *SAMHSA - Substance Abuse and Mental Health Services Administration*, 9 Aug. 2017, www.samhsa.gov/.
- “Professional Resources for Prevention and Addiction Treatment.” *Professional Resources for Prevention and Addiction Treatment -- Hazelden*, www.hazelden.org/web/public/pub_keyresources.page.
- “Power to Help Reverse an Opioid Overdose.” *NARCAN® (Nalaxone HCl) Nasal Spray*, www.narcan.com/.
- [Drug Overdose Death Statistics \[2023\]: Opioids, Fentanyl & More \(drugabusestatistics.org\)](http://drugabusestatistics.org)
- National Institute on Drug Abuse (NIDA).” *National Institutes of Health*, U.S. Department of Health and Human Services, 1 Mar. 2017, www.nih.gov/about-nih/what-we-do/nih-almanac/national-institute-drug-abuse-nida.
- [Alternatives to Opioids for Managing Pain - StatPearls - NCBI Bookshelf \(nih.gov\)](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC5044441/)

THANK YOU!
QUESTIONS?