Opioid Use Disorder and Harm Reduction: An Educational Initiative

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Introduction
The opioid epidemic resulted in a 200% increase, between the years 2000 and 2014, in the rate of overdose deaths involving opioid pain relievers and heroin (Center for Disease Control (CDC), 2016). In addition to a greater emphasis on safe prescribing of opioids for chronic pain, harm reduction strategies lower the risk of death through overdose prevention, recognition and response. Opioid use disorders are frequently comorbid with psychiatric disorders. Evidence-based education for nurses and nurses practitioners in the prevention, treatment, and emergency response to opioid overdose are essential to fighting the opioid epidemic, yet these are not commonly taught in nurse practitioner programs. Harm reduction strategies have been found to lower the risk of death through improved health literacy, safe prescribing, recognition of overdose and emergency response.

Purpose
The purpose of this project is to provide nurses with the skills to educate persons who are dependent upon opioids, along with their friends and family members, in the use of naloxone to reverse overdose and prevent death as an essential component of harm reduction.

Method
In the Family nurse practitioner (FNP) and Psychiatric Mental Health nurse practitioner (PMHNP) programs, an innovative online module for educating nurse practitioner students, entitled “Reducing Harm through Opioid Education” was developed and used. Through the multi-method educational approach, the nurse practitioner students received fundamentals in opioid overdose prevention, recognition and response, evidence-based practice guidelines, and harm reduction strategies.

Results
The outcomes from the pilot online educational module demonstrated an increase in knowledge and confidence in the ability to recognize signs of opioid overdose, administer intranasal naloxone, and prevent opioid misuse among persons with chronic pain. The educational initiative is potentially generalizable to nurses of all levels of practice and in a variety of practice settings.

Qualitative results
Helpful content:
- I especially appreciated the content on nasal Naran. I work in the ER and am used to giving it IV, but think this could be truly life saving.
- This module clarifies the concept of harm reduction, as well as clearly explaining the use of intranasal naloxone, while at the same time reinforcing the need for emergency care back up.

Effective learning method:
- It was interesting listening to my fellow classmates as they weighed in on different ways to manage the pain and need to have the intranasal Naloxone available to the patients who has been prescribed opioid in case of an overdose.
- I enjoyed the video on how to teach a client how to administer medication in the case of opioid use dose.

Pre-Post Survey results

Will change the way I practice:
- I am much more confident in my ability to reduce opioid use among patients with chronic pain, except for those who have been on it for a very long time.
- This continues to be a challenge.
- I have learned critical information regarding substance use and disorders that will positively impact the care I provide to my patients.

More information needed:
- The response I always get is "well it helps me and I don’t believe that".
- How can we empathize with this statement while containing to follow current guidelines?
- Should NPs as healthcare providers routinely carry these Narcan kits and what is the liability of us using them outside of our employment?
- Also, if someone is unconscious due to another medical issue, is there harm in giving Narcan if one is unsure?

Conclusions
The module is an innovative strategy to address the opioid epidemic by educating nurse practitioner students in harm reduction strategies. The educational initiative is generalizable to other advanced practice and generalist nurses.

References
Grant et al. (2016). Epidemiology of DSM-5 drug use disorders: Results from the National Epidemiologic Survey on Alcohol and Related Conditions—II. Journal of the American Medical Association, 5, 39-47.

Pre-Post Survey
1. I know the signs and symptoms of opioid overdose.
2. I am confident in my ability to teach harm reduction to patients with opioid use disorders.
3. I am confident in providing emergency treatment to patients with opioid overdose.
4. I believe opioid harm reduction is relevant to my practice.

Post Survey
Strongly Agree
Agree
Disagree
Strongly Disagree

0% 20% 40% 60% 80% 100%

Strongly Agree
Agree
Disagree
Strongly Disagree

Qualitative results
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