

Evidence-Based Nursing Practice and Drug Demand Reduction

By

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EVIDENCE-BASED NURSING PRACTICE AND DRUG DEMAND REDUCTION

Purpose: This global health nursing-led practice effort aims to improve the overall health outcomes for all adults diagnosed with substance use disorders (SUD) in all nations, promoting wellness and healthy longevity.

Objectives: After this presentation, participants will

- 1). Recognize the global risk(s) associated with the increasing prevalence of SUD;
- 2). Reflect on their roles as nurses to take a critical stand as active stakeholders in drug demand reduction (DDR) and;
- 3). Apply the basic nursing process to influence a change in preventing comorbidity of preventable chronic diseases like Type 2 Diabetes (T2D) in substance-using populations.

Presentation #1: Drug Demand Reduction And Nursing Professional Involvements

Background: The epidemic of drug addiction, also referred to as substance use disorders [SUD], is becoming a global public health concern, especially with the legalization of cannabis and the increase in opioid use [1]. SUD is linked to poor social, economic, legal, and health outcomes [2-3]. Likewise, some associations exist between SUD and somatic diseases like prediabetes, T2D [4, 5], and cardiovascular disease, the leading cause of increased mortality and disability [6, 7]. T2D is on the rise; about 54% remain undiagnosed, with a projected increase of up to 129% by 2045 in Africa, for example [8]. Thus, it is vital to implement strategies to prevent the initiation of use and scale up public health activities to increase equitable access to early interventions. Efforts on integrated approaches to both prevent and manage SUD-related comorbidities must be embraced to reduce the burden of disability and deaths, achieving the far-reaching attainments of the United Nations [UN] Sustainable Development Goal #3, specifically, targets #3.4 and #3.5 [9.] For example, there is a need to bridge the gaps in SUD treatment and adhere to SAMHSA's guidelines suggesting screening for T2D because a two-fold impact of SUD and T2D can significantly increase the associated burden. However, screening and referring clients to early primary prevention -lifestyle intervention such as Diabetes Prevention Program (DPP) for clients with substantial risk factors, or Diabetes Self-Management Education (DSME) for clients with early onset diabetes will promote wellness and healthy longevity in substance using-populations (SUP). Yet many barriers continue to impede efforts to adopt emerging treatment modalities that promote these evidence-based addiction nursing practices (e.g., DPP and DSME).

Nurses Call To Action: Nurses, as the most trusted healthcare professionals, have the power to become active stakeholders in drug demand reduction [DDR]. By integrating competency-based nursing leadership, health promotion, and disease prevention activities into addiction care [11-14], nurses can meet clients' holistic needs [16], significantly contribute to the solution, and achieve the decades of unattainable SDGs.

Nurses must:

- Bridge the intra-professional rivalries among themselves and support interdisciplinary collaborations. We need each other.
- Engage collective efforts to enhance DDR locally, regionally, and internationally.
- Encourage contributions from individuals impacted by SUD (Client-Centered).

Presentation #2: Outcomes Of An Integrated Diabetes Prevention Program Pilot Study: A Translation Of Evidence-Based Research To Addiction Treatment Practice

Background: Diabetes Mellitus (DM) is a chronic, physical health problem associated with increased morbidity and premature mortality in substance-using populations [17]. Preventing this and other chronic diseases is a crucial responsibility of the healthcare community, including nurses, and their active involvement can make a significant difference [17, 18].

Methods: Upon receiving medical ethics approval from Nigeria-based and U.S.-based institutions, the collaborators facilitated recruitment campaigns at a Drug Abuse, Treatment, and Rehabilitation Centre. The inclusion criteria include non-diabetic consenting adults and non-pregnant females scoring ≥ 15 on the FINDRISC diabetes assessment tool – a substantial risk of developing T2D within ten years [19]. The exclusion criteria include people with diabetes and individuals younger than 18 with low to moderate scores on the FINDRISC diabetes assessment tool (i.e., <15).

Results: There were statistically significant decreases between the pre-and post-intervention variables, including body mass index and alcohol consumption, as participants' physical activity and control of food portions improved. Reduction in cigarette smoking was marginally significant.

Conclusions: This pilot study provided access to timely and equitable risk-reduction and lifestyle interventions in often marginalized and stigmatized populations with SUD. The importance of this study's population cannot be overstated, as they are usually underserved and face unique challenges in healthcare. The findings of this study can help inform more effective and targeted interventions for these populations. In simpler terms, the study showed that early and targeted interventions can significantly improve the health outcomes of individuals with SUD.

Implications for nursing practice: This study's findings have significant implications, offering a promising path forward. The study revealed substantial reductions from baseline to post-intervention, both in the metabolic-, such as weight and body mass index, and behavioral-health outcomes (e.g., decrease in alcohol consumption, replacements of sugar-sweetened beverages with water, and cigarette smoking). These positive changes, coupled with the associations between SUD (e.g., alcohol and smoking) and the SDGs [20], and links between SUD, poorer socioeconomic outcomes, and Diabetes Prevention Lifestyle modifications can have beneficial impacts on attaining the Sustainable Development Goals (SDG) [19], should instill confidence in nurses to prioritize opportunistic prevention, health promotion, and outreach activities [11, 12]. This initiative-taking approach can significantly reduce the effects of lost productivity, marginalization, stigmatization, and deaths attributed to ineffective and inefficient SUD care. For instance, preventing T2D among clients in SUD recovery treatments can simultaneously reduce the risk of cardiovascular diseases, the top causes of morbidity and mortality [21]. The need for integrated psychological and physical health treatment for SUD is a crucial takeaway from this study, highlighting the importance of early intervention and prevention strategies.

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