

Letter to the Editor: Population Health Policy Advocacy

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Current State of Quality of Care for Veterans Affected by Opioid Addiction

Veterans have been affected by the opioid crisis disproportionately. The rates of opioid abuse and misuse among veterans are higher than among civilians. Veterans commonly present with post-traumatic stress disorder and substance abuse disorder. The presence of these behavioral issues in combination with chronic pain is likely to lead to misuse. Individuals may attempt to soothe emotional or psychological pain with opioids, incorrectly associating the physical relief or euphoria that opioids provide with psychological relief (Sullivan & Howe, 2013).

The Necessity of Health Policy Development for Opioid Addiction

Currently, there are policies that deal with maximum dosages and verifying dosage refills through state prescription drug monitoring programs. However, the policy currently being proposed will address the lack of awareness about opioids and opioid addiction. Childers and Arnold even found that many clinicians do not believe they possess the knowledge or the skills required to treat patients with addiction (as cited in Snow & Wynn, 2018).

Improving the Quality of Care in Treating Patients with Opioid Addiction

By adopting policy that requires making active efforts toward raising awareness about the risks associated with opioids, health care organizations would empower individuals with knowledge that could potentially help them and those close to them. Misconceptions about opioid use will be clarified if the public is well-informed. Forming a committee composed of pain management specialists, psychiatrists, and senior nurses to oversee the organization of such programs would ensure that the programs are organized effectively and regularly. At these programs, trained physicians would talk about the risks associated with opioid use and misuse

and nurses would describe the symptoms of an overdose and demonstrate correct procedure in such situations.

Further, it is important to monitor patients who have been prescribed long-term opioid treatment to ensure that they are not abusing their medication or allowing for it to be diverted or misused. To address this, the policy mandates that individuals who have been prescribed long-term opioids regularly meet with a psychiatrist. The psychiatrist would be required to update the attending physician if any potential concerns arose.

How the Policy will Support Achievement of Desired Outcomes

The proposed policy would require significant expenditure to effectively implement programs to raise awareness and educate individuals. Further, it could also be argued that the expenses incurred on the patients' side would be significant. These arguments raise important concerns on the practical application of the policy being suggested; however, these costs could potentially benefit the patients' overall well-being as well as result in significant positive social change. Studies by Rydell and Everingham and the National Institute on Drug Abuse indicate that every dollar spent toward the prevention of drug abuse and treatment would result in significant savings at the national level (as cited in Crowley et al., 2017).

Policy Development Advocacy

This policy would provide individuals with knowledge that can be applied outside of the hospital setting. At home or among friends, these individuals could save lives because they recognize potentially harmful patterns of behavior and are aware of how to proceed in such contexts. Further, such policy would build trust and garner more positive change in time.

References

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- Sullivan, M. D., & Howe, C. Q. (2013). Opioid therapy for chronic pain in the US: Promises and perils. *Pain*, *154*(Suppl 1), S94–100.
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Appendix

Journal Guidelines

Journal Name: Journal of Psychosocial Nursing and Mental Health Services

Submission Guidelines for Letters to the Editor: Letters to the Editor are correspondence regarding articles previously published in the *Journal of Psychosocial Nursing and Mental Health Services* or other topics relevant to practicing psychiatric-mental health nurses. If the letter is regarding a previously published article, it must be submitted within 12 months of the article's publication to be considered for possible publication, and the author of that article will be given the opportunity to respond. Letters should be no longer than 500 words. References are not necessary, but if included, should be kept to a maximum of three. All letters must contain a clear message or point for readers. Letters may be edited for clarity or length, and letter authors must disclose any competing or conflicting interests, if applicable. All letters are published at the Editor's discretion. Letters should be submitted by email to the editorial office.