

## Opioid Crisis ‘To Do’ List

On December 14<sup>th</sup> 2016, the BC Coalition of Nursing Associations brought together the nursing profession, other health care providers, policy makers, government, first responders and the community for a morning of dialogue, discussion and planning around the current B.C. opioid crisis. The forum provided numerous actions that can be implemented with the support of B.C.’s nursing organizations.

The BCCNA is committed to working collaboratively with all stakeholders to ensure that the ideas captured during the forum are acted upon. The table below identifies the issues and solutions that were articulated during the forum, and actions for B.C.’s nursing organizations moving forward.

Issue	Solutions	Actions for B.C.’s Nursing Organizations	Progress
<b>Inadequate staffing levels to meet the growing needs of clients.</b> This leads to less capacity to respond safely to emergency events, engage in harm reduction and health teaching, provide primary care, etc.	Increase baseline staffing, especially in community facilities and in emergency departments.	Nursing organizations in B.C. including BCCNA and BCNU to advocate for increased baseline staffing and advanced practice nurses.	<i>Underway</i>
	Advocate for outreach nursing positions with greater flexibility in roles.	BCCNA to bring this solution forward to government.	<i>To do</i>
	Recruit nurse volunteers in order to provide relief when needed.	BCCNA to support the recruitment of nurse volunteers and to examine how to integrate volunteers in settings where they are most needed.	<i>Underway</i>
<b>Increased workload, limited recovery time between emergency responses, and lack of critical incident debriefing.</b> This leads to compromised physical, mental, and emotional health and well-being of nurses and first responders.	Provide spaces for nurses to network, debrief and exchange resources.	ARNBC to create an online harm reduction community of practice to support networking, exchange of resources and a platform for debriefing.	<i>Underway</i>
	Support the physical and emotional well-being of nurses.	ARNBC to continue supporting front-line staff by developing a ‘free coffee’ program and consider expanding it to include snacks, treats, meals etc., for those working in various locations on the DTES.	<i>Underway</i>
	Advocate for counselling services (subsidized) to be available for nurses and any first responder to prevent adverse health outcomes such as Post-Traumatic Stress Disorder.	BCCNA to advocate for the availability of these resources among employers.	<i>To do</i>

	Ensure working conditions are safe for both nurses and clients.	BCNU to ensure union reps are available to respond to growing needs related to staffing.	
<b>Lack of resources (i.e.: naloxone kits) outside of formal health care settings.</b> This results in an inability to respond to emergencies, despite training.	Increase the supply of harm reduction supplies to both health care settings and community organizations.	BCCNA to advocate for more resources through MLAs, government.	<i>To do</i>
<b>Lack of access to resources and education in rural and remote areas.</b> This results in limited capacity for providers to respond to growing needs of clients.	Support the sharing of educational resources through platforms such as a community of practice, development of online podcasts, etc.	ARNBC to support sharing of resources by creating an online community of practice.	<i>Underway</i>
	Promote all available training and education when possible.	ARNBC to discuss additional solutions through the Association's Rural and Remote Policy Table with government representatives.	<i>To do</i>
<b>Slow action among federal and provincial governments to move towards a proactive mental health and addiction system.</b>	Continue to advocate for greater resources and support among both provincial and federal governments.	B.C. nursing organizations to work closely with the Canadian Nurses Association on policy issues at the federal level.	<i>Underway</i>
		Nurses to communicate directly with MLAs to share experiences, concerns and priorities (approach nursing organizations for assistance in connecting with MLAs). ARNBC to facilitate communications with government, media and other stakeholders, when possible.	<i>Underway</i>
<b>Clients unable to seek care due to stigma, discrimination, and lack of knowledge or skills among providers in caring for clients with mental health</b>	Increase the level of education around mental health and addiction in undergraduate curricula.	BCCNA to advocate for more education around mental health and addiction in undergraduate curricula in partnership with educators. The Nursing Education Council of B.C. (NECBC) will take the lead in gathering information from Schools of Nursing around current state of education.	<i>To do</i>

<b>and addiction across the continuum of care.</b>	Include sensitivity training for nurses already in practice.	BCCNA will work with health authorities to investigate how best to expand this training.	<i>To do</i>
	Increase nursing students' exposure to harm reduction practice.	Nursing associations to advocate for increased exposure among nursing students in settings such as supervised injection sites.	<i>To do</i>
	Ensure entry to practice competencies reflect the changing landscape of mental health and addictions.	Nursing associations to advocate for mental health and addiction specific entry to practice competencies.	<i>To do</i>
	Ensure nurse practitioners have equal training in order to enhance their role and be able to prescribe	ARNBC and BCNPA to advocate for greater training and funding for nurse practitioners.	<i>Underway</i>
	Increase public awareness and education	Create public advocacy campaigns on mitigating stigma of drug use and harm reduction.	<i>Underway</i>
<b>Lack of model of care.</b> Reactive mental health and addiction system leading to unsustainability and contributing to adverse health outcomes.	Bring together government, experts and others specific to the issue of models of care/legislation/decriminalization for discussion and planning	BCCNA will initiate a second, focused event (by invitation, up to 50 individuals), for further discussion.	<i>To do</i>
	Services required in a new model of care would include: <ul style="list-style-type: none"> <li>• Focusing on upstream approaches (i.e. expanding education around first aid and CPR for all British Columbians, focusing on social determinants of health)</li> <li>• Providing additional options outside of treatment (i.e.: harm reduction, prevention)</li> <li>• Breaking down barriers in accessing care and focus on harm reduction</li> <li>• Expanding harm reduction services beyond 9-5 hours</li> <li>• Increasing the number of safe consumption sites</li> <li>• Increasing the number of detox and recovery beds</li> <li>• Enhancing the ability for primary care to support addiction and explore the various levels of care that can be offered along the continuum</li> </ul>	BCCNA to engage in long-term policy and advocacy in harm reduction, and prioritizing the solutions put forward at the forum.	<i>Underway/ To do</i>

	<ul style="list-style-type: none"> <li>• Expanding nurse practitioner prescribing</li> <li>• Pushing for opioid replacements</li> <li>• Advocating for the decriminalization of drugs</li> <li>• Involve individuals with lived experiences in policy discussions and decision making</li> <li>• Re-evaluating prescribing patterns among providers.</li> </ul>		
<p>Large gap between evidence and practice resulting in a lack of evidence based standards in guidelines and treatment pathways for addiction in primary and speciality care.</p>	<p>Support research and knowledge translation to inform policy and practice.</p>	<p>Nursing organizations to engage with stakeholders to champion knowledge translation.</p>	<p><i>To do</i></p>