

Substance Use Disorders and Type 2 Diabetes: Integration of Evidence-Based Diabetes Care to Promote Quality Health Outcomes

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Learning Objectives

At the conclusion of this webinar, participants will be able to:

- Define diabetes mellitus (DM) and substance use disorders (SUD) and associated complications;
- 2. Identify the associated risks of developing type 2 diabetes mellitus (T2DM) in substance-using populations;
- 3. Illustrate the global epidemiological trends of SUD and DM; and
- 4. Apply health promotion and disease prevention framework in culturally diverse, substance using populations.

Obj. #1: Definitions and Associated Complications

- Diabetes Mellitus (DM)
- Chronic, metabolic, systemic
- Substance Use Disorders (SUD)
- Chronic, complex brain disease

More than 95% of all global diabetes cases are type 2 diabetes
SUD: Problematic Use Despite Consequences



SUD Related Complications [Morbidity and Mortality]

Prevalence of Diabetes Related Complications Among Individuals with SUD

Categories of Substance Use Disorders [Prevalence]	Cerebro- Vascular Accident	Diabetic Neuropathy	Diabetic Renal Disease	Myocardial Infarction	All-Cause Mortality
Percent (%)					
Tobacco[21.8]	5.8	18.2	12.5	5.3	12.9
Opioids [1.9]	5.2	16.2	9.9	4.9	12.7
Cocaine [2.2]	7.7	19.7	12.4	5.2	12.0
Cannabis [1.1]	4.3	16.7	10.9	4.8	8.3
Alcohol [8.0]	5.7	18.1	12.1	4.9	17.0
			Winhusen, Theobald, Kaelber, & Lewis, 2019		

Obj. #1: Other Complications

Traditional & Emerging

- Nephropathy >
- Retinopathy
- Neuropathy
- Cancer
- Infections
- Functional Disability
- Cognitive Disability
- Prenatal Exposures



 Global rate of diabetics with kidney failure 个 from 42% in 2005 to 52% in 2019.

Nigeria = 32%

In 2019, diabetes and kidney failure cause approx. 2 million deaths (CDC, 2022; Tomic et al., 2022; Ovwasa et al., 2023; Phillips et al., 2021; WHO, 2023

DPP Landmark Studies and Outcomes

- Finnish Diabetes Prevention Study (522 participants)
- Diabetes Prevention Study (3234 participants)
- STOP NIDDM (1429 participants)
- Da Quig Study (577 participants)

10-Year Outcomes Report

Reduced new onset T2DM.

o Reduced cardiovascular risk factors.

Temprosa & Marinella (2023)





Obj. #1: Burden of SUD and T2DM



Obj. # 2: Progressions of SUD to T2DM

- Risk Factors
- o Complex
- o Multigenic
- Heterogeneous
 - Biological
 - Psychological
 - Socio-Cultural
 - Environmental
- Mechanism of Action
- Oxidative Stress
- o Primary
- o Cellular pathway



Amo-Shiinoki et al., 2021; Berrica-Carcamo et al., 2020; NIDA, 2020; Ojo et., 2018; Viola et al., 2023

Obj. #3: Global Increase in Drug Use

- 1 in 17 people used at least a drug in 2021.
- 23% ↑ in 2021 than last decades



United Nations Office on Drugs and Crime [UNODC], 2023

Obj. #3: Increases in Global Market



Obj. # 3: Cannabis and Opioids-Use Disorders



Obj. #3: Global Burden of Diabetes



52.2% of global diabetes attributed to \uparrow body mass index (BMI) \geq 25kg/m²

Global Burden of Disease [GBD] 2021 Diabetes Collaborators, 2023

Obj. #3: Diabetes Trend and Projected % Increase

Diabetes	# People Living With DM	#People Living with DM Undiagnosed	# DM Related Deaths in 2021	Predictions of (%) Increase by 2045
Africa (\$13 billion)	24 million	1 in 2 (>54%)	416,000	55 million (129%)
Europe \$189 billion in 2021	61 million	1 in 3 (>36%)	1.1 million	69 million
Middle East & North Africa	73 million	1 in 3	796,000	136 million
North America & Caribbean	51 million	1 in 4	931,000	63 million
South & Central America	32 million	1 in 3	410,000	49 million
South – East Asia	90 million	1 in 2	747,000	151 million
Western Pacific	206 million	1 in 2	2.3 million	260 million

International Diabetes Federation, 2022

Obj. #4: Cannabis in Nigeria



Annual prevalence of psychoactive substance use in Nigeria by age and drug type (UNODC 2018)

Cannabis (locally grown)

- ↑ in recreational use of cannabis
 - Worsened diabetes metabolic factors

 - Myocardial infarction . Renal disease (Porr et al., 2020)

Translation of DPP: SUD Treatment Practice

There are multiple DPP translations in clients with severe mental illness. But there remains a huge gap in the evaluation of DPP among clients with SUD who are undergoing addiction treatments.





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Greetings from IntNSA!





Katherine Fornili IntNSA President (USA) (2018-2020)



Elizabeth Ogunbiyi, MPH, DAC, RPN, RN, RM President IntNSA-Nigeria



Carmel Clancy IntNSA President (UK) (2020-2022)



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Early Adopters

Local to Global – Global to Local Collaborators

- Local
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- Akanidomo Ibanga, PhD (UNODC, Nigeria)
- Francisca Okafor, RN, BNSc., MPH, FWAPCNM, FHCBN (DNS, FMOH, Nig)
- Dorcas Shonibare, (DNS, Lagos-State MOH, Nig)
- Olushola Aketi (DDNS, Lagos-State MOH, Nig.)
- Clara Lawal, (RN, RM, RNT, PhD (Retired HOD, Babcock University, Nig.)
- Global
- Virginia Rowthorn, JD, LLM (UMB Global Center for Engagement)
- Yolanda Ogbolu, PhD, NNP, FNAP, FAAN (Dean, UMB School of Nursing)
- Lynn Chen PhD (Program Evaluator, UMSON)
- Charon, Burda, DNP, PMHCNS, PMHNP-BC, CARN-AP (Retired, UMB)
- Abel Basutu, PhD (African Union)

Obj. #4: Field Experience: Nigeria-Based DPP Translation

• Aim: To reduce the risk of T2DM in individuals undergoing SUD maintenance treatments.

• Goals:

- To promote quality health outcomes among clients receiving SUD treatment at this stand-alone federal center.
- To raise awareness of the benefit of screening and referring clients with high-risk to Diabetes Prevention Program [DPP].

Obj. #4: First-Translation of Evidence-Based DPP

• Based on theory

Replicating Effective Programs (REP)

- Pre-condition
- Pre-implementation
- Implementation
- Maintenance features
- Systematically Planned
 - \circ Innovative approach
- Translation: Data into priorities
- Facilitated by knowledgeable and competent staff
 - Client-centered and age-appropriate interventions
 - \circ Nurse-Led
 - Frequently evaluated



Obj. #4: Interprofessional and Intercontinental Collaborating Team

NURSING

Primary Investigator: UMSON (BALTIMORE, MD, U.S.A) Oluremi A. Adejumo, DNP, MS., RN, FIAAN, CGNC - Assistant Professor

Co-Investigator: UITH (UITH, ILORIN, KWARA – STATE, NIGERIA) Elizabeth O. Ogunbiyi, MPH, DAC, RPN, RN, RM.- **Deputy Director of Nursing**

BIOSTATISTICIAN

Co-Investigator: UMSON (BALTIMORE, MD, U.S.A) Lynn Chen, PhD - Assistant Professor & Director of Evaluation (UMSON)

OTHERS: PSYCHIATRIST / COUNSELLORS / PEER EDUCATORS/ PATIENTS

- Drug Addiction Treatment Education and Research (DATER), NIG
- Institute of Medical Research and Training (IMRAT), NIG

Obj. #4: Screened and Referred to DPP

- Unit campaign
- Validated risk assessment tool
- Screened clients for T2DM
- Diabetes Risk
 Assessment
 - Scores < 15
 - Scores ≥ 15

Diabetes Risk Assessment Scores < 15

Observe and repeat in one year

Diabetes Risk Assessment Scores ≥ 15

- Send for Diagnostic Lab. Test (A1C, fasting blood glucose, or oral glucose tolerance test)
- Normal Glucose Lab. Range: Refer to DPP.



Selection of Study Participants

- # screened ----- 80
- # retained ----- 50
- # in session zeros ----- 35
- Attrition ----- 7
- # in session 26 ----- 28

Study Participants' Characteristics

Baseline Characteristics (n=28)	%	Range	Mean (SD)
Age (year)		22-59	36.8(9.2)
Weight (kg)		54-93	73.2(9.8)
Height (cm)		154-188	171(8.5)
BMI (k/m2)		18.2-29.0	25.0(2.4)
Finnish Diabetes Risk Assess. Score		15-21	16.8(1.4)
Gender			
Male (n=23)	82.1		
Female (n=5)	17.9		
Education			
=< Pri. Sch. or Less (n=0)			
Some SS (High Sch.) (n=2)	3.1		
Gra. SS (High Sch.) (n=3)	9.3		
Some College /Tech. Sch. (n=6)	18.6		
Bachelor's Degree (n=7)	27.1		
Graduate Degree (n=9)	41.9		

Study Participants' Characteristics (Cont.)

Baseline Characteristics (n=28)	Percent (%)
Marital Status	
Married (n=9)	32.1
Never Married (n=16)	57.1
Divorced (n=3)	10.7
Lifestyle Behavior: Current Status of Use	
Tobacco (n=12)	42.9
Alcohol (n=27)	96.4
Cannabis (n=27)	96.4
Heroin (n=28)	0.0

Interventions: June 2022- June 2023

- 26 Session DPP
- Duration: One year-long DPP
- Support: Ongoing
- o Weekly virtual meetings
 - 12 Weeks
- Ongoing feedback
- Process evaluation

Fowler, 1999

- Lead nurses
 - Pre-session mentoring
 - Guidance to peer educator



Outcomes: Six-Month DPP Interventions

Preliminary Report: Baseline to Session 20 (First 6-Months)

- Paired t-test: Baseline to session 20
 - \circ Stat. Sig. \downarrow in weight*
 - \circ Stat. Sig. \downarrow in BMI*
 - $_{\odot}$ Stat. Sig. \uparrow dietary portion control *
 - No sig. diff. in dairy products consumption**
 - \circ Stat. Sig. \uparrow in Physical activities*
 - \circ Stat. Sig. \downarrow in alcohol intake*
 - No sig diff. in smoking**
 - No sig. diff. in cannabis use**
 *p<0.001</p>

**P>0.01



Outcomes: Pre- and Post-Interventions

SESSIONS 21-26 (Last 6-Months)	Pre-Lifestyle Intervention Mean (SD)	Post-Lifestyle Intervention Mean (SD)	p	Cohen's d		
Weight (kg)	73.2 (9.8)	70.7 (9.1)	<0.001	1.56		
BMI (kg/m ²) *	25.0 (2.4)	24.1(2.2)	<0.001	1.65		
# of Days Per Week Study Participants Adhered to Recommendations of:						
Physical Activity	3.7 (3.3)	19.6 (2.6)	<0.001	3.57		
Water Intake (Replaced SSB with Water)*	9.1 (5.2)	19.4 (0.9)	<0.001	1.93		
Fruits and Vegetables Intake*	11.6 (6.6)	19.4 (1.0)	<0.001	1.16		
Grains Intake*	13.6 (6.3)	19.2 (1.0)	<0.001	0.91		
Proteins Intake*	11.1 (6.3)	19.6 (1.0)	<0.001	1.38		
Dairy Product Intake	11.3 (6.4)	9.1 (0.8)	0.71	0.36		
# of Days Per Week Study Participants:						
"Cut Back" on cigarettes Use	3.8 (3.0)	2.6 (2.9)	0.054	0.36		
"Cut Back" on alcohol intake	4.6 (3.0)	2.1 (2.7)	<0.01	0.80		
"Cut Back" on cannabis intake	5.3 (2.8)	4.8 (3.0)	0.384	0.11		

Note: Paired t-test and Wilcoxon test were used /* Normality was not met

Maintenance Strategy: 2023-2026

- Outcome Evaluation and Dissemination

 Translated findings
 Planning priorities for actions
- Maintenance and Ongoing Evaluation

 Strengthening nursing capacity
 Goal: Sustaining DPP
- Lessons Learned

 $\ensuremath{\circ}$ Barriers and facilitators

Limitations

- Recall bias
- Socio-political, economic challenges
- Brain Drain

o Nurses and healthcare workers' migration

• Inter-professional rivalries

Nursing Implication

- Nurses as healthcare facilitators:
 - Influencing contributors in healthcare systems.
 - Influencing facilitators of health promotion and prevention of illness.
 - Catalyst for health equity improvement

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Thank You All For Attending!

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