European Perspective – next steps for addiction nursing and IntNSA

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## Disclosure presenter

- **No (potential) conflict of interests**

- **1. Relations that could be relevant for the meeting**
  - International Nurses Society on Addictions (IntNSA) – Board Member

- **2. Sponsorship**
  - n/a

- **3. Payment or other (financial) remuneration**
  - International Nurses Society on Addictions (IntNSA)

- **4. Shareholder**
  - n/a

- **5. Other relation**
  - n/a
Outline

• Extent of problem
• What do we know about addiction nursing role in Europe
• Priorities and next steps
“Throughout nursings history, it could be argued that nurses have been at the forefront of caring and working with those who are most vulnerable and disempowered. We have all seen and witnessed nurses working in incredible and sacrificial ways for the betterment of others health. There are nurses caring for prisoners irrespective of what the crimes they may have committed; there are nurses working on the streets caring for the homeless; for anyone who walks through hospital doors; on the back of trucks providing mobile clinics; in completely under-resourced, remote locations in the world”. (ICN, 2017)
At a glance – estimates of drug use in Europe

**Opioids**
- High-risk opioid users: 1.3 million
- Drug treatment requests
  - Principal drug in about 36% of all drug treatment requests in the European Union
- 628,000 opioid users received substitution treatment in 2018
  - Fatal overdoses: 84%

**Amphetamines**
- Adults (15–64)
  - Last year use: 1.7 million
  - Lifetime use: 11.9 million
  - Young adults (15–34)
    - Last year use: 1.2 million
    - National estimates of use in last year

**MDMA**
- Adults (15–64)
  - Last year use: 2.6 million
  - Lifetime use: 13.5 million
  - Young adults (15–34)
    - Last year use: 2.2 million
    - National estimates of use in last year

**New psychoactive substances**
- 15- to 16-year-old school students in 24 European countries
  - Last year use: 3.0%
  - Lifetime use: 4.0%

**Cocaine**
- Adults (15–64)
  - Last year use: 3.5 million
  - Lifetime use: 17.0 million
  - Young adults (15–34)
    - Last year use: 2.3 million
    - National estimates of use in last year

**Cannabis**
- Adults (15–64)
  - Last year use: 24.0 million
  - Lifetime use: 87.6 million
  - Young adults (15–34)
    - Last year use: 17.2 million
    - National estimates of use in last year

Source: ESPAD Report 2015 Additional tables
Treatment and service response – the ‘hidden’ role of nursing

- Treatment and service response

- Geographical availability of needle and syringe programmes in the European Union, Norway and Turkey

Numbers of clients receiving drug treatment in Europe in 2016, by setting

**Outpatient**
- Specialised treatment centres (1,011,700)
- Low-threshold agencies (270,700)
- Primary/general mental healthcare (43,100)
- Other settings (11,200)

**Inpatient**
- Hospital-based residential (60,200)
- Other settings (11,500)
- Non hospital-based residential (15,600)
- Therapeutic communities (26,600)

**Prisons**
- (86,400)

Geographical availability of needle and syringe programmes in the European Union, Norway and Turkey

- Percentage of territorial units with 1 or more outlets

NB: Based on Eurostat NUTS-3 territorial units. Values for Spain, Germany and Italy are based on expert estimations. Geographical availability may not reflect the share of target population reached by the intervention.
Addiction Nursing in Europe...what is known?

• And a lot and a little!

✗ Estimates on numbers of nurses, either directly or indirectly, working in drug and alcohol services across Europe (or indeed globally)

✗ Comparative information on how nurses are educationally prepared to work in this area

✓ Role and scope of practice described (e.g. UK, Holland)
## ‘snapshot’ on Addiction Nursing

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Holland
Inaugural Irish conference for nurses in addiction services

The inaugural conference for nurses in addiction services is organized by the Irish Nursing and Midwifery Council (INMC) in collaboration with the Irish Psychological Society (IPS) and the Irish Institute of Addiction Studies (IIAS). The conference will take place on 15-16 September 2018 in Dublin City University, Dublin 9.

The conference aims to enhance the knowledge and skills of nurses and midwives working in addiction and mental health services in Ireland. The focus will be on evidence-based practices and the integration of interdisciplinary care.

Key topics to be covered include:
- Assessment and triage
- Treatment planning
- Medication-assisted treatment
- Opioid substitution therapy
- Motivational interviewing
- Co-occurring disorders
- Recovery and relapse prevention

The conference will also feature presentations from leading experts in the field, including keynote speakers and workshops. Attendees will have the opportunity to network and share experiences with colleagues from across the country.

The conference is open to all nurses and midwives working in addiction and mental health services, as well as those interested in learning more about these fields. Registration is now open, and early bird rates are available until 31 July 2018.

For more information, please visit the conference website at www.inauguralconference.ie.
Research Article

Involvement in Mental Health and Substance Abuse Work: Conceptions of Service Users

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Type of submission: Oral

Conference track: Practice

Topics: Harm Reduction Services and Service Provision; Integrated Harm Reduction Services

Presenting author: Karen Amanda Frampton

Presenting author biography:

Karen Frampton, socialnurse at Herlev Gentofte University hospital. Years of experience working with addiction and people with high-risk use of drugs and/or alcohol.

"Social nurses"; a function to minimize the health gap in a hospital setting for patients who are addicted to drugs and alcohol.

Denmark

Lene Bruun Damgaard, Nina Brinés, Gitte Theill Sørensen, Karen Amanda Frampton

Issue:
Patients addicted to drugs and alcohol often experience a problematic hospitalization. They often suffer from multiple health issues, and have a significant higher mortality. Hospital staff may describe this patient group as difficult and challenging. Interactions between patient and hospital staff can be characterized by lack of trust and prejudice. This group often experiences inadequate pain or withdrawal treatment, conflicts, rules that are not practiced on other patients, and lack of information. Premature hospital discharge can lead to a lack of follow-up care, relapse, and re-admission.
Self-assessment of alcohol consumption as a health-education strategy in nursing students

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ARTICLE INFO
Article history:
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SUMMARY
Background: In the field of preventive activities, early identification of excessive alcohol consumption is essential. The simplicity of existing instruments for detecting hazardous drinking makes for ready assimilation in university students.

Objective: To ascertain nursing students’ level of knowledge about alcohol prevention activities and assess their
Agency and Addiction in a Harm Reduction Paradigm: French Nurses' Perspectives

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ABSTRACT

French psychiatric nurses' perspectives on individuals addicted to drugs and their treatments are influenced by French socio-cultural norms. In this study, steps of the ethnographic method were used to elicit the intertwining of French professional and cultural perspectives on drug addiction. Emergent themes from nurses' interviews and cultural participant-observations suggest that drug addiction management in France's harm reduction paradigm challenges nurses' beliefs about addicted individuals' agency and conformity to treatment goals, and is influenced by European Union membership, changes in health care, drugs and demographics. Novel nursing strategies emergent from these themes might be applicable in other cultural contexts.

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Innovative Roles

The “Nursing Role” in the Italian Addiction Treatment Units (ATUs)

An Interview with Ida Lion, RN

What does it mean to be a “Nurse” in Italy?

A registered nurse is a professional who has obtained the academic knowledge and clinical skills as part of a professional nursing course to perform the duties linked to the general management and care of the patient. He/she can work in the National Health Service, in the private sector, or as a self-employed professional. According to the new European rules, after 1996, the entry requirement for the Academic Diploma of Professional Nurse (three-year

What about Italian legislation regarding “Drug Addiction”?

The presidential decree No. 309 (October 1990), with its subsequent development and modifications, still constitutes the most important legislative instrument regarding drug addiction in Italy. This decree was responsible for the development of NHS Addiction Treatment Units. Subsequently, with the legislative decree No. 52 (1992, Health Reform), there was a need for all the Italian regions to develop and organize the different statutory and non-statutory
A teachable moment for the teachable moment? A prospective study to evaluate delivery of a workshop designed to increase knowledge and skills in relation to alcohol brief interventions (ABIs) amongst final year nursing and occupational therapy undergraduates

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2 Department of Nursing, School of Nursing, Midlothian
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Alcohol education and training in pre-registration nursing: A national survey to determine curriculum content in the United Kingdom (UK)

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ARTICLE INFO

SUMMARY
Background: Alcohol-related harm impacts significantly on the health of the population. Nurses are often among the first health professionals that many patients with alcohol-related problems come into contact with and hence have identified as primary care role. The purpose of the study was to undertake a national survey in the UK to identify the current knowledge and training in alcohol-related harm and treatment amongst nurses.

Objective: To determine the level of alcohol education and training content in the pre-registration curriculum for nurses in the United Kingdom (UK) and to establish whether there are variations in the pre-registration curriculum content.

Method: A survey was conducted using an online survey tool. The nurses who were sampled were from the National Nursing Education Database (NED) in Scotland, UK. A total of 105 pre-registration nurses were invited to participate in the study.

Results: A total of 41 nurses responded to the survey. The majority of respondents were from Scotland (n = 41). Only 21% of nurses were familiar with the NED and only 10 nurses returned questionnaires. The results indicated that the majority of nurses (n = 41) had received alcohol-related training.

Conclusions: The findings suggest that there is a need to improve the content of the pre-registration curriculum in alcohol education and training. Future research should focus on developing evidence-based guidelines for the delivery of alcohol education and training in pre-registration nursing.

Alcohol education revisited: Exploring how much time we devote to alcohol education in the nursing curriculum

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Education
Knowledge
Attitudes
Confidentiality
Students

ABSTRACT

Introduction: This study examines student nurses knowledge, attitudes and educational preparation to work with patients who misuse alcohol. The study begins to quantify how much time is devoted to alcohol education at one Scottish University.

Method: The study modified the Short Alcohol Attitudes Problem Perception Questionnaire (SAAAPPQ) and incorporated three case vignettes to examine the student nurses knowledge, attitudes and experience of working with patients who have an alcohol problem. The questionnaire was hand delivered to a convenience sample of third year nursing students.

Results: The results show that the student nurses exhibit positive attitudes and beliefs about working with patients who have an alcohol misuse problem. A series of significant associations was found between the adult nursing cohort and their ability to include a comprehensive alcohol history in their nursing assessments (χ² = 109.29, df = 4, p < 0.0005); recognise signs of acute alcohol withdrawal (χ² = 52.26, df = 16, p < 0.0005); and the psychological signs associated with alcohol misuse (χ² = 41.81, df = 16, p < 0.0005). A baseline figure of 2.5 h of alcohol education is noted at this university.

Conclusions: Alcohol education strongly features in three out of the five nursing programmes surveyed. Nurse education needs to focus on strategies that extend to teaching nurses how to respond, provide
Supporting nurse mentors to reduce the barriers to implementing alcohol interventions and Brief Advice (IBA) in primary care

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Dr Steve Briskman SMMGP Clinical Director
Mapping the role of nurses in Methadone Substitution Therapy (MST) programmes across Europe: core competencies

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KEY WORDS
nurse  addiction  methadone

The World Health Organisation and the International Council of Nurses (WHO/ICN, 1991) broadly define addiction nurses’ roles into eight domains. These domains are:
- provider of care
- educator/resource person
- counsellor/therapist
- advocate
- health promoter
- researcher
- supervisor/leader
- consultant.

Little work, however, has been done into how these roles have been incorporated into the work of addiction nurses. This paper reports on a survey of addiction centres across eight European countries...
Programme profiles

- Eight treatment centres offering MST programmes across eight European countries (seven EU Member States and Switzerland) participated in this study. MST was introduced into the majority of participating countries in the late 1960s. Five of the participating centres were pioneers of MST in their respective countries.

- All MST programmes surveyed were located in urban centres, with the majority linking with hospital services and family doctors. Two of the programmes were situated within university hospital premises. With the exception of the Swiss centre, all programmes were managed within the statutory

General staffing patterns across the treatment centres (i.e., the wider addiction treatment centre in which the MST programme is incorporated) were as follows:

- nurses (50%)
- doctors (22%)
- social workers (8%)
- psychologists (9%)
- educators (7%)
- medical assistants (3%)
- other therapists (1%).
Roles and Responsibilities

Centres were asked to list the main clinical responsibilities of the nurse within MST programmes and rank them between 1 and 4 (4 = most important responsibility; 1 = least important responsibility). Nine key roles were described and the mean rank calculated. The nursing roles ranked the most important were:

- dispensing/administering methadone (mean rank score = 3.8)
- observing patient’s general condition/offering brief support (mean rank score = 2.1)
- providing counselling (individual or group) (mean rank score = 2).

Only three centres (Ireland, Spain and UK) reported that nurses had a formal role in the assessment process, i.e., determining a patient’s suitability to receive methadone treatment.

While all centres provide patients with a named clinician who is responsible for supervising and managing their case, only two centres (Ireland and UK) identified nurses as undertaking such a role within their centre.

The majority of centres reported that nurses were involved in counselling; four centres reported that nurses also served as group leaders. Nurses in the Swiss centre are required to have an additional qualification in counselling.
Other roles: educator; manager

• All the centres report that their nurses are actively involved in teaching other nursing staff, with five centres offering student placements as part of a nurse-training programme. Three of the centres reported that nurses are involved in training other disciplines.

Half of the centres surveyed reported that nurses were responsible for supervising other nurses’ work. However, in the German, Spanish and Swiss centres, doctors undertake this role. The French centre did not respond to this question. With the exception of the UK centre, nurses did not have budgetary control.
• Four centres (Germany, Ireland, Spain and UK) report nursing involvement in research, these research roles were variable. The German and Spanish centres report that nurses are involved in research but in an unnamed capacity. Nurses in these centres collect data on behalf of the research team within the clinical setting, but are not involved in any other element of the research process. Conversely, in the Irish and UK centres, nurses were included as formal members of the research team. No centre reported nurses as responsible for leading research projects.

The concept of the consultant nurse was not prevalent within the centres surveyed. While all centres reported that their nursing personnel are considered ‘specialists’ within the centre, wider recognition of this role (i.e., nationally) was not evident. Only two countries (Portugal and UK) reported the presence of a national nursing addiction organisation.
Other literature...
European Nurses in Addictions
Timeline

1955: First NHS ATU – nurses part of treatment teams

1960s: Creation of Regional DDUs (100-150 nurses appointed to posts)

1980s study of ATUs reports 259 nurses working; move of services into community and emergence of CATS; CDTS; increase in non-stat and voluntary sector provision

1980s focus on harm minimization; NXC

1990s focus on harm minimization; NXC

2000-2018 Consultant nurse; non-medical prescribing

Int. Nurses Society on Addictions (IntNSA)
Holland 2016

Int. Nurses Society on Addictions (IntNSA)
Ireland 2015

Association of Nurses in Substance Abuse (ANSA)
1983

Int. Nurses Society on Addictions (IntNSA)
UK 2018

Int. Nurses Society on Addictions (IntNSA)
Ireland 2015

Int. Nurses Society on Addictions (IntNSA)
Holland 2016

Association of Nurses in Substance Abuse (ANSA)
1983
Factors that Prevent nurses (and other disciplines) from working with drug and alcohol users
Addiction Nursing – multiple role component

Clinical

Leadership

Quality Improvement

Teaching
Multiple Role Component Model for Alcohol and Drug Nursing

- Triage/assessment;
- Risk management;
- Safeguarding;
- Key working/case management;
- Psychosocial interventions;
- Prescribing;
- Physical health checks;
- Vaccinations;
- Mental health checks;
- Wound dressing;
- Health advocacy
Multiple Role Component Model for Alcohol and Drug Nursing

- Developing & leading on quality governance;
- Clinical audit & service development;
- Data monitoring;
- Engaging in public health and clinical research
Multiple Role Component Model for Alcohol and Drug Nursing

- Leading & managing teams;
- Clinical supervision;
- Reflective practice;
- Partnership working;
- Advise to commissioners and policy makers
Developing training to non-specialist staff;
Continuing Professional Development in services;
Mandatory training;
Teaching on undergraduate and postgraduate courses;
Mentoring of student nurses and junior clinical staff.
What next for European Addiction Nursing

- Fighting ‘stigma’ and raising awareness
- Focus on ‘recovery’; working with emerging groups e.g. older drug users
- Developing and strengthening nursing expertise and explicit nurse interventions on addiction,
- Education ‘prequalifying’ next generation
- Certification/ Recognition of role

- Designing the scope and standards for nursing addiction across Europe
- Developing clear career pathways and addressing pay and conditions
- Need for Networking and Collaboration (Nurse to Nurse; and Nurse to other disciplines)
- Building IntNSA European Region – IntNSA/DANA Conference 2020 ‘Perfect Vision’
The power of nursing is through professional coalition - the collective voice is needed now more than ever...to shape Addiction policy and role of nursing
Addiction practice and role of nursing
Addiction education and role of nursing
Addiction research and role of nursing

JOIN US...WE NEED YOU!!!!
• Questions