**Objectives for Today’s Presentation**

1. Discuss the history of addiction in the USA and how the history impacts stigma, misunderstanding and lack of addiction education in our profession and our society today.

2. Review the past, present and future of the International Nurses Society on Addictions.

3. Describe the role of IntNSA’s work related to the opioid epidemic.

4. Perform a wrap up of the presentation with the audience; questions and comments.

**USA History:**

1870-1914

American Association for the Cure of Inebriates (AACI)

It was physicians, pharmacists, physiologist, and other biomedical scientist community members that were responsible for the continuous change in how addiction was viewed and addictions was deemed as an illness, disorder or disease within the USA.

- The AACI facilitated scholarly communication by holding annual meetings and began publication of the quarterly journal, *Quarterly Journal of Inebriety*, 1876. This journal published scientific articles on the disease of addiction, and wrote editorials and responded to other journals and publications that denounced addiction as an illness.

- Meanwhile, the medical establishment in the USA was still aiming to cure the illness, and not treat the disease. Once addiction was classified as a disease, the social stigmas began to lessen and restrictions on the individual began to be lessened, allowing them to receive the treatment they needed.
The most important consequence of the Harrison Anti-Narcotic Act was attaching criminal consequences to drug addiction. The emphasis was placed on interdiction and prohibition, rather than on assistance and treatment (Sullivan, 1995). It was simply “feeding a bad habit, not only immoral, but now illegal” (Gray, 1998, p. 45). The interpretation and enforcement of this law cast a long and chilling shadow over the development of progressive treatment programs for substance misuse in the USA.

Even with recent reforms, more than two million Americans remain behind the bars of jails or prisons. Black men and women are imprisoned at roughly six times the rate of their white counterparts. The overuse of incarceration perpetuates economic and racial inequality.


All that was needed was….  

- Will Power and Restraint  
- “Just Say No”
Profound Drug War/Culture of Incarceration

Drug Offense count for 50.1% of incarceration in our country, and this is due to non-violent crimes, not violent crimes.

**TOP 5 Reasons for Incarceration**
- Drugs 50.1%.
- Immigration 10.9%.
- Sex offenses 6%.
- Extortion, fraud, bribery 5.4%.
- Weapons, explosives, arson 5.4%.

Impact after prison: cannot live in public housing; no federal financial aid; employment difficult; etc.

CASA [ERIC]. Public attitudes about the causes of addiction are out of sync with the evidence.

- CASA Columbia’s national survey of the attitudes and beliefs of adults in the U.S. with regard to addiction and its treatment found that while there is a public recognition of the role of genetics and biological factors in the development of addiction, approximately 1/3 of Americans continue to view addiction as a sign of lack of will power or self control.

William L. White


“All of the issues can now be accessed electronically, making it easy to look for specific topics within the 35-volume collection,” said Hazelden Library Manager Barbara Weiner, who spearheaded the project along with Mr. White.
The Journal of Inebriety (1876 – 1914)

Addiction is a Neurobiological Disorder

- In the past decade, research conducted under the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism, has overwhelmingly established that addiction is a brain disorder/disease, with symptoms that manifest themselves in complex ways and in all aspects of life. (Alan Leshner, 1999).

- The REWARD Pathway

- There is evidence that the success rates with behavioral and medical treatments which are effective with other chronic disorders such as diabetes, asthma, and hypertension can also be just as effective in alcohol and drug abuse treatment. A number of scientific reports have shown comparable results between behavioral therapy and medication treatments (McLellan, Lewis, O’Brien, & Kleber, 2000).

reward: DA mesolimbic pathway

natural highs
behavioral induced highs
substance induced highs
In Summary
The ABCDE’s of Addiction

**Addiction is Characterized by:**

- Inability to consistently **Abstain**
- Impairment in **Behavioral control**
- **Craving** or increased hunger for drugs or rewarding experiences
- **Diminished** recognition of significant problems with one’s behaviors and interpersonal relationship
- Dysfunctional **Emotional response**

**Persons who have Substance Use Disorders are Stigmatized**

**Reducing Stigma**

- **Self-Stigma:** Person with a Substance Use Disorder: can be reduced through group based acceptance and commitment therapy.
- **Social Stigma:** Target is the general public. Communicating positive stories about people with Substance Use Disorders.
- **Structured-Stigma:** Health care professionals, and health care students. Education and direct contact with people who have substance use disorders.
- **The work that has been done for Peer Assistance and Impaired Practice certainly has contributed to the general public and other healthcare providers and students to understanding addiction as a healthcare disorder.
Changing the Language of Addiction
Office of National Drug Control Policy
Director Michael Botticelli, January 9, 2019.

- DSM 5 replaced the older categories of substance ‘abuse’ and ‘dependence’ with the single classification of ‘Substance Use Disorder’, which is the clinically accurate term to describe the constellation of harms or impairments caused by repeated ‘misuse’ of a substance.’

‘Substance Misuse’ refers to the use of any substance in a manner, situation, amount or frequency that can cause harm to the substance user or those around them. For some substances, or individuals, any use constitutes ‘misuse’ (i.e. underage drinking, any use of illegal drugs, or prescription drugs that are used in any way in which the prescriber did not direct the individual to use it).

Terms such as ‘drug habit’, imply one can stop the habit, or terms such as ‘clean or dirty’, can be replaced by ‘negative or positive for toxicology screens.

Terms such as ‘abuse’, ‘abuser’, ‘addict’, ‘alcoholic’ negatively affect perceptions and judgments about people with Substance Use Disorders.

Person-first language has been widely used to replace negative terms that have been used to label people who have other types of health conditions or disabilities, and therefore, terms such as ‘person with a substance use disorder’ or ‘person with an opioid use disorder’ are preferred.

The role of nursing in Substance Use Disorders

- “To Treat the Hemorrhage and/or Pancreatitis and Not the Alcoholism is Poor Health Care, Akin To Treating Anemia Without Treating the Colon Cancer Causing It. Nurses are in an excellent position to recognize the abuse and misuse of alcohol and drugs in people. We skillfully manage the complications of abuse, such as liver disease, peripheral neuropathy and trauma, yet are not adequately trained to identify the root of the problem and intervene in ways that direct people into appropriate treatment. (Gordis, 1995).


24 Years AGO!

Calls for Nursing Education of Substance Use Disorders and Policies.

- In the early 1990’s, the ICN and WHO produced an information kit to help strengthen nurses’ response and role in substance misuse. A recommendation of this information kit (Sheehan, 1992) stated, “Nurses should be educated about substance abuse, starting at the basic training level.

- American Association of Colleges of Nursing (1998) Policy: In order to facilitate the management of substance abuse problems, schools of nursing should adopt a written, comprehensive, and equitable substance abuse policy for students, faculty and staff. The policy should:
  1) the assumption that addiction is an illness that can be successfully treated and that individuals can be returned to a productive level of functioning; and
  2) the philosophy that schools of nursing are committed to assisting their students and employees with recovery.

- The policy should incorporate prevention and education, identification of individuals with possible abuse problems, evaluation and referral for treatment, and provide for re-entry to work or to school upon successful completion of rehabilitation.
Addiction Education in Nursing Schools Curriculum

- Martinez & Murphy-Parker (2003) reviewed the literature and found that the existence of alcohol and drug education in schools of nursing devoted little attention to either the theoretical or clinical components of substance abuse education.
- Unfortunately, little has changed in this educational area since the 2003 review.
- A paper presented at the International Nurses Society on Addictions 35th Annual Education conference (Savage, Dyehouse, Marcus & Lindell, 2011) compared the amount of content currently covered in baccalaureate science of nursing (BSN) curricula related to addiction disorders with the findings of a study (Heinemann & Hoffman, 1989) conducted 22 years earlier. The conclusion from Savage et al. was that over the past 22 years little progress appears to have occurred in relation to the amount of substance-related content taught in nursing programs, and that the content taught was disproportionate to the magnitude of the problem.

Impact of clinical placement

Practice experience in general tends to poor role modeling by qualified nursing colleagues.
International InterProfessional Collaboration

A little history of IntNSA:

1974: American Nurses Association (ANA) commits to promote full involvement of nursing profession in prevention & treatment of alcoholics.
1975: National Council on Alcoholism (NCA) with members of nursing profession form the National Nurses Society on Alcoholism as a counterpart to NCA’s physician group, the American Medical Society on Alcoholism.
1. Advocate for programs
2. Involvement with public policy/social issues
3. Promote nursing education

1983: Movement underway to change name to include all addictions. National Nurses Society on Addictions (NNSA) was established.

1994-1995:
- Membership now at 1200
- An International Committee of IntNSA was established. Chair: Dana Murphy-Parker reached out to Association of Nurses in Substance Abuse in UK.

1997:
- Dana Murphy-Parker invited to Association of Nurses in Substance Abuse (ANSA). Serious interest in International Collaboration for Addictions Nursing was developed initiated by Raj Boyjoonath.

1998:
- Dana Murphy-Parker invited to Association of Nurses in Substance Abuse (ANSA). Critical interest in International Collaboration for Addictions Nursing was developed initiated by Raj Boyjoonath.
- NNSA merged with CANSA (Consolidation of Addiction Nurses in Substance Abuse) and DANA (Drug and Alcohol Nurses in Addictions). Both were USA Nursing Organization, however the merge meant a change of name for all of the organizations, and The International Nurses Society on Addictions was established.
- 2000 – NNSA changed to The International Nurses Society on Addictions (IntNSA).

1998: Annual Conference, Nottingham, England

- This decision was based on the experience of Raj Boyjoonath when he attended the previous 23rd Quadrennial Congress of the International Council of Nurses in Vancouver, 1997.
- Mr Boyjoonath looked forward, at the time, to opportunities to meet other addictions nursing colleagues from around the globe. He was eager to share and learn about practice of addictions nursing. Unfortunately, Raj found an absence of papers on substance misuse issues on the 1997 ICN Program, and very few papers presented on mental health issues proved a disappointment to him.
- Inspiration and incentive for nurses to come together internationally
1. ICN Centennial Conference, London, 1999. first international gathering was at the next ICN Centennial Conference which over 15 nurses from many different countries attended.
2. ICN Conferences with International Addiction gathering and presentation:
   - Copenhagen, Denmark, 2002
   - Drug and Alcohol Nurses Association of Australasia - hosted in Adelaide, Australia, 2013
   - Taipei, Taiwan, 2007
3. Peer Assistance Topics at ANSA Conferences and DANA Conferences.
Peer Assistance: Alternative-To-Discipline Movement

• In 1981, the ANA convened the Task Force on Addictions and Psychological Dysfunctions with representatives of the ANA, the Drug and Alcohol Nurses’ Association.


• Vourakis, C. (2003). Editorial: Special Issue on Impaired Practice/Peer Assistance. Diana Quilan was guest editor with entire journal focused on Impaired Practice and Nursing Students.
American Association of Colleges of Nursing (AACN), April 2016

• AACN Announcement on Initiative on the Opioid Crisis
  http://www.aacn.nche.edu/opioids

• AACN President and CEO, Deborah Trautman

• AACN Opioid Crisis Webinars
  https://www.aacnnursing.org/News-Information/Press- Releases/View/ArticleId/21490/opioids

• To date, more than 200 schools have taken the pledge. The addition of this content complements the information APRN students currently receive on topics such as pain management and substance abuse and aligns with the association’s continued efforts to address this national crisis.

IntNSA contributions focused on Opioid Epidemic

• IntNSA Position Papers - https://www.intnsa.org/publications/other-publications/

• CARA Legislation

• PCSS Webinars - https://pcssnow.org/calendar-of-events/list?tribe_paged=1&tribe_event_display=past&tribe_eventcategory=6

Is the Opioid Epidemic Awakening a Sleeping Giant?

DSM 5 “Substance Use and Impulsive Disorders” (2013)

- Alcohol
- Caffeine
- Cannabis
- Hallucinogens
- Inhalants
- Opioids
- CNS depressants
- CNS stimulants
- Tobacco
- ‘other unknown substances’
Dr. Bill Lorman’s President’s Wish List
President of IntNSA: 2010 - 2012
“Bring back the International Work”

March, 2015
IntNSA Strategic Planning Meeting
Philadelphia, PA

• Board supported joining ANA as an Organizational Affiliate
• Great relationship with Dr. Pam Cipriano, President of ANA.
  • Nursing Organizational Alliance
  • Delegate at Annual ANA Convention
  • Pam Cipriano elected to the Board of the International Council of Addictions
    Nursing.
• Pam Cipriano was our end Keynote Speaker at IntNSA Annual Conference in
  Denver, October, 2018

Timeline

First International Collaboration
1998

DANA
2003

IntNSA
2000

IntNSA Strategic Planning for Global Footprint
2015

Next steps?
Mapping IntNSA to WHO Regions

Where are we?

Future development of chapters...

- Seeking to actively expand
- Provision of seed monies (up to $500) to get chapters started
- Membership is under review according to World Bank GNI (Gross National Income) per capita
- Direct support from IntNSA Board members
- Talk with us today!
Stand-Alone Chapter Development

- Policy Development at local level
- Day to day business at regional/country level
- Annual conference
- Newsletter
- Regional Website
- Regional chapters and support
- PDC/CEU educational materials related/associated with Region

Shared International Development

- Policy Development at international level
- Oversees common strategic communication and networking at international level
- Every 3 or 5 years – international conference
- Main Website but links to local regional website
- Regional online international community discussion forums
- CARN/CARN-AP (adapted to Region)
- Provides mobility grants, research grants (similar to Sigma Theta Tau International)

ICN Congress, May 31, 2017
Barcelona, Spain

And the good news:
ICN, Barcelona, Spain
May
European Members to launch: ‘IntNSA Europe’.

We are delighted to announce to members and our wider stakeholders that in line with our strategic plan and the development of chapters outside of the USA we are launching our first region outside of North America called ‘IntNSA Europe’. This launch will be part of the International Congress of Nursing (ICN) ‘Bridging the gap’ Rotterdam conference for Advanced Nurse Practitioners between 27-29 August 2018. This is a truly important milestone in IntNSA’s history. Co-ordinated by our Dutch Chapter (IntNSA Holland) (President Yvonne Slee; Dr Chris Loth; Matthew Flynn and Dick van Etten) in association with UK and Irish IntNSA members, the event will be attended by an important Dutch official.

APN-ICN: Rotterdam, Holland, August, 2018

IntNSA Global New Website:

42nd Annual Education Conference
Denver, Colorado, October 3 – 6, 2018

The International Nurses Society on Addictions
https://www.intnsa.org/

Addiction Nurses Save Lives
https://www.youtube.com/watch?time_continue=16&v=t5hwUGf1fA8

From President Katherine Fornili

Addictions Nursing Certification Board: From President Suzan Blacher
http://C:/Users/Dana%20Murphy/Park/Deskto/NOAP/IntNSA%20File%20Addictions/Addictions%20Nursing%20Certification%20Board.jpg
I have never been to an international nurses conference before and while I am taking home lots of new ideas and lots of new knowledge, what I am really taking home with me is the ability to network on an international and national level and to just really feel pride in being a nurse and part of a nursing work force across the world. And that really impacted for me over the last two mornings when I have switched on the TV while getting ready, and I never usually watch TV, and I suddenly suddenly saw the news. And what was highlighted has been the plight of the little boy in Baghdad who lost both his arms and lost 80% burns to his body. And they talked about the nurses in Baghdad who are working to get him to Kuwait and that actually happened and he had the surgery he needed. And both times I saw that, tears welled up in my eyes because I realized nurses truly can make a difference. And there may only be one of us in one area, but individually and collectively we are making a difference. And that's what I am taking home with me from this conference and I thank everyone who has made these last 4 days happen. It's been fantastic.

References