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## President's Message

By Deborah Finnell, DNS, PMHNP-BC, CARN-AP



The vision of IntNSA is to be a global leader in addictions nursing. The concept of a global summit was generated from a meeting with our international addictions nurse colleagues at IntNSA's

2010 Annual Educational Conference in Greenwich, Connecticut. This idea was moved to reality with the Addictions Nursing Global Mini-Summit on June 1 and 2, 2011 held at Middlesex University, Hendon Campus in London. Dana Murphy-Parker, Elizabeth Pace, and I, traveling at our own expense, represented IntNSA. The summit was opened by our Middlesex University host, Dr. Carmel Clancey, Acting Head of Department of Mental Health Nursing Practice & Social Work. We were formally welcomed by Dean Jan Williams, School of Health and Social Sciences at Middlesex University, who remained for the morning presentations.

There were about 40 attendees who represented nursing and social work. The morning presentations included *Neurobiology of Addiction* (Deborah Finnell), *SBIRT: What is it in the USA?* (Dana Murphy-Parker), *Implementation of SBIRT in Colorado* (Elizabeth Pace), *Overview of the ASSIST Tool Training* (Raj Boyjoonauth), *Early Intervention of Addictions in London* (Patrick Coyne), and *Challenges Facing Addictions Nursing in the UK* (Rod Thompson).

Following a luncheon hosted by Middlesex University, about 20 people (see photograph) participated in the roundtable discussion to address, "Where do we go from here?" The discussion was lively, focused

on promoting addictions nursing and was framed within the context that there are more than 17 million nurses and midwives in the world (World Health Organization, 2010). By the end of the afternoon we had a concrete plan for moving forward. The accomplishments were:

**1. Launch of the Global Addictions Nursing Network on Facebook.** Simply search *Global Addictions Nursing Network* to participate, read news, explore links, and communicate globally about addiction happenings. Peter Kelly, RMHN, Steward of the Royal College of Nursing (RCN) had this created by June 2! This virtual network provides a vehicle for communication with colleagues around the world.

**2. Initiate a global Position Paper on the role of nurses in identifying persons at risk for substance use/abuse/dependence and in providing evidence-based interventions to improve lives and the health of populations.** Deborah Finnell (IntNSA) and Rod Thompson (RCN, Chair of Congress) agreed to be lead authors. The goal is to have a document that addresses the requisite knowledge, abilities and skills for any nurse caring for individuals, families, groups and populations impacted by substance use, abuse and addictions. Once finalized, we will seek endorsement from various nursing organizations, the American Nurses Association, RCN and ultimately the International Council of Nurses (ICN). The ICN represents nursing worldwide with the goals of bringing nurses together worldwide, advancing nurses and nursing worldwide and influencing health policy.

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## Global Addictions Nursing Mini-Summit



**Seated (L to R):** Carmel Clancy (Middlesex University, UK); Raj Boyjoonauth (UN Consultant/Trainer); Tanya Paxton (RMHN, NHS Trust, UK).

**Back Row (L to R):** Patrick Coyne (Nurse Consultant, NHS Trust, UK); Peter Kelly (CNS, NHS Trust, UK); Kay Dhillon (RMHN, NHS Trust, UK); Moya Forsythe (RMHN, NHS Trust, UK); Sally Fox (RMHN, NHS Trust); Elizabeth Pace (IntNSA Treasurer, Peer Assistance Services, Inc., US); Ricky Lucock, St. George's Medical School, UK); Deborah Finnell, (IntNSA President, University at Buffalo, US); Lisa Luger (Consultant Psychologist, NHS Trust, UK); Dana Murphy-Parker (IntNSA Secretary, University of Wyoming); Peter Sandy (RMHN, Buckinghamshire University, London, UK); Deramy Kromah (Middlesex University, UK); Daniela Collins (Middlesex University, UK); Adrian Jugdoyal (RMHN, NHS Trust, UK); and Rod Thompson (Chair of Congress, Royal College of Nursing, UK)

## Log On & Get Connected!

IntNSA is excited to announce the launch of our new website [www.intnsa.org](http://www.intnsa.org). We have been working over the past year to redevelop and reorganize the association's website. We took suggestions directly from members who completed the website survey and used them to enhance the usability and function of the site. We encourage you to log on and browse around.

During this time, we have also created a social media presence. Get connected with your IntNSA colleagues by joining us on [Linked In](#) and [Facebook](#). Get frequent updates on events and education opportunities, start a discussion group as well as network with fellow members.

[Join us online today!](#)

facebook

Linked in



## President's Message - Continued

**3. Begin to launch plan to enhance educational efforts for nurses related to SBIRT.** While different terminology is used in various areas of the world, the intent of SBIRT (screening, brief intervention, and referral to treatment) is to identify individuals at risk for or with substance abuse (alcohol, tobacco, and other drugs). See the publication by Watson, Munro, Kerr and Godwin (2010). SBIRT is a comprehensive, integrated, public health approach to preventing substance abuse with the overall goal of improving lives and health of populations.

**4. Provide leadership in advancing nurses' knowledge, skills, and abilities related to substance use, abuse, and addictions.** The World Health Organization is promoting ASSIST (Alcohol, Smoking and Substance Involvement Screening Test). Raj Boyjoonauth is conducting ASSIST trainings to various regions of the world. That curriculum could be provided in a workshop at a future IntNSA Annual Educational Conference. Attendees discussed potential opportunities for evaluating the effectiveness of this training (pre-test, post-test, 30-day follow-up) and a data-based publication. IntNSA's leadership in SBIRT for nurses is particularly timely for the U.S given the projected release of the Joint Commission's *Specifications Manual for National Hospital Inpatient Quality Measures version 4.0*. After July 1, 2011, the Joint Commission will release the Tobacco Treatment Measure (TTM) set and the Substance Use Measure (SUM) set, which will primarily address screening and treatment for tobacco alcohol use. See [http://www.jointcommission.org/specifications\\_manual\\_for\\_national\\_hospital\\_inpatient\\_quality\\_measures/](http://www.jointcommission.org/specifications_manual_for_national_hospital_inpatient_quality_measures/).

**5. Advance and promote the Certified Addictions Registered Nurse (CARN) and Certified Addictions Registered Nurse-Advanced Practice (CARN-AP) Certification.** The value of certification in addictions nursing was highlighted. The CARN is offered internationally. It will be important to explore how to engage international nurses who hold the CARN in the upcoming role delineation study to be undertaken by the Addictions Nursing Certification Board. The CARN-AP is not currently offered outside the United States. While there are differences in academic preparation and scope of practice for advance practice nursing across the globe, it would be important to explore the possibility of offering the CARN-AP internationally.

**6. Continue the momentum.** There was enthusiastic support for continuing to meet in person. The following conferences/meetings take place in 2012 and provide the opportunity for continuing to expand the Global Addictions Nursing Network.

- Royal College of Nursing Congress, Harrogate, England, May, 2012
- International Nurses Society on Addictions Annual Educational Conference, Washington, D.C., September 5-8, 2012.

In summary, much was accomplished in this one-day meeting to continue the momentum from the 2010 IntNSA Annual Educational Conference focusing on global issues in addictions nursing. Look for progress reports as we continue to focus on IntNSA's vision to be a global leader in addictions nursing!

I look forward to seeing you in Tucson, Arizona, from September 7 to 10 for IntNSA's 2011 Annual Educational Conference, being held with the American Society for Pain Management Nursing®. Until then, enjoy the summer!

Deborah S. Finnell

### References:

Watson, H., Munro, A., Wilson, M., Kerr, S. and Godwin, J. (2010). *The involvement of nurses and midwives in screening and brief interventions for hazardous and harmful use of alcohol and other psychoactive substances*. World Health Organization Publication: Geneva, Switzerland. Accessed June 22, 2010 at [http://whqlibdoc.who.int/hq/w010/WHO\\_HRH\\_10.6\\_eng.pdf](http://whqlibdoc.who.int/hq/w010/WHO_HRH_10.6_eng.pdf).

World Health Organization (2010) *World Health Statistics Report*. WHO Press, World Health Organization Publication: Geneva, Switzerland.



## Work Settings Conducive to Substance Use Disorder in Nurses

*By Debra F. Hobbins, DNP, APRN, LSAC, CARN-AP*

The National Council of State Boards of Nursing (2011) asserts that the term substance use disorder “refers to the full range of complaints from abuse to a dependency or addiction to alcohol or drugs.” This term is currently the most accepted terminology used by experts in the field and in the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* (2000).

Storr, Trinkoff & Hughes (2000) reported the prevalence of substance abuse and addiction in nurses and other health care professionals to be equal to that of the general population, which is approximately 10-15%, depending on the literature. Dunn (2006) maintained the suspected rate of alcohol and drug abuse in nurses was 10%. Monroe, Pearson, & Kenaga (2008) noted that 1 in 5 nurses in the U.S. were chemically dependent; and Monroe & Kenaga (2011) reported that substance abuse and addiction rates were as high as 20% among nurses.

According to the U.S. Department of Health and Human Services, prescription painkillers, second only to marijuana, are the most-abused drugs in America, with 7 million Americans using them illegally in the past month. It has been reported that while substance abuse overall is comparable for nurses and the general population, nurses have reported higher rates of prescription drug abuse than the general population (Trinkoff & Storr, 1998). Women, in fact, have been shown to be more likely to abuse prescription medications than men (Lex, 1994; Simoni-Wastila, 2000; NIDA, 2004).

The risk for nurses developing a substance use disorder may vary according to work setting and specialty areas. The top four risk factors for nurses in the workplace include access, attitude, stress, and a lack of education about substance use disorder (NCSBN, 2011). Trinkoff & Storr (1998) reported that emergency room and psychiatric nurses had higher rates of substance abuse in the prior year and that oncology nurses were more likely than other specialties to drink alcohol. These authors also noted that nurses employed in critical care areas such as the emergency department (ED), intensive care unit (ICU), post-anesthesia care unit (PACU), and operating room (OR) have easy access to medications of abuse and report higher rates of prescription drug abuse. Nurse anesthetists have rates of addiction and abuse of controlled substances of 10-15% (Quinlan, 1996; Bell, McDonough, Ellison, & Fitzhaugh, 1999). Maher-Brisen (2007) notes that from her experience in peer support, emergency department nurses seem to have higher rates of substance use than other specialties. In my own work in the Utah Recovery Assistance Program, I have seen nurses working in these specialties as the forgoing authors have described. However, I have also seen a number of labor and delivery (L&D) nurses in our program, a nursing specialty very similar to OR, ED, ICU, and PACU. These nursing specialties—ED, psych, oncology, ICU, PACU, OR, and L&D—historically contain the top four risk factors of access, attitude, stress, and lack of education about substance use, making them high-risk areas for developing a substance use disorder. Areas of nursing reporting the lowest levels of substance use include general pediatrics, women’s health, school nursing, and occupational health nursing.

Many factors contribute to the development of a substance use disorder. Vulnerability is affected by genetic, familial, psychological, behavioral, environmental, and social dynamics. Factors that the nurse may be able to control are behavioral, environmental, and social. Maher-Brisen (2007) maintains that addiction is an occupational hazard in nursing. Indeed, the foregoing illustrates that there are specific areas of nursing, or environments with attendant social and behavioral factors, that are conducive to the development of substance use disorder. It is incumbent upon those of us privy to these data to share this information with our colleagues, particularly student and fledgling nurses and those practicing in high-risk areas.



## Governmental Affairs Update

*By Wade Delk, Director of Governmental Affairs*

This past June we were invited to a White House roundtable discussion hosted by the Office of the Vice President and the Office of National Drug Control Policy (ONDCP), Office of the National Coordinator for Health Information Technology, and the Office of Science and Technology Policy to discuss innovative uses of technology to address the epidemic of prescription drug abuse. Specifically, the meeting was to determine the most effective and efficient ways to successfully use Prescription Drug Monitoring Programs (PDMP). The invitees to the meeting included about 30 leaders across the public safety, healthcare, and technology sectors. This meeting was put together to further address the problem of prescription drug abuse as articulated in the recent report by the ONDCP (if you would like an electronic copy of it e-mail me and I will send it to you). Major points made in the report were:

- Over the past 10 years, the use of prescription narcotics increased from 174 million prescriptions filled, to 257 million, an increase of 48%.
- In the past five years, hospital emergency department visits linked to prescription drug abuse or misuse has doubled, while those for illicit drugs like heroin and cocaine have remained stable.
- Unintentional drug overdoses account for 28,000 deaths annually and according to the CDC, has become the leading cause of injury death in 17 states and the District of Columbia.

The Office of the Vice President and ONDCP plan to hold more meetings on this topic. At this meeting we were placed on their education and training task force and will likely have our first meeting this fall.

We continue to work with other nursing organizations to secure necessary funding for important programs in the Federal FY 2012 budget. Along with members of the Americans for Nursing Shortage Relief (ANSR), and the *Nursing Community*, we supported and signed-on to numerous letters that were sent to Congress and the Administration. Specifically, we are seeking the following:

- \$313 million in total FY2012 funding for Nursing Workforce Development Programs under Title VIII at the Health Resources and Services Administration (HRSA).
- \$163 million in funding for National Institute of Nursing Research (NINR)
- \$20 million in funding for Title III Nurse Managed Health Clinics (NMHC)

While we have been seeking to advance this Congress has been battling over the overall budget. We are following this closely as cuts to all programs are very likely. At the Annual Conference in Tucson this September I will incorporate into my presentation what the final budget means to us.

Over the last year we have been attending the meetings of, and providing input to, the Institute of Medicines (IOM) Committee on Advancing Pain Research, Care and Education. The Committee on June 29<sup>th</sup> released perhaps the most comprehensive report on pain in America. The following are some of the major findings:

- 116,000,000 adults are burdened by it – that is 1 in 3. This is more than heart disease, diabetes, and cancer combined.
- Chronic pain costs the American economy between \$560-\$635 billion in added care and lost productivity (excluding the cost of pain affecting institutionalized individuals, military personnel, and children under age 18).
- Public health care programs absorbed almost \$100 billion in pain costs in 2008.

The IOM recommended that HHS develop a comprehensive plan by the end of 2012. This plan should include reducing barriers, educating the public, and improving professional education, and focusing pain research efforts at NIH.

We will continue to follow the developments of the above, we will become more and more visible, and we will become engaged in all activities that affect our organization and our members.

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## Get Certified!

You have the opportunity to become a Certified Addictions Registered Nurse (CARN) or Certified Addictions Registered Nurse - Advanced Practice (CARN-AP).

These examinations, implemented by the Addictions Nursing Certification Board (ANCB), determine the ability of the test taker to apply knowledge from nursing and related disciplines to the care of persons with problems resulting from patterns of abuse, dependence, and all aspects of addictions.

## NEW FEES

### Take effect July 1

The fees for these certifications are as follows:

#### CARN

IntNSA Member: \$195  
IntNSA New Member: \$335  
Non-Member: \$395

#### CARN-AP

IntNSA Member: \$295  
IntNSA New Member: \$435  
Non-Member: \$495

Non-U.S. nurses who meet the eligibility criteria are also invited to apply.

Applications and eligibility criteria are available online at [www.intnsa.org](http://www.intnsa.org).

## New CARN & CARN-AP Certifications Announced

Congratulations to the following individuals for receiving their ANCB CARN and CARN-AP certifications:

### CARN

Mary Ambrose  
Christopher Boehler  
Rolanda Brown  
Joanna Calabris  
Keri Cavallo  
Joni Chelstrom  
Samuel Clark  
Mindy Cohen  
Carol Croghan  
Abibatu Din-Gabisi  
Janet Ferry  
Christine Grassel  
Christina Gray  
Karen Hannon  
Belinda D. Hermosisima  
Tammy Hickman  
JenniferHood

Deidre Houtmeyers  
Joy Jackson  
Sarah Johnson  
Deborah Kelterborn  
Michelle Krutulis  
Cecile Leavell  
Michael Lucine  
Karen McElhaney  
Susan Milholland  
Maria Moskoff  
Thomas Ochs II  
Janice Olson  
Mary Ellen Peters  
Dana Ranieri  
LaShenda Reese  
Sheelagh Rutherford  
Christopher Siciliano  
Dana Siewertsen

Deanna Smith  
Louise Solomon  
Margaret Sposato  
Michele Staats  
Paul Stallard  
Cynthia Swiskey  
James Tuthill  
Barbara Welshon  
Kathleen Wright  
Mary Young  
David Zimmerman

### CARN-AP

Mari Agens Stackpoole  
Kelly B. Farnan  
JeanAnne Johnson-Talbert  
Kristine M. Kester  
Christine Wright

## New Fee Structure for Exam and Recertification

At the IntNSA Board Meeting, March 6, a new fee structure was proposed and approved for the CARN and CARN-AP Certification Exam and Recertification. The decision was based on the incentive for IntNSA to recruit new members through this process. This new fee structure will be in effect as of July 1, 2011.

### EXAM AND RECERTIFICATION — NEW FEES JULY 1, 2011

#### CARN

Member - \$195  
New Member - \$335  
Non-Member - \$395

#### CARN-AP

Member - \$295  
New Member - \$435  
Non-Member - \$495

## Next Recertification Deadline: December 31, 2011

The next CARN / CARN-AP Certification expiration is on **December 31, 2011** and any applications received after the expiration date will need to include a \$100 reactivation fee. Late applications will only be accepted up to two years after the expiration date.

If your certification is set to expire in December, you should receive 2 mailed postcards as well as direct email reminders. If you are unsure when your certifications expires, contact the Executive Office and we can look it up for you.

Download the recertification application and instructions online at:  
<http://www.intnsa.org/certification/recertification.asp>



## FAN News – 5th Annual Silent Auction

By Elaine Feeney, PhD, RN

September 7 is approaching quickly, and with that date is the beginning of IntNSA's 35<sup>th</sup> Annual Educational Conference in Tucson, Arizona. As in past years, the Foundation for Addictions Nursing (FAN) is conducting a **Silent Auction** to continue efforts to support Addictions Nursing research and scholarship.

FAN is seeking donated items for the silent auction. In the past, popular items have included craft items (painting, cross-stitch, knitted items), jewelry, a week's stay at a vacation time-share location, gift cards, local items of interest, and movie passes.

Please consider donating an item for the silent auction. A minimum \$30 value is suggested. The IntNSA membership has been exceedingly generous in the past when donating items. I trust we can continue to count on your support. [Visit the website for instructions for submitting your FAN silent auction donation.](#)

Many thanks.

### Support FAN!

The FAN trustees would like to remind you that when you do your on-line shopping, you can support FAN at the same time. There are over 700 merchants who participate in this activity. All you have to do is go to the link <http://www.iGive.com/F-ADDNSG> and sign in as a participant. If you download the toolbar to your homepage, it will give you a very convenient reminder to use the portal for all your shopping and browsing.

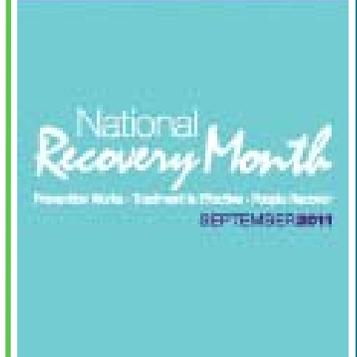
Donate to FAN...It's as easy as one click!



### 35th Annual Educational Conference

Log on today and register for the 35th Annual Educational Conference September 7-10 in Tucson, Arizona. This year's conference is being held in conjunction with the American Society for Pain Management Nursing. We plan to have over 600 nurses in attendance!

Join your colleagues and [register today!](#) Registration deadline August 18.



Celebrate National Recovery Month September 2011

Watch for details about a kick-off celebration at this year's conference!



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## Our Vision

To be a global leader in addictions nursing.

## Our Mission

To advance excellence in nursing care for the prevention and treatment of addictions for diverse populations across all practice settings through advocacy, collaboration, education, research and policy development.

## Save the Date for 2011



Join us in Tucson for our 35th Annual Educational Conference. The 2011 meeting will be jointly held with the American Society for Pain Management Nursing (ASPMN). Learn more at [www.intnsa.org](http://www.intnsa.org)!

## Submit an Article

Thank you for your continued support and contributions. Deadline for articles is September 1, 2011. Please send them to IntNSA headquarters c/o [intnsa@intnsa.org](mailto:intnsa@intnsa.org). All submissions are welcome and will be considered as space permits. Please note, all articles are subject to revision at the discretion of the *IntNSA News Wave* editorial board and should be submitted in a Word format. Thanks for your continued support of IntNSA.

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