

# **A Collaborative Global Response of Nurses to Address the Lack of Substance Abuse Education within Nursing Schools Curricula**

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The Global Burden of Disease (GBD), a worldwide collaboration of over 100 researchers, sponsored by the World Health Organization (WHO) and the World Bank, (Murray & Lopez, 1996) revolutionized health priority setting when it first published findings providing the first plausible description of the world's health. Previous to this, there had existed no reliable epidemiological data-set which identified priorities for health services and research. This report offered significant observations related to mental health and substance abuse issues. To highlight this, the reports states, "The burdens of mental illnesses, such as depression, alcohol dependence and schizophrenia, have been seriously underestimated by traditional approaches that take account only of deaths and not disability. While psychiatric conditions are responsible for little more than one percent of deaths, they account for almost 11 per cent of disease burden worldwide (Retrieved 2002, World Wide Web: <http://www.who.int/msa/mnh/ems/dalys/intro.htm>)".

The 2001 World Health Report from the WHO was devoted to mental health. This report states that mental health has been neglected for far too long and that it is crucial to the overall well-being of individuals, societies and countries that mental health issues be universally regarded in a new light. Initial estimates suggest that about 450 million people alive today suffer from mental or neurological disorders or from psychosocial problems such as those related to alcohol and drug abuse (Retrieved October 26, 2002, World Wide Web: <http://www.who.int/whr/2001/main/en/message/index.htm>). Sadly, many of these individuals suffer silently and suffer alone. Beyond the suffering and beyond the absence of care lie the frontiers of stigma, shame, exclusion, and more often than we care to know, death.

The United States Surgeon General's Report (DHHS, 1999) described the impact of stigma as something, which erodes the confidence that mental health disorders are valid, treatable health conditions. It contributes to the avoidance of people socializing, working with, employing and living near persons who have mental disorders. To add to this complexity, mental health disorders and substance abuse disorders have historically been treated as if they were unrelated.

## **Treatment of Substance Misuse**

Treatment of mental health disorders and substance abuse disorders have historically followed separate systems of care in the United States (Miller & Rollnick, 1991). Health

care professionals have viewed each disorder as a primary problem; therefore, treatment services for these disorders have been in separate care facilities. Despite the fact that evidence now supports drug and alcohol misuse and psychological symptomology do co-occur together as more the usual situation rather than as the exception (Substance Abuse Advisory Service, UK, 2001) there exists the attitude that substance misuse is more of a behavioral problem involving poor decision making and poor impulse control rather than as a health care problem.

A good example of this is alcohol. Despite the social and health consequences (Anthony, Warner & Kessler, 1997; Brady, 1995; Greenfield, 1998; Sullivan, 1995b; U.S. Department of Health and Human Services, 2000), alcohol is one of the most widely used drugs in the United States. While millions of Americans use and enjoy the experience of the effects of alcohol, there simultaneously exists a stigma and negative attitude towards those whose use causes adverse consequences for themselves and those around them. Although, the American Medical Association declared alcoholism a ‘disease’ in 1954 (Schneider Institute for Health Policy, 2001), the misconception that alcoholism is due to an individual’s moral failing and lack of willpower continues. In addition, there is the belief that treatment for those with alcohol problems is ineffective (Physician Leadership on National Drug Policy, 1998).

However, in the past decade, research conducted under the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism, both divisions of The National Institute of Health ([www.nih.gov](http://www.nih.gov)) of The Department of Health and Human Services of the United States of America has overwhelmingly established that addiction is a brain disorder/disease, with symptoms that manifest themselves in complex ways and in all aspects of life. There are neuro-chemical processes occurring in the brain that lead to addiction, and without appropriate intervention, the disorder typically progresses and worsens. New initiatives by the Physician Leadership on National Drug Policy aim to raise the awareness of policy makers, health care personnel, community leaders and the public that addiction is a treatable illness. 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 disorders when comparing compliance and relapse rates (McLellan, Lewis, O’Brien & Kleber, 2000).

## **Attitudes towards Substance Misusers**

While the general public’s views toward people with alcohol problems might be understood, it is alarming to find these same negative attitudes in health care providers (Naegle, 1989). A review, two decades ago by Imhof, Hirsch, & Terenzi (1983) documented widespread presence of negative attitudes on the part of substance abuse treatment professionals toward the substance abuser. In his later work, Imhof (1995) stated that the healthcare field has not moved forward in terms of professional attitudes when working with alcohol abusers.

Nurses are no exception when it comes to negative attitudes toward people who abuse substances. Nurse researchers in the United States have investigated nurse's and nursing student's attitudes towards clients' problematic use of alcohol and found nurses are stereotypic, moralistic, and pessimistic about this population; they perceive this population group to be weak (Starkey, 1980 & Smith, 1992). Inadequate knowledge of drug and alcohol health problems has been explored in Australia as a primary reason for the nurses' negative attitude in working with this patient population (Happell & Taylor, 1999). Rassool, in the UK, (1998) suggests the development of a non-judgmental and positive attitude towards persons with alcohol problems may be partly related to education. Research completed by Martinez & Murphy-Parker (2002, in review) supports that education of substance abuse issues within a nursing school curricula does have an effect on improving nursing students attitudes towards persons with alcohol problems. An attitude that facilitates a therapeutic relationship is a necessary component of success contributing to the quality of care provided to addicted clients (Conti-O'Hare, 1996).

## **International Network of Nurses Interested in Alcohol, Tobacco & Substance Abuse**

Understanding that misuse of alcohol, tobacco, and other drugs is a global public health threat, a group of nursing professionals worldwide are actively engaged in studying addiction issues. The International Network of Nurses ("TINN") Interested in Alcohol, Tobacco and Drug Misuse was formed in 1999. The concept for TINN developed in April, 1998 following a meeting among members of the Association of Nurses in Substance Abuse (ANSA-UK) and the National Nurses Society on Addictions (NNSA-USA). This meeting took place at the 14th annual conference of ANSA in Nottingham, England. The Chair of ANSA presented a paper which described a model of international networking for nursing care practice related to the public health consequences of substance misuse (Clancy, 1998). This paper was followed by a presentation from the Chair of NNSA's International Committee, describing the history and achievements of NNSA (Murphy-Parker, 1998). The discussion of possible collaborative activities focused on the global issues of substance abuse emerged from this meeting. The first collaborative activity took place at the International Council of Nurses (ICN) Centennial Meeting in London in 1999.

The goals and desired outcomes of this meeting hoped to:

- raise awareness in the international nursing community that the roles of millions of professional registered nurses has long been recognized as imperative in preventing and minimizing health and social consequences resulting from the substance abuse pandemic (Sheehan, 1992)
- utilize the setting of the ICN to provide support for nurses working in many areas of the world where professional support for addiction nursing practice is non-existent

- increase the number of nurses in the network for purposes of international collaboration to reduce the enormous morbidity and mortality associated with substance misuse all around the world (Murphy-Parker & Boyjoonauth, 2002; Murphy-Parker & Martinez, 2000; Sheehan, 1992).

The London meeting strengthened the international network. There was a deeper appreciation of the fact that many nurses in different areas of the world struggle with the issues involving substance misuse that had brought together the founding nurses from the UK and USA just a year earlier. Many of these nurses were struggling alone and the meeting was only a “tip of the iceberg” in addressing the support and education needed. Ten main themes came out of the discussion at this meeting and the number one theme was “Education of substance misuse and addictions is absent or insufficient in nursing school curricula and resolutions for improvement are needed from ICN, WHO and UN” (Murphy-Parker, Boyjoonauth, Coyne & Clancy, 1999).

A recent Guest Editorial column in the Journal of Advanced Nursing titled: Addiction: Global Problem and Global Response. Complacency or Commitment? addresses the importance of nurses’ involvement in addictions globally and emphasizes the need for nursing collaboration. The Guest Editor writes:-

*“At the global level, there needs to be collaboration between professional organizations, educational institutions, academics, clinicians and researchers for the purpose of establishing mutual co-operation in the conduction of activities and projects related to teaching, research, community services and exchange of faculty and students. The WHO, International Council of Nurses (ICN) and the national professional associations should provide the leadership to steer the development of rationale, scope, functions and preparations for clinical practice, coupled with the development of a theoretical framework and research-based practice in substance misuse and addictions nursing (Rassool, 2000, pp 506-7)”.*

TINN is a mechanism to build an infrastructure of nurses which can facilitate change and be responsive to the international level to the healthcare challenges that occur with substance misuse. This type of collaborative effort was suggested several decades ago at the International Conference on Primary Health Care, Alma-Ata, USSR (1978). The Declaration of Alma-Ata expressed “the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all people of the world ([www.who.int/hpr/archive/doc/almaata.html](http://www.who.int/hpr/archive/doc/almaata.html) pg 1)”. Nursing literature points to the significance of advancing knowledge in the discipline through cross-cultural and cross-national activities. Collaboration among international colleagues can enhance nursing knowledge, reflective of differences and offer opportunities and insights which may lead to newer and better strategies for alleviating suffering, contribute to healing, promote wellness and improve quality of life throughout the world (Meleis, 2002).

## Strategy of TINN

The current and future plans for TINN, emerging from the original 10 initiatives, include:

(1) Initiative # 5:

- Continue to develop communication through the website ([www.tinnurses.org](http://www.tinnurses.org)).
- Publish the Copenhagen Proceedings.
- Continue to present papers on TINN's work at national and international conferences to spread the word of the existence and work of TINN (Coyne, 1999; Murphy-Parker, 2000, Murphy-Parker & Coyne, 2002).

(2) Initiative #10:

The second conference for TINN will be hosted by DANA (The Drug and Alcohol Nurses Association of Australasia (Australia and New Zealand) in conjunction with DANA's annual conference and Flinders University School of Nursing and Midwifery in Adelaide, Australia, April, 2003. Developing plans for the conference, "Making a World of Difference: An International Focus on Reducing Problems from Alcohol, Tobacco and Other Drug Use" can be found on the TINN and DANA websites ([www.danaonline.org](http://www.danaonline.org)). TINN 3rd Conference will be held in conjunction with the ICN, 2005, in Taiwan.

(3) Initiative # 1:

- In addition to the conference in 2005, TINN members will work with ICN Organizers to mainstream an addictions educational symposium within the program of the ICN.

Through collaboration, a network has been developed of key stakeholders in addictions nursing in Europe, Australia, New Zealand and the United States. Our common purpose is to come together as professionals within our own national nursing organizations and connect with each other, gaining representation at the level of the ICN, WHO and UN. Our voices will give recognition and power to the message that nurses' abilities and skills play major roles in addressing substance misuse as a global public health concern. Network members look forward to establishing mutual undertakings, collaborative activities, exchanges of faculty and students, teaching, research, and development of community services as suggested (Rassool, 2000) which contribute to improved levels of global public health. The needs are real and are at the heart of the network's efforts. It is crucial that we create the means and opportunities for educating nursing colleagues from around the world with the knowledge of prevention and treatment strategies. These can reduce human sufferings associated with disabilities and deaths caused by substance misuse in major ways. Our best hope is to establish a multicultural network for

interactive dialogue sharing challenges and successes. Herein lies the opportunity for nurses to play this major roles with individuals, families and communities at local, national and international levels to “make a world of difference” by contributing to improve the health of the world.

## **The Vision of TINN**

*“To facilitate collaboration through the connection of professional nursing organizations and individual nurses by working together to reduce the morbidity and mortality associated with substance misuse and make a world of difference to improve health globally”*

## **The Mission of TINN**

*“To strategically raise awareness, improve education, and increase recognition for the role of nurses internationally in prevention, intervention and treatment of public health problems caused by substance misuse.*

TINN has support and involvement from the following professional nurses’ organizations:

- ANSA (The Association of Nurses in Substance Abuse-UK) website: [www.ansa.uk.net](http://www.ansa.uk.net)
- ANSA (The Association of Nurses in Substance Abuse – Scotland).
- NCA (Nurses Council on Alcohol – UK) website: [www.appleby-solutions.com/nca.html](http://www.appleby-solutions.com/nca.html)
- DANA (The Drug and Alcohol Nurses Association of Australasia (Australia and New Zealand)) [www.danaonline.org/](http://www.danaonline.org/)
- NCCDN (The National Consortium of Chemical Dependency Nurses – USA)

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