



# 1<sup>ST</sup> VIRTUAL GLOBAL CONFERENCE

2020 Vision:  
Year of the Addictions Nurse

# Conference Program

#IntNSA2020

In conjunction with the  
**44<sup>TH</sup> ANNUAL IntNSA  
EDUCATIONAL  
CONFERENCE**



[www.intnsa.org](http://www.intnsa.org)

# 1<sup>ST</sup> VIRTUAL GLOBAL CONFERENCE

In conjunction with the  
**44<sup>TH</sup> ANNUAL IntNSA EDUCATIONAL CONFERENCE**

**2020 Vision:  
Year of the  
Addictions  
Nurse**

**OCTOBER 4-31  
2020**

**Month-long series of  
educational activities**

[www.intnsa.org/conference](http://www.intnsa.org/conference)  
**#IntNSA44**

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# Welcome from the Chair on behalf of the Conference Planning Committee



**Dr Carmel Clancy**  
Chair, IntNSA Conference Planning Committee

Following the cancellation of our planned conference in Calgary due to the COVID-19 pandemic, we are excited that the International Nurses Society on Addictions (IntNSA) has moved online to deliver its first-ever Virtual Educational Conference which will run throughout the month of

October with the live launch event taking place on Sunday October 4th.

In this time of uncertainty, one thing remains the same and maybe exacerbated by COVID-19, and that is the challenge that our communities face with respect to problematic alcohol and drug use.

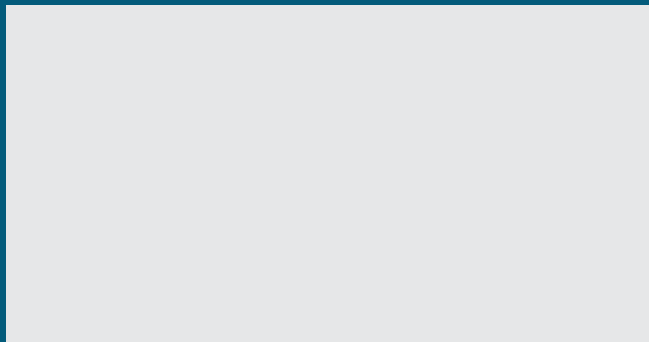
We are delighted by the opportunity that the virtual space provides in permitting us to draw together a dynamic and varied schedule of synchronous and asynchronous presentations from experts in the field, representing an international perspective, on the state of the art of addiction care and nursing interventions.

The success of our virtual conference will depend on all of us working together and creating a common space – and purpose – as we build a dynamic, interactive, and inclusive conference. Join the conversation on social media using [#IntNSA2020](https://twitter.com/IntNSA2020).

















This brochure offers you an overview of the conference schedule so you can begin to identify which sessions you are interested in attending over the month and start to plan your calendar.

On behalf of IntNSA and the Conference Planning Committee, we look forward to your engagement and feedback. See you online!

## Welcome video message



## Conference Planning Committee

- |   |                           |   |                            |
|---|---------------------------|---|----------------------------|
|  | <b>Ann Mitchell</b>       |  | <b>Nancy Campbell</b>      |
|  | <b>Dana Murphy-Parker</b> |  | <b>Robert Ranieri</b>      |
|  | <b>Don Howe</b>           |  | <b>Samantha Robinson</b>   |
|  | <b>Donna Walter</b>       |  | <b>Sean Collinge</b>       |
|  | <b>Fran Campbell</b>      |  | <b>Sue Newton</b>          |
|  | <b>Jacqueline Smith</b>   |  | <b>Susanne Fogger</b>      |
|  | <b>Katherine Fornili</b>  |  | <b>Theresa Fay-Hillier</b> |
|  | <b>Nancy Altman</b>       |  | <b>Tuxephoni Winsor</b>    |

# Welcome from the President of IntNSA



**Dr. Katherine Fornili**  
IntNSA President (2018-2020)

Dear IntNSA friends and colleagues,

I am delighted to be able to celebrate, in my final month as your IntNSA President, our ability to come together online for this FREE virtual 2020 conference, despite the global challenges that COVID-19 and other crises that 2020 brought us.

Now, more than ever, it is important to acknowledge the resilience and fortitude of all nurses around the world, during this “Year of the Nurse”. Our conference theme is “2020 Vision: The Year of the Addictions Nurse”, in honor of the unique and abundant contributions of addictions nurses everywhere, and in recognition of IntNSA’s vision “to be a global leader in addictions nursing”.

Given that the 2020 conference is FREE and being held virtually, it has the potential to expand its reach and have greater impact globally than traditional face-to-face conferences. Additionally, the platform that was built so that IntNSA could offer this conference virtually will become the platform in which IntNSA will provide ongoing educational events all throughout the year! This is particularly important, given 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”.

In this Year of the Addictions Nurse, we hope that you will join IntNSA in celebrating and exemplifying our stated core values:

- Diversity: IntNSA members affirm the uniqueness of each person, including their ideals, values, culture, and ethnicity.
- Integrity: IntNSA members respect the dignity and worth of every individual, and understand that addictions, like other chronic health problems, can be prevented and treated.
- Compassion: IntNSA members recognize the importance of helping others by instilling hope in those who are hopeless.



- Excellence: IntNSA members strive to improve quality of care and quality of life for all persons impacted by substance use.

Since our induction in 2019 as a Specialist Affiliate organization within the International Congress of Nurses (ICN), we are excited to extend our addictions nursing network, and we are striving to establish an IntNSA Country Chapter in every region of the world. Please check out our website

[www.intnsa.org](http://www.intnsa.org) to learn more about how you and your nursing colleagues can join us in addressing the ‘other pandemic’ (problematic substance use) affecting our citizens across the globe.

I want to thank the 2020 Conference Planning Committee and its Chair, Dr. Carmel Clancy, as well as the IntNSA Board and our Executive Director Robert Ranieri, for their hard efforts to make this first ever FREE virtual IntNSA conference a great success. In addition, I also want to thank all of our wonderful presenters and all of our conference attendees who are coming together to make this conference shine. I want to thank the IntNSA-Canada Chapter for their initial planning efforts for the Calgary conference, which were underway when COVID-19 shut things down. We hope to see you in Calgary in 2021! Last but not least, I want to thank Mr. Sean Collinge, our IntNSA Webmaster, for his heroic efforts to turn our originally planned in-person conference into a virtual one, on a very tight timeframe, with online “bells and whistles” that actually work. Well done!

Sincerely yours,

**Dr. Katherine Fornili**  
IntNSA President (2018-2020)

# Competition

In celebration of our **FIRST GLOBAL VIRTUAL CONFERENCE**, we are running a social media competition.

In light of the virtual nature of this conference, we want to hear the voices of all attendees through our social media channels.

All you have to do is to tweet/post on Twitter, Facebook or Instagram and you will be automatically entered into a prize draw!

## Categories and prizes:

1 x iPad

### Top Influencer

The winner will:

- Post/tweet on multiple platforms (e.g. Twitter, Facebook, Instagram) using the hashtag #IntNSA2020
- Encourage other colleagues to post/tweet by tagging them
- Post/tweet using different media (i.e. text, photos and videos)
- Create stories on Facebook/Instagram and tag @IntNSAGlobal
- Like, share and comment on other people's posts

1 x Kindle

### Top Tweeter / Top Poster

The winner will:

- Be the person who tweets the most on Twitter or who posts the most on Facebook/Instagram using the hashtag #IntNSA2020

Amazon voucher

### Social Butterfly

10 winners picked at random who:

- Post or tweet using the hashtag #IntNSA2020

# How will the conference run?

To ensure as wide a participation as possible, and due to the different time zones, our virtual conference will feature both synchronous (e.g. live keynotes) and asynchronous (e.g. concurrent sessions and posters) events, all of which will be recorded. In addition, there are a number of other live activities that attendees are encouraged to engage with, including: two panel discussions, two interactive workshops, IntNSA chapter meetings, IntNSA's Annual Business Meeting, and award ceremonies.

Although the overall theme of the conference is 2020 Vision: Year of the Addictions Nurse, each week of the conference has been aligned to a broad theme:

- Week 1 (week of October 4th):  
**Prevention, Harm Reduction, Screening, Early Intervention**
- Week 2 (week of October 11th):  
**Treatment and intervention**
- Week 3 (week of October 18th):  
**Education, Training, Workforce Development, Role of the Nurse, Evaluation of Different Treatment Models**
- Week 4 (week of October 25th):  
**Recovery-oriented interventions, health professionals with addictions**

## Synchronous (live keynotes) sessions

Live webinars have been aligned with the US time zone EST and will either start at 12:00 noon or 2pm. Keynote speakers will deliver their session with an opportunity for Q&A and will run for approximately 90 minutes.

## Asynchronous (pre-recorded concurrent sessions and poster presentations)

All concurrent sessions will be delivered as recorded webinars and scheduled for delivery mapped to 4 main themes associated with each week (as described above). To facilitate engagement, all concurrent sessions will be made available on the date within the overall conference schedule (see below). We have identified a time that will permit sessions

## Have you registered?

Our virtual conference is **FREE**. [Register today](#). If you require CEs you can pay a one-off fee of 25USD.

## Connect with us

Follow us on social media and tweet about the conference using the hashtag **#IntNSA2020**



## 🐦 New to Twitter?

Don't sweat it; we've got you covered! [Check out our quick guide](#) to tweeting.

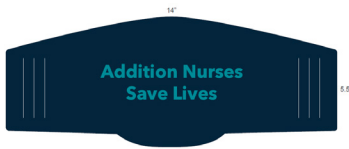
## Sponsors

We are so grateful to all our sponsors - check out our Exhibitors hall



## Online store

Check out the merchandise on the **IntNSA Online Store** including our conference t-shirts and FAN merchandise:



**Visit store**

to be released on the same day across the globe (at times shown below). Once a session has been opened, it will remain available for the rest of the conference. All presenters in a given week have been invited to a facilitated panel round up 'live webinar' on the Saturday morning (subject to time zone availability of the presenter) of that week so that they can meet and engage with attendees in a Q&A session. Attendees will also be able to post questions/comments to the presenter within the webinar platform and presenters have been asked to respond to these queries in a timely fashion.

## Posters

All posters have been mapped to the themes for each week and are featured within the Poster Exhibit Hall for the entire month of October. Attendees are invited to post a comment/questions for the Author(s) of a poster within the poster platform. Poster presenters have been asked to monitor questions and respond in a timely fashion.

## Time zones

Time zones when asynchronous sessions will be opened according to the scheduled dates (see program):

Los Angeles 0:00 am	Calgary 1:00 am	New York 3:00 am	São Paulo 4:00 am	London 8:00 am	Lisbon 9:00 am
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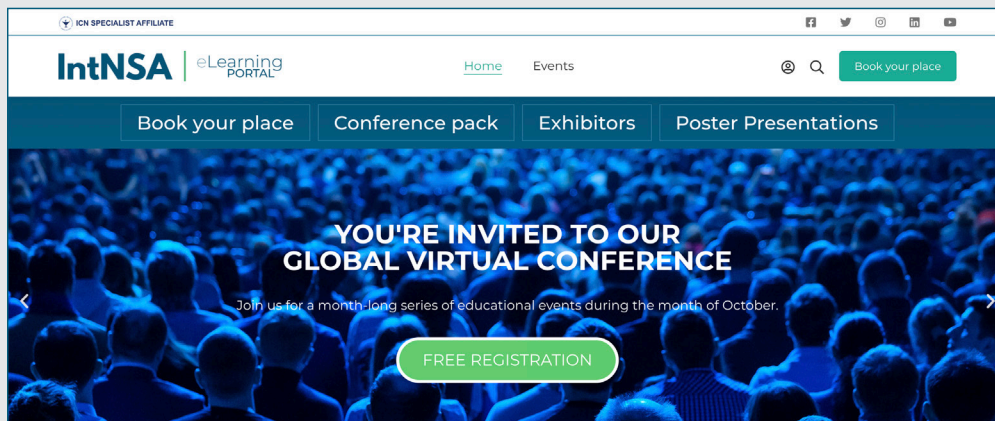
Amsterdam 9:00 am	Melbourne 6:00 pm	Sydney 6:00 pm	Beijing 3:00 pm	Hong Kong 3:00 pm
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# Introducing our new eLearning platform

We have developed a brand new eLearning platform which will host our virtual conference. The eLearning platform is part of our website and the sessions from this conference will be archived within this site for ongoing access as we build an educational resource center for our members.

Registration to the eLearning platform is required and once you have registered for the conference, you will receive access details (see below).

Given the importance of CEs to our members' continuing professional development, we have arranged for all sessions to have CEs attached and although the conference is FREE, there will be a one-off administrative charge of 25 USD for CEs.



## How can I engage?

The success of our virtual conference will depend on all of us working together and creating a common space – and purpose – as we build a dynamic, interactive, and inclusive conference.

Join the conversation on social media - you can find us on Facebook, Twitter, Instagram and YouTube - make sure that all of your posts/tweets about our conference include the hashtag: **#IntNSA2020**.

You can also post questions directly to our presentations by using the comments section for all our pre-recorded concurrent sessions and posters. At the end of each week, subject to availability, presenters will attend a round up session where attendees can ask questions directly to the presenters.

## Have you registered?

Our virtual conference is **FREE. Register today.** If you require CEs you can pay a one-off fee of 25USD.

## Connect with us

Follow us on social media and tweet about the conference using the hashtag **#IntNSA2020**



## New to Twitter?

Don't sweat it, we've got you covered! [Check out our quick guide](#) to tweeting.

## Sponsors

We are so grateful to all our sponsors - check out our Exhibitors hall





# Continuing Education Credits (CEs)

Given the importance of CEs to our members' continuing professional development, all educational sessions will carry CEs.

In order to gain CEs, attendees are required to pay a one-off administrative charge of 25 USD.

1 CE approximately equates to one hour attendance at an educational session. Not all sessions are of equal length and will range between 15 and 90 minutes, therefore, if you are collecting CEs throughout the conference, you will need to keep a record of which sessions you have attended. To assist you, we have prepared a word document to download/print from the 'attendees menu' on the eLearning platform.

In order to validate an attendee's participation in the webinar, they **must complete an evaluation form at the end of each session**. The link to the evaluation form will be evident and located on the 'attendee menu' located on the right side of the webinar page.

If you have any queries or run into any difficulties during the conference in managing the above process, please send an email to IntNSA Executive Office [intnsa@primemanagement.net](mailto:intnsa@primemanagement.net).

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## Programme overview

### Week 1

Theme: Prevention, harm reduction, screening and early intervention

Associated posters: P7, P16, P24, P37, P45, P41, P45

Sun	Mon	Tue	Wed	Thu	Fri	Sat
<p>4</p> <p><b>Conference Opening Ceremony (K1)</b> 12:00pm EST:</p> <p> <b>UK</b> <b>Dr Carmel Clancy</b>, Conference Chair &amp;</p> <p> <b>USA</b> <b>Dr Katherine Fornili</b>, IntNSA President</p> <p><b>Parade of flags</b></p>	<p>5</p> <p> <b>USA (C34):</b> Substance use among adolescent psychiatric inpatients</p> <p> <b>USA (C59):</b> Introducing the Ritvo Autism Asperger Screening Tool</p> <p> <b>USA (C23):</b> The impact of social determinants on nonmedical prescription opioid use in adolescence: A review of the literature</p>	<p>6</p> <p> <b>USA (C26):</b> Opioids in our community. Stop the stigma. Save a life.</p> <p> <b>NIGERIA (65):</b> Overview of substance use and dependence in Nigeria: A nursing perspective</p> <p><b>Welcome Zoom network meeting for first time attendees and new members hosted by Dr Stephen Strobbe (Past IntNSA President) (4.00pm EST)</b></p>	<p>7</p> <p> <b>AUSTRALIA (C18):</b> Medically supervised injecting rooms: The Melbourne experience</p> <p> <b>USA (C27):</b> Avoiding and caring for street wounds: A community intervention for female sex workers, who inject drugs and have unstable housing</p>	<p>8</p> <p> <b>USA (C4):</b> Cannabis and CBD using evidence-based research to guide clinical practice</p> <p> <b>USA (C30):</b> What about weed? The cannabis controversy: Past, present and future</p>	<p>9</p> <p> <b>BRAZIL (C39):</b> Readiness to change in men with risk and harmful alcohol use effect of brief group intervention</p> <p> <b>USA (C49):</b> Social determinants of health and addiction</p>	<p>10</p> <p>11.00am EST <b>Weekly Round Up Panel Discussion</b>, facilitated by <b>Dr Katherine Fornili</b>, IntNSA President</p> <p><b>Keynote</b> 12.00 EST noon:</p> <p> <b>NETHERLANDS (K3):</b> <b>Dr Chris Loth</b>, Advanced Addictions Nurse Specialist <b>The art of European addictions nursing: what has Florence Nightingale taught us?</b></p>

#### KEY

Live events (synchronous) event



Pre-recorded (asynchronous) event

To review the associated abstract, go to page 18 which are ranked by **(K+number)** for keynote, **(C+number)** for concurrent paper, **(P+number)** for poster and **(W+number)** for workshops.

## Week 2

### Treatment and intervention









Associated posters: P29, P32, P43, P54

Sun	Mon	Tue	Wed	Thu	Fri	Sat
<p>11</p> <p><b>Keynote</b> 12:00pm EST</p> <p> <b>PORTUGAL (K4):</b> <b>Dr Marica Ferri,</b> Head of sector Support to practice, Public health unit, <b>European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)</b> <b>How to support evidence-based interventions for addiction-related problems, from the point of view of an evidence broker organisation?</b></p>	<p>12</p> <p> <b>USA (C11):</b> Emotional Freedom Technique (EFT)</p> <p> <b>USA (C42):</b> It's not denial, it's stigma</p> <p> <b>CANADA (C57):</b> Making hepatitis C our business: Nurse practitioner- led hepatitis C treatment in opioid agonist therapy programs</p>	<p>13</p> <p> <b>PORTUGAL (C28):</b> Severity indicators in drug users followed by nurses on medication-based program</p> <p> <b>CANADA (C52):</b> Client defined recovery at Calgary</p> <p> <b>USA (C55):</b> Opioid detoxification: Fentanyl and nurse observations</p>	<p>14</p> <p><b>Live Journal Club Webinar</b> 12:00pm EST, facilitated by <b>Dr Lynn Shell.</b> Details of the paper can be found on page 82.</p> <p><b>Live workshop</b> 2:00pm EST <b>Publishing 101: What every author needs to know,</b> facilitated by <b>Dr. A Mitchell;</b> <b>Dr. C Vourakis;</b> <b>Dr B Kameg;</b> <b>Dr K Mahmoud</b></p> <p><b>Closed meeting</b> 4:00pm EST <b>JAN Editorial Board Meeting</b></p>	<p>15</p> <p> <b>BRAZIL (C38):</b> Randomized control trial of a brief group intervention for unhealthy alcohol use in men</p> <p> <b>USA (C36):</b> Barriers and facilitators in breast feeding in women on opioid maintenance therapy for opioid use disorder</p> <p> <b>USA (C64):</b> Improving access to care with people who have substance use disorder through grant funding in rural Colorado</p>	<p>16</p> <p> <b>CANADA (C53):</b> Skip the dealer: Mobile injectable opioid agonist therapy as a response to the COVID-19 pandemic</p> <p> <b>USA (C58):</b> Managing the care of patients with preexisting benzodiazepine prescriptions in PHP/ IOP level of care</p>	<p>17</p> <p><b>Weekly Round Up Panel Discussion</b> (11.00 EST) facilitated by <b>Dana Murphy- Parker,</b> FIAAN President</p> <p><b>Keynote</b> (12.00 EST noon)  <b>UK (K5):</b> <b>Dr Trish Hafford- Letchfield,</b> Professor in Social Work, Strathclyde University <b>Falling down: Older people and problematic substance use</b></p> <p> <b>CANADA (C62):</b> Experience &amp; learnings from creating an addiction &amp; mental health crisis helpline for the province of Alberta during COVID-19</p>

# Week 3

## Education, training workforce development, role of the nurse and evaluation of different treatment models








Associated posters: P6, P19, P21, P22, P47, P44, P46, P47, P51

Sun	Mon	Tue	Wed	Thu	Fri	Sat
<p>18</p> <p><b>Keynote</b> (12:00pm EST)</p> <p> <b>USA (K6):</b> <b>Dr Aaron White,</b> Senior Scientific advisor to the NIAAA Director <b>Alcohol and health: State of the science and the impact of COVID-19</b></p> <p><b>Keynote</b> (2:00pm EST)</p> <p> <b>USA (K7):</b> <b>Brian Morales,</b> Branch Chief, Counternarcotics, Office of Global Programs and Policy, Bureau of International Narcotics and Law Enforcement Affairs (INL) at U.S. Department of State <b>Module zero of the Universal Curriculum</b></p>	<p>19</p> <p> <b>USA (C9):</b> Lower post-surgical readmission for individuals with opiate related disorders with better educated hospital nurse workforce</p> <p> <b>IRELAND (C31):</b> Evaluating the implementation of an addiction nursing model across treatment services</p>	<p>20</p> <p> <b>AUSTRALIA (C17):</b> Addiction Nurses: An endangered species? Tales from an Australasian workforce mapping project</p> <p> <b>BRAZIL/ PORTUGAL (C50):</b> Substance addiction consequences: a comparative study between Brazil and Portugal</p>	<p>21</p> <p> <b>USA (C33):</b> The opioid crisis and the effect on children and families</p> <p> <b>UK (C63):</b> The role of the addictions nurse specialist: Is it disappearing? A view from the UK frontline</p> <p><b>Conference Zoom network meeting</b> hosted by <b>Dr Katherine Fornili (IntNSA President)</b> 4.00pm EST</p>	<p>22</p> <p> <b>USA (C25):</b> Collaborating with community partners in educating emergency department healthcare providers on caring for persons with substance use disorder</p> <p> <b>CANADA (C61):</b> Alberta's evolution in addiction education: Entrustable Professional Activity Simulations (EPA- Sims)</p>	<p>23</p> <p> <b>USA (C40):</b> Implementation of a brief childhood trauma screening tool and trauma informed care interventions</p> <p> <b>IRELAND (C56):</b> Organizational readiness and innovation adoption in OST services, results from a systematic review and preliminary research findings</p>	<p>24</p> <p><b>Weekly Round Up Panel Discussion</b> (11:00am EST), facilitated by <b>Sue Newton,</b> IntNSA Board Director</p> <p><b>Keynote</b> (12:00 EST noon)</p> <p> <b>UK (K8):</b> <b>Dr Irena Papadopoulos,</b> Professor of Transcultural Nursing, Research Centre for Transcultural Studies in Health, Middlesex University London <b>Loneliness, mental health, virtual caring, and transcultural robotic nursing</b></p> <p>(2:00pm EST) <b>Live International Panel:</b> <b>"Next addiction nursing generation",</b> facilitated by <b>Rachel Shuster</b></p>

## Week 4

### Recovery-oriented interventions, health professionals with addictions

Associated posters: P2, P15

Sun	Mon	Tue	Wed	Thu	Fri	Sat
25  Keynote: (12:00 EST noon)  <b>USA (K9):</b> <b>Rachel Shuster</b> Executive Board Director, IntNSA <b>The impaired            professional:            Helping the helpers</b>	26   <b>USA (C5):</b> Substance use disorder and healthcare professionals   <b>USA (C48):</b> Peaks and valleys: Integrating recovery coaching into MAT(R) setting	27   <b>USA (C3):</b> The nurse as the patient: Working with nurses in residential addiction treatment	28   <b>UK (C35):</b> Challenging our understanding addiction and recovery through mindfulness  4:00pm EST <b>Live International            Panel Discussion:            AOD Nursing during            COVID-19</b> facilitated by <b>Dr Carmel Clancy</b>	29   <b>CANADA (C13):</b> Effective nursing recovery-oriented interventions with individuals with substance use disorder: A literature review  12:00 EST noon - 2:00pm <b>IntNSA Annual            Business Meeting</b>	30  <b>Workshop (W2)</b> 12:00 EST noon     <b>An international            perspective focusing            on similarities and            differences related            to substance use            disorders in Australia,            England, Portugal            and the United            States, facilitated by:</b> <b>Theresa Fay-Hillier,</b> <b>Dana Murphy-Parker,</b> <b>Adrian Jugdoyal,</b> <b>Adam Searby, Paulo</b> <b>Rosario De Carvalho</b> <b>Seabra</b>	31  <b>Weekly Round Up            Panel Discussion</b> (11:00am EST), facilitated by <b>Charon Burda,</b> IntNSA Board Director  Keynote 12:00pm EST:  <b>UK (K10):</b> <b>Raj Boyjoonauth,</b> <b>Advocating globally</b> <b>to shape policy</b> <b>and strengthen</b> <b>addiction nursing's</b> <b>influence:</b> <b>A personal account</b>  Closing ceremony, Dr Carmel Clancy

# Keynote abstracts



Opening ceremony:  
Welcome from the  
Chair on behalf of  
the Conference  
Planning  
Committee

### Parade of flags

As a lead up to the conference, attendees have been invited to submit a short video clip of themselves and/or colleagues with a picture of their flag of their country or adopted country/state sharing a good news message about their role and their work. Dr Clancy will open the ceremony with a presentation of attendees' submissions as part of our **parade of flags** celebration of the Year of the Addictions Nurse.

**Dr Carmel Clancy, PhD, RGN, RMN, BSc(Hons),  
PGCertHE, FPH, ICAPIII**

President-Elect, IntNSA and Head of School, Health & Education, Middlesex University London

## K1. Dr Carmel Clancy

 **Keynote**

 **Sunday October 4th, 2020**

 **12:00pm (EST)**

  **United Kingdom**

## K1. Dr Katherine Fornili

 **Keynote**

 **Sunday October 4th, 2020**

 **12:15pm (EST)**

  **USA**



Opening ceremony:  
President's address

### Agenda:

- Welcome address from the President

**Dr Katherine Fornili, DNP, MPH, RN, CARN, FIAAN**  
President, IntNSA and Assistant Professor, Family and Community Health, University of Maryland



## COVID-19 and substance use disorder: Colliding on the world stage

### Learning objectives:

- Characterize multiple pandemics within the COVID pandemic including SUD
- Describe national and international nursing responses to prevent and address SUD exacerbation during COVID and beyond
- Identify COVID related mental health risks among nurses and other healthcare professionals and actions to promote better mental health and well-being

### Abstract:

As the COVID-19 pandemic surges on across the world, this stubborn virus has ignited multiple pandemics affecting people in unanticipated ways. The effects of isolation, economic devastation, stress, fear, death and suffering have affected even the strongest of mind, body and spirit, including nurses and other frontline workers. As social structures crumbled, addiction epidemics moved in. Nurses have responded to curb unanticipated consequences for those most vulnerable such as unintentional overdoses and suicides, and increased availability of virtual resources and medications. A focused nursing response globally is helping address the COVID pandemic stressors most affecting nurses and healthcare workers—all important steps to promoting mental health and preventing substance misuse as a way to alleviate negative feelings. Nurses are a force for healing the world and are looking beyond the current pandemic to improving health and achieving sustainable futures globally.

# K2. Dr Pam Cipriano

 **Keynote**

 **Sunday October 4th, 2020**

 **1:30pm (EST)**

  **USA**

### Biography

**Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN**

Dr Pamela Cipriano is the Dean and Sadie Heath Cabaniss Professor at the University of Virginia's School of Nursing in Charlottesville, VA. Prior to this appointment, she served two terms as the president of the American Nurses Association (ANA), the largest nurses organization in the United States representing the interests of the nation's 4 million registered nurses from 2014 through 2018. She currently serves as the 1st Vice President of the International Council of Nurses. Dr. Cipriano has extensive experience as an academic medical center executive and her career is marked by a focus on improving the quality and safety of services and the work environment for all staff. Cipriano's advocacy for the nursing profession is well-recognized. She is known nationally and internationally as a strong advocate for quality, growing nursing's influence on health care policy, and leading efforts to advance the role and visibility of nurses.

As a member of the Steering Committee for the National Academy of Medicine's Action Collaborative on Clinician Well-Being and Resilience, she has focused on interventions for COVID induced stressors and mental health relief for front line workers. She has also contributed to reducing regulatory burden and revamping electronic documentation to relieve clinicians of unnecessary work.

# Keynote abstracts



## The art of European addictions nursing: What has Florence Nightingale taught us?

### Learning objectives:

- What is addictions nursing in Europe
- Nursing diagnosis in addictions
- Addictions nursing clinical reasoning
- Nursing themes concerning patients suffering from addictions

### Abstract:

The state of art of addictions nursing in Europe is shared with our international colleagues. In the keynote lecture nursing themes concerning addictions will be discussed. How to use our clinical nursing reasoning in daily practice? Clinical reasoning in addictions nursing is transcending and not only regional or country-bound. What is in a name? How to use our leadership for political and economic power? In the year of Florence Nightingale these themes are as important as 100 years ago. Using our head, hart and hands for patients suffering from addictions!

### Biography

**Christien Loth, Phd, MN, MANP, RN**

My name is Chris Loth, I am a board member of IntNSA Holland.

In addition, I work as a nurse specialist mental health care from my own practice LOTH Nursing in the east of the country. There I provide specialized care to patients who suffer from double problems such as ADHD and addiction, autism and addiction, PTSD and addiction.

## K3. Dr Chris Loth

 **Keynote**

 **Saturday October 10th, 2020**

 **12:00pm (EST)**

  **Netherlands**

In 2009 I obtained my PhD at the University of Amsterdam for an action research on improvements in nursing care from ambulatory methadone projects.

Since 2012 I have been working as MANP GGZ, including a number of hours with a GP specifically for addiction problems.

In Utrecht I am affiliated with the GGZVS as a senior lecturer in addiction and addiction treatments and responsible for the addiction curriculum of this three-year course.





## How to support evidence-based interventions for addiction-related problems, from the point of view of an evidence broker organisation?

### Abstract:

The European Monitoring Centre for Drugs and Drug Addiction belongs to the European Union, and it exists to provide the EU and its Member States with a factual overview of European drug problems and a solid evidence base to support the drugs debate. Today it offers policymakers the data they need for drawing up informed drug laws and strategies. It also helps professionals and practitioners working in the field pinpoint best practice and new areas of research.

We promote knowledge exchange among professionals by disseminating synthesis of evidence and examples of best practices, including training on the main topics related to the drugs phenomena.

With the present intervention, I would like to engage the audience in a dialogue to explore what are the most urgent questions nurses in the Drugs related problems may have and that have not yet found a satisfactory answer by scientific results. How can a supranational evidence broker organisation foster discussion, knowledge sharing and implementation of best practices?

The recent COVID19 epidemics and the related emergency has brought new problems and opportunities, what are the emergent practices that have been put in place by front-liners? Which ones are worth maintaining?

## K4. Dr Marica Ferri

 **Keynote**

 **Sunday October 11th, 2020**

 **12:00pm (EST)**

  **Portugal**

### Biography

**Marica Ferri, MSc, PhD**

Marica Ferri is an Epidemiologist with interest in Evidence-based Medicine and Public Health. After having Coordinated the Cochrane Drugs and Alcohol Group, she moved to work in the field of Guidelines development and implementation in the area of stroke first interventions and management, low back pain, tonsillectomy appropriateness and thromboembolism.

In 2009 she joined the European Monitoring Centre for Drugs and Drug Addiction where she leads the Support to Practice Sector. As such, she promotes professionals' training, dissemination of evidence-based practices examples and implementation of quality assurance for intervention' systems and services.

She is responsible for the Scientific Program of the EMCDDA yearly Summer School.

# Keynote abstracts



## Falling down: Older people and problematic substance use

### Abstract:

There is growing evidence of the need for better identification and interventions for people with problematic alcohol use in later life. The issues arising from older people's unique needs and circumstances call for greater attention to the lack of tailored service provision and preventative approaches, challenges in managing care in situations of enormous complexity and not least the lack of systematic training of care professionals and development of coherent guidance, resources and tools to support their practice.

This presentation shares findings from our research about what we have learned that might help to shift ageist cultures in care services and in developing a more coherent model of policy, practice and education in the field of ageing and problematic substance use. We pay particular attention to the social work and social care workforce who are key players in the prevention of alcohol-related harm, harm reduction and in the provision of personal care, safeguarding and other community based services to older people.

I will draw on three key sources to illustrate some of the challenges and benefits of learning to learn together to promote better integration and tailored support. These include 1) findings from focus groups with 37 practitioners in England working directly with older people in the community; 2) Key themes from a systematic review of community based interventions with older people with problematic substance use and 3) an snapshot from the evaluation of the views and perspectives of 795 active learners who attended our international virtual learning programme 'Falling Down' - problematic substance use in later life in 2018-19. Data from these sources will be synthesised to highlight the urgent need for increasing awareness and providing additive approaches in the day-to-day delivery of care services. There is also a need for more transformative practice that challenges ageism, increases collaboration and not least, engages with the voices of older people themselves.

## K5. Dr Trish Hafford-Letchfield



**Keynote**



**Saturday October 17th, 2020**



**12:00pm (EST)**



**United Kingdom**

### Biography

**Dr Trish Hafford-Letchfield, EdD; MA, BA, CLTHE, PG Cert, CIPD, CQSW, SRN, SHEA**

Dr Trish Hafford-Letchfield is a qualified nurse and social worker with 18 years practice experience in social work in the UK. Trish has held many roles in relation to Third Sector governance. Her research interests lie in the experiences of ageing in marginalised communities and most of her research is applied and co-produced with people with lived experience. Prior to joining the University of Strathclyde Glasgow as Professor of Social Work, Trish was Professor of Social Care at Middlesex University, London.

Her doctorate studies were in educational gerontology exploring the role of lifelong learning in care services. Trish is an advocate for the rights of LGBT+ communities and was founder member of the international LGBTQI social work network. In relation to learning and teaching, she has published 18 key textbooks covering a range of topics on leadership, management, organisational development, feminism, sexual and gender identities, values and ethics, social work supervision. She has also published widely in other areas such as the use of the arts in professional education, parenting, ageing and disability.



## Alcohol and health: State of the science and the impact of COVID-19

### Abstract:

Alcohol is a simple molecule with complex effects on personal and public health. In the United States, alcohol consumption and related harms, including emergency department visits and hospitalizations, have increased among adults since the turn of the new millennium, particularly for women. Alcohol also plays prominent roles in “deaths of despair” – deaths from overdoses, liver cirrhosis and suicide. Deaths of despair often are associated with declining quality of life and loss of hope. Increases in these deaths were initially observed among middle-aged non-Hispanic white Americans beginning in the late 1990s but are now increasing for men and women across racial and ethnic groups. Limited available evidence suggests that some people are drinking more during the COVID-19 pandemic to cope with stress. Drinking to cope with stress is a maladaptive strategy that tends to worsen affect and increase the likelihood of developing an alcohol use disorder (AUD). Given the role that stress commonly plays in relapse combined with shifting options for treatment and recovery support during the pandemic, it is reasonable to expect this is a challenging time for people with AUD. Because of its impact on immune function and social behavior, alcohol also could increase the risk of transmitting the virus that causes COVID-19 and worsen the prognosis of the disease. In this presentation, we will explore recent changes in alcohol use and related harms in the United States including deaths of despair, examine new findings regarding alcohol and women’s health, discuss disparities in treatment, and review available data on interactions between alcohol and the COVID-19 pandemic.

### Learning objectives:

- Acquire knowledge about recent trends in alcohol consumption and related harms;
- Comprehend the contributions of alcohol to deaths of despair; and

## K6. Dr Aaron White

 **Keynote**

 **Sunday October 18th, 2020**

 **12:00pm (EST)**

  **USA**

- Synthesis information from multiple areas of research to understand how alcohol and the COVID-19 pandemic might interact to impact public health.

### Biography

#### Dr Aaron White, PhD

Senior Scientific Advisor to the Director and Chief of the Epidemiology and Biometry Branch at the National Institute on Alcohol Abuse and Alcoholism

Dr. Aaron White is a biological psychologist interested in how alcohol affects the brain and overall health across the lifespan. Some of the topics of his research over the past 25 years include the impact of alcohol on adolescent brain development and function, the mechanisms and phenomenology of alcohol-induced memory blackouts, and the impact of alcohol on public health, including emergency department visits and deaths.

Along the way, he has also helped develop prevention strategies, including AlcoholEdu, a widely used online science-focused program for high school and college students. He has published two books on adolescent development, appeared in dozens of educational videos, documentaries and news stories, delivered hundreds of presentations and published 60+ scientific articles and book chapters, mostly related to excessive alcohol use and its impact on the brain and health.

# Keynote abstracts



## Module zero of the Universal Curriculum

### Abstract:

Charlotte Sisson will introduce participants to the work of the INL, Columbo Plan and ISSUP (International Society of Substance Use Professionals).

This partnership is responsible for the delivery of the Universal Curriculum series, developed in response to the demand for current evidence-based training in the field of addiction treatment.

The curriculum provides professional development training material to cover a wide range of topics within the treatment field, and she will share with us the plans for this particular initiative going 'virtual' over the coming months. The series has three platforms Universal Treatment Curriculum (UTC), Universal Prevention Curriculum (UPC) and Universal Recovery Curriculum (URC).

### Biography

**Charlotte Sisson, MA**

**Senior Foreign Affairs Officer, Drug Demand Reduction, (Bureau of International Narcotics and Law Enforcement Affairs, U.S. Department of State)**

Charlotte Sisson is a Senior Foreign Affairs Officer in the Drug Demand Reduction Section of the Office of Global Policy and Programs in the Bureau of International Narcotics and Law Enforcement Affairs at the U.S. Department of State.

Ms. Sisson's primary work focuses on increasing the number of drug prevention and treatment professionals worldwide, which also includes building partnerships between the public

## K7. Charlotte Sisson

 **Keynote**

 **Sunday October 18th, 2020**

 **2:00pm (EST)**

  **USA**

health and criminal justice systems to increase access to treatment through alternatives to incarceration.

Her background includes 16 years of experience at the White House's Office of National Drug Control Policy (ONDCP) where she promoted U.S. best practices on prevention, recovery, and treatment in reducing the demand for drugs domestically and globally.

At ONDCP, Ms. Sisson worked with U.S. government agencies to better assess substance use disorders, increase treatment capacity, and improve care based on evidence-based programs for both adults and juveniles within the criminal justice system.

She holds an undergraduate degree from Virginia Tech University in Liberal Arts and Sciences concentrating in Economics, Political Science, and French and received a Master's Degree in International Policy and Practice from George Washington University.



## Loneliness, mental health, virtual caring, and transcultural robotic nursing

### Abstract:

My presentation will focus on the loneliness caused by mental health challenges, and the mental health challenges which are caused by loneliness. I will propose that technological solutions such as artificially intelligent devices and socially assistive humanoid robots may help to alleviate loneliness and improve our mental health and well-being.

I will briefly discuss the results of my latest collaborative research project called CARESSES which produced the first ever culturally competent, artificially intelligent, autonomous robot. The COVID-19 pandemic posed huge problems for the health and social care services, the providers of care services, the patients and their families. The time for mental health professionals to engage with technology can no longer be postponed. Let's start the conversation.

### Biography

**Dr Irena Papadopoulos, PhD, MA(Ed), BA, RN, RM, NDN, DipN, DipNE**

Irena Papadopoulos is the Professor of Transcultural Health and Nursing, and the Founder and Head of the Research Centre for Transcultural Studies in Health at Middlesex University, London.

She has been researching issues related to transcultural health and cultural competence for over 25 years. She is the originator of the work that led to the development of the Papadopoulos, Tilki and Taylor (1998) model of transcultural nursing and cultural competence.

Since 2010 she has been researching compassion. She has coined the concept 'culturally competent compassion', as well

## K8. Dr Irena Papadopoulos

 **Keynote**

 **Saturday October 24th, 2020**

 **12:00pm (EST)**

  **United Kingdom**

as 'culturally competent and compassionate[CCC] leadership'.

In 2018 she published her book 'Culturally Competent Compassion: A guide for healthcare students and practitioners' which includes chapters on CCC leadership, CCC learning and practising, researching CC compassion, measuring CC compassion, etc.

She is the founder of the IENE programme (Intercultural Education of Nurses in Europe, 2008 onwards), the originator and co-ordinator of its first six projects and the originator of the 7th and 8th projects and co-originator of the 9th project. All projects have been funded by the European Commission.

During 2017 -2020 she worked on the project CARESSES (funded by HORIZON2020 and the Japanese Ministry of Internal Affairs and Communication) and developed the first ever guidelines for the production of the first culturally competent AI socially assistive robot for health and social care. She has coined the terms Transcultural Nursing Robotics and Transcultural Health and Social Care Robotics, which she hopes that they will, in the future, develop into unique disciplines.

# Keynote abstracts



## The impaired professional: Helping the helpers

### Learning objectives:

- Define the health professional monitoring program in the Commonwealth of Pennsylvania (United States) and which licensing boards participate in the program.
- Describe key points of one individual's experience with substance use and the recovery process.
- Detail the financial implications and other consequences of substance use and health monitoring for nurses in Pennsylvania.
- Foster innovative ideas regarding the identification and management of health professionals struggling with substances through the sharing of experiences.
- Increase empathy for health professionals who are struggling or have struggled with substances.

### Abstract:

It is common for persons in recovery to begin working in the field of addictions. It is important that the International Nurses Society on Addictions (IntNSA), as a professional organization that works with individuals across the spectrum of use, also supports health professionals in recovery. Through this presentation of one nurse's journey, IntNSA is recommitting to its support of both health professionals who are actively struggling with substances as well as health professionals in recovery. This presentation will feature one individual's experience, describe the professional monitoring programs available in the Commonwealth of Pennsylvania (United States), and make suggestions to improve the support given to health professionals establishing recovery. There will be a facilitated discussion with time for questions/answers at the conclusion of the presentation.

## K9. Rachel Shuster

 **Keynote**

 **Sunday October 25th, 2020**

 **2:00pm (EST)**

  **USA**

### Biography

**Rachel A. Shuster, BSN, RN, CARN, CAAP**

Rachel is a Certified Addictions Registered Nurse (CARN) and Certified Allied Addiction Professional (CAAP). A native of Western Pennsylvania, Rachel earned her Bachelor of Science in Nursing (BSN) from Waynesburg University in 2012. She began her nursing career as a critical care nurse and taught nursing part-time as a clinical instructor before she transitioned to her specialty of addictions nursing. Rachel has worked in a variety of settings including as the charge nurse of an outpatient office-based addiction treatment clinic and as the site nurse of a residential treatment program for young-adults. She now works as an Addiction Specialist for Gateway Health Plan. Rachel is a person in long-term recovery from a substance use disorder and enjoys speaking publicly about her experience and journey as a healthcare professional in recovery. She was selected as an honorable mention for Pittsburgh Magazine's 2019 Excellence in Nursing Awards due to her work in the field and in her community as an addictions nurse and advocate. Rachel is a member of various professional organizations including the International Nurses Society on Addictions (IntNSA) and is currently serving IntNSA on the Board of Directors as the 2019-2021 Secretary. Her interests include substance use, addiction, recovery, stigma/discrimination, harm reduction, opioid use disorder pharmacotherapy, health professionals in recovery, chronic viral hepatitis C treatment, and patient/provider education.



## Advocating globally to shape policy and strengthen addiction nursing's influence: A personal account

### Abstract:

Through the course of my career as an addictions nurse, manager, trainer and policy maker, I have had the opportunity of working at local, national and international level. This presentation will focus in particular on the important role of the nurse and their opportunity to influence on the global stage drawing on my own personal journey and observations of the way nurses work internationally.

My aim will be to demystify international working and encourage nurses to take an interest in international work by explaining how nurses can contribute to the UN/WHO Sustainable Goal Developments (SGD) towards 2030 which intersect with addiction and public health concerns.

### Biography

**Raj Boyjoonauth, RN, Master Trainer for UNODC Treatnet Project**

Raj Boyjoonauth comes from a health professional background, trained as a nurse in the '70's. He has occupied several senior management posts in the NHS, his last post being as the Deputy Director for Addictions and offender Care at CNWL NHS Foundation Trust and Director of Mental Health for the Royal Borough of Kensington and Chelsea, London.

He is currently a training and management consultant for United Nation Office of Drugs and Crime. He is one of the Master Trainers for the UNODC Treatnet Project where he has been delivering this training format across Africa, South East Europe, Middle East and South East Asia. He has also undertaken several service reviews both in the NHS, UK and overseas. His recent consultancy posts were a review of Adolescent and Family Mental Health Services across a number of London services and a review of drug services in two Cities in Serbia.

# K10. Raj Boyjoonauth

 **Keynote**

 **Saturday October 31st, 2020**

 **12:00pm (EST)**

  **United Kingdom**

He also worked in the policy Division of the UK Department of Health. He was a member of the influential Home Office Advisory Council on the Misuse of Drugs Committee (ACMD) for 12 years. He has been a senior commissioning manager.

Currently, he sits on the Board of the Westminster Drug Project and the National Open College Network (NOCN Accreditation Awarding Body). He was previously on the Board of Look Ahead Housing and EACH.

Raj Boyjoonauth has wide experience in Mental Health, Offender Care and Addictions and as board member of a number of NGOs. He is an honorary lecturer at Middlesex University.

He has also been the recipient of a British Council Link Project for Mauritius for undertaking training and development in the prisons, NGOs and their health services. A sponsor recipient of Wyoming University, U.S and other UNODC/WHO contracts. He was the founding member of Association of Nurses and Substance Abuse (ANSA) and also its previous Chair.

He has published a number of articles on substance misuse and has also presented papers at many international conferences, notably ICAA, ICN, IHRA, and many others.

# Concurrent papers

## C3. The nurse as the patient: Working with nurses in residential addiction treatment

**Bari K Platter,  
MS, RN, PMHCNS-BC, FIAAN**

### Learner category:

- Beginning Level
- Novice Level
- Intermediate Level
- Expert Level

### Learning objectives:

- Participants will have a greater understanding on how rates of SUD differ in nurses as compared to the general public
- Participants will be able to identify themes common to nurses, how these themes manifest in active addiction and resolve in recovery
- Participants will understand how group therapy specific to healthcare professionals supports the recovery of nurses

### Abstract:

Nurses develop substance use disorder (SUD) at a rate that is slightly higher than the US national average. There are many social, environmental and professional factors that influence the development of SUD with nurses. Those factors include role strain, problems in daily living, enabling by peers and supervisors, attitudes towards drugs and drug use and other factors. This presentation will examine factors that reinforce development of SUD in nurses. Common themes (or professional traits) in nursing practice will be presented and there will be a discussion about how these themes or professional traits become distorted in active addiction. This presentation will also review how these themes or professional traits can be corrected in the process of moving into recovery. The important relationship with professional monitoring programs will also be addressed.



**Pre-recorded webinar**



**October 27th, 2020**



**USA**

### Author(s):

**Bari K Platter, MS, RN, PMHCNS-BC, FIAAN**

Center for Dependency, Addiction and Rehabilitation, A division of UCHHealth, Colorado, USA

Bari K Platter, MS, RN, PMHCNS-BC, FIAAN is a Psychiatric/ Mental Health Clinical Nurse Specialist with over thirty years of experience working in a variety of mental health settings. Ms. Platter is a Dialectical Behavior Therapy (DBT) trainer. Additional areas of expertise include Solution Focused Therapy, Motivational Interviewing, Cultural Competency and Case Management. She is an internationally recognized speaker/trainer and is published in the areas of addiction, cultural competency and mental health nursing. Ms. Platter has published a curriculum (published by Hazelden Publications), Integrating Dialectical Behavior Therapy with the Twelve Steps. She currently holds a position as a Clinical Associate at the University of Colorado College of Nursing and is an Adjunct Instructor in the Department of Psychiatry at the University of Colorado School of Medicine. Ms. Platter was awarded the Florence Nightingale Award for Innovations in Non-Traditional Practice and is a Fellow of the International Academy of Addictions Nursing.



# C4. Cannabis and CBD: using evidence-based research to guide clinical practice

**Bari K Platter,  
MS, RN, PMHCNS-BC, FIAAN**

## Learner category:

- Beginning Level
- Novice Level
- Intermediate Level
- Expert Level

## Learning objectives:

- Participants will review how cannabis affects the brain
- Participants will be able to explore the differences between CBD that is sourced from cannabis vs hemp
- Participants will explore how to talk with patients about potency levels of THC in marijuana products, including CBD
- Participants will have an understanding of the medical/psychological effects of cannabis and CBD, as presented in peer-reviewed, evidence-based publications
- Participants will recognize the importance of being able to talk with your patients about the pros and cons of using cannabis and CBD
- Describe current treatment approaches in working with clients with problematic cannabis use or Cannabis Use Disorder

## Abstract:

Cannabis has begun to become widely legalized for medical and/or recreational use in both the United States and Canada. Regulations regarding the study of cannabis have been loosened, allowing easier access to conduct research evaluating the medical and psychological effects of cannabis use. There are many limitations in conducting this research; validity and reliability must be considered as much of the published research is sponsored by the cannabis industry. In addition, THC content of plant-based cannabis



**Pre-recorded webinar**



**October 8th, 2020**



**USA**

and cannabis concentrates vary significantly and there is little regulation regarding how plants are grown and how products are brought to market. Cannabidiol (CBD) has been touted as a “miracle” drug, curing a wide variety of medical and psychological diseases. As with cannabis, there is a wide variety of products, some containing THC at various concentrations and others being hemp-based. The research regarding CBD is only just emerging and much of the research is funded by the cannabis industry. This presentation will explore the evidence-based research related to cannabis and CBD and provide strategies about how to more effectively talk with patients about use of these products.

## Author(s):

**Bari K Platter, MS, RN, PMHCNS-BC, FIAAN**

Center for Dependency, Addiction and Rehabilitation, A division of UHealth, Colorado, USA

Bari K Platter, MS, RN, PMHCNS-BC, FIAAN is a Psychiatric/Mental Health Clinical Nurse Specialist with over thirty years of experience working in a variety of mental health settings. Ms. Platter is a Dialectical Behavior Therapy (DBT) trainer. Additional areas of expertise include Solution Focused Therapy, Motivational Interviewing, Cultural Competency and Case Management. She is an internationally recognized speaker/trainer and is published in the areas of addiction, cultural competency and mental health nursing.

# C5. Substance use disorder and healthcare professionals

**Kristin Waite-Labott, BSN, RN**

**Learner category:**

- Intermediate Level

**Learning objectives:**

- Participants will be taken through how to identify risk factors that can lead to an increase in substance use
- Participants will explore the facts surrounding Healthcare workers and substance use disorder and learn how to identify it in the workplace
- Participants will be encouraged to choose to look past the stigma associated with substance use disorder to help healthcare workers with substance use disorder get the help they need to practice safely

**Abstract:**

**Purpose:** This presentation aims to raise awareness and reduce the stigma associated with substance use disorder (SUD) in nurses. It is an issue that requires a multifaceted approach to realize it's scope, to detect diversion early, to prevent diversion from happening, and to help those with SUD before they cause irreparable harm to themselves and others. **Evidence:** I am a nurse with SUD. I have been in recovery for 15 years now. I want to share my experience to raise awareness, decrease stigma, and show that recovery is possible. **Description:** There are 41 states that have alternative to discipline programs for nurses with SUD. These programs promote public protection by using evidence-based treatment for nurses with SUD. Not enough practicing nurses know about these programs. I went through such a program in Wisconsin and it saved my career, maybe even my life. **Validation and Relevance and Future Implications:** The American Nurses Association estimates that six to eight percent of nurses use alcohol or drugs to an



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**October 26th, 2020**



**USA**

extent that is sufficient to impair professional performance. Others estimate that nurses generally misuse drugs and alcohol at nearly the same rate (10 to 15 percent) as the rest of the population. I was one of those nurses. It is hard to talk about it, but we need to talk about it. By raising awareness and decreasing stigma, we can identify and help those struggling find the help they need to practice safely.

**Author(s):**

**Kristin Waite-Labott, BSN, RN**

Rogers Behavioral Health, Wisconsin, USA

Kristin is the President of the Eastern Wisconsin IntNSA Chapter and has been a RN since 1991. After losing much to alcohol and drug addiction, she turned her life around. She now works in behavioral health, has published a book, "An Unlikely Addict", about her story of recovery and works with others who struggle. Her blog, [www.blog.unlikelyaddict.com](http://www.blog.unlikelyaddict.com), focuses on the reality of the opiate problem in this country and offers real solutions. She has appeared locally in news stories about opiate addiction and on the show "The Doctors" for an episode on healthcare workers and addiction. She is committed to making a difference.

# C9. Lower postsurgical readmission for individuals with opioid related disorders with better educated hospital nurse workforce

Rachel French, BSN, RN

## Learner category:

- Novice Level
- Intermediate Level

## Learning objectives:

- Participants will be able to understand that surgical patients with opioid related disorders (ORD) have higher odds of 30-day readmission than those without ORD
- Participants will explore and identify a strategy to improve the odds of good outcomes for surgical patients with ORD

## Abstract:

Surgical patients with opioid related disorders (ORD) require specialized care when hospitalized. Evidence suggests that outcomes of complex patients are better when patients are cared for in hospitals with more baccalaureate nurses (BSNs). The purpose of this study was to determine if surgical patients with ORD had lower odds of 30-day readmissions when cared for in hospitals with higher proportions of BSNs. A cross-sectional analysis of three linked data sources from 2016 was utilized: 1) RN4CAST-US Nurse Survey, 2) American Hospital Association Annual Survey and 3) patient discharge data. Risk-adjusted logistic regression models were used to estimate the association between 30-day readmissions, having an ORD, and hospital percentage of BSNs in the hospital. Fully adjusted multiple logistic regression models controlled for patient and hospital characteristics. The sample included 914,254 surgical patients in 453 hospitals in four states (California, Florida, New Jersey, Pennsylvania). Surgical patients with ORD accounted for 1.45% of surgical patients. In fully adjusted models, surgical patients with ORD had 29% higher odds of 30-day readmission

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 **October 19th, 2020**

  **USA**

(OR 1.29; 95% CI 1.21-1.38) compared to surgical patients without ORD. Each 10% increase in the proportion of nurses with a BSN was associated with 4% lower odds of 30-day readmission for surgical patients with ORD (OR 0.96; 95% CI 0.93-1.00). Surgical patients with ORD have higher odds of 30-day readmission than those without ORD. Having more BSN nurses in hospitals improves the odds of good outcomes for surgical patients with ORD. Patients with ORD will continue to undergo surgery.

## Author(s):

**Rachel French, BSN, RN**

University of Pennsylvania, United States

Rachel French is a second-year predoctoral fellow at CHOPR. She holds a BSN from Boston College. Rachel worked as an RN in Boise, ID at a Federally Qualified Health Center that provided primary care and medication assisted treatment to a largely underserved population. Her research interests include leveraging nursing resources to improve patient outcomes and reduce health disparities for hospitalized patients with comorbid opioid use disorder. She is passionate about her work with opioid addiction and is interested in evaluating the role of nurses in addressing the opioid crisis.

# C11. Emotional Freedom Technique (EFT): Is tapping a viable treatment approach nurses can implement?

**Dennis Hagarty, RN, CARN-AP, LCAS, HTPA**

## Learner category:

- Beginning Level
- Novice Level

## Learning objectives:

- Participants will be able to demonstrate the tapping points used with the Emotional Freedom Technique (EFT)
- Participants will be able to identify at least one evidence-based rationale for the use of EFT

## Abstract:

Nurses have been at the forefront of patient care and healing for centuries. The substance use crisis is presented in the news in such a way that frightens most people and some healthcare workers. This perpetuates the stigma relating to persons with Substance Use Disorder (SUD). Persons with SUD feel trapped that they cannot escape this hopeless condition. Treatment of SUD is patient centered and uses many therapeutic methods. The most common include medication, groups, and physical care resulting from years of self-abuse. There are other options that are shown to have remarkable success. Complementary and Alternative therapies are beginning to be used throughout all areas of medical care. One such technique EFT is being used successfully in Energy Psychology and physical medicine. This presentation will define EFT and provide scientific evidence that supports its use. One does not need extensive training to use EFT. The participant will be shown the points used for tapping. They will also be introduced to set up phrases. Nurses usually only have a short period of time with patients. Teaching patients to use this method can be effective in reducing stress ultimately leading to relapse. In addition, those attending will be given



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**October 12th, 2020**



**USA**

resources to develop and grow in this area of caring for the SUD patient. Adding this technique to normal standard of care can be remarkably effective. EFT can also be used as part of a balanced self-care regimen.

## Author(s):

**Dennis Hagarty, RN, CARN-AP, LCAS, HTPA  
North Carolina, USA**

Dennis Graduated in 1977 with a degree in BSW from Western Carolina University. He went on to receive an AD in nursing from Wake Technical CC in 1980. He received a Master's in Nursing from UOP Online in 2008. He worked for the VA for 35 years, recently retiring. The past 15 years he worked as Buprenorphine Coordinator for two VA outpatient SUD Clinics. Dennis became a CARN in 2007 and CARN-AP in 2009. He served on the Board of Directors for IntNSA from 2011 to 2015. While working with the buprenorphine patients he began teaching Tai Chi in 2013 and taught at VA Pain Clinic and the outpatient SUD program. He is also a Level IV Healing Touch Apprentice pursuing Certification. He has used Healing Touch on veterans with opiate addiction with pain and post-surgical intervention. He is working to start a business, offering Healing Touch, Tai Chi, and other energy healing techniques such as Emotional Freedom Technique (EFT) in his hometown of Asheville, NC.

# C13. Effective nursing recovery-oriented interventions for individuals with substance use disorder: A Literature Review

Niall Tamayo, BN

## Learner category:

- Novice Level

## Learning objectives:

- Participants will summarize five effective nursing interventions that promote the recovery of individuals with substance use disorders
- Participants will describe two effective nursing interventions that promote recovery based on the perspective of nurses and individuals with substance use disorders
- Participants will summarize two infrequently mentioned nursing interventions that promote recovery

## Abstract:

Nurses support the recovery of individuals with substance use disorder. How they support individuals, however, may impact the effectiveness of their work. For example, there are various paradigms of recovery which alter interventions. Additionally, negative attitudes adopted by clinicians discourages individuals who use substances from accessing healthcare services, experiencing further health deterioration. Alternatively, nurses can enact interventions that promote positive experiences, further supporting the recovery of individuals. Hence, it is beneficial to increase nurses' awareness of effective interventions that promote recovery. The purpose of this literature review is to examine effective nursing interventions that promoted recovery of those with substance use disorders from the perspective of nurses and individuals who received nursing care. The review identified that effective interventions were based on three major themes: person-centred care, empowerment,

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 **October 29th, 2020**

  **Canada**

and maintaining supports and capability enhancement. Additionally, literature revealed that some interventions were perceived to be more effective; this depended upon whose viewpoint was examined - nurses or individuals with substance use disorders. Lastly, there are interventions based on spirituality, culture, advocacy, and self-disclosure that are often disregarded but may be effective. Nurses should utilize the more prominent interventions as they offer the most benefit and integrate interventions that are often overlooked.

## Author(s):

**Niall Tamayo, BN**

**Centre for Addiction and Mental Health, Canada**

Niall Tamayo is a Nurse Educator at the Centre for Addiction and Mental Health in Toronto. Niall is also completing his Masters in Nursing at Athabasca University. His areas of interest include acute psychiatric care, addictions, and community care.

# C14. Trauma-informed care in the substance use setting

## Brayden Kameg

### Learner category:

- Beginning Level
- Novice Level
- Intermediate Level
- Expert Level

### Learning objectives:

- Participants will be able to discuss trauma as a risk factor for the development of substance use disorders
- Participants will be able to describe best practices for trauma-informed care

### Abstract:

Trauma exposure has been associated with increased risk for numerous physical and mental health conditions in childhood, adolescence, and into adulthood. There is strong evidence supporting trauma exposure as a risk factor for the development of substance use disorders across the lifespan. Therefore, it is critical that nurses caring for patients with substance use disorders are able to implement trauma-informed practices. Trauma-informed care (TIC) is a patient-centered approach that emphasizes the importance of recognizing trauma and realizing its potential influences on health outcomes; responding to trauma through promoting patient autonomy; respecting individuals and avoiding re-traumatization; and promoting resilience. TIC should be implemented universally, as often health care providers or systems are unaware of the trauma experienced by patients. Failure to recognize a traumatic history may lead to re-traumatization, in addition to failure to offer appropriate treatment. Quality TIC includes validation of trauma and recognition of its health impacts, discussion of coping

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strategies, and knowledge of effective treatment. The Substance Abuse and Mental Health Services Administration (SAMHSA) has highlighted principles that are congruent with TIC, including safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues. Nurses caring for patients with substance use disorders must be familiar with these principles, and must be able to implement TIC across the substance use continuum, spanning from early intervention to inpatient services.

### Author(s):

**Brayden Kameg**

**University of Pittsburgh, United States**

Dr. Kameg is an Assistant Professor of Nursing at the University of Pittsburgh School of Nursing, where she teaches across the graduate and undergraduate program. She is a psychiatric-mental health nurse practitioner (PMHNP-BC) and certified addictions registered nurse (CARN).

# C17. Addictions nurses: Endangered species? Tales from an Australasian workforce mapping project

Dr Adam Searby, RN, PhD

## Learner category:

- Novice Level
- Intermediate Level

## Learning objectives:

- Participants will learn about the results of a large-scale workforce mapping project
- Participants will explore issues specific to the contemporary addiction nursing workforce in Australia, New Zealand and beyond
- Participants will explore how conducting similar projects globally can help build the addiction nursing voice
- Participants will be introduced to the concept of the “endangered” addictions nurse and explore strategies to avoid the loss of our specialty in Australia and New Zealand.

## Abstract:

Introduction During 2019, the Drug and Alcohol Nurses of Australasia (DANA) undertook an ambitious project to understand the drug and alcohol nursing workforce in Australia. DANA conducted this project to provide a detailed overview of nurses working in drug and alcohol positions across Australia. The project found a highly qualified, experienced workforce approaching retirement, with few graduates entering the specialty leading to the observation that drug and alcohol nurses are an ‘endangered species.’ Methods The project used a mixed methods approach to explore the workforce, including key informant interviews, a survey of drug and alcohol nurses across Australia and semi-structured interviews with drug and alcohol nurses. Registration data was also utilized to provide further background and data triangulation. Results The project found



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Australia

that drug and alcohol nurses were highly experienced, highly qualified... and endangered; both survey and registration data show a high proportion of drug and alcohol nurses are aged 45 and over, with few graduates or nurses under 35 in the specialty. Positions of participants were diverse, with skills required well beyond mere addiction treatment. These observations were also supported by qualitative data provided by drug and alcohol nurses in the field. Conclusion Nursing is no stranger to the conversation around workforce shortages, however the results of this project show an alarming situation that could potentially lead to the drug and alcohol nursing specialty becoming extinct. Urgent measures are needed to bring new entrants to the specialty; this presentation will provide recommendations to attempt to address this situation.

**Author(s):** Dr Adam Searby, RN, PhD, Deakin University/ Drug and Alcohol Nurses of Australasia, Australia

Dr Searby is a registered nurse who has worked across mental health, community and addictions nursing. He is currently a lecturer at Deakin University, Melbourne, Australia and has research interests in addiction nursing workforce development and older adult addiction issues. Dr Searby is the president of the Drug and Alcohol Nurses of Australasia, the peak professional body for addictions nursing in Australasia.

# C18. Medically supervised injecting rooms: The Melbourne experience

Dr Adam Searby, RN, PhD

## Learner category:

- Novice Level

## Learning objectives:

- Participants will explore the challenges faced in the trial of Melbourne's medically supervised injecting room
- Participants will explore harm reduction from the perspective of nurses working in medically supervised injecting rooms
- Participants will be introduced to the role of the nurse in similar facilities worldwide.

## Abstract:

In 2018, a medically supervised injecting room opened in North Richmond, Victoria, Australia. This is the second Australian injecting room, and was opened subject to a trial period. This presentation will examine the changing media and public perception of the medically supervised injecting room, including the groundswell of support that led to the opening of the room and how this rapidly changed once the room was operational. We will also explore the demographics of the North Richmond area, Melbourne's largest concentration of injecting drug users. Challenges to the ongoing success of the room will be discussed, with a particular focus on the nursing role in supervised injecting facilities. Finally, we will attempt to address the question: is Melbourne ready for the ongoing operation of a medically supervised injecting room?

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## Author(s):

Adam Searby, RN, PhD

Deakin University/Drug and Alcohol Nurses of Australasia

Dr Searby is a registered nurse who has worked across mental health, community and addictions nursing. He is currently a lecturer at Deakin University, Melbourne, Australia and has research interests in addiction nursing workforce development and older adult addiction issues. Dr Searby is the president of the Drug and Alcohol Nurses of Australasia, the peak professional body for addictions nursing in Australasia.



# C23. The impact of social determinants on nonmedical prescription opioid use in adolescence: A review of the literature

**Katilya Ware PhD, RN and  
Lynn Brown DNP, RN-BC, CNE;**

**Learner category:**

- Novice Level

**Learning objectives:**

- Participants will be able to describe two socioeconomic risk factors related to opioid use in adolescents
- Participants will be able to describe two behavioral risk factors related to opioid use in adolescents

**Abstract:**

Nonmedical use of prescription drugs is among the fastest growing health problems in the United States (US Department of Health and Human Services, 2019). In 2016, 4.4% of the population reported misuse of opioids in the previous year (Substance Abuse and Mental Health Services Administration, 2017). The adolescent population accounted for 3.6% of the reported misuse. Nonmedical use of prescription drugs is use of a drug with or without a prescription in a manner other than how prescribed or use of a prescription medication at a higher dose or a greater frequency than instructed by the prescriber for the feeling or experience caused by the medication (Li, et al., 2018; Guo et al., 2015; Martins et al., 2015; Tucker et al. 2015, Wang et al., 2015). Osborne et al. (2017) further defined nonmedical prescription drug use as use longer than the period prescribed or use of someone else's prescription. Databases were searched for peer-reviewed research published between 2015 and 2019 with a specific focus on the nonmedical use of prescription opioids in adolescents. Age, income, residential and geographic location, familial support, education, and psychosocial and behavioral variables were associated with nonmedical use of prescription drugs in adolescents. The purpose of this review is to summarize research on nonmedical use of prescription opioids among adolescents in the United States with a specific focus on sociodemographic and behavioral risk factors.

**Author(s):**

**Katilya Ware, PhD, RN**

**Auburn University School of Nursing, Alabama, USA**

Dr. Katilya Ware is an Assistant Professor at Auburn University in Auburn, Alabama. She graduated with her PhD in Instructional



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Leadership with a concentration in Instructional Technology from the University of Alabama in 2016. She has 15 years of experience in nursing. She began her career in healthcare in the emergency department setting as a multi-care technician and then transitioned into the role of a Registered Nurse after completing her education. She is a member of the Rural Nurse Organization, American Nurses Association, the Alabama State Nurses Association, Delta Epsilon Iota Academic Honor Society, Sigma Honor Society of Nursing, and the National League for Nursing. Her research interests include the impact of social determinants on nurse advanced degree attainment, the nursing workforce, and health.

**Lynn Brown, DNP, RN-BC, CNE**

**Auburn University School of Nursing, Alabama, USA**

Dr. Lynn Brown is an associate clinical professor at Auburn University in Auburn, AL. She graduated with her DNP in administration with an additional educator concentration from Samford University in 2015. She has over 30 years of nursing experience. Most recently she worked at UAB Hospital from 2004 to 2015 on various surgical units, and as the Clinical Care Coordinator for Vascular Surgery. Additionally, Dr. Brown has worked at Humana Hospital in Huntsville, AL, the University of Tennessee Medical Center in Knoxville, TN, and Crawford Long Hospital of Emory University in Atlanta, GA. She is ANCC Board Certified in Medical-Surgical Nursing and a Certified Nurse Educator. She is a member of the American Nursing Association, the Alabama State Nurses Association, and Sigma Theta Tau International Honor Society. Her research interests include nurse retention, student success, and the opioid addiction.

# C25. Collaborating with community partners in educating emergency department health care providers on caring for persons with substance use disorder

Dr Kimberly Dion, PhD, RN, CNE, CARN

## Learner category:


- Intermediate Level


## Learning objectives:



- Participants will be able to describe the role of emergency department health care providers as the first point of contact for engagement in harm reduction practice, utilization of health care services, and self-care management for people with substance use disorder
- Participants will be able to state three ways in which emergency department health care providers can incorporate harm reduction practices into their care.

## Abstract:

**Problem:** Emergency department health care providers (EDHCPs) are confronted with increasing numbers of people with substance use disorder (SUD) accessing services and often lack the training and resources to assist this vulnerable population. **Evidence Appraisal and Synthesis:** People who use drugs are underserved and experience stigma and discrimination by EDHCPs. SUD is a chronic, relapsing brain disease, and EDHCPs are often unprepared to provide harm reduction education and referral for services for persons with a SUD. **Implementation Strategies:** Five 90-minute educational presentations were held with EDHCPs at four hospitals in Massachusetts. Representatives from community agencies presented information on what they do and how they could help the EDHCPs to support the patient and family of those with SUD. The focus of the presentation was on recognizing addiction and supporting patients and their families through recovery. EDHCPs were provided with information about trauma-informed care principles, the physiology of

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addiction, the impact of stigma, recovery-focused language, their role in harm reduction education, and area recovery supports for each hospital. **Evaluation:** The EDHCP written evaluations were positive. The staff appreciated hearing of real patient experiences, the change in their mindset towards addiction, practical harm reduction education that they could incorporate into their practice, and awareness of area resources that could be shared with patients and families. **Lessons Learned:** Health care providers need ongoing SUD training, an easy and accessible community resource referral sheet, and institutional support to provide culturally sensitive care to people with SUD.

## Author(s):

**Dr Kimberly Dion, PhD, RN, CNE, CARN**

**University of Massachusetts Amherst College of Nursing**

Kimberly Dion PhD, RN, CNE, CARN is a Clinical Associate Professor at the University of Massachusetts Amherst College of Nursing. Her research focuses on persons with a substance use disorder, a population she has worked with for 20 years.

**Cherry Sullivan, MPH**

**City of Northampton Health Department, Massachusetts**

Cherry Sullivan, MPH is the Program Coordinator for Hampshire HOPE through the Center for Prevention and Community Engagement for the City of Northampton Health Department.

# C26. Opioids and our community. Stop the stigma. Save a life. Collaboration to educate university campus students to identify and intervene for an opioid overdose

**Dr Kimberly Dion PhD, RN, CNE, CARN;  
Ann Becker DNP, RN; and  
Cherry Sullivan MPH**

#### Learner category:

— Novice Level

#### Learning objectives:

- Participants will be able to state three barriers for implementing harm reduction and intranasal naloxone training on a university campus
- Participants will be able to describe three strategies that university administration can incorporate to improve outcomes for individuals with a substance use disorder

#### Abstract:

**Problem:** Young adults between the ages of 18-25 are at an increased risk for opioid misuse. Stigma and misunderstanding campus policies have been shown to be barriers to disclosure of substance use and substance use disorder (SUD). **Evidence Appraisal:** There has been a rise in the use of opiates, cross contamination of non-opioid drugs with fentanyl, and unintended opioid overdoses among college students. There is an increased need to educate students about prevention, recognition, and treatment for opioid overdose. **Implementation Strategies:** The physiology of addiction, impact of stigma, recovery focused language, recognizing an opioid overdose, administration of intranasal naloxone, harm reduction, and campus and community resources were presented by nurses, campus police, and community members. Targeted groups included residential assistants, and sorority and fraternity leaders. Attendees were provided with campus and community resources in the form of refrigerator magnets, wallet cards, and handouts. **Evaluation:** Students reported an appreciation and need for the information but voiced concern regarding a campus policy that appeared to be in conflict with information provided. Presenters worked with administration to revise the medical amnesty policy to revise language that was being misinterpreted by students. There was an increase in the number of students requesting the presentation for their dormitory floor, sorority or fraternity. **Lessons Learned:** Focus groups should be held in advance with key stakeholder students to understand barriers and facilitators to implementing the



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presentation strategies. Acting as a liaison between students and residential directors and administration was critical to allow for open communication and understanding.

#### Author(s):

**Kimberly Dion, PhD, RN, CNE, CARN**

**University of Massachusetts Amherst College of Nursing, USA**

Kimberly Dion PhD, RN, CNE, CARN is a Clinical Associate Professor at the University of Massachusetts Amherst College of Nursing. Her research focuses on persons with a substance use disorder, a population she has worked with for 20 years. She is a harm reductionist and certified naloxone train the trainer for Massachusetts. She performs educational sessions on reducing stigma toward those with substance use disorder, harm reduction practice, and recognition of an opioid overdose.

**Ann Becker, DNP, RN**

**University of Massachusetts University Health Services, USA**

Ann Becker, DNP, RN, is the Public Health Nurse for the University Health Services at the University of Massachusetts Amherst.

**Cherry Sullivan, MPH**

**City of Northampton Health Department, USA**

Cherry Sullivan, MPH is the Program Coordinator for Hampshire HOPE, Center for Prevention and Community Engagement for the City of Northampton Health Department

# C27. Avoiding and caring for street wounds. A community intervention for female sex workers who inject drugs and have unstable housing

Dr Kimberly Dion, PhD, RN, CNE, CARN

## Learner category:

- Novice Level

## Learning objectives:

- Participants will be able to describe three essential components of the prevention of soft tissue traumas for those who inject drugs and are experiencing unstable housing
- Participants will be able to state three harm reduction measures to be used for treatment of soft tissue traumas from injecting drug use experienced by those with unstable housing.

## Abstract:

**Problem:** There is a lack of knowledge of prevention and treatment of soft tissue trauma (STT) and abscesses among women who engage in sex work, inject drugs, and have unstable housing. **Evidence Appraisal:** Female sex workers who inject drugs and have unstable housing have increased risks for STT. Women tend to have more difficulty injecting due to smaller veins, are often injected by others, or use after another person, and this increases their risk of STT and abscesses. **Implementation Strategies:** In-person presentations with question and answer sessions were performed at two weekly group meetings of 77-100 women who engage in sex work and inject drugs. Vein care, safer injection sites, risk factors for STT, prevention and early intervention measures of STT, and when to seek medical care rather than perform self-care for their wounds were taught to the women. Also discussed were outcomes of complications of untreated or inadequately treated STT and abscesses. **Evaluation:** The women were aware of single-use syringe and to not share materials but were unaware of site selection,

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use of alcohol before injection, and there was a great deal of misinformation about preventing and treating STT. Harm reduction measures and home treatment of wounds were the focus of the questions asked by the women. **Lessons Learned:** Engagement in educating at-risk women includes discarding about less than preferred treatment. The use of peer-to-peer information and correction of misinformation must be ongoing and tailored to each woman's situation.

## Author(s):

**Dr Kimberly Dion, PhD, RN, CNE, CARN**

**University of Massachusetts Amherst College of Nursing**  
Kimberly Dion PhD, RN, CNE, CARN is a Clinical Associate Professor at the University of Massachusetts Amherst College of Nursing. Her research focuses on persons with a substance use disorder, a population she has worked with for 20 years.

# C28. Severity indicators in drug users followed by nurses on a medication-based program

**Dr Paulo Seabra PhD; Rui Sequeira RN, Specialist MHN; Ana Sequeira MSc, RN, Specialist CHN; Carlos Sequeira PhD, MSc, Rn, Specialist MHN; and Paula Amaral RN**

#### Learner category:

— Intermediate Level

#### Learning objectives:

- Participants will be aware of the most important consequences severity indicators on a medication-based users.
- Participants will be aware the most important factor that nurses must attend to help patients to face the drug addiction severity.

#### Abstract:

Severity indicators in drug users followed by nurses on a medication-based program Problem Users of medication-based programs, followed up in nursing consultation, are getting older, with more comorbidities, using different substances, and remain on program for many years(1). Specific indicators of substance addiction consequences (SAC) emerge to which nurses should evaluate at the consultation. Objectives To determine the most severe SAC indicators found on medication-based program users. To determine factors that improve self-management. Methods Cross-sectional, observational, quantitative study. Convenience sampling (n=162). SAC Scale(2) were used. Results Average age 46.96, mostly men, single, unemployed, living on family and social support, some without any profession. They were in different programs: 68.6% on methadone, Alcohol Aversive 26.4% and Buprenorphine 4.4%. They are using different drugs with different impact and had different comorbidities. About SAC, 43.2% users are on severe level. Decreasing order of severity indicators: "Anxiety", "difficulty in maintaining a job", "sadness", "difficulty in maintaining financially" and "problems in family relationships". Face the different programs there was no difference on SAC outcomes. The main differences were because of using cannabis, cocaine, and having mood



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disorders, psychotic disorders, HBV and HCV. Conclusions Most severe consequences are related to family relationships and psychological distress. The participants with most severe status was expected to experience a situation of greater social exclusion, more drug use, less family support, more unemployment, older(3-4), however, between the two groups there was homogeneity. Factors that can contribute to better self-management are related with comorbidities management, family support and no drug use.

#### Author(s):

**Paulo Seabra, Post-Doc Researcher**  
**Nursing School of Lisbon; Research and Development**  
**Nursing Unit (UI&DE); NursID, CINTESIS – Center for Health**  
**Technology and Services Research, Portugal**  
 Paulo Rosário Carvalho Seabra. Completed PhD in Nursing in 2015 by Universidade Católica Portuguesa, Master in Nursing in 2009 by Universidade Católica Portuguesa, Nursing Bachelor in 1992 by Escola Superior de Enfermagem Calouste Gulbenkian de Lisboa. He is Assistant Teacher in Escola Superior de Enfermagem de Lisboa.

**Rui Sequeira, RN, Specialist MHN;**  
**Ana Sequeira, MSc, RN, Specialist CHN**  
**Carlos Sequeira; Paula Amaral RN**  
**Specialized Technical Treatment Unit of Barreiro, Division**  
**of Intervention in Addictive Behaviors and Dependencies**  
**(DICAD)**

# C30. What about weed? The cannabis controversy: Past, present, and future

Stephen Strobbe, PhD, RN, PMHCNS-BC, CARN-AP, FIAAN, FAAN

## Learner category:

- Beginning Level
- Novice Level
- Intermediate Level
- Expert Level

## Learning objectives:

- Participants will have greater understanding of the differences between tetrahydrocannabinol (THC) and cannabidiol
- Participants will be introduced to the national trends related to the legalization of marijuana, and associated implications

## Abstract:

Weed, pot, marijuana, cannabis. Whatever you call it, the United States has a long, complicated, and conflicted history with this controversial herb. Is it evil incarnate, or a panacea for all that ails us? In this lively presentation, we will discuss the many facets of cannabis, tetrahydrocannabinol (THC), hemp, and cannabidiol, including historical, legal, social, and clinical considerations, from local lore to changing statewide and national trends.

## Author(s):

Stephen Strobbe, PhD, RN, PMHCNS-BC, CARN-AP, FIAAN, FAAN

University of Michigan, USA

Stephen Strobbe, PhD, RN, PMHCNS-BC, CARN-AP, FIAAN, FAAN Dr. Stephen Strobbe is a Clinical Professor at the University of Michigan School of Nursing, and the Department

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of Psychiatry. He is board-certified both in psychiatric and addictions nursing.

His professional background has included clinical care, research, administration, and education.

Dr. Strobbe has authored more than 40 peer-reviewed articles, position statements, book chapters, and other resources related to substance use and addictions nursing. He has been an invited speaker, both nationally and internationally, including the Federated States of Micronesia, Europe, South America, Southeast Asia, and Iceland.

Dr. Strobbe is a former Fulbright Scholar to Brazil (2017-2018), Immediate Past President of the International Nurses Society on Addictions (IntNSA, 2018-2020), a Fellow of the International Academy of Addictions Nursing (FIAAN, 2016), and a Fellow of the American Academy of Nursing (FAAN, 2017).

# C31. Evaluating the implementation of an addiction nursing model across treatment services

**Catherine Comiskey, BA(Mod) MA MSc PhD;  
Karen Galligan BSc, MSc**

## Learner category:

- Expert Level

## Learning objectives:

- Participants will have a greater understanding on the evaluation of the process of roll out and implementation of revised case management procedures within the operation of the Healthy Addiction Treatment Recovery nursing model across services
- Participants will have a greater understanding on the perceived impact of revised case management procedures on clients, nursing and other healthcare staff

## Abstract:

The aim of this research was to extend the implementation and evaluation of the Healthy Addiction Treatment (HAT) recovery nursing model across all of the methadone services within north Dublin, Ireland and in conjunction with this, to complete an extensive longitudinal follow up study with clients from the original baseline study. A concurrent multi-method study design was conducted. Qualitative one to one interviews took place with nursing staff involved in the delivery of the model and the client's case management at each of the participating clinics. Quantitative secondary data analysis of anonymised client outcomes from all new assessment clients receiving the new HAT model approach and the case management process was undertaken. Qualitative documentary analysis of existing administrative and documentary evidence from within the service was completed using an implementation science framework with improvement cycles. In summary it was clear from the overview analysis of the two-year follow-up data on the original 131 clients who informed the HAT Recovery Model that mental health needs remained pressing. From the evaluation findings of the wider pilot implementation of the model, it was evident that a highly motivated team of stakeholders from nurses to clients to leadership were involved but further development in the key area of data systems and fidelity was required to ensure the on-going successful scale up and roll out to other regions. This work was carried out with nursing professionals Jean Flanagan, Joan Deegan and Assistant Director Aine Hall, Health



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**Ireland**

Service Executive, Dublin, Ireland and research assistant Dave McDonagh.

## Author(s):

**Catherine Comiskey, BA(Mod) MA MSc PhD**

**Trinity College Dublin, The University of Dublin, Ireland**

Catherine Comiskey is the former Head of the School of Nursing and Midwifery (2014-2017 and 2019-2020), Trinity College, Dublin University, Ireland. Prof. Comiskey holds a PhD degree in biomathematics, biostatistics and epidemiology. In 2007 she was appointed by Minister of Education and Science to serve on the board of The Irish Research Council. In 2012 she was appointed by the Department of Health to Chair the National Advisory Committee on Drugs and Alcohol and in 2013 she was appointed by the EU to serve on the Scientific Committee of the European Monitoring Centre for Drugs and Drug Addiction. In 2017 she elected as the Vice Chair. She is a Professor in Healthcare Statistics, has over 100 applied publications and is currently supervising 10 PhD candidates.

**Karen Galligan, BSc, MSc**

**Trinity College Dublin, The University of Dublin, Ireland**

Karen Galligan is a PhD graduate at The School of Nursing and Midwifery, Trinity College Dublin, Ireland. She has a background in health psychology and mental health.

# C33. The opioid crisis and the effect on children and families

Dr Suzan Blacher, PhD, MSN, RN, CARN

## Learner category:

- Intermediate Level

## Learning objectives:

- Participants will be able to describe the effects of the opioid crisis on children and families
- Participants will be able to explore the role that nurses have to care for families affected by opioid use disorders

## Abstract:

The US is in the midst of a sweeping opioid epidemic that affects members of the entire family across the continuum. One in four children has parents with an opioid use disorder. Eight million children in the U.S. live in households with at least one parent with a substance use disorder. The majority of these children were under the age of 5. The incidence of neonatal abstinence syndrome has tripled. There has been a 10% increase in foster care placements since 2012 due to removals from home. More than 26% of grandparents were responsible for grandchildren in 2015. Typically, adults are assessed, treated, and counseled. Children and families are not usually seen as a multi-faceted unit. Children growing up in homes with a parent with opioid use disorders are at an increased risk for a multitude of psychosocial complications. It is important to include all members of the family embracing the child's voice and perspective in assessing family needs and services. Because opioid use impacts the entire family, nurses must be able to recognize signs of opioid misuse and become familiar with risk assessment and warning signs of opioid use disorders (OUD) in all family members. Diagnosis, treatment, and recovery should have a parent-child component, inclusive of services for children to help prevent mental health

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complications and future OUD.

## Author(s):

**Dr Suzan Blacher, PhD, MSN, RN, CARN**  
Drexel University, Pennsylvania, USA

Dr. Blacher is an Assistant Professor in the RN-BSN program at Drexel University. She is a certified addictions nurse. Her clinical experience includes medical detoxification and tobacco cessation services for adults and outpatient adolescents.

Suzan received her PhD from Barry University, her MSN from Drexel University, and her BSN from Barry University. She has been a member of IntNSA for over 15 years and has served on the boards of IntNSA and the Addiction Nursing Certification Board (ANCB). She is a past president of ANCB.

Suzan is also a member of the American Psychiatric Nurses Association, Sigma Theta Tau International, and the American Nurses Association. Her areas of interest are the education of nurses toward substance use disorders and stigmatization of persons with the disease of addiction. Dr. Blacher has presented at many national and international conferences.



# C34. Substance use and suicidality among adolescent psychiatric inpatients

**Stephen Strobbe PhD, RN, PMHCNS-BC, CARN-AP, FIAAN, FAAN; and Jeanette Hokett MA-ED, BSN, RN**

## Learner category:

- Beginning Level
- Novice Level
- Intermediate Level
- Expert Level

## Learning objectives:

- Participants will be able to identify the number one public health problem in the United States
- Participants will be able to state the associated risks for co-occurring disorders between those with mental disorders, and those with substance use disorders
- Participants will be able to describe the importance of screening for substance use among adolescent psychiatric inpatients

## Abstract:

Adolescent substance use has been identified as our nation's number one public health problem. Individuals with mental health disorders are at increased risk for lifetime prevalence of a substance use disorder. Conversely, those who use substances are at greater risk for the development of other mental health disorders. We examined demographic and clinical characteristics for adolescents, ages 14-18, admitted to an adolescent inpatient psychiatric unit at a major Midwestern university medical center over a 3-month period (September-December, 2019). Among 133 unique admissions, the majority were white (n=104/131, 79%), female (n=81, 61%), with a median age of 16 years. Depression was the most frequently listed first diagnosis (n=80, 60%). The vast majority of all patients endorsed suicidal ideation (n=108/131, 82%), with females significantly more likely than males to do so (72/80 [90%] vs 36/51 [71%], p<0.01). Average length of stay was 7.5 days, with a range of 1 to 28 days. Fully half (n=67/131, 51%) of all adolescent inpatients reported past year use of marijuana (n=59/131=45%), alcohol (n=36/131, 27%), unprescribed medications (n=23/131, 18%), and/or other substances (n=11/131, 8%). Males were more likely than females to have used marijuana (29/52 [56%] vs 28/81 [35%], p<0.05), and to have clinically significant CRAFFT-2 scores of > 2 (18/41 [44%] vs 16/71 [23%], p<0.05). Those with any past year substance use were 4.5 times more likely to report suicidal ideation than those who did not (108/131 [82%] vs 23/131 [18%], p<0.01). These findings reinforce the importance of screening for substance use among adolescent psychiatric inpatients.



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## Author(s):

**Stephen Strobbe, PhD, RN, PMHCNS-BC, CARN-AP, FIAAN, FAAN  
University of Michigan, USA**

Dr. Stephen Strobbe is a Clinical Professor at the University of Michigan School of Nursing, and the Department of Psychiatry. He is board-certified both in psychiatric and addictions nursing. His professional background has included clinical care, research, administration, and education. Dr. Strobbe has authored more than 40 peer-reviewed articles, position statements, book chapters, and other resources related to substance use and addictions nursing. He has been an invited speaker, both nationally and internationally, including the Federated States of Micronesia, Europe, South America, Southeast Asia, and Iceland. Dr. Strobbe is a former Fulbright Scholar to Brazil (2017-2018), Immediate Past President of the International Nurses Society on Addictions (IntNSA, 2018-2020), a Fellow of the International Academy of Addictions Nursing (FIAAN, 2016), and a Fellow of the American Academy of Nursing (FAAN, 2017).

**Jeanette Hokett, MA-ED, BSN, RN  
University of Michigan, USA**

Jeanette Hokett is the Interim Clinical Nursing Director at the Nyman Family Unit for Child and Adolescent Mental Health and Wellness, and the Child and Adolescent Inpatient Psychiatric Program at C.S. Mott Children's Hospital, University of Michigan. A member of the American Psychiatric Nurses Association (APNA) and former Member-at-Large for the Michigan State Board of APNA, Ms. Hokett has presented on topics focused on improving care for psychiatric patients and self-care, along with leading and engaging in many quality improvement projects at unit and institutional levels.

# C35. Challenging our understanding of addiction and recovery through mindfulness

Paul du Buf, RGN / NMP

## Learner category:

- Beginning Level
- Novice Level
- Intermediate Level
- Expert Level

## Learning objectives:

- Participants will be able to recognize of addiction, trauma and recovery in our lives
- Participants will be able to recognize the role of our body and mindfulness in a process of change
- Participants will be reflect on the question what can be considered the opposite of addiction
- Participants will be able to recognize the limitations of our current understanding of addiction
- Participants will be able to recognize how mindfulness changes recovery, stigma and our relationships

## Abstract:

Addiction treatment is and has been primarily focussed on behaviour change, promoting harm reduction, managing withdrawal symptoms and risks and supporting recovery by promoting self-help and engagement with others and community support groups. A somatic and mindfulness recovery approach challenges our understanding about addiction and the process of recovery by re-considering the role of our will, the relationship between trauma, addiction drivers and the role of our body in the process of recovery and healing. What is the value of questions like “what does addiction feel like?” or “what does the opposite of addiction feel like?”. How would a somatic approach to addiction shape addiction treatment centres and how would it change our current dominant allopathic approach to addiction? Finally

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we consider how a new somatic and mindfulness approach towards addiction and trauma can impact our society, our relationship with others and ourselves.

## Author(s):

**Paul du Buf, RGN / NMP**  
United Kingdom

Paul graduated as a nurse in 1994 and has worked since in the area's of prevention, treatment, aftercare, dual diagnosis, training and innovation in addiction treatment services in the Netherlands and UK. In 2018 he volunteered in down town Eastside in Vancouver, Canada. In the UK he worked in the NHS and and in settings from a private hospital to a police custody suite and with several charity organisations. His innovative work whilst working at the South London and Maudsley NHS foundation trust received an award for clinical excellence. His 2 year alcohol pilot project working with A&E patients contributed to ongoing funding for a long-time research project. Paul became a body-therapy practitioner in 2019 to promote inclusion of our body in recovery and he hopes to graduate in 2020 as an advanced mindfulness practitioner in the area of trauma and addiction. Paul currently works in a community drug service as an independent nurse prescriber in the United Kingdom.

# C36. Barriers and facilitators of breastfeeding in women on opioid maintenance therapy for opioid use disorder: A scoping review

Margaret Doerzbacher RN, PhD(c), NNP-BC;  
Amy Hequembourg PhD; Mickey Sperlich  
PhD, MSW, MA, CPM; and Yu-Ping Chang  
PhD, RN, FGSA, FIAAN, FAAN

#### Learner category:

— Intermediate Level

#### Learning objectives:

- Participants will be able to understand the specific benefits of breastfeeding for women in treatment for opioid use disorder (OUD) and their newborns
- Participants will be able to explain the factors that facilitate breastfeeding among women treated for OUD
- Participants will be able to describe the modifiable barriers to breastfeeding among women treated for OUD

#### Abstract:

**Purpose:** The purpose of this scoping review is to identify and synthesize the current science related to barriers and facilitators of breastfeeding among women in treatment for opioid use disorder. **Background:** The benefits of breastfeeding are particularly relevant for women on opioid maintenance therapy (OMT) for opioid use disorder (OUD). Among other specific benefits, breastfeeding decreases the severity of neonatal opioid withdrawal syndrome (NOWS) in the opioid-exposed newborn, promotes mental health for the mother, and facilitates maternal/infant bonding. However, breastfeeding rates in this group are low. A majority of women on OMT state an intention to breastfeed, but only a small percentage are successful beyond the first postpartum week.

Several studies have revealed factors that can promote or prevent successful breastfeeding in these women, but a clear picture of how these factors interact to explain why they discontinue breastfeeding early is needed. **Methods:** Multiple databases including PubMed, APA PsycInfo, and CINAHL were searched for relevant research published within the past five years. The search was narrowed to qualitative and mixed-method descriptive studies related to barriers and facilitators of breastfeeding in women on opioid maintenance therapy. Fourteen studies were chosen for review.

**Results:** Themes identified as barriers include lack of knowledge, inconsistent and inaccurate information, and misconceptions. Themes representing facilitators include the presence of support from both the social network and professional care providers. How these factors influence each other to lead women to discontinue breastfeeding early in the process remains unclear.



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USA

#### Author(s):

**Margaret Doerzbacher, RN, PhD(c), NNP-BC**  
University at Buffalo School of Nursing, New York, USA

Margaret (Meg) is a board-certified neonatal nurse practitioner with over thirty years' experience working with high-risk childbearing families, including those coping with substance use disorder and newborns with neonatal opioid withdrawal syndrome. She currently teaches family nursing, maternal/newborn nursing, and nursing research at the University at Buffalo School of Nursing. She is currently a PhD candidate and the focus of her doctoral research is childbearing women with opioid use disorder. She has a passion for addressing disparities in perinatal health care and supporting breastfeeding.

#### Amy Hequembourg, PhD

University at Buffalo School of Nursing, New York, USA

Amy Hequembourg is an Associate Professor in the School of Nursing at the University at Buffalo, State University of New York. Dr. Hequembourg received her Ph.D. in Sociology from the University at Buffalo and completed a 3-year postdoctoral fellowship in alcohol etiology, funded by the National Institute on Alcohol Abuse and Alcoholism, at the University at Buffalo's Research Institute on Addictions.

#### Mickey Sperlich, PhD, MSW, MA, CPM

University at Buffalo School of Nursing, New York, USA

Mickey Sperlich is an assistant professor and experienced midwife and researcher who studies the effects of trauma and mental health challenges on women's childbearing, postpartum experiences and early parenting outcomes.

#### Yu-Ping Chang, PhD, RN, FGSA, FIAAN, FAAN

University at Buffalo School of Nursing, New York, USA

Dr. Yu-Ping Chang is the Patricia H. and Richard E. Garman Endowed Professor, Associate Dean for Research and Scholarship, Department Chair - Family, Community & Health Systems Sciences and an Associate Professor in the School of Nursing with the University at Buffalo.

# C38. Randomized controlled trial of a brief group intervention for unhealthy alcohol use in men

Dr Erika Gisseth León Ramírez

## Learner category:

- Expert Level

## Learning objectives:

- Participants will be able to understand and assess the effect of IBC on readiness for change and its relationship with the pattern of alcohol use in men.

## Abstract:

**Background:** The problematic alcohol use in the male population continues to be a public health problem in the world. The application of Brief Intervention (BI) has been configured as an effective strategy to change behavior related to alcohol use in the population. More recently, due to the limitations of individual IB, the Brief Group Intervention (BGI) has been proposed as a strategy with the potential to improve the IB performance. This study evaluated the effectiveness of the BGI in reducing alcohol in men with risk and harmful alcohol use. **Methods:** Randomized clinical trial, with a follow-up of 30 and 90 days, conducted in a primary health care unit in Brazil. Were randomized 112 men, 55 were allocated to the experimental group, and 57 to the control group. The alcohol use was assessed in both groups, using the Alcohol Use Disorders Identification Test (AUDIT). The experimental group received a brief group intervention session with the FRAMES model, and the control group continues with the usual care of the unit. The data were analyzed by intention to treat, using the GEE method (Generalized Equations Estimating). **Results:** This study showed that there was a significant difference ( $p < 0.001$ ) between the experimental (GE) and control (CG) groups in alcohol use. **Conclusions:** The results of this study suggest the application of IBC is an effective approach with the potential to reduce alcohol use in the male population.

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 **October 15th, 2020**

  **Brazil**

## Author(s):

**Dr Erika Gisseth León Ramírez**

**University of São Paulo, Brazil**

Erika Gisseth León Ramírez has a degree in nursing by the National University of Colombia (2011), Ph.D. and master's degree in Psychiatric Nursing by the University of São Paulo (2015). Currently, she is a member of Research group of Centre of Studies and Researches in Nursing Addictions of the University of São Paulo. With her team of studies, she has been conducted randomized controlled trials to evaluate the efficacy of Brief Intervention and she has experience in the area of Mental Health in Nursing, with an emphasis on Addiction. She has focused, mainly, in the subjects: Brief intervention, Attitude toward alcohol and alcoholism and development, adaptation and validation of scales.

**Dr Divane de Vargas**

**University of São Paulo, Brazil**

Dr. Vargas' interest is in contributing to the advancement of nursing in additions, through the improvement and the training of researchers in the area of nursing in additions, in conducting research and studies aimed at producing and disseminating knowledge to foster the practice of nursing and the nurse in the prevention, identification, treatment and care for individuals with related disorders the additions in different situations and scenarios that involve the care to this population. Dr Vargas has clinical experience in nursing care of the client with addictions and psychiatric mental health disorders. His research interests are nursing an addiction: alcohol other drugs with concentration in the following subjects: attitudes, education and knowledge of nurses and undergraduate nurses towards alcohol, alcoholism and alcoholic patient, Substance Use Disorders vulnerable populations and Co-Occurring Mental and Substance Use Disorders.

# C39. Readiness to change in men with risk and harmful alcohol use: Effect of brief group intervention

**Dr Erika Gisseth León Ramírez;**  
**Dr Divane de Vargas**

## Learner category:

— Expert Level

## Learning objectives:

— Participants will be able to understand and assess the effect of IBG on readiness for change and its relationship with the pattern of alcohol use in men.

## Abstract:

The prevalence of problematic alcohol use in men is higher when compared to women. In the region of the Americas, this type of use changed between 2013 and 2015, evidenced by an increase of 4.6% to 13% in women and 17.9% to 29.4% in men.

Brief group intervention can be an effective strategy in the change process in people who have risk or harmful alcohol use, so this study aims to assess the effect of IBG on readiness for change and its relationship with alcohol use in men.

**Methods:** Randomized clinical trial, conducted in a primary health care unit in São Paulo (Brazil). 112 men were randomized in the experimental group (n = 55) and in the control group (n = 57). The Readiness to Change Ruler (RTC) and the Alcohol Use Disorders Identification Test (AUDIT) were used to assess the RTC and alcohol use. The experimental group received a brief group intervention, the control group was instructed to continue with the unit's standard care. The data were analyzed using the Generalized Equations Estimating method. Results: A significant difference was observed between the experimental (GE) and control (CG) groups overtime. The correlation between readiness for change and pattern of use over time was reasonable.

**Conclusion:** IBG was shown to be effective in increasing readiness for change when compared to the control group. There was a correlation between readiness for change and a decrease in the pattern of alcohol use after participating in the brief group intervention.

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## Author(s):

**Dr Erika Gisseth León Ramírez**  
**University of São Paulo, Brazil**

Erika Gisseth León Ramírez has a degree in nursing by the National University of Colombia (2011), Ph.D. and master's degree in Psychiatric Nursing by the University of São Paulo (2015). Currently, she is a member of the Research group of Centre of Studies and Researches in Nursing Addictions of the University of São Paulo. With her team of studies, she has been conducted randomized controlled trials to evaluate the efficacy of Brief Intervention and she has experience in the area of Mental Health in Nursing, with an emphasis on Addiction. She has focused, mainly, in the subjects: Brief intervention, Attitude toward alcohol and alcoholism and development, adaptation and validation of scales.

**Dr Divane de Vargas**  
**University of São Paulo, Brazil**

Dr. Vargas' interest is in contributing to the advancement of nursing in additions, through the improvement and the training of researchers in the area of nursing in additions, in conducting research and studies aimed at producing and disseminating knowledge to foster the practice of nursing and the nurse in the prevention, identification, treatment and care for individuals with related disorders the additions in different situations and scenarios that involve the care to this population. Dr Vargas has clinical experience in nursing care of the client with addictions and psychiatric mental health disorders. His research interests are nursing an addiction: alcohol other drugs with concentration in the following subjects: attitudes, education and knowledge of nurses and undergraduate nurses towards alcohol, alcoholism and alcoholic patient, Substance Use Disorders vulnerable populations and Co-Occurring Mental and Substance Use Disorders.

# C40. Implementation of a brief childhood trauma screening tool and trauma-informed care interventions staff development on adult inpatient psychiatric units

Kristerra Yawea, DNP, APRN, PMHNP-BC

## Learner category:

- Novice Level

## Learning objectives:

- Participants will be able to recognize the utility of the Trauma Symptom Checklist (TSC-40) in screening for traumatic childhood experiences
- Participants will be able to relate the nursing staff participant's willingness and comfort to screen patients using the selected screening tool before and after the training
- Participants will be able to relate the nursing staff's knowledge of trauma-informed care nursing interventions before and after the training
- Participants will be able to name trauma-informed care nursing interventions from the nursing staff training

## Abstract:

Background: Traumatic childhood experiences pose a significant societal issue with lasting effects. Victims of traumatic childhood experiences have disproportionately higher rates of mental illness, substance use disorders, and other medical conditions. Objectives: The aim of the DNP project was to ascertain a sufficient sum of quantitatively designed pre and post-surveys from nursing staff participants on adult inpatient psychiatric units to determine comfort, knowledge, and willingness of the participants with regard to utilization of a traumatic childhood experiences screening tool and the provision of trauma-informed care nursing interventions. Design: The nursing staff training transpired surrounding the implementation of a traumatic childhood experiences screening tool, the Trauma Symptom Checklist (TSC-40), in determining the participants' willingness and comfort to use the screening tool before and after the training using a pre and post-survey process. Nursing staff development encompassing trauma-informed care nursing interventions by assessing the participants' knowledge base before and after the training was determined through participant completion of the surveys. Results: The results demonstrated the participants acquired an increase in knowledge regarding trauma-informed care nursing interventions and ongoing readiness to offer these interventions. These results further demonstrated the participants had an increase in level of comfort and willingness to screen for traumatic childhood experiences during a patient's inpatient stay after the trauma-informed care training and piloting

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of the TSC-40 screening tool. Conclusion: The DNP results signified the nursing staff on adult inpatient psychiatric units ascertained an increase in knowledge, comfort, and willingness to provide nursing care using a trauma-informed care approach.

## Author(s):

**Kristerra Yawea, DNP, APRN, PMHNP-BC**  
Alaska, United States

This author has had the privilege of serving in the nursing field for over fifteen years with over eleven years of experience working in psychiatric and dual diagnosis healthcare settings, both inpatient and outpatient. Currently, this author is working as a psychiatric mental-health nurse practitioner to provide psychopharmacological including MAT, case management, and psychotherapy services in an outpatient, multidisciplinary setting in serving the Alaskan community. Additionally, this author is employed as a nursing adjunct faculty member at the University of Alaska, Anchorage, College of Nursing instructing at the nursing undergraduate and graduate level in the provision of didactic and clinical learning experiences. This author completed obtained her doctorate of nursing practice as a psychiatric mental-health nurse practitioner at New Mexico State University in 2018 with her DNP project focusing on the provision of trauma-informed care nursing interventions and screening patients on inpatient psychiatric units for traumatic childhood experiences.

# C42. It's not denial, it's stigma: A case study on the legacy of confrontational treatment approaches to alcohol use disorder

**Shari Harding,**  
DNP, CARN-AP, PMHNP-BC, CPRP

#### Learner category:

- Beginning Level

#### Learning objectives:

- Participants will be able to describe stigma and self-stigma as it relates to alcohol use disorder
- Participants will be able to discuss the implications of past client experiences with addiction treatment systems for future assessment and intervention
- Participants will be able to synthesize elements of recovery orientation with the role of the addictions nurse to promote client engagement

#### Abstract:

This presentation will utilize a case study format to demonstrate and discuss concepts related to client engagement in recovery. Laura, a 65-year-old female, presents with a worsening of her alcohol use disorder in the setting of a recent retirement, worsening symptoms of major depressive disorder, and the stressors associated with COVID-19 pandemic. She presents for her depression and is reluctant to discuss her alcohol use since she has past experience in a program that utilized a confrontational approach several years ago. Her primary care provider describes her as "in denial", but this case study will discuss elements including stigma, self-stigma, and the culture of addictions treatment and their impact on recovery. Finally, this presentation will describe how the addictions nurse can leverage a person-centered and recovery-oriented approach to promote engagement and positive problem-solving with the client and the rest of the care team.

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#### Author(s):

**Shari Harding, DNP, CARN-AP, PMHNP-BC, CPRP**  
University of Massachusetts Medical School, USA

Dr. Shari Harding is a psychiatric-mental health nurse practitioner (PMHNP) and CARN-AP with experience providing direct care and consultative services for individuals, programs, and systems. She is an assistant professor at the University of Massachusetts Medical School Graduate School of Nursing. She maintains a clinical practice at Reliant Medical Group, providing behavioral and addictions health care, consultations, and trainings within a primary care setting. Shari is a certified psychiatric rehabilitation practitioner (CPRP) and emphasizes a person-centered approach including outreach and engagement strategies as well as collaboration with other disciplines and key stakeholders.

# C48. Peaks and valleys: Integrating recovery coaching in an MAT(R) setting

Dr Ruth Y. Haddock, PhD

#### Learner category:

- Beginning Level
- Novice Level
- Intermediate Level

#### Learning objectives:

- Participant will be able to identify possible challenges and benefits integrating Recovery Coaching inside an MAT setting Recognize the need for adequate supportive supervision of peers/Recovery Coaches working inside an MAT setting

#### Abstract:

As Recovery Coach Services continue to be included in agencies, we encounter new opportunities and challenges surrounding support and supervision of the individuals in these roles. The purpose of this presentation is to provide knowledge from our experiences addressing the benefits and challenges in the process of including recovery coach services inside an MAT setting. Benefits ranged from having peers to relate with clients and serve as motivation for recovery through the power of lived experience; breaching the gap in transportation in Western Mass area (where transportation is a main barrier to accessing recovery services); case management, meeting peers in the community and navigating barriers to access detox and other services. In the process, certain needs were identified such as direct and consistent one on one supervision and support around documentation on medical records, planning of Recovery Wellness Plans, management of interpersonal skills in professional setting, managing triggering events in the work with recoverees and on-going support in managing ethic and boundary issues. Implementation of consistent support and supervision, added structure that allowed for Recovery Coaches (RCs) to continue to develop their potential and skills and provide recoverees with quality support in their recovery. As we worked these aspects with the RCs, we got insight into gaps of practical skills needed for the general staff inside our program. This included RNs, Medical assistants and medical providers. Next steps are focused on providing staff hands on training and supervision on Motivational Interviewing to better engage in recovery conversations with clients.

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#### Author(s):

**Ruth Y. Haddock, PhD**  
Holyoke Health Center, Massachusetts, USA

Ruth Haddock, Ph.D., currently acts as the Recovery Coach Program Manager at Holyoke Health Center in Massachusetts. She has a Ph.D. in Clinical Psychology from Ponce Health Sciences University in Puerto Rico. Her work for the past 5 years has focused on social determinants of health and breaching gaps between medical and behavioral health. For the past 2 years she has focused on decreasing the stigma surrounding substance misuse within a large Latinx and Hispanic population. Her current role has allowed her to provide Recovery Coaches with supportive, person centered supervision and support that further promotes compassionate care for those seeking recovery.



# C49. Social determinants of health and addiction

**Tracy Hicks, DNP, FNP-BC, PMHNP-BC, CARN-AP, FIAAN**

## Learner category:

— Intermediate Level

## Learning objectives:

- Participants will identify Social Determinants of Health as they relate to Addiction Discuss the relationship between Social Determinants of Health and Engagement of the client struggling with addiction Articulate health care professional implications in appropriately addressing Social Determinates of Health and addiction Recognize the correlation of SDOH and Diversity and Inclusion

## Abstract:

This presentation is intended to discuss social determinants of health and the importance of assessment when treating those with addiction. After reviewing the evidence and considering current events plaguing our nation, it is imperative that we discuss and examine the implications of social determinants of health and the influence on those living with addiction. Addiction follows cycles of relapse and recovery. How we adequately address addiction without consideration of where our clients live, work, attend school, church, and play? It is also important to consider the constructs of diversity and inclusion when addressing the determinants of health. Treating addiction requires inclusivity- seeing the client as an individual, without omitting a holistic care plan.



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**USA**

## Author(s):

**Tracy Hicks, DNP, FNP-BC, PMHNP-BC, CARN-AP, FIAAN**

**C-Trilogy Comprehensive Clinical Care, Texas, USA**

Tracy Hicks is a dual certified APRN in Family Practice and Psychiatric Mental Health. She received her BSN from the University of Texas at Tyler in 2010, Master's and Post Master's degrees from the University of Texas at Arlington in 2013 and 2015, and Doctor of Nursing Practice degree from Frontier Nursing University in 2017. She holds a certification in addictions through the International Nursing Society on Addictions (IntNSA). Certification in Diversity and Inclusion through Cornell University. She is a member of Sigma Theta Tau Nursing Honor Society as well as local, state, and national NP organizations. She serves on committees for the American Academy of HIV Medicine (AAHIVM), Texas Nurse Practitioners (TNP), American Psychiatric Nurses Association (APNA) and IntNSA. Appointed Co-Chair of Texas Steering Committee and Board of Directors for the American Academy of HIV Medicine and Texas Nurse Practitioners. Has served as content expert for the American Nursing Association, Barkley Associates, review panel for the Center for Disease Control (CDC) mental health division for HIV/AIDS, All of Us Research representing Texas. Has served as peer reviewer for APNA and IntNSA.

# C50. Substance addiction consequences: A comparative study of Brazil and Portugal

**Gabriella Boska; Paulo Seabra; Márcia Oliveira; Heloísa Claro; Ivan Filipe Fernandes**

## Learner category:

— Expert Level

## Learning objectives:

- Participants will understand the differences and similarities of the substance addiction consequences in Brazil and Portugal;
- Participants will compare the profiles of people in specialized public treatment public in Brazil and Portugal.

## Abstract:

Acting on the consequences of substance addiction has been one of the global goals of public and mental health. Brazil and Portugal may be similar regarding language and culture but differ in development, extension, demographics, health policies, disease burden, and substance use. The mean age of first substance consumption is 16.6 years old in Brazil and 18 in Portugal, for example. The addiction rates of the general population are 1.5% in Brazil and 1.3% in Portugal. The Psychosocial Care Centers in Brazil and the Specialized Treatment Teams with substitution therapies in Portugal are the protagonist's services to take care of substance users. This study aims to compare the consequences of substance addiction by people in Brazil and Portugal. Data collection carried out in 2019 with 362 users (200 in Brazil and 162 in Portugal), with an application of the Substance Addiction Consequences scale (SAC). The statistical program STATA analyzed the data with descriptive statistics and logistic regression. The main differences between the individuals and the relationship of social condition (work situation, income, and housing), the choice substance (crack and heroin), and psychiatric comorbidities. Portugal has fewer consequences related to consumption when compared to Brazil, from 43.2% to 65%. The most severities dimensions are physical and cognitive skills (average of 2.91 and 3.73) and self-care (average of 3.3, and 3.40). The population of Brazil there is more chance to use cocaine and psychosis, Portugal to use benzodiazepines, tobacco, medications therapies, hepatitis, and personality disorders.



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**Brazil**



**Portugal**

## Author(s):

**Gabriella Boska, PhD Student**  
University of São Paulo, Brazil

Nurse, postgraduate in alcohol and other drugs, PhD Student in Health Science. Researcher at Research Group of Alcohol and Drugs, School of Nursing, University of São Paulo.

**Paulo Seabra, Post-Doc Researcher**  
Nursing School of Lisbon; Research and Development Nursing Unit (UI&DE); NursID, CINTESIS – Center for Health Technology and Services Research, Portugal

Paulo Rosário Carvalho Seabra is an Assistant Teacher in Escola Superior de Enfermagem de Lisboa.

**Márcia Oliveira, Senior Professor**  
University of São Paulo, Brazil

Nurse, Leader of Research Group of Alcohol and Drugs, School of Nursing, University of São Paulo.

**Heloísa Claro, Assistant Professor**  
State University of Campinas, Brazil

Nurse, Pos-Doc Researcher - Faculty of Medicine, University of São Paulo. Researcher at Group of Alcohol and Drugs, School of Nursing, University of São Paulo.

**Ivan Filipe Fernandes, Assistant Professor**  
Federal University of ABC, Brazil

PhD, Political Scientist.

# C52. Client defined recovery at Calgary iOAT

Stacey Whitman, RN MN;  
Cristina Zaganelli, MN NP

#### Learner category:

- Beginning Level
- Novice Level

#### Learning objectives:

- Participants will recognize the unique needs of iOAT clients within the program and will identify strategies utilized to engage the most vulnerable clients, build trust, and bridge to the broader health care system.
- Participants will appreciate unique challenges that the Calgary iOAT clients experienced. They will gain awareness around the improvements and barriers to clients that participate in the Calgary iOAT program.

#### Abstract:

##### Objective

The Calgary Injectable Opioid Agonist Treatment (iOAT) program provides specialized wrap-around care and treatment for individuals with severe opioid use disorder who inject drugs and have been unsuccessful with oral medications. Continuous learning has become an embedded component to service delivery. Early learnings include the importance of building connections with the community and health care system. Primary care providers imbedded in iOAT help create a bridge to other services that benefit the clients and facilitate holistic, wrap-around care for this vulnerable population.

##### Methods

Client feedback has been the driving force behind any adjustments made at iOAT. Using Quality of Life and Barriers surveys, program experience interviews, self-report and client letters we had the opportunity to understand the impact iOAT had on clients in the program. Results At intake, Forty-one percent of respondents found their quality of life very poor or poor, and more than half (55%) were dissatisfied or very dissatisfied with their health. After two months and longer in the program, 69% of respondents indicated their quality of life as good or very good, and 48% were satisfied with their health. Positive changes reported were reduced illicit opioid use, reduced criminal activity, and an increased ability to improve their lives.

##### Conclusions

Every client is provided with holistic, wrap-around care that supports

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them in their recovery. This comprehensive care has provided clients with support, encouragement, and opportunity. The clients have reported and demonstrated changed behaviors, improved functioning and a desire to improve their lives.

#### Author(s):

**Stacey Whitman, RN MN**  
Alberta Health Services, Canada

Stacey Whitman is the Manager Calgary Injectable Opioid Agonist Treatment Program and the Calgary Opioid Dependency Program (ODP). She is a registered nurse and completed her Master of Nursing Degree in 2017. Stacey has worked in a variety of settings including acute care, outpatient programming and residential care.

**Cristina Zaganelli, MN NP**  
Alberta Health Services, Canada

Cristina is a nurse practitioner with a practice focus in substance use, mental health, and homelessness. She graduated from the University of Calgary and Dalhousie University. Cristina works at the Injectable Opioid Agonist Therapy Clinic, Youth Substance Use and Mental Health Services, and The CUPS Health Clinic.

# C53. Skip the dealer: Mobile injectable opioid agonist therapy as a response to the COVID-19 pandemic

**Cristina Zaganelli, MN NP;**  
**Stacey Whitman MN RN**

## Learner category:

- Beginning Level
- Novice Level
- Intermediate Level

## Learning objectives:

- Participants will learn how a mobile iOAT team was developed and which clients were most suitable for this service
- Participants will identify the benefits and challenges of a mobile approach for iOAT

## Abstract:

Injectable opioid agonist therapy (iOAT) is an evidence based treatment for patients with severe opioid use disorder. This requires attendance at a clinic up to three times per day. COVID-19 arrived in Alberta and the iOAT program planned how to continue treatment. The clinic would remain operational during the pandemic, however steps were taken to reduce the volume of patients in the clinic. iOAT clients are particularly vulnerable due to a convergence of risk factors, including physical comorbidities, poverty, and the ongoing risk from a toxic drug supply. A mobile team was assembled to provide iOAT services in patient homes. Patients were prioritized based on: co-morbidities, housing at isolation hotels, geographic location, and willingness to self-isolate. The mobile opioid agonist therapy (MOAT) team was created to bring iOAT and its wraparound care to patients. MOAT included an outreach worker, mental health clinician, registered nurses, and pharmacists, along with nurse practitioner and physician support. Half of Calgary iOAT patients moved to the MOAT team. Nursing care and psychosocial supports were provided beyond medication administration. Patients' self-report of this service were very positive. Engagement in treatment was enhanced by this



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intervention. There were no COVID-19 infections in patients or the staff. The pandemic necessitated the creation of MOAT, but in doing so, a model of care was developed that could serve well beyond it. The opioid crisis continues alongside COVID-19 and MOAT is a viable, creative, client-centered approach that addresses a dual public health crisis to protect society's most vulnerable individuals.

## Author(s):

**Cristina Zaganelli, MN NP**  
**Alberta Health Services, Canada**

Cristina is a nurse practitioner with a practice focus in primary care, substance use, mental health, and homelessness. She graduated from the University of Calgary and Dalhousie University. Cristina works at the Injectable Opioid Agonist Therapy Clinic, Youth Substance Use and Mental Health Services, and The CUPS Health Clinic.

**Stacey Whitman, MN RN**  
**Alberta Health Services, Canada**

Stacey Whitman is the Manager Calgary Injectable Opioid Agonist Treatment Program and the Calgary Opioid Dependency Program (ODP). She is a registered nurse and completed her Master of Nursing Degree in 2017. Stacey has worked in a variety of settings including acute care, outpatient programming and residential care.

# C55. Opioid detoxification: Fentanyl and nurse observations

Donna B Walter, RN, BSN, MS, CARN

**Learner category:**

- Intermediate Level

**Learning objectives:**

- Participants will use of evidence-based protocols and instruments allow for the detection of aberrant treatment responses.

**Abstract:**

This is a presentation of several cases that illustrate an opioid detoxification pattern in our inpatient population who had abused “illegal” fentanyl.

We wanted to replace our existing opioid detoxification procedure with an evidence-based protocol using buprenorphine. The medication dosing was guided by Clinical Opiate Withdrawal Scale (COWS) scores (see reference SAMSHA). The question was to what extent and how quickly our addiction nurses would adapt to the new procedure. To answer that question, we looked at 113 patients who were treated with the individualized detoxification procedure.

As expected, the patients had no issue with the individualized dosing and the addiction nurses quickly and accurately adjusted to the new procedure. These results allowed us to determine a timetable to implement individualized opioid detoxification.

Our collected data revealed that several patients who initially had the predictable course of lessening opioid withdrawal symptoms then had a resurgence that appeared as a new episode of symptoms. The common feature among these patients was their prior abuse of “illegal” fentanyl.



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**USA**

Our addiction nurses through careful observation and the use of the COWS, were able to verify that some patients actually had resurgent symptoms and were not simply medication seeking. Reference: Substance Abuse and Mental Health Services Administration. “Medications for Opioid Use Disorder.” Treatment Improvement Protocol (TIP) Series 63, Full Document. HHS Publication No. (SMA) 185063FULLDOC. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018.

**Author(s):**

**Donna B Walter, RN, BSN, MS, CARN**

**Livengrin Foundation, Inc., Pennsylvania, USA**

Donna B Walter has been an RN for 30 + years, the last 20 years in Addictions Nursing at Livengrin Foundation Inc, a non-profit substance abuse treatment facility. Her previous career was in pharmaceutical research. Donna has held the position of Nurse Manager since 2005 and had been an active member of IntNSA since 2006.

# C56. Organizational readiness and innovation adoption in OST services: Results from a systematic review and preliminary research findings from a study of Irish OST services

Peter Kelly, MSc, BSc, Dip Counselling, RPN

## Learner category:

— Intermediate Level

## Learning objectives:

- Participants will explore the concept of organizational readiness to change (ORC) and innovation adoption in the context of opiate substitution treatment (OST) services To get a brief overview of results from two systematic reviews conducted on ORC and (i) innovation adoption (ii) client engagement in addiction treatment services To understand the importance from a policy and treatment delivery perspective of having appropriate evidence on what organizational characteristics make some OST services better than others at responding to change. To understand the relationship between organizational functioning and the process of innovation adoption in the context of Irish OST services.

## Abstract:

Translating innovation, such as contemporary research evidence, into policy and practice is a challenge, not just in substance misuse treatment programs, but across all spheres of healthcare. Organizational readiness to change (ORC) has been described as a fundamental concept, and an important determinant of the process of innovation adoption. ORC measurements provide us with a measure of organizational functioning which can be important in terms of predicting how successfully new innovations are adopted. This cross sectional mixed methods study explores the relationship between ORC and innovation adoption in the context of Irish OST services (n=12). The ORC tool utilized demonstrates reliability in the Irish context. Better program resources and specific staff attributes increase the likelihood of successful innovation adoption. A good organizational climate is potentially the strongest predictor for the adoption of new practices.



Pre-recorded webinar



October 23rd, 2020



Ireland

## Author(s):

**Peter Kelly, MSc, BSc, Dip Counselling, RPN**  
University College Cork, Ireland

Mr Peter Kelly is a Lecturer in Mental Health Nursing and The Programme Co-coordinator for the Post Graduate Diploma in Recovery Focused Mental Health Nursing at the Catherine McAuley School of Nursing and Midwifery, UCC. He has been a registered mental health nurse since 2001 and has worked in mental health services as a staff nurse and nurse manager. Peter has spent the majority of his clinical career working in substance misuse treatment services where he has worked in both Ireland and the UK as a senior manager, nurse practitioner and clinical nurse specialist. Peter was the first president of The Ireland Chapter of IntNSA which was founded in 2016 as the first chapter outside of the US. He continues to contribute to national drug policy as a member of a working group at the Department of Health in Ireland aimed at expanding the role of nurses in substance misuse services. His current PhD study is focusing on the relationship between organizational readiness to change and (i) innovation adoption (ii) service user engagement in community opiate substitute prescribing services in Ireland.

# C57. Making hepatitis C our business: Nurse practitioner- led hepatitis C treatment in opioid agonist therapy programs

Natasha Bansley; Cristina Zaganelli

**Learner category:**

- Novice Level

**Learning objectives:**

- Participants will be able to identify the importance of treating hepatitis C in an opioid agonist therapy program to promote micro elimination.
- Participants will be able to identify barriers to hepatitis treatment and recognize Nurse Practitioner-led clients can help with barrier mitigation and improved client engagement and satisfaction.

**Abstract:**

Providing Nurse Practitioner (NP)-Led Hepatitis C Virus (HCV) programs within Opioid Agonist Therapy (OAT) Clinics has a positive effect on the elimination of HCV infection within a high-risk vulnerable population. The Canadian Network on Hepatitis C (2019) found 85% of new HCV infections occur among people who inject drugs (PWID), but few initiate treatment. Addiction and Mental Health NPs utilize a harm reduction, low barrier, de-stigmatizing and culturally sensitive approach, promoting engagement with PWID. Calgary's Opioid Dependency Program (ODP) and Injectable Opioid Agonist Therapy (iOAT) program have established independent algorithms to facilitate treatment of HCV. Utilizing a NP-led approach, iOAT incorporates HCV treatment into daily appointments, while ODP refers clients to their in-house HCV program. Multidisciplinary teams conduct screening, assessment and treatment planning, including directly observed therapy or take-home doses. Client education is provided with an emphasis on harm reduction. Challenges of treating HCV at iOAT include obtaining medication coverage and difficult phlebotomy; where as a larger population and less frequent clinical contact are barriers at ODP. Using an NP-led approach for HCV treatment within OAT programs has the benefit of fostering more regular client contact and reducing barriers to care. Calgary's OAT clinics demonstrate that this client-centred approach yields increased HCV identification, barrier mitigation, treatment completion, post-treatment monitoring and client satisfaction. In alignment with the World Health Organization (2018), these Calgary OAT programs offer treatment to all clients diagnosed with HCV, and are integrating harm reduction approaches, thereby improving access to care and minimizing the risk of reinfection.

 **Pre-recorded webinar**

 **October 12th, 2020**

  **Canada**

**Author(s):**

**Natasha Bansley, Nurse Practitioner**  
Alberta Health Services, Canada

Natasha Bansley is a master's prepared Nurse Practitioner, focusing her career on addiction medicine and vulnerable populations at Calgary's Opioid Dependency Program (ODP) and The Alex Community Health Centre. Natasha has developed and implemented a Hepatitis C program within ODP and is a Rapid Access Addiction Medicine clinic program lead.

**Cristina Zaganelli, MN NP**  
Alberta Health Services, Canada

Cristina is a nurse practitioner with a practice focus in substance use, mental health, and homelessness. She graduated from the University of Calgary and Dalhousie University. Cristina works at the Injectable Opioid Agonist Therapy Clinic, Youth Substance Use and Mental Health Services, and The CUPS Health Clinic.

# C58. Managing the care of patients with pre-existing benzodiazepine prescriptions in PHP/IOP level of care

**Morgan Borine, CNP, PMHNP-BC**

## Learner category:

- Beginning Level
- Novice Level

## Learning objectives:

- Participants will be able to describe the risks of benzodiazepines
- Participants will understand how to evaluate and manage complex patients with co-occurring psychiatric and substance use disorders with special attention to PHP/IOP level of care.
- Participants will be able to determine how to appropriately and safely taper benzodiazepines
- Participants will understand how to increase safety and decrease discomfort/distress during discontinuation

## Abstract:

While the opioid epidemic has taken center stage, another epidemic may be looming. According to Lembke et al. (2018), from 1996 to 2013, prescriptions for benzodiazepines increased by 67%. Overdose deaths involving benzodiazepines increased from 1,135 in 1999 to 8,791 in 2015 (). Despite these statistics, the rate at which benzodiazepines continue to be dispensed is alarming. As a result, clinicians are often faced with the quandary of inheriting patients who have been prescribed high-dose benzodiazepines for a significant length of time. Managing these patients presents a significant challenge, particularly at the PHP or IOP level of care, as when patients present for admission, they are often highly distressed, despite pre-existing benzodiazepine prescriptions. Therefore, clinicians may be reluctant to quickly switch their medication regimen due to fear of further decompensation that may necessitate a higher level of care. Also, patients are often reluctant to change due to attachment or dependence on the benzodiazepine. It is vital that clinicians are prepared to effectively evaluate and manage patients who are present with pre-existing prescriptions for benzodiazepines (Lin &

 **Pre-recorded webinar**

 **October 16th, 2020**

  **USA**

Weaver, 2019). This presentation will educate on the risks of benzodiazepines and their management in complex patients. It will cover indications for benzodiazepines, risk factors for misuse, and signs of intoxication and withdrawal. Lastly, the presentation will touch on developing rapport, monitoring, recognizing withdrawal/intoxication, tips for effectively managing these patients in PHP or IOP settings, and determining the appropriate level of care.

## Author(s):

**Morgan Borine, CNP, PMHNP-BC**  
**Rogers Behavioral Health, Minnesota, USA**

Morgan Borine, MA, MS, PMHNP-BC, is a board-certified psychiatric mental health nurse practitioner who primarily works with adults in partial hospitalization and intensive outpatient care at Rogers Behavioral Health in St. Paul, MN. Borine is a dual bachelors (BS, Nursing, BA, Psychology) and dual masters (MS, Nursing, MA, Counseling Psychology) degree holder. She graduated summa cum laude from Virginia Commonwealth University (VCU) with a BS in Nursing and received her MS in Nursing from VCU. She brings a unique combination of experience in professional psychology, psychiatric nursing, and addiction, with over 12 years of academic training and clinical experience across a wide variety of settings.



# C59. Introducing the Ritvo Autism Asperger Diagnostic Screening Tool: Revised in a residential substance use disorder treatment facility

Dr Deborah Bowman,  
DNP, PhD, CARN-AP, NP

#### Learner category:

- Expert Level

#### Learning objectives:

- The purpose of this quantitative quasi-experimental project was to compare the prevalence or rate of patients identified with comorbid ASD/SUD after implementation of a validated ASD screening tool to the prevalence or rate of patients identified with no screening tool among adult patients admitted to a dual-diagnosis residential SUD treatment program in the western region of the United States within a four week period. The independent variable was the use of the RAADS-R and the dependent variable was the number or rate of patients screened positive by scoring 65 or higher on the RAADS-R, which is consistent with a diagnosis of ASD, or a prior diagnosis of ASD (Ritvo et al., 2016).
- A second part of this quality improvement project was to show changes in staff confidence levels in diagnosis and individualized ASD interventions after provider education. An online video education was provided on the DSM-5 ASD diagnostic criteria and adaptive ASD interventions, and was intended to improve the effectiveness of increasing referrals for further ASD diagnostic work-up and providing interventions consistent with ASD/SUD comorbidity in order to possibly enhance treatment retention. Staff confidence levels were analyzed in a pre- and post-type of survey measure using the TCS-ID

#### Abstract:

Undiagnosed autism spectrum disorder (ASD) in residential substance use disorder (SUD) programs can lead to premature departure and increased morbidity and mortality and could be prevented using quality improvement measures. Available literature lacks sufficient evidence on the impact of screening tool implementation combined with staff education in increase of ASD diagnoses. The purpose of this quantitative, quasi-experimental quality improvement project was to investigate whether implementing the Ritvo Autism Asperger Diagnostic Scale - Revised (RAADS-R) tool with staff education increased the rate and number of ASD diagnoses pre- and post-implementation compared with prior practice where no validated tool or education were used. Staff

 Pre-recorded webinar

 October 5th, 2020

  USA

pre- and post-ASD knowledge, experience, and comfort levels were analyzed using the Therapist Confidence Scale – Intellectual Disability (TCS-ID). The theory of diffusion of innovation framed this project by introduction of the RAADS-R and results (innovation) to generate a new practice of utilizing the tool (diffusion). Participants included all patients 18 years or older admitted to an adult residential dual-diagnosis SUD treatment facility in western California. Total data analysis time period was 12 months pre-implementation and four weeks post-implementation. A total of five ASD diagnoses occurred—zero pre-implementation and five post-implementation. The total percentage of ASD diagnoses increased significantly from 0% to 16.1% post-implementation ( $p < .00001$ ). A paired-samples t test comparing pre- and post-education staff confidence levels in treating ASD revealed significant changes across time ( $p = .012$ ). Patients identified were referred for further diagnostics and individualized treatment plans. Additional investigation with a longer intervention period is warranted.

#### Author(s):

Dr Deborah Bowman, DNP, PhD, CARN-AP, NP  
MindTherapy Clinic, California, USA

Dr. Bowman is a board certified addiction nurse practitioner specializing in co-occurring disorders at the MindTherapy Clinic, a psychiatric outpatient clinic as well as the Alta Mira and Living at Reflections residential substance use disorder facilities in Marin County, California. She is EMDR certified and provides substance detoxification as well as multiple forms of MAT to include buprenorphine (sublingual, subcutaneous and implanted) and ketamine-assisted psychotherapy. Dr. Bowman has worked in substance use disorder for thirty years and graduated from the University of Michigan, Michigan State University and Grand Canyon University and is a veteran of the United States Marine Corps.

# C61. Alberta's evolution in addiction education: Entrustable Professional Activity Simulations (EPA-Sims)

**Tuxephoni Winsor, RN.BN.MHS**

## Learner category:

- Intermediate Level

## Learning objectives:

- Describe what the Provincial Addiction Curricula & Experiential Skill (PACES) Learning Pathway provides in virtualized addiction education.
- Explain the relevance of a competency crosswalk as a guide to creating inter-professional training objectives in addiction education curricula 3. Explain how entrustable professional activities can be offered effectively in a simulated clinical environment

## Abstract:

### Objective:

The prototype design of entrustable professional activity Simulations (EPA-Sims) featured within the Alberta Health Services (AHS) Provincial Addiction Curricula & Experiential Skill (PACES) Learning Pathway transcends the challenge often experienced with traditional face-to-face training programs. PACES EPA-Sims alleviate the requirement for in-person preceptorship, and chance exposure to clinical scenarios required for demonstration of entrustable performance by the learner.

### Methods:

The PACES prototype design of EPA-Sims features an interdisciplinary competency map and virtualized complex clinical scenarios. At each critical clinical decision point, the learner is requested to select how they would proceed by choosing from the de-identified options of "not-entrustable," "pre-entrustable" and "entrustable" activities. The application of the most evidence-informed treatment response (ie: entrustable activity) is required in order for the learner to advance to the next clinical scenario.

### Results:

Within two years of launching the EPA-sim prototype design,



**Pre-recorded webinar**



**October 22nd, 2020**



**Canada**

over 4,500 health professionals enrolled into the training and 15,000 views of the simulated scenarios were accumulated.

## Conclusions:

The creation of PACES EPA-Sims support inter-professional competency development, and provide virtual preceptorship for application of entrustable performance within a simulated clinical environment. PACES EPA-Sims present an innovative solution to the challenges of traditional face to face training programs, and are an exciting prospect for the evolution of addiction education.

## Author(s):

**Tuxephoni Winsor, RN.BN.MHS**

**Alberta Health Services, Canada**

Tuxephoni Winsor is a master's prepared Registered Nurse with 25 years clinical experience in addiction and mental health. She is grateful for a diversified career that has encompassed the provision of care to marginalized and incarcerated populations with complex co-morbidity across the developmental spectrum.

Tuxephoni's professional passion is for harnessing technology and innovation to mobilize evidence informed practice and the enhancement of concurrent capable care across the Addiction & Mental Health treatment continuum. Tuxephoni is currently serving as President of the Canadian Chapter of the International Nurses Society of Addiction.

# C63. The role of the addictions nurse specialist: Is it disappearing? A view from the UK frontline

**Dr Carmel Clancy, PhD, RN, ICAPIII, BSc(Hons), PGCertHE, FPH, ICAPIII;**  
**Dr Betsy Thom PhD;**  
**Dr Anne Whittaker PhD, RN;**  
**Dr Fizz Annand PhD, MSc**

#### Learner category:

- Beginning Level
- Novice Level
- Intermediate Level
- Expert Level

#### Learning objectives:

- Participants will gain an understanding of the state of play with respect to addiction nursing roles within the UK
- Participants will learn about the challenges facing the career development of addiction nurses in the UK
- Participants will learn about the initial findings of a qualitative study exploring the 'voice of the addiction nurse' and historical perspectives on this role

#### Abstract:

Addictions nursing practice and care has a rich history since the advent of formal services for the treatment of substance use disorders, yet there is still no universally agreed role definition, standard scope of practice, or certification process in the UK. Despite multiple accounts of how nurses innovated, broke down barriers, and advanced the treatment and recovery agenda, the value of the addictions nurse specialist role has in recent times been threaten, as NHS addiction services are decommissioned, or transferred into non-traditional non-statutory sectors. This presentation will discuss the challenges currently facing addictions nurses as they seek to identify, protect, and advocate for their place within the pull and push of policy and structural changes. The authors will present highlights from a qualitative survey of 'expert addiction nurses' on factors which may have accounted for how addiction nursing is currently perceived, and invite participants to engage in a wider piece of work that is currently exploring the experience of nurses in relation to their preparation and engagement in working with problematic substance use in their respective countries.

 **Pre-recorded webinar**

 **October 21st, 2020**

  **United Kingdom**

#### Author(s):

##### **Dr Carmel Clancy, PhD, RN, ICAPII**

Professor of Addictions and Mental Health at Middlesex University and Head of School, School of Health and Education

##### **Dr Betsy Thom PhD**

Professor of Health Policy at Middlesex University where she is a co-director of the Drugs and Alcohol Research Centre

##### **Dr Anne Whittaker PhD, RN**

Professor of Nursing and a clinical academic in applied substance use and mental health research, based in the Nursing, Midwifery and Allied Health Professions (NMAHP) Research Unit, which is part of the Faculty of Health Sciences and Sport. The NMAHP Research Unit is one of six research units in Scotland funded by the Chief Scientist Office (CSO), in the Scottish Government Health Directorate

##### **Dr Fizz Annand PhD, MSc**

Qualified as a social worker in 1992, gained a Diploma in Drug and Alcohol Studies at the Centre for Drugs and Health Behaviour, Imperial College, completed her MSc in Drug use; evidence based policy and intervention at Imperial College in 2005, authoring a research dissertation on the development and implementation of crack house closure legislation, and gained her Phd with Middlesex University was gained in 2014. The research project was: 'Developing and delivering local level partnership schemes with the alcohol trade: A governmental analysis'.

# C64. Improving access to care with people who have substance use disorder through grant funding in rural Colorado

Dana Murphy-Parker, MS;  
J. K. Costello, MD, MPH;  
Terri Caton, CNM, ARNP, MS

#### Learner category:

- Intermediate Level

#### Learning objectives:

- Participants will describe the relationship of increased Buprenorphine prescriptions and the statistics of fatal opioid overdoses in Mesa County.
- Participants will know and understand the Community Opioid Response Group goals, i.e. goals for treatment, provider education, workforce development, and recovery goals. Two examples of each of these goals will be reviewed.
- Participants will identify 3 patient teaching and training instructions that can increase harm reduction and lessen risks of opioid use in persons with opioid use disorders.

#### Abstract:

Mesa County, one of the most populated counties on the western slope of Colorado, has one of the highest opioid overdose rates in the state. Resources have been inadequate while the state tracked a record number of opioid overdoses only a year ago. This presentation will discuss both federal and state grants awarded to the community. We will describe how professionals and consumers in Mesa County have formed a team called Community Opioid Response Group with goals of treatment, provider education, workforce development and recovery using grant resources

#### Author(s):

##### Dana Murphy-Parker, MS, PMHNP-BC, CARN-AP, FIAAN

Ms Murphy-Parker is an ANCC Certified Psychiatric/Mental Health Nurse Practitioner and a Certified Addictions Registered Nurse – AP (Advanced Practice). Ms Murphy-Parker is the Past President of the International Nurses Society on Addictions serving in that role from October 2014 – 2016. As a Fellow in the International Academy of Addictions Nursing, she is currently President of the FIAANs, and has been in that position since February 2019. Her area of expertise is in the practice of mental health and addictions nursing. And she has 19

 Pre-recorded webinar

 October 15th, 2020

  USA

years of experience as faculty in both undergraduate and graduate nursing degree programs. Ms. Murphy-Parker now works full time in a community mental health clinic in western Colorado with persons who have co-occurring mental health and substance use disorders. Ms. Murphy-Parker completed the buprenorphine waiver education requirements and is currently prescribing buprenorphine in her clinical practice with those who have an opioid use disorder.

##### J. K. Costello, MD, MPH

Dr. Costello is a physician and consultant on population health for addictions, and is the Director of Behavioral Health Consulting, Steadman Group, Denver. He works at the intersection of medicine, behavioral health, and community recovery, fostering recovery-oriented systems of care. He helped implement medication-assisted treatment in jails all over Colorado, resulting in hundreds of additional people being treated for OUD. He has worked with the state Medicaid agency to assess addiction treatment capacity, helped overhaul behavioral health in jails, and assisted a dozen clinics with their addiction treatment program implementation.

##### Terri Caton, CNM, ARNP, MS

Terri Caton, CNM, ARNP, MS started practicing in 1999 as a Certified Nurse Midwife in the Philadelphia, PA area. It had always been a goal of hers to work in a third world country so in 2007 she moved to Guatemala and served the rural Mayan Indians. There she worked in a clinic serving the very poor indigenous people of the country. After 4 years Terri moved back to the United States where she trained and worked in Bio-Identical Hormone Replacement. Her focus was caring for people with reproductive hormone and endocrine imbalance. Most recently Terri moved to western Colorado to start up an addiction medicine clinic which is rapidly growing.

# C65. Overview of substance use and dependence in Nigeria: A nursing perspective

This session originally took place on September 28th as a live, pre-conference workshop, sponsored by IntNSA-Nigeria chapter. The recording is available as a pre-recorded session.

## Dr Oluremi Adejumo

DNP, MSc., RN, BSc(Hons), PGCertHE, FPH, ICAPIII;

## Dr Katherine Fornili

DNP, MSc., RN, BSc(Hons), PGCertHE, FPH, ICAPIII;

### Learning objectives:

- Participants will distinguish World Health Organization (WHO) international classifications of disease (ICD-10) vs. American Psychiatric Association (APA) classifications for substance use disorders (DSM-5);
- Participants will identify the commonly used substances in Nigeria;
- Participants will state the associated impacts of substance use and dependence in Nigeria;
- Participants will discuss risk factors and mechanisms for substance use disorders;
- Participants will explain the current prevention & treatment practices in Nigeria; and
- Participants will describe best practices for substance dependence treatment

### Abstract:

Addictions nursing practice and care has a rich history since the advent of formal services for the treatment of substance use disorders, yet there is still no universally agreed role definition, standard scope of practice, or certification process in the UK. Despite multiple accounts of how nurses innovated, broke down barriers, and advanced the treatment and recovery agenda, the value of the addictions nurse specialist role has in recent times been threaten, as NHS addiction services are decommissioned, or transferred into non-traditional non-statutory sectors. This presentation will discuss the challenges currently facing addictions nurses as they seek to identify, protect, and advocate for their place within the pull and push of policy and structural changes. The authors will present highlights from a qualitative survey of 'expert addiction nurses' on factors which may have accounted for how addiction nursing is currently perceived, and invite participants to engage in a wider piece of work that is currently exploring the experience of nurses in relation to their preparation and engagement in working with problematic substance use in their respective countries.

### Author(s):

**Oluremi Adejumo, DNP, MSc., RN**

Assistant Professor, University of Maryland, School of Nursing; and Assistant Professor, Johns Hopkins School of Nursing, Baltimore

Dr. Oluremi Adejumo's primary goal is to help strengthen the nursing capacity in the U.S. and abroad – making prevention a priority, most specifically in Nigeria and other African nations. As a translational leader she has facilitated many community-based programs' development, even in a complex adaptive system. Her expertise lies in translation of evidence-based research to practice. To share her expertise, she mentors other nurses to be more effective and efficient in their practice delivery, as they perform patient-centered care.



Pre-recorded webinar



October 6th, 2020



Nigeria

As a proactive leader, her aim to empower other nurses is evidenced in her engagements in nursing activities that foster professional growth. When Dr. Adejumo recognized the threat being posed by substance misuse to the citizens of Nigeria, within a short duration of her membership and engagements with the International Nurses Society on Addictions (IntNSA), she facilitated the establishment of the first chapter in Africa – IntNSA-Nigeria, as she works collaboratively with her nursing colleagues and healthcare professionals from other disciplines.

### Katherine Fornili, DNP, MPH, RN, CARN, FIAAN

Professor of Health Policy at Middlesex University where she is a co-director of the Drugs and Alcohol Research Centre

Katherine Fornili has been on the full-time faculty at the University of Maryland School of Nursing since 2005. She holds a baccalaureate degree in nursing, a masters' degree in public health, and a Doctor of Nursing Practice (DNP) degree in community/public health nursing with an emphasis on addictions nursing. Dr. Fornili currently teaches in the DNP program, as well as an undergraduate clinical in community/public health nursing and is a co-developer of several addictions nursing and motivational interviewing courses. A public health nurse for 36 years, Dr. Fornili has served in leadership roles at the city, state and national levels since 1993, and has been certified in addictions registered nursing (CARN) since 1999. She has served in doctoral internships at SAMHSA and the White House Office of National Drug Control Policy (ONDCP). She has extensive state agency experience leading grant-writing teams for community-based substance use disorder prevention and treatment programs. Dr. Fornili is an Associate Editor of the Journal of Addictions Nursing, and editor of the Policy Watch column. She co-authored SAMHSA's Technical Assistance Publication (TAP) Number 30: Buprenorphine: A Guide for Nurses and was a Field Reviewer for Treatment Improvement Protocol (TIP) Number 63: Medications for Opioid Use Disorder. She has served four previous terms on the IntNSA Board of Directors and as Chair of the IntNSA Health Policy Task Force and is the President of IntNSA for 2018-2020. Her interests include addictions nursing curriculum development, substance screening and brief intervention, pharmacological therapies (specifically buprenorphine), stigma, health policy, public health and health disparities.

# Workshop abstracts

## W1. Publishing 101: What every author needs to know

**Ann Mitchell PhD RN FIAAN FAAN,**  
Editor in Chief of JAN, USA;  
**Christine Vourakis**  
PhD, RN, FIAAN, FAAN, USA;  
**Brayden Kameg**  
DNP, PMHNP-BC, CARN, CNE, USA;  
**Khadejah Mahmoud**  
PhD, MSN, BSN, USA



**Live workshop**



**Wednesday October 14th, 2020**



**2:00pm (EST)**



**USA**

### Abstract:

Manuscript acceptance for publication is enhanced by following simple but important steps.

First steps include reviewing relevant literature to determine timeliness and literature gaps, creation of paper outline and journal selection. Secondly, successful manuscript publication requires meticulous paper preparation and presentation, aligning paper with targeted journal aims and scope, as well as closely following journal author guidelines.

Paper title and abstract create a first impression so must be error free and reflect focus and content of paper. In addition to carefully proofreading your paper for grammar and readability, securing a professional editor to copy-edit your paper may prevent unnecessary interruptions in the review process.

### Learning objectives:

- Participants will identify steps necessary for developing a manuscript for publication
- Participants will familiarize themselves with the steps for submitting a manuscript to publishers

## W2. An International perspective focusing on similarities and differences related to substance use disorders in Australia, UK, Portugal and USA

**Theresa Fay-Hillier**

DrPH, MSN, PMHCNS-BC, USA

**Roseann Regan**

PhD, APRN, BC, USA

**Dana Murphy-Parker**

MS, APRN, PMHNP-BC, CARN-AP, FIAAN, USA

**Adrian Jugdoyal**

PGDip, PGCAP, BSc (Hons), PGCertHE, RGN, RMN,

NMP, TCH, FHEA, UK

**Adam Searby**

PhD, RN, Australia

**Paulo Rosario De Carvalho Seabra**

PhD, MSN, BSN, Portugal



**Live workshop**



**Wednesday October 30th, 2020**



**12:00pm (EST)**



### Abstract:

According to the World Drug Report (2018) the scope of drugs and drug markets are increasing and spreading globally. The international community needs to step up its responses to cope with these challenges. Members of IntNSA, representing Australia, England, Portugal, and the United States, will come together to share their experience of the similarities and differences between their countries that impact on the successes/failures related to substance use disorders. Topics covered will include historical perspectives, access to care, harm reduction approaches, treatment modalities, impact of COVID 19, among others. As this workshop will be online topics will be divided into 'learning units' of 1.5 hours in duration. An opportunity for participants to take "comfort breaks" of 30 mins in between each unit of learning will be provided.

### Learning objectives:

- Participants will be able to identify the historical perspective of each country and understand how history impacts treatment of substance use disorders today (1.5 hrs) (12:00 EST)
- Participants will be able to describe and learn different concepts and practices of access to treatment for substance use disorders (1.5 hrs) (2:00 pm EST)
- Participants will be able to define harm reduction and learn different concepts and meaning in the practice of harm reduction (1.5 hrs) (4:00pm EST)
- Participants will be able to identify at least one current and future trends in treatment of substance use disorders in the identified countries. (1.5 hrs) (6:00pm EST)
- Participants will describe how COVID-19 has impacted the care and practice of those with substance use disorders (1.5hrs) (8:00pm EST)

# Poster abstracts

## P6. Evidence based practice education for acute care nurses caring for inpatients with underlying Substance use disorder (SUD)

Ruthanne Palumbo, DNP, RN, CNE

### Learner category:

- Beginning Level
- Novice Level
- Intermediate Level

### Learning objectives:

- Participants will gain an understanding of assessment techniques, monitoring for, and treatment of withdrawal for acute care inpatients with underlying substance abuse disorder.
- Participants will identify evidenced based practice interventions for acute care inpatients with underlying substance abuse disorder.

### Abstract:

People with SUD can suffer devastating illnesses such as endocarditis, abscesses, soft tissue infections, and sepsis, all of which may require hospitalization. Some organizations have reported a 400% increase in such inpatient admissions in just a few short years, and nurses have reported a lack of knowledge in caring for this population. (Newkirk & Basham, 2019). Confounding this gap is the statement by the American Nurses Association (ANA) identifying the Registered Nurse as a “qualified and well-positioned provider” who can play a key role in the care of persons with SUDs. The ANA report focused primarily on prevention strategies, and naloxone treatment, but did not offer strategies specific to the inpatient, acute care setting (ANA, 2016; Painter, 2017). To fill this gap, Mental Health Professionals can advocate for nurses and, subsequently, their SUD inpatient population, by educating the inpatient caregiver. An education plan that focuses on monitoring for and the treatment of withdrawal, overdose prevention, trust development, pain control, and harm reduction techniques would be beneficial (Newkirk & Basham, 2019; Sharma et al., 2017).



Poster presentation



Week 3



USA

### Author(s):

Ruthanne Palumbo, DNP, RN, CNE

University of North Carolina Wilmington, USA

I am a doctoral prepared and certified nurse educator with 11 years of experience teaching at the undergraduate and graduate level. I have nursing experience in medical-surgical and addictions nurse settings. I am preparing for Certification in Addictions Nursing (CARN) and have had publications in psychiatric, addictions and education journals.



# P7. Ask them all: Self-report universal prenatal substance use screening in the United States

**Kathleen Elertson, DNP, APNP, CPNP, FNP-BC; Dr Catherine Schmitt, PhD, CNOR, RN**

#### Learner category:

- Novice Level
- Intermediate Level

#### Learning objectives:

- Participants will identify two barriers to effective intervention and family support in caring for women experiencing prenatal substance use disorders.
- Participants will identify two strategies to reduce barriers to effective collaboration, intervention, and support in caring for pregnant women affected by substance use disorders

#### Abstract:

##### Problem

Increasing rates of opioid use in the United States have created a national public health crisis. National advisory groups recommend screening all women for prenatal substance use. However, there is no single approach or tool recommended.

Early screening for maternal substance use assists in identification and opportunity to engage women in a supportive plan of care. Issues related to substance use disorders are often multifactorial including a history of trauma, adverse childhood experiences, overall dysfunction in multiple domains, and stigma. Barriers to seeking care can be significant. Reducing stigma through universal prenatal screening practices provides opportunity to address barriers and improve collaboration.

##### Objective

This study seeks to evaluate the effectiveness of universal prenatal screening self-report of substance use in pregnancy. Method: A retrospective data review reflecting 24 months of maternal self-reports was completed. The screening questionnaire utilized standard 4 P's Plus with an additional fill in question on substance(s) of choice and time of last use.

Women completed questionnaires at the first prenatal visit and admission for childbirth. Women with positive self-reports received brief intervention and were offered referral for treatment. Results: N=1472, with 3,309 screens administered during a 24-month

 **Poster presentation**

 **Week 1**

  **USA**

timeframe. Positive self-report n=143 (9.7%). Opioids: n=94 (66%). Marijuana: n=47 (33%). Benzodiazepines: n=26 (18%). Methadone/buprenorphine n=23 (16%). Findings revealed prenatal report of substance use higher than the 5.4% United States national average.

##### Conclusion

Findings suggest the direct method supports maternal self-report of substance use through universal prenatal screening. Additional study with diverse populations and clinical settings is needed.

##### **Author(s):**

**Kathleen Elertson, DNP, APNP, CPNP, FNP-BC**

**University of Wisconsin Oshkosh College of Nursing, USA**

Dr. Kathleen Elertson is a tenured, associate professor at the University of Wisconsin Oshkosh College of Nursing in Oshkosh, WI, USA.

Dr. Elertson has extensive background in prenatal substance use disorders and neonatal withdrawal syndrome. Dr. Elertson holds dual advanced practice certification in pediatrics and family practice. In addition to teaching, Dr. Elertson is engaged in active clinical practice.

**Dr Catherine Schmitt, PhD, CNOR, RN**

**University of Wisconsin Oshkosh College of Nursing, USA**

Dr. Catherine Schmitt is a tenured associate professor at the University of Wisconsin College of Nursing in Oshkosh, WI, USA. Dr. Schmitt

has an extensive history in nursing with a focus on preparing and mentoring nurses for practice. Dr. Schmitt has significant experience in the identification of prenatal substance use disorders.

# P13. Effective nursing recovery-oriented interventions for individuals with substance use disorder: A literature review

Niall Tamayo, BN; Dr Annette Lane, PhD

## Learner category:

- Novice Level

## Learning objectives:

- Participants will summarize five effective nursing interventions that promote the recovery of individuals with substance use disorders.
- Participants will be able to describe two effective nursing interventions that promote recovery based on the perspective of nurses and individuals with substance use disorders.
- Participants will summarize two infrequently mentioned nursing interventions that promote recovery.

## Abstract:

Nurses support the recovery of individuals with substance use disorder. How they support individuals, however, may impact the effectiveness of their work. For example, there are various paradigms of recovery which alter interventions. Additionally, negative attitudes adopted by clinicians discourages individuals who use substances from accessing healthcare services, experiencing further health deterioration. Alternatively, nurses can enact interventions that promote positive experiences, further supporting the recovery of individuals. Hence, it is beneficial to increase nurses' awareness of effective interventions that promote recovery. The purpose of this literature review is to examine effective nursing interventions that promoted recovery of those with substance use disorders from the perspective of nurses and individuals who received nursing care. The review identified that effective interventions were based on three major themes: person-centred care, empowerment, and maintaining supports and capability enhancement. Additionally, literature revealed that some interventions were perceived to be more effective; this depended upon whose viewpoint was examined - nurses or individuals with substance use disorders. Lastly, there are interventions based



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on spirituality, culture, advocacy, and self-disclosure that are often disregarded but may be effective. Nurses should utilize the more prominent interventions as they offer the most benefit and integrate interventions that are often overlooked.

## Author(s):

### Niall Tamayo, BN

Centre for Addiction and Mental Health, Canada

Niall Tamayo is a Nurse Educator at the Centre for Addiction and Mental Health in Toronto. Niall is also completing his Masters in Nursing at Athabasca University. His areas of interest include acute psychiatric care, addictions, and community care.

### Dr Annette Lane, PhD

Athabasca University, Canada

Dr. Annette Lane is an Associate Professor in the Faculty of Health Disciplines at Athabasca University. Her areas of specialty include mental health and older adults. Dr. Lane presents nationally and internationally on issues germane to mental illness and aging.

# P15. Exploring digital technology use to support pregnant and parenting women in recovery from addictive substances: A scoping review

Dr Phyllis Raynor, PhD, PMHNP-BC, CARN-AP, APRN, FIAAN

#### Learner category:

- Beginning Level
- Novice Level
- Intermediate Level
- Expert Level

#### Learning objectives:

- Participants will describe the purpose and types of digital technology used to support pregnant and parenting women with substance use disorders.
- Participants will be able to discuss the impact of digital technology use on parenting and recovery outcomes of pregnant and parenting women in early recovery from addictive substances.
- Participants will be able to discuss the challenges to providing parenting and recovery support using digital technology.
- Participants will be able to discuss implications for future studies.

#### Abstract:

Digital interventions are increasingly being used to support self-monitoring, self-management, and treatment adherence for individuals with substance use disorders (SUD) to promote long-term recovery outcomes. However, very little is known about the types of digital technology and their preliminary effects on supporting pregnant and parenting women with SUD.

The purpose of this scoping review is to explore how digital technology has been used to provide resource support in parenting and recovery for pregnant and parenting women in recovery from substance use disorders. Research, policy and practice considerations regarding the feasibility of using mobile technology as a means of providing accessible maternal resources to support parenting, self-care, and recovery from addictive substances for pregnant and parenting women will be discussed.

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#### Author(s):

**Dr Phyllis Raynor, PhD, PMHNP-BC, CARN-AP, APRN, FIAAN**  
University of South Carolina, USA

I am a doctoral-prepared psychiatric advanced nurse practitioner and Certified Advanced Practice Addictions Nurse. My certification as both a psychiatric mental health nurse practitioner and Addictions advanced practice nurse allow me to treat common mental health conditions and substance use disorders across the lifespan by providing evidence-based pharmaceutical and non-pharmaceutical interventions. In addition, I have been a registered nurse for over 26 years, and I have volunteered as a recovery support advocate and nurse educator for 13 years in a faith-based residential program working directly with various community partners and recently incarcerated adults (mostly parents) affected by substance use. My community-based participatory research is focused on the use of digital technology to support parenting and recovery outcomes of mothers and fathers in recovery from addictive substances. Ultimately, improvements in the health of parents and families come from long-term recovery from mental health and substance use.

# P16. A technology-based system to facilitate behavioral health screening for patients in rural and underserved areas

**Dr Yu-Ping Chang PhD, RN, FGSA, FIAAN, FAAN; Dr Sabrina Casucci, PhD; Nicole Roma, MPH**

## Learner category:

— Intermediate Level

## Learning objectives:

- Participants will be able to understand the components of a tablet-based screening system to support integrated behavioral health care.
- Participants will be able to understand the benefits of a tablet-based screening system to support integrated behavioral health care.

## Abstract:

Purpose: Integrating behavioral health into primary care can increase patient access to treatments for mental health and substance use disorder, especially in rural and underserved areas. Our team partnered with a rural, underserved health system in New York, built an inter-professional collaborative practice within their primary care setting, and used technology to facilitate patient screening. Methods: A tablet-based screening system was developed and implemented for identification of behavioral health disorders within the primary care setting, supporting the integrated care process. This process ensures patients are screened, at most, once every 30 days. Further, the system is fully integrated with the electronic health record (EHR), with scores immediately stored directly in the patient's EHR chart as discrete data. Results: A tablet-based screening system facilitates patient screening within the primary care clinic. With automated screening scheduling and the ability to track patient results, the care team is able to more effectively understand and manage behavioral health needs in the clinic. Immediate integration of data into the patient record helps providers more effectively prepare for exams, increasing the number of brief interventions and warm hand-offs occurring. Conclusions: A clear and easy to follow screening process, such as the one presented, is needed to be effective, widely accepted by patients and staff, and sustainable. The tablet-based screening system presented in this work, provides such a solution, effectively identifying patients with behavioral health conditions and facilitating the integrated care workflow.



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## Author(s):

**Dr Yu-Ping Chang PhD, RN, FGSA, FIAAN, FAAN**  
University at Buffalo, New York, USA

Dr. Yu-Ping Chang is the Patricia H. and Richard E. Garman Endowed Professor, Associate Dean for Research and Scholarship and an Associate Professor in the School of Nursing with the University at Buffalo. Dr. Chang has a Masters Degree in Psychiatric/Mental Health Nursing and a PhD in Nursing. Her research focuses on integrating behavioral interventions, including motivational interviewing and mindfulness-based stress reduction, for substance abuse and mental health in primary care settings and evaluating the effects of intervention on various outcomes.

**Dr Sabrina Casucci, PhD**  
University at Buffalo, New York, USA

Dr. Casucci is a teaching assistant professor at the Department of Industrial & Systems Engineering University at Buffalo. Her research interests include health information technology and informatics, healthcare systems modeling, design and evaluation of healthcare interventions on patient and organizational outcomes, process and product quality improvement, simulation modeling and applications.

**Nicole Roma, MPH**  
University at Buffalo, New York, USA

Ms. Roma is a project coordinator at the University at Buffalo School of Nursing. Ms. Roma has her Masters of Public Health with a concentration in Community Health and Health Behavior. She is currently working on a funded project that aims to integrate behavioral health services into a primary care setting.

# P19. State of the workforce: 2020

## Dr Adam Searby, RN, PhD

### Learner category:

- Novice Level

### Learning objectives:

- Participants will be able to describe the results of a large scale workforce mapping project.
- Participants will explore challenges to the addiction nursing workforce.
- Participants will explore potential dangers to the ongoing sustainability of addiction nursing in Australia and New Zealand.

### Abstract:

#### Introduction

During 2019, the Drug and Alcohol Nurses of Australasia (DANA) undertook an ambitious project to 'map' and understand the drug and alcohol nursing workforce in Australia. This project was devised to provide a detailed overview of nurses working in drug and alcohol positions across Australia.

#### Methods

The project used three distinct phases to achieve its aims. Primarily, key informant interviews were used to highlight concepts for further exploration. Online job advertisements were examined for a twelve month period to provide a snapshot of the labour market for drug and alcohol nurses. The second phase, an online survey, was deployed in order to ascertain demographic information of drug and alcohol nurses in Australia. Additionally, the survey sought to ask drug and alcohol nurses questions around their current practice and problems and concerns in the specialty. These responses were used to develop a semi-structured interview guide for the final phase, a qualitative interview process conducted with drug and alcohol nurses.

#### Results

Ten key informants were interviewed, 337 surveys were completed and 40 drug and alcohol nurses interviewed in the final phase of the study. A number of concerns were explored, including an ageing workforce who are highly qualified and highly experienced not only in drug and alcohol nursing but bringing experience from other specialties. Conclusion Prior to this project, DANA did not fully understand the drug and alcohol workforce; now we know that they are highly experienced, highly qualified, and potentially 'endangered.'

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### Author(s):

**Dr Adam Searby, RN, PhD**

**Deakin University/Drug and Alcohol Nurses of Australasia**

Dr Searby is a registered nurse who has worked across mental health, community and addictions nursing. He is currently a lecturer at Deakin University, Melbourne, Australia and has research interests in addiction nursing workforce development and older adult addiction issues. Dr Searby is the president of the Drug and Alcohol Nurses of Australasia, the peak professional body for addictions nursing in Australasia.

# P21. Increasing behavioral health providers in underserved areas: A workforce expansion program

**Dr Yu-Ping Chang PhD, RN, FGSA, FIAAN, FAAN; Dr Christopher Barrick, PhD; Dr Kurt Dermen, PhD; Dr Diane Elze, PhD**

#### Learner category:

— Intermediate Level

#### Learning objectives:

- Participants will describe the structure of a team-based inter-professional behavioral health training.
- Participants will discuss the short-term and long-term impact of the behavioral health training

#### Abstract:

**Background:** There is a workforce shortage of behavioral health professionals in treating people with substance use disorder across the nation, especially in rural and underserved areas. To help address this shortage, a workforce expansion program was created to provide advanced training to graduate students. This project aims to improve students' knowledge and skills in providing behavioral health care and increase the number of well-trained behavioral health providers working in underserved areas.

**Methods:** We developed a well-structured, multifaceted didactic training program that addressed issues such as substance abuse treatment, interprofessional education, evidence-based treatment, cultural competency, integrated care, as well as a motivational interviewing simulation. Questionnaires measuring knowledge and competencies as well as focus groups were used to collect quantitative and qualitative data. Furthermore, we followed up with students who have completed the training program regarding their career choice.

**Results:** A total of 64 graduate students from four graduate programs (psychiatric nursing, social work, mental health counseling, and rehabilitation counseling) participated in the training program. After completing the program, students demonstrated significant improvement in various outcomes. Focus groups revealed that the training program was extremely helpful and meaningful to the students. Our follow-up survey showed that most of the students are now working in a variety of settings treating underserved populations.

**Conclusion:** Our findings indicated that a structured addiction training program has a positive short-term impact on graduate students' knowledge and skills in delivering behavioral health care as well as a long-term impact on their career choice in working with underserved populations.



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Dr. Yu-Ping Chang is the Patricia H. and Richard E. Garman Endowed Professor, Associate Dean for Research and Scholarship and an Associate Professor in the School of Nursing with the University at Buffalo.

**Dr Christopher Barrick, PhD**  
University at Buffalo, New York, USA

Dr. Christopher Barrick is a clinical psychologist and works as a Research Associate Professor with the University at Buffalo's School of Nursing. Dr. Barrick has a PhD in Psychology.

**Dr Kurt Dermen, PhD**  
University at Buffalo, New York, USA

Dr. Dermen is a member of the Motivational Interviewing Network of Trainers and has instructed and supervised trainees and experienced clinicians in motivational interviewing, cognitive-behavioral therapy, twelve-step facilitation treatment, and other empirically-supported approaches.

**Dr Timothy Janikowski, PhD**  
Department of Counseling, School, and Educational Psychology,  
University at Buffalo, USA

Dr. Timothy P. Janikowski is an Associate Professor in the Department of Counseling, School, and Educational Psychology at the University at Buffalo-SUNY. He is a member of the Mental Health Counseling and Rehabilitation Counseling masters degree programs and director of the Counselor Education doctoral program.

**Dr Diane Elze, PhD**  
School of Social Work, University at Buffalo, USA

Dr. Diane Elze is an Associate Professor at the University at Buffalo School of Social Work. She has a Master's of Science in Social Administration, a PhD in Social Work.

# P22. Development of inter-professional training for opioid workforce for high need and high demand areas

Dr Yu-Ping Chang, PhD, RN, FGSA, FIAAN;  
Dr Christopher Barrick, PhD;  
Dr Scott Sabella, PhD; Dr Laura Lewis,  
PhD, LCSW; Patricia Nisbet, DNP,  
PMHNP-BC

#### Learner category:

- Intermediate Level

#### Learning objectives:

- Participants will understand the development of an interdisciplinary opioid-focused training program, that focus on treatment and prevention.
- Participants will understand the training program and the preliminary findings and how the impact they have on learning outcomes.

#### Abstract:

**Background:** The opioid epidemic has increased the need for more well trained professionals focused on opioid use disorder (OUD). Unfortunately, the capacity of the existing behavioral health workforce to prevent and treat OUD is clearly inadequate in both size and training. The goal of this presentation is to describe the development and evaluation of a workforce training program that aims to increase access to health care for OUD in underserved areas.

**Methods:** We assembled an inter-disciplinary team from various Schools and clinical partners to develop a comprehensive OUD-focused training with an emphasis on interprofessional collaboration. Didactic sessions including various evidence-based practice, pain management and opioid prescribing, medication-assisted treatment, cultural competency, inter-professional collaboration and trauma-informed care are delivered through in-person and web-based modules. We partnered with nine clinical sites to provide OUD-related experiential experiences. Participants enrolled in the training program are graduate students from psychiatric nursing, social work, rehabilitation counseling, mental health counseling, and school counseling. We evaluate students' learning outcomes through pre and post assessments and focus groups.

**Results:** The preliminary findings indicate that graduate students in the training program are satisfied with the training. We anticipate that upon completion of the training, students will demonstrate improvement in their knowledge and skills in OUD-related prevention, treatment and recovery, as well as interprofessional teamwork and cultural sensitivity in clinical settings.

**Conclusion:** This project can enhance the behavioral health workforce's capacity to deliver more highly skilled, interprofessional,

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evidence-based OUD services to people in underserved areas.

#### Author(s):

**Dr Yu-Ping Chang, PhD, RN, FGSA, FIAAN, FAAN**  
**University at Buffalo, New York, USA**

Dr. Yu-Ping Chang is the Patricia H. and Richard E. Garman Endowed Professor, Associate Dean for Research and Scholarship and an Associate Professor in the School of Nursing with the University at Buffalo.

**Dr Christopher Barrick, PhD**  
**University at Buffalo, New York, USA**

Dr. Christopher Barrick is a clinical psychologist and works as a Research Associate Professor with the University at Buffalo's School of Nursing. Dr. Barrick has a PhD in Psychology.

**Dr Scott Sabella, PhD**  
**Department of Counseling, School, and Educational Psychology,**  
**University at Buffalo, USA**

Dr. Scott Sabella is an assistant professor in the Department of Counseling, School and Educational Psychology (CSEP) within UB's Graduate School of Education.

**Dr Laura Lewis, PhD, LCSW**  
**School of Social Work, University at Buffalo, USA**

Dr. Laura Lewis is the Director of Field Education, and Assistant Dean for Global Partnerships at the University at Buffalo School of Social Work.

**Patricia Nisbet, DNP, PMHNP-BC**  
**School of Nursing, University at Buffalo, USA**

Patricia Nisbet is the Psychiatric Mental Health Program Coordinator and Clinical Assistant Professor with the University at Buffalo's School of Nursing.

# P24. Identifying motives and sources of diversion in the adolescent population

**Dr Katilya Ware, PhD, RN; Lynn Brown, DNP, RN-BC, CNE**

## Learner category:

— Novice Level

## Learning objectives:

- Participants will be able to discuss two routes adolescents obtain opioids.
- Participants will be able to discuss two interventions aimed at reducing opioid use in adolescents.

## Abstract:

Drug overdose deaths in the United States increased from 52,404 to 63,634 to 70,237, respectively from 2015 to 2017. In 2017, 47,600 of the 70,237 drug overdose deaths were related to opioids. Prescription opioids accounted for 17,029 of the opioid related deaths (Garcia et al., 2019). Adolescents aged 13 to 19 had the second highest number of opioid exposures. According to Brady et al (2016) diversion refers to the transfer of a substance and includes both selling and giving to family members or friends. Reported sources included prescriptions received from a doctor, diversion from friends or family members, or purchasing through various sources. Adolescents most commonly reported receiving the prescription for free from a friend or relative, use of their own prescription, purchase from a dealer, or took them from friends of family members without asking (McHugh et al., 2015). McHugh et al. (2015) found that motives to abuse prescription drugs are related to getting high, regulating pain, negative affect, and improvement of sleep. Palamar et al. (2016) found "experimentation" as the most common reported use of opioids in high school seniors. This emphasizes the need for physicians to "right-size" prescriptions to minimize the number of pills left over after a patient completes medication (Abbasi, 2017). In addition, patients should be educated on proper medication disposal to eliminate diversion in the adolescent population. The purpose of this paper is to review the literature to identify motives for opioid use and key sources of diversion in the adolescent population.

## Author(s):

**Dr Katilya Ware, PhD, RN**

**Auburn University School of Nursing, USA**

Dr. Katiya Ware is an Assistant Professor at Auburn University in Auburn, Alabama. She graduated with her PhD in Instructional Leadership with a concentration in Instructional



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Technology from the University of Alabama in 2016. She has 15 years of experience in nursing. She began her career in healthcare in the emergency department setting as a multi-care technician and then transitioned into the role of a Registered Nurse after completing her education. She is a member of the Rural Nurse Organization, American Nurses Association, the Alabama State Nurses Association, Delta Epsilon Iota Academic Honor Society, Sigma Honor Society of Nursing, and the National League for Nursing. Her research interests include the impact of social determinants on nurse advanced degree attainment, the nursing workforce, and the relationship between social determinants, health care providers, and health disparities.

**Lynn Brown, DNP, RN-BC, CNE**

**School of Social Work, University at Buffalo, USA**

Dr. Lynn Brown is an associate clinical professor at Auburn University in Auburn, AL. She graduated with her DNP in administration with an additional educator concentration from Samford University in 2015. She has over 30 years of nursing experience. Most recently she worked at UAB Hospital from 2004 to 2015 on various surgical units, and as the Clinical Care Coordinator for Vascular Surgery. Additionally, Dr. Brown has worked at Humana Hospital in Huntsville, AL, the University of Tennessee Medical Center in Knoxville, TN, and Crawford Long Hospital of Emory University in Atlanta, GA. She is ANCC Board Certified in Medical-Surgical Nursing and a Certified Nurse Educator. She is a member of the American Nursing Association, the Alabama State Nurses Association, and Sigma Theta Tau International Honor Society. Her research interests include nurse retention, student success, and the opioid addiction.



# P29. Implementing a safety huddle process to prevent falls on an addiction medicine unit

Todd Harvey, BSN RN CARN;  
Kelly Moran, RN

#### Learner category:

- Novice Level
- Intermediate Level

#### Learning objectives:

- Participants will understand patient fall risks for severe alcohol withdrawal
- Participants will understand nursing interventions to prevent falls
- Participants will recognize importance of early and frequent nursing assessment of patients experiencing alcohol withdrawal

#### Abstract:

In 2018, severe alcohol withdrawal syndrome predominated the themes of patient fall incident narratives. By implementing a daily safety huddle which addresses alcohol withdrawal, the unit sought to decrease falls as evidenced by the monthly fall rate. The Agency for Healthcare Research and Quality estimates 700,000-1 million people in the US fall while hospitalized yearly (Ganz et al., 2018). Alcohol detoxification presents unique fall risks, characterized by sudden onset of delirium (Mainerova et al., 2015). The Predictor of Alcohol Withdrawal Severity Scale (PAWSS) uses current clinical data to predict severe alcohol withdrawal and delirium (Maldonado et al., 2015), assisting in implementing timely interventions. Kylor, Napier, Rephann and Spence (2016) describe a nursing unit safety huddle process that served as our framework. Our safety huddle includes a unit-based score that incorporates the PAWSS assessment to identify fall-risk patients. Scores determine a set of preventative interventions nurses can initiate. Charge RNs distribute, discuss and oversee completion of the huddle each day. The tool is passed on to PM RN staff to continuously update as necessary. Since the safety huddle began in June 2019 the fall rate per 1000 patient days has trended downward. The six months pre-intervention, the overall fall rate averaged 15.8 falls per month. During the final six months of 2019 the overall fall rate averaged 9.8 falls per month. Patients in severe alcohol withdrawal present in a variety of inpatient settings, and additional strategies to assess their risk for falls can prevent costly injury from occurring.



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#### Author(s):

**Todd Harvey, BSN RN CARN**  
UPMC, Pennsylvania, USA

Todd Harvey, BSN RN CARN, has been working in Addiction Medicine Nurse for over two years, and prior worked as a public health administrator of HIV prevention programs. He is currently a nurse manager on a medically managed intensive withdrawal and rehabilitation unit. Todd volunteers on the wound care team with Prevention Point Pittsburgh.

**Kelly Moran, RN**  
UPMC, Pennsylvania, USA

Kelly Moran, RN, has been a registered nurse on the Addiction Medicine unit at UPMC McKeesport since August 2018. This is Kelly's first nursing job. She has a strong passion for working with this population and takes initiative to function in the role of charge nurse. Her leadership in implementing the safety huddle tool has resulted in a safer unit for our patients.

# P32. Nurses' experience of the clinical opioid withdrawal scale

**Carlina Jow, BScN, MN; Dr Jacqueline Smith, BN, MN, PhD; Dr Andrew Estefan, BN, MN, PhD; Dr Graham McCaffrey, BA, BN, PhD**

#### Learner category:

— Expert Level

#### Learning objectives:

- Participants will further their knowledge and understanding of opioid withdrawal in the context of addiction. The presentation of this phenomenological based research contributes to a greater understanding of nurses' experience of the Clinical Opioid Withdrawal Scale (COWS) and informs evidence based practices for opioid withdrawal patients that are safe, compassionate, competent and ethically driven. This study is timely and relevant given the ongoing opioid crisis in North America. The first learning objective helps to understand signs and symptoms of opioid withdrawal. This objective will provide rationale and discussion of the role the COWS tool plays in a comprehensive assessment of opioid withdrawal.
- Participants will be able to discuss nurse's role in the care of opioid withdrawal on inpatient addictions and mental health units. Nurses are well positioned to assess opioid withdrawal, design care plans and implement supportive measures in the care of opioid withdrawal patients. A final learning objective explores ramifications for patient care using the COWS scale in the care of opioid withdrawal patients. These include consistent evidence informed care, comprehensive patient assessments and universal standard of care.
- Participants will enhance their opioid withdrawal treatment knowledge through the use of the COWS as a consistent evidence based nursing practice for quality patient care.

#### Abstract:

Opioid withdrawal is a complex medical process that can adversely affect physical and mental health, employment and finances, often resulting in strained and lost relationships. Nurses are central figures in acute and ongoing care of people who use opioids. Within inpatient contexts, nurses are responsible for the observation and assessment of patients who are experiencing opioid withdrawal. The Clinical Opioid Withdrawal Scale (COWS) is a tool that was designed to assess and document the common signs and symptoms related to the physical and psychological withdrawal from opioids. Although COWS has been validated for use in both inpatient and outpatient settings, its use by nurses is inconsistent. Using a descriptive phenomenological method, this study investigated the nurses' experience with the COWS while caring for opioid withdrawal patients. The first theme, discusses how COWS acts as a navigator that enables nurses to make more accurate and purposeful decisions



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about the care they are providing. Next, the second theme, explores nurses designing patient care plans based on judgement of what would best suit the patients' needs. The final theme deliberates how nurses informed on the COWS can implement the scale to provide continuity of care and; furthermore, engage their patient in care as an equal partner and informant. Insights gained from this study can inform possibilities for changes in practice and policy that enhance the treatment of opioid withdrawal patients on inpatient addictions and mental health units. **Keywords:** opioid withdrawal, Clinical Opioid Withdrawal Scale, nursing, assessment, intervention, and scale

#### Author(s):

**Carlina Jow, BScN, MN**

Carlina Jow is a registered nurse practicing in the field of addictions and mental health. Her clinical interests include health promotion and harm reduction. She is a member of the College of Registered Nurses of Alberta. Recently, she completed her Master of Nursing at the University of Calgary.

**Dr Jacqueline Smith, BN, MN, PhD  
University of Calgary, Canada**

Jacqueline Smith has been an assistant professor in the Faculty of Nursing at the University of Calgary since July 2017. She is passionate about education, prevention and early intervention research in the context of adolescent and young adult substance abuse.

**Dr Andrew Estefan, BN, MN, PhD  
University of Calgary, Canada**

Dr. Andrew Estefan has been a professor in the Faculty of Nursing at the University of Calgary since 2008.

**Dr Graham McCaffrey, BA, BN, PhD  
University of Calgary, Canada**

Dr. McCaffrey has been a professor in the Faculty of Nursing at the University of Calgary since 2012.

# P37. Prolonged postoperative opioid use in patients with serious mental illness

Elizabeth Nilsen, BSN RN; Dr Hayley Germack, PhD MHS RN; Dr Ann Mitchell, PhD RN FIAAN FAAN

## Learner category:

- Beginning Level

## Learning objectives:

- Participants will describe the relationship between serious mental illness and prolonged postoperative opioid use.
- Participants will be able to describe the impact that prolonged postoperative opioid use can have on patients with serious mental illness.
- Participants will identify potential areas of intervention to limit prolonged postoperative opioid use.

## Abstract:

Patients with serious mental illness (SMI; ie major depressive disorder, bipolar disorders, schizophrenia and other psychotic disorders) experience significantly worse health outcomes. Recent studies have identified anxiety and depression as risk factors for prolonged postoperative opioid use (PPOU; opioid prescription fills greater than 90 days after surgery) following major and minor surgical procedures, even among patients who were opioid naïve prior to surgery. PPOU is associated with a greater risk of opioid misuse, addiction and overdose. This outcome is of particular concern for patients with SMI who are more likely to be prescribed anxiolytics/sedative-hypnotics, placing them at increased risk for respiratory depression. Studies on PPOU have been inconsistent in their definitions of SMI and have largely used claims from private payers. This excludes a large portion of patients with SMI, whose financial resources or disability status often prevents them from obtaining private insurance. In the current study, we will establish an opioid-naïve cohort and compare rates of PPOU in patients with SMI to a propensity-matched group of patients without SMI. We will use 2015-2016 data from a national 5% sample of Medicare beneficiaries, linking inpatient and Part D prescription claims. From preliminary analysis of our data, we estimate a sample size of n=8,000 beneficiaries. Final analysis and interpretations will be presented at the conference. Establishing the relationship between SMI and

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PPOU will guide surgical nurse practitioners in teaching, assessment and prescribing, addictions and mental health nurse practitioners in consultation and bedside nurses in postoperative pain management teaching.

## Author(s):

**Elizabeth Nilsen, BSN RN**

**University of Pittsburgh School of Nursing, USA**

Elizabeth Nilsen is a PhD/DNP student at the University of Pittsburgh's School of Nursing. Prior to becoming a nurse, Elizabeth worked as a service coordinator for individuals with serious mental illness (SMI) living in the community.

**Dr Hayley Germack, PhD MHS RN**

**University of Pittsburgh School of Nursing, USA**

Dr. Germack is an Assistant Professor in the Department of Acute & Tertiary Care at the University of Pittsburgh School of Nursing. A behavioral and nursing health services and policy researcher, her interests include the role of the nurse practitioner workforce, rural health, and patient outcomes.

**Dr Ann Mitchell, PhD RN FIAAN FAAN**

**University of Pittsburgh School of Nursing, USA**

Dr. Ann M. Mitchell is a Professor of Nursing and Psychiatry in the Health and Community Systems Department at the University of Pittsburgh School of Nursing. Dr. Mitchell's research interests include mental health outcomes related to bereavement; screening, brief intervention, and referral to treatment (SBIRT); and stigma surrounding alcohol and other drug use.

# P43. Exploring new approaches with healing centered engagement

**Jesse Heffernan**

**Learner category:**

- Beginning Level
- Novice Level

**Learning objectives:**

- Participants will be able to: Understand key differences between a healing centered trauma-informed approach to care
- Participants will identify three ways to address the root causes of trauma in communities
- Participants will identify three ways to improve strategies and outcomes with clients using HCE

**Abstract:**

This workshop will focus on the shift from the term “trauma-informed care” as it does not encompass the totality of one’s experience and focused only on harm, injury, and trauma. Current formulations of trauma-informed care presume that the trauma is an individual experience, rather than a collective one. Based on the article from Shawn Ginwright Ph.D. entitled “The Future of Healing: Shifting From Trauma-Informed Care to Healing Centered Engagement”, this workshop will provide tools for an approach that allows practitioners to approach trauma with a fresh lens that promotes a holistic and cultural view of healing from traumatic experiences and environments. This approach is called Healing Centered Engagement.



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**Author(s):**

**Jesse Heffernan, Recovery Coach Professional Designation  
Helios Recovery Services LLC, Wisconsin, USA**

Jesse Heffernan is a person in long-term substance use and mental health recovery for over 19 years. Through his volunteerism and professional career, he has helped develop several mental health and substance use community programs and served as the program director for one of Wisconsin’s three mental health peer-run mental health respite facilities. As the co-owner of Helios recovery services, he has been providing recovery coach training for the last 5 years throughout the Midwest as well as suicide prevention training and mental health awareness campaigns. He lives in WI with his wife and 4 children, enjoying all things in geek culture, disc golf, and coffee. It is his belief that Recovery is a process of moving from surviving to thriving as a whole person.

# P44. LGBTQQIA & addiction: Intro for providers

Jesse Heffernan

#### Learner category:

- Beginning Level
- Novice Level
- Intermediate Level

#### Learning objectives:

- Participants will learn about specific needs and barriers to services of the LGBT Community
- Participants will familiarize themselves with key terms
- Participants will make considerations for clinical work with LGBT individuals.

#### Abstract:

This workshop will be an intro to The YMSM + LGBT Center of Excellence full-day training, "A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual and Transgender Individuals (2nd Edition)," which is intended for any providers in contact with LGBT individuals. Since SAMHSA released the first version in 2001, equality for the LGBT community has shifted in a more positive direction. However, shame, stigma, bullying, homophobia, biphobia, and transphobia still create barriers for many LGBT people to access and receive affirming care.



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#### Author(s):

**Jesse Heffernan, Recovery Coach Professional Designation  
Helios Recovery Services LLC, Wisconsin, USA**

Jesse Heffernan is a person in long-term substance use and mental health recovery for over 19 years. Through his volunteerism and professional career, he has helped develop several mental health and substance use community programs and served as the program director for one of Wisconsin's three mental health peer-run mental health respite facilities. As the co-owner of Helios recovery services, he has been providing recovery coach training for the last 5 years throughout the Midwest as well as suicide prevention training and mental health awareness campaigns. He lives in WI with his wife and 4 children, enjoying all things in geek culture, disc golf, and coffee. It is his belief that Recovery is a process of moving from surviving to thriving as a whole person.

# P45. Exploring the inclusion of the eating disorder population with substance abuse and the ethical challenges unique to this population

Dr Marisa Beffel

## Learner category:

- Intermediate Level
- Expert Level

## Learning objectives:

- Participants will be able to explain why applying a broadened definition of 'substance abuse' to include the eating disorder population would increase awareness of the devastation caused by an eating disorder diagnosis on a patient's physical and mental health.
- Participants will choose two similarities between substance abuse and eating disorder behaviors and explain how both populations would benefit from similar treatment.
- Participants will create a list of 3 ethical principles unique to the eating disorder population.

## Abstract:

This is a presentation with a twofold purpose. The first purpose is to bring visibility regarding the need for eating disorders to be included in the field of substance abuse. Eating disorders and substance abuse are behavioral in nature, and involve compulsive actions which are self-perpetuated by the patient. By broadening the definition of addiction to include patients with eating disorders, training, education and strategic initiatives could be developed to specifically address the needs of the eating disorder population. This process of including the eating disorder population with substance abuse would provide additional training, education, tools and resources necessary to address the challenges and innovative approaches to treat patients with an eating disorder. The second purpose of this presentation is to address the ethical issues that are unique to the care and treatment of an eating disorder patient. Using standard ethical principles as a guideline, the duty to protect a patient from imminent harm outweighs the duty to override patient autonomy. Because eating disorder patients often suffer from nutritional deficiencies at critical levels, the patient suffers with impaired cognitive functioning and decision making ability to choose what is in their best interest. Due to this extreme malnourishment, eating disorder patients often maintain

 **Poster presentation**

 **Week 1**

  **USA**

distorted views of themselves preventing an appropriate decision making process and outcome to occur. The eating disorder patient remains in imminent harm due to lack of nourishment, continuous starvation and may not choose treatment that is designed to keep them from harm.

## Author(s):

**Marisa Beffel, BA - Spanish, BSN, C-BM, MA, PhD  
Rogers Behaviora Health, Wisconsin, USA**

While Marisa was in Nursing School, she graduated from Marquette University with a degree in Spanish and worked as a medical interpreter at Children's Hospital of Wisconsin. After obtaining her BSN, Marisa became a nurse on the Neonatal Intensive Care Unit at Children's Hospital, She earned her certificate in Business Management from Marquette University, graduated from the Medical College of Wisconsin with her Master's in Medical Bioethics and completed her doctorate in Health Care Administration with an emphasis on Medical Bioethics in Healthcare. Marisa has worked as a charge nurse on the Child Adolescent eating Disorder Unit at Rogers Behavioral Health in Oconomowoc and is currently a Clinical Nurse Educator for Rogers Behavioral Health. Marisa lives with her husband Dr. John Beffel and their nine children.

# P46. Health risks of alcohol and marijuana consumption: A study of nursing students' perception

**Marcela de Abreu Moniz; Lidia Santos Soares; Cláudia de Carvalho Dantas; Lourdes Maria Nunes Almeida; Mayara Anne de Freitas Baptista**

## Learner category:

— Expert Level

## Learning objectives:

- Participants will verify the nursing students' perception difference between the existence of health risks from different frequencies of alcohol and marijuana consumption and the variables: gender, age group and year of graduation.

**Abstract:** In contemporary global times, the abuse and polydrug use of drugs by college nursing students has been well documented in international literature. The social impacts of recreational use of psychoactive substances by this population have been of concern. There is a tendency to deny these impacts on health risks, academic performance and professional future. This is a cross-sectional study through the application of questionnaires with 120 nursing students from Universidade Federal Fluminense, Rio das Ostras campus. Statistical analysis by the SPSS program, version 21, involved the chi-square test. The results indicate that the perception of health risks differed significantly only among students of different age groups about the pattern of consumption of three doses of alcohol once a week ( $p=0.03$ ) and for the consumption of marijuana ( $p=0.01$ ) once a week. It is concluded that the knowledge acquired during graduation has not been sufficient to impact the risk perception of nursing students regarding the frequency of alcohol and marijuana use. There is evidence on the need for new studies that collaborate for the understanding of risk perception and attitudes of nursing students about levels and frequencies of simultaneous use of different drugs. Digital and face-to-face education strategies to sensitize students about the possible negative impacts on health care and self-care resulting from drug use should be promoted in the training context of the nurse.



Poster presentation



Week 3



Brazil

## Author(s):

**Marcela de Abreu Moniz**

Fluminense Federal University, Brazil

Assistant Professor and Researcher at the Department of Nursing of the Institute of Humanities and Health, Rio das Ostras campus/ Universidade Federal Fluminense (UFF).

**Lidia Santos Soares**

Fluminense Federal University, Brazil

Associate Professor and Researcher of the Nursing Department of the Institute of Humanities and Health, Rio das Ostras campus/ Fluminense Federal University

**Cláudia de Carvalho Dantas**

Fluminense Federal University, Brazil

Associate Professor and Researcher of the Nursing Department of the Institute of Humanities and Health, Rio das Ostras campus/ Fluminense Federal University.

**Lourdes Maria Nunes Almeida**

Fluminense Federal University, Brazil

Nursing college student at Universidade Fluminense Federal University.

**Mayara Anne de Freitas Baptista**

Fluminense Federal University, Brazil

Nursing college student at Universidade Fluminense Federal University.

# P47. Changing stigma towards substance use disorder through knowledge and self-awareness training for professionals

Shirley Sunn, DSW, MSW, LCSW

## Learner category:

- Beginning Level
- Novice Level
- Intermediate Level

## Learning objectives:

- Participants will develop in their knowledge of the origin of stigma towards substance use disorder in healthcare professionals.
- Participants will explore techniques to reduce stigma towards substance use disorder in healthcare professionals will be explored with the most important one being the effectiveness of an educational workshop towards this end.
- Participants will explore how motivational interviewing techniques incorporated into a workshop can be applied to reduce stigma and increase self-awareness in nurses and social workers.

## Abstract:

Substance use disorder and stigma among healthcare providers has gained more attention as a serious public health concern and is the leading cause of death in the United States. There is little research on the nature and effectiveness of interventions that decrease stigma in healthcare professionals. The study site was two acute care hospital campuses providing emergency room, detoxification, psychiatric, and medical surgical care. The premise of this study was that there was a correlation between social workers' and nurses' stigmatizing attitudes, the perceptions by those they care for, and treatment outcomes. This study featured a non-random sample of healthcare providers with a pre and posttest group to compare stigmatizing attitudes before and after an educational workshop utilizing motivational interviewing skills to promote behavioral change. Stigma was measured using the Opening Minds Stigma Scale for Healthcare Providers (OMS-HC) to establish whether there was a change in stigmatizing attitudes after the workshop. The sample consisted of 54 medical and mental health social workers and therapists on all units of two sister hospitals which were the venue for this study. Practical implications of this project and its deliverable are that the curriculum can be

 **Poster presentation**

 **Week 3**

  **USA**

replicated in hospital orientation for nurses, social workers and other staff in an effort to reduce stigmatization of this population. Front line healthcare providers who are informed and caring can serve a pivotal role in our nation's substance use disorder epidemic by identifying and encouraging entry into treatment, even when this disorder is not the presenting problem.

## Author(s):

**Shirley Sunn, DSW, MSW, LCSW**  
**Encino Hospital Medical Center, USA**

Dr Sunn is a licensed clinical social worker who recently obtained her doctorate in social work. Her capstone project was a program evaluation of an educational workshop to reduce stigma towards substance use disorder in nurses and social workers. She is a bi-campus behavioral health director with a specialty in clinical supervision of social workers and emergency psychiatric response clinicians. She has extensive experience in behavioral health and also has a private practice where she does telemental health psychotherapy with patients with a broad spectrum of diagnoses. She also sees many Veterans with PTSD.



# P51. New modified risk claims for General Snus in the U.S.: Implications for addictions nurses

Devon Noonan  
PhD, MPH, FNP-BC

## Learner category:

- Beginning Level

## Learning objectives:

- Participants will be able to describe the modified risk claims that General Snus can now employ.
- Participants will identify implications of modified risk claims on smokeless tobacco products in regard to tobacco initiation, use patterns and cessation.
- Participants will be able to discuss the role of the addictions nurse in educating patients on tobacco product modified risk claims.

## Abstract:

It is imperative for addictions nurses to stay up to date on the policy landscape around tobacco products with Modified Risk claims. The aim of this poster is to provide an overview of the recent approval by the United States (U.S.) Food and Drug Administration (FDA) of a Modified Risk Tobacco Product Application (MRTPA) submitted by Swedish Match USA Inc. This is the first time the FDA has authorized marketing tobacco products using the modified risk pathway. The MRTPA includes eight snus products sold under the General name and will allow for the products to be marketed with a claim: "Using General Snus instead of cigarettes puts you at a lower risk of mouth cancer, heart disease, lung cancer, stroke, emphysema, and chronic bronchitis." Although rates of Snus use remain low in the U.S. this policy change is concerning given the use of Snus as a means to help U.S. smokers quit has not been supported by the current research suggesting that the U.S. experience may not be similar to that of the Swedish experience. Further, marketing this product as decreased risk could increase uptake rates in youth and other populations who frequently use smokeless tobacco products (e.g. rural populations and athletes) as well as has the potential to increase dual product use. Addictions nurses should be prepared to educate patients about all tobacco products and their risk including those with modified risk claims and provide evidenced-based prevention and cessation strategies to patients.

 **Poster presentation**

 **Week 3**

  **USA**

## Author(s):

**Devon Noonan, PhD, MPH, FNP-BC**  
Duke University, North Carolina, USA

Dr. Noonan is a nurse scientist and registered Family Nurse Practitioner. She received her BSN at Boston College, her MS in Nursing at Georgetown University, her MPH and PhD at the University of Virginia and completed a Post-Doctoral Fellowship at the University of Michigan. Dr. Noonan's research is focused on understanding tobacco use behaviors and developing innovative tobacco cessation interventions, including digital interventions, with the goal of reducing risk for chronic diseases (e.g., cancer and cardiovascular disease). Dr. Noonan's work has a strong focus on rural and medically underserved populations. Her current NCI R01 is examining a text-based tobacco cessation intervention in rural and medically underserved populations. Further Dr. Noonan is the Co-Director of the Duke CTSI Special Populations Core and Associate Program Director for the National Clinician Scholars Program (NCSP) at Duke.

# P54. A video-based versus a text-based computer-tailored game intervention for the prevention of alcohol consumption and binge drinking among adolescents in the current digital context

**Pablo Fernández-León; María Isabel Acuña-San Román; María del Carmen Torrejón-Guirado; Professor Hein de Vries; Professor Marta Lima-Serrano**

## Learner category:

— Novice Level

## Learning objectives:

- Participants will be able to apply the I-Change model as theoretical framework for the prevention of alcohol consumption and binge drinking in adolescents
- Participants will understand how computer-tailoring technology can be used to prevent alcohol consumption and binge drinking in adolescents

## Abstract:

Alcohol is the most consumed psychoactive substance, particularly in adolescence, being a habitual pattern of consumption the binge drinking (BD), located mainly on the weekend, becoming one of the main public health problems. During the last months, Spain and the whole world has been immersed in the pandemic by COVID-19 which has meant the closure of all Spanish educational centers and the current online teaching scenario. The aim of this project is to present the protocol for development, implementation and evaluation of a video-based versus a text-based computer-tailored game intervention aimed to prevent alcohol consumption and BD in Spanish adolescents. A three-arm cluster randomized controlled trial is designed, with one waiting-list control condition and two experimental conditions (EC-1, EC-2), with an initial (pre-test) evaluation and two (post-test) evaluations, performed at six and sixteen months. EC-1 receives an online intervention, ALERTA ALCOHOL, with personalized health advice, using textual feedback based on the I-Change Model and several gamification techniques. EC-2 is an improved version of ALERTA ALCOHOL using animated videos and more gamification strategies. A sample of 2625 Andalusian students of 15-19 years belonging to the public or private school system is estimated. The intervention and the follow-up measurements are carried out through online classroom methods. The main outcomes are BD and other patterns of alcohol consumption. Confidentiality is ensured in accordance with European General Data Protection Regulation (GDPR). Informed consent is requested. If the program proves to be effective, the ultimate goal would be regional and eventual national implementation.



Poster presentation



Week 2



Spain

## Author(s):

**Pablo Fernández-León, PhD student**  
University of Seville, Spain

Graduated in Nursing from the University of Seville. Official Master's Degree in New Care Trends in Health Sciences from the University of Seville. PhD student at University of Seville and Maastricht University.

**María Isabel Acuña-San Román, PhD student**  
University of Seville, Spain

Graduated in Nursing from the University of Seville. Health Master's Degree and Educational Master's Degree. PhD student at University of Seville and Maastricht University.

**María del Carmen Torrejón-Guirado, PhD student**  
University of Seville, Spain

Graduated in Nursing (2017) and obtaining the title of Official Master's Degree in New Care Trends in Health Sciences in 2018 with 9.48 (Extraordinary prize end of studies).

**Hein de Vries, Professor**  
University of Seville, Spain

Professor in Health Communication at the Department of Health Promotion at Maastricht University.

**Marta Lima-Serrano, Professor**  
University of Seville, Spain

Professor at the Department of Nursing at University of Seville. Head of the PAIDI CTS969 research group: "Innovation in Care and Social Determinants in Health".

# Networking opportunities

## New members and first time attendees

Every year at conference, we hold a special welcome event for new members and first time conference attendees, and we are delighted to continue this tradition at our first virtual conference.

We encourage all new members and first time attendees to join us on **Tuesday October 6th 4pm EST** for our live Zoom Welcome facilitated by Dr Stephen Strobbe, Past IntNSA President.

## Networking meeting

Join us on **Wednesday October 21st** for our live Zoom Network meeting facilitated by Dr Katherine Fornili, IntNSA President. This is a fantastic opportunity to catch up with colleagues and to say 'hello' to new ones and share your experiences on addiction issues and how you can get involved more in IntNSA!

## Social media

Join the conversation on Twitter, Facebook and Instagram. We will be live tweeting and posting during all of our synchronous sessions and we will also be posting throughout the month of October. So join us! Let us know how your conference is going and remember to always use the hashtag **#IntNSA2020** when talking about the conference.

You can also search for the hashtag **#IntNSA2020** and this will bring up a list of posts from people talking about the conference - share the love - remember to like and comment!

We have provided a quick user guide on how to join and use Twitter if this is new to you - see the right-hand side of this page for the link.

**We are also running a social media competition, so please check out page 5 with the opportunity to win a iPad, Kindle or Amazon gift voucher!**

## Have you registered?

Our virtual conference is **FREE**. **Register today**. If you require CEs you can pay a one-off fee of 25USD.

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## Self-care room

We understand how important it is to look after your well-being, so we are pleased to be offering a 'self-care room' on our conference website.

The self-care room will be a calming and relaxing space offering a host of research-based tips and guides on how you can look after your well-being.

There will be a variety of self-help guides, videos and podcasts covering areas such as, Yoga and Acupressure.

Look out for the 'self-care room' at the conference to find out more.

# The work of FAN

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## The Foundation for Addictions Nursing (FAN)

The Foundation for Addictions Nursing (FAN) supports the mission of IntNSA. The primary activities of FAN are to cultivate resources to advance the profession of addictions nursing, develop partnerships with individuals and organizations, and, together with the members of the organization, identify initiatives to advance the specialty.

## Scholarships and grants

FAN organizes the following scholarships and grants:

- Lois Widly Student Scholarships
- Cathy Buffington Memorial Scholarship
- International Scholarship
- IntNSA Research Award\*
- FAN Scholarship Recipients

**\* Note:** Only the Research Award will be provided during this 2020 virtual conference

## Find out more

Visit the website [www.intnsa.org/about-us/fan](http://www.intnsa.org/about-us/fan) to find out more about the work of FAN.

## FAN Virtual Conference Raffle

Buy a ticket for \$25 for a chance to  
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Check the conference website for details

# Journal of Addictions Nursing

## Live sessions at the conference

### Journal of Addictions Nursing (JAN)

The Journal of Addictions Nursing (JAN), the official journal of the International Nurses Society on Addictions (IntNSA), is a peer-reviewed quarterly international journal publishing original articles on current research, issues, practices and innovations as they relate to the field of addictions. Submissions are solicited from professional nurses and other healthcare professionals engaged in treatment, prevention, education, research, and consultation.

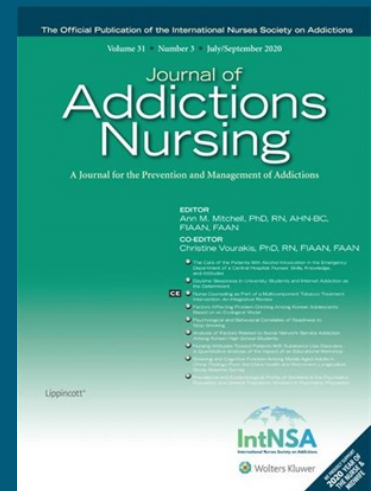
Each issue of the Journal of Addictions Nursing contains original full-length papers as well as several regular feature sections:

- Perspectives features points of view and commentaries on relevant issues
- Media Watch provides summaries and critiques of print and digital resources
- Innovative Roles examines unique roles that nurses in addictions are implementing
- Research Reviews offers summaries and critiques of research studies in the field
- The Journal publishes occasional special issues that explore important topics in the field of addictions nursing in depth. The Journal also offers continuing education credits for nursing addiction professionals.

At conference this year, we are delighted to offer two live sessions in the form of a Journal Club and a workshop on Publishing 101.

The Journal Club will be reviewing the following paper--**Nurse Counseling as Part of a Multicomponent Tobacco Treatment Intervention: An Integrative Review** [authors: Keller, Kristin G.; Lach, Helen W], which was published in 07/09/2020 Vol. 31 Issue 3. An open access link will be available to this paper when the conference opens.

The workshop on Publishing 101 is available free of charge for any budding writers who would like to get some tips to increase their success in having a manuscript accepted for publication.



**Ann Mitchell**  
Editor in Chief, JAN

Live sessions:

**Journal Club**  
**October 14, 12:00pm EST**

**Workshop:**  
**Publishing 101**  
**October 14, 2:00pm EST**

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# About the International Nurses Society on Addictions (IntNSA)

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## 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.

Our goal is to help nurses provide high-quality, evidence-based addictions nursing care for patients, families, populations and communities. IntNSA has something to offer every nurse regardless of their area of nursing practice. With the prevalence of addiction-related health consequences, we believe that all nurses can and should acquire and maintain a basic level of knowledge and skills to address substance use and related disorders.

## Our Vision

To be a global leader in addictions nursing.

Our strength comes from our members, including clinicians, educators, managers, and researchers who practice in a wide variety of settings, including treatment centers, hospitals, schools, private practices, primary care, and other community agencies. We firmly believe that all nurses, regardless of their specialty or practice setting, can play a role in the promotion of healthy lifestyles and the early identification of people at greater risk of developing problems associated with substance use and other potential addictions.

## Membership

IntNSA membership is open to nurses who are concerned with or engaged in the practice of addictions nursing. Per our bylaws, active members can vote and hold office and therefore have the authority to direct and make decisions

on all nursing matters as they relate to the work of the organization. IntNSA has adopted, in its [bylaws](#), the ICN definition of a nurse, and considers the nurse to be a person who has completed a program of basic, generalized nursing education and who is authorized by the appropriate regulatory authority to practice nursing in his/her country.

## Organizational Structure

IntNSA recognizes that addiction to drugs and alcohol (including other forms of behavioral addictions) has severe consequences, and these are prevalent trans- and inter-nationally. How addictions present and are responded to (politically, economically, socially, medically) varies from country to country, and region to region. Therefore, in building its “membership model”, IntNSA has conceptually mapped to the World Health Organization’s six regional groups: (1) African Region, (2) Region of the Americas, (3) South-East Asia Region, (4) European Region, (5) Eastern Mediterranean Region, and (6) Western Pacific Region. We believe that this model reflects nurses’ interests globally, and the cultural, political, economic and environmental profiles where IntNSA members are practicing.

Our first established Region was in the Americas (Brazil, Canada and the USA), followed by the European Region, which was launched at the 2018 ICN Advanced Nursing Practice Conference in Rotterdam. IntNSA is also a member of the European Specialist Nurses Organization - ESNO. In 2019, Nigeria and Tanzania became the first two IntNSA chapters in the African Region.

[See IntNSA’s website](#)

IntNSA currently has a Memorandum-of-Understanding with the Drug and Alcohol Nurses of Australasia (DANA), which represents Australia, New Zealand and the West Pacific Islands.

At the end of 2019, IntNSA became a specialist affiliate of the International Congress of Nurses (ICN).

## Join us

Given the prevalence of problematic substance use, irrespective of geographical location or clinical setting, IntNSA believes that every nurse is an addictions nurse. We hope that this conference has afforded you the opportunity to learn more about addictions and we really hope that you will join IntNSA in its efforts to support the solutions in addressing this global phenomenon.

## IntNSA Board (2018-2020)



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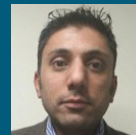
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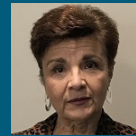
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We engage with local and global communities to develop sustainable relationships for mutual benefit and increased resiliency.

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# 1<sup>ST</sup> VIRTUAL GLOBAL CONFERENCE



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