DANA Conference 2015
Changing face of nursing in alcohol and other drugs: Many Faces: Nurses in the field of Addiction.
Looking Back

<table>
<thead>
<tr>
<th>Main Substances Used</th>
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<tbody>
<tr>
<td>Heroin  Alcohol  Tobacco</td>
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<tr>
<td>Hallucagens</td>
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<tr>
<td>Benzodiazepines,</td>
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<td>Amphetamines,</td>
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<tr>
<td>Designer drugs with opiate type effects;</td>
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<tr>
<td>Cocaine</td>
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<tr>
<td>Cannabis</td>
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<td>Steroids</td>
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<td>Gambling (2000)</td>
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<td>Services, models of care and interventions</td>
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<td>-------------------------------------------</td>
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<tr>
<td>Withdrawal management units</td>
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<td>Methadone clinics which became drug substitution services</td>
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<td>Therapeutic communities</td>
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<td>Needle exchanges</td>
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<td>Injecting drug rooms</td>
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<td>Home detox</td>
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<tr>
<td>Rapid detox</td>
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<td>Early intervention</td>
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<td>Brief interventions</td>
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<tr>
<td>Motivational interviewing</td>
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<tr>
<td>Telephone counselling</td>
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<tr>
<td>Comorbidity services</td>
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<td>Context of service delivery</td>
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<td>-----------------------------</td>
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<tr>
<td>• Inpatient Units</td>
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<tr>
<td>• Acute care services</td>
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<tr>
<td>• Mental health services</td>
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<tr>
<td>• Prisons</td>
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<tr>
<td>• Courts</td>
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<tr>
<td>• Police diversion programs</td>
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<td>• Police holding cells</td>
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<tr>
<td>• workplace</td>
</tr>
<tr>
<td>• Remote areas</td>
</tr>
<tr>
<td>• Family and Community Services</td>
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<tr>
<td>• Urban city scape</td>
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</tbody>
</table>
Welcome Alcoholic and Drug Nurses
Early 1990’s

In most states/territories Addiction Nursing did not have strong career opportunities.

Very few higher education courses available for nurses in Addiction studies
Developed a philosophy

- This was the foundation of our practice
- Set our values, non judgmental attitude and beliefs for nurses working in a complex area of health
- Recognising that many of our clients struggle with life and have a chronic relapsing condition
Articulate the Broad Role

• The AOD nurse interacts with individuals and the community to facilitate a supportive environment through the provision of personal care, education, advocacy and support for community action.
• The AOD nurses assist in developing and implementing health public policy to minimize the harmful effects of alcohol and other drugs in the community.

Ottawa Charter for Health Promotion (WHO 1986)
- Building health public policy
- Creating supportive environments
- Strengthening community action
- Developing personal skill
- Reorienting services in the interest of health
Model of Nursing Practice
The DASSA model of nursing practice is based on a collaborative and integrated systems approach to client/community-centred, culturally safe and holistic health care.

CONTEXT OF ATOD NURSING PRACTICE
The collaborative and integrated systems approach to client/community-centred practice

In collaboration with:
- Disability Services
- General Practitioners
- Pregnancy Services
- Criminal/Justice System
- Community Health Centres
- Migrant Health
- Housing & Employment Services
- Women's Services
- Mental Health Services
- Adolescent/Youth Services
- Local Pharmacies
- Universities/Education Sector
- Industry
- Professional Registration Authorities
- Infectious Diseases
- Local Community Groups
- Family Violence Services
- Other Specialist Health Services
- Alcohol & Other Drug Agencies
- Hospitals
- DISSW Services
- Multidisciplinary Teams in Work Setting
- Sobriety-up & Mobile Assistance Units
- Employee Assistance Programs
- Legal & Financial Services
- Local Councils
- Children & Family Services
- Aboriginal Health & Welfare Services
MODEL OF NURSING PROFESSIONAL DEVELOPMENT

ADVANCED SPECIALIST ATOD NURSE

ONGOING Professional Development

SELF-MANAGEMENT OF PRACTICE (Professional Portfolio)

CLINICAL PRACTICE REVIEW (Review of Practice)

PRECEPTORING New Staff/Students Developing Knowledge, Skills and Attitudes

MODEL OF NURSING PRACTICE Specialist Alcohol, Tobacco and Other Drug Nursing Standards – Knowledge and Skills

PHILOSOPHY OF NURSING IN ALCOHOL, TOBACCO AND OTHER DRUGS Foundation of Practice – Values/Attitudes

Reflective clinical support and development is integral to all of these components.

Self-Directed Learning Process

CLIENT/COMMUNITY

ENVIRONMENT
Emerging faces of addiction

- Older people - healthy ageing/ residential aged care
- Homeless
- Chronic disease
- Palliative care
The changing face
Many Faces: Nurses in the field of Addiction

- Collaboration
- Collective leadership
- Advancing practice
- Integrate AoD skills and knowledge with other roles
Strong Foundation
Ongoing professional development

- Evaluation
- Reflection and Action
- Models of care
- Philosophy of practice
Conclusion

-Coordinated leadership
-Connected networks
-Life long learning
-Evaluate, articulate and demonstrate how you make a difference

Set a strong foundation for the future of addiction nursing.
ENDLESS POSSIBILITIES