



**Submission to the Independent  
review of nursing preparation in  
Australia:**

***Educating the Nurse of the Future***

June 2019

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## Victorian Alcohol and Drugs Association (VAADA)

Submission to the Independent review of nursing preparation in Australia:

### *Educating the Nurse of the Future*

#### Executive Summary

This submission from the Victorian Alcohol and Drug Association (VAADA), the peak body representing funded alcohol and other drug (AOD) treatment services in Victoria, calls for the introduction of AOD education on the nursing undergraduate curriculum. Given the significant, and growing, public health burden AOD use represents in Australia, the lack of undergraduate AOD-specific content in nursing degrees means nurses of the future are under-prepared to identify, manage and support patients with AOD problems. In this way, VAADA queries the effectiveness of current educational preparation.

AOD problems often underpin, or are implicated, in a range of acute and chronic health problems across the lifespan meaning almost all areas of nursing will benefit from increased AOD knowledge. At the same time, problematic AOD use and its antecedents, remains highly stigmatised and can represent a barrier for patients disclosing their AOD use patterns. Introducing AOD education will increase understanding and encourage nurses to enquire with patients about their AOD use. Bringing patient AOD use to the fore will support early intervention and management and reduce the public health burden.

Based on desktop research, and consultation with AOD nurses in Victoria, VAADA has identified a range of potential AOD subject areas that would help better equip nurses of the future. To educate the nurse of the future, undergraduate courses should include as a priority, AOD education and training. These subject areas include, but are not limited to: basic drug types, their effects (pharmacology), acute and chronic risks, patterns of use, tolerance, withdrawal, dependency, harm reduction and treatment/care options (see full list below).

#### Summary of Recommendations

##### **Recommendation 1:**

***That curriculum content at both undergraduate and post-graduate nursing courses for the educational preparation of enrolled and registered nurses and nurse practitioners include comprehensive AOD subject material.***

By adopting this recommendation as mandated foundation training, both under graduate and practising nursing staff will have the requisite knowledge, skills and other abilities to undertake their roles effectively when providing health care responses to those impacted by AOD misuse.

##### **Recommendation 2:**

***That a component of the educational preparation for enrolled and registered nurses should consist of theory, either within a pharmacology course or relevant subject, or as a single subject, or enhanced within the subjects of mental health and pharmacology. Specifically:***

- ***pharmacology trends and treatment;***
- ***AOD specific pathology;***

*Furthermore, this educational preparation should be supported with clinical placements.*

By adopting this recommendation VAADA believes that the effectiveness of current educational preparation of and articulation between enrolled and registered nurses and nurse practitioners in meeting the needs of health service delivery will be significantly enhanced.

### **Recommendation 3:**

***As a part of the transition to practice program, graduate programs should provide AOD specific rotations that include collaborative arrangements with public and other government funded AOD providers***

By adopting this recommendation VAADA believes that transition to practice programs for nurses will be enhanced and participants will be better prepared in both theoretical and practical aspects of dealing with people impacted by alcohol and drug issues.

### **About VAADA**

VAADA is the peak body that represents over 80 Alcohol and other Drug services across Victoria. On a daily basis these services are dealing with the effects of harmful AOD consumption. The services that VAADA support includes a range of AOD treatment programs located in both metropolitan and regional areas.

One of the treatment types that VAADA supports is known as the Non-residential Withdrawal Nurse Program which is a position usually attached to a AOD treatment agency. Non-residential withdrawal nurses provide all aspects of the medical management of a client's AOD withdrawal in a non-residential setting. This includes monitoring client withdrawal symptoms and associated medication management.

VAADA is well connected to and has strong working relationships with nurses both in a practical and professional sense. The AOD treatment sector has an extensive network of nursing staff working in various roles in the treatment system including residential and non-residential withdrawal, primary care, therapeutic communities and hospital settings. VAADA has a close working relationship with the Australian Nursing and Midwifery Federation and regularly consults with this organisations to gain insights and obtain advice into the AOD issues impacting their sector.

### **Background**

An independent review of nursing preparation in Australia – *Educating the Nurse of the Future* was announced as a measure within the 2018/19 Federal Budget.

*The Terms of Reference for the Review are to examine:*

- the effectiveness of current educational preparation of and articulation between enrolled and registered nurses and nurse practitioners in meeting the needs of health service delivery
- factors that affect the choice of nursing as an occupation, including for men
- the role and appropriateness of transition to practice programs however named and
- the competitiveness and attractiveness of Australian nursing qualifications across international contexts.

The Review will also have regard to regional needs and circumstances and national and international trends, research, policies, inquiries and previous reviews related to nursing education.

It is VAADA's belief that a crucial element lacking in the undergraduate nursing education is a core competency in identifying and responding to the impact of alcohol and other drugs on the health and wellbeing of the people in their care.

### Introduction

AOD use is an important contributor to the global burden of disease and also impacts widely across a range of societal issues including family violence, homelessness, mental health disorders and acute and chronic health problems. For example, globally illicit drug dependence directly accounted for 20.0 million Disability Adjusted Life Years (DALY) in 2010.

In Australia, 4 in 10 people either smoke daily, drink alcohol in risky quantities or use an illicit drug. AOD use is responsible for over five per cent of the burden of disease in Australia and can contribute to heart disease, accident and injury, mental illness, suicide, low birth weight, overdose and blood-borne viruses (BBV) such as HIV (Australian Institute of Health and Welfare 2014).

Furthermore, the National Drug Strategy Household Survey (2016) reported that:

- About 1 in 8 Australians had used at least 1 illegal substance in the last 12 months and 1 in 20 had misused a pharmaceutical drug
- 8 in 10 Australians had consumed at least 1 glass of alcohol in the last 12 months and at least half had consumed above the recommended guidelines at least once

Recently, the Victorian Coroner's Office released data on overdose deaths recorded in Victoria in 2018. This data highlighted the growing impact that pharmaceutical drugs has with the annual frequency and proportion of Victorian overdose deaths for each combination of contributing drugs identifying that pharmaceuticals were a factor in 318 of the total 532 overdose deaths last year. These data highlight the growing influence AOD use is having across the community on the public health burden.

The role of nurses has always been crucial in healthcare. The nurse role is far more however than providing immediate or specific health care needs. Nurses are on the front line every day, tending to the unwell, counselling patients on their health, administering medications and other health care procedures and improving processes throughout the healthcare system. Their focus now is also on the whole patient rather than an episodic problem and they are ideally placed to respond to patients whose health and well-being is impacted by AOD misuse.

VAADA strongly believes that in order to fulfil their role to the optimum professional levels to meet the needs of patients care, nurses should receive mandatory AOD education and training. Our submission highlights the lack of availability of education programs at undergraduate and post-graduate levels in this area and call for this to be remedied.

### Method

VAADA conducts regular professional development programs for those nurses attached to Non-residential Withdrawal Nurse Programs. At a meeting of these nurses held on 14 June, 2019, a Focused Group Discussion was conducted with the group (16 participants) that provided advice and guidance to address aspects of the Terms of Reference of this enquiry.

The nurses were asked to provide written responses to three questions posed by VAADA:

1. Why do you believe that knowledge, skills and other abilities about the impact of AOD should be included in education and training for nurses?
2. What AOD knowledge, skills and other abilities do you believe need to be included in more education to enhance the transition to practice for nurses undergoing training?
3. In relation to your current role, what education and training opportunities would you like to see introduced/enhanced that better prepare you in relation to dealing with people impacted by AOD issues?

#### Summary of responses

#### **Q1. Why do you believe that knowledge, skills and other abilities about the impact of AOD misuse should be included in education and training for nurses?**

Overwhelmingly the response to this question affirmed the belief that both undergraduate and postgraduate nurse training courses should have a mandatory component on AOD. Reasons cited for this need included that the prevalence of alcohol and drug misuse in the community was high and that in order to deliver the highest standard of care nurses needed to know how to respond effectively to those impacted by AOD misuse.

Participants stated that they had not received any undergraduate training on this issue, and those that said they had only made reference to 'electives' and stand-alone units undertaken post-graduation being available. Participants also felt that not only did nurses require mandatory education on AOD knowledge, they were also concerned about the levels of stigma and discrimination directed towards people by staff in the medical and health field. The nurses strongly believe that the attitudes of many health care workers, including nurses, was a barrier to people seeking health services and driving many to more problematic and harmful behaviours.

Other reasons provided for this need included:

- to reduce stigma experienced by AOD clients during hospital admissions which prevents AOD clients from seeking medical treatment
- people are often more willing open to disclose AOD issues to nurses than other professions
- nurses are often the first point of contact in the health system and can direct/refer the person to the right service
- preparation for a career in nursing those persons with a wide-range of physical and mental health illnesses where drug and alcohol may be causal/resultant consequence
- nurses in AOD hold legal duty of care for clients and without basic training this is negligence
- AOD use represents a massive burden on the public health system – teaching AOD, will help reduce this.
- AOD accounts for approximately 25% of acute admissions

This quote from one nurse gives a good commentary on the thoughts that many of the nurses had on this issue:

*'As a nurse working in the psychiatric and AOD field, I have seen the vast extent of AOD clients that are now presenting to our ED's, medical wards and psychiatric wards. Nurses are now faced with AOD challenges every day in their work and they need to have training and skills to cope, manage and treat these clients'.*

Furthermore:

*'Any person can be admitted urgently into Emergency to hospital and a person may go into withdrawal'*

### **Recommendation 1**

***That curriculum content at both undergraduate and post-graduate nursing courses for the educational preparation of enrolled and registered nurses and nurse practitioners include comprehensive AOD subject material.***

By adopting this recommendation as mandated foundation training, both under graduate and practising nursing staff will have the requisite knowledge, skills and other abilities to undertake their roles effectively

### **Q2. What AOD knowledge, skills and other abilities do you believe need to be included in more education to enhance the transition to practice for nurses undergoing training?**

Participants responded strongly to this question, highlighting the lack of any content on this issue in existing training courses for nurses. The nurse outlined an extensive list of core topics that reflected their belief that any education program at undergraduate level requires significant input on the issue of AOD.

Participants were keen to highlight that undergraduate education should include the 'basics' about AOD including drug types and pharmacology, tolerance, withdrawal, acute and chronic risks, psycho-social support programs and treatment options.

In response to this question, nurse participants stated that a specific, mandatory unit of study is required at undergraduate level. The topics/subjects that should form part of this curriculum would include:

- Withdrawal - symptoms and treatments
- Dual diagnosis – how to assess and refer and treat correctly
- Pharmacotherapy – medication and effectiveness of treatment.
- Government stipulations on how to prescribe and treat
- Risks to client if not treated adequately
- How to address stigma - clients get treated just like a 'druggie' so don't access health care as often as they should – by reducing stigma and treating more patients we increase overall public health
- Importance of dose medication administration during admission
- Pain management and opiate dependence
- Overdose risks of inpatients on wards
- Basic impact of AOD on the body
- Identifying mis-prescribing and how to address this and prescribe
- Short and long term (acute and chronic) effects/harms from AOD use
- Referral pathways and best options for treatment/care/harm reduction

- AOD is at the heart of physical health and mental health – how can it not be on the curriculum
- Nurses need an understanding that AOD assessment is part of business as usual nursing

Further comments included:

*'In any acute hospital setting, they may not tell you what AOD behaviours prior to admissions. To not have AOD knowledge and awareness, we increase the health risks'*

*'Need best practice knowledge because we have a duty of care. AOD presents a risk of overdose and death. Knowledge in this space is critical.'*

*'Even with prescription medications which clients will be prescribed present dangers which need to be understood and managed eg. Lyrica and anti histamines at night and learning about risks of respiratory depression'*

*'Stigma should be included in undergraduate courses. Nurses may fear AOD clients because a lack of understanding about AOD issues and the antecedents'*

Many from the group stated that again that they had concerns about their duty of care and the implications of not knowing what the best treatment options were. Risk potential was also referred to with some nurses concerned that they were placing people at risk without the correct knowledge.

## **Recommendation 2**

***That a component of the educational preparation for enrolled and registered nurses should consist of theory, either within a pharmacology course or relevant subject, or as a single subject ,or enhanced within the subjects of mental health and pharmacology. Specifically:***

- ***pharmacology trends and treatment;***
- ***AOD specific pathology;***

*Furthermore, this educational preparation should be supported with clinical placements.*

By adopting this recommendation VAADA believes that the effectiveness of current educational preparation of and articulation between enrolled and registered nurses and nurse practitioners in meeting the needs of health service delivery will be significantly enhanced.

## **Q3. In relation to your current role, what education and training opportunities would you like to see introduced/enhanced that better prepare you in relation to dealing with people impacted by AOD issues?**

In response to this questions, nurse took a broader view and suggested cross-cutting topics that strongly related to and impacted on their role as AOD workers. These issues go beyond the basic knowledge about drugs they need to undertake their role as graduate nurses and would enhance any specialized or holistic health service delivery.

The nurses recommended that the following additional knowledge and skills be included in training and education programs to enhance their role:

- Mental health assessment
- Medications and trends in treatment
- Nurse specific training in dealing with people that have AOD issues

- Pharmacology education
- Refugee health
- Rotation in AOD acute services A&E and in AOD community based services setting
- Pathology specific to AOD
- HepC – how to capture this vulnerable client group in AOD treatment
- Progression in AOD treatment e.g. nasal spray naloxone injectable pharmacotherapy
- Dealing with clients with acute mental health issues if you don't have a background in mental health
- Can clients comply with discharge requirements in the context of AOD use?

*'Once you work in the AOD specific sector there are good training options – however it is not promoted or offered to non-AOD nurses.'*

### **Recommendation 3**

***As a part of the transition to practice program, graduate programs should provide AOD specific rotations that include collaborative arrangements with public and other government funded AOD providers***

By adopting this recommendation VAADA believes that transition to practice programs for nurses will be enhanced and participants will be better prepared in both theoretical and practical aspects of dealing with people impacted by AOD issues.

### **Conclusion**

Without exception, the nurses that participated in the Focus Group Discussion conducted by VAADA agreed that undergraduate and other pre-service training programs for nurses should have a core competency/component that addresses the needs of nurses entering the workplace. The participants stated that the knowledge, skills and other abilities to meet these needs should be comprehensive, evidence informed, practical and holistic. Training should also address cultural issues within nursing such as stigma and discrimination and attitudes toward people that use drugs.

VAADA welcomes this opportunity to provide input into the Independent review of nursing preparation in Australia – *Educating the Nurse of the Future*.

VAADA staff would be happy to further discuss any of the issues raised in this submission including, where possible, an opportunity to speak directly to the reviewing panel.