

Introduction

SCOPE AND STANDARDS OF PRACTICE

The American Nurses Association's (ANA) *Nursing: Scope & Standards of Practice* is informed by advances in health care and professional nursing practice (ANA, 2021). It contains national standards of practice and performance that define the who, what, where, when, why, and how of nursing practice and is often used as a reference for the following:

- Quality improvement initiatives
- Certification and credentialing
- Position descriptions and performance appraisals
- Classroom teaching and in-service education programs
- Boards of nursing members' orientation programs and regulatory decision-making activities

Specialty nursing scope and standards of practice documents provide comprehensive overviews of the dynamic and complex practice of various nursing specialties. *Addictions Nursing: Scope and Standards of Practice* is one of several specialty nursing scope and standards of practice documents. It is jointly published by ANA and the International Nurses Society on Addictions (IntNSA). While IntNSA is an international nursing specialty organization, this document is intended primarily as a reference source for American nurses. However, it may contain valuable information for nurses in other countries. *Addictions Nursing: Scope and Standards of Practice* is intended to guide nurses who serve individuals and families affected by substance use and related behaviors, as well as administrators, legislators, regulators, legal counsel, and other interprofessional colleagues. ANA and IntNSA (www.IntNSA.org) partner to jointly produce this document approximately every 5 years to describe a competent level of nursing care at each level of addictions nursing practice.

WHAT IS ADDICTION?

At the time of this writing, there is no established nursing definition for “addiction.” In 2011, the American Society of Addiction Medicine (ASAM) defined *addiction* as “a primary, chronic disease of brain reward, motivation, memory and related circuitry” (ASAM, 2011, p. 1). Over time, public understanding and acceptance of addiction as a chronic brain disease allowed an enhanced focus on remission, recovery, and wellness, as well as the roles of prevention and harm reduction in the spectrum of addiction and recovery (ASAM, 2019, p. 2). In response to these evolving concepts, ASAM established a Descriptive and Diagnostic Terminology Action Group (DDTAG) to update definitions for terms related to treatment, recovery, and the full spectrum of unhealthy substance use. The ASAM Board of Directors adopted a new definition of addiction in 2019:

Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual’s life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences. (ASAM, 2019, p. 2)

WHAT ARE SUBSTANCE USE DISORDERS?

The fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association [APA], 2013)* is commonly used among all providers in various disciplines in the United States. The *DSM-5* refers to “substance use disorders” (SUD), rather than “addiction,” “substance abuse,” or “dependence” to describe significant clinical and functional impairment resulting from the recurrent use of substances. Substance use disorders are defined as mild, moderate, or severe, based on the number of *DSM-5* diagnostic criteria met by an individual. The SUD diagnosis is not based solely on pharmacological criteria (e.g., tolerance, withdrawal, toxicity); rather, the diagnosis is established when the patient demonstrates evidence of impaired control, social impairment, and risky use.

WHAT ARE BEHAVIORAL ADDICTIONS?

“Addiction” is characterized as a complex condition with the following four defining characteristics:

- Continued engagement in behavior despite adverse consequences;
- Diminished self-control over engagement in the behavior;
- Compulsive engagement in the behavior; and
- An appetitive urge or craving state prior to engagement in the behavior (Yau et al., 2020).

Addiction has been commonly associated with the use of substances, but the term has more recently been used to describe excessive engagement in problematic nondrug behaviors (gambling, sex, eating, internet use). The *DSM-5* renamed its “substance-related disorders” diagnostic category as the “substance-related and addictive disorders” category (Yau et al., 2020). However, currently, only gambling disorder (formerly called “pathologic gambling”) is included in the *DSM-5* in the section called “non-substance-related disorders” (APA, 2013). Addictive behavioral disorders share certain characteristics with substance use disorders (impulsivity, loss of control, self-destructive behaviors), have similar biological and environmental etiologies, and often co-occur in relation to use of alcohol or drugs (Fouladi et al., 2015). For these reasons, in the United States, caring for individuals with compulsive, disordered behaviors falls within the purview of the addictions nurse.

WHAT IS RECOVERY?

In August 2010, leaders in the behavioral health field, consisting of people in recovery from mental health and substance use disorders and representatives from the U.S. Department of Health and Human Services (DHHS) Substance Abuse and Mental Health Services Administration (SAMHSA), met to explore the development of a common, unified working definition of recovery. Prior to this, SAMHSA, as well as other government agencies, had separate definitions for recovery from mental disorders and substance use disorders. Lack of a common language about

recovery complicated discussions about treatment and recovery support services, as well as efforts to expand health insurance coverage for these disorders (SAMHSA, 2012a).

According to SAMHSA, *recovery* is “a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential” (SAMHSA, 2020c, para. 1). There are four major dimensions of wellness that support recovery:

- **Health**—overcoming or managing one’s disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being;
- **Home**—having a stable and safe place to live;
- **Purpose**—conducting meaningful daily activities and having the independence, income, and resources to participate in society; and
- **Community**—having relationships and social networks that provide support, friendship, love, and hope (SAMHSA, 2020c).

The foundation of recovery is hope, or the belief that addiction and its related challenges and conditions can be managed effectively. Recovery is highly personal; it occurs via many pathways, and it is supported through social networks and relationships. Recovery is characterized by continual growth and improvement in health and wellness, although the process of recovery can involve multiple setbacks, making resilience a key component of recovery (SAMHSA, 2020c). The first director-general of the World Health Organization (WHO) famously stated that “without mental health there can be no true physical health” (Chisholm, 1951). According to SAMHSA, “behavioral health is essential to health, prevention works, treatment is effective, and people recover from mental and/or substance use disorders” (SAMHSA, 2020c). Nurses across the United States and around the world have the capacity and obligation to promote recovery and positively influence outcomes related to substance use and addictive disorders.

WHAT IS ADDICTIONS NURSING?

As a global society, IntNSA has adopted modified versions of the International Council of Nurses' (ICN) definitions of “nurse” and “nursing” to avoid limiting membership in the Society only to nurses in the United States. IntNSA defines a “nurse” as a person who has completed a program of basic, generalized nursing education and is authorized by the appropriate regulatory authority to practice nursing in their country.

The ICN definition of “nursing” states,

Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups, and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles. (ICN, 2002)

IntNSA defines “addictions nursing” as a distinct nursing specialty practice which incorporates nursing science and the therapeutic use of self with knowledge about substance use and addictive disorders. An addictions nurse is a “nurse” as defined previously who also has the expertise to provide care across the continuum of addictive disorders, by focusing their efforts on preventing substance use or problematic behaviors, intervening with those who already have risks for developing an addictive disorder, and providing treatment and recovery support services when indicated. Addictions nurses provide care for individuals with substance use, as well as those with other compulsive and harmful behaviors (e.g., “process addictions” like eating or sexual disorders and problematic internet use or gambling). The addictions nurse’s person-centered approach supports comprehensive care for individuals and families across the life span. Addictions nurses are instrumental in translating evidence-based

knowledge to practice, including disseminating that knowledge to nurses in other specialties and interprofessional colleagues.

Historically, addictions nursing was practiced almost exclusively in specialized alcohol and drug treatment facilities, with patients in more advanced stages of illness. However, IntNSA recognizes that all nurses in a variety of healthcare settings increasingly encounter patients with, or at risk of, addictive disorders on a daily basis. Addictions nursing practice is “knowledge specific,” not “setting specific” (Vourakis, 1996). Nurses in all practice settings acknowledge the need for more education about the care of individuals and populations with substance use and addictive disorders. IntNSA recognizes that *all* nurses need to have requisite knowledge and competencies in addictions and encourages nurses in *any* specialty to consider obtaining specialty certification in addictions.

The Institute of Medicine (IOM) report *The Future of Nursing: Leading Change, Advancing Health* (2011) was a catalyst for the advancement of the nursing profession and patient-centered care. *The Future of Nursing 2020–2030: Charting a Path to Achieve Health Equity* focuses on creating a culture of health, reducing health disparities, and improving the health and well-being of the U.S. population in the 21st century (National Academies of Sciences, Engineering, and Medicine, 2021). Nurses specializing in addictions lead change in the delivery of health care for individuals, families, communities, and populations affected by problematic substance use and addictive behaviors, which will reduce disparities and improve health equity. Addictions nurses have an essential role in population health, through early intervention efforts such as screening, brief intervention, and referral to treatment (SBIRT). Addictions nurses also intervene at the population level by promoting access to care and advocating for policies and programs that can reduce substance-related harm, particularly for populations experiencing health inequities.

Nursing education may have not kept pace with trends to reframe substance use and its adverse consequences within the context of a growing public health crisis. Nursing curricula often lack standardized addictions content, and programs offer only a minimal number of clinical hours allotted to addictions in prelicensure and graduate nursing programs.

Thus, nurses often lack the knowledge needed to understand the complexity of substance use and addictive disorders (Campbell-Heider et al., 2009; Finnell et al., 2018; Mollica et al., 2011; Poznyak et al., 2019; Savage et al., 2014). Therefore, nurses wishing to specialize in addictions nursing must find alternative methods to increase their knowledge and clinical competencies about substance use and related adverse health effects, including the biological, psychosocial, behavioral, and public health aspects of these disorders.

The International Nurses Society on Addictions

The sections that follow describe the history of the International Nurses Society on Addictions (IntNSA), its affiliations, and other resources.

HISTORY OF INTNSA

IntNSA has a long and rich history that stretches back to 1974, when the American Nurses Association (ANA) supported the establishment of the National Nurses Society on Alcoholism (NNSA) during its biennial conference. In 1975, NNSA was officially formed as the nursing counterpart to a physician's group called the American Medical Society on Alcoholism.

In 1983, NNSA changed its name to the National Nurses Society on Addictions, which reflected all substances and behaviors that can lead to addiction yet allowed the Society to maintain its “NNSA brand.” Efforts to support and increase awareness about addictions and the role and value of nursing resulted in the first publication of the *Standards of Practice in Addictions Nursing* (1984). In 1987, ANA, NNSA, and the Drug and Alcohol Nurses Association (DANA, not to be confused with the Drug and Alcohol Nurses of Australasia) collaboratively produced a publication called *The Care of Clients with Addictions: Dimensions of Nursing Practice*.

By 1990, NNSA had developed the Certified Addictions Registered Nurse (CARN) credential; launched a new periodical, *Perspectives on Addictions Nursing*; and recruited approximately 1,000 nurses into its membership. Around 1997, NNSA members began taking an interest in what addictions nurses in other organizations and in other countries were doing.

In 2000, to consolidate efforts, and to avoid name confusion, the three addictions nursing groups in the United States (NNSA, the Consolidated Association of Nurses in Substance Abuse [CANSA], and DANA) merged,

acknowledged the efforts of addictions nurses in other countries, and named the new organization the International Nurses Society on Addictions (IntNSA).

INTNSA'S VISION AND MISSION

With a stated vision of becoming a “global leader in addictions nursing,” and recognizing the potential for wider international impact, the newly formed IntNSA organization created an “international task force” and began to recruit more nurses from outside the United States and Canada.

INTNSA'S VISION AND MISSION

IntNSA's vision is to be a global leader in addictions nursing. The mission of the society shall be to advance excellence in addictions nursing practice through advocacy, collaboration, education, research, and policy development. It shall serve as a forum for nurses who are interested in the prevention, intervention, and treatment of addiction so that they may enhance their knowledge, advance their skills, continue their education, and be a resource to nurses in all areas of practice.

In 2010, IntNSA's Learning From Each Other: A Global Perspective of Addictions conference provided a springboard for strengthening and growing international networks. IntNSA partnered with addictions nurses in the United Kingdom (e.g., the Association of Nurses in Substance Abuse [ANSA]) and elsewhere (e.g., the Drug and Alcohol Practitioners' Association of Aoteroa, New Zealand [DAPAANZ]; Drug and Alcohol Nurses of Australasia [also called DANA]) to form a small global community forum for sharing information relevant to addictions nurses worldwide, and the Global Addictions Nursing Network (GANN) on Facebook was launched. GANN is a non-organizationally aligned international global network for addictions nurses and those interested in addictions (<http://www.facebook.com/GlobalAddictionNursingNetwork>).

In 2014, members elected its first international member to the IntNSA board of directors. In March 2015, a strategy and model for international development was presented at the IntNSA strategic planning

retreat held by the board of directors. The full board enthusiastically adopted this plan and presented it to the wider membership at the next annual business meeting, and the international strategy took on new energy to drive through these changes. In 2019, IntNSA's board reviewed its progress, updated its plan, and developed consensus for its ongoing development.

INTNSA'S GLOBAL STRUCTURE

As an international nursing society, IntNSA recognizes that drug and alcohol problems (as well as other behavioral disorders) and the political, economic, social, and medical responses to these problems vary from country to country and region to region (Clancy & Fornili, 2019). Therefore, IntNSA has conceptually mapped its membership model to the World Health Organization's (WHO'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. IntNSA has over 750 members in at least 16 countries representing the six WHO Regions, including Africa (Nigeria, South Africa, and Tanzania), the Americas (Antigua, Brazil, Canada, Chile, and the United States), Eastern Mediterranean (Qatar), Europe (Iceland, Ireland, Israel, Netherlands, Portugal, and the United Kingdom), South-East Asia (Thailand), and the Western-Pacific (Japan and South Korea).

IntNSA's first international region was the Americas (Brazil, Canada, and the United States), followed by the European Region, which was launched at the 2018 International Council of Nurses (ICN) Advanced Nursing Practice Conference in Rotterdam. Next, in 2019, Nigeria and Tanzania became the first two IntNSA chapters in the African Region. At the time of this writing, IntNSA has nine "national chapters" (Brazil, Canada, Ireland, the Netherlands, Nigeria, Portugal, Tanzania, and the United Kingdom), including the IntNSA United States of America (IntNSA USA) chapter. In 2019, IntNSA entered into a memorandum of agreement to create an organizational affiliate status relationship (as opposed to a "chapter") with DANA, which represents Australia, New Zealand, and the Western Pacific Islands. Additionally, there are several "state chapters" in the IntNSA USA Chapter.

JOURNAL OF ADDICTIONS NURSING: OFFICIAL JOURNAL OF THE INTERNATIONAL NURSES SOCIETY ON ADDICTIONS

The *Journal of Addictions Nursing (JAN)* is the official journal of IntNSA. It is published quarterly to keep members apprised of best practice in addictions nursing. The journal disseminates current research, official position papers, and articles pertinent to clinical practice and current trends and innovations. Regular columns keep readers abreast of emerging clinical issues (Clinical Reviews); scientific studies (Research Reviews); legislative concerns (Policy Watch); pharmacological interventions (Pharmacology Corner); nurse support programs (Peer Assistance); and online resources and social media (Media Watch). Additionally, the journal publishes columns about leaders in the field (Innovative Roles) and personal viewpoints (Stories from the Field).

Theme-based special issues of the journal are published intermittently to focus attention on important topics, such as recovery and recovery-oriented systems of care, women with co-occurring disorders, tobacco use, opioid use disorders, and social determinants of addiction.

The editor-in-chief of the journal is responsible and accountable to IntNSA and serves as an ex officio member of IntNSA's governing body, the board of directors.

INTERNATIONAL ACADEMY OF ADDICTIONS NURSING

The International Academy of Addictions Nursing (IAAN) was formed in 2014 to foster excellence in nursing practice, administration, research, and education in addictions nursing. The Academy recognizes the wisdom of outstanding individuals in the profession who have contributed in sustained and significant ways. Individuals are inducted into the Academy as fellows based on their outstanding contributions to addictions nursing and are entitled to use the credential FIAAN. Applicants for fel-

lowship in the Academy provide documented evidence of their enduring and substantial contributions in one or more of the following areas:

- Teaching and learning innovation in addictions nursing
- Faculty development in addictions nursing
- Primary research in addictions nursing
- Translational research in addictions nursing
- Leadership in addictions nursing
- Public policy related to addictions nursing at a local, state, or national level
- Collaborative education/practice/administration/research/ community partnerships
- Exemplary practice as an addictions nurse

Applicants for fellowship in IAAN must be current IntNSA members. Current certification as a CARN (Certified Addictions Registered Nurse) or a CARN-AP (Certified Addictions Registered Nurse-Advanced Practice) is ideal but not required. Applicants must provide evidence of how they will continue to provide visionary leadership in addictions nursing and how their contributions are congruent with the mission and goals of IntNSA.

The president of IAAN is responsible and accountable to IntNSA and serves as an ex officio member of IntNSA's governing body, the board of directors.

FOUNDATION FOR ADDICTIONS NURSING

The Foundation for Addictions Nursing (FAN) is a nonprofit entity that is financially independent of IntNSA. It serves to support the mission of IntNSA through philanthropic development and altruistic support. Its primary role is to cultivate resources and utilize assets provided by donors to help IntNSA advance the profession of addictions nursing. The Foundation cultivates relationships with individuals and organizations and manages assets provided by donors. It supports the development of emerging addictions nursing researchers, early career educators, and

clinicians in pursuit of clinical excellence. It supports pilot research grants for addictions nursing research and provides conference scholarships to assist students in professional development.

The president of the Foundation collaborates with and serves as an ex officio member of IntNSA's governing body, the board of directors.

INTNSA'S ORGANIZATIONAL AFFILIATIONS

American Nurses Association

Founded in 1896, ANA represents over 4.2 million registered nurses in all 50 states and U.S. territories (ANA, n.d.-a). ANA exists to advance the nursing profession by fostering high standards of nursing practice; promoting a safe and ethical work environment; bolstering the health and wellness of nurses; and advocating on healthcare issues that affect nurses and the public (ANA, n.d.-a).

As a nursing specialty organization, IntNSA USA is an organizational affiliate (OA) of ANA. Serving as an organizational-level member within ANA allows IntNSA USA to maintain its autonomy as a specialty nursing organization while holding a voting seat in ANA's annual Membership Assembly.

This relationship with ANA provides IntNSA USA with a platform for speaking on behalf of healthcare issues and opportunities to collaborate in order to improve quality and find solutions for the addictions nursing specialty. Thus, addictions nurses and the patients we serve benefit from the "shared voice" of ANA, one of the largest professional nursing organizations in the world.

International Council of Nurses

Founded in 1899, the International Council of Nurses (ICN) is a federation of more than 130 national nurses associations, including ANA. ICN represents more than 20 million nurses worldwide and is the world's widest reaching international organization for health professionals. Operated by leading nurses internationally, ICN works to ensure quality nursing care for all. ICN guides and represents nurses

around the world by promoting sound health policies and the advancement of nursing knowledge, and by demonstrating the worldwide impact of this respected profession.

In 2019, IntNSA became a specialist affiliate of ICN. This offers IntNSA expanded opportunities for collaboration with nurses from all over the world and with other organizations on the international stage, such as WHO and the United Nations. Importantly, specialty affiliation status with ICN helps IntNSA to fulfill its vision of being “a global leader in addictions nursing.” As it continues to grow internationally, IntNSA will belong to or partner with other nursing specialty organizations in other regions around the globe.

European Specialist Nurses Organisation

The European Specialist Nurses Organisation (ESNO) is a nonprofit organization that represents the interests of specialist nurses in the European Union (EU) and greater Europe. As part of IntNSA’s launch of the European Region in 2018, ESNO formally invited IntNSA to become a member of its network. ESNO provides a framework for communication and cooperation between European specialist nursing organizations and enables the political voice of specialist nurses, including addictions nurses.

Addictions Nursing Certification Board

As an addictions nursing specialty organization, IntNSA promotes excellence in addictions nursing practice through its relationship with the Addictions Nursing Certification Board (ANCB). ANCB currently certifies nurses in the United States and Canada. The primary purpose of ANCB is to provide a mechanism and framework for certification and recertification of the addictions nursing specialty. Certification helps to ensure that nurses have attained certain levels of nursing competence and are capable of evidence-based addictions nursing practice. Certification serves to promote and maintain quality nursing care by providing a mechanism for nurses to demonstrate their proficiency as addictions nurses. Nurses who meet certification criteria demonstrate attainment of specialized knowledge beyond the basic nursing credential.

Historically, ANCB operated as a committee under the IntNSA bylaws. In December 1989, ANCB established and administered the first addictions nursing certification examinations for nurses to receive the CARN credential.

As the advanced practice nursing workforce expanded, IntNSA and ANCB identified a need for an advanced practice credential. In 2000, ANCB created the CARN-Advanced Practice (CARN-AP). The number of nurses holding the CARN or the CARN-AP certification continues to grow steadily. Nurses in all specialty areas who meet ANCB criteria for certification are eligible to become CARNs or CARN-APs.

ANCB supports IntNSA's mission by providing a mechanism for nurses in the US and Canada to demonstrate competencies in addictions nursing. It became autonomous from IntNSA in 2014, due to accreditation standards that require that the certifying organization be an autonomous entity. Subsequently, the Accreditation Board for Specialty Nursing Certification (ABSNC) granted accreditation for the CARN and the CARN-AP in 2018. ABSNC, an independent authority of accreditation of nursing certification programs, confers quality, rigor, and a mark of excellence.