ADDICTION NURSES’ SYMPOSIUM

Monday 27th March 2017

Waiora Building,
Level 4 Meeting Room
Waikato Hospital, Hamilton
He Hōnore

He Hōnore he korōria
Maungārongo ki te whenua
Whakaaro pai e
Ki ngā tāngata katoa
Ake ake, ake ake, āmine
Te Atua, te piringa
Tōku oranga x2

All honour, glory and peace to the land
May goodwill come to all people
Forever and ever, amen
Oh God, my refuge, my source of wellbeing
Abstracts and Speaker Biographies

**Addiction nursing, where are we heading? Expanding the boundaries, future opportunities and challenges**

**Author:** Louise Leonard, Daryle Deering  
**Organisation:** CADS Hamilton, Waikato DHB; National Addiction Centre (NAC), Otago  
**Role:** Nurse Practitioner; Educator, Researcher, Practitioner  
**Email:** louise.leonard@waikatodhb.health.nz; daryle.deering@otago.ac.nz  
**Phone:** 021 359628; 03 364 0480  
**Address:** 193 London Street, Hamilton 3240; NAC, Oxford Terrace, Christchurch

**Abstract:**
In this presentation Daryle and Louise will discuss what lies ahead for addiction nursing and how this aligns with national health objectives. They will explore the expanding boundaries for addiction nursing; new settings for service delivery and innovative practice that can to be considered as we move forward. With extended scopes of practice, such as designated nurse prescribing and nurse practitioner prescribing, it is timely to reflect on what this means for nurses working in opioid substitution treatment, withdrawal management services and elsewhere. The impact to addiction nurses of new Acts; the Health Practitioners Competence Assurance Act, and the Substance Addiction Compulsory Assessment and Treatment Act will also be considered.

**Biography:**
Louise has worked in the Alcohol and Drug field for nearly 20 years, in a variety of roles. She entered the field while living in Australia and returned to New Zealand in 2004 to take up a role with CADS Hamilton. She began post-graduate study in 2005 and completed her Masters in 2010. She was endorsed as a Nurse Practitioner (NP) in 2012, as New Zealand’s first NP with Alcohol and Drug as her area of practice. In January 2013, she was appointed to a NP role with CADS Hamilton, a role she still enjoys. As well as her full-time role, Louise is a clinical tutor for Otago University’s post-graduate addiction papers, and an NP assessor for UoA.

Daryle has a role with the NAC, University of Otago, Christchurch. She has contributed to the national development of mental health and addiction nursing including the Specialist Addiction Nursing Competencies and Certification and, as a past president of Te Ao Maramatanga NZ College of Mental Health Nurses, credentialing (mental health and addiction) for primary care nurses. She has a strong interest in research informing the national opioid substitution treatment guidelines, the Alcohol and Drug Outcome Measure (ADOM) and currently a focus on people with obesity. She is involved in clinical supervision and is a life-long member of Drug and Alcohol Nurses of Australasia.

**Notes:**
DANA AOD Certification

Author: Moira Gilmour
Organisation: MHAIDS Capital Coast Health DHB
Role: Clinical Speciality Nurse Addictions
Email: moira.gilmour@ccdhb.org.nz
Phone: 027 225533
Address: 31 Mein Street, Newtown, Wellington

Abstract:
DANA AOD Certification:

- Validates experience, knowledge and expertise
- Distinguishes the nurse as an experienced alcohol and other drug (AOD) nurse
- Identifies a community of experts in the area, especially as many AOD nurses are ‘hidden’ within mental health teams
- Enhances professional confidence
- Shows leadership and peer recognition
- Retains a strong professional identity as a CDAN (you can use this post-nominal after your name!)
- Lasts for 3 years before you need to re-credential
- Enhances career opportunities
- Assists employers when they are looking to employ experienced AOD nurses
- Provides for a consistent standard of practice, based on the DANA Specialist Nursing Standards and Competencies – (Specialist Nurse and Advanced Specialist Nurse levels)
- Contributes to better patient outcomes

DANA shows leadership as the peak body to manage this process for the D&A specialty area of nursing.

Biography:
Moira Gilmour has a Masters of Nursing Science and works as a Specialty Nurse in Addictions for Capital and Coast 3DHB in Wellington. She has 20 plus years’ experience working in the addiction field and works clinically with patients going through the withdrawal process. She is also the North Island representative for DANA. Moira is currently working to achieve Nurse Practitioner registration and has a strong interest in the complex physical and mental health effects, seen in many chronic alcohol dependent patients. She is passionate about the role of the addiction nurse and sees many career opportunities for nurses in the addiction field. Moira has been involved in research projects including refeeding syndrome and is currently working with a research group on an outcome study in the use of disulfiram.

Notes:
Sensory Modulation: Invaluable skill based tool or misuse of addiction resources?

Author: Vicky Totua, Karen Henke, Karen Fraser
Organisation: CADS Auckland
Role: Registered Nurse
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Address: Pitman House, 50 Carrington Road

Abstract:
Sensory modulation is an emerging modality within mental health settings (Bundy et al., 2002; Champagne, 2000) in both the national and international arena. This research aims to look at the transformation from a silo based modality, from mental health to the field of addiction, as a result of the co-existing problem framework (CEP) approach. The co-occurrence of clients presenting to mental health units is estimated between 40-50% at any given time and 74% of clients presenting to addiction services have an Axis 1 disorder (mood disorder 53%, anxiety disorder 65%) (Todd, 2010). A sensory modulation trial was commenced through Medical Detoxification Services at Waitemata District Health Board (WDHB) with the approval of the Community Alcohol and Drug Services (CADS) clinical governance. In the Inpatient setting we provided a sensory modulation space and modalities, alongside education to clients and staff to determine if sensory modulation is a transferable and effective skill, within the specialist area of addiction medicine. Sensory modulation equipment/space was made available within the medical detoxification inpatient unit (IPU), for clients who were experiencing symptoms of substance withdrawal and/or emotional dysregulation. The purpose being to equip clients with skills to self-regulate and transform their journey of recovery. Initial analysis of results indicated that there is significant improvement in client mood through the use of sensory modulation techniques and an incidental observation of an increase in self-efficacy through the development of skills that assist in self-regulation.

Biography:
Vicky Totua is a registered nurse who has been working in the field of addiction over the last five years. She is currently based at CADS Auckland with the Community Home Detox Service (CHDS). Vicky holds post graduate qualifications in Educational Leadership and Management, Clinical education and supervision, Mental Health and Addictions and is currently in the process of completing the Master of Health Practice (Mental Health and Addiction) at AUT University.
Karen Henke is a registered general nurse who has been working in the field of addictions for over 12 years. She has been working at CADS for five years and previously worked at a marae based hauora provider for eight years.
Karen Fraser is a registered physiotherapist. She has been working in the addiction field at CADS for the past 6 years. Karen works both in the community and inpatient detox teams. Karen also leads sensory modulation through CADS. Karen has previously worked in paediatrics in the education setting, utilising similar skills of sensory integration there.

Notes:
The Rainbow Connection. Meeting the needs of Rainbow people, and why it matters?

Author: Anne Carroll
Organisation: Higher Ground Trust
Role: Registered Nurse
Email: anne@higherground.org.nz
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Address: 118 Beach Rd, Te Atatu Peninsula, Auckland

Abstract:
‘Rainbow’ is an umbrella term to represent sexual orientation & gender identity minorities. Research shows us that Rainbow people experience much higher levels of mental illness, affective disorders, suicide & addiction compared to heterosexuals. It is estimated that 20-30% of Rainbow people abuse substances compared to about 9% of the general population. Partly this is due to the chronic stress suffered as a result of stigma, prejudice, discrimination & unequal socioeconomic status. This is known as ‘Minority Stress’. Minority Stress is triggered by prejudice, stigma & fear of violence stemming from the belief that being Rainbow is somehow wrong or bad. It may be subtle, such as a devaluing or thoughtless comments or it can be much worse as in bullying, physical violence & deliberate discrimination. Our healthcare system needs to better meet the needs of the Rainbow community.

At Higher Ground, we are committed to providing a safe & welcoming community for all Rainbow clients, staff, whānau, friends & visitors. Policies and procedures have been rewritten to incorporate the unique needs of Rainbow people. The environment has been altered to be more inclusive and the Rainbow workforce increased. Training in Rainbow cultural competency has been implemented and proud Rainbow champions are established on the staff team. All residents are provided with regular monthly education on sexual identity and gender diversity. Our commitment to provide inclusive care and therapy for Rainbow residents, their friends, visitors and whānau will enhance their quality of life.

Biography:
Anne Carroll is a registered nurse and she joined Higher Ground in January 2013 as the Addiction Nurse Specialist. Her role includes:

- admission health assessments and a daily health clinic for the residents
- smoking cessation education and support
- infection control including education groups for the residents.

She is also the Rainbow champion which involves overseeing Rainbow cultural competency and safety for staff, residents and visitors and liaising with other Rainbow health providers to improve services for Rainbow clients.

Notes:
Quick Fire Session – Brief Presentations

Reflection on the journey into OST nursing - am I doing good not harm?

Author: Joni Reynolds
Organisation: Waitemata DHB
Email: Joni.Reynolds@wdhb.org.nz

Notes:

What it is like being a new graduate nurse in CADS, with no previous knowledge in this area of nursing?

Author: Navdip Kaur Singh
Organisation: CADS
Role: Registered Nurse
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Phone: 027 5435781.
Address: 193 London Street, Hamilton 3240

Abstract:
In my brief presentation, I would be discussing:
- Aspects of my role/ what I do
- What excites me about CADS
- Reflections

Notes:
Nurses and health informatics

Author: Karen Vince
Organisation: Waitemata District Health Board
Role: CCN/CNS; CADS, AOTS
Email: karen.vince@waitematadhb.govt.nz
Phone: 021 784266
Address: Pitman House, 50 Carrington Road, Auckland

Abstract:
What can nurses do to develop expertise in knowledge management trends for healthcare? And why does it matter? We take a quick look at the I-future.

Biography:
Addiction nursing leadership; Leadership roles in children & youth at risk social services; Operational experience in community and in-patient/residential settings; At non-government and health board services; Currently studying health informatics.

Notes:

Introducing Overeaters Anonymous

Author: Susan Buchanan
Organisation: Overeaters Anonymous
Email: skb1@xtra.co.nz
Phone: 027 4146262
Address: PO Box 6011, Ulrich, Hamilton

Abstract:
Overeaters anonymous (OA) is a Twelve Step Recovery programme for those who experience problems related to food addiction such as Anorexia, bulimia, overeating, grazing, binge eating. OA is patterned after the Twelve Step Principles of Alcoholics Anonymous. OA is a not for profit/ self-supporting spiritual, but not religious programme based on the belief that compulsive eating is a three-fold disease: physical, emotional and spiritual.

Biography:
The presenters are members of OA, in recovery through the twelves steps in their daily lives.

Notes:
Does having a personal family experience within A & D spectrum conflict with my professional nursing practice?

**Author:** Beverley Belcher  
**Organisation:** Waikato District Health Board  
**Role:** Community Mental Health Nurse  
**Email:** Beverley.Belcher@waikatodhb.health.nz  
**Phone:** 07 8398603 Ext 95954  
**Address:** 214 Pembroke St, Hamilton 3204

**Abstract:**
The conundrum for me – does having a personal family experience within an A & D spectrum conflict with my professional nursing practice?

**Biography:**
Currently I work as a community mental health nurse for Mental Health Services for Older People. I have a background in medical nursing predominantly with older persons, rehabilitation and palliative care. These experiences bring a fullness to my nursing practice with older persons which enables the focus on recovery to be at the forefront? The completion of my Masters of Nursing in 2012 on ‘Change in my Nursing Practice within Creative Recovery’ has added to my professional journey.

**Notes:**

**Adjusting to the ‘hot seat’-Transitions from ‘expert’ inpatient to ‘novice’ community addiction nurse**

**Author:** Kristina Pedersen  
**Organisation:** CADS-Hamilton, Waikato District Health Board  
**Role:** CCN/CNS; CADS, AOTS  
**Email:** kristinapedersen@waikatodhb.health.nz  
**Phone:** 027 200 3143  
**Address:** London Street, PO Box 3200, Hamilton

**Abstract:**
This is a short presentation of my experiences and observations about transitioning to community addiction nursing, focusing on autonomy, case management assessment, managing risk and the importance of post-graduate study.

**Biography:**
Kristina has been an inpatient detox nurse for 5 years, has loved her role and wanted to extend her practice and become an expert addiction nurse.

**Notes:**
Abstract:
Ward 38 (Alcohol and Drug detoxification beds) are located in Puna Taunaki, the Regional Forensic Rehabilitation Unit. Often people are surprised to hear the combination of these two very different areas in health, being delivered in the same setting.
In the presentation, we will discuss a brief history of the unit and the uniqueness of the setting, which these beds currently occupy (reflecting on the nursing process and the service user journey). Following this, we will discuss the benefits and some of the detriments of having these beds in a forensic setting and allowing the audience to decide/answer the question – is this a ‘match made in heaven?’

Biography:
Simrita is currently working in a CNS position, in Puna Taunaki/Puna Whiti -Puawai Regional Forensic Rehabilitation Unit. Zabina is working in an R/N position in Puna Taunaki/Puna Whiti -Puawai Regional Forensic Rehabilitation Unit.

Notes:
A model of care for rangatahi with AOD and co-existing problems

Author: Louise Coburn
Organisation: Odyssey Youth Intact
Role: Registered Nurse
Email: lousiec@odyssey.org.nz
Phone: 021 528 564
Address: Level 2, 11 Garden Place, Hamilton

Abstract: Case study
Following a review of Waikato youth AOD services in 2014, young people, their whānau and community, social and health services provided feedback on how AOD services could be improved. They identified that AOD services lacked visibility, responsiveness and accessibility and that services needed to be youth friendly. This included reducing the stigma associated with mental health and providing an approach that was engaging and holistic in its thinking. The new model of care incorporates a holistic approach to young people’s needs and the development of an integrated wellbeing plan. This ensures that any rangatahi presenting with substance use are dealt with appropriately and their contributing family and community needs are addressed. This is accomplished with collaboration with community services, primary health and mental health sectors to ensure the best outcomes are achieved for the rangatahi. The focus is on comprehensive well-being and identity (Mauri Ora), incorporating whānau aspirations and needs (Whānau Ora) and use of a strength based approach to the young person’s developments (Rangatahi Ora)
This presentation will demonstrate how the Waikato youth AOD model of care was used in the case of Erin, a 16-year-old part Māori female. It will demonstrate how key stakeholders contributed to the seamless, integrated, collaborative care to support Erin’s journey to well-being.

Biography
Louise Coburn is a Registered Nurse who recently completed her Post Graduate Diploma in Health Sciences (endorsed in Addiction and Co-Existing Disorders). Louise came to Nursing as an older adult and realised her passion working in the addiction field following a 6-month placement at Pitman House detoxification service in Auckland. She has spent the past three years working in community alcohol and drug services including home and hospital based detox, consult liaison and opioid substitution treatment. With a recent move to Odyssey Youth Intact, a new service developed to work with rangatahi aged 12-19 years, this has allowed her to develop leadership, education and training skills. She is passionate about early intervention and working holistically with rangatahi, their whānau and their community in collaboration, to increase well-being.

Notes:
Hangover to handover

Author: Marea Topp
Organisation: Toi Ohomai Institute of Technology
Role: Senior Academic Staff Member, School of Nursing
Email: Marea.Topp@toiohomai.ac.nz
Phone: 027 497 4405
Address: 55 Omokoroa Rd, Omokoroa, Western Bay of Plenty

Abstract:
This study investigated nurses’ use of alcohol and other drugs (AOD) across the continuum of use and the implications for altered work performance and safe patient care. A nationally representative sample of nurses were surveyed and interviews were undertaken with RNs, Nurse Managers and Directors of Nursing throughout New Zealand.
When nurses reported working below their normal level of performance due to their AOD use, their critical thinking and decision making abilities were altered and they neglected the emotional care of patients and families. Nurse colleagues accommodated AOD affected nurses’ behaviours in an effort to reduce risk to both patients and the affected nurses.
The findings from this study suggest an established ‘culture of permissibility’ that unintentionally enables nurses to compromise the safety of patients when they work with a hangover or when they work while affected by their AOD use. They also highlight nurses’ responsibilities under the Health Practitioners Competency Assurance (HPCA) Act (2003) and the NCNZ’s professional Code of Conduct for nurses (2012) to maintain their professional standards of competence and provide safe care to patients and their families.

Biography:
Marea is a Registered Nurse. She has a diverse clinical background, has held nursing leadership positions and has worked in nursing education for nine years. Marea’s current research project is focused on the implications of the Health Practitioners Competency Assurance Act (2003) for the management of nurses, who as a result of their problematic AOD use have been reported to the Nursing Council of New Zealand.

Notes:
“We are notifying the Nursing Council”

Author: Liz Banks
Organisation: Nursing Council New Zealand
Role: Nurse Advisor Fitness to Practice
Email: liz@nursingcouncil.org.nz
Phone: 04 8020240
Address: 22 Willeston Street Wellington.

Abstract:
Being notified to the Nursing Council, can be a very overwhelming experience for nurses. “Will I be deregistered/struck off? Will my name be published in Kaitiaki? Is this the end of my nursing career?” are questions asked. What is the Council’s ‘health process’ and how is public safety balanced with supporting nurses though the process? How many nurses in the health process have substance use disorders and have the numbers changed over the years? What observations and trends are apparent and what possible gaps and challenges are there for nurses?

Biography:
Liz Banks, Nurse Advisor, Nursing Council Wellington. My nursing journey started at Wellington Hospital and I have worked in orthopaedics, medical and a detoxification unit. I moved into the community working in district, public health and Plunket nursing. I worked as an educator for Massey, Whitireia and the Royal New Zealand Plunket Society. I have been at the Nursing Council for six years and along with working with nurses during the health process, work with the Councils education and continuing competence processes.

Notes:
Reflections and where to from here?

This session encourages you to reflect on what you have heard so far, consider ways to advance your own practice and how you can support your colleagues. As such, throughout the day we would like you to consider the following questions:

- How can I advance my practice?
- How can we support new graduates/nurses entering the addiction sector?
- How can I work better and smarter with colleagues across disciplines and across services?
- How can I drive an initiative (such as showcased above) in my service?

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<td>Addiction Nursing-Where are we heading? Expanding the boundaries, future, opportunities and challenges</td>
<td>Louise Leonard - CADS Waikato Daryle Deering – National Addiction Centre</td>
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<td>Moira Gilmour - MHAIDS, CCDHB</td>
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<td>The Rainbow Connection: Meeting the needs of Rainbow people and why it matters!</td>
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<td>Reflection on the journey into OST nursing - am I doing good not harm?</td>
<td>Joni Reynolds - Waitemata DHB</td>
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<td>Personal can conflict with professional</td>
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<td>Adjusting to the hot seat: Transitions from ‘expert’ inpt to ‘novice’ community addiction nurse</td>
<td>Kristina Pedersen - CADS Waikato</td>
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<td>Simitra Sing-Parha; Zabina Munif - Waikato DHB</td>
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<td>A case study- A model of care for rangatahi with AOD and co-existing problems</td>
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<td>Reflections and where to from here?</td>
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