Role of the addiction clinical nurse specialist in acute hospital settings

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Abstract

**Background** The role of an addiction clinical nurse specialist (ACNS) is focused on individuals who misuse drugs and alcohol, and several benefits of the role have been identified in the literature. When people who misuse substances are admitted to acute general hospitals, there is an opportunity to engage with them and ensure they access support services to facilitate their recovery.

**Aim** To determine general nurses' experiences of caring for patients who misuse substances, and to gauge nurses' views on the implementation of an ACNS role in an acute general hospital.

**Method** This study used a qualitative design involving online interviews with 11 hospital nurses.

**Findings** Many participants felt that an ACNS could provide them with education and support around substance misuse, while also advocating for patients who misuse substances, reducing stigma and enhancing patient care.

**Conclusion** Participants indicated several benefits to implementing an ACNS role in their hospital, such as ensuring that patients who misuse substances experienced continuity of care which began at admission, was followed-up during inpatient stays and was maintained in the community.

**Keywords** addiction, career pathways, clinical, health promotion, lifestyles, mental health, overdose, professional, specialist nurses, substance misuse

**Background**
Nurses may encounter patients who misuse substances in almost any area of practice. Admissions to acute general hospitals are an opportunity for nurses to engage people who require addiction support and assist them with accessing services such as screening that might support their recovery (Mdege et al 2013). Furthermore, many of the healthcare professionals working in addiction services are nurses, and they are in an ideal position to act as agents of change for people who misuse substances (Thom et al 2023).

**Adoption clinical nurse specialist role**
The main objective of the clinical nurse specialist (CNS) role is to improve the quality of services provided to patients while promoting leadership and research in the nursing profession (Pulcini et al 2010). Studies have shown that staff nurses view the CNS role as a vital resource, while CNSs regard themselves as advocates who empower, support and educate other members of the multidisciplinary team (Begley et al 2014).

The role of an addiction clinical nurse specialist (ACNS) is focused primarily on individuals who misuse drugs and alcohol, and is centred on assessment, prescribing, harm reduction, liaison and advocacy (Clancy et al 2007). The role of the ACNS has also evolved to include health promotion and the care of patients with substance-related chronic and acute illnesses such as hepatitis and liver disease, as well as those with mental health issues (Comiskey et al 2019).
At the same time, a growing number of nurses specialising in the field of addiction have formed organisations such as the Association of Nurses in Substance Use and the International Nurses Society on Addictions (intnsa.org) (Clancy et al 2007). In 2015, the International Nurses Society on Addictions established a branch in the Republic of Ireland, thereby increasing the opportunities and recognition of nurses in Ireland who care for people who misuse substances (Clancy and Fornili 2019).

In terms of evidence, one study undertaken in a group of acute hospitals in Glasgow, Scotland, distributed a semi-structured questionnaire to staff to determine their views of a nurse-led addiction liaison service, which consisted of 13 nurses covering six acute hospitals (McPherson and Benson 2011). A total of 194 hospital staff at the trust completed the survey, with 93% stating that they had a positive experience of the addiction service.

Another Scottish study evaluated the views of staff on adding an ACNS outpatient service that ran alongside a hepatitis C outpatient clinic. The study yielded positive results, with 100% of respondents stating that the addition of the ACNS was beneficial to the hepatitis C clinic (Brown et al 2013).

There has been limited research on the experience of patients using ACNS services. However, in an Irish study by Comiskey et al (2021), 131 clients with substance misuse issues were asked for their views on a client-driven, nurse-led model of addiction care and many of them voiced their desire for the role to be expanded to involve methadone hydrochloride prescribing. The clients stated that they had more in-depth relationships with the ACNSs compared with clinic doctors and that enabling the ACNSs to prescribe and maintain their methadone would help to reduce their dose.

It is evident from the literature that the ACNS can have a vital role in the delivery of addiction services. However, while some studies have focused on the role of the ACNS in the community, there is limited evidence on this role in the acute general setting. Despite epidemiological data on the rising rates of patients who misuse substances in acute hospitals in Ireland (Millar 2022), as well as the implementation of alcohol liaison nurses in Irish healthcare services, at the time of writing there was no ACNS working in any Irish acute general hospital.

**Aim**

To determine general nurses’ experience of caring for patients who misuse substances, and to gauge nurses’ views on the implementation of an ACNS role in an acute general hospital.

**Method**

**Study design and participant recruitment**

The authors used a qualitative study design because it enables flexibility when interpreting healthcare and nursing-related experiences (Kim et al 2017). It also enabled the authors to determine the participants’ experiences and identify themes that could potentially be used to develop subsequent practice. The authors used thematic analysis with a realist method, which reports participants’ experiences and uses an inductive approach to identify themes linked to the data (Braun and Clarke 2006).

Purposive sampling was used to recruit participants for qualitative interviews, which would enable them to recount their experiences and make suggestions on how to improve services. Nurses, medical social workers and doctors working with – or who had regular contact with – patients with a history of substance misuse issues were invited to take part in the study.

The sample was drawn from a large inner-city university hospital in Dublin, Ireland. The hospital is in an area of high deprivation, which leads to frequent addiction-related presentations and readmissions to hospital (Byrne et al 2019). At the time of the study, there was no policy to introduce an ACNS into the hospital.

**Findings**

The sample comprised 11 nurses, with a mix of CNs from tissue viability, epilepsy and outpatient parenteral antimicrobial therapy, as well as ward nurses and those working in acute settings such as the intensive care unit (ICU) and the emergency department (ED). Eleven participants was deemed an adequate number because data saturation had been reached (Hennink and Kaiser 2014). Data collection and analysis

The interviews were conducted between April 2021 and May 2021 via an online platform due to restrictions resulting from the coronavirus disease 2019 (COVID-19) pandemic. The interviews were qualitative, in-depth and semi-structured, involving set questions and prompts that were informed by themes identified from a literature review undertaken by the authors before the study. The questions concerned the participants’ understanding of the role of the ACNS; what services were currently available in the hospital for patients who misuse substances; if the participants would refer to an ACNS if one were available; and if the participants could identify any barriers that might impede the implementation of an ACNS.

The interviews were recorded and transcribed verbatim by the first author (SLC). Thematic analysis was used to synthesise themes from the interview data, adhering to Braun and Clarke’s (2012) six-step guide. To ensure rigour, the identified themes were cross-checked by an academic supervisor.

**Ethical considerations**

Ethical approval was sought and approved by the ethics committees at Trinity College Dublin and the hospital. Information about the study was provided to prospective participants and consent was obtained at least seven days before any interviews took place. Any documents relating to the study, such as interview transcriptions and consent forms, were stored on a double-encrypted, password-protected system. The data were anonymised to protect participants’ confidentiality.
2022). Nine of the participants were female and two were male, and they demonstrated a wide variety of post-registration experience, ranging from 18 months to 30 years. While none of the participants had any formal qualifications relating to addiction, they all had experience of caring for patients who misuse substances in the acute hospital setting.

Table 1 shows the themes and sub-themes identified from the interview data.

Barriers to providing care

Lack of staff and support

Several participants emphasised that limited staff numbers and inadequate time were major barriers when providing care for patients who misuse substances, with one participant stating:

‘Time is a big one… you don’t have the time to sit and chat to these people and find out why they are the way that they are.’ (Participant 8, ICU nurse)

Alongside this, incidents of behaviour that challenges from patients were a concern for participants, particularly in relation to safety issues for other patients. One participant emphasised how this could impede care:

‘[Patients who misuse substances] can be a difficult cohort, but coinciding with that is you have your elderly, you have your vulnerable [patients]… and so sometimes their behaviour… if someone was using… you could put safe practices in place to try and ensure that they still receive medical treatment, but when you also have 80-plus-year-olds in a ward it’s not really feasible because you have to safeguard others.’ (Participant 3, CNS)

Staff safety was the main barrier to providing safe and effective care to this patient group. This issue was raised by one participant with more than ten years’ experience of working in several settings in the hospital and caring for patients who misuse substances:

‘Some nurses were constantly not feeling safe in their own workplace, which in turn led to the constantly revolving line-up of staff [and] everyone was junior… it was chaos.’ (Participant 5, CNS)

Inappropriate setting

One participant, a ward nurse with two years’ experience, felt that the hospital environment was also a barrier to providing safe and effective care for patients who misuse substances, stating:

‘They’ll say to you “Oh I don’t want to be in that bay with x or y patient” because they know themselves, they wouldn’t be strong enough to say no if they were offered drugs.’ (Participant 6, ward staff nurse)

Another participant reported that one of the most significant barriers she experienced was patients wanting to self-discharge and refusing medical care, despite being acutely unwell:

‘A lot of the time those people, when maybe if they have overdosed and when they start to wake up, they don’t want to be in hospital and they don’t really want to be helped. I find that very hard.’ (Participant 11, ICU nurse)

Stigma

One participant related that a significant barrier to care was the lack of support nurses experienced from medical teams, alongside a lack of understanding for patients who misuse substances shown by some doctors:

‘Lack of medical support is a big one, [when] somebody is really out of it or aggressive or they’re withdrawing, and [the doctor] might chart them 2mg of lorazepam or something and you’re going “Really?” We can’t look after them when [the prescription] is not meeting their needs.’ (Participant 8, ICU nurse)

Some participants discussed the personal barriers they experienced when caring for this patient group, with one identifying how challenging it could be to maintain a positive attitude:

‘Sometimes you’re a bit judgemental towards people who are addicted, which is pretty bad because as a nurse you shouldn’t be, but sometimes you are pretty judgemental towards them.’ (Participant 10, ICU nurse)

This response was similar to another participant who acknowledged the negative attitudes staff could sometimes develop towards patients, which could result in stigma:

‘Prejudice is a big one… your first thought is, “Oh this person is only drug-seeking or they’re only acting the way they’re acting because of their substance abuse”.’ (Participant 8, ICU nurse)

Perceived role of the addiction clinical nurse specialist

Lack of awareness of the addiction clinical nurse specialist role

Many participants did not know addiction nursing was a speciality for nurses, with one commenting:

‘I didn’t know it was a thing, but now that I know, I think it’s brilliant and especially something that we can probably utilise in ICU and in A&E.’ (Participant 8, ICU nurse)

Another participant was also open to the idea of an ACNS role being implemented in the hospital:

‘I actually didn’t know [about the ACNS role], but I think it’s really needed, especially [since] there’s an awful lot of people who come in who are addicted to drugs in particular.’ (Participant 11, ICU staff nurse)

Some participants were aware of the addiction specialty but were surprised that the ACNS role had not been implemented in the hospital already, with one stating:

‘Actually, now I think it’s very strange we didn’t have one. There was always access to addiction nurses, but they’d always have to come externally.’ (Participant 5, CNS)

Table 1. Themes and sub-themes identified from the interview data

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<thead>
<tr>
<th>Theme</th>
<th>Sub-themes</th>
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<td>Barriers to providing care</td>
<td>Lack of staff and support, Inappropriate setting, Stigma</td>
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<td>Perceived role of the addiction clinical nurse specialist (ACNS)</td>
<td>Lack of awareness of the ACNS role, Providing education and support, Patient advocate, Liaison between hospital and community services, Barriers to the implementation of the ACNS role</td>
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Another participant agreed, commenting:
‘There’s 100% a need [for an ACNS]… I’m even surprised there’s not one already to be honest.’
(Participant 11, ICU staff nurse)

**Providing education and support**
Several participants viewed the main role of an ACNS to be providing staff with support and education on the care of patients who misuse substances:
‘I think supporting other healthcare professionals in understanding would be just really important… also in terms of just [providing] very basic knowledge.’
(Participant 2, CNS)

‘To provide a support for the patient first and foremost [and] educate staff on the wards, educate the doctors, the medical social workers and the consultants.’
(Participant 4, ward nurse)

Alongside staff benefiting from education and support, participants emphasised the advantages that patients could gain from an ACNS being present in the hospital, with one stating:
‘For patients as well, for them to know there is someone who gets it… that this is their thing.’
(Participant 2, CNS)

**Patient advocate**
Some participants mentioned that the ACNS could act as an advocate for patients, alongside breaking down barriers to care. For example, one participant stated:
‘We all have to understand that we are there for the patient first [and to act as] patient advocates. The CNS role in addiction will break down so many barriers.’
(Participant 1, CNS)

Another participant discussed how a dedicated ACNS would become familiar to patients:
‘If you had somebody that actually knew the patients and was advocating for them, it would be a huge relief, I think. For staff as well, to be able to actually treat these patients coming from somebody who knows them.’
(Participant 8, ICU nurse)

Similarly, another participant spoke about the need to develop a rapport with patients who misuse substances and that having someone who knew them already would be an asset:
‘For somebody to know a patient’s history, know what path they were started on… when somebody is admitted they don’t always go to the same ward, they don’t always see the same staff, so I think it would be very important.’
(Participant 10, ICU nurse)

Another participant noted that consistent staffing would be a benefit in terms of developing relationships between staff and patients:
‘We had regular staff here who the patients got to know over time so when they come in and out, they would recognise the staff that were on, and they could say, “Ok, I know this person”. Developing that relationship with these patients was much, much easier.’
(Participant 5, CNS)

**Liaison between hospital and community services**
Some participants discussed the importance of patient follow-up and that an ACNS would be well-placed to monitor patients and ensure they receive the required care. One stated:
‘If people miss appointments so many times in a row… they get lost to follow-up so having visibility of that will be really good.’
(Participant 2, CNS)

Referring patients who misuse substances to appropriate services on discharge from the acute hospital was an important consideration discussed by several participants, with one of them emphasising that follow-up on discharge was important to maintain patients’ recovery:
‘When they’re discharged it would probably be their biggest challenge… they could link in with the addiction nurse specialist when they’ve been discharged, I think that would be brilliant [to] keep them on track.’
(Participant 11, ICU staff nurse)

**Barriers to the implementation of an addiction clinical nurse specialist role**
Funding and costs were the main barriers to the implementation of the ACNS role in an acute setting that were discussed by the participants. One participant commented that the barriers were:
‘No more than [for] any other kind of barrier for any job – money, cash – it’s always budget.’
(Participant 2, CNS)

Another participant stated that colleagues’ lack of qualifications for the ACNS role, as well as a potential lack of interest, might be a barrier to recruitment:
‘The amount of people who are qualified to do the job… there would be a lot of people who wouldn’t want to do the job… I think it’s a very tough job.’
(Participant 7, ICU nurse)

While several participants emphasised barriers to the implementation of an ACNS, one participant was optimistic about the role:
‘No, there would be absolutely no reason [not to implement the ACNS role],… there are CNSs in every single discipline and addiction services is one of the biggest.’
(Participant 4, ward nurse)

**Enhancing existing care and practice**
**Knowledge of existing services**
There was a varied response when participants were asked about services for patients who misuse substances and how to access them, both in the hospital and the community. One participant discussed their positive experiences of referring patients to local addiction services:
‘In Dublin, the addiction services seem to be a very smooth-running machine… getting someone onto a methadone programme… they were always a phone call away.’
(Participant 5, CNS)

Some participants mentioned the homeless liaison service that had been established in the hospital, but were unclear about any addiction recovery services that were available:
‘The homeless liaison and stuff… I actually don’t know… we don’t have any specific recovery programmes, I don’t think, that are linked-in with the hospital.’
(Participant 8, ICU nurse)

‘I wouldn’t have any idea how to access them… if I had to, I would call [the homeless liaison... ]’

Reducing readmissions and enhancing care
Some participants mentioned the frequent readmission rates affecting patients who misuse substances, referring to this as a ‘vicious cycle’ and using the dismissive term ‘frequent flyers’ for some patients:

“We called them ‘frequent flyers’ coming back into the hospital constantly from the damage that has been done, and they may be on a methadone programme, but their ill-health is created around addiction.” (Participant 1, CNS)

High rates of readmission were also mentioned by one participant who, despite only recently being employed by the hospital, had noticed a pattern:

“I’m even seeing already in the short five months that I’m there that the same people are coming in and out.” (Participant 11, ICU staff nurse)

Other participants suggested that an ACNS could potentially reduce readmission rates:

“An addiction nurse specialist would definitely reduce the amount of times that people come back in with the same recurrent cycle.” (Participant 7, ICU nurse)

Another participant emphasised the need for inpatient addiction treatment and to treat substance misuse as a primary rather than a secondary condition:

“It isn’t just the presenting complaint we need to treat…the cause of admission…because would this person be in hospital otherwise? No, they wouldn’t.” (Participant 4, ward nurse)

Similarly, another participant felt that treating addiction as a primary condition would enhance patient care and reduce readmissions:

“It would improve the quality of the care they get in the hospital, but it would also, I think, decrease their presentations and their need for longer hospital stay in terms of what we do in the hospital.” (Participant 8, ICU nurse)

The importance of following-up patients and monitoring their progress after their discharge from the acute hospital was also discussed by some participants, with one stating:

“I think a clinic running in tandem with hepatology and infectious diseases would be absolutely amazing… it would bring back a patient who was discharged [to assess] how are they getting on in the community.” (Participant 4, ward nurse)

Discussion
Experience of caring for patients who misuse substances
The participants in this study discussed multiple issues in hospital services and the environment when caring for patients who misuse substances. For example, several participants reported that staffing shortages were an ongoing barrier to care because they reduced the time available with each patient. Barriers such as these reflected the findings of McNeely et al’s (2018) previous study into providing screening for substance misuse in primary care, which determined that lack of time and staffing shortages impeded addiction support on patients’ subsequent presentation to hospital.

The present study also emphasised the importance of the hospital environment being appropriate and ensuring patient safety. One participant stated that patients who misuse substances sometimes exhibit behaviour that challenges, and that this can also negatively affect staff and the care of other patients. This is reflected in the literature, with one study finding that many mental health nurses caring for patients who misuse substances felt unsafe in the workplace (Merrick et al 2022).

The findings of the present study demonstrate that the implementation of ACNs in general hospitals warrants further investigation, particularly because most studies involving substance misuse and healthcare focus on EDs or the community. While one study by Dorey et al (2021) investigated patients’ experience of undergoing detoxification during their inpatient stay, the authors did not investigate the effect of the hospital environment.

A small number of participants cited their own misconceptions and prejudices as personal barriers when caring for patients who misuse substances. This was an unexpected outcome, and it was evident from the interviews that the nurses felt conflicted when reporting this barrier.

Implementation of the addiction clinical nurse specialist
Participants identified relatively few barriers that could impede the implementation of the ACNS in hospitals, with the primary issue being funding. However, two participants, both of whom worked in the ICU, cited a lack of interest in the addiction specialty as a barrier among nurses and healthcare leaders.

Only two participants were aware of addiction as a nursing specialty. Despite this, many were in favour of the ACNS role being implemented in their hospital. There were several specific responsibilities that the participants felt the ACNS should fulfill, including:

» Providing addiction education and support to patients and staff.

» Acting as an advocate for patients who misuse substances.

» Liaising with addiction-related services such as the in-hospital homeless liaison service and community-based drug and alcohol charities.

Some participants also commented that the focus on advocacy in the ACNS role could represent continuity for patients who misuse substances, with the ACNS acting as a dependable healthcare professional who was familiar with the patient’s history and background. This would address the lack of consistency resulting from high staff turnover. Two studies reflect this focus on advocacy; one undertaken in a community setting in Ireland (Comiskey et al 2019), and another conducted in an acute hospital in the UK (Dorey et al 2021). Both studies focused on the need for a dedicated ACNS who would ensure that patients’ recovery was fully supported throughout their care pathway.

Alongside providing support for patients and nurses, the participants felt it was important that the ACNS was also an education resource for other members of
the multidisciplinary team. This reflects the findings of two previous studies, which found that the ACNS’s expertise in addiction would enable them to educate other members of the team about areas such as detoxification and alcohol screening (Jordan 2015, Musgrave et al 2018).

Another facet of the ACNS role discussed by participants was liaising with community services. One participant, a CNS who managed outpatient department clinics, felt that patients who misuse substances were often lost to follow-up due to the sometimes-chaotic nature of their lifestyles, but that the ACNS would be aware of these patients and monitor their appointments. Similarly, another participant emphasised that the ACNS’s knowledge of community services would ensure patients had sufficient support in place when they were discharged from hospital. These findings reflected those of a study by Brown et al (2013), which identified that an addiction liaison nurse outpatient service enhanced the support provided to patients.

The hospital where the present study took place has a homeless liaison service, which predominately provides care for homeless people presenting to the hospital, although those with substance misuse issues sometimes access the service. Many of the participants in this study associated the homeless liaison service with addiction services despite this not being its main remit. At the time of writing, there were no formal addiction services available in the participants’

hospital, so nurses made use of what resources were available to them at the time. All of the literature reviewed for this study featured participants who had access to formal addiction support; therefore, no comparison could be made with the findings of the present study.

Several participants emphasised that there was insufficient support in place in the hospital for patients who misuse substances. Many of them thought that staff should regard addiction as being inextricably linked to patients’ other health conditions or injuries rather than treating it as a separate entity, which they believed would enhance treatment outcomes and lead to fewer readmissions and shorter inpatient stays.

Some participants suggested that the ACNS should work alongside other specialties, such as medical social workers or hepatology teams, to ensure that patients receive comprehensive follow-up after their discharge from hospital. This finding was reflected in several studies on services that have introduced an ACNS, although not all of them had analysed the full effect of the role (Jordan 2015, Musgrave et al 2018).

Limitations
Despite recruitment for the study being aimed at doctors, medical social workers and nurses, only nurses participated, meaning that the views of a range of multidisciplinary team members are not reflected in the findings. In addition, the study was conducted in one hospital and other locations may have produced contrasting findings. Similarly, the qualitative study design is a limitation due to a lack of generalisability and transferability. Due to the COVID-19 pandemic, all interviews were conducted online, which may have affected the participants’ responses. Finally, the study did not feature the ‘voice of the patient’ and a larger study would enable patients’ views of the ACNS role to be explored. These limitations emphasise the need for further research in this area.

Conclusion
The findings of this study indicate that, in the opinion of a sample of general nurses, the implementation of the ACNS role in acute general hospitals could be of significant benefit to both patients and staff. Alongside the ACNS providing education and support for staff and acting as a patient advocate, the role could ensure that addiction recovery for patients who misuse substances begins at admission, is followed-up during inpatient stays and is maintained in the community.

IMPLICATIONS FOR PRACTICE

Many staff in acute general hospitals require further education on the care of patients who misuse substances

Stigma in relation to patients who misuse substances remains an issue, but could be overcome through additional training and support

The implementation of an ACNS role in acute general hospitals could be beneficial to both staff and patients

The ACNS role has the potential to commence support for patients who misuse substances on their admission to a general hospital setting, then continue this support in the community

References


