Walls are not the answer! Addictions nurses show the way in cross national collaboration.

While this special issue is about Europe, and in particular about addiction nursing in Europe, it is indicative of a growing recognition of the need for global co-operation in combating what is a significant challenge to public health. In practical terms, the world is getting smaller and threats to public health such as problematic drug and alcohol use transcend national borders. Nursing must respond in kind. The articles in this issue offer an account of what addiction nursing *needs* to do as well as what it *is* doing in Europe, and beyond. Through the International Society for Addictions Nursing (IntNSA), addictions nursing is not only asserting its right to be recognised within the nursing profession, it is beginning to fulfil its responsibility to the global population. The many successes on our journey so far have helped to develop a sense that we can accomplish much more, but we can only do this together.

In the World Health Organisation (WHO) European region, it is known that there are an estimated 7.1 million nurses and while most countries require at least 12 years of education before entry to a nursing programme, the standardisation of nurse training has not yet been achieved (Büscher, Sivertsen, & White, 2009). As the largest health professional group in Europe, nurses are recognised as having a fundamental role in addressing public health challenges, including drug and alcohol use and co-morbidity (World Health Organization, 2015). Despite this, exposure to training in addictions at undergraduate level across Europe appears to be limited and, in this context, specialist nurses and academics must play a stronger role. Within the specialism of addiction nursing, nurses should develop a greater consciousness of the complex socio-political-economic and multi-disciplinary 'eco-system' in which it's operates. This is imperative if addiction nursing is to permeate into the 'water supply' at the level of policy and practice across Europe and find its place in helping to address a significant threat to public health.

Within the European treatment and policy context, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) has helped to increase harmonisation of drug policy and treatment and it has also facilitated the standardisation and co-ordination in reporting of drug use. Yet, across Europe significant differences still exist in patterns of drug and alcohol use, its treatment, and its impact including on drug related deaths (EMCDDA, 2018). How specialist addiction nursing has developed across Europe is broadly reflective of the differences within nursing and how addiction is responded to within each country. In this respect, we have much to learn from each other. The differences in economic and social policy across Europe have had an impact on the wellbeing of people who access

substance misuse treatment services, but the specific impact of nurses is not clear. More evidence is required in this regard if nursing is to help create a vision for our services and workforce which transcend electoral cycles, and must acknowledge the longitudinal approach required in developing an effective addiction workforce for the future.

Arguably, the need for this vision is exemplified via the changes which took place within the delivery of drug treatment services in England from 2000 onwards (Drummond, Strang, & Day, 2017; Jones, 2009). The National Health Service (NHS), staffed largely by health care professionals including nurses, historically has provided almost all the substitute prescribing services in England. This changed with the introduction of the internal market and commissioning of services introduced in the early 1990's. Leading to a shift in provision, NHS drug and alcohol services had to compete with voluntary sector providers in five-year cycles. Despite concerns being expressed from specialist addiction nurses and other professionals, the ensuing period witnessed a de-professionalization of services, where peer support workers and drug workers often supplanted experienced professionals (Drummond, 2009; Geel, 2009; Jones, 2009). Independent inspection of treatment services has revealed that the standards of clinical governance have also diminished (Drummond, 2017; Drummond et al., 2017). Furthermore, along with the increased availability of dangerous drugs such as Fentanyl and an ageing population of drug users, an increase in drug related deaths over this period has been attributed to these systemic changes (Public Health England, 2016).

The increased use of peer support workers and drug workers should be supported and welcomed *in addition to* but not *instead of* specialist professionals. What might be the response if a similar account was shared but the subject was 'coronary services'? Let us for a moment reflect on the following fictitious narrative. NHS specialist coronary services are advised that they would now be expected to 'compete' with third sector/voluntary agencies who had established coronary services. These 'alternative services' had been slowly establishing a profile, offering 'counselling/support', often associated with employing staff who themselves had a history of coronary disease and had survived and recovered from multiple cardiac episodes and were now considered stable and well. Would the public or indeed family/friends of someone coping with problematic cardiac problems (often complicated by co-morbid conditions) 'accept' that services (albeit well-meaning and with skills and knowledge to assist) be considered the 'primary provider of 'expert/specialist' care? . This 'story' offers some insight into where the political debate currently resides and why, Orwell's maxim (1984) that 'everyone is equal but some are more equal than others' remains in play.

In Ireland, where there is no independent inspectorate for drug treatment services, drug related deaths have been consistently high by European standards and are currently the fourth highest in Europe (EMCDDA, 2018). In contrast, the Netherlands has relatively low prevalence rates of opiate dependence, related HIV infections and lower rates of drug related deaths. While there is clear differences in social policy between these three jurisdictions, the extent of how much the enhanced role of addiction nurse prescribers in the Netherlands or overall governance has had an impact is not clear, and closer analysis of a broader range of European countries is warranted.

In order to address inconsistencies in how treatment is delivered, we must identify optimal configurations for treatment services based on culture, resources, workloads and skill mix within treatment services while remaining cognisant of population need and public policy (Kelly, Hegarty, Barry, Dyer, & Horgan, 2018; Oyefeso, Clancy, & Farmer, 2008). In this regard, we must also position addiction nursing to influence public policy and if the evidence clearly demands it, bolster the place of nursing (specialist addiction and non-specialists) within the 'eco-system' of healthcare provision. In this respect, we can follow the examples in leadership which emerged from the international body of nursing research led by Linda Aitken and colleagues in the United States (2011) and more recently in Europe with the publication of the RN4CAST (Ausserhofer et al., 2014). This has clearly demonstrated the important role of nursing and that workforce related factors such as skill mix and training have a direct impact on patient outcomes in generalist settings. These findings have already had a significant impact on public policy and emphasises the importance of replicating this research in other areas of healthcare, such as addiction nursing treatment.

The emergence of IntNSA in Europe in 2016 has helped to increase co-operation between nurses not only across the WHO regions but also at an inter-European level. Building upon many years of informal groundwork, there are now IntNSA chapters in Ireland, the Netherlands and the UK with additional chapters planned for Portugal and Denmark. IntNSA Europe was formally launched in August of this year at a special pre-conference event at the International Council of Nurses (ICN) Advanced Nurse Practitioner conference in Rotterdam, The Netherlands. IntNSA nurses were represented throughout this event and have become an important addition to ICN events on a regular basis. IntNSA Europe is also helping to build a strong foundation for further developments within Albania, Finland and Belgium. As well as facilitating greater representation at political and policy level in Europe, green shoots of trans-national research are beginning to emerge from the IntNSA European Region. Still, many challenges remain for the future, and we must not only fulfil our challenge of getting addiction education into our own 'nursing water supply', we must also aim to oxygenate the entire planet.

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