The last one to recognize they have a problem is often the one with the problem....
Three-fourths, or 76 percent, of people with a drug or alcohol problem are currently employed.

Substance Abuse and Mental Health Services Administration (SAMHSA)
Yes You Can

SUBSTANCE ABUSE IN THE WORKPLACE
The Answer!

"Soldiers Disease"
- Analgesic

Medical Use
- Cough Suppressant
- Cure for Bronchitis and Tuberculosis
- Non-addictive

Named after feeling it gave

Completely illegal after 1924 Heroin Act passed

In 1924, the deputy commissioner of the New York Police reported that 94% of all crimes were being committed by heroin addicts. 
(www.nationaldrugscreening.com)
1:15 ARE AN ADDICT

1:10 ADDICT IN FAMILY

1:3 KNOW AN ADDICT

SAMHSA
How About West Virginia?

• #1 in overdose rate (42.5 per 100,000)
• Burial Fund exhausted for 6th straight year
• Considered the epicenter of the opioid epidemic
• Enough to supply 433 pills per resident over the past six years (businessreader.com)
JUST SAY NO!
War On Drugs
Prescription Drug use is the second most abused (illicit) substance in the United States behind only marijuana.
How Did We Get Here
National Overdose Deaths
Number of Deaths from Prescription Drugs

Source: National Center for Health Statistics, CDC Wonder
National Overdose Deaths
Number of Deaths from Heroin

Source: National Center for Health Statistics, CDC Wonder
Take A Pill

- **No evidence that opioids are effective for long-term treatment of chronic pain.**

- “Safe and effective” use of opioids for chronic pain is an invalid concept.
  - No evidence that these can be used safely
  - No evidence that they can be used effectively

- Epidemiologic studies have shown that those on chronic opioid therapy have worse quality of life than those with chronic pain who are not.

How Could They?
ADA does recognize addiction as a disease.

- Opiates, Benzos, Alcohol = Chemicals that are MIND ALTERING substances that can, and will, result in long lasting changes to brain.
Repeated heroin (opioid) use changes the physical structure and physiology of the brain, creating long-term imbalances in neuronal and hormonal systems that are not easily reversed (NIDA).
It Keeps Going, and Going, and Going, and…

- Chronic and Progressive
- Only 3 possible outcomes……..
  ↓ Jails
  ↓ Institutions
  ↓ Death
No, seriously though

Rationalizations… (excuses)
★ “They don’t really need it”
★ “They’re getting a script anyway”
★ “Man, I am such a better nurse!”
IMPAIRMENT

An inability to function at an acceptable level of competency or an to continue to practice with the requisite skill, safety and judgement as a result of alcohol or chemical dependency, psychiatric or emotional disorder, senility or a disabling physical disorder.

New Jersey Board of Nursing Laws, posted 7/8/09
How Can You Relate?
No......Really?

Primarily characterized by
Compulsion
Lack of Control
Continued use of the substance despite
devastating consequences
"Just Stop"

Comparative levels of dopamine release

food  sex  nicotine  cocaine
8.3 oz...
12 oz...
16 oz...
20 oz...
COCA-COLA SYRUP AND EXTRACT.

For Soda Water and other Carbonated Beverages.

This "Intellectual Beverage" and Temperance Drink contains the valuable Tonic and Nerve Stimulant properties of the Coca plant and Cola (or Kola) nuts, and makes not only a delicious, exhilarating, refreshing and invigorating Beverage, (dispensed from the soda water fountain or in other carbonated beverages), but a valuable Brain Tonic, and a cure for all nervous affections — Sick Head-ache, Neuralgia, Hysteria, Melancholy, &c.

The peculiar flavor of COCA-COLA delights every palate; it is dispensed from the soda fountain in same manner as any of the fruit syrups.

J. S. Pemberton, Chemist, Sole Proprietor, Atlanta, Ga.
Scope of the Problem

Attributable to over 110,000 deaths a year
Scope of the Problem

It is estimated that 8-20% of health care professionals abuse alcohol or other drugs (ANA).

Of the 39,000 in West Virginia 3,100 to 7,800 would abuse alcohol or other drugs.

Of the 4 million nurses in the United States 313,000-783,000 would abuse alcohol or other drugs.
Why Nurses?

ADDITION
HIDES BEHIND A MASK

100% confidential
1-888-883-8433
This call could save your life.

1:10 professionals will become addicts or alcoholics
Are We Any Different?

No

Estimated 8-20% of nurses use and abuse (ANA)

Same as general population, but reported less frequently

Results are the same

YES

Occupational hazard

Intervention required

Patient safety paramount

Requires special monitoring
The Hidden trap, which any nurse can fall prey to is that our education and experience in safely and effectively medicating patients somehow *qualifies* us to safely and effectively self-administer the same substances. These thoughts may sometimes meet with little or no resistance... The illusion that one's knowledge about addictive substances serves as a barrier or vaccine against becoming addicted actually *serves to increase, rather than decrease our risk.*

(emphasis added)

-Paula Davies

*Unbecoming A Nurse*
Not Nurses?

✓ Judgemental?

✓ Rationalize?

✓ Better than?

The one with the problem is often the last one to recognize there is a problem....
No, Not Her?

Tendency to self diagnose and self medicate

Nursing environment allows accessibility to narcotics

Nursing *Negative* attitude toward addictions
No, Not Him?

Higher rates with ED and Psychiatric Nurses
Higher rates of smoking in Psychiatric Nurses
Significantly Higher rates in Critical Nurses
Oncology more likely to binge drink
General peds, women’s health, school & occupational health least likely to report SUDs
CRNA’s 15%

(trinkoff & Storr 1998)
But How??

Improper removal from floor stock, waste, patient med supply for nurses personal use...

DIVERSION
The last one to recognize they have a problem is often the one with the problem....
What to Look For
Things To Know

About the addicted employee...

- Graduate in top 25% of class
- Hold advanced degree
- Described as very intelligent
- Occupy demanding positions at work
- Highly respected by peers
- Described as "one of my best workers"
- High productivity at work
- Works long hours and often "picks up the slack"
Well... Duh!!

- Slurred Speech
- Diminished alertness/confusion
- Unkept...
- MIA
“Dedicated” worker always volunteering for overtime, stays late, medicates...
What? You Don't Trust Me?
Something's Different?

Emotional/verbal “snappy” behavior changes

Long sleeves, warm weather
Not Just Physical

Excessive PRN's
Q6
Getting Sloppy

altered md orders/phone orders
ex: Oxycodone IR instead of Oxycodone CR

INNEFFECTIVE PAIN RELIEF IN PATIENTS
We'll fix it

Excessive med errors

Numerous corrections
What Are You Going to Do About It?
I’m not a Rat!

“Code Of Silence”

➢ Loyalty
➢ Guilt
➢ Fear

Talk **TO** that person not **ABOUT** that person…
The last one to recognize they have a problem is often the one with the problem....
I’m Just Trying to Help..

1. Accepting nurse’s responsibilities and duties
2. Avoiding, withdrawing from situation
3. Denying condition, *minimizing* severity of problem
4. *Protecting* the nurse from consequences of using by lying or protecting the nurse’s image
5. Believing the nurse can *control* use and behavior
6. Accepting nurse’s *rationalizations*, excuses.
7. Enduring the behavior
WE ARE AWESOME!!

Nurses do all the wrong things.....

For all the right reasons.....
Nursing Code of Ethics

 Provision 3
The nurse’s duty is to:
1. Take action to protect the patient, the public and the profession from harm
1. To extend **caring** and **compassion** to colleagues throughout process
1. Advocate for appropriate assistance
2. including support for return to practice for those who are ready

Interpretive Statement 3.5 & 3.6 (2015 Update)
3.6 addresses Impaired Practice

*Be alert* to and take *appropriate action* in all instances of incompetent, unethical, illegal, or impaired practice or actions that place the rights and best interests of the patient in jeopardy.

Interpretive Statement 3.5 & 3.6 (2015 Update)
But How?

Be alert means clarify the facts when you have a concern about a team member’s performance.

Assess the risk and consider your ethical responsibility and obligations under the law.

Employ organizational policies or contact the board of nursing in a timely way.
Have You Ever Heard of RESTORE?
HOW KNOWLEDGABLE ARE YOU OF RAMP?

A. Very Knowledgable (7%)

B. I am aware of RAMP, but need further education.

C. I never heard of RAMP. (62%)
HUH?

Fully accountable

5 year program

No “record” of alternative to discipline action upon completion of RESTORE.
Let's Get To Know Each Other.

- 150 current participants
- 66 new members over past 18 months.
- 10 Nurse Support Group Facilitator meetings across the state
- 10 successful program completions since RESTORE returned to West Virginia in January of 2016.
- In its infancy.......
I’M NOT WORKING WITH THEM!!!

- Inpatient and outpatient
- 6 month leave
- 90/90..then 3x weekly
- Weekly NSGF meetings
- Daily check-ins
- Random urine tests
- No 16 hour shifts
- No overtime
- Monthly evaluations
Yes You Can

150 current participants (July, 2017)
66 new members past 18 months
10 graduates over past year
10 NSFG meetings statewide

...RESTORE Will continue to grow....
The “Message”

- Addiction = A Disease
- Nursing Professionals = **NO IMMUNITY**
- Denial = Chief Symptom
- Denial = Obstacle of Tx

*Yes You Can*
Yes You Can

- Nursing Professionals are different
- Treatment Works!!!
- Outcomes Are Favorable
- Monitoring is Critical
SUCCESS...

73%

RAMP 2015
Jails...

Institutions…
It could happen to anyone....
Jails...

Institutions...
Make it personal before it becomes personal
ADDICTION HIDES BEHIND A MASK

100% confidential
1-888-883-8433
This call could save your life.

1:10 professionals will become addicts or alcoholics
yesyoucanRN.com
References


NJ Board of Nursing
HTTP://WWW.NJCONSUMERAFFAIRS.GOV/NURSING/

References
