Have You Ever…

- walked in on a nurse with a pill in her hand?
- had that gut feeling that something isn’t quite right?
- smelled alcohol on someone at work?

Have you ever continued…

- suspected a drug diversion?
- has another nurse every appeared impaired at work?

A 2ND Chance for the Chemically Dependent Nurse

Judy Richards, BSN, CARN
and
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Learning Objectives
1. Discuss warning signs of the Chemically Dependent Nurse
2. Emphasize our Duty to Report
3. Review details of the Massachusetts program for Chemically Dependent Nurses

Learning Objectives continued...
4. AdCare Hospital’s program to assist nurses during their re-entry to the work force
5. Case studies of nurses who entered the Massachusetts program

As of September 8, 2015
The number of active RN and PN Licenses in the United States is 5,291,237
Does this Surprise You?

- As of 2008 approximately 20% of nurses are chemically dependent and working while impaired
- That is one (1) of every five (5) nurses!

Definition of Addiction

Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry

Definition of Addiction continued...

Addiction is characterized by inability to:
- consistently abstain
- impairment in behavior control
- craving
Definition of Addiction continued...
- Diminished recognition significant problems with one’s behaviors and interpersonal relationships and
- Dysfunctional emotional response

Like other chronic diseases, addiction often involves cycles of relapse and remission
- Without treatment or engagement in recovery activities addiction is progressing and can result in disability or premature death

Different Rates of Abuse Between Specialties
- Oncology nurses were more likely to drink alcohol
- ICU/ER Nurses are more likely to struggle with opiates
- Pediatric, Woman’s Health and School/Occupational nurses were least likely to report substance abuse
Risk Factors
- Medications are readily available in the workplace
- Stressful occupation
- Ever-changing work schedules and shifts
- Lack of education regarding substance abuse disorders

Risk Factors continued...
- Gender
- Family history
- Issues at home
- Financial difficulty

Women vs. Men
While women tend to abuse alcohol and illegal drugs less than men, they are more likely to abuse prescription medications
Stigma
The stigma of substance abuse for nurses is also still very powerful for both genders primarily because of the threat of the potential loss of one’s job.

Recognizing Signs and Symptoms
- Absences from the unit for extended periods
- Frequent trips to the bathroom
- Arriving late or leaving early
- Making an excessive number of mistakes, including medication errors

Recognizing Signs and Symptoms continued...
- Diminished alertness, confusion or memory lapses
- Incorrect controlled substance counts
- Large number of controlled substance wastage
- Frequent reports of ineffective pain relief from patients
Reporting Obligation

- You have a duty to report to your supervisor immediately and follow your facility’s policy or practice if you see any warning signs in a peer/co-worker.

- Duty to report varies state to state.

Confirming Abuse

This may include:

- Urine testing
- Searching of belongings
- Relieving the nurse of his/her duties
- The nurse may disclose if they’re having a problem and feel some relief that they’ve finally been identified.

Our Duty

It is also our duty as a profession to help the impaired nurse with his/her addiction to prevent further harm to himself/herself.
1980’s

Prior to the 1980’s, nurses were often fired by employers and/or disciplined by the board of nursing (BON) when evidence of substance use became apparent.

Substance Abuse Programs

Today we have programs which include voluntary surrender of license, and support for nurses in recovery to reenter the workforce.

Nurses demonstrate their humanity to their peers and support of the Americans with Disability Act to not discriminate based on alcohol or other drug abuse problem.

Public Safety

These programs are grounded in the recognition that problems faced by colleagues with drug or alcohol problems have an impact on patient safety and violate the public trust.
Non Disciplinary Programs
In 1992 only 13 state Board of Nursing provided an alternative to a disciplinary approach.
37 States have some type of program to channel impaired practitioners into treatment and rehab, monitor their return to work, and spare their licenses as of 2002.

Substance Abuse Rehabilitation Program (SARP)
In Massachusetts, as some other states the Board of Registration in Nursing has a Substance Abuse Rehabilitation Program (SARP).

5 Year Treatment Program
SARP is a five (5) year treatment and monitoring program which exists to assist nurses with alcohol and/or other drug problems to return to practice while protecting the public’s health, safety and welfare.
Established
SARP was established in accordance with Massachusetts General Laws, Chapter 112, section 80F, as a voluntary action for nurses who have alcohol or drug problems.

SARP Program Statistics
Awaiting feedback from SARP to be inserted at presentation.

Re-entering the Workforce
- One of the expectations of the SARP program is that nurses begin to enter the workforce during their involvement in the program.
- Though this is great in theory, many facilities are hesitant to hire such nurses.
- AdCare Hospital hires and supports these nurses.
AdCare Hospital of Worcester, Inc.

AdCare Hospital is a 114 bed acute care specialty hospital for alcohol and drug treatment. AdCare has long been supportive of the SARP program and has developed opportunities for such nurses to return to work and provide the supervision required by the SARP Program.

What Have We Done...

21 nurses have been hired with connection to SARP within the past few years. Some have been successful and some have not.

Challenges

- Challenges Nurse Managers / Nursing Supervisors face with chemically dependent nurses
- Restrictions placed...no overnight shifts...no double shifts...no overtime
- Constant awareness...changes in behavior, mood, performance
Challenges continued…

- Each staff member subject to urine testing for any suspicion
- Narcotic count incorrect...meeting requirements...day off for quarterly meetings
- Work within requirements of urine testing for SARP...may need to leave work for appointment with therapist

Case I - Carrie

- Medical/Surgery Nurse
- Opiate Dependent
- Caught Diverting

Case II – Kimberly

Worked ICU

Opiate dependent

Impaired at work
Case III - Michael
- Worked in Emergency Room
- ETOH dependent
- Impaired at work

Conclusion
- Disease that needs treatment like any other
- Could be any one of us
- Return to the work force...valuable asset to the hospital

Helping Our Own
In doing this we assist chemically dependent nurses in other facets of their lives including:
- Family relationships
- Finances
- Self esteem
Our Questions

Before we ask if you have any questions for us, we'd like to ask you a few questions…

Raise your hands if you can answer yes

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Thank You,
Judy and Diedre

What questions do you have for us?