

The Impaired Nurse



Objectives-

At the end of this educational program, the participant will be able to:

Review the issue of substance use problems in the Nursing Profession.

Identify common signs of impairment in the workplace.

Recognize a set of recommendations for nurses to address substance use in the workplace.

Discuss a framework for co-workers who assist colleagues with substance use problems and issues.

Outline a process that can guide and assist colleagues towards recovery.

List essential steps to make a report or referral of an impaired nurse.

Review the mandatory reporting law.

Discuss treatment programs and their implications for impaired practitioners.

Overview:

The addiction crisis has spiraled out of control in this country. The Surgeon General, Dr. Vivek H. Murthy, recently released a new report in which he discusses addiction issues in the United States. According to reports, over 20 million people nationwide suffer from drug and alcohol abuse issues. Additionally, the cost of treatment and incarceration runs nearly \$700 billion annually for taxpayers. Addiction is a serious social and health problem in America. Individuals who suffer from addiction come from all walks of life, yet the last people we would think are experiencing this crisis are health care professionals. However, health care workers are as likely as anyone else to abuse drugs.

Individuals who are hospitalized are in an extremely vulnerable state. Their lives are in the hands of medical professionals that are tasked with the job of analyzing symptoms and managing the plan of care for optimal illness outcome. The standard of care that is expected to be delivered to patients in the health care system can become seriously compromised when the health care professional is impaired through the use of drugs or alcohol.



In the general population, addiction rates, especially to opioids has risen in the past few years. It is now estimated that approximately 10-15% of individuals will experience an addiction or substance use disorder at some point in their lifetime. According to a report by CNN in 2016, deaths from overdoses are rising in all 50 states. Drugs are now the number one cause of accidental death, moving ahead of guns and automobile accidents. Additionally, OD deaths have surpassed the total of US deaths on several wars (Iraq, Korean, Vietnam, World Wars 1&2). Drug overdose deaths in 2016 most likely exceeded 59,000, the largest annual jump ever recorded in the United States, according to preliminary data compiled by The New York Times.

The death count is the latest consequence of an escalating public health crisis: opioid addiction, now made more deadly by an influx of illicitly manufactured fentanyl and similar drugs.

The CDC reports that almost half of opioid overdose deaths in the United States involve a prescription opioid. The use of prescription painkillers has nearly quadrupled from 1999-2014. Overdose deaths from opioids, including heroin, has also quadrupled since 1999. Coincidence? Probably not.. Drug overdoses are now the leading cause of death among Americans under 50. Due to the escalating rate of opioid deaths, the government has stepped in to attempt to regulate the rate of overprescribing of pain killers. In 2016, Kentucky noted that over 300 million painkillers were prescribed to individuals in that state alone. That number was enough to supply every man, woman and child in Kentucky with their own bottle of 70 pain pills each. Clearly, changes are needed.

Although the 2016 data is preliminary, the CDC's best estimate is that deaths rose 19 percent over the 52,404 recorded in 2015. And all evidence suggests the problem has continued to worsen in 2017.

The need for appropriate treatment has reached critical levels and lawmakers are now scrambling to get a handle on the crisis that effects every town in the United States.

The Science of Addiction:

The National Institute of Drug Abuse (NIDA) defines addiction as a chronic relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. Drugs actually change the brain structure and how it works.

Addiction is a chronic disease, which means it can be managed with treatment, but not cured. This theory that addiction is a chronic brain disease is supported by many respected scientific institutions such as the American Medical Association, the American Society of Addiction Medicine and The New England Journal of Medicine.

Chronic diseases such as diabetes, COPD and heart failure changes the way that organs function. The organ that addiction affects is the brain, changing it on a physiological level. It literally changes the fundamental action of the brain by rewiring the inherent structure of the cellular pathway activity. (Plasticity)

The human brain responds to all types of stimuli. When the stimuli is pleasurable, the brain triggers the release of a neurotransmitter called dopamine.

Dopamine then releases endorphins that make us “feel good” which encourages a person to keep doing the same thing and repeat the behavior.

Drugs also trigger the areas of the brain that trigger the reward system, although it is often activated to an extreme extent- which then releases excessive amounts of dopamine.

This reaction cause the brain to produce tremendous amounts of dopamine in an attempt to level out the sensation of the sudden high levels of drugs that are crossing the brain/blood barrier.

This high-low shift in drugs vs brain activity is how the cycle of addiction begins.



If taking drugs makes people feel good or better, what’s the problem? When they first use a drug, people may perceive what seem to be positive effects; they also may believe that they can control their use. However, drugs can quickly take over a person’s life. Over time, if drug use continues, other pleasurable activities become less pleasurable, and taking the drug becomes necessary for the user just to feel “normal.” They may then compulsively seek and take drugs even though it causes tremendous problems for themselves and their loved ones. Some people may start to feel the need to take higher or more frequent doses, even in the early stages of their drug use. Tolerance requires an increasingly higher amount to fire up the process that produces dopamine (pleasure). However, the body does not develop a tolerance to how much of the drugs are needed to depress respirations, which is how most individuals fatally overdose on opioids. Even relatively moderate drug use poses dangers. Consider how a social drinker can become intoxicated, get behind the wheel of a car, and quickly turn a pleasurable activity into a tragedy that affects many lives.

The initial decision to take drugs is typically voluntary. However, with continued use, a person's ability to exert self-control can become seriously impaired; **this impairment in self-control is the hallmark of addiction**. Brain imaging studies of people with addiction show evidence of physical changes in areas of the brain that are critical to judgment, decision making, learning and memory, and behavior control. Scientists believe that these changes alter the way the brain works and may help explain the compulsive and destructive behaviors of addiction. Studies suggest that repeated drug use damages the brain circuit that carries signals from the prefrontal cortex to the mesolimbic center (reward center). These regions stop developing normally with continued drug use which is why you can have a 35y.o. individual making decisions like a 12 year old. The correct connections can eventually be repaired, but it takes about 18 months to 2 years of not using drugs/alcohol for most people. This explains why many people fail at sobriety after being put through a detox program or a short treatment stay in a facility. The prefrontal cortex is still not functioning normally; they are still driven solely by "rewards", they are having intense cravings, and they are going to relapse 99 times out of 100. The five year sobriety rate for opioid users ranges from 10-30%. However for 2 groups of professionals, doctors and airline pilots, the sobriety rate ranges from 75-90%. This is true because they receive intensive inpatient treatment and aftercare, along with several years of close monitoring for relapse. So, indeed, there is a model in place for long term sobriety, but funds are lacking to provide that type of intensive inpatient treatment and follow up to the broad population of addicts.

Long-term drug use also causes changes in the brain's chemical systems and circuits as well, affecting functions that include:

- Learning
- Judgment
- Decision-making
- Stress
- Memory
- Behavior

Despite being aware of these harmful outcomes, many people who use drugs continue to take them, which is the nature of addiction.

As with any other disease, vulnerability to addiction differs from person to person, and no single factor determines whether a person will become addicted to drugs. In general, the more risk factors a person has, the greater the chance that taking drugs will lead to abuse and addiction. Protective factors, on the other hand, reduce a person's risk of developing addiction. Risk and protective factors may be either environmental (such as conditions at home, at school, and in the neighborhood) or biological (for instance, a person's genes, their stage of development, and even their gender or ethnicity).

Impaired Health Care Professionals:

The Florida Board of Nursing closely examines situations that involve an impairment of the licensed nurse. According to the American Nurses Association, approximately 8% of nurses are impaired while on duty. Other numbers have placed the impairment rate as high as 12%. While nurses are not at a higher risk than the general public to develop addictions, they do have greater access to drugs in their work environment. According to a study from the American Nurses Association (ANA), about 10% of nurses become dependent on drugs, which is right in line with the incidence of drug addiction with that of the general U.S.



population. Currently there are almost 3 million nurses employed in the country, which means that there are nearly 300,000 who abuse or are addicted to drugs. Of course, accurate statistics are hard to nail down, because drug and alcohol abuse and addiction often go unreported.

It is estimated that about 1/3 of the impaired nurses end up being disciplined for their addiction annually. The nursing board is required to investigate all complaints regarding substance abuse in the licensed nurse, even if patients have not been harmed.

It is important that nurses are educated on the signs of impairment so they can recognize potential substance abuse issues and be prepared to take the necessary steps to report their concerns. All nurses have an ethical responsibility “to report” in order to keep patients safe from impaired nurses.

Nurses have easy access to drugs and there are many ways that nurses can divert medications while in the workplace. Most commonly the medication is signed out to the patient and either not given at all or a placebo is administered. This obviously becomes an ethical issue as well a legal one. Nurses can get very creative in the diversion process as evidenced by a nurse in Minnesota who routinely peeled the pain patches (fentanyl) off of his patients and then placed them on his own tongue for an hour before replacing the patches back on the patient. The nurse admitted that he carried out this practice at least 3-4 times a week as well as stealing at least 10 tablets of narcotics every week for over a year. (PB Post 11/29/14) It is important for nurses to keep in mind that they may actually be saving a co-workers life by reporting suspicious behavior as it may lead to successful treatment of the addiction.

How Do I Recognize a Drug Impaired Co-Worker?

Drug abusers often exhibit similar aberrant behavior. Certain signs and symptoms may indicate a drug addiction problem in a health care professional. The following are some signs of impairment:

- Work absenteeism – absences without notification and an excessive number of sick days used.



- Frequent disappearances from the work site, having long unexplained absences, making improbable excuses and taking frequent or long trips to the bathroom or to the stockroom where drugs are kept.
- Excessive amounts of time spent near a drug supply. May volunteer for overtime and are at work when not scheduled to be there.
- Unreliability in keeping appointments and meeting deadlines.
- Work performance which alternates between periods of high and low productivity and may suffer from mistakes made due to inattention, poor judgment and bad decisions.
- Confusion, memory loss, and difficulty concentrating or recalling details and instructions. Ordinary tasks require greater effort and consume more time.
- Interpersonal relations with colleagues, staff and patients suffer. Rarely admits errors or accepts blame for errors or oversights.
- Appears to "Doctor Shop" & see various physicians for the same complaint.
- Sloppy recordkeeping, suspect ledger entries and drug shortages.
- Inappropriate prescriptions for large narcotic doses.
- Insistence on personal administration of injected narcotics to patients.
- Progressive deterioration in personal appearance and hygiene.
- Wearing long sleeves when inappropriate.
- Personality change - mood swings, anxiety, depression, lack of impulse control, suicidal thoughts or gestures.
 - Consistently uses more drugs for patients than colleagues-**BIG RED FLAG!**
 - Difficulty with authority

- Significant weight loss or gain
- Frequent volunteering to administer narcotics, relieve colleagues of casework, especially on cases where opioids are administered.
- Poorly explained errors, accidents or injuries.
- Confusion, memory loss, and difficulty concentrating or recalling details and instructions
- Visibly intoxicated
- Refuses drug testing
- Ordinary tasks require greater effort and consume more time
- Unreliability in keeping appointments and meeting deadlines
- Relationship discord (e.g., professional, familial, marital, platonic)
- Consistently arrives early, stays late, or frequently volunteers for overtime
- Frequent breaks or trips to bathroom
- Heavy “wastage” of drugs.



How to address a cause for alert:

When you have a suspicion that a nurse may be impaired, it is important to have a plan of action. All workplaces should have a policy which includes:

- 1) A “cause for testing” policy.
- 2) A designated person who will interact with the employee concerning their impaired practice concern.
- 3) A referral process for evaluation and treatment.
- 4) Clear uniform consequences, that apply to all individuals who refuse treatment.

Health care professionals often avoid dealing with drug impairment in their colleagues. There is a natural reluctance to approach a co-worker suspected of drug addiction. The fear is that the co-worker could be angry about someone who speaks up, thereby resulting in retaliation. Additionally, people may even fear being sued by the individual they are voicing concern about. Another concern is that speaking up could result in a colleague's loss of professional practice.

However, it is the obligation and responsibility of a colleague or co-worker to document and report the impaired health professional's behavior to the employer or designated supervisor.

The health professional should not be allowed to give patient care until he/she has been evaluated. If possible, a health professional should be offered treatment in lieu of termination. It is more cost effective to help the health professional get treatment and return him/her to the workplace than to replace them. Valuable expertise and service history may be lost if the health professional's employment is



automatically terminated, and the health professional is not afforded the opportunity to get treatment for what is a progressive medical illness. It is important to note that the suicide risk is increased after an intervention or confrontation. Therefore, it is necessary to assure the health professional is not left alone after an intervention until a plan is in place. The health professional does have the right to refuse treatment. Although they may put themselves in jeopardy if they do, it is each person's right to make that decision. The employer needs to make it clear that if evaluation and treatment are rejected, the healthcare worker's employment may be terminated.

Treatment:

The purpose of treatment is the safe withdrawal from alcohol or other drugs, to help the professional honestly face the addiction, and to develop new attitudes that will help them embrace a drug and alcohol-free lifestyle. Treatment is just the first step towards recovery.

After acknowledging a struggle with addiction, the impaired individual has many routes through which sobriety can be achieved. Some may need to enter a detox facility prior to transitioning to a rehab environment. Help is offered at both inpatient and outpatient levels. There is no "one size fits all" for all individuals who are seeking recovery. For the professional seeking help for chemical dependency, the most likely source will need to be a multi-disciplinary treatment program that is recovery oriented, has abstinence as a goal and utilizes a recovery-oriented or 12-step program such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA). The program needs a broad rehabilitation component which supports restoration of function and ongoing sobriety. A good nationwide resource for those struggling with addiction is SAMHSA. The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. SAMHSA Strategic Initiatives help provide treatment and services for people with mental and substance use disorders, support the families of people with mental and substance use disorders, build strong and supportive communities, prevent costly behavioral health problems, and promote better health for all Americans. Their website contains a tab to Find Help and Treatment, which then offers a choice for a Behavioral Health Treatment Services Locator that provides comprehensive information on finding treatment centers in local areas.

According to the American Nurses Association, 37 states currently offer some form of a substance abuse treatment program to direct nurses to treatment, monitor

their re-entry to work, and continue their license according to the National Council of State Boards of Nursing.

The Florida Intervention Project for Nurses (IPN) was established in 1983. Florida was the first state in the nation to offer a program aimed specifically at meeting the complex needs of nurses who are suffering from substance abuse.

Impaired Nurse programs identifies needs that are unique to the healthcare field such as high stress levels, easy access to narcotics, mandatory overtime and irregular shift hours. IPN does not fall under the domain of the Board of Nursing and a nurse may actually successfully complete the program without the board being informed.

Only 20% of nurses in the program have been referred by the board while the other 80% are participating in the program due to self-enrollment or by employer referral. Nurses who enter the IPN program will find an organized system that includes assessment, treatment intervention and ongoing monitoring. It is only when the nurse refuses to participate or shows no progress that a subsequent report is filed to the Department of Health. In addition to protecting the public from impaired nurses, the overall goal is to assist the nurse to recovery status so that he/she can continue to practice and maintain licensure. If a nurse is found guilty 3 separate times of drug abuse violations, he or she will lose their license permanently.

When a nurse successfully completes the requirements of the Impaired Nurse Program, or another recognized program, they are eligible to return to the workplace. Understandably this can be a very stressful situation for both the nurse and the facility that is welcoming the nurse back. The recovering health professional who has returned to work must decide what information to share and with whom. It can be helpful to have a short meeting with the staff, the recovering professional, and manager of the unit prior to the return to work. During the meeting, the recovering professional can share any restrictions they will have when returning to the unit. If there is a medication restriction, specifically a controlled

substance restriction, the decision as to who will be responsible for passing the nurse's medications and what tasks will the recovering nurse assume in return.

The health professional will return to work with a monitoring contract. This transition will require a written work agreement to be in place.

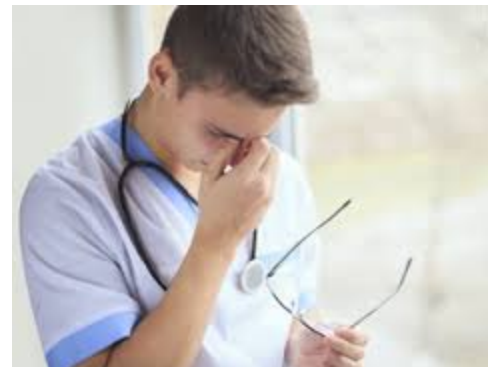
This agreement should include a clear review of expectations, practice restrictions and monitoring requirements.

It's important for the nurse to remember that stress is one of the biggest risk factors for relapse, and clinical work environments are often stressful- so it's important to be aware of stress inducing situations and take the necessary steps to manage these occurrences.

Relapse:

Substance Use Disorder is a chronic illness. Like other chronic illnesses, it is characterized by periods of remission and exacerbation. In general, the rate of relapse among nurses is lower than in the general population. This is due to the growth of supportive programs and strict state monitoring programs.

Still, some nurses do relapse. Knowing how to manage relapse in the workplace is crucial for both the safety of patients and well-being of the nurse. A relapse is essentially a recurrence (exacerbation) of active disease.



The signs of relapse mirror the signs of impairment described earlier under "Behaviors and Signs of Substance Use". If relapse occurs, signs will become apparent and will progress without intervention. In recovering nurses, there is usually a behavioral change noted before a break in abstinence occurs.

Relapse occurs because of cravings. Sadly, cravings can be present in many individuals for the rest of their life.

Behavioral changes may include such things as:

- ✓ Taking on more than one can reasonably handle
- ✓ Over-extending
- ✓ Withdrawing from recovery support people and meetings
- ✓ Isolating; resumption of denial thinking and eventual substance use

The same rule of thumb for usual employee performance assessment applies here. The Nurse Manager should continue ongoing monitoring of job performance, document concerns and take action when warranted. Any concerns must be addressed proactively. If performance concerns do not improve after performance counseling, or if serious signs are observed, steps to re-evaluate the nurse's fitness to practice and to remove the nurse from practice should be initiated.

Once re-evaluation is completed and fitness/stability is assessed, next steps can be determined.

It is important that this entire process be handled in a non-punitive way. With early recognition of relapse signs and appropriate intervention/treatment, the chances of the nurse re-entering recovery (remission) are great.

Once the nurse is stabilized and fitness to practice is determined, the decisions about return to practice can be made. A clear policy regarding the management of relapse is extremely important and it should address areas of identification, documentation, intervention, referral sources as well as the plan in place for those who choose not to seek recovery.

Family Involvement:

The emotional needs of the family are often overlooked in the crisis of active addiction. Addiction impacts family members in a negative way and it is frequently referred to as a "family disease".

It is extremely difficult to stand by and watch as a loved one systematically destroys every aspect of their life. Addiction ripples through family members, leaving a trail of devastation. Despite addiction being so widespread, many family members, friends and spouses have no idea how to help the addict in their lives and feel alone in their suffering. Not only can the right support group be beneficial in helping a family heal from the effects of addiction, it can also increase the

chances of long term recovery in in the addict. This is because as loved ones change, they become better able to set limits and decrease the tendency to enable the addict.

Enabling someone takes away the natural penalties of addictive behavior and further delays the addict from facing the consequences of his/her behavior. When loved ones are constantly cleaning up messes that addicts make, they see no real need for change.

The following are free support groups that are most commonly utilized by family and friends in times of need:

Al-Anon Family Support Groups-

Al-Anon is a very effective support group for loved ones of addicts or, more specifically, alcoholics. Founded in 1951, Al-Anon has been a lifeline for millions of people around the world who were searching for answers on how to live their life better in spite of living with an alcoholic.



Al-Anon is a spiritual program: Al-Anon is NOT a religious organization or a counseling agency. It is not a treatment center nor is it allied with any other organization offering such services.

Al-Anon Family Groups, which includes Alateen for teenage members. Al-Anon is fully self-supporting, no dues or fees are required. Membership is voluntary, requiring only that one's own life has been adversely affected by someone else's drinking problem. Al-Anon, a fellowship based off the Alcoholics Anonymous philosophy, welcomes friends and family members of alcoholics and helps them cope with their own problems, giving them the strength to balance their own lives with their loved one's addiction.

Nar-Anon Family Support Groups-

Founded in 1971, the Nar-Anon Family Groups are a worldwide fellowship for those affected by someone else's addiction. Whereas Al-Anon primarily focuses on issues that revolve around drinking, Nar-Anon is specifically directed at those who love

drug addicts. As a Twelve-Step Program, they offer help by sharing experience, strength, and hope. The only requirement for membership is that there be a problem of addiction in a relative or friend.

Other types of help exists for families who struggle to make sense of the effect that addiction has played in their lives. Family counseling through private counselors or even church groups can be found in some areas. Oddly, the focus of any of these types of meetings is not on the addict. It is on the family/friends and there are no quick fixes when it comes to the disease of addiction.

Support groups, and or counseling teaches the family members/friends how to get back in touch with their own goals and dreams and stop letting the cycle of addiction ruin not only the addict's life, but theirs as well.

While the sad reality is that the addict may never choose to become sober, it in no way means that their loved one cannot regain control over their situation and lead a happy and peaceful life.

Conclusion:

An impaired nurse is a risk to their patients, co-workers and themselves. The main goal of intervention is early detection and offering appropriate resources to support their safe return to the workforce. Many individuals are hesitant to report suspicious behavior because they do not want to get their co-worker in trouble. However, the reality is that this is an illness that needs immediate attention. Although the legal requirements to report a suspected drug abusing nurse may vary from state to state, all nurses have an ethical and moral obligation to patients, the nursing profession and their community to report unsafe behavior. Nurses often overlook their own issues of addiction, because they are used to taking care of everybody else. As with all addicts, denial is the biggest issue to overcome. Substance abusers rarely seek treatment until they are confronted by their family, friends or their employment is in jeopardy. However, having an addiction problem does not mean that a person's career and life is over. With early intervention, appropriate therapies, and monitored re-entry programs—the road to recovery is achievable.

