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  - Joan Bainer, South Carolina
  - Nancy Darbro, New Mexico
  - Valerie Smith, Arizona
GUIDELINES

- Developed and written primarily for alternative programs
- Applicable to traditional discipline monitoring programs as well
- Provide a path to recovery and retain recovering nurses in the workforce
GUIDELINES (CONT.)

- Advance the regulation of licensees with substance use disorders
- Enhance communication and exchange of information
- Provide best practices to guide policy decisions
Focus of Today’s Talk

- Addiction. Pure and simple.

- If you don’t understand the process of addiction, you will never know how to:
  - Prevent
  - Educate
  - Intervene
  - Treat
  - Monitor
  - Restore
ADDICTION IS A DISEASE

- It directly and permanently alters the chemistry of the brain
- It is not a matter of being weak-willed
- It is a progressive disease
- If it is left untreated, it is fatal
- Addiction manifests itself in behavioral terms
Case Study

- White middle class woman, mid 40s; married, two children
- Works in ER, ICU, CCU, OR
- Uses narcotics to help her cope with the stress of the job, home
- Creates fictitious recurring ailments that require pain medications
- Lies, cheats, steals to get her meds—including sleeping with her pharmacist
- Denies any problem
Brain Regions and Neuronal Pathways
Reward Pathway—Limbic System: Part of the Pre-cerebral Cortex of the Brain
The Progression of the Disease

- People use drugs/drink alcohol because they feel better when they use.
- Drugs and alcohol directly affect the limbic system of the brain.
- The changes in the brain cause changes in behavior.
- Addicts and alcoholics don’t care about their behavior—they only care about their drugs of choice.
Process of Addiction

- Develop relationship with drug of choice
- Go to any lengths to get that drug
- See their relationships fail
- Watch social systems break down
- Experience work deterioration
- Demonstrate denial as hallmark of disease
- Need for drug escalates as all systems fail
Incidence and Prevalence

- Addiction affects only 6 – 8% of health professionals
- However, when there is a nurse who is actively using/abusing, it creates chaos in the workplace and affects many more nurses.
- When one nurse abuses or uses or diverts substances, there are always more behind that nurse.
What Do You Need to Do?

- Develop policies and procedures on the identification, education, intervention, treatment, monitoring, and restoration of nurses with substance use disorder
- Support your alternative programs
- Utilize the NCSBN Guidelines
- Work out the hard issues without rancor
- Addiction raises the red flag of negative emotions for everyone
Stigma of Addiction

- Addicts/alcoholics are viewed in society in a very negative light
- Stigma involves feelings of shame, guilt, remorse, and hopelessness
- Stigma of addiction worse for women
- The only way to deal with stigma is to educate folks about the disease of addiction
- Educate yourself first! Don’t pass along your prejudice
What Do you Need to Do Next??

- Read and utilize the NCSBN Guidelines
- Identify experts in your state or nationally who can serve as consultants
- Educate yourself and your staff
- Promote education among your facilities.
- Develop collaborative relationships with other disciplines for:
  - Evaluations and interventions
  - Education and training
  - Monitoring and reporting
Support Alternative Programs

- Protect the public while monitoring the nurse with substance use disorders
- Identify, act, and report noncompliance to BON
- Encourage collaborative communication
- Accountable to the BON, the nurse, and patients
- Help return recovering nurses to work
Case Study Revisited

- White middle class woman, mid 40s; married, two children
- Works in ER, ICU, CCU, OR
- Uses narcotics to help her cope with the stress of the job, home
- Creates fictitious recurring ailments that require pain medications
- Lies, cheats, steals to get her meds—including sleeping with her pharmacist
- Denies any problem
Substance Use Disorder Guidelines available