

What You Need to Know About Substance Use Disorder in Nursing



NCSBN

National Council of State Boards of Nursing

Facts about Substance Use Disorder

Substance use disorder encompasses a pattern of behaviors that range from misuse to dependency or addiction, whether it is alcohol, legal drugs or illegal drugs. Addiction is a complex disease with serious physical, emotional, financial and legal consequences.

- It can affect anyone regardless of age, occupation, economic circumstances, ethnic background or gender.
- Substance use disorder is a progressive and chronic disease, but also one that can be successfully treated.
- Although alcohol is the drug of choice for the general population, nurses have increased access to controlled substances, contributing to a higher incidence of dependence on them.
- Chemical, mind-altering substances result in long-lasting changes to the brain, which is why addiction is a chronic and relapsing brain disease.
- The earlier substance use disorder in a nurse is identified and treatment is started, the sooner patients are protected and the better the chances are of the nurse returning to work.

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Karen is a skilled emergency department (ED) nurse in a hospital that treats a large number of trauma victims. In her personal life, she is struggling with issues of grief and loneliness and feels like “work is therapy because I can forget for a while.” One day she accidentally goes home with a discarded opiate. She is an expert on administering pain medications to others and has witnessed relief in her patients many times after she administers the drugs. That night she is tired and too wound up to sleep, so she thinks there should be no harm in self-administering the morphine “just this once” to provide relief and some much needed sleep. She tells herself she will not do it again.



Substance use disorder (SUD) is a challenging and complex issue for the nursing profession. Supportive and educated supervisors and colleagues help to identify nurses with this disease, so they can receive the help they need promptly.

Concerned and preoccupied with your own responsibilities and duties, you may not always recognize the warning signs of an SUD in a nurse co-worker or colleague. You may misread cues and look for other explanations for behaviors. That's why many nurses with SUD are unidentified, unreported, untreated and may continue to practice where their impairment may endanger the lives of their patients.

A week later, Karen again finds herself with a narcotic in her possession, and she purposely takes it home to self-inject. Within a short period of time, she is diverting on a regular basis and realizes she will experience withdrawal unless she injects regularly. Karen finds herself working extra shifts, volunteering for the patients who need pain medications, and isolating from other staff members in order to procure and use the drugs. Fellow nurses in the ED recognize something is wrong, but knowing how highly charged the department's environment is, they assume it's "just stress."

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SUD among health care providers also creates significant legal and ethical responsibilities for colleagues who work with these individuals. You have a professional and ethical responsibility to report a colleague's suspected drug use to your nurse manager or supervisor, and in some states or jurisdictions, to the board of nursing.

You have a vital role in helping to identify nurses with SUD, so it is necessary for you to be aware of the indicators that may signal that a nurse has a problem. It can be hard to differentiate between the subtle signs of impairment and stress-related behaviors, but there are three things to watch for: behavior changes, physical signs and drug diversion.

Behavioral changes can include:

- Changes or shifts in job performance;
- Absences from the unit for extended periods;
- Frequent trips to the bathroom;
- Arriving late or leaving early; and
- Making an excessive number of mistakes, including medication errors.

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Behavioral changes can be physical, including:

- Subtle changes in appearance that may escalate over time;
- Increasing isolation from colleagues;
- Inappropriate verbal or emotional responses; and
- Diminished alertness, confusion or memory lapses.

When nurses are using drugs and unable to obtain them from a treating health care provider, they may turn to the workplace for access or diversion, often causing narcotics discrepancies, such as:

- Incorrect narcotic counts;
- Large amounts of narcotic wastage;
- Numerous corrections of medication records;
- Frequent reports of ineffective pain relief from patients;
- Offers to medicate co-workers' patients for pain;
- Altered verbal or phone medication orders; and
- Variations in controlled substance discrepancies among shifts or days of the week.

Karen's supervisor Ann notices changes in Karen's demeanor and behavior, and decides to more closely monitor her practice. Ann also looks for medication irregularities or discrepancies, record falsifications and any patterns of complaints by patients. Following hospital procedure and investigating the situation, Ann questions Karen about her performance and behavior. Initially denying that she has a problem, when confronted with evidence of her impaired practice Karen tearfully discloses her SUD. The hospital recommends treatment describing her options and that she may be eligible to return to work once she successfully completes a treatment program, and agrees to an employee assistance program or an alternative-to-discipline program with random monitoring and aftercare. Karen complies and begins recovery.



The earlier an SUD in a nurse is identified and treatment is started, the sooner patients are protected and the better the chances are of the nurse safely returning to work. You need to acknowledge that health care professionals are not immune to developing an SUD and you should ignore stereotypes of what a "typical" person with a SUD looks like. It is important for nurses to not only be aware of the warning signs of SUD, but to also be cognizant that SUD is a disease that can affect anyone regardless of age, occupation, economic circumstances, ethnic background or gender. This will help you to identify issues in a co-worker or colleague because you will be able to see behaviors and performance without the notion of "nurses wouldn't do that" or "someone like her would never have an SUD."

In most states, a nurse may enter a nondisciplinary alternative-to-discipline program, which is designed to refer nurses for evaluation and treatment, monitor the nurse's compliance with treatment and recovery recommendations, monitor abstinence from drug or alcohol use, and monitor their practice upon return to work. When a colleague who has been treated for an SUD eventually returns to work, it is important that you help to create a supportive environment that encourages continued recovery.

Nurses that educate themselves about the behavior changes, physical signs and signals of drug diversion will help not only their colleagues with SUD, but also protect patients.

NCSBN SUD Resources

Resources available free of charge at ncsbn.org/sud-nursing

NCSBN's SUD toolkit (which includes brochures, posters, a book and two continuing education (CE) courses), was developed to ensure that nurses are armed with knowledge to help identify the warning signs of SUD in patients, nurses and the general public as well as provide guidelines for prevention, education and intervention.

The following online courses are offered free of charge at learningext.com:

"Understanding Substance Use Disorder in Nursing"

Developed as a companion to the video. Upon successful completion of the course, 4.0 contact hours are available.

"Nurse Manager Guidelines for Substance Use Disorder"

Upon successful completion of the course 3.0 contact hours are available.

Both courses are approved by the Alabama Board of Nursing.

To find the board of nursing in your state/territory visit
ncsbn.org/contact-bon.htm.

To order additional copies of this brochure, contact
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