

THE ROAD TO DECREASING SUBSTANCE USE DISORDERS AND DRUG DIVERSION IN NURSES

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Between 1996 and 2006, there were 217,957 violations reported to the National Council of State Boards of Nursing (NCSBN, unpublished) by 44 of the 60 member boards of nursing in the United States. Of these, 60,010 (27.53%) were coded as alcohol and/or other drug related, with 16,268 specifically categorized as drug diversion by the nurse for their own use.

In 2011, the Minnesota Department of Health and the Minnesota Hospital Association in conjunction with other organizational stakeholders in that state, formed the Minnesota Controlled Substance Diversion Prevention Coalition. Their final report, which was released in March of 2012, indicated that reports of drug diversion by healthcare professionals in Minnesota had more than doubled between 2005 and 2010.

Although the prevalence of substance use, abuse and dependence in nursing professionals has been noted to parallel that of other health professions and that of the general public (Trinkoff, 1991), the potential risk to the nurse as well as the public cannot be underestimated. As distressing as the above statistics from the NCSBN and Minnesota are, there is strong evidence to suggest that the actual frequency of drug diversion by nurses and other health professionals throughout the U.S. is greater since some instances of drug diversion may go unidentified or, if detected, unreported.

While college students may engage in binge drinking, use tobacco and misuse or abuse prescription drugs, a 1999 study of nursing students revealed that nearly 20% had experienced alcohol-related blackouts in the year prior to the survey. Over 6% of the students sampled reported attending class while under the influence of a substance and nearly 4% reported rendering care to patients under the influence. Additionally, nearly 44% of the 929 student respondents reported that they received inadequate substance abuse education in nursing school. (Baldwin, 1999).

More recently, the NCSBN released, "Substance Use Disorder in Nursing: A Resource Manual and Guidelines for Alternative and Disciplinary Monitoring Programs," which underscored the belief that "a lack of education about substance use disorders is a significant risk factor for nurses." (NCSBN, 2011).

Issues related to substance use disorders are multifaceted, far-reaching and further complicated by stigma. In spite of the American Nurses Association (ANA) Code of Ethics which mandates nurses to extend compassion towards colleagues with health

issues, there are many anecdotal reports by nurses and nursing students in recovery from substance use disorders which attest to a pervasive element of stigma within the profession (Scimeca, 2010). At a time when there is a shortage of nurses which is projected to continue into the foreseeable future, it is a major concern that any highly skilled nurse or student nurse with a documented recovery from substance use disorders would encounter anything less than compassion and support within the profession to successfully re-enter or begin nursing practice.

Building resilience in nurses and students to reduce substance use disorders and drug diversion can only be achieved by the inclusion of content in the curriculum and clinical experiences regarding this potentially lethal and career-ending disease. Individually and collectively, those of us who are in the profession have the responsibility to support the provision and development of exemplary educational initiatives regarding substance use disorders so that all nurses and nursing students are protected from the “lack of education” which the NCSBN has found to be one of the “top four risk factors” in nursing. (NCSBN, 2011).

RECOMMENDATIONS

Pre-Licensure Education and Policies

- Faculty should be knowledgeable regarding primary prevention and earliest detection and intervention regarding substance use disorders in their students and their peers.
- Faculty and administrators of nursing programs should be responsible for creating and maintaining a supportive environment for learning and working, which minimizes stress, encourages creativity, and strengthens self-esteem, resilience and productivity.
- Nursing students should be given incentives to have at least one family member or significant other in attendance for a mandatory presentation on the risk of substance use disorders within the profession before the student crosses the threshold into the nursing program.
- All nursing students should receive thorough education about substance use disorders interspersed throughout the curriculum, including the etiology, prevalence and warning signs, as well as the inherent risk of substance use disorders in the nursing profession.
- Course content should include information about the professional responsibility nurses have regarding self-regulatory activities and the ethical mandate to respond

compassionately to nurses who have or are in recovery from substance use disorders.

- Information on the occupational exposure and the risk mood-altering substances pose to anyone, especially nursing students and nurses, should be a required component of coursework.
- Academic policies should be in place to deal safely, effectively and proactively with any nurse faculty or nursing student who participates in academic or clinical activities under the influence.
- Written policies should exist for responding effectively, appropriately and promptly when any faculty member or student nurse exhibits signs or symptoms of a substance use disorder.
- Employee assistance program and student health services personnel should be educated to recognize the signs and symptoms of substance use and/or abuse in faculty or students.
- Formal intervention protocols should be established which include provisions to protect the confronted individual from self-harm after intervention.
- The intervention process should be conducted by a team that includes at least one addiction professional to maximize any opportunities for appropriate diagnosis, optimal treatment, and state-of-the-art follow-up care.
- The treatment and monitoring of the faculty member or student who has been identified as having a substance use disorder should be consistent with the most current guidelines set forth in the literature.

Post-Licensure Education

- In addition to completing a nursing curriculum enriched with thorough content on all aspects of substance use disorders including professional issues, licensed nurses should be required to keep abreast of current research and treatment for substance use disorders with current information on local resources, legislation and policies that apply to nurses with, and in recovery from, substance use disorders.

- On-going education underscoring the risk of substance use disorders in anyone, including signs and symptoms to look for in a colleague, should be a mandatory requirement for renewal of nursing licenses in every state.
- Educational activities should highlight self-care practices to enhance resilience and decrease stress.

Workplace Initiatives

- Institutions which employ nurses should provide annual mandatory in-service education that includes the latest research on substance use disorders, including updated information on prevention, identification, intervention, treatment and peer support.
- All institutions employing nurses should have a policy developed by nurses and supported by the institutions' senior management regarding nurse-employees whose job performance is affected by a substance use disorder.
- Nursing supervisors should receive training in the identification of substance use disorders in nurses.
- All management and leadership personnel should be well-versed in the institution's procedure regarding suspicions of substance use in a nurse.
- Management and leadership should be an available and highly visible resource to their staff, encouraging dialogue and the earliest report of any suspicions of an issue in a colleague.
- Employee assistance program and human resource personnel should be knowledgeable in addictions, trained in intervention techniques, and capable of making appropriate referrals for employees who exhibit signs of a substance use disorder.

Drug Diversion Prevention Initiatives

- Facilities and nursing schools should actively support and promote the phasing-out of the terms "waste medication," substituting accurate terms such as "partially non-administered dose," "totally non-administered dose," "expired dose," "contaminated dose," "spilled dose," etc.

- Facilities and nursing schools should actively support and promote phasing-out use of the term “wasting medication,” substituting the term “collected medication.”
- Facilities should develop and institute protocols which direct nurses to bag, tag and label all non-administered controlled substance doses and deposit them into a locked container designated for their collection.

Facilities should inform all personnel that all collected medication doses are subject to random and for cause quantitative and qualitative assay in order to verify the integrity of the labeled medication.

- Facilities should develop state-of-the-art protocols to ensure that collected medication is secure and that adequate measures are undertaken to ensure the optimal safety of any personnel involved in the quantitative or qualitative assay of collected medication.

SUMMARY

There are clear occupational risks of substance use disorders in nurses and nursing students which pose a significant threat to nurses, student nurses and the public. Establishment of an entry-level knowledge base and exemplary educational programs for nurses and student nurses can better prepare them to address and more readily identify issues related to substance use disorders in themselves and colleagues.

Since the risk of developing a substance use disorder is life-long and there are numerous occupational factors which increase the vulnerability of nurses, the nursing profession has a clear duty to support and lobby for the creation and implementation of optimal risk reduction measures in nursing schools as well as the workplace. Time is of the essence and it is incumbent upon the profession as a whole to secure firm commitments as quickly as possible from professional nursing organizations, nurse leaders and nurse academia to develop and implement educational initiatives which can begin to address what has been a long-recognized shortfall in our profession and is now an imminent threat to the very integrity of the profession.

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