Substance abuse

A case study

By Lorie A. Brown, MN, JD, RN

I'M AN RN as well as an attorney, with knowledge and experience helping nurses protect their most valuable asset: their license. I meet with dozens of nurses a year and hear their most private concerns, then develop a strategy to help them. This article discusses the advice I gave to one nurse who asked me for legal and professional guidance when she lost her job due to drug diversion. This case is an example of how nurses can take responsibility for a substance abuse issue and achieve a successful recovery.

On a slippery slope

An RN I'll call "Katie" came to my office because she'd been terminated from her job at a hospital where she'd worked for more than 5 years. She was beside herself. Knowing she was a good nurse, she couldn't believe that she'd been fired.

Katie told me she'd been fired because a software program in the automated medication dispensing system showed that she administered more hydrocodone than anyone else on the unit. Also, a patient had complained that Katie administered only half the prescribed dosage.

When Katie's case was turned over to the State Board of Nursing (Board), she was terrified that she was about to lose her license. She told me that she was a single mom; if she lost her license, she wouldn't know how to care for her children. Katie and I spoke about what could happen if a complaint was filed against her nursing license and she was called before the Board; the Board could give her a reprimand, place her license on probation, or even suspend or revoke her license.

Then I asked Katie pointblank if she'd taken any hydrocodone for her own use. She tearfully confided that after having surgery last year, she'd begun to abuse the opioid she was prescribed to treat her pain. She was embarrassed and ashamed.

"I know better," she said, "I'm a nurse. I can't believe this happened to me."

Katie said that I was the only person with whom she had shared her dark secret. I reassured her that she was in a safe place and that I'd help her in any way I could to get her life and her career back.

Substance abuse and nurses

Addiction is the single most disabling condition for healthcare professionals.[1] According to the National Council of State Boards of Nursing, the rate of substance use disorders among nurses is similar to the incidence in the general U.S. population—between 8% and 10%.[2] In other words, if you work with 10 nurses, one of them is likely to be struggling with addiction.[3,4] Another source documents the incidence of substance abuse at 20%, which would double the above statistics.[5]

Nurses tend to take care of everyone but themselves. They work long hours performing heavy physical activity, and the wear and tear on their body may catch up with them. Many develop back problems and chronic pain.[6] In addition, because nurses are caregivers and often put others first, they may have underlying issues such as depression; some turn to controlled substances to dull psychological pain.[7]

If a complaint is filed against a nurse's license, it becomes public record. I've seen allegations against nurses for forging prescriptions, replacing a patient's prescribed opioid

and the law:

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with vitamins, giving one prescribed tablet instead of two, adding sodium chloride solution to multidose vials, stealing another nurse's automated medication dispensing system code, and even entering a unit where they're not recognized to obtain medication. No nurse in his or her right mind would take any of these actions. However, an impaired nurse will.

Recognizing impairment

Signs and symptoms of opioid use disorder can be behavioral, physical, and/or psychological. According to the Indiana State Nurses Assistance Program, impaired nurses sometimes work large amounts of overtime, especially on night shift, to obtain their drug of choice.[8] Impaired nurses may have excessive tardiness and/or absenteeism, often calling in sick after a weekend, holiday, or vacation. They may also be absent from their assigned floor for long periods or make frequent trips to the bathroom.

If you see any of these behaviors in a colleague, follow hospital policy and your state's reporting laws, and discuss your concerns with

your manager. I know nurses find it difficult to say something about their peers. But they need to ask themselves: Am I helping that nurse by allowing this destructive behavior to continue? Am I depriving a patient of safe and effective care by not sharing a suspicion about a particular nurse? Do I want to work with somebody who's not trustworthy?

Using GIFTS to overcome addiction

I told Katie that she should use her GIFTS to overcome her addiction. This acronym stands for five strategies nurses can use to support their recovery from addiction:[5]

- **G** stands for giving. In order to be successful in her recovery, Katie needs to be giving to herself by taking care of herself. If she has psychological concerns, she should seek the assistance of a counselor. If she has chronic pain, she should seek the assistance of a healthcare provider who can help her manage her pain without controlled substances.
- **I** stands for integrity: acting in accordance with one's core beliefs. Stealing isn't supported by Katie's core beliefs. In order to improve, she needs to align her actions with her conscience.
- **F** stands for focus and follow through. Katie needs to make recovery her first priority, and focus on and follow through with her recovery strategies. Although she did things that she wasn't proud of, Katie also needs to forgive herself so that she can move forward.
- **T** stands for trust. I asked Katie how she felt every time she was getting ready to divert opioids. She admitted it made her queasy. Nurses need to trust their gut instincts; they're there for a reason.
- **S** stands for the source of recovery; in this case, Katie herself. This is the most important part of any recovery. The impaired nurse is the source of what happens in recovery. Once Katie realized she had a substance abuse issue, it became her choice whether to recover or not. It can be a day-by-day choice, a minute-by-minute choice, or even a second-by-second choice. I told Katie that whenever she feels tempted to behave in a way contrary to her values and goals, she should seek help.

Katie was smart to seek the assistance of an attorney experienced with nurse licensing board matters.

Peer assistance

I also told Katie that the best way to protect her license and keep her recovery on track was to voluntarily enter into a peer assistance program. Forty-one states have peer assistance programs, which monitor nurses and help them to recover from substance use or abuse.[9] Some Boards mandate that if a nurse uses any controlled substance for long periods of time, even if prescribed, the nurse is impaired and should enter a peer assistance program. Entering a peer assistance program doesn't necessarily protect a nurse's license, but it's a proactive move that may look better to the Board. In states without a peer assistance program, other treatment programs are available to monitor and assist nurses struggling with substance abuse.

Katie and I went on to discuss what the peer assistance program would entail. For example, peer assistance programs typically require nurses to sign a contract, something like a recovery monitoring agreement, which specifies the length of time in the program, the number of meetings to attend each week, and the frequency of random urine drug screens. Just like any contract, these parameters sometimes can be negotiated.

One of the most important things a nurse should do is read the peer assistance program handbook, which answers questions on various topics such as what if the nurse wants to take a vacation and how to get the number of urine drug screens reduced. I'm always surprised at the number of people who sign a contract without reading the program handbook. A nurse simply can't go wrong by taking the time to read it.

Possible criminal charges

I told Katie that if the hospital could prove she took medication, administrators could turn her over to a prosecutor for criminal charges. In addition, if Katie had withheld medication from a patient who was on Medicare or Medicaid, she could be placed on the Office of the Inspector General Exclusion List.[10] A nurse who's placed on this list can't be reimbursed for providing care to patients who have Medicare, Medicaid, or other federal healthcare programs, and thus becomes virtually unemployable in traditional settings. I instructed Katie not to talk to the police without the assistance of a criminal attorney.

Katie was fortunate that she'd purchased individual professional liability insurance, which includes reimbursement for disciplinary defense. If a complaint is filed against her license, she may receive some reimbursement for attorney fees.

Recovery is possible

At the end of our conversation, Katie felt relieved that her secret was out in the open and that she had a strategy for recovery. She was smart to seek the assistance of an attorney experienced with nurse licensing board matters. She was also encouraged to hear that treatment and monitoring works; 80% to 90% of nurses are successful in recovery.[11] Katie entered and committed to a peer assistance program in her state and used her GIFTS to recover so that she could be there for her children.

Once nurses recognize a substance abuse issue in themselves or a colleague, they have an ethical and professional obligation to do something about it. Although substance abuse may be hard to overcome, nurses can use their GIFTS and access resources such as peer assistance programs to support a successful recovery. ■

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The author has disclosed no financial relationships related to this article.

DOI-10.1097/01.NURSE.0000482872.32838.b6