Professional Substance Abuse
Addiction

- A complex lifelong biopsychosocial disease with serious physical, emotional, financial and legal consequences.
The American Nurses Association estimates that between 6-8% of nurses are affected by substance abuse/dependence to the extent that job performance is impaired.
Risk Factors for Nurses

- Job related stress
- Knowledge of drugs
- Access to narcotics
- Experience with effects of drugs
- Tendency to self-medicate
- Belief that drugs can be controlled
Warning Signs

- Medication discrepancies
- Volunteering to give medications for other nurses’ patients
- Unusual interest in pain control medications
- Frequent bathroom trips
- Unexplained absences
- Requests to work evenings/nights/weekends
Job Performance Changes

- Illogical or sloppy chart entries
- Change in handwriting
- Late entries of narcotics/drugs on records
- Frequent errors
- Too many controlled drugs spilled or broken
- Wastage of controlled drugs not observed
- Too many medication errors
Job Performance Changes

- Difficulty meeting deadlines
- Controlled drugs and tranquilizers only being given when suspect nurse works
- IM meds given when other nurses consistently use oral meds
- Use of smaller size drug than necessary (i.e., two 30mg codeine instead of one 60mg)
- Excessive amounts of narcotics signed out to patients by suspect nurse
Changes in Behavior

- Increased absenteeism
- Mood swings- irritability/forgetfulness
- Long lunch hours
- Preference to work alone
- Disheveled appearance/changes in manner of dress
- Stays late
- Defensive about errors
Changes in Behavior

- Absent from floor without explanation
- Drinks sodas excessively
- Excessive use of breath mints
- Red or bleary eyes
- Frequent surgery or pain
- Depression/excessive happiness
- Sleeping on the job
Identification Criteria - Preemployment

- Numerous job changes in last 3-5 years
- Frequent moves
- Inability to remember employment record
- Frequent hospitalizations
- Unexplained lapses in life
- Inappropriate references
- Overeducated/prepared for the job
- Reluctant for immediate physical exam
- Unable or reluctant to give recent references
Physical Signs

- Shakiness
- Hand tremors
- Slurred speech
- Constricted pupils
- Diaphoresis
- Unsteady gait
- Runny nose
Narcotics Discrepancies

- Incorrect narcotics count
- Apparent alterations of narcotics vials
- Large amounts of narcotics wasted
- Numerous corrections on narcotics records
- Patient reports of ineffective pain medication
- Variations in patterns of narcotics discrepancies among shifts or days of the week
When you suspect a Colleague is using

- Identify specific examples/patterns of warning signs
- Discuss examples with a trusted colleague or friend
- Present your observations and concerns to your nurse manager
- Take a long term outlook
- Remember your responsibility to protect your patients
Confrontation

- Establish agency policy and procedure prior to confronting nurses
- Identify concerns in writing with backup
- Evaluate the evidence to see if it has a pattern, is clear, and is accurate
- Do not confront until all information is obtained
- Never confront anyone alone, gain assistance from appropriate agencies
Consult with agency legal personnel if necessary prior to the confrontation.

Start by stating the purpose of the meeting.

Show the nurse the evidence you have put together.

Have sources of help prearranged.

Advise the nurse the law requires that you report any alleged violation of the Nurse Practice Act to the State Board of Nursing.
Confrontation

- Be systematic-
  - Identify the perceived problem
  - Show the supporting evidence
  - Allow for the nurse to respond
  - Stick to the relevant facts
  - Ask direct questions, including hard ones (i.e., Did you take the demerol?)
Confrontation

- Tell the nurse the consequences of her choices
- Repeat questions as many times as needed
- Do not rush
- Expect denial
Dealing with the Addicted Nurse

- Things that you should definitely not do
  - Don’t lecture, scold, blame, threaten or argue with the person about the problem
  - Don’t lose your temper
  - Don’t enable the problem to continue by covering up, trying to protect, making excuses or doing his/her job
  - Don’t give the nurse an easier work schedule
  - Don’t be overly sympathetic
  - Don’t accept what you know is a lie
Dealing with the Addicted Nurse

- Things that you should definitely not do
  - Don’t accept more promises to “do better”
  - Don’t accept the responsibility of letting someone work on your unit or team if impaired
  - Don’t put off facing the problem hoping it will get better