

Substance Use Disorder

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DEDICATION

The courageous souls who are finally able to shed the web of denial and admit they are ill.

Objectives

Learn

Learn the signs inherent to substance abuse behavior in the workplace

Discuss

Discuss strategies on how to approach someone who may have a substance abuse illness

Know

Know how substance abuse may impact nurse's employment

Know

Know how to represent a nurse with a substance abuse illness from the union's perspective

Definition of Addiction (Alcoholism)

- A **Brain Disease** characterized by repeated use of a substance (or behavior) despite the appearance of problems resulting from the use (or the behavior)
- One simple way of describing addiction is the presence of the 4 Cs:
 - **craving**
 - loss of **control** of amount or frequency of use
 - **compulsion** to use
 - use despite **consequences**

What Kind of Problems?

- **Relationship-** *loss of intimacy, broken friendships, marriages, alienation of children, grandchildren or parent*
- **Legal-** *impaired charges, conflicts, civil or criminal charges*
- **Personal-** *self-esteem, self-respect, confidence, mental health, physical health, impaired judgment, decisions*

What Kind of Problems?

- **Occupational-** *work performance, absenteeism, missed promotions*
- *Professional Licensing implications*
- **Financial-** *income loss, cost of substances, bonuses, lost accounts, contracts*

History in Nursing

**Job and Professional Status
usually “protected” early**

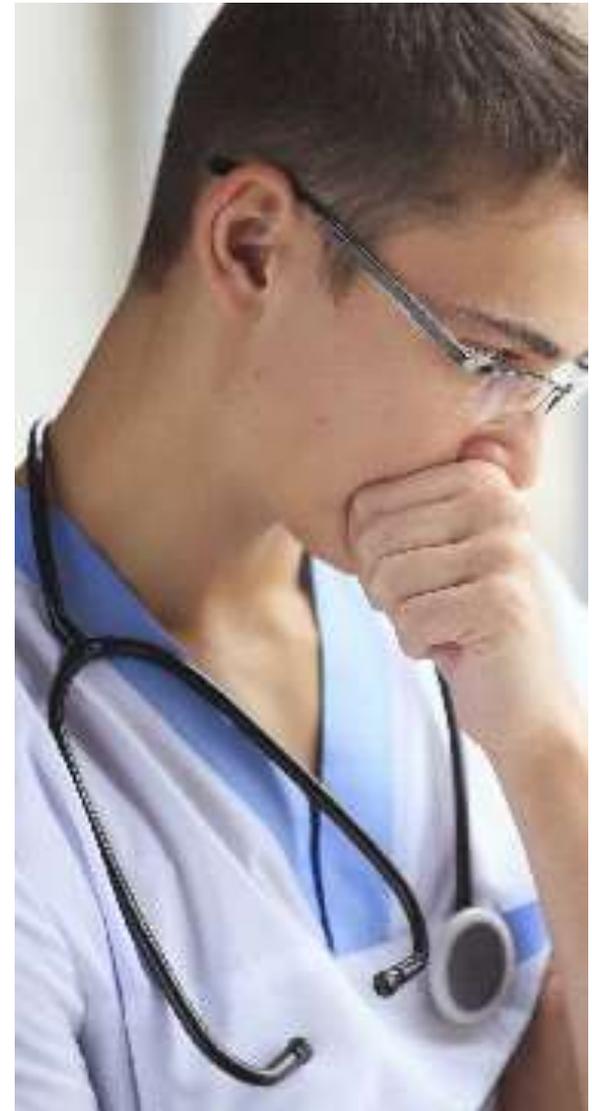
**When it appears in the
workplace, the disorder has
usually been “incubated” for
approximately 5 years**

Progression of Disorder in Nursing

- Usually related to cumulative stress
- More rapid if genetic pre-disposition
- Escalates if intimate relationships deteriorate
- More progressive when values begin to change (appearance of 'dishonesty', loss of integrity)
- Two lives - work and isolation

Objective Observations of Progression

- “Personality Change”: irritability, loss of resilience, overly stressed but not necessarily seeking help.
- Mood Swings during a shift.
- Less collegial-
isolation during work



Objective Observations of Progression

- **Absenteeism- brief, patterned, unexplained illnesses**
- **Deterioration of work product: charting, handwriting, patience, tolerance, compassion**
- **Can look like compassion fatigue**

Relapse

- Is the rule rather than the exception
- Assumes the basis for relapse is the nature of the illness or
- The victim of the illness is not sufficiently motivated to recover
- Denial is a symptom of addiction



Comorbidity
of Substance
Use
Disorders

Anxiety Disorders

Depression

PTSD

Brief Psychoses

Borderline Personality Disorders

Eating Disorders

Somatisation Disorder

Why Me?

In Summary...

Genetic

Developmental Issues

Emotional Vulnerability

Pre-existing mental health problems



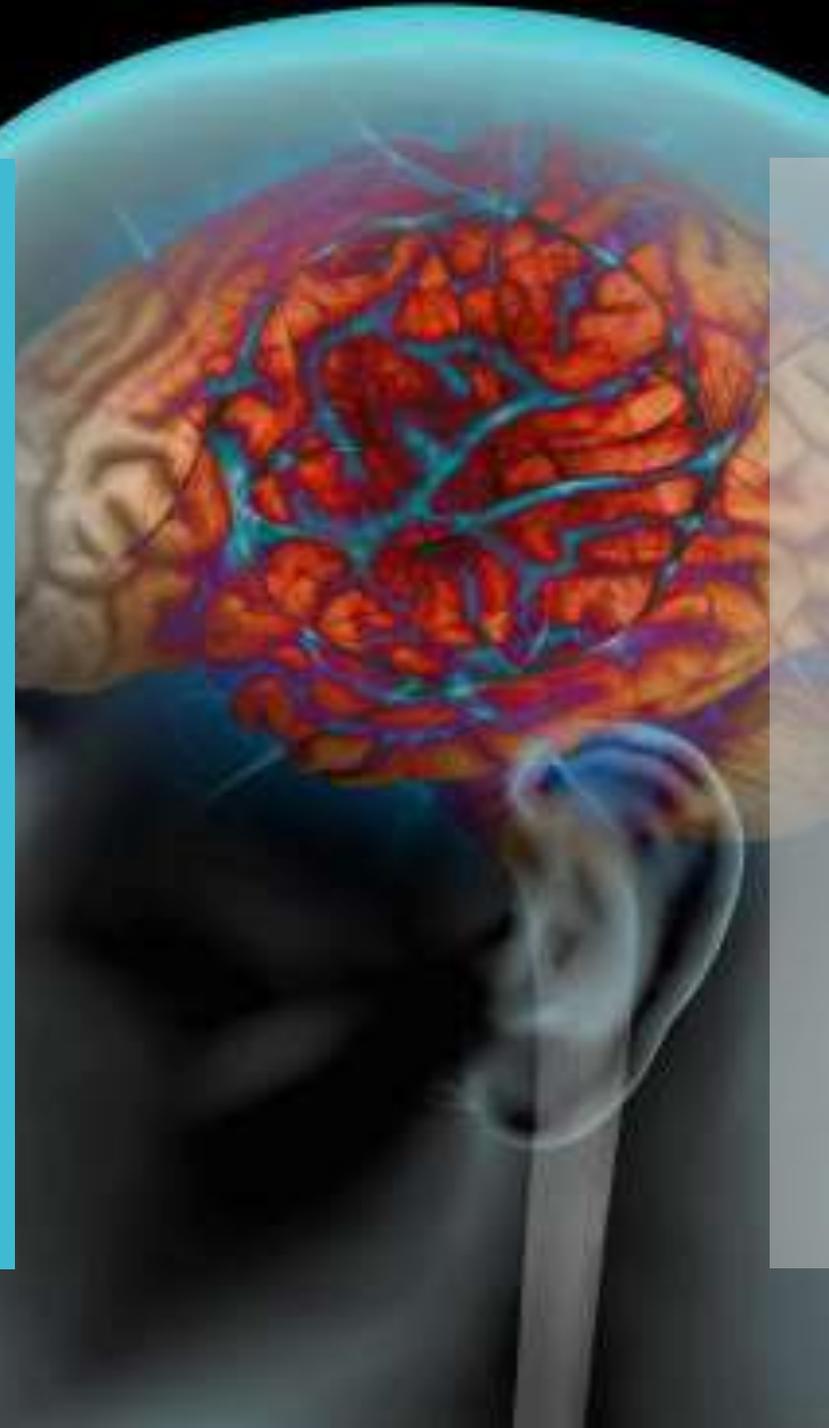
What Do I Have to Remember?

My brain is different!

It is not broken!

It is not defective!

It can heal if I give it a chance & I get some proper guidance and treatment!



Treatment Strategy

1. Drug dependence and behavioural addictions are emotionally driven (not logical)
2. Learn and develop affect regulation and expression
3. Choice and will power are vulnerable to disappearance in emotional states and certain “states of mind”

Creating Recovery

1. Actively make changes in thinking and behavior.
2. Detach from unhealthy and destructive "attachments".
3. Experience pain and discomfort without intervening with unhealthy behaviors or substances.
4. Develop emotional tolerance and acceptance of the "immovable objects" in life no matter how much they bug us.
5. Develop greater resilience in managing stress (life on life's terms)



Program Essentials

Compassion

Honour

Dignity

Respect

Union Involvement

- Employer calls a meeting pertaining to medication issues
- The union provides representation, support and guidance for the member



Employer

- Nurse & union representative meet with employer
- Difficult area for employers to deal with

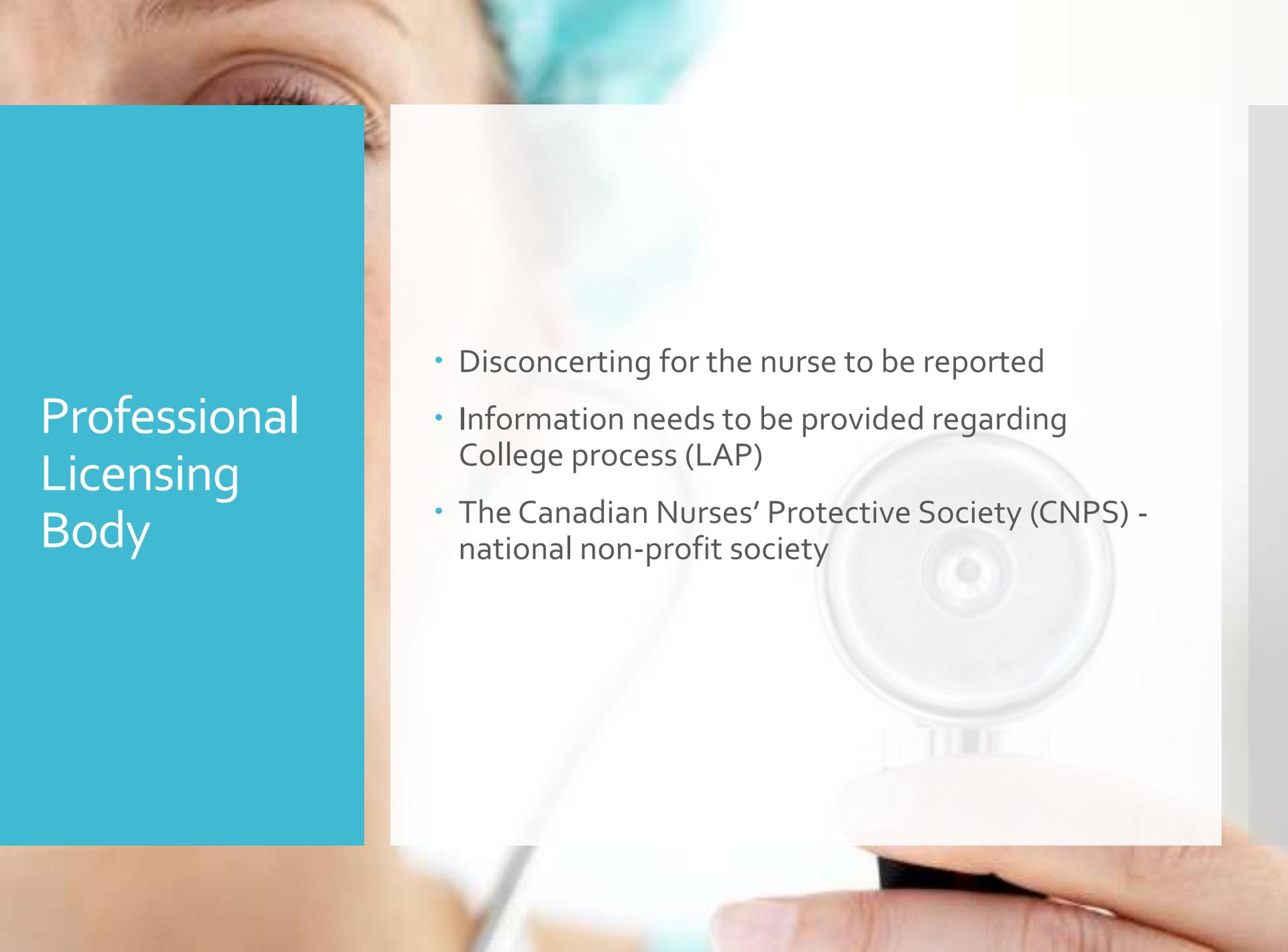
Employer

Employer initiates investigative procedure

Following investigation, the employer may administer discipline

The employer may report the nurse to RCMP and/or their respective licensing body





Professional Licensing Body

- Disconcerting for the nurse to be reported
- Information needs to be provided regarding College process (LAP)
- The Canadian Nurses' Protective Society (CNPS) - national non-profit society

Professional Licensing Body

Provides liability protection to members of the licensing body as an alternative to commercial insurance

Most unions represent nurses with respect to professional conduct matters before the College



The Nurse

The Nurse:

- Is relieved that problem is exposed
- Knows there is a problem and feels powerless to stop it



The Nurse

The nurse feels stressed,
embarrassed, fearful of losing:
job/income/family

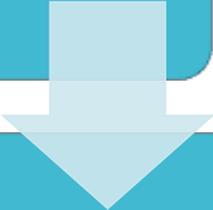


The Nurse

Seeks assistance via EAP, OH&S, manager, union representative, family physician, AA, Addictions Services, NA, and mental health crisis centre



Is required to provide medical documentation to the employer

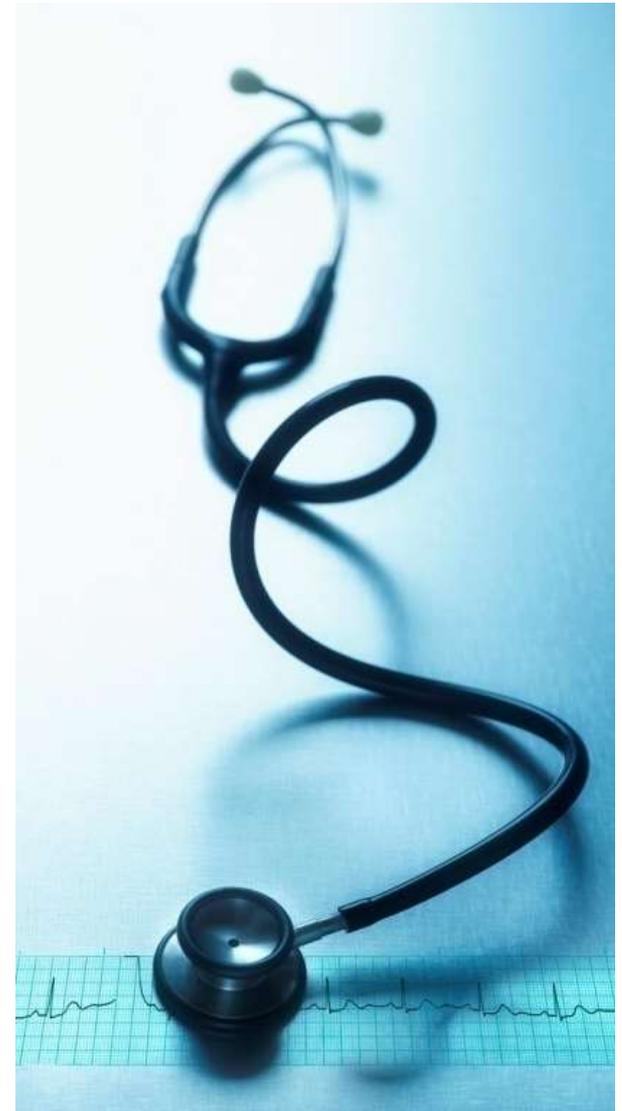


Works to get healthy and return to the workplace

Denial/Relapse

Denial is a symptom of addiction

Relapse is the rule rather an exception



Accommodation may be required

- Employers, union, nurse must comply with human rights legislation and collective agreement
- Nurse establishes with physician that there is a mental/physical disability requiring accommodation
- Human rights legislation prohibits discrimination on the grounds of “disability” which is generally defined as:
 - the consequence of a disease
 - injury or condition impairing one or more facets of a person’s ability to perform daily life functions



Accommodation
may be required

Could be temporary
or permanent

Recognition of Substance Use

Professional responsibility to protect patients from harm.

Knowledge of signs and symptoms of substance abuse protects patients.

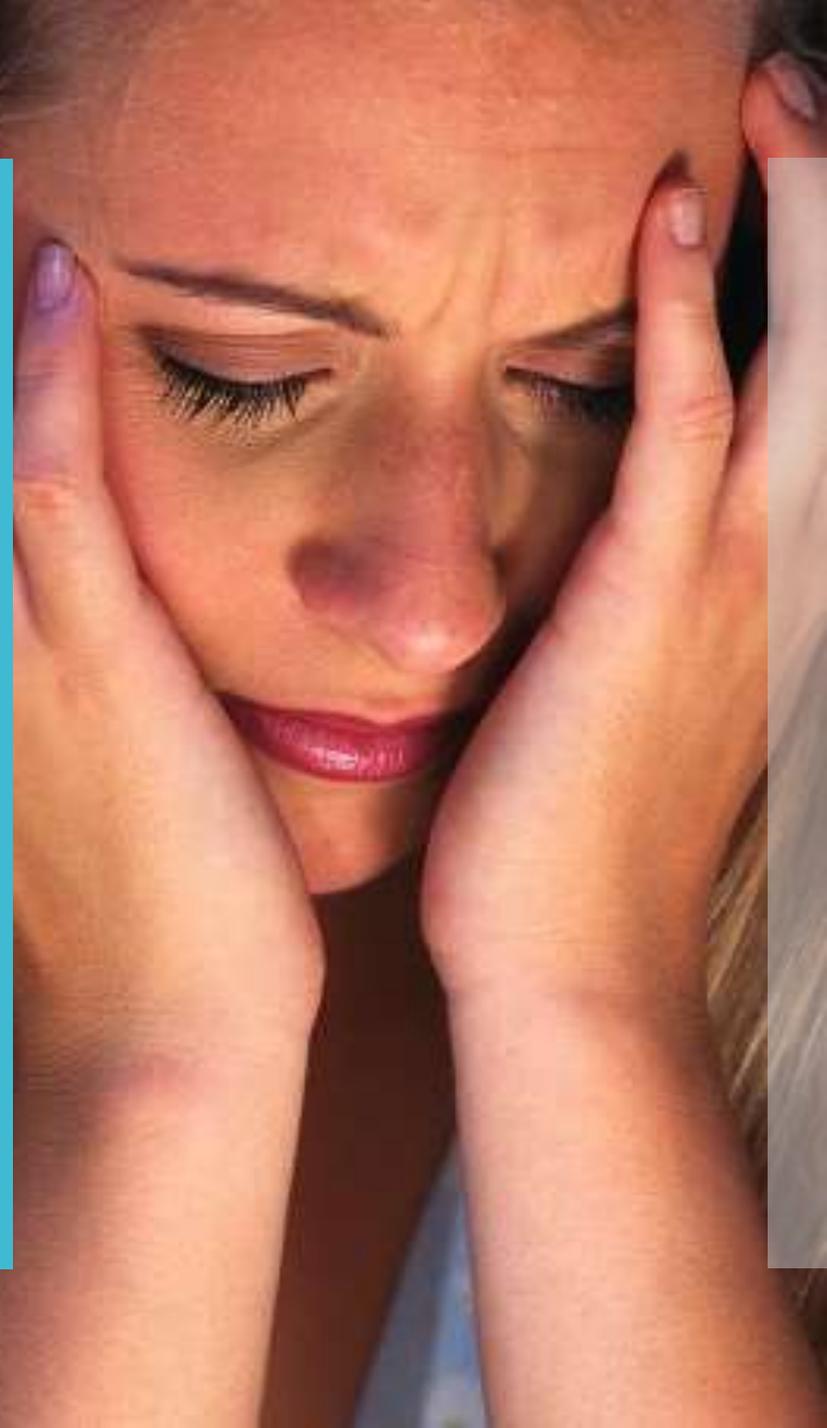


Behavioural Signs

Diminished alertness

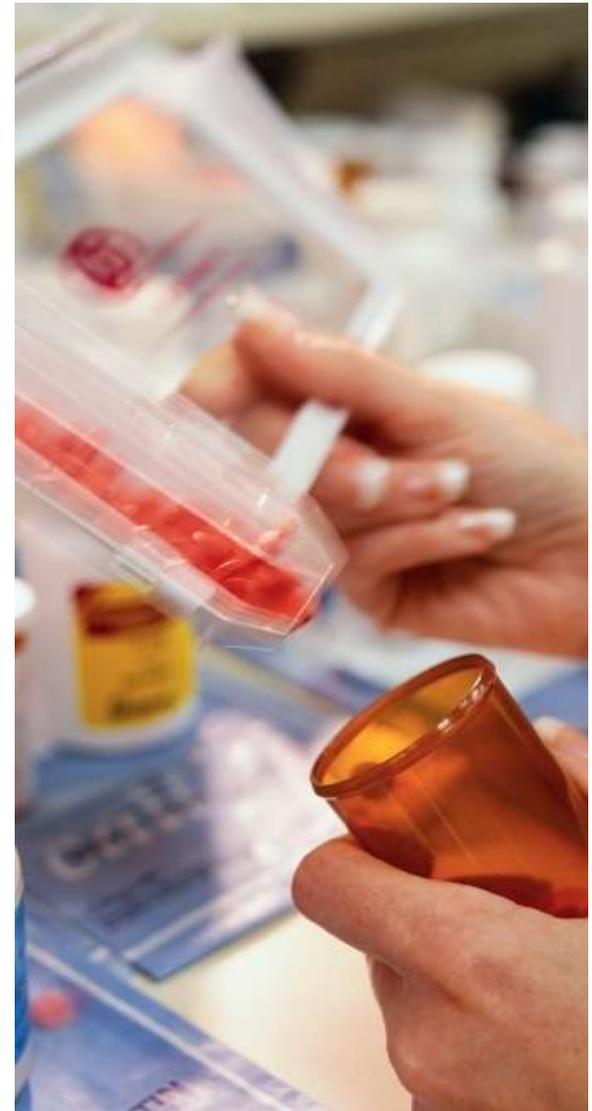
Confusion or memory lapses

Mood swings, irritability, depression,
euphoria, aggression



Behavioural Signs

- Suicide threats
- Inappropriate verbal or emotional responses
- Noticeable deterioration in or exaggerated attention to hygiene



Behavioural Signs

- Strong breath freshener or perfumes as cover-up
- Wearing of long sleeves all the time
- Increased isolation from colleagues, friends and family

Physical Signs

- Tremors and sweats
- Speech slurred
- Smell of alcohol on breath
- Eyes: watery, red, dilated or constricted pupils



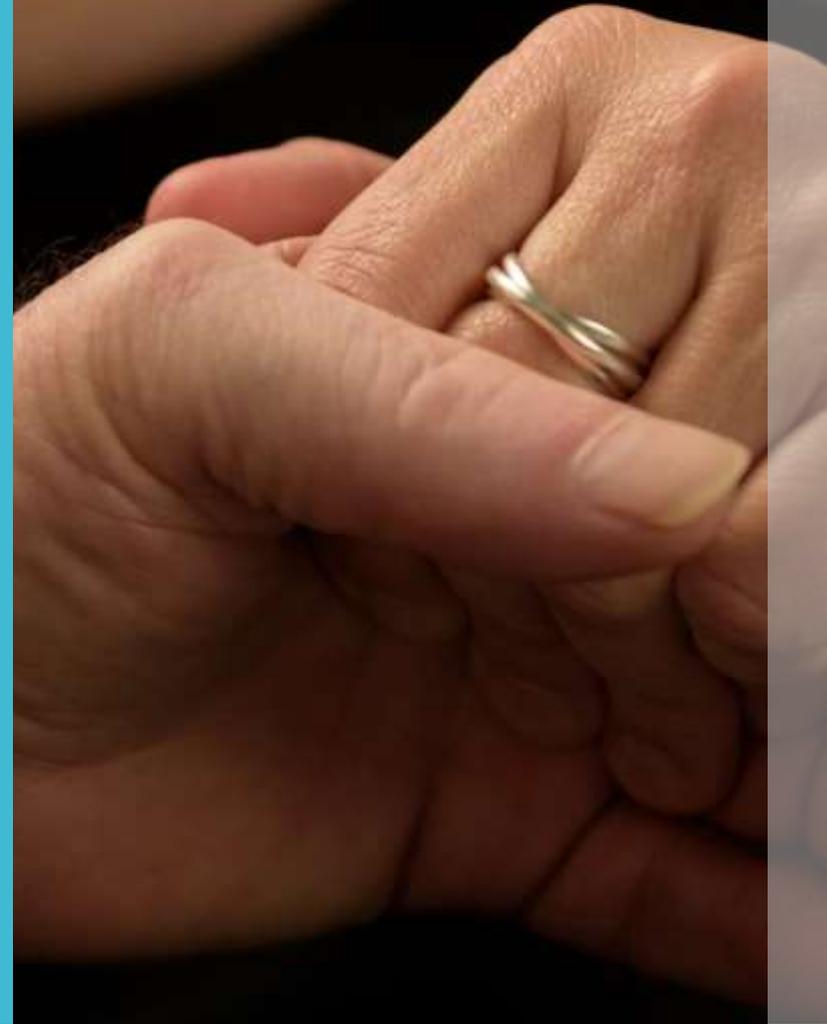
Physical Signs

- Runny nose and sniffing
- Unsteady gait
- Sudden weight loss or gain

Job Performance Signs

Gradual changes in job performance

Moves to positions perceived to have less pressure, responsibility, visibility or supervision



Job Performance Signs

- Poor or illogical charting
- Errors in judgment
- Excessive use of sick time
- Prior reputation of being a responsible and conscientious employee being eroded



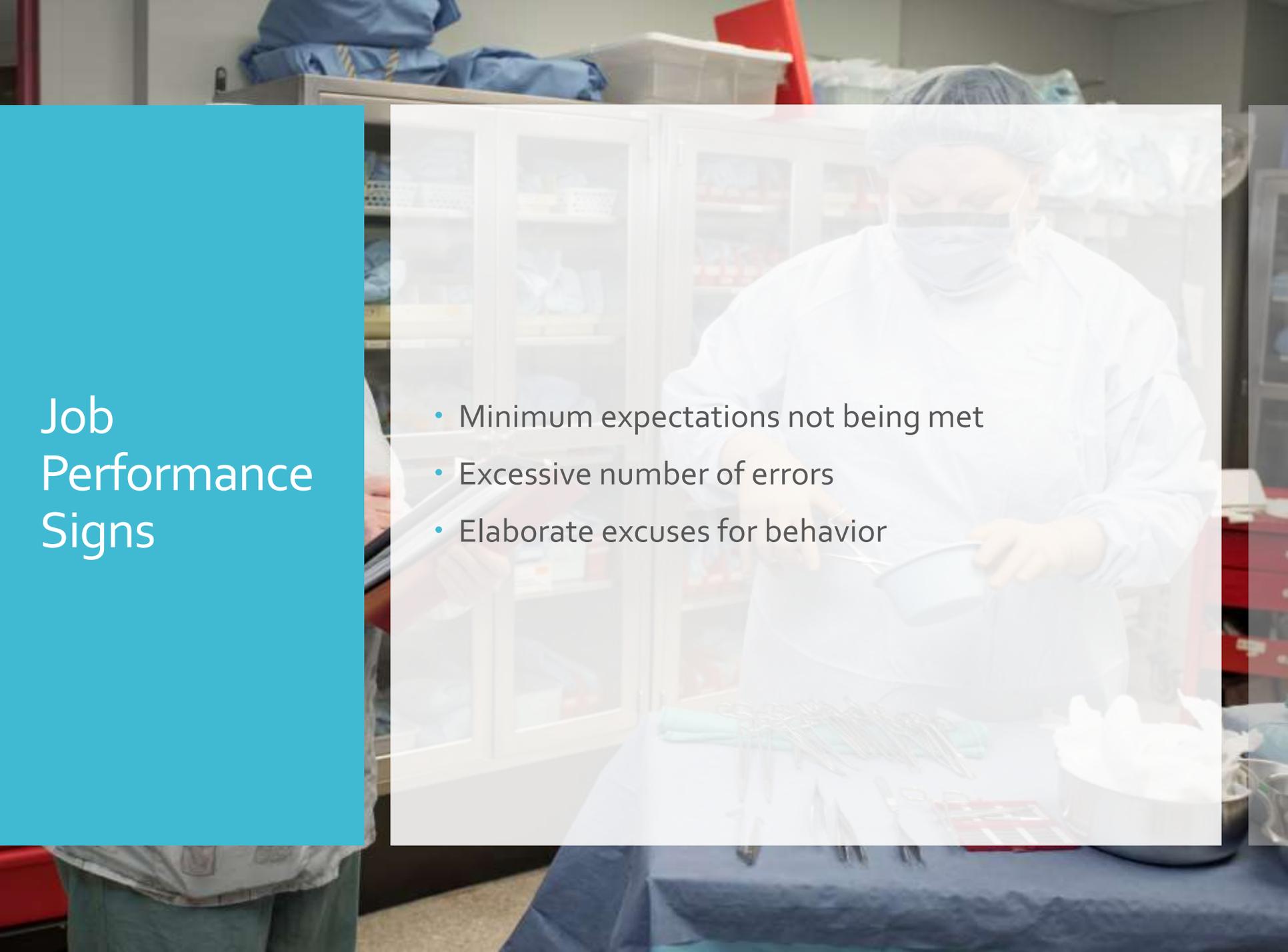
Job Performance Signs

- Long breaks, frequent or unexplained disappearances from the unit
- Increasing difficulty meeting schedules or deadlines



Job Performance Signs

- Minimum expectations not being met
- Excessive number of errors
- Elaborate excuses for behavior



Indicators That the Source of Drugs is the Workplace

Consistently volunteering to be medication nurse

Increased amounts of medications ordered

Failing to obtain co-signatures





Indicators That the Source of Drugs is the Workplace

- Measurable or observable patterns of medication discrepancies during specific shifts
- Frequent reporting of medication spills/wastes
- Excessive administration of PRN medications

Indicators That the Source of Drugs is the Workplace

Discrepancies in narcotic counts

Evidence of tampering with vials or drug containers



Indicators That the Source of Drugs is the Workplace

- Unexplained discrepancies between recorded medication administration and expected client responses; increased patient reports about lack of effectiveness of pain medications
- Defensiveness when questioned
- Coming to work early and staying late

Indicators That the Source of Drugs is the Workplace

Showing up at work on days off

Variations on quantity of drugs required on unit which may be noticed by pharmacy

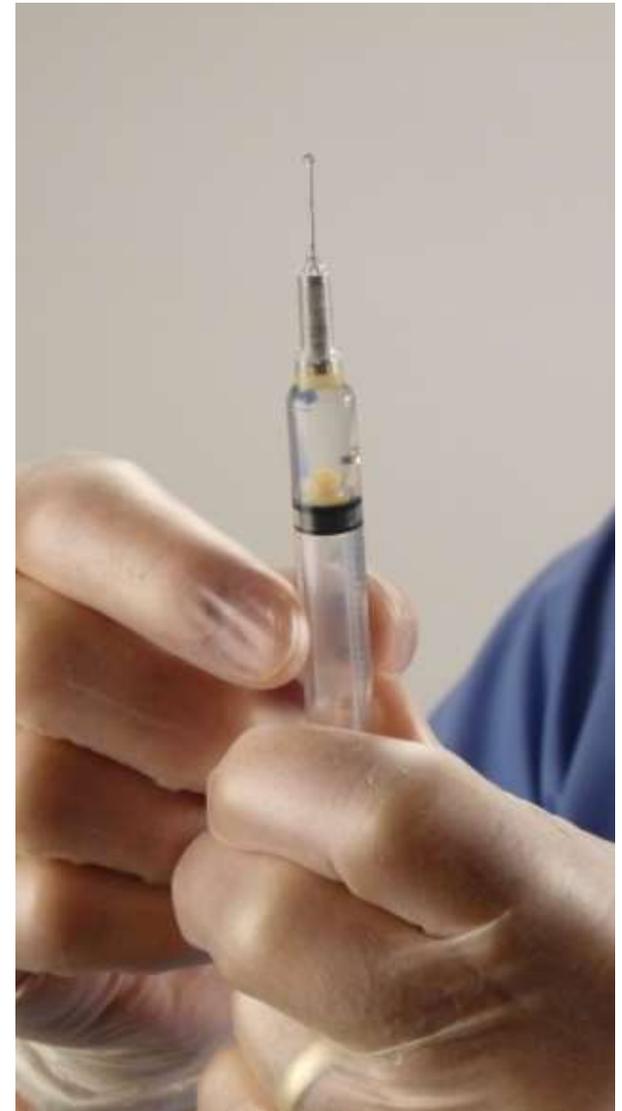


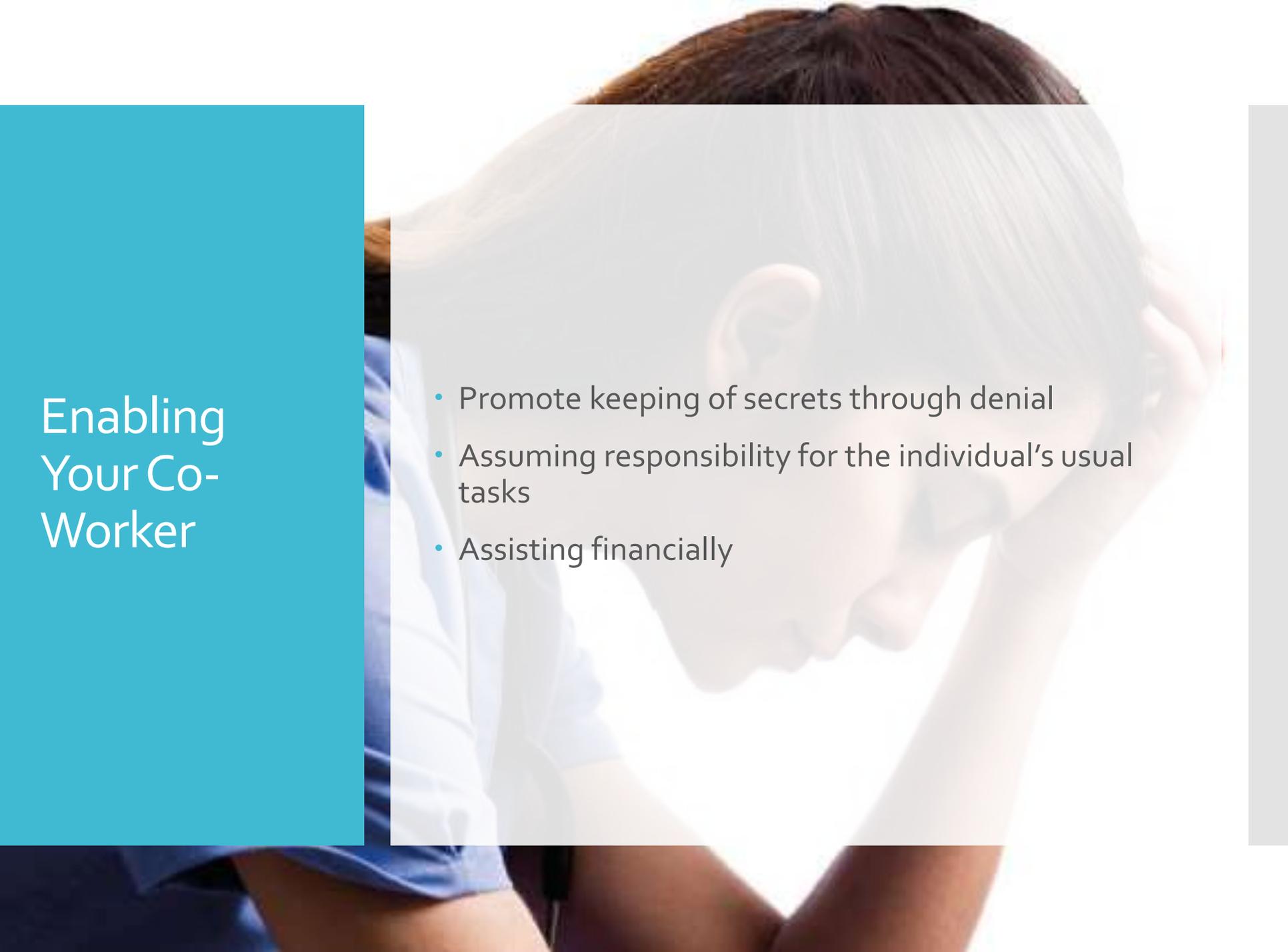
Enabling Your Co-Worker

Making excuses for inappropriate behavior/performance

Making excuses for tardiness, absenteeism or lower-quality work

Rationalizing and minimizing the individual's use of alcohol/drugs



A woman with dark hair is shown from the chest up, her head buried in her hands in a gesture of despair or distress. She is wearing a blue short-sleeved shirt. The background is a plain, light color. The image is overlaid with a semi-transparent white rectangle containing text.

Enabling Your Co- Worker

- Promote keeping of secrets through denial
- Assuming responsibility for the individual's usual tasks
- Assisting financially

Enabling Your Co-Worker

Threatening with dire consequences but rarely following through

Blaming circumstances or others for the excessive alcohol/drug use



Professional Groups Enable

- Dismiss behaviors simply as responses to a temporary crisis, problems at home, etc.
- Subtle signs of substance use are often dismissed as “nothing”
- Easily relate to what their colleague’s problems are and try to rationalize the behavior

Co-Worker Responsibility

- Co-workers are the most likely to identify changes in their colleague's nursing practice/behavior
- If client care is jeopardized or at risk, action must be taken and the situation reported
- Intervening is not easy but it often brings a resolution to the issue



Reporting

- Question inappropriate behavior when it occurs
- Address specific behavior
- **Consciously separate behavior from personality**



Reporting

- Focus on the core issue
- Offer support in a non-judgmental manner which respects rights and dignity
- Report concerns about nursing practice to the supervisor/manager

Employee Assistance Program (EAP)

Voluntary confidential counseling for the nurse and co-workers

On-/off-site counseling or referral services

EAP can evaluate and make recommendations based upon needs of clients



Employee Assistance Program (EAP)

Education on addictions should be provided in the workplace as part of overall health promotion program



Return-to-Work Agreement

- RTW agreement is inclusive of specific conditions
- Employers are cautious in drafting these agreements not to impose conditions that will discriminate on the basis of a disability
- Could include such items as:
 - undertaking to participate in a rehabilitation program
 - alcohol/drug testing at the request of the employer



Return-to-Work Agreement

- Requirement to work day shifts only
- Requirement to not administer medications for a period of time
- Authorization to share specific information re treatment program with the employer
- Gradual increase in hours up to full-time hours
- Change in work assignment

The Nurse Returns to the Unit. Great Day! ...Or Is It?

- Some nurses are supportive, glad nurse is back. Others are angry, hostile, resentful and hurt.
- Seek support for the nurse and co-workers:
 - meet with the nurses on the unit first to address any problems, followed by a joint meeting with all nurses
 - have the EAP coordinator set up a session with the nurses, either separately or as a group
- Educate nurses on substance use and return-to-work plan

Return to Work

Nurse must have medical clearance to return to work



The College on behalf of the public, is assured that the nurse returning to practice is safe, and competent to practice.



Drugs and the Brain

- The human brain is the most complex organ in the body
- Your brain is you – everything you think and feel, and who you are



How does the brain work?

The brain consists of billions of cells, called neurons, which are organized into circuits and networks.

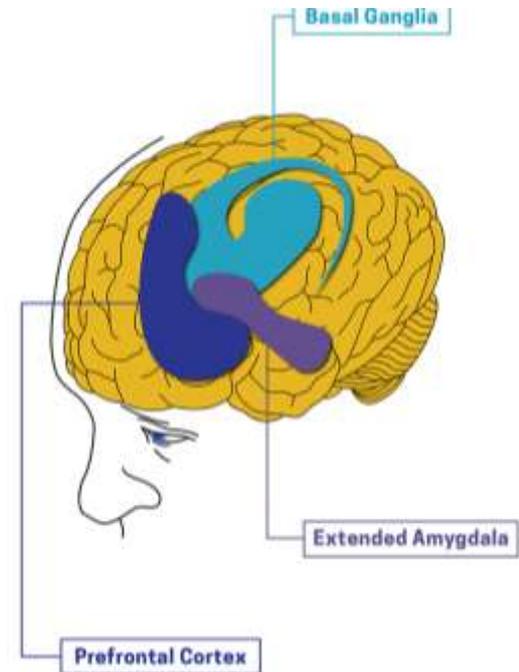


Drugs interfere with the way neurons send, receive and process signals via neurotransmitters



What parts of the brain are affected by drugs?

- The **basal ganglia**, which play an important role in positive forms of motivation, including the pleasurable effects of healthy activities like eating, socializing and sex, and are also involved in the formation of habits and routines. These areas form a key node of what is sometimes called the brain's "reward circuit"
- The **extended amygdala** plays a role in stressful feelings like anxiety, irritability and unease, which characterize withdrawal after the drug high fades and thus motivates the person to seek the drug again



Source: Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health

How do drugs produce pleasure?

Pleasure or euphoria probably involves surges of chemical signaling compounds including the body's natural opioids (endorphins) and other neurotransmitters in parts of the basal ganglia (the reward circuit)



At the End of the Day

- The nurse hopes to get his/her life back, both personally and professionally
- The employer hopes to get back a healthy nurse who is in recovery
- The union hopes to initiate a process that will:
 - offer support and guidance to the nurse
 - offer support and guidance to co-workers in initiating a return-to-work plan for the nurse

At the end of the Day

- Nurse hopes to get her/his Life back -both personally & professionally
- Nurse recognizes she/he has a **“new”** normal....
- Employer hopes to have a healthy nurse return to work who has received treatment and is in recovery

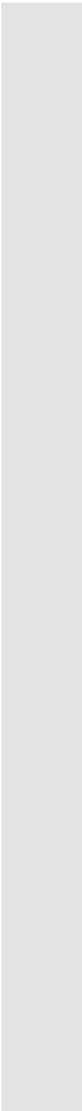


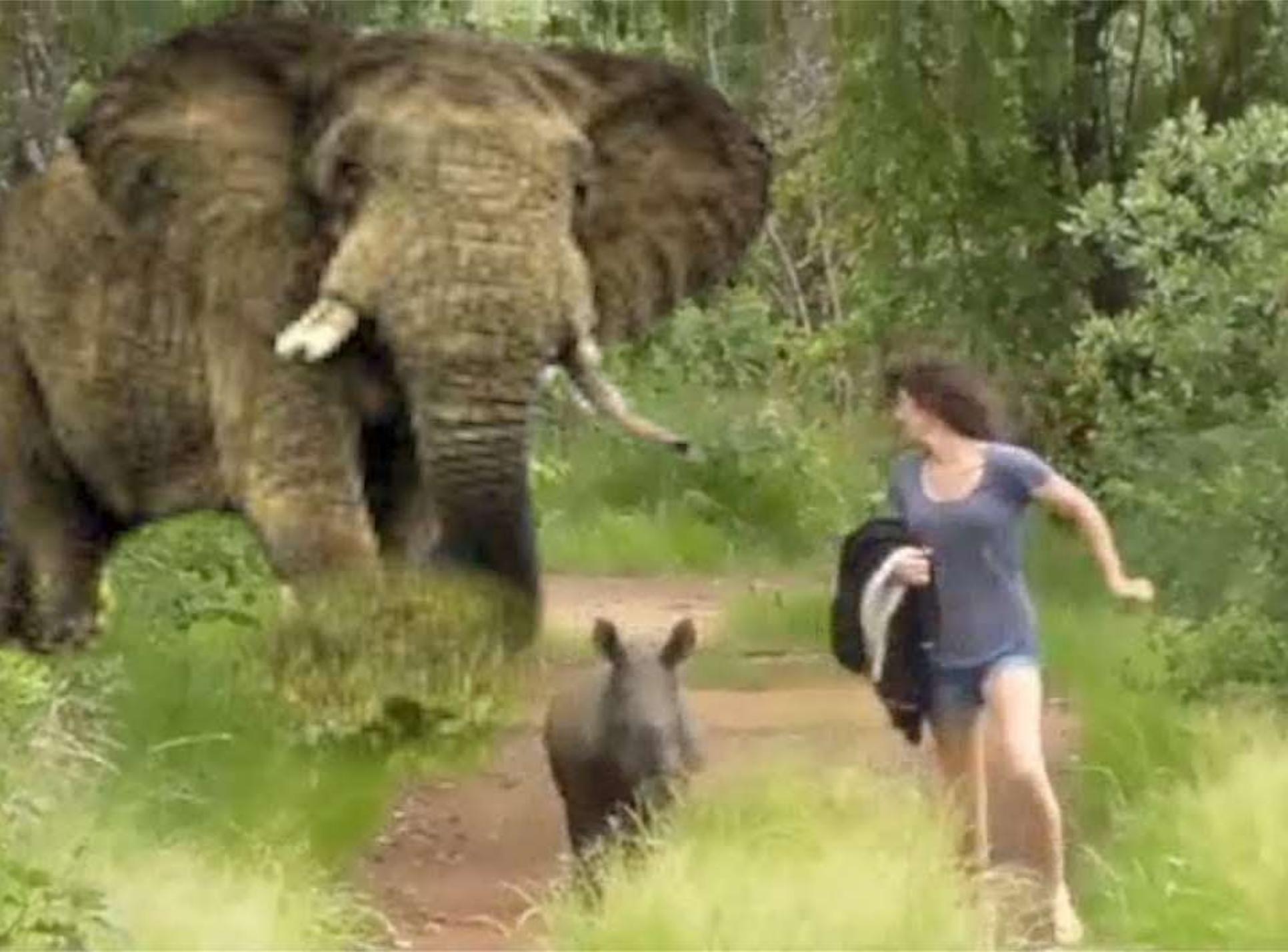


At the End of the Day

REMEMER:

Anyone of us could succumb to this
illness... So lets work together!







Thank you!

Questions???