



Alcoholism and Drug Addiction in the Healthcare Profession



S. Marshal Isaacs, MD, FACEP FAEMS

Professor of Emergency Medicine
UT Southwestern/Parkland Health

Chief Medical Officer
City of Dallas/Dallas Fire-Rescue

TAPAN State Conference
October 21, 2023

Today's Objectives:

- To understand why an emergency/EMS physician is interested in this topic
- To understand why ALL NURSES, especially PERIANESTHESIA NURSES should be interested in this topic
- To recognize that substance use disorders are prevalent in the healthcare professions and that all are at risk
- To describe my personal interest in alcoholism and drug addiction
- To advocate for improved education, training, awareness and support for nurses with various forms of impairment

Sobering Centers and Serial Inebriate Projects

- Innovative efforts between cities, counties, law enforcement, EMS, health & human services, and the judicial system
- Operate as an alternative to hospitals and jails throughout the United States
- San Diego, San Francisco experience
- Dallas

Warren O. et al. Identification and Practice Patterns of Sobering Centers in the United States. J Health Care Poor Underserved. 2016;27(4); 1843-1857

Secondary Goals

- To break the cycle of alcoholism and drug addiction
- To improve the lives of our patients
- To improve the health of the community

Dodson, J. The Effectiveness and Efficiency of the Serial Inebriate Program. San Diego, CA
Spring 2016

Scope of the problem of Substance Use Disorders

- The US consumes 60% of the world's illicit drugs
- 18 million Americans abuse alcohol
- 20 million Americans use marijuana
- 20 million Americans regularly use prescription medications for non-medical reasons
- 1.5 million Americans currently use cocaine
- Methamphetamine and hallucinogen use are on the rise
- 75% of substance abusers are employed
- Some of them are doctors and NURSES!

The Cost of Substance Abuse

| | Health Care | Overall | Year Estimate Based On |
|-----------------------------------|---------------|----------------|------------------------|
| Tobacco ^{1,2} | \$168 billion | \$300 billion | 2010 |
| Alcohol ³ | \$27 billion | \$249 billion | 2010 |
| Illicit Drugs ^{4,5} | \$11 billion | \$193 billion | 2007 |
| Prescription Opioids ⁶ | \$26 billion | \$78.5 billion | 2013 |

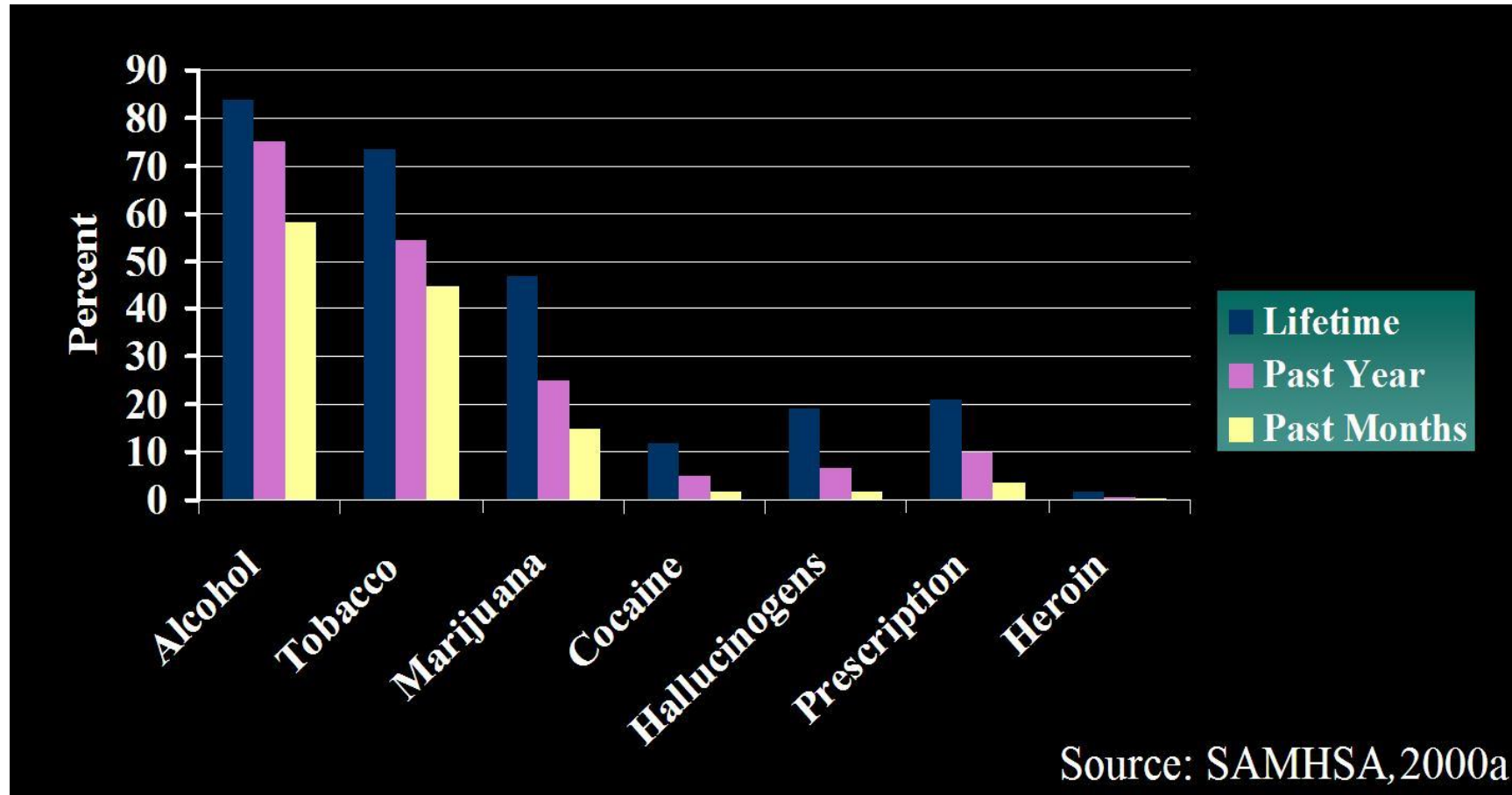
National Institute On Drug Abuse

Physicians Are Not Immune

- 1991 study on resident physicians by specialty
- 15% experienced substance use
- Anesthesia, Emergency Medicine and Psychiatry have the highest incidence
- 80% of all residents reported ETOH during the past month
- 97% of all residents across specialties used ETOH

Hughes, PH, et al. Resident Substance Use in the United States.
JAMA. 1991;265(16):2069-2073

Anonymous Survey of Substance Use



Comorbidity

[Comorbidity: Substance Use Disorders and Other Mental Illnesses DrugFacts](#)

[Common Comorbidities with Substance Use Disorders Research Report](#)

[COVID-19 and Substance Use](#)

COVID-19 & Substance Use

Researchers have observed increases in substance use and drug overdoses in the United States since the COVID-19 pandemic was declared a national emergency in March 2020. The COVID-19 pandemic also presents unique challenges for people with substance use disorders and those in recovery. For example, people with substance use disorders are at increased risks for poor COVID-19 outcomes. Because of these factors, NIDA plays an important role in the federal response to the COVID-19 pandemic.



[Journal List](#) > [F1000Res](#) > [v.9; 2020](#) > PMC7549174

F1000Research

Publish fast. Openly. Without restrictions.



Version 1. [F1000Res.](#) 2020; 9: 636.

Published online 2020 Jun 23. doi: [10.12688/f1000research.24457.1](https://doi.org/10.12688/f1000research.24457.1)

PMCID: PMC7549174

PMID: [33093946](#)


Epidemiology of mental health problems in COVID-19: a review

[Md_Mahbub_Hossain](#), Conceptualization, Data Curation, Formal Analysis, Methodology, Writing – Original Draft Preparation, Writing – Review & Editing,^{a,1,2} [Samia_Tasnim](#), Conceptualization, Formal Analysis, Writing – Original Draft Preparation, Writing – Review & Editing,^{2,3} [Abida_Sultana](#), Conceptualization, Writing – Original Draft Preparation, Writing – Review & Editing,⁴ [Farah_Faizah](#), Data Curation, Methodology, Writing – Review & Editing,⁵ [Hqimonty_Mazumder](#), Data Curation, Methodology, Writing – Review & Editing,⁶ [Liye_Zou](#), Methodology, Writing – Review & Editing,⁷ [E._Lisako_J._McKyer](#), Formal Analysis, Writing – Review & Editing,² [Helal_Uddin_Ahmed](#), Formal Analysis, Writing – Review & Editing,⁸ and [Ping_Ma](#), Supervision, Writing – Review & Editing²

 OPEN ACCESS  PEER-REVIEWED

RESEARCH ARTICLE

Stress and substance abuse among workers during the COVID-19 pandemic in an intensive care unit: A cross-sectional study

Diego Vinicius Santinelli Pestana , Dante Raglione, Luiz Dalfior Junior, Caroline de Souza Pereira Liberatti, Elisangela Camargo Braga, Vitor Augusto de Lima Ezequiel, Adriana da Silva Alves, Juliana Gil Mauro, José Omar de Araújo Dias, Paulo Thadeu Fantinato Moreira, Bruno Del Bianco Madureira, Lilian Petroni Paiva, Bruno Melo Nóbrega de Lucena, João Manoel Silva Junior, Luiz Marcelo Sá Malbouisson

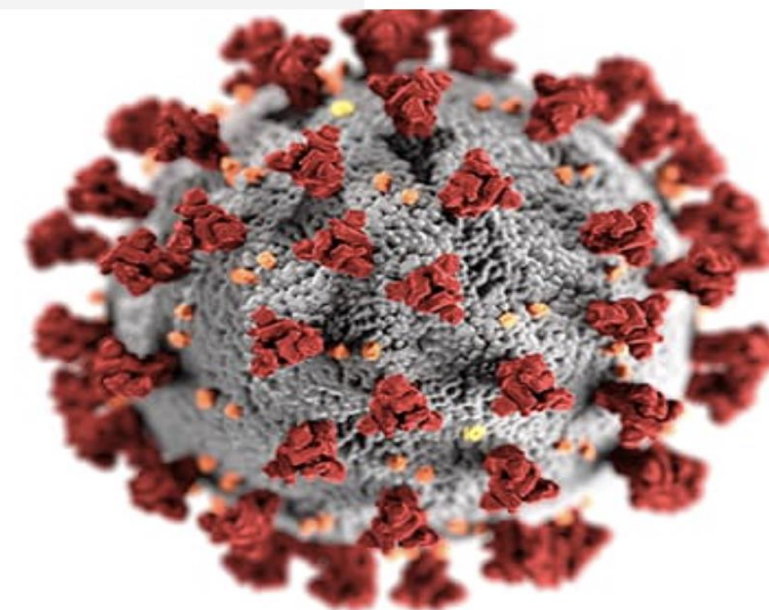
Published: February 10, 2022 • <https://doi.org/10.1371/journal.pone.0263892>

[Home](#) - [News](#) - [Press Release](#)

PRESS RELEASE · 5 MINUTE READ · DEC | 17 | 2021

Alcohol consumption during the COVID-19 pandemic projected to cause more liver disease and deaths

Noah Brown · 617-643-3907 · nbrown9@partners.org



Key Takeaways

- A one-year increase in alcohol consumption in the U.S. during the COVID-19 pandemic is estimated to cause 8,000 additional deaths from alcohol-related liver disease, 18,700 cases of liver failure, and 1,000 cases of liver cancer by 2040.
- A sustained increase in alcohol consumption for more than one year could result in 19–35% additional mortality.

Type

[Press Release](#)

[Centers and Departments](#)

[Research Institute](#)

Topics

[Substance Use, Population Health](#)

**ALCOHOLICS ANONYMOUS
MEETING**

2022





Trusted Precious Metals Source
Money Metals Exchange

Just In...

Bosware: Your employer may be tracking you during remote work

[TECHNOLOGY](#) - 3M 59S AGO

Social Security data show pandemic's toll — and a path forward

[FINANCE](#) - 11M 28S AGO

Border Patrol seizes nearly \$690K of narcotics in Texas

[NEWS](#) - 20M 14S AGO

Biden approval on economy hits new low: poll

[ADMINISTRATION](#) - 24M AGO

These Americans are less likely to be prepared when natural disasters strike

[NATURAL DISASTERS](#) - 26M 27S AGO

POLICY

CDC study shows meteoric rise in number of Americans injecting drugs

BY MAUREEN BRESLIN - 07/15/22 12:08 PM ET



SHARE



TWEET



Morgan Si
Round - 1
Ounce, .99

\$24.07

Shop



Copper B/
Banknote,
Oz, .999 F
Copper

\$1.85

Approximately 10% to 12% of physicians will develop a substance use disorder during their careers, a rates similar to or exceeding that of the general population.

Berge, K. et al. Chemical Dependency and the Physician
Mayo Clin Proc. Jul 2009; 84(7): 625–631.PMCID.

“...elevated social status brings many tangible and intangible rewards, it also has an isolating effect when they are confronted with a disease such as addiction, which has a social stigma. This isolation can lead to disastrous consequences, both in delaying the recognition of and in intervening in the disease process, as well as in the attendant risk of death by inadvertent overdose or suicide.”

Mayo Clin Proc. Jul 2009; 84(7): 625–631.PMCID:
Keith H. Berge, MD, Marvin D. Seppala, MD, and Agnes M. Schipper, JD

Rehabilitation

- Rehabilitation of the impaired physician with SUD is a serious concern of state medical societies
- All 50 states - developed procedures to identify and bring to treatment physicians with SUD
- Successful rehabilitation is a national priority
- Comprehensive treatment and monitoring - successful with 75% to 85% returning to their professional position

[Med Clin North Am. 1997 Jul;81\(4\):1037-52. Physician Impairment By Substance Abuse O'Connor and Spickard 1997.](#)

So What About Nurses?

Substance Use among Nurses: Differences between Specialties

Alison M. Trinkoff, ScD, RN, and Carla L. Storr, ScD

Conclusions. Certain nursing specialties were more likely than others to be associated with substance use. The differences were not explained by demographic characteristics. Inasmuch as a comparison of these results for nurses with prior work on physicians found considerable agreement by specialty, preventive initiatives should consider interdisciplinary approaches to substance use education. (*Am J Public Health.* 1998;88:581–585)

Why Nurses?

🔍 Find a Therapist (City or Zip)



Indra Cidambi, M.D.
Sure Recovery

ADDICTION

Nurses Addicted to Drugs

Increased stress and access to drugs drives addiction

Posted March 26, 2018



✓ THE BASICS

What Is Psychopharmacology?

[Find a therapist near me](#)

Dependence on alcohol and drugs among nurses hovers around 10% (1), a statistic which falls in line with the general population. There are about four million nurses (2) in America, four times the number of physicians, and these nurses are the backbone of the nation's healthcare system.

Nurses are extremely important in providing healthcare to patients especially since their role has expanded and workload increased over the years. High job stress coupled with ready access to potent medications can make nurses vulnerable to becoming chemically dependent in order to cope

As physicians have become pressured by the need to increase the volume of patients they treat, nurses have also been burdened with more tasks traditionally performed by doctors, resulting in higher stress. In addition, rotating shifts and long hours coupled with easy access to addictive medications set up a perfect storm for nurses to turn to mood altering substances. Unique to the nursing profession is the fact that a vast majority of nurses are women. I've found that women also have several factors that can make them more inclined to getting addicted to substances faster than men.

Substance Use Among the Specialties

- 12 specialties self-reported
- Psych used more benzodiazepines
- Anesthesia used more opiates
- Emergency used more illicit drugs
- Lowest reported use was in pediatric and trauma/surgical who reported more ETOH and tobacco use.

Why Nurses? (similar to MD's?)

- Study sought to identify personality traits that might correlate with specialty choice and well-being.
- Found a “rescuing” cluster who described themselves as passionate and thriving on novelty and unpredictable situations.
- Enjoyment of being in unpredictable situations and performing a wide variety of procedures under difficult circumstances.
- Demonstrated interpersonal strengths of managing patients and families in extremely dire circumstances.
- High persistence and cooperativeness in stressful environments that require interactions with almost every specialty under tense conditions.
- Intolerance of uncertainty was correlated to burnout

Sievert et al. (2016), The influence of temperament and character profiles on specialty choice and well-being in medical residents. PeerJ 4:e2319; DOI 10.7717/peerj.2319



Article

Healthcare Professional Students' Perspectives on Substance Use Disorders and Stigma: A Qualitative Study

Alina Cernasev ^{1,*}, Kiki M. Kline ², Rachel Elizabeth Barenie ³, Kenneth C. Hohmeier ¹ , Steven Stewart ¹ and Shandra S. Forrest-Bank ⁴

- ¹ College of Pharmacy, University of Tennessee Health Science Center, 301 S. Perimeter Park Drive, Suite 220, Nashville, TN 37211, USA; khohmeie@uthsc.edu (K.C.H.); sstewa46@uthsc.edu (S.S.)
² College of Social Work, University of Tennessee, Knoxville, TN 37996, USA; kkline5@vols.utk.edu
³ College of Pharmacy, University of Tennessee Health Science Center, Memphis, TN 38163, USA; rbarenie@uthsc.edu
⁴ Director of the Social Work Office of Research and Public Service (SWORPS), College of Social Work, University of Tennessee, Knoxville, TN 37996, USA; sforres6@utk.edu
* Correspondence: acernase@uthsc.edu

Abstract: Background: Access to and quality of care for Substance Use Disorders (SUDs) remain a major public health issue. Stigma associated with SUDs contributes to the gap between the number of patients who need treatment and the much smaller fraction that receive it. Healthcare professional students are future care providers; an opportunity exists to characterize their collective perspectives on patients with SUDs and how that informs the care they provide. Methods: Healthcare professional students participated in online, semi-structured focus group (FGs) between March and April 2021. The FGs were conducted until thematic saturation was achieved. All verbatim transcripts were analyzed applying Thematic Analysis using Dedoose[®] qualitative software. Inductive codes were grouped into categories based on similarities that facilitated the emergence of themes. Results: Thematic Analysis revealed one theme (1) Decreasing stigma among healthcare professionals by viewing substance use disorder as a disease; and two sub-themes: Subtheme 1a: Relating with the patients, “It could be me . . . ”; Subtheme 1b: Interactions with patients, “We just don’t know exactly how to counsel these patients . . . ” These themes describe how future healthcare professionals might perceive and approach patients with SUDs and highlight the importance of SUD training in the curriculum. Conclusion: Medical and pharmacy students are uniquely positioned to apply critical thinking from their didactic training to their real-world clinical experiences, and their collective perspectives inform gaps in training and opportunities to develop best practices for SUD care. An opportunity exists to leverage these findings in order to train future healthcare professionals to ensure access to and quality of SUD care.





Citation: Cernasev, A.; Kline, K.M.; Barenie, R.E.; Hohmeier, K.C.; Stewart, S.; Forrest-Bank, S.S. Healthcare Professional Students' Perspectives on Substance Use Disorders and Stigma: A Qualitative Study. *Int. J. Environ. Res. Public Health* **2022**, *19*, 2776. <https://doi.org/10.3390/ijerph19052776>

Academic Editors: Lior Rennert and Sarah Bauer Floyd

Nurse Anesthesia Diversion Prevention

A Knowledge and Needs Gap Analysis

Joshua Ades, DNP, CRNA¹ , Christopher Sims, DNP, CRNA¹, Shea Polancich, PhD, RN¹, and Stephanie Hammond, DNP, CRNP, ANP-BC, COHN-S¹ 

Abstract: *Background:* Substance misuse is an occupational health problem for anesthesia providers (APs). More than 10% of nurse anesthetists misuse and divert medications. No standard exists for addressing AP drug diversion. The purpose of this quality improvement project was to evaluate the use of a knowledge and needs assessment to inform the development of a successful drug diversion prevention program for certified registered nurse anesthetists (CRNAs) and student registered nurse anesthetists (SRNAs). *Methods:* A 28-item questionnaire, using the health belief model (HBM) and the risk perception attitude (RPA) framework, was developed to assess knowledge, beliefs, and practices of substance misuse and diversion. RPA groups were determined by level of belief in self-risk and perceived efficacy of prevention strategies. The survey was emailed to 100 CRNAs and over 100 SRNAs. Survey results were organized using the RPA framework. *Findings:* One hundred twelve surveys were completed. The RPA avoidant category (high-risk belief and low perceived efficacy of preventive interventions) comprised 52.5% of CRNAs; SRNAs were divided primarily among the RPA responsive category with high perceived risk and high-efficacy beliefs (38.9%) and the indifferent category of low-risk beliefs and low perceived efficacy (31.9%). *Conclusions/Applications to Practice:* Anesthesia providers have varying beliefs regarding drug misuse and diversion risks and perceptions of their ability to be successful with preventive strategies. Failure to address nurse anesthesia needs-based diversion prevention may result in missed opportunities to educate this group. Implementation of RPA-tailored interventions by health care organizations may produce effective, long-term outcomes for drug diversion within the profession.

Background

Substance misuse is a growing problem in the United States (Sederer, 2015). Abuse (2018) reports that hundreds of thousands of years from overdose have more than an overwhelming majority of the substance misuse. Healthcare providers are primarily related to accessible medications used in medical settings. Certified registered nurse anesthetists are the largest group of anesthesia providers. Substance misuse in this population is a significant hazard (DeFord et al., 2019). This study documents more than 10% of nurse anesthetists misuse medications. Regrettably, Bell (2018) reports in recent years.

Substance misuse among healthcare providers has consequences to both providers and patients (Bell et al., 2019). In the operating room, the impact from drug diversion is an occupational hazard that needs to be addressed (Epstein et al., 2019). The need to be identified and implemented to address the increasing prevalence of substance misuse (Bell et al., 2019).

Diversion is defined as using controlled substances after the transfer of intended purpose (Berge et al., 2019). Diversion affects everyone involved; the consequences affect patients under the provider's care and employers (Berge et al., 2019). Diversion and many times is not reported. It is estimated that over one-third of healthcare

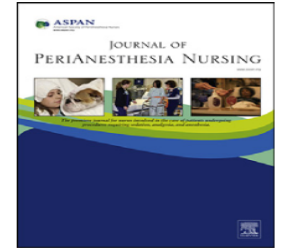


ELSEVIER

Contents lists available at ScienceDirect

Journal of PeriAnesthesia Nursing

journal homepage: www.jopan.org



Research News

Substance Abuse

Mary W. Stewart, PhD, RN *

School of Nursing, University of Mississippi Medical Center, Jackson, MS

The magnitude of the opioid crisis cannot be overlooked. Nurses in perianesthesia, perioperative, and other critical care areas experience firsthand the epidemic's far-reaching destructive effects. From working with health care providers at high risk for substance abuse to balancing the need for patient pain control with responsible administration of addictive medications, perianesthesia nurses must be informed, vigilant, and accountable.

A team of researchers from Oregon Health & Science University recently published a qualitative study highlighting how hospitals are responding to addiction consult services (ACS). Lessons learned are relevant for anyone—including perianesthesia care providers—seeking to understand the hospital culture, where substance abuse warrants serious attention and action.

“Now Hospital Leaders Are Paying Attention”—A Qualitative Study of Internal and External Factors Influencing Addiction Consult Services. Kelsey C Priest, Honora Englander, Dennis McCarty. *Journal of Substance Abuse Treatment* 2020;110:59-65.

<https://doi.org/10.1016/j.jsat.2019.12.002>

through identification of barriers and facilitators to developing, implementing, and operating these services in well-resourced hospitals in the United States.

Methodology

Researchers appropriately chose a qualitative methodological approach to achieve the study purpose. They developed an interview guide based on the literature and grounded in the Health Care Access Framework, among other interdisciplinary theories. They purposefully recruited participants who identified as addiction experts with knowledge of ACS in hospitals. The sample included 17 individuals from 16 hospitals, of which 14 had adopted an ACS program or were planning to do so in the near future.

After institutional review board approval, data collection occurred through recorded phone interviews, lasting 45 to 60 minutes each. Descriptive information included hospital and personnel





Brazilian Journal of ANESTHESIOLOGY



REVIEW ARTICLE

Prevention of drug diversion and substance use disorders among anesthesiologists: a narrative review

Michael G. Fitzsimons^a, Gabriel Soares de Sousa^{ib b,c}, Arpine Galstyan^a,
Vinícius Caldeira Quintão^{id d,*}, Cláudia Marquez Simões^{b,d,e}

^a Massachusetts General Hospital, Department of Anesthesia, Critical Care, and Pain Medicine, Boston, USA

^b Hospital Sírio-Libanês, Serviços Médicos de Anestesia (SMA), São Paulo, SP, Brazil

^c Hospital Municipal Infantil Menino Jesus, Serviços Médicos de Anestesia (SMA), São Paulo, SP, Brazil

^d Universidade de São Paulo, Faculdade de Medicina, Disciplina de Anestesiologia, São Paulo, SP, Brazil

^e Faculdade de Medicina da Universidade de São Paulo (FMUSP), Hospital das Clínicas (HC), Instituto do Câncer do Estado de São Paulo ICESP, São Paulo, SP, Brazil

Received 9 January 2023; accepted 16 July 2023

Available online xxx

KEYWORDS

Abstract Diversion of substances from the care of the intended patient is a significant problem

JID: BJANE

[mSP6P;September 5, 2023;2:59]

M.G. Fitzsimons, G.S. de Sousa, A. Galstyan et al.

Table 2 Critical components to education in healthcare provider SUD and diversion.

Awareness of SUD incidence and impact on providers, patients, and healthcare systems
 Indicators of colleague impairment by substances
 Indicators of diversion
 Formal substance handling protocols and expectations
 Policies regarding practice and record surveillance
 Routes of confidentially raising concerns about a potentially impaired colleague or diversion
 Routes to seek care for personal SUD

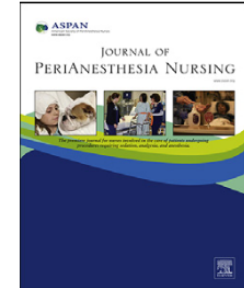


ELSEVIER

Contents lists available at [ScienceDirect](#)

Journal of PeriAnesthesia Nursing

journal homepage: www.jopan.org



The Back Page

The Opiate Crisis: Effects on Perianesthesia Nursing



I see this opioid crisis among perianesthesia and other nurses as a failure of health care practice and policy among us as (1) there is still a lack of understanding of addiction, risk factors, and pathogenesis; (2) there is an ongoing stigma surrounding the topic of addiction; (3) there is a lack of investment in education and training for health care providers; and (4) there is a lack of diagnostic and treatment tools.

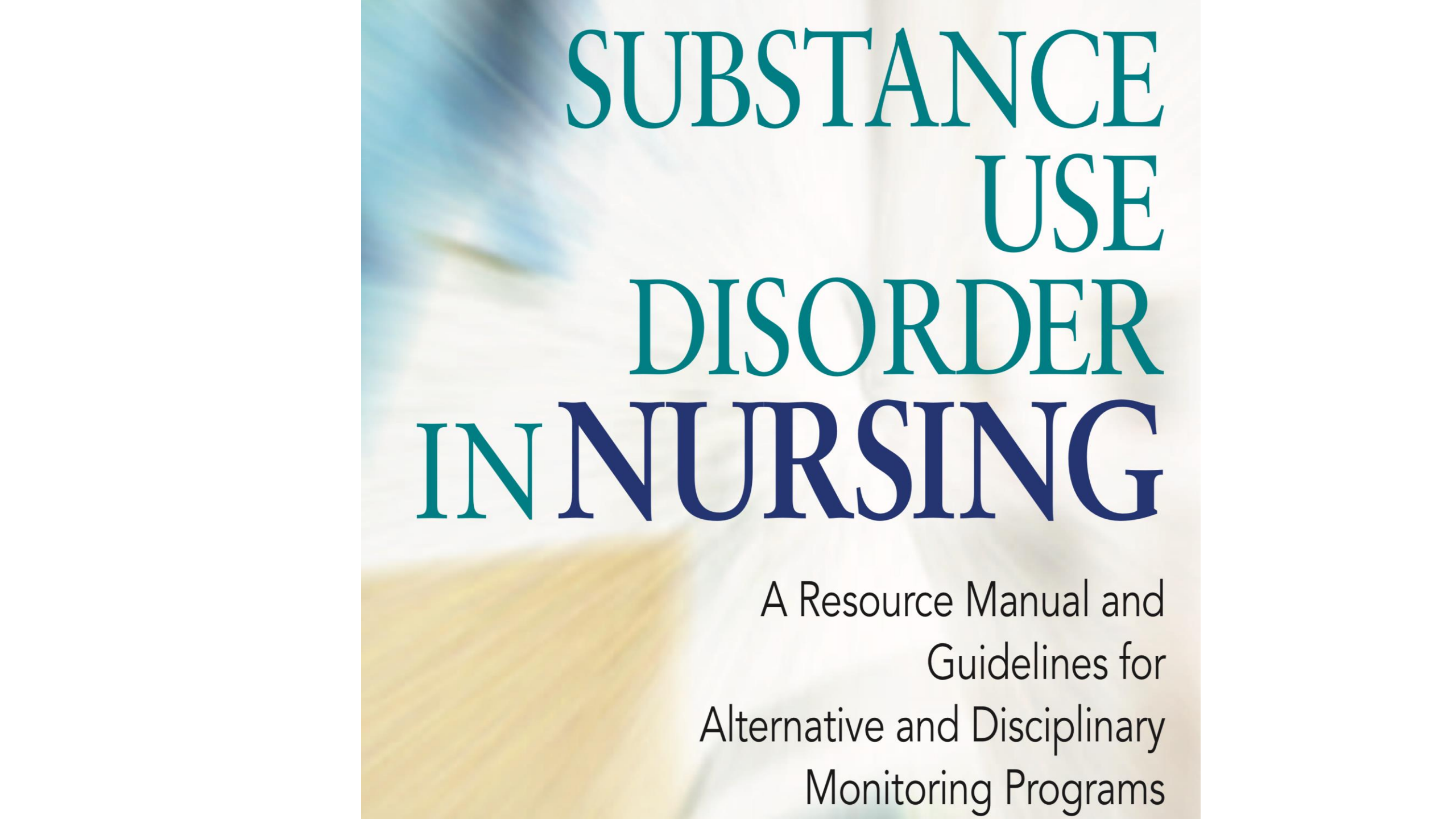
Cecil B. Drain, PhD, CRNA, FAAN, FASAHP*
Dean Emeritus College of Health Professions
Virginia Commonwealth University Richmond, VA

<https://doi.org/10.1016/j.jopan.2019.12.001>

Substance Use and Mental Illness Among Nurses: Workplace Warning Signs and Barriers to Seeking Assistance

Alexa Cares, MPH,¹ Elizabeth Pace, MSM, RN, CEAP,² Jean Denious, PhD,¹
and Lori A. Crane, PhD, MPH³

ABSTRACT. *Background:* Although some studies have examined the prevalence of substance use among nurses, few have assessed substance use in the workplace or early cues for identifying these health conditions. Primary data collected as part of a larger program evaluation were examined with the purpose of better understanding (a) the context and perceived consequences of substance use and mental illness among nurses and (b) barriers and opportunities for earlier identification and treatment of these issues among nurses, their colleagues, and employers. *Methods:* Anonymous surveys were mailed to 441 active and recent participants of a peer health assistance program in the summer of 2010. The survey examined drug-related behaviors in the workplace; behavioral cues that may permit earlier identification of substance use and mental illness; perceptions of barriers to seeking assistance; and strategies for preventing problems and overcoming barriers to seeking assistance. *Results:* Responses were received from 302 nurses (69%). Nearly half (48%) reported drug or alcohol use at work and two fifths (40%) felt that their competency level



SUBSTANCE USE DISORDER IN NURSING

A Resource Manual and
Guidelines for
Alternative and Disciplinary
Monitoring Programs

Health Systems

UTSW Nurse Fentanyl Overdoses Lead to \$4.5M Settlement

The payment is the largest of its kind in Texas and the second-largest in the nation.

By Will Maddox | November 30, 2021 | 1:13 pm



State Boards of Nursing

- Oversee the treatment and monitoring of nurses with substance use disorders as well as who have other reasons for impairment
- Provide coordination, monitoring and expertise
- Have demonstrated success defined as sustained remission and and return to medical practice.

Rehabilitation

The Substance Abuse and Mental Health Services Administration (SAMHSA) reported that only 14 percent of Americans addicted to alcohol and drugs actually seek treatment for their addictions (SAMHSA, 2008). But it was not until the 1970s and 1980s that addicted nurses were even offered treatment prior to disciplinary action (Torkelson, Anderson, & McDaniel, 1996). Although the condition, substance use disorder, was already considered a treatable disease by the American health care system, the disease concept was not widely extended to the addicted health care provider. Nurses and doctors were denied the same non-punitive approach being offered to the patients they served. Many of these providers did not receive treatment until after they had been criminally charged.

Outcomes of Substance Use Disorder Monitoring Programs for Nurses

Richard Smiley MS, MA, Kyrani Reneau MA

Show more 

+ Add to Mendeley  Share  Cite

[https://doi.org/10.1016/S2155-8256\(20\)30107-1](https://doi.org/10.1016/S2155-8256(20)30107-1) 

[Get rights and content](#) 

Introduction

Substance use disorder (SUD) continues to be a leading public health concern for state boards of nursing (BONs).

Aims

To assess the SUD program completion rates and determine the program characteristics associated with program completion.

Methods

A retrospective cohort study of 7,737 nurses participating in SUD programs between the years 2007 and 2015 was conducted. Bivariate analyses explored variables of successful program completion, and a forward stepwise logistic regression model was run to assess predictors of program success or failure.

Data from this study shed light on some important characteristics of nursing SUD monitoring programs. The proportion of nurses successfully completing the ATD program is about 15% to 20% less than that of physicians in the PHP program (DuPont et al., 2009a). The data show that nurses who successfully completed the program stayed in the program longer, had a higher number of clean drug tests, attended more structured support group meetings, attended more mutual support meetings, and checked in more frequently.



Journal of Nursing Regulation

Volume 6, Issue 2, July 2015, Pages 47-51



A Consistent Approach to Treatment and Reentry for CRNAs With Substance Use Disorder

Kathy Bettinardi-Angres APN-BC, MS, RN, CADC, Rodrigo Garcia MSN, CRNA, MBA, ACIT

AANA Guidelines

The current AANA (2015) guidelines for reentry include successful completion of treatment, a comprehensive evaluation by an American Society of Addiction Medicine board-certified addictionologist, and compliance with all recommendations for continuing care after discharge. The guidelines also recommend "...a minimum of one year out of clinical anesthesia practice for individuals with an IV drug addiction or major opioid addiction" (AANA, 2015).



Full length article

Strategies used by people who inject drugs to avoid stigma in healthcare settings

Dea L. Biancarelli^{a,b}, Katie B. Biello^{c,d,e}, Ellen Childs^a, M. Drainoni^{a,b,f,g}, Peter Salhaney^c, Alberto Edeza^c, Matthew J Mimiaga^{c,d,e,h}, Richard Saitz^{i,j}, Angela R. Bazzi^{i,*}

^a Department of Health Law, Policy and Management, Boston University School of Public Health, Boston, MA, United States

^b Evans Center for Implementation and Improvement Sciences, Boston University School of Medicine, Boston, MA, United States

^c Center for Health Equity Research, Brown University School of Public Health, Providence, RI, United States

^d Departments of Behavioral and Social Health Sciences and Epidemiology, Brown University School of Public Health, Providence, RI, United States

^e The Fenway Institute, Fenway Health, Boston, MA, United States

^f Section of Infectious Diseases, Department of Medicine, Boston University School of Medicine, Boston, MA, United States

^g Center for Healthcare Organization and Implementation Research, Edith Nourse Rogers Memorial Veterans Hospital, Bedford, MA, United States

^h Department of Psychiatry and Human Behavior, Brown University Alpert Medical School, Providence, RI, United States

ⁱ Department of Community Health Sciences, Boston University School of Public Health, Boston, MA, United States

^j Clinical Addiction Research and Education Unit, Section of General Internal Medicine, Boston University School of Medicine and Boston Medical Center, Boston, MA, United States



ARTICLE INFO

Keywords:

Injection drug use

Social stigma

Patient acceptance of healthcare

Non-profit organizations

Addiction

ABSTRACT

Background: People who inject drugs (PWID) have limited engagement in healthcare services and report frequent experiences of stigma and mistreatment when accessing services. This paper explores the impact of stigma against injection drug use on healthcare utilization among PWID in the U.S. Northeast.

Methods: We recruited PWID through community-based organizations (CBOs; e.g., syringe service programs). Participants completed brief surveys and semi-structured interviews lasting approximately 45 min exploring HIV risk behaviors and prevention needs. Thematic analysis examined the emergent topic of stigma experiences in relation to healthcare utilization.

Results: Among 33 PWID (55% male; age range 24–62 years; 67% White; 24% Latino), most used heroin (94%) and injected at least daily (60%). Experiences of dehumanization in healthcare settings were common, with many participants perceiving that they had been treated unfairly or discriminated against due to their injection drug use. As participants anticipated this type of stigma from healthcare providers, they developed strategies to avoid it, including delaying presenting for healthcare, not disclosing drug use, downplaying pain, and seeking care elsewhere. In contrast to large institutional healthcare settings, participants described non-stigmatizing environments within CBOs, where they experienced greater acceptance, mutual respect, and stronger connections with staff.

Conclusions: Stigma against injection drug use carries important implications for PWID health. Increased provider training on addiction as a medical disorder could improve PWID healthcare experiences, and integrating health services into organizations frequented by PWID could increase utilization of health services by this population.

Substance abuse: prevalence in a sample of nursing students

Jamshid Ahmadi MD, Najmeh Maharlooy MD, Mohammadjavad Alishahi MD

First published: 22 December 2003 | <https://doi.org/10.1046/j.1365-2702.2003.00841.x> | Cited by: 32

✉ Jamshid Ahmadi
PO Box 71345-1416 Hafez Hospital Shiraz
Iran
Telephone: 0098 711 6281511
E-mail: jamshid_ahmadi@yahoo.com

[Read the full text >](#)

 PDF  TOOLS  SHARE

Abstract

Aims. The aim of this research was to evaluate the prevalence of substance abuse in a sample of Iranian nursing students.

Design and measurements. Four hundred nursing students (85.25% were females and 14.25% were male) were assessed by a confidential questionnaire based on DSM-IV, which was distributed, completed by the students and collected in the same session.

Findings. Mean age of the females was 20.3 and of males was 22.8. Of the subjects, 27.3% (21.4% of females and 61% of males) reported usage of substance(s) once or more sometime during their lives: cigarette (25.3%), alcohol (5.8%), opium (8.5%), cocaine (1.5%), hashish (1.5%), marijuana (0.8%) and morphine (0.5%). Only 3.8% of the participants (1.8% of females and 15.3% of males) reported still using substances: cigarettes (3.3%), alcohol (1.7%), opium (0.8%), cocaine (0.5%) and marijuana (0.3%). About 11.8% of the subjects (10% of females and 22% of males) reported using of substances occasionally (at least once a month): cigarette (10.8%), alcohol (3.5%), opium (4.3%), cocaine (0.5%) and hashish (0.3%). Some used or were using more than one

Prognosis for EP Recovery: 5-year Outcome Study

- EP's had a higher than expected rate of SUD
- 71% of EP's monitored by PHP's were successfully completed monitoring at 5 years and 84% returned to clinical practice
- More research is needed to determine why EP's have a higher rate of SUD than most other specialties but may include reward of high stress situations in addition to other genetic, psychological and social factors

Rose, JS, et al. Prognosis for Emergency Physician with Substance Abuse Recovery: 5-year Outcome Study
Western J Med; Volume XV, No. 1: February 2014

Gallegos KV, et al. Relapse and Recovery: Five to Ten Year Follow-up Study of Chemically
Dependent Physicians-The Georgia experience. MD Med J 1992; 41:315.

Attitudes of Doctors and Nurses Regarding Patients With SUD

When physicians are asked to describe people with substance use disorders or are overheard discussing patients who have substance use disorders, the following terms are sometimes used:

- Drunk
- Druggie
- Junkie
- Loser
- Crackhead
- Dopehead
- Wino
- And worse....

THESE ARE NOT ACCEPTABLE TERMS! WE CAN AND MUST DO BETTER!

Some Alcoholics Look Like This...



Some Drug Addicts Look Like This...



DO NOT BE AN ENABLER!



What NOT To Do:

- Do NOT look the other way
- Do NOT cover for the person
- Do NOT intervene on your own
- Do NOT avoid asking questions that person to face their problems
- Do NOT fail to act because you are concerned that you might get a person fired or ruin their career.



If YOU think YOU may have a problem,
ASK FOR HELP!!!

Worrisome Behaviors

- Excessive absenteeism or tardiness
- Difficulties in diagnosis and management of patients
- Abnormal behavior during shifts
- Embarrassing/unpredictable behavior
- Hostile behavior to patients/staff
- Inappropriate care
- Depression
- Mood swings
- Poor concentration
- Deterioration in personal hygiene
- Isolation, withdrawal from activities, family and friends
- Narcotic count discrepancies

What is the “RENEW U” Committee?

Recovery

Employee

Network

Enhancing

Wellness

- ❖ A UTSW Committee that works to ensure that no patient is injured as a consequence of provider impairment

AND

- ❖ that an affected UTSW provider receives rapid, effective, and confidential support, when indicated

Mission of the RENEW U Committee

The Committee's primary charge is to identify and monitor, through a confidential peer review process, matters of known or suspected impairment that may prevent providers from safely and effectively carrying out their duties, with the goal of both assisting the provider and protecting patients and other persons at UTSW.

What Does RENEW U Do?

1. RENEW U addresses matters of potential or actual provider impairment in accordance with the UTSW GME Impairment Policy.
2. RENEW U will develop and provide periodic education for practitioners and other clinical staff on how to identify individuals who may be experiencing mental health or substance use disorders and impairment, specific to licensed independent providers/trainees. This education may be communicated through regularly scheduled Medical Staff meetings, provider orientation and periodic educational programs.

Who is Eligible for Assistance From the RENEW Committee?

- UTSW-employed physicians, dentist, podiatrists, psychologists, and Advance Practice Providers (NP, PA, CRNA)
- UTSW-credentialed providers as outlined above when an occurrence happens at Parkland
- UTSW Residents and Fellows (regardless of where they are employed)
- Providers who have been referred by the UTSW Credentials Committee to the RENEW U Committee due to disclosures or information obtained during the UTSW Credentialing process.
- Providers who choose to self-refer to the Committee

Resources

- 1) Employee Assistance Program (EAP)
- 2) Alcoholics Anonymous/Narcotics Anonymous
- 3) S. Marshal Isaacs, MD
marshal.isaacs@utsouthwestern.edu
469-865-0001
- 4) Wellness and Counseling services

What Do We Need?

We need better education & training to avoid developing problem drinking and drug use among physicians, particularly those in the field of anesthesiology.

We need to foster a better understanding in medicine of alcoholism and drug addiction.

We need to adopt less judgmental attitudes towards alcoholics & drug addicts.

We need better recognition of warning signs and problems in healthcare providers.

We need wider adoption of CISM principles and Employee Assistance Programs.

We need the best possible policies geared toward recognition, treatment, rehabilitation and return to duty.



Remember:

“These are the duties of a physician: First... to heal his mind and to give help to himself before giving it to anyone else.”

~ Epitaph of an Athenian doctor, AD 2.

“Addiction doesn’t come heralded by a brass band, it sneaks up on you, and sometimes with extraordinary speed.”

~C. Everett Koop (former US Surgeon General), 2003

We Don't Throw These People Away!

We are a family and we have invested time, money, training and love on one another...



Turns out Nancy Reagan had it right!



“Not everyone can be a hero but everyone can be great, because greatness is determined by service.”

-Martin Luther King, Jr.

In Humble Gratitude...

TAPAN State Conference Committee

Jennifer Taylor/ Hazel Gomez

The AMAZING Nurses at
Clements University Hospital and Parkland

UT Southwestern

Parkland Health

RENEW Committees

Dallas County Medical Society's Physician
Wellness Committee

