Nurses and Matters of Substance

By Madeline Naegle

Nursing is a profession in which practitioners encounter people at junctures in their lives when they are most resilient and often at their most vulnerable moments. Like the patients they serve, nurses are constantly facing personal challenges that can test their coping resources. The use of alcohol, tobacco and other drugs is commonplace in most cultures and is common among health professionals. For the most part, however, nurses’ knowledge of the professional and personal implications of substance use is not widespread. Substance related disorders affect as many as one in four individuals in our society and to be effective health professionals, nurses must be able to intervene with patients, family and friends whose use causes problems in their lives. And, perhaps most importantly, nurses need to be able to recognize and deal with substance abuse issues that arise for themselves. Learning facts and strategies for your life and your work can help address problems related to substance use at each level of education and practice, and can help us improve nursing’s image.
Substance Use by Nurses and Other Professionals

Substance use by health professionals, and nurses in particular, parallels the pattern of alcohol use by the public (83% of persons used in the last year [N IAAA, 2006]), is lower for illicit drugs (marijuana, hashish, cocaine, inhalants, hallucinogens, heroin), and is significantly greater for prescription drugs (at 6.9% of the nursing profession). Nursing as a profession is 96% women and in national surveys of non-nurse women, this figure is 3.2 prescription drug users.” (Trinkoff, Storr & Wall, 1999). Professional factors also contribute to the types and amounts of substances used by nurses. Women’s drug use, worldwide, is less than that of men and drug use in nursing, therefore, is significantly lower than in male-dominated health professions like medicine and pharmacy. Following the gender pattern, male nurses are significantly more likely to use prescription drugs than their female colleagues. Nurses of both sexes have the highest rates of smoking among health professional groups, at 15% of the registered nurse population (2002-2002 Current Population Survey [CPS] Tobacco Use Supplement). This seems a contradiction given the health effects of smoking, but it reinforces an important point about substance abuse: knowledge does little to change behavior without a shift in emotional insight and motivation to behave differently.

Prescription drug abuse is a significant problem among health professionals. Research findings indicate that ready access to pain killers and hypnotics plays a key role (Trinkoff, Storr & Wall, 1999). Additional anecdotal materials suggest that nurses, pharmacists and physicians may develop addictions based on their extensive knowledge of pharmacotherapeutics. Suggestions are that they find medication use acceptable in solving many problems

Average Annual U.S. Drug Use Patterns*

<table>
<thead>
<tr>
<th>Substance</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>83%</td>
</tr>
<tr>
<td>Tobacco</td>
<td>24.9%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>10.7%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>2.46%</td>
</tr>
<tr>
<td>Pain Relievers</td>
<td>4.76%</td>
</tr>
<tr>
<td>Heroin, Stimulants, Crack Cocaine, &amp; Inhalants**</td>
<td></td>
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* among persons aged 12 and older, annual averages based on 2002, 2003, and 2004 National Survey on Drug Use and Health
** Statistics not available

How Common is Substance Use?

In the United States, drug use patterns, including alcohol, vary from state to state. Looking at national averages, alcohol (83%), tobacco (24.9%), and marijuana (10.7%) lead the list of most frequently used substances (NIDA, 2006). Illicit drugs such as cocaine (2.46%), pain relievers used for non-medical reasons (4.76%), heroin, stimulants like methamphetamine, crack cocaine, and inhalants are less commonly used but account for significant morbidity and mortality (SAMSHA, 2002-2004).

Use of any drug is a problem when psychological dependence and/or physiologic dependence occur. Symptoms of abuse or dependence include tolerance, withdrawal, and/or loss of control causing problems in social, legal, professional, educational or family arenas. Continued use of a drug when the health consequences are negative has important implications, so that use of any drugs during pregnancy and even moderate use of alcohol in the presence of other medical and/or psychiatric illnesses, pose serious risks. While it is difficult to obtain accurate information about the prevalence of abuse and dependence on all drugs, it is estimated that 9.7 million Americans (4.65%) are abusers of alcohol and another 7.9 million (3.81%) are alcohol dependent (Grant et al., 2006).

Drugs and the Brain

People use drugs for their perceived beneficial effects. In the face of physical or psychic pain, drug users may turn to substances to mediate themselves suggesting a shift away from social to problematic use. Knowledge of neurobiologic mechanisms and their effects on behavior can help health professionals understand addictive behaviors and the difficulties that addicts face in changing their use habits. It can arm health professionals against personal maladaptive patterns of use. Psychotropic drugs act on the brain to elicit euphoric, stimulating or calming effects by influencing the neurotransmitters dopamine, serotonin and opioid peptides, among others.

Repeated drug use activates two major processes that contribute to behaviors associated with addiction: reinforcement and neuroadaptation. Reinforcement occurs when alcohol or other drugs act as rewarding stimuli, inducing euphoria or relief from an unpleasant emotional state. Driven by these internal mechanisms, addicts continue to seek and use their chosen substances. The brain then attempts to compensate for chemical changes produced by a drug through neuroadaptation, which operates in both acute states of intoxication and in acute withdrawal syndrome (Koob, Markou, Weiss & Schultheis, 1993). These processes activate a “reward” system and the experience of “craving” when the drug is withdrawn abruptly.
Robert S. Trinkoff, PhD, RN, FNP, CENP, FAAN, Editor-in-Chief
Debra T. Storr, PhD, RN, FAAN, Associate Editor

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or may believe that their knowledge will protect them from abusing drugs. Other professional factors that link directly to drug use are less clearly defined. Trinkoff and Storr’s research on specialty practice hints at other factors which may contribute to excessive drug use. In 11 specialty groups they found overall rates of use to be 4% for marijuana, 7% prescription drug use and 16% for binge drinking. The highest numbers of abusers were found in the specialties of oncology (42%), psychiatry (40%), and emergency and adult critical care (38%) (Trinkoff & Storr, 1998). Health professionals respond well to interventions and have good treatment responses.

Professional Action on the Problem

The term “impaired nurse” is a common reference to nurses with addiction. Such a label is a misnomer, however, considering that with recovery, a formerly “impaired nurse” can return to applying professional skills and training to the utmost of his/her abilities. “Impaired practice” refers to cases in which active addiction or psychiatric illness hurts a nurse’s ability to work. Such behavior is a threat to the safety of patients and the nurse her/himself. In the 1980’s the American Nurses’ Association and its constituent members, along with the National Council of State Boards for Nursing and specialty nurses’ associations, began to address the problem of nurses practicing while psychiatrically ill or under the influence of alcohol, and/or other drugs. Early efforts focused on acceptance of addiction as an illness for which the nurse had a right to seek and receive treatment, access rehabilitation and return to work when possible. Policy statements by ANA and the National Student Nurses’ Association reflect these views. Action, based on the ethical obligations to protect patient safety and intervene for the well being of the nurse, has taken several forms: education, legislative changes, peer assistance, and workplace provisions which provide for patient safety and support of the nurse with addiction.

✔ Education remains key to understanding the problem of impaired practice and professionally appropriate responses.

✔ State legislation and regulations now mandate the actions of state nursing boards to reflect the knowledge of addiction as an illness with “Diversion Legislation.” Full-fledged discipline of a licensed professional can result in probation, suspension, or revocation of licensure. Action is undertaken in circumstances of criminal acts, mental incompetence, unprofessional conduct, negligence, sub-

✔ Peer assistance models are in place in specialty nurses’ associations e.g (Anesthetists in Recovery) (AIR), state nurses’ associations (NYSNA’s statewide peer assistance program (SPAN), and in multidisciplinary non-profit agencies (Colorado’s peer assistance for health professionals program). These programs accept confidential calls, undertake outreach to nurses and their families, and facilitate legal assistance.

Preventing Abuse and Addiction among Nursing Students and Practitioners

Anecdotal material and research findings suggest that certain risk factors increase the likelihood of drug- and or alcohol-related problems in nurses. Some of these risk factors are individual, such as a family history of heavy alcohol intake or drug abuse and evidence suggests that a predisposition to drug abuse/dependence is based on genetic make-up (Goodwin, 1979.) There is evidence, as well, that use behaviors are learned and that family, peer and community use and access to drugs support the initiation of use and its continuation. Some risk factors can be linked to the work of nursing, including:

1) work demands like mandatory overtime and long working hours which eliminate leisure time (Trinkoff 2006),

2) required shift changes leading to inconsistent sleep patterns, sleep deprivation and fatigue,

3) stress responses which, while not capable of producing dependence, can lead the user to more frequent and/or excessive use, so that a user who drinks regularly may begin drinking more and/or more frequently,

4) Inadequate knowledge base about risks related to alcohol and drug use,
as well as risk factors for development of dependence.

**How can students and practitioners of nursing decrease risks of addiction and promote and preserve well-being?**

1) Be aware and respectful of family histories of abuse or addiction. This is information about risk which should influence choices about use.

2) Party Smart. If you are a drinker, follow important guidelines: Consume one drink (1 1/2 ounces of spirits, 4-5 ounces wine, 12 ounces beer) per hour and give your body time to metabolize the alcohol. Alternate alcoholic drinks with non-alcoholic drinks and add healthy amounts of seltzer, water or juice to drinks. Consume food with drinks, decreasing the assault of alcohol on the gastrointestinal and central nervous system by slowing absorption.

3) Be knowledgeable about the risks of use. The purchase and use of any illicit drug, as well as receiving a Driving While Intoxicated (DWI or DUI) citation, means that you will be disciplined by your State Board for Nursing.

4) Do not use drugs to alleviate uncomfortable emotional feelings like loneliness, anger, depression or anxiety.

5) Recognize situations in which you are drinking to get “high.” This is the marker of moving from social drinking to “self-medicating”, drinking for other than social reasons.

6) Know the limits of social versus binge drinking. Alcohol consumption poses risks. Five drinks or more for men and four or more for a woman on one drinking occasion is binge drinking. Alcohol consumption with the fewest negative health outcomes is 14 drinks for men and 7-9 drinks for women, weekly (NIAAA, 2006).

7) Know the implications of illicit drug use. Guidelines for use of marijuana and illicit drugs are less clear. Marijuana use exceeding 1-3 smokes per week, places the user at risk for developing psychological dependence. Illicit purchase and use places the individual at use for licen-

**reference**


Rasmussen E. (2001). Clean and sober: Treatment programs help nurses addicted to drugs save their licenses. *NurseWeek (South Central)*, (6/6), 15-16.


**Drug and Alcohol Dependence**, 55(1/2), 45-51.


Trinkoff, A.M., Zhou, Q., Storr, C.L., & Soeken, K.L. (2000). Workplace access, negative pro-
scriptions, job strain, and substance use in regist-


**Madeline Naegle, PhD, APRN-BC, FAAN** is a Professor and Coordinator of the Advanced Practice Nursing: Psychiatric Mental Health program at New York University College of Nursing, New York, NY. She served as the American Nurses’ Association spokesperson on impaired nursing practice for 20 years and edited the Association’s policy statement and first publication on the topic. Dr. Naegle’s area of research interest is vul-

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Monitor your own health. See nurse and/or physician providers regularly and follow health promotion guidelines. By recognizing substance abuse and being knowledgeable about its causes and effects, we are better able to advocate for our patients and for our colleagues. Substance abuse is a more common ailment in today’s society than most people think, but it is also one that can be prevented and addressed. Part of being a leader in the nursing community is the ability to be able to take care of each other and ourselves - both only enhance our image in the public eye and help us to become trusted members of our communities.

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