



## **Substance Use Disorder Guidelines for Nurses - Video Transcript**

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[narrator] Sarah isn't sure how she got to this point. As a nurse, Sarah works in a high stress environment and recently went through a difficult divorce. After a back injury, Sarah began taking pain medications prescribed by her doctor. When her prescription ran out, she began borrowing medications from floor stock, then, using medications that should have been discarded. Now, Sarah is diverting medications intended for her patients, and attempting to conceal that diversion from co-workers and supervisors. Sarah's story illustrates one of the most serious problems facing the nursing profession today. Substance Use disorder.

Nurses who abuse substances pose a unique challenge to the profession. The behavior that results from this disease has far-reaching and negative effects. Not only on nurses themselves, but also upon the patients who depend on the nurse for safe, competent care. Substance use disorder, among health care providers also creates significant legal and ethical responsibilities for colleagues who work with these individuals.

But, there's good news too. When employees think their supervisors knows how to detect substance abuse and is willing to do something about it, employees drinking and drug use decreases. Your role as a colleague or supervisor of the nurse who has a substance use disorder is pivotal. Be armed with knowledge. First, identification and reporting of the problem. Next, intervention. Then, diagnosis and treatment of the substance use disorder and finally, monitoring of the nurse, after return to practice.

Substance use disorder encompasses a pattern of behaviors that range from misuse to dependency or addiction. Whether it's alcohol, legal drugs or illegal drugs. Addiction is a complex disease with serious physical, emotional, financial and legal consequences. It can affect anyone, regardless of age, occupation, economic circumstances, ethnic background or gender. Substance use disorder is a progressive and chronic disease, but also one that can be successfully treated. Although alcohol is the drug of choice for the general population, nurses have increased access to controlled substances, contributing to higher incidents of dependence on them. Regardless of the chemical, mind altering substances result in long lasting changes to the brain, which is why addiction is a chronic and relapsing brain disease. The earlier substance use disorder in a nurse is identified and treatment is started, the sooner patients are protected. And the better the chances are of the nurse returning to work.

Nurses and other health care professionals have about the same prevalence of substance abuse and opportunity and risk for addiction. Staffing shortages, increased patient acuity and assignment ratios,

demands from administrators and physicians shift rotations and long work hours. All of these issues make nursing a highly stressful profession. In addition, some nurses are subject to workplace bullying and verbal abuse, contributing to stress and feelings of powerlessness. When someone is also experiencing personal problems or lacks effective coping skills, this job-related stress may contribute to substance use. Nurses also have relatively easy access to controlled substances and other drugs of abuse. Often times, the lack of institutional controls for storing and distributing narcotics facilitates the improper removal of drugs from floor stock, waste or even from a patient's medication supply, for the

themselves, a program monitor, a counselor, other nurses and supervisors. Sarah's fortunate, because when she returned to practice, her supervisor was well oriented to her responsibilities in the ADP. Her supervisor even completed specialized training that increased her knowledge, sharpened her observation