

TRAIN FOR SUCCESS INC.

SUBSTANCE ABUSE 3Hr

PREPARED BY

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PURPOSE

The purpose of this course is to provide Health care professionals; LPN, RN, ARNP, Therapists, Certified Nursing Assistants (CNA), Home Health Aides (HHA), Students, other individuals and professionals with the opportunity to review the impact that substance abuse/ Chemical dependency has on an individual, practitioner, impaired colleague and the impact on society. Review assessment and diagnosis of addiction. Review of treatment approaches, strategies to identify signs of substance abuse within the workplace, review the most commonly misused or abused types of legal drugs. Discuss mandatory reporting law, steps to take regarding reporting / making referral of an impaired nurse, discuss treatment programs, describe employer initiatives to provide assistance; initiatives to promote safety, discuss some of the adverse health outcomes; the potential short term and long-Term Health Risks and describe the Intervention Project for Nurses (IPN) program that is available to the impaired practitioner. This course is offered online. Work at your own pace. Print your certificate when completed.

OBJECTIVES

After completion of this course the readers will be able to:

1. Identify signs of substance abuse in the workplace and among various age groups.
2. Discuss substance abuse prevention
3. Discuss the most commonly misused or abused types of legal and illegal drugs.
4. Describe drug addiction treatments; Detoxification and other treatment programs/ therapy that are available
5. Discuss mandatory reporting law
6. Discuss employer initiatives to provide assistance
7. Discuss employer initiatives to promote safety
8. Discuss some of the adverse health outcomes
9. Describe the Intervention Project for Nurses (IPN)
10. Describe the steps to take regarding reporting / referral of an impaired practitioner

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INTRODUCTION

Substance abuse/ Chemical Dependence

Within the United States, the abuse of prescription drugs; especially the controlled substances, has become a very serious social and health issue. Anyone can become addicted to prescription medications. Medications that are frequently abused are classified into different categories such as:

Narcotics- Opiates for example hydrocodone, fentanyl, oxycodone, hydromorphone,

Hypnotic anesthetics – Diprivan (Propofol)

Depressants - Barbiturates, Ethanol, Benzodiazepines

Hallucinogens - lysergic acid diethylamide (LSD), Ecstasy

Stimulants - Amphetamines, nicotine, cocaine

Inhalants – Toluene, Nitrous oxide

Cannabinoids - Marijuana .

DRUG ADDICTION

Drug addiction is a chronic disease that is characterized by uncontrollable drug seeking or compulsive drug seeking and the use of drugs even though there are harmful/ dangerous consequences and effects on the brain, which may be long lasting.

These changes in the brain can lead to the harmful behaviors seen in individuals who use drugs. Individuals who have problems with drug addiction may also experience relapse in which the individual return to using drugs after an attempt to stop the behavior.

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STAGES OF DRUG USE

There are different models regarding the stages of drug use such as:

Experimentation stage

Misuse stage

Abuse stage

Dependence stage.

EXPERIMENTATION

First-time use – trying or experimenting. The individual starts at the stage of experimentation (unless born addicted).

During the stage of Experimentation:

- The individual does not know the effects of the drugs, the duration of the high and/or the correct dosage levels.
- The individual is inexperienced, therefore the consequences the individual may experience are likely, unintentional overdoses can occur.

During the experimentation, the individual is learning the effects of the drugs. Some individuals will stop at this stage, and some will continue use. When an individual continues with the drug use, they may easily continue to the next stage; Misuse.

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MISUSE

During the stage of Misuse, the person:

- Continues to use and experiences consequences from poor judgment
- Is deciding their drug of preference / drug of choice.
- Likely to start experiencing accumulation of consequences.
- Begins to develop /demonstrate a more observable drug lifestyle.

The individual starts to form social groups based on the types of preferred drugs for example, he/she starts visiting or hanging around marijuana users, because that is the drug of choice.

In Misuse, the individuals know who to get their drugs or alcohol from.

As consequences start to accumulate, family and friends may start to voice concern for the individual. Other noted consequences may occur such as:

- Decline in school performance (poor/ failing grades, decline from previous level)
- Car accidents while under the influence
- unwanted pregnancies or abortions,
- Change / decline in performance in sport activities,
- Alcohol poisoning,

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- Problems with the law.

At this stage of misuse, some individuals decide the consequences are enough and stop their drug use. However, others unfortunately continue the drug use because they may see the problems as just temporary.

As the individual continue with the drug use, they likely will continue to the next stage which is Abuse.

ABUSE

During the stage of Abuse, the individual:

- The individual is not meeting his or her responsibilities
- Has decided upon their drug of preference /choice.
- The individual may have even lost some relationships due to use and may be starting to experience legal problems and financial consequences.
- The individual has sources for the supply and seek funds to keep their use going.
- The individual is identified with the drugging lifestyle.
- The individual's schoolwork or job performance is declining (poor performance). Other persons are now more concerned for the individual.
- The individual is likely to develop tolerance and withdrawal.

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Within this stage, treatment will require some form of organized structure and support. Some individuals may find the consequences to be too much and stop the drug abuse, with professional help. Other individuals will continue drug use and move to the stage of Dependence.

DEPENDENCE

In Dependence stage:

- The individual drug of choice has been established.
- The individual has established routes of supply for the continued drug use.
- The individual has established/ continue seeking funding for the continued drug use.
- The individual is fully identified with the drug using lifestyle.
- The individual has developed tolerance and will likely experience withdrawal from stopping the drug use.
- Treatment requires structure, professional services and support.
- Withdrawal in this stage often requires medical supervision.

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Throughout the stages the individual will likely have developed or accumulated progressive consequences related to:

Legal issues,

Health problems,

Financial problems,

Issues with relationships and

Problems at work and /or school.

SEEKING PROFESSIONAL HELP

Some common reasons why an individual seek professional help includes:

To stop drug use due to legal problems or consequences for example a probation officer, the court and/ or the Department of Motor Vehicles is monitoring the individual.

To stop the drug use due to the situation has finally got so bad that individual knows that he / she cannot continue using without some professional help.

To stop the drug use due to potential consequences such as: the individual is threatened with the ending of a relationship or the loss of job.

To stop drug use or limit use to not accumulate consequences.

To determine if the individual has a problem with the drugs or alcohol.



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DRUG ADDICTION TREATMENT

Drug addiction treatment is very challenging and requires proactive approach as the task is not a simple one. Addiction is a chronic disease therefore it is difficult for individuals to simply stop using drugs for a few days and be cured.

Most individuals require long-term / repeated care to completely stop using drugs.

ADDICTION TREATMENT HAS TO HELP THE INDIVIDUALS TO:
1. To stop using the drugs
2. To remain drug free and
3. To be productive at home; in the family, in the workplace, and in community/society



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For treatment to be successful there are several steps that are involved such as:

Detoxification - the process of the body rids itself of a drug)	Behavioral counseling	Medication - for opioid, Alcohol or tobacco addiction	Evaluation and treatment for co-occurring mental health disorders for example anxiety or depression	Follow-up (Long-term) to prevent patient relapse
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MEDICAL DETOXIFICATION

Medical detoxification works on managing the acute physical symptoms of withdrawal that are associated with stopping the drug use, and assist in a safe manner. Medical Detoxification is a process that involves systematically managing and safely removing/withdrawing the individuals from the addicting drugs. This is usually done under the care of a physician.

Medical detoxification treatment alone is not enough to assist an addict in achieving long term abstinence, it is highly recommended to follow up with a tailored treatment program which should include both medical and mental health services as needed. Follow up care may include family or community based recovery support systems.

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COUNSELING AND OTHER BEHAVIORAL THERAPIES

Individual and/or group counseling and other behavioral therapies are vital components for effective treatment for individual experiencing drug addiction. Behavioral therapy will assist the individual to facilitate interpersonal relationships.

WITH THERAPY SESSIONS THE PATIENTS WILL:

- Deal with issues of motivation,
- Build skills to be able to resist drug use,
- Replace the drug-using/abusing activities with rewarding and constructive nondrug-using activities,
- Improve their problem-solving abilities,
- Improve their ability to function in the family and the community.

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CHEMICAL DEPENDENCY ASSESSMENT

The chemical dependency assessment is an evaluation or a diagnostic evaluation that is completed to determine whether the individual is suffering from an alcohol or a drug dependency.

The chemical dependency assessment helps to determine;

- The severity of the patients' problem based on the symptoms they are experiencing and the duration of the symptoms, therefore the best interventions can be established.

When completing the chemical dependency assessment, it is very important to determine if the patient will require medical detoxification.

DETOXIFICATION

With detoxification, interventions are focused on managing the acute intoxication and the withdrawal that the individual experiences. It involves clearing of the toxins from the body of the patients who are dependent on substances of abuse and patients who are acutely intoxicated.

Detoxification can be done on:

- An outpatient basis or
- Inpatient

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OUTPATIENT CENTER MAY INCLUDE:

Mental health centers,

Addiction clinics

Private clinics.

Some advantages of outpatient detoxification are, it is a less expensive approach and there is less disruption to the patient's life.

Choosing the type of setting depends on different factors such as the amount and length of history of abuse, the drug of abuse, the patient's age, psychosocial problems, medical conditions and psychiatric conditions.

INPATIENT SETTING SUCH AS:

Hospital

Residential treatment center.

INPATIENT DETOXIFICATION

Inpatient detoxification provides for close monitoring of the patients and is a great strategy to prevent substance abuse,

Inpatient detoxification can also speed up the detoxification process.

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THERE ARE SEVERAL LICENSED DETOXIFICATION CENTERS IN THE UNITED STATES

Find Detoxification Programs at SAMHSA treatment locator online at:

findtreatment.samhsa.gov

On detailed search;

Fill in the city and state,

Check detoxification

Type of care desired:

- Outpatient,
- Partial hospitalization/Day treatment,
- Non-hospital residential or
- Hospital inpatient.

ALCOHOL DETOXIFICATION

Drinking alcohol over time or using drugs over time can lead to physical dependence therefore stopping these substances can result in withdrawal symptoms in individuals with this dependence.

Detoxification process is therefore designed to treat the immediate effects on the body due to stopping the drug use and works to remove the toxins that are left in the body from the chemicals found in drugs and alcohol.

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Patients may experience mild to moderate symptoms during withdrawal from alcohol and may be able to complete detoxification without medications if they have the monitoring and supportive care.

INPATIENT MEDICAL DETOXIFICATION

For the alcoholic who is at risk for serious complications of withdrawal and for patients who also have other medical conditions, the inpatient medical detoxification services are appropriate.

These patients with risk for serious complications of withdrawal and those who have history of alcohol withdrawal seizures, moderate to severe withdrawal symptoms or delirium tremens, they usually receive benzodiazepines to reduce the risk of adverse events.

Administration of various medications that may also be used in the detoxification process include:

Clonidine which can help reduce symptoms for example elevated blood pressure, tremors and anxiety. Clonidine (anti-hypertensive) lowers blood pressure by reducing the levels of certain chemicals in the blood. This allows the blood vessels to relax and the heart to beat more easily and slowly.

Carbamazepine which is an anticonvulsant medication used to prevent seizures and delirium. It works by reducing nerve impulses that cause seizures and pain.

The FDA has approved three medications for the treatment of alcohol addiction, which are as follows: (will review later in course)

- Naltrexone
- Disulfiram (Antabuse®)
- Acamprosate (Campral®).

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OUTPATIENT DETOXIFICATION

Outpatient detoxification is commonly performed by using a tranquilizer such as

A benzodiazepine:

Chlordiazepoxide 50 mg,

Oxazepam 15 to 30 mg,

Diazepam 10 mg,

Lorazepam 2 mg

Other medications can be administered as medically necessary and the dosage can be reduced as the symptoms lessen or resolve.

SUPPORTIVE CARE

Supportive care for patients who are undergoing detoxification often includes:

Providing treatment for nutritional

Providing treatment for electrolyte deficiencies

Monitoring withdrawal severity

monitoring abstinence,

Providing referrals to alcoholism recovery programs and

Providing referrals to self-help meetings.

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COCAINE DETOXIFICATION

There are several kinds of medications that may be used in the detoxification of cocaine.

When patients are having withdrawal from chronic cocaine use, it produces some anxiety, depression and cravings for the cocaine. Some medications that may be used Include:

- Antidepressant medications such as Desipramine is a tricyclic antidepressant.
- Benzodiazepines/ tranquilizers such as Diazepam has been used to treat anxiety induced by cocaine withdrawal. Benzodiazepines are used as sedatives, anxiolytics, hypnotics, anticonvulsants and/or muscle relaxants.
- Bromocriptine is a drug that is to treat certain conditions caused by a hormone imbalance. It works on the brain's dopamine system and has been used to decrease cravings for the cocaine during detoxification and also to decrease mood disturbance.
- Amantadine is used to treat Parkinson disease and uncontrolled muscle movements and may be an effective treatment for cocaine-dependent patients with severe cocaine withdrawal symptoms and also may reduce the cocaine craving.
- Propranolol is a beta-blocker.

Beta-blockers affect the heart and circulation (blood flow through arteries and veins). Propranolol is used to treat tremors, angina /chest pain, hypertension (high blood pressure), heart rhythm anomalies, and other heart or circulatory conditions and may be useful for severe cocaine withdrawal symptoms. Propranolol therefore will reduce some symptoms for example palpitations and sweating .

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OPIATE DETOXIFICATION

METHADONE:

Methadone, an opioid medication, is a common method of opiate detoxification. Methadone helps to reduce withdrawal symptoms in individuals who are addicted to heroin or other narcotic drugs; without causing the high that is associated with drug addiction.

Methadone is also used as a pain reliever and as part of the drug addiction detoxification and maintenance programs and is only available from certified pharmacies.

Methadone functions by changing how the brain and nervous system respond to pain. It reduces the painful symptoms of opiate withdrawal and blocks the euphoric effects of opiate drugs such as heroin, morphine, and codeine, as well as semi-synthetic opioids like oxycodone and hydrocodone.

A patient who is taking methadone to treat opioid addiction has to receive the medication under the supervision of a physician. After a period of stability (based on progress and proven, consistent compliance with the medication dosage), patients may be allowed to take methadone at home between program visits. By law, methadone can only be dispensed through an opioid treatment program (OTP) certified by SAMHSA (SAMHSA 2015).

The length of time in methadone treatment varies from person to person. According to the National Institute on Drug Abuse publication Principles of Drug Addiction Treatment: A Research-Based Guide 2012, the length of methadone treatment should be a minimum of 12 months. Some patients may require treatment for years. Even if a patient feels that they are ready to stop methadone treatment, it must be stopped gradually to prevent withdrawal. Such a decision should be supervised by a physician (SAMHSA 2015).

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MEDICATIONS USED IN DRUG ADDICTION TREATMENT



Medications can be used for various purposes, such as:

- Manage withdrawal symptoms,
- To prevent relapse,
- To treat other conditions that maybe occurring at the same time.

MEDICATIONS USED TO HELP SUPPRESS WITHDRAWAL SYMPTOMS

Some medications help to suppress withdrawal symptoms during detoxification. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) a study of treatment facilities found that medications were used in almost 80% of detoxifications. Evidence has shown that patients who do not receive any other treatment after detoxification usually resume their drug use.

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RELAPSE PREVENTION

Individuals can use medications treatment to help to re-establish normal brain function and decrease cravings. Patients who use more than one drug, will need treatment for all of the drugs they use.

Medications are available for treatment of:

- Opioid (prescription pain relievers, heroin),
- Tobacco (nicotine),
- Alcohol addiction.

Scientists are still developing other medications to treat stimulant addiction for drugs such as: methamphetamine, cocaine and cannabis; marijuana.

MEDICATIONS USED TO TREAT OPIOID ADDICTION

Methadone (Dolophine [®] , Methadose [®])	Buprenorphine (Suboxone [®] , Subutex [®] , Probuphine [®])	Naltrexone (Vivitrol [®])
Methadone is an opioid medication (narcotic). Methadone reduces withdrawal symptoms in individuals who are addicted to heroin or other narcotic drugs.	Buprenorphine is used in medication-assisted treatment (MAT) to help the individual quit or reduce their use of heroin or other opiates, for example pain relievers like morphine.	Naltrexone is a medication that is used in medication-assisted treatment (MAT) to treat both opioid and alcohol use disorders.

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TOBACCO:

There are several forms of Nicotine replacement therapies such as:

- Patch,
- spray,
- gum,
- lozenges.

The U.S. Food and Drug Administration (FDA) has approved 2 prescription medications for nicotine addiction:

- Bupropion (Zyban®) and
- varenicline (Chantix®).

They both help prevent relapse in individuals who are trying to quit. The medications are more effective when combined with behavioral treatments, for example group and individual therapy as well as telephone quitlines.

ALCOHOL

There are 3 medications that have been FDA-approved for treating alcohol addiction and a 4 th, topiramate, has shown promise in clinical trials; large-scale studies with people.

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The FDA approved medications are:

Naltrexone

Disulfiram (Antabuse®)

Acamprosate (Campral®).

FDA APPROVED MEDICATIONS TO TREAT ALCOHOL ADDICTION	ACTION
Naltrexone	Naltrexone blocks opioid receptors involved in rewarding effects of drinking and in craving for alcohol. It reduces relapse to heavy drinking and is very effective in some patients. Genetic differences may affect how well the drug works in some patients.
Disulfiram (Antabuse®)	Disulfiram (Antabuse®) interferes with the breakdown of alcohol. Acetaldehyde builds up within the body, and leads to unpleasant reactions such as flushing; warmth, redness in the face, and nausea, irregular heartbeat if the patient drinks alcohol. Compliance/ taking the medication as prescribed can be a problem, but it may help patients who are very motivated to quit drinking.
Acamprosate (Campral®)	Acamprosate (Campral®) may reduce symptoms of long-lasting withdrawal, for example anxiety, insomnia, restlessness, dysphoria; feeling unwell /unhappy. May

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	be more effective in patients with severe addiction.
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For Co-occurring conditions:

There are also other medications that are available to treat possible mental health conditions, for examples depression and/ or anxiety that may be contributing to the individual's addiction.

BEHAVIORAL THERAPIES USED TO TREAT DRUG ADDICTION

Behavioral therapies can help patients by:

- Increasing healthy life skills,
- Modifying their behaviors/ attitudes related to drug and/alcohol use,
- Persisting with other forms of treatment, for example medication treatments.

As mentioned earlier, patients can receive treatment in many different settings and with many different approaches.

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OUTPATIENT BEHAVIORAL TREATMENT

Outpatient behavioral treatment includes various programs for the patient who visits behavioral health counselors on a regular basis /schedule. Most of the programs in the outpatient behavioral treatment involve individual or group drug counseling or both.

These programs often offer forms of behavioral therapy such as:

Motivational interviewing

Cognitive-behavioral therapy

Motivational incentives

Multidimensional family therapy

THERAPY TYPE	FUNCTION
Motivational incentives; contingency management	Use positive reinforcements to encourage abstinence from drugs.
Cognitive -behavioral therapy	Helps the patients avoid, cope with, and recognize situations in which they are most likely to use drugs
Motivational interviewing	Makes the most of the individual's readiness to change his/ her behavior and enter treatment
Multidimensional family therapy	Developed for adolescents with drug abuse problems and their families. Addresses a range of influences on their drug abuse patterns. Is designed to improve the overall family functioning

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Initially treatment may sometimes be intensive and the patients will attend multiple outpatient sessions every week. After completing the intensive treatment, patients then transition to the regular outpatient treatment, which often meets less frequently and for fewer hours per week to help sustain their recovery.

INPATIENT OR RESIDENTIAL TREATMENT

Inpatient/ residential treatment can also be effective, especially for the individuals with more severe problems as well as co-occurring disorders.

The Licensed residential treatment facilities offer 24-hour intensive care. It is well structured and includes medical attention and safe housing.

Residential treatment facilities may use various therapeutic approaches, and they are generally focused on helping the patients live a drug-free lifestyle after treatment.

Some examples of residential treatment settings include:

- Shorter-term residential treatment
- Therapeutic communities
- Recovery housing.

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SHORTER-TERM RESIDENTIAL TREATMENT

Shorter-term residential treatment usually focuses on detoxification and providing intensive counseling and preparation for treatment in a community-based setting.

THERAPEUTIC COMMUNITIES

Therapeutic communities are highly structured programs in which patients remain at a residence for 6 to 12 months. The entire community, including treatment staff and those in recovery act as key agents of change, to help to influence the patient's behaviors, understanding, and attitudes that is associated with the drug use.

RECOVERY HOUSING

Recovery housing provides supervised, short-term housing for the patients, often following other kinds of residential or inpatient treatment. Recovery housing can help the individual make the transition to an independent life such as, helping the individual learn how to seek employment, or manage his/ her finances and also connect them to the support services/ resources in the community.

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DRUG ABUSE PREVENTION

Evidence-based prevention programs target:

- Individuals
- Families
- Schools
- Communities
- Or multiple targets.

Family-focused prevention programs usually target parents or the families, and takes into consideration the child and his/her stage of development.

Programs may teach or provide training on effective parenting skills and effective monitoring to help to reduce conduct/behavior problems as well as other risk factors for drug abuse, improving the parent-child relationships and communication.

COMMUNITY PREVENTION PROGRAMS

Community programs include media campaigns, policy changes, for example new regulations that restrict access to tobacco, alcohol or other drugs, are more effective when they are reinforced or accompanied by school and/or family interventions.

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TREATMENT FOR DRUG ADDICTION

According to SAMHSA's National Survey on Drug Use and Health, 22.5 million people (8.5 percent of the U.S. population) aged 12 or older needed treatment for an illicit drug or alcohol use problem in 2014.

Only 4.2 million (18.5 percent of those who needed treatment) received any substance use treatment in the same year. Of these, about 2.6 million people received treatment at specialty treatment programs.

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SUPPORT GROUPS

- Some support groups have abstinence-only policies
- Some support programs are just for people with a substance use disorder, and others allow families and friends to attend meetings or have separate meetings for them.
- An Internet-based support group may be a good option if no groups meet in the community.

Another option is to contact Alcoholics Anonymous (AA, <http://www.aa.org>) to find out whether AA meetings in your community are open to people in recovery from other substances besides alcohol.

Dual Recovery anonymous

<http://www.draonline.org> or 913-991-2702

LifeRing

<http://www.unhooked.com> or 800-811-4142

National alliance of advocates for Buprenorphine Treatment <http://www.naabt.org>

Rational Recovery

<http://www.rational.org> or 530-621-4374

Secular organizations for Sobriety

<http://www.cfiwest.org/sos/index.htm> or 323-666-4295

SMaRT Recovery

<http://www.smartrecovery.org> or 866-951-5357

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Women for Sobriety, Inc.

<http://www.womenforsobriety.org> or 215-536-8026.

INFECTIOUS DISEASES AND DRUG USE

According to a report in 2011; public health recommendations and guidelines from multiple agencies of the U.S. Department of Health and Human Services (DHHS) for science-based public health strategies for the prevention of human immunodeficiency virus (HIV) infection, viral hepatitis, sexually transmitted diseases (STDs), and tuberculosis (TB), infectious diseases among individuals who use drugs illicitly and their contacts (sex and drug-using partners) in the United States yield the following results:

- Rates of HIV infection, viral hepatitis, sexually transmitted diseases (STDs), and tuberculosis (TB) are substantially higher among persons who use drugs illicitly than among persons who do not use drugs illicitly.

Individuals who use drugs illicitly are defined as the person who use prescription drugs, without a prescription, or individuals who use illicit drugs such as opiates for example heroin, stimulants for example powder cocaine, crack cocaine, and methamphetamine, or other club drugs such as gamma hydroxybutyrate (GHB), ketamine, ecstasy and flunitrazepam. Marijuana use, nonmedical use of prescription medications/ drugs are also associated with risk for contracting and/ or transmitting infectious diseases.

Alcohol and tobacco use is considered illicit for certain age groups such as:

- Age <21 years for alcohol in all states; age <18 years for tobacco in most states and <19 years in some states)

Excessive alcohol use and tobacco use are also associated with infectious diseases.

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Illicit use of drugs includes multiple drug use for example, simultaneous use of illicit drugs and legal substances

THE RISK FOR ACQUIRING AND TRANSMITTING INFECTIOUS DISEASE

The risk for acquiring and for the transmission of infectious disease within a population is:

- A reflection of the prevalence of an infection in the population,
- The efficiency of transmission of the organism,
- The burden of infectious diseases
- Patterns of the risk behaviors in which that population is involved.

FACTORS THAT FACILITATE DISEASE TRANSMISSION

The high rates of Human Immunodeficiency Virus (HIV) infection, viral hepatitis, sexual transmitted diseases (STDs), and tuberculosis (TB) among individuals who use drugs illicitly reflect social, structural, behavioral, cultural, environmental factors that facilitate disease transmission.

Some behavioral factors include:

Using and sharing the contaminated needles, injection equipments, syringes, and drug preparation equipments such as cotton, a cooker and water.

Bloodborne infections such as Human Immunodeficiency Virus (HIV) infection and viral hepatitis are also transmitted through the sharing of needles that are contaminated. The transmission can also occur through having unprotected sex.

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MAJOR CONCERN; TEENAGER DRINKING AND DRIVING



It is reported that one drink will impair the teen's driving ability and will therefore increase their risk of an accident/ crash.

WHAT PARENTS AND CAREGIVERS CAN DO

Parents and caregivers can be a good role model to the teen by not drinking and driving.

Reinforce the message (DO NOT DRINK AND DRIVE) with a Parent-Teen Driving Agreement.

Parent and caregivers can also learn more about impaired driving.

Review the stats on teen drinking and driving and also review it with the teen.

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According to the CDC, the percentage of teenagers in high school, who drink and drive has dropped by more than 1/2 since 1991, but there is more that can be done. Almost one million high school teens drank alcohol and got behind the wheel in 2011. It is reported that teenage drivers are three times more likely than more experienced drivers to be in a crash that with fatality. Drinking alcohol, even in small amounts, increases this risk for teenagers.

Research has shown that factors that help to keep teenagers safe include:

- Involvement from parents/caregivers,
- Minimum legal drinking age
- Zero tolerance laws, and
- Graduated driver licensing systems.

These steps help to protect the lives of the young drivers and everyone else who drives with them as well as others who share the road with them.

A survey revealed that High school students aged 16 years and older said they had driven a vehicle 1 or more times during the past thirty days when they had been drinking alcohol.



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Drinking and driving can be deadly for older individuals and especially for teenagers.

STATS

Drinking and driving among teenagers in high school has gone down by 54% since 1991. However, high school teenagers reported driving after drinking about 2.4 million times a month.

85% of teens in high school who report drinking and driving in the past month also say they binge drank. In the survey, binge drinking was defined as drinking 5 or more alcoholic drinks within a couple of hours.

In 2010, 1 in 5 teenage drivers who were involved in fatal crashes had some alcohol content in their system. Most of these drivers (81%) had Blood alcohol concentration (BAC) that was higher than the legal limit for adults.

BLOOD ALCOHOL CONCENTRATION

It is illegal for adults to drive with a Blood alcohol concentration of 0 .08% or higher. It is illegal for anyone under age 21 to drive after drinking any alcohol in all U.S. states.

INTERVENTIONS

Communities and States can work to:

- Increase the awareness among parents, caregivers and teens,
- Strengthen enforcement of existing policies, for example minimum legal drinking age graduated driver licensing systems and zero tolerance laws.

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PEDIATRICIANS AND OTHER HEALTH PROFESSIONALS CAN:

Screen teenagers for risky behaviors, such as:

Using alcohol,

Using drugs or other substances

Driving after drinking alcohol

Driving after drug use

Riding with a driver who has been using drugs or alcohol

Educate parents/ caregivers, and teens about the risks involved with drinking and driving.

Encourage parents/ caregivers of new teen drivers to set and enforce the driving rules/ rules of the road and utilize tools such as the parent-teen driving agreement.

Remind/instruct the parents/ caregivers to set an example as safe drivers.

TEENS CAN:

Choose to NOT drink and drive.

Refuse to ride in a car with a teenage driver who has been drinking.

Know the state's Driving laws.

Follow the state's Driving laws.

Follow the speed limits.

Follow the rules of the road in the parent-teen driving agreement.

Wear a seat belt on every trip, even short trips.

Avoid using a cell phone while driving

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Avoid texting while driving.

PARENTS AND CAREGIVERS CAN:

Model safe driving behaviors as the teens are observing and will follow those behaviors.

Understand that most teenagers who drink – are drinking to get drunk.

Recognize the dangers of teen drinking and driving

Recognize that teen drivers are at much higher risk of crashing after drinking alcohol than adult drivers.

Provide teens with a safe way to get home if their driver has been drinking (instruct teens to call for a ride home or pay for a taxi ride home for them).

Utilize tools such as the parent-teen driving agreements to set and enforce the rules of the road for teen drivers.

Safe driving habits for teens include behaviors such as:

Follow state Driving laws

Follow the speed limits.

Not to ever drink and drive

Never use a cell phone while driving

Never text while driving

Wear a seat belt at all times, when driving

Limit driving at night

Set a limit on the amount of teenage passengers.

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SUBSTANCE ABUSE BY HEALTHCARE PROFESSIONALS

When the health care professionals; people in charge of the well being of others, have a problem with substance abuse, their lives as well as the patients in their care are at risk for harm. Many health care professionals have easy access to controlled substance medications; and some will divert and abuse these medications for various reasons such as relief from stress, or to self-medicate for some other reasons.

Nursing - highly stressful occupation

Other risk factors for nurses in the workplace include:

- Easy access,
- Highly Stressful occupation,
- Attitude,
- Lack of education.

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Medications are easily and readily available. Nurses/ practitioners are trained in the intravenous (IV) administration and injection of medications, have knowledge of frequency of administering medications which increases the risk for substance abuse.

The nursing occupation can be very stressful especially with;

- staffing shortages,
- increased acuteness,
- The work schedule
- shift rotation
- longer shifts,
- Patient ratios.

Healthcare practitioners are aware that long work hours often lead to;

- Fatigue,
- circadian rhythm disruption
- sleep deprivation,
- psychological consequences and
- Physiological effects.

Environmental factors, as well as gene, environment interactions and other factors account for the risk. **However there are no good reasons for substance misuse.**



The Code of Ethics for Nurses

The Code of Ethics for Nurses was developed as a guide to carry out nursing responsibilities in a way that is consistent with quality in nursing care and the ethical obligations of the profession (ANA 2016).

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RISK FACTORS

Some risk factors that tend to make individuals more susceptible to developing a substance use disorder are listed in the table below:

CATEGORIES	
Social factors	Access to the medication Availability of the medications Condone the use of drugs Condone the use of alcohol Expectations regarding the positive effects of the drug and /or the alcohol
Psychological factors	Mental health disorders Anxiety Low self esteem Depression Low tolerance for stress Loss of control over situations in life
Genetic factors	Inherited genetic predisposition to alcohol or drug dependence Deficits in neurotransmitters (for example serotonin) an absence of aversive reactions such as palpitations and/ or flushing
Behavioral factors	Impulsive behavior Anti-social personality disorder Avoid responsibilities Poor interpersonal relationships Risk-taking behavior Use of other substances

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	Aggressive behavior in childhood Social / cultural norms acceptance of alcohol and the use of drugs Reckless behavior Peers use alcohol Peers use drugs
Demographic factors	Male gender Low socio-economic status Lack / loss of employment
Family factors	Family dysfunction for example inconsistent regarding discipline Use of drugs by parent(s), sibling, spouse Use of alcohol by parent(s), sibling, spouse Lack of positive family routines Family trauma for example divorce or death in the family



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Legal and ethical Responsibilities

Each individual has a legal and ethical responsibility to uphold the law and to help protect society from drug abuse.

The health care practitioner has a professional responsibility to prescribe and dispense controlled substances appropriately, and to guard against abuse while ensuring that patients are safe and have medications available when they need it.



The Nurse Practice Act (Florida Statutes 464.018 1K)

DISCIPLINARY ACTIONS

464.018

(1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):

(a) Procuring, attempting to procure, or renewing a license to practice nursing by bribery, by knowing misrepresentations, or through an error of the department or the board.

(b) Having a license to practice nursing revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of another state, territory, or country.

(c) Being convicted or found guilty of, or entering a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction which directly relates to the practice of nursing or to the ability to practice nursing.

(h) Unprofessional conduct, as defined by board rule.

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- (i) Engaging or attempting to engage in the possession, sale, or distribution of controlled substances as set forth in chapter 893, for any other than legitimate purposes authorized by this part.
- (j) Being unable to practice nursing with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, or chemicals or any other type of material or as a result of any mental or physical condition. In enforcing this paragraph, the department shall have, upon a finding of the State Surgeon General or the State Surgeon General's designee that probable cause exists to believe that the licensee is unable to practice nursing because of the reasons stated in this paragraph, the authority to issue an order to compel a licensee to submit to a mental or physical examination by physicians designated by the department. If the licensee refuses to comply with such order, the department's order directing such examination may be enforced by filing a petition for enforcement in the circuit court where the licensee resides or does business. The licensee against whom the petition is filed shall not be named or identified by initials in any public court records or documents, and the proceedings shall be closed to the public. The department shall be entitled to the summary procedure provided in s. 51.011. A nurse affected by the provisions of this paragraph shall at reasonable intervals be afforded an opportunity to demonstrate that she or he can resume the competent practice of nursing with reasonable skill and safety to patients.
- (k) Failing to report to the department any person who the licensee knows is in violation of this part or of the rules of the department or the board; however, if the licensee verifies that such person is actively participating in a board-approved program for the treatment of a physical or mental condition, the licensee is required to report such person only to an impaired professionals consultant.
- (l) Knowingly violating any provision of this part, a rule of the board or the department, or a lawful order of the board or department previously entered in a disciplinary proceeding or failing to comply with a lawfully issued subpoena of the department.
- (m) Failing to report to the department any licensee under chapter 458 or under chapter 459 who the nurse knows has violated the grounds for disciplinary action set out in the law under which that person is licensed and who provides health care services in a facility licensed under chapter 395, or a health maintenance organization certificated under part I of chapter 641, in which the nurse also provides services.
- (n) Failing to meet minimal standards of acceptable and prevailing nursing practice, including engaging in acts for which the licensee is not qualified by training or experience.
- (o) Violating any provision of this chapter or chapter 456, or any rules adopted pursuant thereto.

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- (2) The board may enter an order denying licensure or imposing any of the penalties in s. 456.072(2) against any applicant for licensure or licensee who is found guilty of violating any provision of subsection (1) of this section or who is found guilty of violating any provision of s. 456.072(1).
- (3) The board shall not reinstate the license of a nurse, or cause a license to be issued to a person it has deemed unqualified, until such time as it is satisfied that such person has complied with all the terms and conditions set forth in the final order and that such person is capable of safely engaging in the practice of nursing.
- (4) The board shall not reinstate the license of a nurse who has been found guilty by the board on three separate occasions of violations of this part relating to the use of drugs or narcotics, which offenses involved the diversion of drugs or narcotics from patients to personal use or sale.
- (5) The board shall by rule establish guidelines for the disposition of disciplinary cases involving specific types of violations. Such guidelines may include minimum and maximum fines, periods of supervision or probation, or conditions of probation or reissuance of a license.



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SIGNS OF IMPAIRMENT

Some nurses may misuse substance to cope with problems while going through a stressful period while other nurses have a long history of substance abuse. It may be difficult to detect the impaired nurse because he/ she will be careful to avoid being seen or identified.

Some signs and symptoms that may suggest substance abuse include:

Poor job performance

Excessive sick time/ call-outs

Poor charting

Multiple mistakes

Medication errors

Documentation errors

Difficulty meeting schedules

Leaving work early

Dishonest

Arriving late for work

Orders that are altered

Maximum use of as needed/ PRN pain medicines for the patient

Frequent absences from assigned unit

Obsession with narcotics

Mood changes (after breaks)

Large amount of wasted narcotics

Frequent sign outs of narcotics

Obsession with the Pyxis machine

Discrepancy between patient record and narcotic record

Frequent report of patients not experiencing adequate pain relief

Offer to give medication to other patients; not on assignment

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Some physical signs of impairment may include:

Tremors

Fatigue

Sweating

Less alert

Unsteady gait

Sleepiness

Runny nose

Shakiness

Speech is slurred

Changes in appearance

Eyes that are watery

Constricted pupils

Dilated pupils

Weight gain

Weight loss



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Some behaviors that may identify the impaired colleague include:

Comes to work on day off

Loiters around the departmental drug supply

Outbursts of anger

Mood changes

Frequent bathroom breaks

Wears long-sleeves; when short sleeves can be worn (to hide needle tract marks)

Increased difficulty with authority

Frequently using mints, gums or mouthwash

Intoxication at social events

Frequent illness or physical complaints

Isolation from peers

Elaborate excuses

Defensiveness

Poor judgment

Frequent complaints of pain

Insomnia

Hypoactivity

Hyperactivity

Poor concentration

Frequent accidents

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Steps to Make a Report

Any impaired healthcare practitioner /nurse, colleague should be reported immediately to help that practitioner and the patients by preventing potential harm to them. Reporting the impaired colleague will be helpful because it will help him/her to enter a treatment program and also will help to protect the patients.

The impaired healthcare practitioner /nurse should not be ignored, transferred to another department or be fired and the problem is not addressed, this will result in continued dangerous behaviors, which will continue to put patients at risk and also potential harm to the impaired nurse. It is important for co-workers and supervisors to address and appropriately handle the situation so that the signs of impairment are not ignored and the impaired practitioner /nurse is enabled and continues the abusive behaviors.

The requirements for mandatory reporting of nurses by nurses

FLORIDA REQUIREMENTS

If the nurse observes a co-worker doing something that is suspicious, it is the nurse's role to contact the supervisor and report the observation.

In the state of Florida, any individual who suspects a nurse is impaired must report the nurse to the Intervention Project for Nurses (IPN) and /or the Florida Department of Health. To make a referral to the Intervention Project for Nurses (IPN) and /or confidential consultation;

Contact the Intervention Project for Nurses (IPN) at 1-800-840-2720.

The Intervention Project for Nurses (IPN) also referred to as "an alternate to discipline program for nurses" aka diversion, was established in 1983 through legislative action to ensure public health and safety through a program that provides close monitoring of nurses who are unsafe to practice due to impairment as a result of misuse or abuse of alcohol or drugs, or both, or due to a mental or physical condition which could affect the licensee's ability to practice with skill and safety.

The Intervention Project for Nurses (IPN) often receives reports from:

- Pre-employment drug screen positive for illegal drugs or drugs not prescribed,
- The impaired nurse call and report self, due to behaviors out of their control,
- Diversion cases – Employers report missing drugs
- The nurse is on prescription medications but job performance remains a concern,
- Mental health instability affecting performance
- Physical conditions that may affect one's ability to perform with safety.

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The Intervention Project for Nurses (IPN) Program

Objectives

To ensure public health and safety through a program that provides close monitoring of nurses who are unsafe to practice, due to the use of drugs including alcohol and/or psychiatric, psychological or a physical condition (chapter 455.261).

To provide a program for the affected nurses, so that they may be rehabilitated in a therapeutic, non-punitive, and confidential process,

To provide an opportunity for retention of nurses within the nursing profession,

To facilitate early intervention, therefore decreasing the time between the nurse's acknowledgment of the problem and his/her entry into a recovery program,

To require the nurse to withdraw from practice immediately, and until such time that the Intervention Project for Nurses (IPN) is assured that he/she is able to safely return to the practice of nursing,

To provide a cost effective alternative to the traditional disciplinary process,

To develop a statewide resource network for referring nurses to appropriate services,

To provide confidential consultations for Nurse Managers.

Criteria used to determine when the nurse can return to practice

The Intervention Project for Nurses (IPN) determines when the nurse can return to practice. Some of the criteria that the Intervention Project for Nurses uses to determine if the nurse can return to practice include:

- That the treatment must be done and the nurse is engaged in the continuing treatment principles such as involvement in a support group.
- A signed advocacy contract must be received.
- The nurse agrees to random urine/ drug screens.
- The nurse agrees to the practice restrictions that have been established.
- Someone to monitor workplace performance will be available to provide feedback.
- The nurse must have a relapse prevention workbook.

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Satisfactory progress is determined as the nurses have:

Negative drug screens,

Compliance with the individualized contract

Monitoring reports that are good,

Attends monitoring and support groups

Monitoring reports are supplied by the employers, nurse in recovery, support group facilitators and the treatment providers.

Successful completion

Successful completion of the program includes validation of progress and stability of the nurse. Also readiness to practice is established. After completing the program successfully, the record is then sealed.

However if the nurses do not exhibit appropriate progress, stop treatment or does not comply with the program stipulations the Intervention Project for Nursing (IPN) will report the nurse to the Department of Health.

Prescription drug misuse and abuse

Substance Abuse and Mental Health Services Administration (SAMHSA) addresses prescription drug misuse and abuse using a public health approach that includes:

- Early intervention,
- Prevention,
- Treatment, and
- Recovery support services.

Prescription drug misuse and abuse is the unintentional or intentional use of medication without a prescription, in a way other than prescribed, or for the experience or feeling it causes.

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Results from the 2014 National Survey on Drug Use and Health (NSDUH) indicate that about 15 million individuals used prescription drugs non-medically in the past year, and 6.5 million did so in the past month. This is a growing national problem in the United States.

Prescription drugs are misused and abused more often than any other drug, except marijuana and alcohol. This growth is fueled by misperceptions about prescription drug safety, and increasing availability.



According to the 2011 analysis by the Centers for Disease Control and Prevention (CDC) found that ;

- opioid analgesic (pain reliever) sales increased nearly four-fold between 1999 and 2010; this was paralleled by an almost four-fold increase in opioid (narcotic pain medication) overdose deaths and substance abuse treatment admissions almost six times the rate during the same time period.

Prescription drug abuse-related emergency department visits and treatment admissions have risen significantly in recent years. Other negative outcomes that may result from prescription drug misuse and abuse include:

- Overdose and death,
- falls and fractures in older adults,
- initiating injection drug use with resulting risk for infections such as hepatitis C and Human Immunodeficiency Virus (HIV).

According to results from the 2014 NSDUH report, 12.7% of new illicit drug users began with prescription pain relievers (SAMHSA 2015).

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Types of Commonly Misused or Abused Drugs

The three most commonly misused or abused types of legal drugs:

- Opioid analgesics,
- psychiatric, and
- over-the-counter drugs.

Opioid Pain Relievers

Opioids are medications that relieve pain.

Opioid pain relievers reduce the intensity of pain signals reaching the brain and affect those brain areas controlling emotion, which reduces/ diminishes the effects of a painful stimulus.

Opioid pain relievers reduce the pain associated with many conditions, including cancer, arthritis and other degenerative conditions. They are also used to alleviate short-term pain related to injuries, surgery, or dental work.

There are different kinds of pain medications, including nonsteroidal anti-inflammatory drugs (NSAIDs) and opioid analgesics, each type with various advantages and risks. Pain treatment, whether it is acute or chronic, should be individualized for the patient and assessed at frequent intervals, and non-medication therapies should also be considered.

When taken as ordered, opioids can be used to manage pain effectively and safely. When abused, a single large dose can result in severe respiratory depression and death.

When properly managed, short-term medical use of opioid analgesics rarely causes addiction (characterized by compulsive drug seeking and use despite serious adverse consequences). Regular (for example, several times a day, for several weeks or more) or longer term use or abuse of opioids can lead to physical dependence and, in some cases, addiction.

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The use of opioid pain relievers exposes users to;

- Risks of overdose,
- Dependence, and
- Addiction,
- Death

Individuals who abuse opioid pain relievers sometimes alter the route of administration for example snorting or injecting the drug to intensify the effect. The use of opioids, alone or with alcohol or other prescription or illicit drugs, can cause;

- sleepiness,
- confusion, and
- Slow breathing or stopped breathing leading to overdose and even death.

Rate of Death

Opioid misuse and abuse continues to be a major public health problem in the United States. From 1999 to 2013 the rate of death from opioid pain reliever overdose almost quadrupled.

Deaths from heroin have also increased sharply since 2010, with a 39% increase between 2012 and 2013.

Medications that fall within this class include:

- Hydrocodone (e.g., Vicodin),
- Oxycodone (e.g., OxyContin, Percocet),
- Morphine (e.g., Kadian, Avinza),
- Codeine, and related drugs.

Hydrocodone products are the most frequently prescribed for a variety of painful conditions, including dental and injury-related pain.

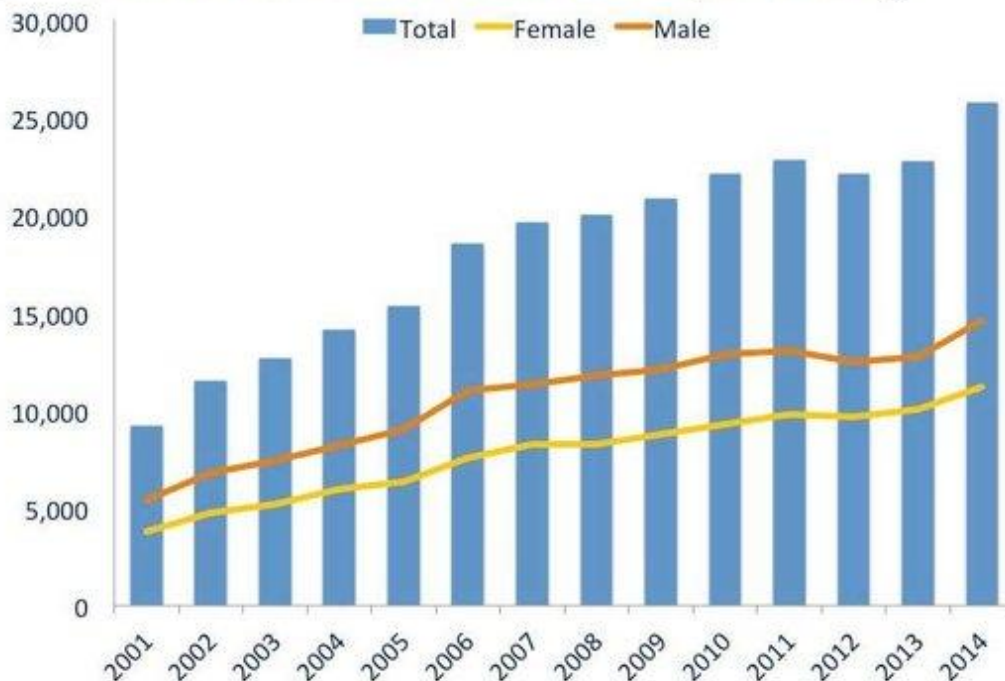
Morphine is frequently used before and after surgical procedures to alleviate severe pain.

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Codeine is often ordered for mild pain.



National Overdose Deaths Number of Deaths from Prescription Drugs



Source: National Center for Health Statistics, CDC Wonder

Psychiatric Drugs

Psychiatric drugs are prescribed by health care practitioners to treat mental illnesses such as depression, schizophrenia, bipolar disorder, attention deficit hyperactivity disorder, anxiety disorders.

Commonly prescribed medications that have been abused include:

- Sedative medications in a class of drug called benzodiazepines, such as alprazolam (Xanax®), clonazepam (Klonopin®), and
- Diazepam (Valium®), and
- Antipsychotic medication, Quetiapine (Seroquel®).

These medications taken alone or in combination with other medications can produce sedation and euphoria.

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Hypnotic medications that help with insomnia can also be abused. An example of such a medication is zolpidem (Ambien®).

Another class of medications used to treat attention deficit disorders includes stimulants.

Stimulants may temporarily increase alertness and energy and have a calming and focusing effect on individuals with attention deficit hyperactivity disorder.

Stimulants include amphetamines such as Adderall® and methylphenidate (Ritalin® and Concerta®).

According to the National Institute on Drug Abuse, in 2010, about 1.1 million individuals abused stimulants, which are used to treat attention deficit hyperactivity disorder and narcolepsy.

Side effects of stimulant overuse can include:

- Psychosis,
- seizures, and
- Cardiovascular complications.



Over-the-Counter (OTC) Drugs

Over the counter (OTC) drugs do not require a prescription. However, many OTC drugs contain ingredients that can be abused.

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Specific Populations and Prescription Drug Misuse and Abuse

Prescription drug misuse and abuse affects individuals from various backgrounds, but some population groups are more vulnerable than others.

Men and Women

According to results from the 2014 National Survey on Drug Use and Health (NSDUH), the rate of current nonmedical use of prescription psychotherapeutic drugs was;

- 2.6% in men and
- 2.3% in women.

Older Adults (Age 50 and Older)

According to the National Institute on Drug Abuse, as of 2014, prescription drug misuse or abuse is increasing among people in their fifties.

Older adults are likely to experience more problems with small amounts of medications because of:

- Increased medication sensitivity, and
- slower rate of metabolism and elimination.

Older adults are at higher risk for medication misuse than the general population because of their elevated rates of;

- Pain,
- sleep disorders (insomnia), and
- anxiety.

Older adults also may also experience cognitive decline, which could lead to improper usage of medications.

The combination of alcohol and medication misuse has been estimated to affect up to 19% of older Americans.

Approximately 25% of older individuals use prescription psychoactive drugs that have a potential to be abused and misused.

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Older adults are more likely to take prescribed psychoactive medications for longer periods of time than younger adults.

Manuals /Resources

Substance Abuse and Mental Health Services Administration (SAMHSA)'s manual, Substance Abuse Among Older Adults, offers some guidelines for;

- the identification, screening, assessment, and treatment of older people for alcohol abuse and abuse of prescription drugs or over-the-counter drugs. There is also a desk reference physician's guide of this resource.

Prescription Medication Misuse and Abuse Among Older Adults 2012 guide, offers strategies for;

- education,
- screening, and
- early interventions for prevention of prescription medication misuse and abuse.

COMBINING ALCOHOL AND MEDICATIONS

Combining alcohol and medications can be a major health risk for older adults. As people get older, the body works much more slowly to clear drugs and alcohol from their system. Alcohol can cause adverse reactions to many prescription and over-the-counter medications.

Alcohol and Substance Misuse

According to a publication issued by the National Council of State Boards of Nursing, the American Nurses Association (ANA) estimates that 6 – 8 % of nurses use alcohol or drugs to an extent that is sufficient to impair professional performance.

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WORKPLACE HEALTH PROMOTION

After assessment and planning have been completed, including analysis of the collected data, the next step is implementing the strategies and interventions that will comprise the workplace health program.

Before implementing any interventions, the evaluation plan should also be developed; potential baseline, process, health outcome, and organizational change measures for these programs.

Alcohol misuse

The National Institute on Alcohol Abuse and Alcoholism uses the following definitions of alcohol misuse:

- Alcohol misuse describes alcohol consumption that puts individuals at increased risk for adverse health and social consequences. It is defined as excess daily consumption (more than 4 drinks per day for men or more than 3 drinks per day for women), or excess total consumption (more than 14 drinks per week for men or more than 7 drinks per week for women), or both.



The Centers for Disease Control and Prevention (CDC) Alcohol Team uses the following definitions of alcohol misuse:

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Alcohol misuse

For women, more than 1 drinks per day on average

For men, more than 2 drinks per day on average

Binge drinking

For women, 4 or more drinks during a single occasion

For men, 5 or more drinks during a single occasion

Excessive drinking includes:

- heavy drinking, binge drinking or both

Alcohol misuse is a pattern of drinking that result in:

- harm to one's health,
- harm to one's ability to work or
- harm to one's interpersonal relationships.

Alcohol dependence, also known as alcohol addiction and alcoholism, is a chronic disease and is associated with experiencing withdrawal symptoms, loss of control, or alcohol tolerance

Alcohol misuse can result in a number of adverse health and social consequences.

According to the Centers for Disease Control and Prevention (CDC),

- More than 700,000 Americans receive alcoholism treatment each day, and there is growing recognition that alcoholism; alcohol dependence or addition, represents only one end of the spectrum of alcohol misuse (CDC 2013).

There are approximately 79,000 deaths attributable to excessive alcohol use each year in the United States.

Adverse Health Outcomes

Alcohol misuse is a risk factor for a number of adverse health outcomes including:

Unintentional injuries such as motor vehicle accidents, falls

Violence for example homicide, suicide

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Liver disease

Diseases of the central nervous system such as stroke, dementia

Heart disease including coronary artery disease, atrial fibrillation/ abnormal heart rhythms, high blood pressure, and congestive heart failure

Various cancers for example breast, colorectal, and liver cancers

Risky sexual behaviors and adverse pregnancy outcomes.

Many individuals who have problem with alcohol misuse have medical problems or social problems attributable to alcohol; alcohol misuse or excessive drinking, without typical signs of dependence, and other drinkers are at risk for future problems due to chronic alcohol consumption or frequent binges. Nondependent drinkers who misuse alcohol account for the majority of alcohol related disability and death in the general population (CDC 2013).

Alcohol misuse is associated with high costs to employers including:

- Absenteeism,
- Decreased productivity because of poor work performance,
- Turnover,
- Accidents, and
- Increased health care costs.

THE COST



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The cost of alcohol misuse in the United States was estimated to be \$185 billion in 1998.

- About \$16 billion of this amount was spent on medical care for alcohol-related complications (not including fetal alcohol syndrome),
 - \$7.5 billion was spent on specialty alcohol treatment services, and
 - \$2.9 billion was spent on fetal alcohol syndrome (FAS) treatment. The remaining costs (\$134 billion) were due to lost productivity. Lost productivity due to alcohol-related deaths and disabilities impose a greater economic burden than do health care costs.
-
- Over 15% of U.S. workers report being impaired by alcohol at work at least one time during the past year, and 9% of workers reported being hung-over at work.

The United States Preventive Services Task Force recommends screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings.

A Drink

In the United States, a standard drink contains 0.6 ounces (14.0 grams or 1.2 tablespoons) of pure alcohol.

Generally, this amount of pure alcohol is found in:

12-ounces of beer (5% alcohol content).

8-ounces of malt liquor (7% alcohol content).

5-ounces of wine (12% alcohol content).

1.5-ounces of 80-proof (40% alcohol content) distilled spirits or liquor (e.g., gin, rum, vodka, whiskey)

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Short-Term Health Risks

Excessive alcohol use has immediate effects that increase the risk of many harmful health conditions.

These are most often the result of binge drinking and include the following:

- ❖ Injuries, such as drownings, motor vehicle accidents, falls, burns.
- ❖ Violence; including suicide, homicide, sexual assault, intimate partner violence.
- ❖ Alcohol poisoning, (medical emergency that occurs when there are high blood alcohol levels.
- ❖ Risky sexual behaviors, including unprotected sex or sex with multiple partners.

These behaviors can result in unintended pregnancy or sexually transmitted diseases (STDs), including HIV. Miscarriage and stillbirth or fetal alcohol spectrum disorders (FASDs) among pregnant women.

Adverse Health Outcomes

Long-Term Health Risks

Over a period of time, excessive alcohol use can lead to the development of chronic health problems/ diseases and other serious issues including:

- High blood pressure,
- heart disease,
- stroke,
- liver disease,
- Digestive problems,
- Learning problems,
- memory problems,(dementia and poor job performance)
- Mental health problems (depression, anxiety),
- Cancer of the breast,
- Cancer of the mouth,
- Cancer of the throat,

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- Cancer of the esophagus,
- Cancer of the liver,
- Cancer of the colon,
- Social problems, such as lost productivity, family problems, unemployment, Alcohol dependence, or alcoholism.

Other substance misuse

Many substances, both illegal and legal, have the potential for misuse.

Common examples include:

- Prescription narcotics
- cocaine,
- heroin,
- ecstasy,
- inhalants,
- marijuana,
- methamphetamine,
- Phencyclidine/ PCP.

Workplace approaches for employees with alcohol or substance misuse problems are similar.

Health-related programs for alcohol and substance misuse.

Employee programs refer to activities that include active employee involvement, such as classes, seminars or competitions.

Employee programs are frequently provided on-site at the workplace.

Employee Assistance Programs (EAPs)

Employee Assistance Programs (EAPs) can offer information and referral services for employees with alcohol or drug use problems. Encouraging healthy behaviors is an appropriate adjunct to standard therapies for substance misuse.

As mentioned earlier, several behaviors regarding job performance indicate a high likelihood that an employee has problematic alcohol or drug use:

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A pattern of poor quality of work

A pattern of poor quantity of work

Attendance problems,

Problems related to interaction with patients, colleague or the families,

Some employees may self-identify that their misuse behaviors are causing problems,

When these problems are identified the employee can be referred to the Employee Assistance Programs (EAPs) for additional assessment,

Support education programs through an Employee Assistance Programs (EAPs) or health promotion program,

Employees need education on recognizing signs and symptoms of misuse in themselves and others,

Worksite health fairs, education campaigns and Employee Assistance Programs (EAPs) brochures should include information on alcohol and substance misuse and specific information on obtaining confidential counseling and referral through Employee Assistance Programs (EAPs) programs.

Additionally, support can be provided through programs such as:

- Alcoholics Anonymous or Al-Anon and the availability of counseling, diagnosis and treatment services,
- Worksite health promotion such as nutrition programs and /or physical activity can reduce alcohol and drug misuse.

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Health-related policies for alcohol and substance misuse

Workplace policies promote a corporate “culture of good health.”

Having Alcohol and drug free workplace policies discourage substance misuse.

Some key principles to development of a well-defined alcohol and drug free workplace policy include:

- Drug free policies are publicized and the employees are clear that substance misuse is not tolerated /never permitted in the workplace.
- Workplace health promotion programs include education on substance misuse.
- Employee Assistance Programs (EAPs) services include assessment, counseling, and referral for employees regarding substance misuse.

In many high performance job settings, the workplace policies require alcohol and drug testing. As part of workplaces' "rules of conduct" or "fitness for duty" regulations, supervisors are often empowered to discipline or remove an employee from the job on the suspicion of drinking. In these settings the protocol for testing and follow up should be well defined and clear to all employees.

Policies for worksite health promotion, for example, physical activity or nutrition programs can reduce alcohol and drug misuse.



Health benefits for alcohol and substance misuse

- Employee health benefits are part of an overall compensation package and affect an employee's willingness to seek preventive services and clinical care. Provide coverage for screening and counseling to reduce alcohol misuse.

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The United States Preventive Services Task Force recommends screening and counseling in clinical settings for individuals who misuse alcohol; people who drink in excess of National Institute on Alcohol Abuse and Alcoholism (NIAAA) guidelines.

Brief counseling in clinical settings can reduce consumption among drinkers who misuse alcohol who do not meet the criteria for alcohol dependence. Each dollar invested in screening and brief counseling saves \$4 in health care costs

Routine measurement of biochemical markers such as screening is not recommended in asymptomatic individuals.

Pregnant women should be advised to cease drinking during pregnancy

All individuals who use alcohol should be counseled about the dangers of operating a motor vehicle or performing other potentially dangerous activities after drinking alcohol.

Provide coverage for screening for depression in clinical practices.

Other mental health disorders frequently co-occur with alcohol and drug misuse problems. Alcohol or other drugs may be used as a form of self-medication to alleviate the symptoms of the mental health disorder.

Sometimes substance misuse precedes the development of mental health problems. For example, depression and anxiety may be brought on as a response to stressors from situations such as lost employment, broken relationships, other issues directly related to a substance abuse lifestyle (CDC 2013).

An impaired nurse /practitioner with a substance misuse problem should also be screened and treated as indicated for depression and other mental health problems.

Environmental support for alcohol and substance misuse

Environmental support provides a worksite physically designed to encourage good health. Environmental support for worksite health promotion such as physical activity or nutrition programs can reduce alcohol and drug misuse.

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Treatment Programs for The Impaired Practitioner

There are multiple options that are available to assist the impaired nurse / practitioner get help.

In the State of Florida:

64B31-10.001 Approved Impaired Practitioner Programs.

(1) Definitions:

(a) An Approved Impaired Practitioner Program is designated by the department through contract with a consultant;

- to initiate intervention,
 - recommend evaluation, and
 - refer impaired practitioners to treatment providers or treatment programs and monitor the progress of impaired practitioners in treatment.
- Approved impaired practitioner programs do not provide medical services.

(b) Consultants operate approved impaired practitioner programs which receive allegations of licensee impairment, personally intervene or arrange intervention with licensees, refer licensees to approved treatment programs or treatment providers, evaluate treatment progress, and monitor continued care provided by approved programs and providers.

(c) A treatment program is approved by a designated impaired practitioner program and must be a nationally accredited or state licensed residential, intensive outpatient, partial hospital or other program with a multidisciplinary team approach with individual treatment providers treating licensees depending on the licensee's individual diagnosis and treatment plan that has been approved by an approved impaired practitioner program.

A treatment provider is approved by a designated impaired practitioner program and must be a state licensed or nationally certified individual with experience treating specific types of impairment.

(2) The Department designates Intervention Project for Nurses (IPN) and Professionals Resource Network (PRN) as the Approved Impaired Practitioner Programs. Approved impaired practitioner programs also serve as consultants.

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State Nurses Associations

AMERICAN Nurses Associations (ANA)

Help for the Nurses with Substance Abuse

American Nurses Association (ANA) recognizes that a nurse's duty of compassion and caring extends to themselves and their colleagues as well as to their patients.

American Nurses Association (ANA) states that the nurses who are challenged with substance abuse issues/ problems not only pose a potential threat to the patients that they take care of but have also neglected to care for themselves.

The American Nurses Association (ANA) care about nurse and have developed the Impaired Nurse Resource Center which is an online repository of information aimed at helping suffering nurses to get help.

American Nurses Association (ANA) also support the peer assistance programs offered by most of the state boards of nursing. These programs offer:

- comprehensive monitoring and
- support services to reasonably assure the safe rehabilitation and return of the nurse to her or his professional community.

The Florida Nurses Association

Workplace programs

Nursing and Healthcare Advocacy are the core functions of the Florida Nurses Association (FNA). The Association meets its goals in various ways, which includes rigorous legislative programs. They also work collaboratively with other healthcare and nursing groups on issues that are of importance.

The groups include:

- The Florida Board of Nursing (FBON),
- Deans and Directors of Florida's nursing programs,

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- the Florida Hospital Association,
- the Florida Organization of Nurse Executives,
- The Florida Center for Nurses and
- Various nursing specialty organizations.

Some State Boards of Nursing also have alternatives to discipline programs for the impaired nurse. The programs include peer assistance that includes supporting and monitoring the nurse with the goal to help him/ her back to practice safely.

IMPAIRED NURSE GEORGIA

NURSE MANAGER- EMPLOYER INFORMATION

UPDATE ON MANDATORY REPORTING

The Georgia General Assembly passed a bill in 2013 that requires mandatory reporting of impaired nurses by employers to the Georgia Nursing Board. The intent of the bill (House Bill 315) is for employers of registered nurses who observed or suspected a nurse of working impaired / or have diverted medications, to notify the Georgia Board of Nursing Board. The bill, was passed, and included language requiring new funding appropriated by an act of the General Assembly for Georgia Board of Nursing to successfully manage the volume of anticipated nurses reported.

GNA-PAP continues to advocate for mandatory reporting by employers and strongly encourage employers to report all chemical substance abuse nurse/employees to the Board.

WORK SITE CRISIS INTERVENTIONS RECOMMENDATIONS

An employer initiated intervention is usually the catalyst needed to get a chemical substance abuse nurse into treatment and hopefully a stable recovery program (GNA 2016).

According to the Georgia Nurses Association, some considerations when initiating a work-site intervention are listed below:

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Before engaging in any conversations with a nurse, contact the Human Resource Department for advice on your facility's policy and procedures.

Before intervention, observe/ collect data and documentation of the nurse's behaviors (look at section -Collecting information on missing medications from medical records).

Before intervention, identify a 2nd person to participate / witness conversations. GNA-PAP recommends that you have 2-5 people with direct involvement/concerns with your nurse. Assistance of a nurse who is recovering may helpful during the face-to-face intervention.

Before intervention-Rehearse your roles and obtain group consensus on defining what is "the bottom line".

Before intervention, discuss the plan to address barriers for entry into a treatment program such as family obligations, child care, compensation time away from work, and insurance coverage,

Focus should be kept on the goal of the intervention - which is to motivate the nurse to seek treatment; the nurse might otherwise not seek help on his/her own.

Introduce existing problem/concern and "stay on course."
Project concern /empathy; however communicate clearly the objective facts with supporting documentation.

Allow the nurse to present his/her side of the story. Be alert to any indicators of self-disclosure and awareness of the magnitude of their chemical substance abuse problem.

Documentation of the intervention must be completed and a debriefing meeting for the individuals who participated in the intervention.

Help other staff with their feelings, concerns, and value towards the co-worker with chemical substance abuse.

COLLECTING INFORMATION ON MISSING MEDICATIONS FROM MEDICAL RECORDS

According to the Georgia Nurses Association, the following are some basic guidelines to consider when suspecting a nurse of diverting medications. See table below;

First, contact your facilities Human Resource Department for advice on the facilities policies and procedures.

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CATEGORIES	DISCREPANCIES
Narcotics	<p>Discrepancies in sign-in sign-out signs or electronic medication dispensing systems (PIXIS),</p> <p>Wastage – the nurse is not following procedures for proper discarding or unused drugs and missing documentation of witness discarding of drugs.</p> <p>Supply records- inconsistent ordering such as frequency, amounts.</p>
Medication Records	<p>Discrepancies with doses recorded accurately</p> <p>Discrepancies with chart notes and narcotic records regarding amount of drug administered.</p> <p>Discrepancies with pain control documentations</p>
Documentation-Medical Records	<p>Documentation is not complete, Documentation is not legible or Documentation is not consistent with your facility's policies and procedures.</p>
Physician/Healthcare Provider Verbal Orders	<p>Documentation is not complete, legible or consistent with your facility's policies and procedures.</p>
Anesthesia/Surgical Records	<p>Documentation is not complete, legible or consistent with your facility's policies and procedures</p>
Legal Consequences	<p>Unexplained gaps in prior work history Disciplinary action by past employers Disciplinary actions from other state</p>

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	licensing boards Incident reports suggest a questionable behaviors Attendance Records
Personal Information	Legal Consequences-such as DUI/DWI; failed/missed family financial responsibilities, loss of personal property

REPORTING TO THE BOARD OF NURSING GEORGIA

According to the Georgia Nurses Association , there is a moral responsibility to the public to report nurses who pose a threat to public safety.

Nurse Managers can work with the Board

Nurse Managers can work with the Board to ensure there is mandatory reporting or rules in place for impaired nurses.

If the nurse manager believes there is information on a nurse's behavior in the workplace, the nurse manager has “ a moral obligation and responsibility for public safety to notify the Board”.

Information needed to notify the Board includes:

A definition of reportable events or situations

A description of level of suspicion (there must be first-hand knowledge or reason to believe).

Employment information to include license

Specific details of the incident

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Actions taken when incident occurred

GNA-PAP FACILITATORS MAY BE A RESOURCE FOR QUESTIONS AND CONCERNS.

CALL THE HOTLINE NUMBER AT 1-800-462-9627. GNA-PAP FACILITATORS CAN PROVIDE ASSISTANCE, EDUCATION AND SUPPORT WITH EMPLOYEE INTERVENTION.

DISTRICT OF COLUMBIA BOARD OF NURSING COMMITTEE ON IMPAIRED NURSES

The Nurses Rehabilitation Program Act of 2000 was passed establishing a Committee On Impaired Nurses to supervise the operation of a rehabilitation program for nurses licensed in the District of Columbia.

- The purpose of the Committee is to provide an alternative to the Board's disciplinary process for nurses who are impaired due to drug or alcohol dependence or mental illness.

The Committee monitors the recovery of nurses and their practice to assure that they practice within acceptable standards of nursing care.

All information about the participants in the program is confidential.

Admission to the program is voluntary.

- Impaired nurses may be referred to the program through self-reports, formal complaints and/or the Board of Nursing.

A nurse requesting admission to the program may not have caused patient injury or have been arrested and/or convicted for diversion of controlled substances for sale or distribution.

Once a nurse is admitted to the program, the nurse and Committee enter into an agreement that outlines the conditions that must be met by the nurse. The conditions include such requirements as :

- continued treatment with progress reports to the Committee,
- urine screens,

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- employer reports and
- self reports.

The conditions may also ;

- limit where the nurse can work, hours of work, and administration of controlled substances.

Failure to comply with the conditions in the agreement shall result in a report to the Board for disciplinary action.

All records are purged and destroyed two years following the nurse's discharge from the program.

For referrals or additional information **contact: 202.724.8818.**

A colleague who is abusing substances /drug addicts can recover, and effective help is available.

Treatment programs range from self-help to formal recovery programs. As mentioned earlier there are many:

- State licensing boards,
- Employee assistance programs,
- state diversion programs and
- Peer assistance organizations that will refer individuals and families to the appropriate counseling and treatment services.

These services will maintain the confidentiality of those individuals who are seeking assistance.

Information

For more information on medication and alcohol misuse in older adults, the following resources are available:

SAMHSA's As You Age ... A Guide to Aging, Medicines, and Alcohol

SAMHSA's Alcohol Use Among Older Adults Pocket Screening Instruments for Health Care and Social Service Providers.

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Harmful Interactions: Mixing Alcohol With Medicines at the National Institute of Health (NIH).

SAMHSA's Efforts to Fight Prescription Drug Misuse and Abuse

Substance Abuse and Mental Health Services Administration (SAMHSA);

- Provides information, evidence-based practices, and treatment locators to prevent, treat, and promote recovery from prescription drug misuse and abuse.

SAMHSA's efforts alert, inform, and educate the patients, public, family members, and health care professionals/ practitioners of the dangers of prescription drug misuse and abuse.

Substance Abuse and Mental Health Services Administration (SAMHSA) also:

Helps individuals find appropriate treatment,

Provides evidence-based practices to improve treatment,

Regulates treatment to safeguard the public,

Promotes the recovery of individuals from prescription drug misuse and abuse.

Prevention

Health care practitioners, colleagues, communities, workplaces, patients, and families all can assist with /contribute to preventing prescription drug abuse. Substance Abuse and Mental Health Services Administration (SAMHSA)'s 2014 National Prevention Week Toolkit contains many valuable ideas.

Substance Abuse and Mental Health Services Administration (SAMHSA)'s 2014 Opioid Overdose Prevention Toolkit describes strategies to prevent opioid overdose for all these groups.

Physicians/Practitioners

Physicians/ Healthcare providers /Practitioners play a major role in prescription drug misuse and abuse prevention. Regardless of who the patients are, they need to screen them to identify signs of prescription drug abuse/ dependence, and talk with the patients about the negative effects of misusing prescription drugs.

Physicians also can observe;

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- Rapid increases in amounts of medication needed and requests for frequent refills, which may signal - Doctor shopping. The Prescription Drug Monitoring Program Training and Technical Assistance Center; provides assistance in identifying these behaviors among patients.

Substance Abuse and Mental Health Services Administration (SAMHSA) in 2011 operationalized an Action Plan for Improving Access to Prescription Drug Monitoring Program through the Health Information Technology by funding the Enhancing Access to Prescription Drug Monitoring Programs using Health Information Technology Project, which is managed by;

- the Office of the National Coordinator for Health Information Technology (ONC), in collaboration with SAMHSA, the Centers for Disease Control & Prevention (CDC), and the White House Office of National Drug Control Policy (ONDCP).

The project explored opportunities to use health information technology (HIT) to integrate critical prescription drug history information from prescription drug monitoring programs into provider and pharmacy systems to empower more informed decision making at the point of care.

According to the Centers for Disease Control & Prevention (CDC), prescribers may contribute to opioid abuse and overdose because of a lack of education and awareness about appropriate opioid prescribing practices. Most opioid analgesics in the United States are prescribed by primary care physicians and internists.

Substance Abuse and Mental Health Services Administration (SAMHSA) offers;

- an in-person continuing education course, Clinical Challenges in Prescribing Controlled Drugs: Prescribing Opioids for Chronic Pain.

The course (targeted to primary care providers), provides specific knowledge and skills associated with safely prescribing opioids for chronic pain, and clinical strategies for managing the challenging patient situations.

Substance Abuse and Mental Health Services Administration (SAMHSA) also supports Providers' Clinical Support System for Opioid Therapies (PCSS-O), which provides mentoring and training services to a variety of health care providers/practitioners on the safe and appropriate prescribing of opioids.

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Communities and Workplaces

Communities and workplaces can access several of Substance Abuse and Mental Health Services Administration (SAMHSA)'s initiatives and resources to prevent prescription drug misuse and abuse, such as:

The Drug Free Communities Support Program which is a collaborative effort between the Office of National Drug Control Policy (ONDCP) and SAMHSA to strengthen collaboration among community coalitions to prevent and reduce substance use, including prescription drug misuse and abuse.

The 2014 National Drug Control Strategy serves as the Obama Administration's blueprint for reducing drug use and its consequences, including a national framework for reducing prescription drug diversion and abuse.

The 2011 Prescription Drug Abuse Prevention Plan expands upon the Obama Administration's National Drug Control Strategy and includes action in four major areas to reduce prescription drug abuse:

- Education,
- monitoring,
- proper medication disposal, and
- Enforcement.

The Division of Workplace Programs (DWP) provides oversight for the Federal Drug-Free Workplace Program and for the National Laboratory Certification Program.

The Center for the Application of Prevention Technologies (CAPT) is a nationwide substance abuse prevention training and technical assistance system. CAPT works with states, jurisdictions, tribes, and communities to develop and implement strategies to prevent the misuse and abuse of prescription drugs.

Substance Abuse and Mental Health Services Administration (SAMHSA)'s Opioid Overdose Prevention Toolkit;

- Equips communities and local governments with material to develop policies and practices to help prevent opioid-related overdoses and deaths.
- Addresses issues for treatment providers, first responders, and those recovering from opioid overdose.

In collaboration with Substance Abuse and Mental Health Services Administration (SAMHSA), the National Council on Patient Information and Education works to;

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- Improve communication of information to the consumers and health care providers on the appropriate use of medications.

National Prevention Week, a SAMHSA-supported annual health observance dedicated to increasing public awareness of, and action around, mental and/or substance use disorders, included a day in 2014 devoted to prescription drug abuse prevention.

Treatment

Treatment can incorporate several components, including:

- Withdrawal management (detoxification),
- counseling, and
- The use of FDA-approved addiction pharmacotherapies.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), research has shown that a combined approach of counseling, medication, and recovery services works best. SAMHSA is a leader in Medication-Assisted Treatment (MAT), the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to treatment of substance use disorders.

Medications available to treat opioid addiction

Medications available to treat opioid addiction include:

- naltrexone,
- methadone and
- buprenorphine/naloxone.

The choice of medication will depend on the need of the patients.

Drug Addiction Treatment Act of 2000

The Drug Addiction Treatment Act of 2000 (DATA 2000) allowed physicians who meet specific qualifications to treat opioid addiction with buprenorphine/naloxone from office-based practice settings.

See link for more information; <http://buprenorphine.samhsa.gov/titlexxxv.html>.

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A recent NIH-funded study demonstrated the efficacy of buprenorphine/naloxone for the treatment of prescription opioid addiction. As a result, the NIH's NIDA-SAMHSA Blending Initiative developed the Prescription Opioid Addiction Treatment Study to help treatment providers incorporate study findings into their practice.

SAMHSA has multiple programs and resources focused on;

- Treatment for prescription drug misuse and abuse.
- It works to close the gap between available treatment capacity and demand;
- supports the adoption and adaptation of evidence-based and the best practices by community-based treatment services and programs; and
- Improves and strengthens the substance abuse treatment organizations and systems.

Federal Regulation 42 CFR Part 8, dated September 24, 2015, provides for an accreditation and certification-based system for Opioid Treatment Programs (OTPs), overseen by SAMHSA. SAMHSA's Opioid Treatment Technical Assistance Program (OTTAP) educates and prepares opioid treatment programs nationwide to achieve certification and accreditation by SAMHSA-approved bodies.

The Division of Pharmacologic Therapies within the Center for Substance Abuse Treatment manages the day-to-day regulatory oversight activities necessary to implement 42 CFR Part 8, on the use of opioid agonist medications such as methadone and buprenorphine.

Providers' Clinical Support Systems are available for;

- methadone (medication used to treat opioid addiction),
- buprenorphine products, and
- naltrexone.

These sites connect health care providers with experts who provide information, mentoring, and training on the treatment of opioid use disorders and prescription drug abuse with FDA-approved medications.

SAMHSA established the Addiction Technology Transfer Center (ATTC) Network in 1993 to improve the quality of addictions treatment and recovery services. The Network is composed of 14 Regional Centers and a National Office.

The Substance Abuse Prevention and Treatment Block Grant Program support states and community-based groups to improve and expand existing substance abuse treatment services.

Primary prevention funds can be used for overdose prevention education/training; treatment block grant funds can be used for the purchase of naloxone and overdose kits.

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Helping individuals find appropriate treatment services is KEY to SAMHSA's mission. In addition to the Behavioral Health Treatment Services Locator, SAMHSA offers two locators specific to drug misuse and abuse:

- The Buprenorphine Physician & Treatment Program Locator helps you find physicians and treatment programs authorized to treat opioids, such as heroin or prescription pain relievers.
- The Opioid Treatment Program Directory helps you find treatment programs in your state that treat addiction and dependence on opioids, such as heroin or prescription pain relievers.

U.S TREATMENT LOCATORS

Online Treatment Locators (click on links)

Addiction Resource Guide (addictionresourceguide.com)

This online listing of licensed in-patient treatment facilities is organized by facility name, state, type of program (psychiatric, long term residential, etc) and special populations (age, gender, etc). It provides a good level of information on each facility.

Addiction Recovery Management Service (ARMS)

(www2.massgeneral.org/allpsych/ARMS/index.asp)

The Addiction Recovery Management Service, offered by the Massachusetts General Physicians Organization, provides access to information and support combined with outreach and care management for youth aged 15 - 25 with substance-related problems and their families. Addiction Recovery Management Service (ARMS) supplements traditional inpatient and outpatient services and bridges the gaps in treatment with high quality care management to maximize the likelihood of recovery.

SAMHSA: Substance Abuse Treatment Facility Locator (findtreatment.samhsa.gov)

The Substance Abuse Treatment Facility Locator is a database of drug and alcohol treatment programs in the U.S. The Locator includes more than 11,000 addiction

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treatment programs, including residential treatment centers, outpatient treatment programs, and hospital inpatient programs for drug addiction and alcoholism. All programs are state or nationally licensed or accredited. Start by entering your location (address, city or zip code) and a list of facilities in your area will be provided. If you click on Substance Abuse in the box at the top of the page you can limit the facilities to the type of service you need, the service setting (outpatient, residential, and more), payment/insurance information, languages and more.

Treatment Coordination and Advocacy (treatmentcoordination.net)

Founded by a licensed psychotherapist and nationally certified counselor, this specialized referral and placement service helps individuals find the most appropriate treatment providers for their individual needs. Services include assessments, program research, individualized referrals and more. There are two treatment coordination packages available: Basic which provides between 5-7 hours of services and Premium providing between 15-17 hours of service for more complex issues.

Methadone Locators

Addiction Treatment Forum (atforum.com)

This web site focuses on the use of methadone in treating opioid addiction. It features a Methadone Clinical Locator by state. Facility name, address, and phone are provided. It also includes reports on substance abuse and addiction research, regularly updated news reports, frequently asked questions, resources and links to related web sites.

Drug and Alcohol Registry of Treatment (DART) (www.dart.on.ca)

Funded by the Government of Ontario, DART specializes in the provision of information and referral to treatment services related to alcohol and drugs in Ontario, Canada. It operates a toll-free, province-wide free and confidential telephone service: the Drug and Alcohol Registry of Treatment Information Line (1-800-565-8603), available 24 hours a day, 7 days a week. It also has an online treatment locator, a searchable database of drug and/or alcohol treatment programs offered by organizations in Ontario, Canada.

Methadone Clinic Locator (methadonecliniclocator.org)

This simple to use site answers basic questions about methadone and lists almost all methadone clinics in the U.S. by state. List provides treatment center name, city and telephone number.

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RESOURCES FOR THE DISABLED

Alcoholics Anonymous: 12 Step Programs for the Deaf

(www.rit.edu/ntid/saisd/info/nationaldirectory)

Lists TTY equipped 12 Step offices available and other AA offices that rely on relay service for interaction with the Deaf. Information about ASL-interpreted AA meetings can usually be provided by local AA central or intergroup offices listed in the phone book. If there is no local AA office, the Alcoholics Anonymous General Service Office keeps an updated list of over 580 United States and Canadian AA central offices.

Addiction Resource Guide: Special Populations

(addictionresourceguide.com/specpop/special.html)

Lists centers that offer recovery services for the blind, deaf, and physically challenged with detailed information on admissions, payment, services, licensing and accreditation and contact information.

National Directory of Alcohol and Other Drugs Prevention and Treatment Programs Accessible to the Deaf (www.rit.edu/ntid/saisd/national-directory)

This treatment locator for the deaf is organized by state and city. A full description is given on each facility and program including number of staff, interpreters, services offered, number of deaf clients served, ages of clients served, populations served, and financial arrangements.

PROFESSIONALS

Addiction Recovery Resources for the Professional (www.lapage.com/arr)

This resource is intended to provide referrals to peer assistance, appropriate treatment, support, and individual counseling online for healthcare, legal, and business professionals and their families.

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FOR TEENAGERS

Above the Influence (abovetheinfluence.com)

This web site provides a variety of information on drug and their risks.

The section on Drug Facts provides scientific information about illegal drugs and their effects including crack/cocaine, inhalants, ecstasy, marijuana and more in text and Flash format. The site also has a "Share your Story" message board, a multimedia presentation on 16 drugs including what they are, what they do and body facts, an "In the News" section, good links, and much more.

Bubble Monkey.com (bubblemonkey.com)

This web site is designed to provide teenagers with accurate information on drugs using Flash presentations in both English and Spanish.

Day-By-Day.org (day-by-day.org)

This site is geared to providing online resources for young people with addictions. The web site features Super Sober Sites (sites that motivate and support young people to get clean and sober and to maintain their sobriety), online recovery tools such as Young People in AA, Poetry for Recovery, Fun and Leisure for Recovery and Listen for Recovery, chat rooms and forums for young people, and much more.

Project GHB (projectghb.org)

This educational web site was formed to increased awareness about the dangers of Gamma hydroxy butyrate, known on the street as GHB, "G", Liquid E, Fantasy, Liquid X, Liquid Ecstasy, Organic Quaalude, and Jib among other names. The site covers important facts about GHB including its effects, signs of overdose, and adverse reactions. It also provides information on treatment, a section for reporting serious events, a newsletter, resource links, legal issues and more.

Resolution Ranch (www.resolutionranch.com)

Located on a 450-acre Texas ranch, this therapeutic camp and private school for troubled teen boys ages 13-17 is based on an individualized therapeutic program for each child. The approach consists of activities in nature, the 12-steps, a leveled experiential program emphasizing introspection and self-evaluation, individual therapy, counseling and academics. There are a variety of educational options and high school credits can be provided through a number of Independent Study Programs.

There have been many credible allegations of abuse made against boot camps and several have been closed down. Because boot camps are not regulated by the government or any certifying body, you should carefully investigate any boot camp you are considering for your child.

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Teen Boot Camps (www.teenbootcamps.com)

This service provides parents with information on teen boot camps, including what they are and what problems they are appropriate for. It also makes recommendations of programs located throughout the U.S. for boot camps, outdoor programs, residential treatment and specialty boarding schools.

FOR PARENTS

Behavioral Health of the Palm Beaches

This residential treatment center has a special program for adolescents.

National Youth Network (nationalyouth.com/substanceabuse.html)

Since 1990 the National Youth Network has served as a resource for youths, parents and professionals by providing education and information on programs and services available for adolescents with substance abuse and other emotional/behavioral problems. Their wide range of services include online self help and assessment information, telephone assessments with a masters level clinician, and directories of therapeutic options including wilderness programs, outdoor therapy, boarding schools, therapeutic boarding schools, residential treatment centers, nonpublic day schools, outpatient and day treatment, and summer camps and programs.

Newport Academy (newportacademy.com)

Newport Academy is a comprehensive, residential treatment program for adolescents with substance abuse and co-occurring disorders. With separate programs for both girls and boys, the complex issues involved in treating adolescents are dealt with through a multi-disciplinary approach that is highly individualized and holistic, addressing psychological, biological, spiritual, social and educational needs. Residents continue their education in a tailored and structured academic program that consists of class room instruction for 4 hours each day.

SAMHSA Locator (findtreatment.samhsa.gov)

Type in your address, city or zip code. At the top right side of the page, select Substance Abuse. Scroll down the drop down menu to Age Groups and select children/adolescents.

Teen Boarding Schools (teenboardingschools.com)

Offers parents information on boarding schools for troubled teens, resources and therapeutic alternative to military boarding schools including therapeutic programs, working ranches, Christian-based programs and residential treatment programs that allow children and teens to continue earning credit for all schools.

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ADDICTION COUNSELORS

National Association of Alcoholism and Drug Abuse Counselors (NAADAC)

(www.naadac.org/sap-directory)

NAADAC is the professional membership organization and the nation's largest network of alcoholism and drug abuse treatment professionals. Enter your zip code for a list certified counselors in your geographic area.

PASTORAL COUNSELING

Some people may prefer to seek help for their addiction problems from their pastor, rabbi, priest or other spiritual leader, rather than from a mental health practitioner or addiction counselor. Pastoral counselors work within traditional faith communities using counseling, prayer and spirituality to help in the addiction recovery process.

In addition, the American Association of Pastoral Counselors (AAPC) accredits Pastoral Counseling Centers throughout the U.S. that provide counseling and psychotherapy services. To Find a Certified Pastoral Counselor, visit the AAPC web site at www.aapc.org and select either Find a Counselor or Find a Center.

PSYCHIATRISTS

AMA Doctor Finder (ama-assn.org/ama/pub/patients/patients.page)

To locate a psychiatrist in your area or to check practice and biographical details on a psychiatrist to whom you have been referred, follow the instructions.

PSYCHOLOGISTS

Find a Psychologist - <http://www.findapsychologist.org/>

This online guide provides a searchable directory of psychologists by geographic area with various specialties and specialty board certifications.

In the Find a Psychologist box at the top right of the page, list your city or zip code and hit search. A list will come up but you can tailor it to your needs by clicking on Filter by name, areas of expertise, languages spoken and other options. Here you can scroll down the list under Areas of Expertise and select Substance-Related Disorder and those with Credentials from the College of Professional psychology of the APA Practice Organization – Treatment of Alcohol and other Psychoactive Substance Use Disorders.

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