ALCOHOL AND DRUG ABUSE AND ADDICTION

A HEALTH CARE PROFESSIONAL'S RESOURCE GUIDE

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Division of Public Health - Licensure Unit
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INTRODUCTION:

This resource guide was developed by the Nebraska Department of Health and Human Services, Division of Public Health, Licensure Unit and the Nebraska Licensee Assistance Program (NE LAP) for the purpose of providing information about alcohol and drug abuse and addiction disorders and health care professionals. This guide provides information on how to recognize the signs and symptoms of abuse or addiction, prevention intervention, treatment and return-to-work considerations, recovery, and relapse.

The information presented in this guide is intended to be an educational tool and is not mandated as regulation by the Department of Health and Human Services, Division of Public Health, Licensure Unit.

DEFINITIONS:

Substance Use: A reasonable ingestion of alcohol or a mind-altering drug, for a clearly defined beneficial purpose, that is regulated by that purpose

Substance Misuse: Inappropriate use of any substance, such as alcohol, a street drug or misuse of a prescription or over the counter drug

Substance Abuse: Unreasonable ingestion of a mind-altering substance that causes harm or injury to the health care professional

Addiction: A compulsive or chronic need for, or an active addiction to, alcohol or drugs

Enabling: The reactions or behaviors of family members, friends or co-workers that shield the health care professional from the harmful consequences of their alcohol and/or drug use

Intervention: Helping a health care professional who is in denial as a result of his or her addiction, recognize their need for help and treatment

Treatment: Education, counseling, structured programs and recovery groups designed to overcome alcohol and drug abuse and arrest addiction

Recovery: A voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship

Sobriety: Abstinence from alcohol and all other non-prescribed drugs

Relapse: A recurrence of the use of alcohol or drugs and the symptoms of addiction after a period of sobriety

UNDERSTANDING ADDICTION:

Etiology

Research suggests that some of the population is ***genetically*** predisposed to develop an alcohol or drug addiction. Studies indicate that people identified as being addicted lack adequate production of the brain chemicals dopamine and serotonin. When the person is introduced to alcohol/other drug use, they report feeling normal for the first time. These outside stimulants take the place of brain chemicals that might be depleted or lower than normal.

There are also several factors in the ***environment***, which contribute to a person developing alcohol or drug addiction. Availability and accessibility of mind-altering drugs are two strong environmental factors.

A ***psychological*** factor focuses on a person's psychological needs. The person uses alcohol or drugs to self-medicate emotional voids, such as sadness, loneliness and depression.

There is no reliable way to predict who will develop an alcohol or drug addiction. There is no typical personality or set of physical attributes. There are also many health care professionals who are susceptible to developing an addiction.

Individuals do not necessarily become addicted to a certain substance. However, they can become addicted to the feeling it produces and will seek out the same or similar substance to get the same feeling.

Addiction is a ***primary disease***. It has specific symptoms and is not to be confused with stress, poor relationships, or unmanageable work demands.

Addiction is ***progressive***. If left untreated, the symptoms of the disorder will worsen.

Addiction is a ***chronic*** relapsing disorder and it cannot be cured. Like many other disorders, the symptoms of addiction can be temporarily stopped, but without significant lifestyle changes and continued recovery maintenance, the symptoms will reoccur.

Addiction can be ***fatal***. Many alcohol or drug overdoses, deaths by accident, and suicides involve an individual who has an addiction. Additionally, long-term use of alcohol or drugs can affect certain body systems or organs and lead to illness and death.

Incidence

Addiction affects a significant number of health care professionals. Limited data is available on the rates of incidence because abusing or addicted health care professionals rarely report abuse or addiction accurately for fear of disciplinary action against their license to practice. It is also difficult to gather accurate statistics because employers often fail to recognize the signs and symptoms of these disorders. Available literature on the subject estimates that between 10% to 15% of health care professionals are afflicted with alcohol or drug addiction.

Health care professionals are at particular risk for alcohol/drug abuse or addiction for many reasons. Drugs are one of the primary tools used by health care professionals to treat and help their patients. They prescribe, administer and dispense medications every day. Exposure and accessibility to mind-altering medications, pharmacological knowledge of the drugs which fosters a false sense of control, and a tendency to self-treat or self-medicate are a few contributing factors.

When health care professionals find themselves in need of relief from pain and emotional stress, they may find themselves self-prescribing or diverting medications from patients or from drug supplies. If health care professionals do not suffer any negative consequences while self-medicating, they may start doing it on a regular basis. When self-medicating, the health care professional convinces himself/herself, “It’s only going to happen once.” Unfortunately, without treatment of the underlying causes for the self-medication, the drug use continues and escalates.

Many health care professionals do not receive the appropriate intervention and treatment needed due to the lack of proper identification of abuse or addiction. Data gathered from reporting state agency disciplinary action reports show that a majority of health care professional license revocations are related to alcohol or drug addictions.

Physical and Behavioral Indicators of Alcohol or Drug Addiction:

There is no single indicator for a diagnosis of alcohol or drug addiction. If an indicator is present, then others are usually present also.

Personal

- Deteriorating personal hygiene
- Multiple physical complaints
- Accidents
- Personality and behavior changes
- Many medication prescriptions for self and/or family members
- Emotional or mental crises
- Deceit, lying, or denial

Home and Family

- Using behaviors excused by family and friends
- Drinking or using activities are a priority
- Emotional outbursts, arguments or violence
- Hiding use of alcohol or drugs
- Fragmentation of family and eventual withdrawal from family
- Neglect or abuse of children
- Abnormal, illegal, or anti-social actions of impacted children
- Sexual problems or misbehavior
- Unexplained absences from home
- Extramarital affairs
- Separation or divorce

Medical/Physical

- Observable decline in physical or emotional health
- Atypical weight changes
- Pupils either dilated or constricted; face flushed or bloated
- Drug seeking behaviors, such as seeking medical treatment for migraines, back or other pains or illnesses.
- Emergency-room treatments: overdose, cellulitis, gastrointestinal problems, systematic infections, unexplained injuries and accidents.
- Inability to mentally focus and keep track of a conversation
- Shakiness, tremors of hands, agitation
- Slurred speech
- Unsteady gait, falls
- Runny nose and constant sniffling
- Nausea, vomiting, diarrhea

Friends and Community

- Isolation from normal social relationships
- Embarrassing social behavior
- Driving while intoxicated or drug impaired
- Alcohol/drug related legal problems
- Neglect of social commitments
- Unpredictable behavior, such as impulsive spending or missing dates with friends

Office/Health Care Practice Setting

- Workaholic behavior
- Disorganized schedule
- Unreasonable workplace behavior
- Inaccessibility to patients and staff
- Frequent trips to the bathroom or other unexplained absences
- Decreased workload or workload intolerance
- Excessive drug prescriptions and supplies
- Excessive ordering of drug supplies
- Frequent complaints by patients or clients regarding the professional's behavior, such as professional manners or treatment disputes
- Prolonged breaks from work station or work setting
- Frequent absences or illness
- Sporadic punctuality

Office/Health Care Practice Setting (continued)

- Unsatisfactory documentation performances
- Withdrawal from professional committees or organizations
- Defensive if questioned or confronted
- Less creativity; coasting on reputation from previous work
- Questionable practice judgment
- Short absences from the work setting followed by inadequate or elaborate explanations
- Alcohol on breath with attempts to cover with mints or mouthwash
- Observed occurrences of intoxication, drowsiness, or hypersensitivity during work hours
- Deadlines barely met or missed altogether
- Illogical or sloppy documentation with regard to accountability of controlled substances
- Increased interest in patient pain control
- Patient complaints of ineffective pain medications
- Discrepancies in treatment orders, progress notes and medication records
- Frequent incorrect medication or narcotics count
- Appearing at the workplace on days off

Other Professional Problems

- Frequent job changes or relocations
- Impatience for state licensure by endorsement prior to verification of credentials
- Unusual medical history
- Vague letters of reference
- Inappropriate or inadequate qualifications
- Deterioration of professional reputation
- Increasing malpractice claims
- Licensure issues

The most critical component in identification of addiction is to identify the personal and practice baseline from which a person has normally functioned. Negative behaviors and practice that clearly move away from the individual's baselines are common indicators of addiction, especially if they appear related to use of alcohol or drugs. Health care professionals will work to maintain their personal, family, and professional standards, and may continue functioning successfully for a long time in spite of their active addictions. Eventually, they will reach a point of personal or practice deterioration that is impossible to ignore.

Reasons why Peers, Supervisors, or Employers Don't Identify Health Care Professional Addiction

- Uncertainty or disbelief about signs and symptoms
- Reluctance or refusal to identify signs and symptoms
- Hoping that "things will get better"
- To avoid the licensure or legal sanctions for the professional that might occur
- The risks of involvement with an addicted colleague's case
- Enabling the addicted health care professional's behavior
    a. Ignoring it
    b. Covering up for it
    c. Trying to protect him or her
    d. Making excuses for him or her
    e. Supporting the colleague by doing their work for them

INTERVENTION:

Barriers to Intervention

Many health care professionals do not understand their role in identifying the signs and symptoms that indicate a co-worker or peer may have a problem related to alcohol or drug use. Fear is the number one barrier for supervisors and colleagues. Thoughts of "What if?", "What if I'm wrong?", "What if he/she denies it?" and "What will happen to them, or to me?" are common concerns when deciding whether or not to intervene. Supervisors and colleagues often disregard the signs and symptoms due to a misconception that they must be able to prove alcohol or drug abuse or addiction prior to an intervention. The goal of intervention is not to diagnose an alcohol or drug problem, but to make sure a problem is recognized and dealt with for the well-being of the professional and before a patient or client may be harmed.

Basic Principles of Intervention

Report unmistakable signs of abuse or addiction immediately to a supervisor, administrator, or to Human Resources.

- Document specific observations, including date, time, place, and practice or conduct concerns
- If appropriate, become familiar with the health care professional's practice baseline
- Follow your workplace policy on reporting of practice or conduct concerns
- Do not discuss suspicions with colleagues; follow workplace practices

Nebraska Licensee Assistance Program

If you are a health care professional with concerns about an alcohol or drug problem or concerns about a colleague, contact the Nebraska Licensee Assistance (NE LAP), provided by the Best Care Employee Assistance Program, for further guidance and assistance with your concerns. The NE LAP will provide assistance in managing the situation and possibly conducting an intervention. The NE LAP is an assessment, treatment referral, case management, monitoring, and educational service designed to help licensees, certificate holders, and registrants of the State of Nebraska work through alcohol or drug abuse or addiction problems.

The NE LAP offers health care professionals an opportunity to discuss alcohol or drug abuse issues openly and confidentially with the professionally trained NE LAP Coordinator.

NE LAP office hours are Monday through Thursday, 8:00 a.m. to 8:00 p.m.; Friday 8:00 a.m. to 4:30 p.m.; and Saturday, 8:30 a.m. to 1:00 p.m. A 24-hour answering service is also available. The NE LAP can be contacted by phone at (402) 354-8055 or (800) 851-2336 or visit the website at www.lapne.org.

Treatment/Educational Options

Several levels of treatment and self-help recovery groups are available for someone who is alcohol or drug dependent.

Inpatient/Residential Treatment: Inpatient treatment usually consists of a minimum inpatient stay of at least 28 days and medical management of detoxification. Residential treatment provides medical supervision of detoxification. The professional receiving inpatient or residential treatment is removed from the availability of alcohol or drugs and daily outside distractions. This setting gives the individual the time needed to focus on the task of understanding and accepting the addiction and working on sobriety and recovery.

Extended Treatment: This type of treatment usually is recommended at the conclusion of a 28-day inpatient or residential treatment program. This treatment option is very structured and can range in length anywhere from two months to two years. During the period of extended treatment and recovery, the individual moves into a halfway or three quarter way house and obtains employment prior to completion of the program.

Outpatient Treatment: This type of treatment offers more flexibility and provides less disruption to the individual's everyday life than residential or inpatient treatment. Those receiving treatment are able to remain living in their home environment and may also be allowed to continue to work. The individual receives treatment on a two to three hour, three to four days or evenings, basis at the treatment provider's facility.

Continuing Care/Aftercare: This type of treatment is a vital extension of the primary treatment program and ranges from six months to one year in length. Continuing care usually involves one weekly aftercare group meeting and may also include individual counseling sessions with an alcohol/drug counselor.

Twelve-Step Meetings: Alcoholics Anonymous (A.A.) and Narcotics Anonymous (N.A.) are self-help recovery groups and are an integral part of maintaining sobriety and a healthy recovery from addiction. Generally, a minimum of at least two meetings per week are required throughout treatment and continuing care programs.

RETURN TO WORK:

Guidelines

A health care professional who has received treatment or is in a structured treatment program for alcohol or drug addiction should be returned to work under a monitoring plan that includes an agreement on their treatment, recovery and work activities. The NE LAP can assist in setting up a work site monitoring plan and coordinate the monitoring of the professional's compliance with their treatment plan and progress. Monitoring improves the prognosis of recovery and rebuilds trust in the professional's work capabilities.

A NE LAP monitoring plan generally addresses the following:

1. Remaining treatment requirements
2. A recovery plan, including requirements for continuing care/aftercare and documented attendance at Twelve-Step meetings and utilization of a sponsor
3. Utilization of a peer assistance program such as a Licensee Support Group, where available
4. Regular phone or written progress reports to the NE LAP
5. Regular conferences between the workplace and NE LAP monitoring coordinators
6. Random body fluid screens, with specifications on who is responsible for the cost of screenings
7. Provision for re-evaluation and revisions of the plan.

The monitoring plan is customized according to the health care professional's field of practice, work setting and personal and family factors.

SAMPLE RETURN TO WORK AGREEMENT

This agreement is to clarify expectations regarding the return to work of

_____ at _____.
(health care professional) (employer)

This agreement shall be in effect from _____, 20___, to _____, 20___.

The contents of this agreement are mutually agreed upon and may be modified as agreed upon by both parties.

I agree to the following:

1. Abstain from the use of all alcohol/other drugs and mind-altering substances. In the event that medications may be needed as a part of my health care, I agree to notify my employer and provide evidence of a prescription from a licensed medical practitioner. Over-the-counter drug use must also be reported.

2. Abide by the monitoring agreement as set forth by the Nebraska Licensee Assistance Program (NE LAP).

3. Random body fluid screening at the discretion of my employer or the NE LAP. Body fluid screens will be paid for by_____ (employee/employer).

4. Work a schedule set by employer, _____days/hours as agreed to by both parties.

5. Not administer or have access to any controlled substances (or access to controlled substances only under direct supervision of _____.

I have read and understand the above agreement. I agree to abide by the terms listed. I understand that if I fail to conduct myself according to this agreement, I will be subject to disciplinary action, up to and including employment termination, and a report would be made to the Division of Public Health, Investigations Unit.

_____ _____
(Signature: Employee) (Date)

_____ _____
(Signature: Employer) (Date)

(It may be necessary to modify this agreement to fit the individual's health care professional practice and worksite requirements.)

NEBRASKA LICENSEE ASSISTANCE PROGRAM
Monitoring Agreement

I understand participation in the Nebraska Licensee Assistance Program (NE LAP) is voluntary and during my participation I agree to take personal responsibility for adherence to and completion of the following mutually agreed upon terms and conditions:

I, **Name**, agree to participate in the Nebraska Licensee Assistance Program (NE LAP) monitoring program and to adhere to the rules and regulations set forth in this agreement. I understand that certain criteria must be met in order to successfully complete the NE LAP monitoring program and I agree to complete the following:

1. Abstain from all personal use or possession of any controlled substances and other prescription drugs, or mind-altering substances unless prescribed or administered to me by a licensed practitioner for a diagnosed medical condition. Advise all treating physicians, dentists, and other licensed treating practitioners of my history of substance abuse/dependency, and of all substances I am taking at the time of treatment.

   Request that the licensed practitioner send the NE LAP a letter reporting the medical reason for the use of any controlled substance and/or prescription drugs included in my treatment.

   Report on a monthly basis to the NE LAP any controlled substance and other prescription drugs, or mind-altering substances used by or administered to me. This monthly report does not need to be submitted if I have not used a controlled substance or other prescription drugs. Failure to submit a monthly report indicates that I have not taken any controlled substance or prescription drugs during that month.

2. Abstain from the consumption of alcohol.

3. Notify the NE LAP Coordinator if I am hospitalized or must undergo any surgical procedures.

4. Report any changes of employment to the NE LAP Coordinator.

5. Complete continuing care/aftercare with **Treatment Facility** in **City, Nebraska (six months minimum if you completed intensive outpatient treatment and one year if you completed residential treatment),** including any additional treatment recommendations made by my provider or the NE LAP.

6. Attend a minimum of two 12-Step meetings each week and maintain a meeting attendance verification record. Submit the meeting verification record on a monthly basis to the NE LAP Coordinator.

7. Obtain a Twelve-Step program sponsor and utilize my sponsor at least weekly for assistance with working my recovery program.

8. Contact the NE LAP Coordinator by telephone at least one time a month, or more if requested, to provide progress updates.

9. Submit a written quarterly report to the NE LAP Coordinator outlining my recovery activities and progress.

10. Cease the practice of my profession upon relapse and notify the NE LAP Coordinator immediately.

11. Arrange a timely return for a reassessment with the NE LAP Coordinator, or affiliate provider designated by the NE LAP, if there are relapse or non-compliance issues.

12. Meet all the requirements of my NE LAP monitoring program until I am discharged by the NE LAP, generally at least one year, unless extended involvement is recommended by your provider or the NE LAP.

13. Complete necessary authorizations to exchange information between NE LAP and my employer, treatment providers, and others as requested.

14. Comply with my treatment provider's, employer's, or NE LAP's body fluid screen program.

15. Pay for the expenses incurred outside of NE LAP services which are my responsibility.

I have read, understand, and agree to the above terms of the NE LAP *Monitoring Agreement.*

_____ _____

Licensee/Registrant/Credential Holder Date

_____ _____

NE LAP Coordinator/Witness Date

Relapse Prevention Issues

The health care professional returning to work after addiction treatment will face many transition back to work stressors that may include:

- Practice or licensure restrictions
- Fear of criticism or avoidance by colleagues
- Suspicions and mistrust of colleagues
- Self-imposed stress, such as over-working or trying to make up for past mistakes
- Personal stress from trying to meet work obligations and family responsibilities and treatment and/or recovery commitments

The health care professional should return to a work schedule that is as accommodating for treatment and recovery activities as possible. The treatment provider's recommendations for work schedule should be incorporated into the monitoring plan. Considering the additional demands of treatment and recovery activities on the health care professional's time, work schedules (when at all possible) should be restricted to a reasonable work week, generally no more than 40 hours. An overload of personal and professional stress after the completion of treatment, a crucial time in the recovery from addiction, can lead to a relapse.

MANDATORY REPORTING:

Mandatory reporting requirements were incorporated into the Uniform Credentialing Act (UCA) December 1, 2008. The law applies to all professionals that were regulated by the former Bureau of Examining Boards of the Nebraska Department of Health at the time the legislation was passed. The regulations, 172 NAC 5 – Regulations Governing Mandatory Reporting by Health Care Professionals, Facilities, Peer and Professional Organizations, and Insurers, became effective May 8, 1995.

There are three specific requirements for reporting:

1. Reports must be made within 30 days of the occurrence/action

2. Reports must be made when a person has first-hand knowledge of an occurrence

3. Reports are confidential and persons making the reports are immune from criminal or civil liability, except for those who self-report

All professionals must report persons who are practicing without a license. All professionals must report professionals of the same profession for:

1. Gross incompetence or gross negligence

2. Patterns of incompetent or negligent conduct

3. Unprofessional conduct

4. Practicing while impaired by alcohol, controlled substances, mind-altering substances or physical, mental, or emotional disability

5. Violations of other regulatory provisions of the profession

All professions are to report professionals of a different profession for:

1. Gross incompetence or gross negligence

2. Practicing while impaired by alcohol, controlled substances, mind-altering substances or physical, mental, or emotional disability

There are also requirements for self-reporting, for reporting by health facilities, peer review organizations, professional associations, insurers and courts.

All mandatory reports filed are reviewed to determine if an investigation will be conducted. All investigation reports are taken to the appropriate board for review and decision regarding disciplinary/non-disciplinary action.

COMMUNITY SUPPORT CONTACTS:

Nebraska Licensee Assistance Program ……...…….800-851-2336
Center Pointe Professional Plaza ……402-354-8055
9239 West Center Road
Omaha, NE 68124-1977
www.lapne.org

Alcoholics Anonymous (AA) ……....888-226-3632
www.AA.org (National)
www.Area41.org (Nebraska)

A1-Anon ……..…….888-553-5033
www.Al-Anon.Alateen.org

Narcotics Anonymous (NA) Nebraska
www.na.org
www.nebraskana.org

McCook……..308-345-5839
Scottsbluff……..308-632-7603
Lincoln……..…..402-474-0405
Omaha……402-978-3105

Licensee Support Group Meetings (LSG)
Health care professional support group meetings are available in Lincoln and Omaha. The meetings are confidential in nature and are based on the Twelve Steps. For more information regarding meeting locations and times, contact Judi Leibrock, NE LAP Coordinator, by phone at 1-800-851-2336 or 402-354-8055.

ADDITIONAL RESOURCES

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