Role of Occupational Health Professionals in managing substance use disorder among health care workers.

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Learning Outcomes

1. List three common manifestations observed in people with substance use disorders.
2. Identify two resources for help for workers with substance use disorders.
3. Describe at least two elements for a successful workplace substance use disorder prevention program.
Scenarios
Definition

Substance use disorders occurs when the recurrent use of alcohol and/or drugs causes *clinically and functionally significant impairment*, such as health problems, disability, and failure to meet major responsibilities at work, school, or home (SAMSHA).
Significance

• Leading cause of missed workdays over the past year
  ◦ Pain medication use (29 days)
  ◦ Illicit drug use (unspecified) (18 days)
  ◦ Marijuana use disorder (15 days)
  ◦ Alcohol use disorder (14 days)
• Employer costs related to substance use disorders costs nearly $81 billion.
• Employees who abuse drugs are more than three and a half times as likely to have an accident on the job, and five times more likely to have an off-the-job accident that impacts workplace performance
• Five times more likely to allege worker’s compensation

Drug of abuse at workplace

- Alcohol
- Prescription stimulants
- Illegal stimulants
- Antidepressants
- Prescription sedatives
- Benzodiazepines
- Herbal drugs
- Opioids
Physical signs of Substance Use Disorder

- Changes in sleep patterns.
- Changes in eating habits
- Cold sweaty palms
- Red, watery eyes, pupils larger or smaller than usual
- Extreme hyperactivity, excessive talkativeness.
- Slowed or staggering walk, poor physical coordination.
- Tremors or shakes of hands, feet or head.
- Irregular heartbeat.
- Runny nose, hacking cough
- Puffy face, blushing, or paleness
- Deterioration of hygiene or physical health
Behavioral signs of Substance Use Disorder

- Unusual smells on breath, body or clothes.
- Needle marks on lower arm, leg or bottom of feet.
- Frequent rubbing of the nose
- Frequent twisting of the jaw, back and forth
- Changes in attitude and activities
- Excessive need of privacy
- Changes in social networks
- Unexplained need of money
- Anxiety
- Depression
Drug Diversionary Behaviors

- Reports that drugs have been wasted or containers broken without witness
- Administer prn medications at maximum dosages when other nurses don’t
- Have patients report variance in pain relief in the absence of change in dosage or frequency
- Frequently volunteers to get medications out of secured cabinets and administer them
- Request transfers to night shift or to areas with minimal supervision
- Seek assignments to areas where opioids are used extensively
- Routinely administer controlled substances to confused patients
Red Flags

- Appearance changes
- Loose fitting clothes with multiple pockets
- Often cannot be located in his or her assigned area
- Volunteers, frequently, to work overtime, extra days
- Opioid shift count errors that arise repeatedly when the same nurse is on duty
- Patients repeatedly fail to achieve the expected level of pain relief from their prescribed analgesics
- DRAMA
Signs and Symptoms of Substance Use Disorders in Health Care Workers

• In 10% of cases presenting symptom is death
• Signs and symptoms too difficult to appreciate until it is too severe to ignore.
• Substance use disorder relapse rate is high (30-60%)
Risk factors for Substance Use Disorder

- Neurobiological factors: Alterations in neurotransmitters of the reward system
- Genetic Predisposition: Accounts for 50% of alcohol addiction
- Psychological factors: Comorbid psychiatric conditions
- Personality: Impulsivity and sensation seeking
- Occupational factors: Exposure and access to substances of abuse
  - Stressful nature of work
  - Attitude/Personality
  - Occupational exposure
Resources

• SAMSHA: Substance Abuse and Mental Health Services Administration
• HHS: Department of Health and Human services; Opioid initiative
• White House Office of National Drug Control Policy (ONDCP)
• NIDA: National Institute on Drug Abuse
• American Nurses Association: code of ethics
• Workplace monitoring programs
SAMSHA: Substance Abuse and Mental Health Services Administration

- Behavioral Health is essential to Health
- Prevention works
- Treatment is effective
- People Recover

Division of Workplace Programs helping to get workplaces drug free.
Drug Free work place programs

Drug-Free Workplace Programs

Drug-Free workplace programs are comprehensive programs that address illicit drug use by federal employees and in federally regulated industries.

Legal Requirements

Learn about the legal requirements that can affect drug-free workplace policies and workplace drug testing.
- Federal Laws and Regulations
- State and Local Laws and Regulations
- 10 Steps for Avoiding Legal Problems

About the Division of Workplace Programs

The Division of Workplace Programs (DWP) provides oversight for the Federal Drug-free Workplace Program. DWP also oversees HHS-certified laboratories that perform drug testing for federal agencies and federally regulated industries.

Learn more about DWP.

Drug-Free Workplace Toolkit

The Drug-Free Workplace Toolkit provides

Guidelines & Resources

Contact the Division of Workplace Programs

240-276-2600
dwp@samhsa.hhs.gov

Contact SAMHSA

Related Resources
- Certified Lab List
- DWP Staff Publications (XLS | 20 KB)
- Preventing Prescription Drug Abuse in the Workplace Webinar (Video | 1 hour)
- SAMHSA Fact Sheets on Preventing Prescription Abuse in the Workplace

Drug-Free workplace programs

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American Nurses Association

- Code of ethics for nurses: “incompetent, unethical, illegal, or impaired practice”
- A nurse who is aware of such a practice has an ethical obligation to report
- “Concerns should be expressed to the person carrying out the questionable practice” before reporting to a higher authority, such as a supervisor (ANA, 2001).
Essential Elements

• Build a team
• Assess your workplace
• Develop a policy
• Plan and implement program
• Evaluate program
• Provide support

https://www.samhsa.gov/workplace
When impairment is suspected

• **No action**
  – Denial
  – Fear of litigation and lack of established policies
  – Change jobs when they perceive that their behavior is scrutinized

• **Enabling**
  – Covering up/ making excuses for impaired coworker to protect their job

• **Reporting**
  – Factual reporting to chain of command
  – Confidential reporting
Occupational Health Professionals role in developing a program

- Developing a Culture of Transparency and Support
- Minimizing horizontal violence and stress at workplace
- Supportive work place environment
- Education in the workplace about the issue
- Prevention actions for diversion
- Proactive policies and procedures
- Regular monitoring as prevention
- Internal investigations
- Identifying worker with substance use disorder
- Managing worker with substance use disorder
- Action plan
SBIRT

• Screening
  ➢ Health care professional including EHS clinician
  ➢ Supervisor
  ➢ Self-administered questionnaires

• Brief Intervention
  ➢ Motivational interviewing
  ➢ Asking, assessing, advising and monitoring

• Referral to Treatment

Multiple tools are available online

➢ Use your EAP resources
➢ Follow-up and maintain support upon reentry to workforce.
References


- Substance Abuse and Mental Health services administration: https://www.samhsa.gov/ebp-resource-center