



## **Position Statement - Substance-use disorder: Alternative to disciplinary action.**

Deaths from drug overdoses have risen steadily over the past two decades and drug overdose has become the leading cause of injury death in the United States. According to the U.S. Centers for Disease Control and Prevention opioids, including prescription painkillers, were factors in more than 33,000 deaths across the U.S. It is estimated that the yearly economic impact of substance misuse is \$249 billion for alcohol misuse and \$193 billion for illicit drug use.

In 2015, more than 20 million individuals were diagnosed with a substance-use disorder (SUD) which is defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) as “recurrent use of alcohol or other drugs that causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home” (Surgeon General, 2015), ranging from abuse to dependency. The American Society of Addiction Medicine has defined addiction as “a primary, chronic disease of brain reward, motivation, memory, and related circuitry...[that] leads to characteristic biological psychological, social, and spiritual manifestations.” SUD is a progressive and chronic disease that left untreated can be fatal. It does not discriminate according to economic class, age, ethnic background, or gender.

Evidence suggests the prevalence of substance use disorder among nurses is similar to that of the general population potentially placing patients, the public and nurses themselves at risk for serious injury or death. New research on alcohol and drug use, and addiction, has led to an increase of knowledge and to one clear **conclusion**: Addiction to alcohol or drugs is a chronic but treatable brain disease that requires medical intervention, not moral judgment. Addiction is not personal weakness, a lack of character or willpower. Drug diversion, in the context of personal use, should be viewed primarily as a symptom of a serious and treatable disease and not exclusively as a crime.

The National Council of State Boards of Nursing released a manual to provide practical guidelines for clinicians, educators, policymakers and public health professionals to implement an approach that focuses on an *alternative-to-discipline* (ATD) programs. The ATD approach has shown to be effective in treatment of health professions with substance-use disorders, and are considered a standard for recovery, with high rates of completion and return to practice. In addition, ATD programs have shown to identify and enroll more nurses with SUDs, with potentially greater impact on protecting the public than disciplinary programs. This approach allows nurses to remain active in nursing while being monitored and to continue to work which enhances their financial status, further supporting recovery. Oklahoma’s Alternative-to-Discipline program is known as the PEER Assistance and is managed by the Oklahoma Board of Nursing. The PEER Assistance program is designed for evaluation and treatment, monitor the nurse’s compliance with treatment and recovery recommendations, monitor abstinence from drug or alcohol use, and monitor their practice upon return to work.

### **It is the position of the Oklahoma Nurses Association to:**

- Ensure that nurses in Oklahoma continue to have access to the PEER Assistance program a proven and effective Alternative-to-Discipline program.
- Encourage health care facilities to provide education to nurses and other employees regarding alcohol and other drug use, and to establish policies, procedures, and practices promoting safe, supportive, drug-free workplaces.
- Advocate that health care facilities adopt alternative-to-discipline (ATD) practices that provide for retention, rehabilitation, and re-entry into safe, professional practice for the nurse.
- Ensure that nurses are aware of the risks associated with substance use, impaired practice, and drug diversion, and have the responsibility and means to report suspected or actual concerns with out fear of retribution by facility administration.

### **Background – See the following:**

- <http://nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Work-Environment/Opioid-Epidemic>