

NURSES ADDICTED TO DRUGS: INCREASING STRESS AND ACCESS TO CONTROLLED SUBSTANCES DRIVE ADDICTION AMONG NURSES

Nationally Recognized Addiction Expert, Dr. Indra Cidambi, Explores Addiction in the Nursing Community

New York, NY – February 12, 2018 – Dependence on alcohol and drugs among nurses hovers around 10% ⁽¹⁾, a statistic which falls in line with the general population. There are about four million nurses ⁽²⁾ in America, four times the number of physicians, and these nurses are the backbone of the nation's healthcare system. "Nurses are extremely important in providing healthcare to patients especially since their role has expanded and workload increased over the years. High job stress coupled with ready access to potent medications can make nurses vulnerable to becoming chemically dependent in order to cope," observed Dr. Indra Cidambi, Medical Director of addiction treatment facility Center for Network Therapy.

As physicians have become pressured by the need to increase the volume of patients they treat, nurses have also been burdened with more tasks traditionally performed by doctors, resulting in higher stress. "In addition, rotating shifts and long hours coupled with easy access to addictive medications set up a perfect storm for nurses to turn to mood altering substances," said Dr. Cidambi. Unique to the nursing profession is the fact that a vast majority of nurses are women. Women also have several factors that can make them more inclined to getting addicted to substances faster than men. (<https://www.recoverycnt.com/addiction-in-women/>).

Nurses can be viewed as informed consumers when it comes to healthcare and medications, theoretically lowering the chances of abusing medications. However, in reality, access to potent, addictive medications (opiates, benzodiazepines, etc.) is easy and, therefore, the abuse of illicit drugs is lower among nurses as compared to the general population. "Nurses can get a doctor to prescribe a drug to them or they can divert medications meant for the patient," noted Dr. Cidambi. Also, nurses are familiar and fluent with administering addictive medications which tends to inhibit negative thoughts around self-diagnosis and self-administration, more so for psychological issues. According to data, 40% percent of nurses who were disciplined for substance abuse used prescription medication to control chronic pain conditions and 42.5% of them used substances for emotional problems ⁽¹⁾. "Despite their familiarity with potent, addictive medications, nurses are usually unaware of the risk of dependence and fail to spot symptoms until it has progressed to full blown addiction," added Dr. Cidambi.

Nurses with chemical dependence issues may exhibit some differentiated behaviors at work. While in any other job, volunteering to work on holidays or work overtime would be viewed as dedication, among nurses, it could be a sign of trouble. Working nontraditional shifts, such as overnight, holidays or weekends, can suggest an intention to divert prescription drugs when there is minimal oversight by colleagues or management. Incorrect narcotic counts, lack of witnesses to wasting of unused medications, and seeking opportunities to be alone when accessing the narcotics safe could also be indicators of dependence. "Untreated chemical dependence can jeopardize patient care: impaired judgment, slower reaction time, increased number of errors, neglect of patient and diversion of patient's medications for own use are consequences," noted Dr. Cidambi.

Treating Nurses for Substance Use Disorder has its Challenges:

Nurses are usually the problem solvers in a patient care setting and they have difficulty asking for, and accepting, medical help. This is one of the reasons nurses can sometimes have trouble accepting they have substance abuse issues in the first place. When nurses do seek treatment, they sometimes find it challenging to accept the role of a patient. "Treatment providers need to be sensitive to this issue and work with nurses closely to earn their trust, as a nurse might constantly battle the fact that they are not in control," said Dr. Cidambi.

Nurses in treatment usually have some guilt associated with not working, as most have been working long hours at their jobs. "As a care provider, I have to emphasize to nurses that it is high time they had some 'me time' and took care of themselves so that they can start caring for their patients again," added Dr. Cidambi.

Nurses face unique hurdles to making a full recovery, especially from opiates. "Many nurses I have treated for opiate use disorder are not allowed to come back to work after successfully engaging in substance abuse treatment simply because they are on maintenance treatment with buprenorphine," noted Dr. Cidambi.

Buprenorphine, a partial opioid agonist, is widely used to address withdrawal symptoms and craving related to opioid abuse, but is viewed by many as substituting one drug for another. "This has to change, as buprenorphine does not replace one drug with another but helps the patient in the process of recovery by eliminating cravings," said Dr. Cidambi.

Nurses are usually asked to just be on Naltrexone (Vivitrol), an opiate agonist, by the authorities responsible for ensuring they have successfully engaged in treatment. However, the Substance Abuse and Mental Health Services Administration (SAMHSA), a federal agency leading public health efforts to advance behavioral health and substance abuse treatment in the nation, is clear that both can be used for medication assisted treatment (MAT) for opiate use disorder.

Rehabilitation and MAT are the keys to successful recovery. Medication provides a safety net when these nurses go back to work as long as they are monitored through random urine screens at an extended outpatient program. "Unfortunately, nursing authorities are creating triggers for relapse by disallowing nurses from coming back to work because they prefer one form of MAT (Naltrexone) over another form of MAT (Buprenorphine)." Part of treatment involves working with nurses afflicted by opiate use disorder to prevent relapse during this 'trying to go back to work' phase and supporting their candidacy for license reinstatement with appropriate letters and reference articles to educate the nursing authorities.

- (1) National Council of State Boards of Nursing (NCSBN)
- (2) Registered Nurses (~3.3M) and Licensed Practical Nurses (~800K)

For more information on substance abuse dependency, addiction and treatment please go to www.RecoveryCNT.com.

About Dr. Indra Cidambi

Indra Cidambi, M.D., Medical Director, Center for Network Therapy, is recognized as a leading expert and pioneer in the field of Addiction Medicine. Under her leadership the Center for Network Therapy started New Jersey's first state licensed Ambulatory (Outpatient) Detoxification program for all substances nearly three years ago. Dr. Cidambi is Board Certified in General Psychiatry and double Board Certified in Addiction Medicine (ABAM, ABPN). She is the Vice President of the New Jersey Society of Addiction Medicine. She is fluent in five languages, including Russian.

About Center for Network Therapy

Center for Network Therapy (CNT) was the first facility in New Jersey to be licensed to provide Ambulatory (Outpatient) Detoxification Services for all substances of abuse – alcohol, anesthetics,

benzodiazepines, opiates and other substances of abuse. Led by a Board Certified Addiction Psychiatrist, Indra Cidambi, M.D., experienced physicians and nurses closely monitor each patient's progress. With CNT's superior client care and high quality treatment, Dr. Cidambi and her clinical team have successfully detoxed roughly 1500 patients in five years. CNT also offers Partial Care and IOP programs.

###