

Substance Abuse



in Health Care Professionals

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Substance Abuse in Health Care Professionals

Overview/Purpose Statement

The purpose of this home study is to help health care professionals recognize the signs and symptoms of substance abuse and to appropriately respond when they suspect that they or a colleague has a substance abuse problem.

Target Audience

This home study was designed for health care professionals with little to no familiarity with substance abuse in health care professionals.

Content Objectives

1. Define substance abuse.
2. Define addiction.
3. Identify the top three abused drugs by health care professionals.
4. List three or more signs that may indicate a substance abuse problem.
5. Describe your obligation as a health care professional when you suspect that another health care professional has a substance abuse problem.

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In order to successfully complete this activity you must read the home study, complete the post-test and evaluation, and submit them for processing.

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Expiration Date for this Activity:

As required by ANCC, this continuing education activity must carry an expiration date. The last day that post tests will be accepted for this edition is **December 31, 2016**—your envelope must be postmarked on or before that day.

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Contact Hour Information

For completing this Home Study and evaluation , you are eligible to receive:	1.0 MN Board of Nursing contact hours / 0.83 ANCC contact hours <i>Criteria for successful completion:</i> You must read the home study packet, complete the post-test and evaluation, and submit them to TCHP for processing. The Twin Cities Health Professionals Education Consortium is an approved provider of continuing nursing education by the Wisconsin Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
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Please see the last page of the packet before the post-test for information on submitting your post-test and evaluation for contact hours.

Introduction

Health professionals, like anyone else, are susceptible to substance abuse. Left untreated, these problems can put them and their patients at risk.

The American Medical Association uses the term "impaired physician" to identify those members of the medical profession whose professional performance is adversely affected by reason of mental or physical illness, including alcoholism and drug dependence. In these conditions, impaired judgment prevents an accurate self-assessment.

The Minnesota Board of Nursing states: "A nurse's practice and behavior must be safe, competent, ethical and in compliance with applicable laws and rules." Two options exist when a nurse is suspected of being impaired or unable to practice because of the use of alcohol, drugs or other chemicals. The nurse may be reported to:

- The Health Professionals Services Program (HPSP)
- Board of Nursing

This home study will focus on impairment of health care professionals specifically from abuse of alcohol and drugs and your role when you suspect a problem.

Substance Abuse Basics

Not everyone who uses alcohol or experiments with illegal drugs ends up addicted. In fact, alcohol can be enjoyed by many people without serious negative consequences. Unfortunately, it is not possible to tell early on whose use may lead to addiction. The following are several different ways that people use alcohol and drugs:

Experimental Use

Out of curiosity or through peer pressure, individuals may try drinking alcohol or using illegal drugs. If the use of the alcohol or drug continues irresponsibly, experimentation may become problematic.

Social/Recreational Use

Drinking alcoholic beverages is permitted in American society, and some excessive use may even be condoned. If use does not cause problems for the user, or cause problems for others, most people consider such use to be social or recreational.

Abuse

Abuse is a condition in which the use of alcohol or other drugs has become such a central part of an individual's life that he or she is willing to let go of important activities in order to use the drug. Drug abuse involves the intake of a drug under circumstances that significantly increase the hazard potential.

Examples of abuse include:

- use of alcohol or drugs in spite of a drug-free workplace policy
- taking prescription drugs without a prescription or taking drugs in a way that is not prescribed
- use of over-the-counter drugs to the point of impairment.

Abuse is less severe than dependence and is diagnosed when one or more of the following occur in a 12-month period:

1. Failure to fulfill major role obligations at work, school, or home.
2. Recurrent substance use in hazardous situations.
3. Recurrent substance-related legal problems.
4. Continued use despite persistent social or interpersonal problems.

Addiction (Dependence)

Addiction is a chronic, progressive, relapsing disorder characterized by compulsive use of one or more substances that result in physical, psychological, or social harm to the individual and continued use of the substance or substances despite this harm. Addiction has two possible components, physical dependence and psychological dependence.

Physical dependence

Physical dependence is becoming physically adapted to alcohol or other drugs. There are two important aspects to physical dependence:

- **Tolerance** happens when the person needs higher and higher doses to achieve the same effects.

Epidemiology

Alcohol is the most widely abused drug among working adults. An estimated 6.2 percent of adults working full time are heavy drinkers (on average, drinking the equivalent of six or more standard drinks a day). Thirty-eight percent of workers between the ages of 18 and 25 are binge drinkers (the consumption of five or more alcoholic drinks in a row on at least one occasion).

It is estimated that 6.5 percent of full-time and 8.6 percent of part-time workers are current illicit **drug** users.

Table 1:

Drug Use among Health Care Professionals

Position	Current Illicit Drug Use (%)	Past Year Illicit Drug Use (%)	Current Heavy Drug Use (%)
Medical Students	10% (marijuana)		6%
Residents	10 - 14%		
Practicing Physicians, Dentists, Optometrists	8 - 14%	19.8%	
Nurses and Nursing Aides	5.5%	12.8%	2.8%
Pharmacists	10 - 18%		
Dental and Health Aides	4.0%	7.2%	3.5%
Clinical and Laboratory Technologists	4.3%	8.9%	2.2%

Health care professionals have similar rates (8-15%) of overall substance abuse and dependence as the general population and slightly lower rates compared to other professions (for example, roofers and house painters).

Table 2:

Drug Use among U.S. Workers

Position	Current Illicit Drug Use (%)
Construction Workers	17.3%
Food Preparation	16.3%
Waiters and Waitresses	15.4%

Health care professional substance use is often initiated in the late teens-early 20's just as in the general population. However, differences do exist in when treatment is first sought for substance abuse. For example, the typical physician does not enter treatment until the 40's (5-10 years later in life than in the general population). At present, as many as 60-75,000 physicians in the U.S. are considered alcohol or illicit drug dependent.

Like the general population, alcohol is the most commonly abused drug among health care workers. However, due to self-prescribing and diversion, there are higher rates of abuse of prescription medications (especially opioids and benzodiazepines) among health care workers and lower rates of abuse of "street" drugs (such as marijuana, cocaine, and heroin) than in the general population.

Medical Students

In medical students, use of all drugs except "tranquilizers" tends to begin prior to medical school. The types of substances abused are similar to the current most popular drugs of abuse (alcohol and marijuana). Medical students tend to use less of most drugs than age-matched peers who completed high school or college.

Residents

In residents, illicit drug use is lower than for age-matched peers who had graduated from high school or college. The use of all substances except benzodiazepines and opioids is likely to have begun prior to residency. Beginning with residency, use of benzodiazepines and opioids begins to increase in physicians relative to the general population. These controlled substances tended to be self-prescribed for "self-treatment" purposes, not recreational use.

Practicing Physicians

In physicians in practice, the rate of abuse of prescription medicines including opioids and benzodiazepines is up to five times higher than the general population. Certain specialties appear to be more vulnerable to substance abuse. The highest use and abuse/dependence rates are seen in those specializing in Emergency Medicine (12.4%), Psychiatry (14.3%), and Anesthesiology (16%). Anesthesiologists tend to preferentially self-inject Fentanyl[®] more than using other opioids, diazepam, or alcohol. Physicians specializing in anesthesiology have the highest rate of drug related deaths versus other health care workers. Physician specialties with the lowest rate of substance abuse include Obstetrics/Gynecology, Pathology, Radiology, and Pediatrics.

Nurses

Although nurses do not experience higher rates of substance abuse than the general public, there may be subgroups within nursing that are more likely to have a greater incidence. The highest rates of substance abuse in nurses are seen in trauma center emergency room and critical care nurses. Nurses who work in oncology also have a higher overall rate of substance abuse.

Trinkoff⁹ found nurses working in the areas of pediatrics and women's health report the lowest use of addictive substances.

Nurses in general also have higher use of benzodiazepines and opioids and more intravenous use than other health care workers (except anesthesiologists). Substance abuse by nurses usually results from "diversion" of patient medications.

Dentists

Dentists have a similar substance abuse rate compared to physicians but tend to abuse inhaled anesthetics as well as opioids.

Pharmacists

Approximately 50% of pharmacists report having used a mind altering or potentially addictive prescription drug (including controlled substances) without first obtaining a physician's authorized

prescription (20% of pharmacists report 5 or more lifetime episodes of self-treatment and 6% report 10 or more lifetime episodes of self-treatment).

Veterinarians

There is little good data on the substance abuse rates in veterinarians. However, of those veterinarians who are substance abusers, Ketamine, higher potency opioids, and inhaled anesthetics are most commonly abused.

Patterns of Use

Health care workers tend to exhibit three main patterns of substance use:

- Recreational use
- Performance enhancement
- Self-treatment of pain, anxiety, and depression

Consequences of substance use, abuse, and dependence follow the typical progression of affecting (in the following order):

1. family
2. community
3. finances
4. spiritual and emotional health
5. physical health
6. workplace or job performance (clinical performance is often one of the last things to be affected)

Patterns of alcohol abuse in nurses include:

- Drinking before their shift.
- Drinking during lunch and coffee breaks and in the restroom.
- Some nurses may ingest cough syrup and mouthwash which are often available in the patient care area.

Patterns of drug abuse in nurses include:

- Obtaining a prescription for a medication.
- Forging a prescription.
- Diverting medication from the patient or the unit's medication dispensing

system.

There are several ways in which a nurse may divert medications.

- The nurse may give a partial dose to a patient and save the remainder for their personal use.
- When a medication is clear, the nurse may substitute water or saline.
- The nurse may ingest or inject “wasted” medications.
- Instead of administering an “as needed” medication dose to the patient, the nurse keeps it for his or herself.

Risk Factors for Substance Abuse

In the past, it was hypothesized that long working hours, stressful work conditions, and easy access to drugs were the main factors that predisposed health care workers to substance abuse. However, there are few data to support these suppositions.

The vast majority of those in health care work long hours under very stressful conditions and do not develop substance abuse or dependence. A health care worker's reaction to the work environment (i.e., coping skills) and personality characteristics including underlying psychopathology like depression and anxiety are much stronger risk factors for substance abuse. Family history of substance abuse is also a risk factor.

Access and availability of medications in the workplace contributes to the incidence of substance abuse in health care professionals. In physicians, increased access to controlled substances does not generally affect the overall prevalence of substance dependence but rather the types of substances used.

Warning Signs of Substance Abuse in Health Care Professionals

The following signs raise suspicion but do not necessarily mean that a substance abuse problem exists. None is necessary or sufficient to indicate that a substance problem exists:

- Social or professional isolation
- Friction with colleagues (unpredictable moods, unexplained anger)

- Disorganized schedule
- Requests to work the night shift
- Inaccessibility to patients and other staff members
- Frequent absences
- Physician rounding on patients at odd hours
- Declining work performance
- Large quantities of drugs ordered for "stock"
- Inappropriate orders
- Forgotten verbal orders (for example: a verbal order given or taken during a blackout)
- Physicians with slurred speech during off-hours phone calls for orders
- Heavy drinking at hospital functions
- Smell of alcohol on the breath
- Pre-employment indicators (vague letters of reference, numerous job changes, unexplained gaps in employment, acceptance of jobs for which they were clearly overqualified)
- Pharmacist notices prescription being written for family members of physicians
- Changing physical appearance
- Overdose
- Suicide attempts
- Sleeping on the job
- Reduced productivity
- Errors in judgment
- Regularly wearing long sleeves

In addition to the general signs and symptoms of substance abuse listed previously, there are also several behaviors that may possibly be associated with diversion of medications by nurses in a health care setting.

- Overly involved in a patient's pain management
- Volunteers to medicate patients they do not have responsibility for
- Overly involved in handling of controlled substances or other medications that may be abused (such as diphenhydramine hydrochloride/Benadryl[®])
- Seeks opportunities to be responsible for the management of controlled substances
- A tendency to administer more controlled substances than other nurses
- Frequently asks for physician orders for additional controlled substances

- Waste of excess controlled substances are not properly witnessed
- Increased reports of wasting due to contamination, breakage or patient refusal
- Saving extra controlled substances for administration at a later time (stockpiling)

Detection

Health care professionals often have long-term substance abuse problems that are not detected for many years. Substance abuse usually is suspected or known by closely associated co-workers well before higher authorities become aware. There are multiple reasons for the delay in detecting or reporting Health care workers with substance abuse problems.

Practicing physicians, in particular, may have little or no direct supervision from their service chiefs so warning signs may be missed. Physicians often do not self-report because they are used to controlling things and have difficulty admitting that they cannot control their substance abuse.

Substance abuse in nurses is usually noticed by staff members first. Nurses who suspect a colleague has a substance abuse problem are obligated to report it to their manager.

The hallmark of chemical dependency is denial. Denial in the impaired health care professional is particularly strong. The professional may rationalize that "I can take care of myself", and may have a strong tendency to self-diagnose and self-treat. Since health care professionals have spent many years in training, fear that they might lose their license to practice (and thus their identity) may compound any reluctance to seek help.

Family members, co-workers, and even patients may engage in a "Conspiracy of Silence" by not reporting suspected substance abuse. Family members may fear loss of reputation and financial status in the community.

Reporting

Minnesota Statute 214.31 clearly states:

"Health care professionals who are unable to practice with reasonable skill and safety by reason of illness, use of alcohol, drugs, chemicals...or as a result of any mental, physical or psychological condition may be

reported to either their professional board or the Health Professional Services Program."^D

Health care professionals have an ethical obligation to report a peer who may be endangering the lives of others through impairment. **Always make sure the patient is safe if there is an immediate risk.**

Minnesota Board of Nursing

In addition to an ethical obligation to report, there are legal obligations to report outlined in the Minnesota Nurse Practice Act. The Nurse Practice Act (148.263) states:

*"Licensed professionals and institutions and organizations **must** report a health care professional under suspicion for substance abuse."*^E

By the time a nurse is ultimately reported, it is not uncommon that most of the staff in the work area are already aware of the problem. There are several reasons that nurses may not report a co-worker with a substance abuse problem. Friendship is often a disincentive to reporting a nurse with a suspected substance abuse problem. Nurses are also concerned about being perceived as a whistle blower if they report a colleague.

To report a nurse or view the statutes and administrative rules pertaining to reporting obligations go to: www.nursingboard.state.mn.us or call 612.617.2270.

Many staff, when confronted with testing for cause, or hesitating about reporting someone or self-reporting, are worried they will automatically be terminated. This is not the case. The State of Minnesota has a statute that is a safeguard against termination of employees (first offense) for drug abuse. The primary goal is to get impaired staff help.

Physicians

Reporting of physicians is especially challenging. Hospital staff may be intimidated by or concerned about the repercussions of reporting a "more prestigious" professional. Fellow physicians may be unwilling to violate the strong sense of community in medical specialties. Patients may think that

physicians are "immune" to addiction and don't want to think that their own doctor has a problem.

**Impaired Professional Programs:
Health Professionals Services Program (HPSP)**

All 50 states have "Impaired Professional Programs" whose two main functions are to protect the public from impaired health care professionals and to "rehabilitate" chemically dependent or mentally ill health care professionals. These programs are usually run by the state licensing/disciplinary board or an independent state medical society and provide an alternate pathway to disciplinary action by the state licensing board. These programs provide confidential assistance and only report the impaired professional to the state board if the individual is uncooperative or a threat to patient safety.

In Minnesota, the Health Professionals Services Program (HPSP) serves individuals regulated by the following State Boards:

- Behavioral Health & Therapy
- Chiropractic Examiners
- Dentistry
- Dieticians and Nutritionists
- EMSRB
- Health Department
- Marriage and Family Therapy
- Medical Practice
- Nursing
- Nursing Home Administrators
- Optometry
- Pharmacy
- Physical Therapy
- Podiatric Medicine
- Psychology
- Social Work
- Veterinary Medicine

The Minnesota HPSP is unique because there is:

- A primary focus on patient safety
- Provision of services to persons with substance, psychiatric and medical disorders
- Services are provided to all health-related professions listed on page 6.

Although most states have a program similar to the Minnesota HPSP, not all states provide such broad services to such a wide range of people in health-related fields.

Approximately 47% of all participants in the Minnesota Health Professionals Services Program have self-reported.

In May of 2006, there were 520 people enrolled in the HPSP Program. Approximately 50% are nurses and 20% are physicians. This is due to the fact that most health care professionals are in these two professions.

HPSP does not provide treatment for clients who are enrolled in the program, but instead works with the individual to develop a monitoring plan based on the nature of their illness, while minimizing risk to the public.

To request an HPSP reporting form or for additional information go to www.hpssp.state.mn.us or call 651-643-2120.

Substance Abuse FAQ's

Concern	Report to:
<p>Impairment by illness</p> <p><i>For example: a nurse you work with is using illegal drugs on her days off from work. She frequently calls in sick on Mondays due to her drug use, but you do not have any competency concerns.</i></p>	<p>Health Professionals Services Program (HPSP)</p>
<p>Impairment by illness and Competency/Practice Concerns</p> <p><i>For example: you work in the OR, and the anesthesiologist shows up late for a case. He is disheveled and smelling of alcohol. His hands shake as he writes patient orders.</i></p>	<p>Health Professionals Services Program (HPSP) and Professional Board (i.e., Minnesota Board of Nursing, Board of Pharmacy, etc.)</p>
Concern	Report to:
<p>Competency/Practice Concerns</p> <p><i>For example: You work</i></p>	<p>Professional Board (i.e., Minnesota Board of Nursing, Board of Medical Practice, etc.)</p>

<i>on a busy medical floor as a nurse. One of your co-workers frequently makes dosing errors and mixes up medications. You are concerned for her patients.</i>	
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What should I do if I suspect substance abuse in a colleague?

Individuals who reasonably suspect that a colleague has a substance abuse problem are encouraged to tell their direct supervisor or service chief of their concerns. If the colleague of concern is at the supervisor or service chief level, then the suspicions should be reported to the department director or Chief of Staff.

What should I do if I wish to report myself for concerns about substance abuse?

An individual health care professional that has concerns about their own substance use is encouraged to self-report. An individual can self-report to their personal physician, an Employee Health physician, the Employee Assistance Program (EAP), their manager, the Service Chief or Chief of Staff, or the State Impaired Professional Program. Note that most State Impaired Professional Programs, the Board of Nursing and State Medical Boards look favorably on those who voluntarily seek care.

What happens to a health care professional with a suspected substance abuse problem?

The likely first step to occur after reasonable suspicion has been confirmed is a screening interview of the health care professional of concern. In the workplace, the manager, Service Chief, the Chief of Staff, or an Employee Health physician may perform the interview.

The next step may be urine drug and/or blood alcohol screening tests. The individual likely will then be reported to the appropriate State Impaired Professional Program where referrals for a chemical dependency evaluation can be made. If recommended by the chemical dependency evaluation, referral to a formal treatment program may then occur. Once the treatment program is

successfully completed, an aftercare program likely will be required. In addition, a period of continued monitoring by the State Impaired Professional Program, a formal written "contingency contract" requiring abstinence, and periodic urine drug screening program likely will be required.

What are the Success Rates for Health Care Professionals who Undergo Treatment for Substance Abuse Disorders?

Physicians and other health care professionals have better substance abuse treatment outcomes than the general population. Reported recovery rates in physicians are 70-90%. The vast majority of health care professionals return to practice their previous profession. Recovery failures have been associated with aftercare programs that are too short, lack of post-treatment monitoring including urinalysis, and especially with lack of continued involvement with 12-step programs.

Prevention

In order to prevent substance abuse problems, training programs, employers, local professional associations, and State Impaired Professionals Programs such as the Minnesota HPSP may offer education programs on chemical dependence in health care professionals. Specific education about avoiding the misuse of prescription drugs should be included. Some states have specific laws restricting self-prescribing (and prescribing to family members) which can prevent inappropriate self-treatment and prescription drug abuse.

Health care facilities that employ health care professionals often have urine drug screening programs to detect illicit drug use. These programs may encourage an individual to self-refer for substance abuse treatment and may help detect an impaired health care provider who can then be referred for treatment. Urine testing may occur in the pre-employment setting, randomly, or in a situation in which the health care provider is reasonably suspected to be impaired (for cause/reasonable suspicion).

It is also wise to promote an environment in the workplace that discourages and prevents an employee from obtaining drugs in the workplace. Key elements to have in place in the work area include:

- Requiring accurate documentation of all aspects of controlled substance storage and administration
- Maintain security of controlled substances in the workplace
- Maintain clear responsibility for handling controlled substances at every step in the process

Summary

The prevalence of substance abuse disorders in health care professionals appears to be about equal to that in the general population.

Alcohol is the most frequently abused substance. Prescription medications (especially opioids and benzodiazepines) are much more likely to be abused by health care professionals than by the general population.

Identification of substance abuse and dependence in health care professionals is often difficult because of strong denial and the "conspiracy of silence".

Health care providers have better treatment outcomes than the general population and the overwhelming majority of those who undergo treatment return to their previous profession.

Impaired Professionals Programs (such as Minnesota's HPSP) are designed to provide non-punitive help to those health care providers with mental illness or substance abuse problems.

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Websites

- A. Minnesota Board of Nursing: (www.nursingobard@state.mn.us).
- B. State of Minnesota's Health Professionals Services Program: (<http://www.hpssp.state.mn.us>).
- C. Working Partners for an Alcohol-and Drug-Free Workplace: (<http://www.dol.gov/dol/workingpartners.htm>)
- D. Minnesota Statute 214:31: (<http://www.revisor.leg.state.mn.us/stats/214/31.html>.)
- E. Reporting Obligations: <http://www.revisor.leg.state.mn.us/stats/148/263.html>

- F. Minnesota Statute 2005, 181:953,
subdivision 10:
[http://www.revisor.leg.state.mn.us/stats/181/
953.html](http://www.revisor.leg.state.mn.us/stats/181/953.html)

Directions for Submitting Your Post Test for Contact Hours

To obtain a certificate of completion for this home study program, please complete the post-test and evaluation on the next few pages. The date on your certificate of completion will be the date that your home study is received. **Any materials received with a postmark after the expiration will be discarded.**

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If you are an employee of HealthEast, HCMC, or MVAMC, you may send the post-test and evaluation to TCHP for processing. Your post-test will be returned to you through your hospital. It cannot be mailed to your home.

Paid Participants

If you are not an employee of one of the TCHP hospitals, please send the post-test and evaluation to TCHP with a check for \$6.00. Please make check payable to **Regions Hospital** and mail to:

TCHP Education Consortium
Capitol Office Building
525 Park Street, Suite 120
St. Paul, MN 55103

Your post-test will be returned to you with the certificate of completion.

Substance Abuse in Health Care Professionals Post-Test

Please print all information clearly and sign the verification statement:

Name _____
(please print legal name above)

Birth date (required)

Format: 01/03/1999

M	M	D	D	Y	Y	Y	Y

For HealthEast, HCMC, or MVAMC, employees only:

Hospital _____ Unit _____

Personal verification of successful completion of this educational activity (required):

I verify that I have read this home study and have completed the post-test and evaluation.

Signature

- 1) Which of the following is not a sign of addiction (dependence):
 - a) Important activities are given up or reduced
 - b) Chronic pain
 - c) Continued use despite negative consequences
 - d) Inability to cut down or control use

- 2) The most commonly abused drug among Health care professionals is:
 - a) Alcohol
 - b) Marijuana
 - c) Benzodiazepines
 - d) Opioids

- 3) Nurses who work in which areas have the highest rate of substance abuse in the nursing profession:
 - a) Critical Care
 - b) Trauma Center, Emergency Room

- c) Oncology
 - d) Both a and b
 - e) All of the above

- 4) Which statement about the warning signs of substance abuse in nurses is false:
 - a) Errors in judgment
 - b) Requests to work the night shift
 - c) Avoids auditing narcotics at the end of the shift
 - d) Utilizes more narcotics than other nurses on the unit

- 5) As a health care professional, you have an obligation to report a colleague to your manager if you suspect a substance abuse problem.
 - a) True
 - b) False

- 6) The key features of programs such as the Minnesota Health Professionals Services Program (HPSP) are:
 - a) Protect the public from impaired health care providers
 - b) "Rehabilitate" chemically dependent or mentally ill health care professionals
 - c) Provide an alternative pathway to disciplinary action by the state licensing board
 - d) All of the above

- 7) Which statement about recovery from substance abuse in health care professionals is true?
 - a) Physician recovery rates are 30- 50 % when treated for substance abuse.
 - b) The vast majority of health care professionals return to practice their previous profession.
 - c) Post-treatment monitoring is not essential to continued success.

Expiration date: The last day that post tests will be accepted for this edition is **December 31, 2016**—your envelope must be postmarked on or before that day.

Evaluation: Substance Abuse in Health Care Professionals

Please complete the evaluation form below by placing an "X" in the box that best fits your evaluation of this educational activity. Completion of this form is required to successfully complete the activity and be awarded contact hours.

At the end of this home study program, I am able to:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. Define substance abuse.					
2. Define addiction.					
3. Identify the top three abused drugs by health care professionals.					
4. List three or more signs that may indicate a substance abuse problem.					
5. Describe your obligation as a health care professional when you suspect that another health care professional has a substance abuse problem.					
6. The teaching / learning resources were effective. <i>If not, please comment:</i>					

The following were disclosed in writing prior to, or at the start of, this educational activity (please refer to the first 2 pages of the booklet).		
	Yes	No
7. Notice of requirements for successful completion, including purpose and objectives		
8. Conflict of interest		
9. Disclosure of relevant financial relationships and mechanism to identify and resolve conflicts of interest		
10. Sponsorship or commercial support		
11. Non-endorsement of products		
12. Off-label use		
13. Expiration Date for Awarding Contact Hours		
14. Did you, as a participant, notice any bias in this educational activity that was not previously disclosed? <i>If yes, please describe the nature of the bias:</i>		

15. How long did it take you to read this home study and complete the post test and evaluation:
 _____ hours and _____ minutes.

16. Did you feel that the number of contact hours offered for this educational activity was appropriate for the amount of time you spent on it?
 ___ Yes
 ___ No, more contact hours should have been offered
 ___ No, fewer contact hours should have been offered.

Expiration date: December 31, 2016
