



WH[OO]PS! The Opioid Epidemic, Nurse Jackie, & Washington's Solution

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TAANA Conference, 2018

Disclaimers

- This is not meant to be an in-depth lecture about the opioid epidemic
- This is not meant to be a critique of the TV series, Nurse Jackie
- This is only an overview of the Washington State WHPS Program
- This is not to be construed as legal advice

Objectives

- Describe factors contributing to the increase in opioid addiction in the U.S. over the past 10 – 15 years
- Discuss why nurses might be susceptible to substance misuse
- List barriers for nurses trying to access treatment for substance misuse
- Describe reasons why nurses might not complete the Washington WHPS program

Background

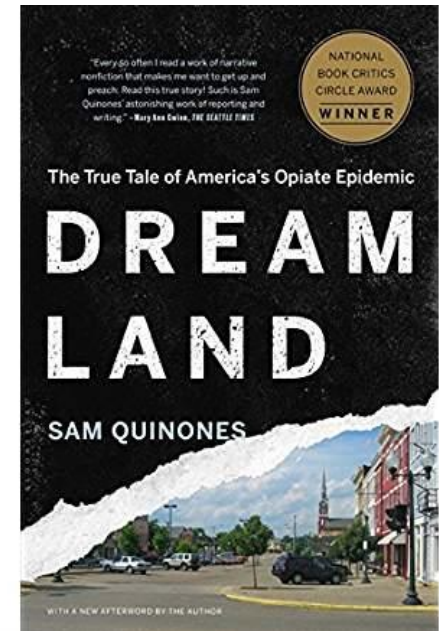
- Personal Interest
- WA DOH Workshop
- Nursing Commission Workshop
- Nurse Jackie



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History of the Epidemic

- *Dreamland*, by Sam Quinones
 - MS Contin in the 1980s
 - OxyContin in 1996
 - Pain is the 5th Vital Sign, 1999



Heroin Appears

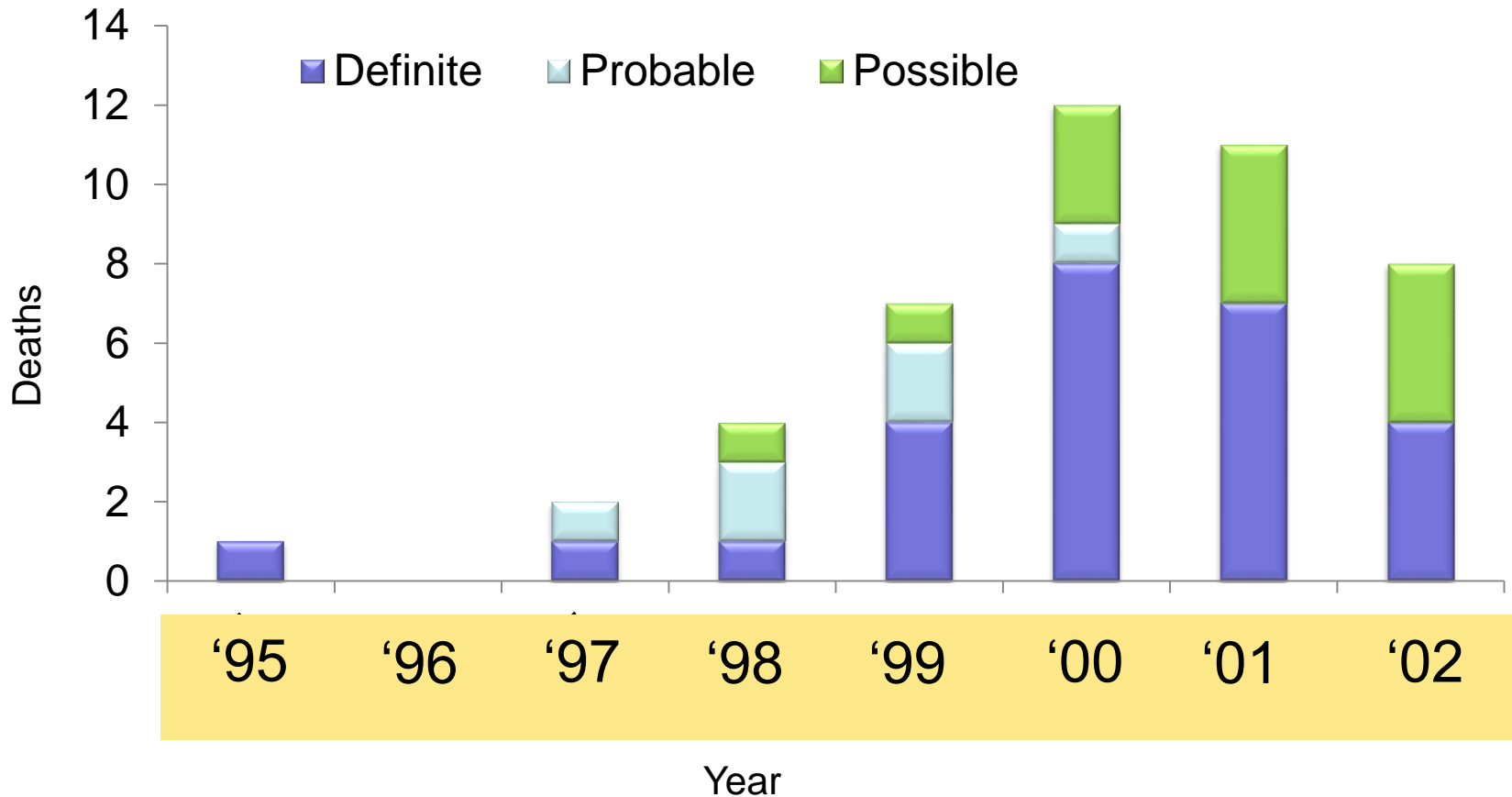
- Movement of heroin from Mexico
- Expense and gate-keeping for pain meds
- Black tar heroin
 - Easily obtained
 - Cheap
 - No need for a prescription



The Problem

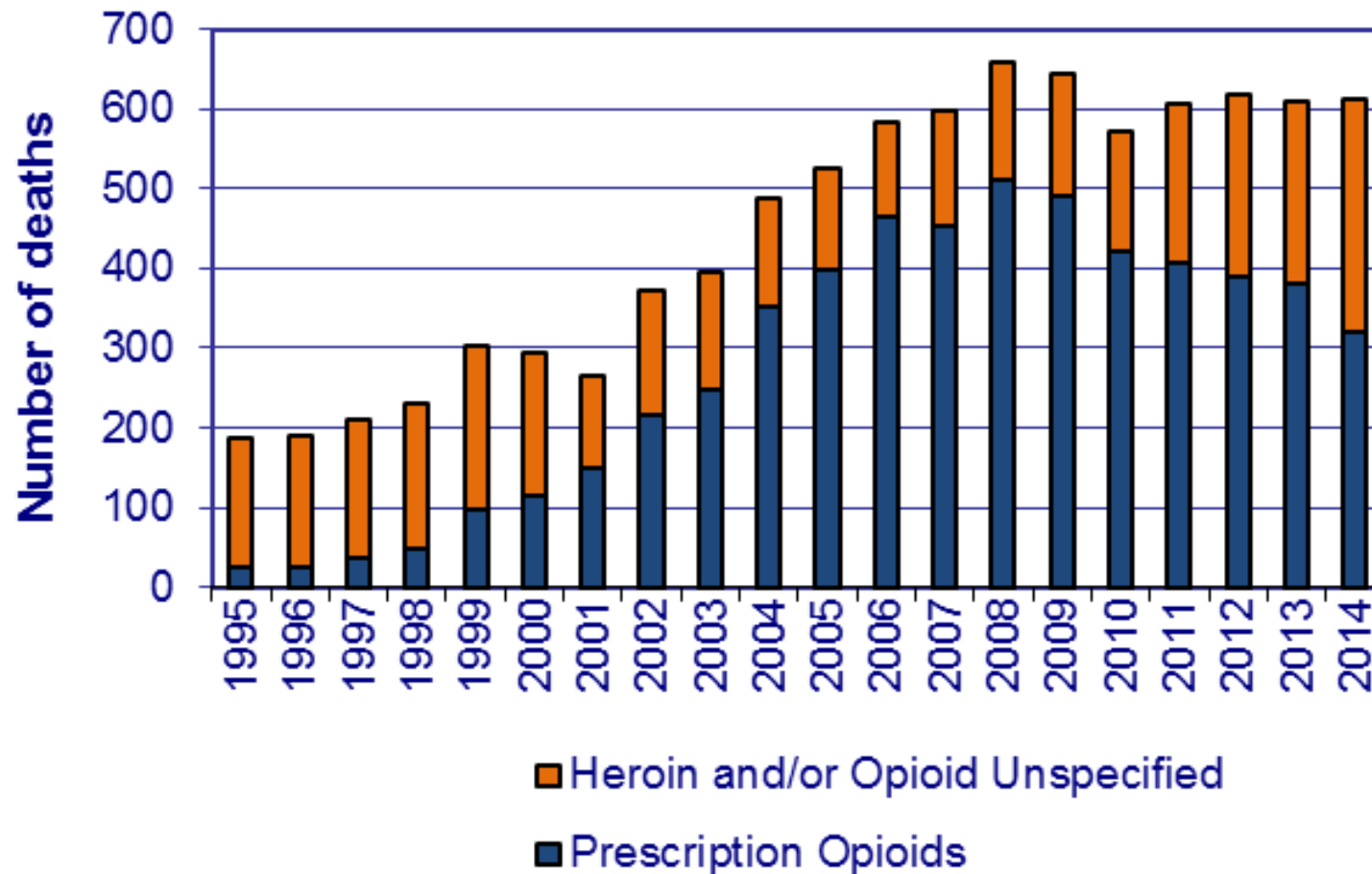
- Deaths from Opioid Overdose
- “Every day, more than 115 people in the United States dies after overdosing on opioids.” (NIH, 2018)
- Opioids:
 - Prescription pain relievers (i.e., Oxy-Contin)
 - Heroin
 - Synthetic opioids (i.e., fentanyl)

Opioid-Related Deaths, Washington State Workers' Compensation, 1992–2005



Franklin GM, et al, Am J Ind Med 2005;48:91-9

Unintentional Opioid Overdose Deaths Washington 1995-2014



Source: Washington State Department of Health, Death Certificates

Shocking Statistics

- 94 people a day die from overdose to prescriptions
- In 2016, 64,000 people died nationally from drug overdoses
- More people have died from overdose than car accidents



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Prescribing Practices

- Marketing by Purdue Pharma (MS Contin)
- Pain = Vital Sign #5
- Opioids prescribed for chronic pain (!)
- The “worst man-made epidemic in modern medical history” (Franklin, et al., 2015)

Nurse Jackie



Diversion, Nurses, & Drugs

- Nurses:
 - Easy access
 - Stress/shift work, drive to achieve
 - Caregiver burnout
 - Poor regulation and policy enforcement
 - Conspiracy of silence

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Conspiracy of Silence

- Lack of Knowledge
 - Chemical dependency itself
 - Dependency in health care professions
 - Recognition of dependency in the workplace
 - Interventions

- Fear
 - What may happen
 - Reaction toward the intervener
 - The person could sue you
 - The person could lose his/her job
- Attitudes and Beliefs
 - Chemically dependent people are morally wrong or non-functioning
 - You can independently help your friend without involving anyone else

Profile of a Diverter

- Bright
- High achiever
- Ambitious
- Respected
- Skilled,
- Significant stress
- Medical issues
- History of drug misuse

Drugs of Abuse

Propofol

Alprazolam (Xanax)

Lorazepam (Ativan)

Oxycontin

Hydrocodone

Morphine

Meperidine (Demerol)

Hydromorphone (Dilaudid)

Oxycodone/APAP (Percocet)

Fentanyl



Signs and Symptoms of Addiction

- Work absenteeism/excessive number of sick days.
- Personality change: mood swings, anxiety or depression, lack of impulse control
- Wearing long sleeves when inappropriate
- Heavy “wastage” of drugs/sloppy record keeping
- Deterioration in personal appearance and hygiene
- Confusion, memory loss, difficulty concentrating or recalling details and instruction, poor judgement, and bad decisions.

What is Washington Doing?

- CDC Guideline for Prescribing Opioids for Chronic Pain
- Prescription Monitoring Program
- WHPS

Discipline of Nurses

- Substance abuse is a leading reason for discipline of nurses across the country
- Drug diversion is the #1 substance abuse related infraction

Washington State

- All “Unprofessional Conduct” is required to be reported to the Department
 - Includes misuse of alcohol, controlled substances and Legend Drugs under RCW18.130 “Uniform Disciplinary Act”
- WAC 246.16.220: Mandatory Reporting
 - When no patient harm, reporting may be to an “alternative to discipline” program

Washington Alternative to Discipline Programs

- Washington Health Professional Services
- Washington Recovery Assistance Program for Pharmacists
- Washington Physicians Health Program
- Washington Recovery Assistance Monitoring Program

Why ATD Monitoring Programs?

- Cost effective and rehabilitative
- Public is protected
- These programs are successful



WHPS

- WSNA and Board of Nursing initiative in 1986
- Goals:
 - To ensure public safety
 - To ensure sustained recovery for the health care professional
- RCW 18.130.175: Voluntary Substance Abuse Monitoring Programs
- Substance Abuse Monitoring Program (SAMP) became WHPS

Hybrid Approach

- Participation Types:
 - Voluntary
 - Agreement to Practice Under Conditions
 - In Lieu of Discipline
 - Agreed Order



Program Components

- Individualized contract agreements
- Treatment and aftercare monitoring
- Random drug screening
- Verified support group attendance
- Practice restrictions and stipulations

Worksite Monitoring

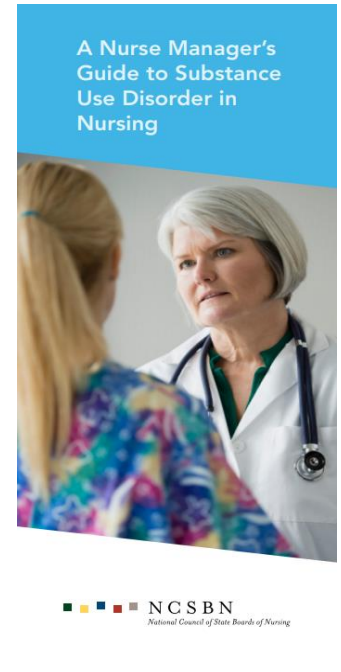
- Full disclosure
- Employer identifies a worksite monitor
- The monitor works directly with WHPS:
 - Implement contract requirements
 - Routine performance reports
 - Supports the HCP's re-entry and continued success

Confidentiality

- Protected by state and federal laws
- Programs are “Non-Public”
- Disclosure to employers and health providers is required
- Non-compliance is reported to the disciplinary authority

Rationale to Support WHPS

- Substance abuse is an “occupational hazard” for HCPs
- Treatment for substance use disorders works
- HCPs have a higher rate of recovery than lay public
- Monitoring of practice and recovery is effective and protects the public



“Health professionals have a right and an obligation to ask for help when they are struggling with impairment. When they request assistance, they deserve the same care and respect that they give their own patients and clients every day.”

P. Bradley Hall MD



So, What's the Problem?

- Contracts: 1-5 years
- Restrictions to practice can include:
 - Worksite restrictions, e.g., no home health work
 - No multiple employers
 - Limits on overtime and shift rotation
 - Will not float from unit to unit.
 - No access to controlled substances for at least 12 months

Drug Testing

- Random drug testing required
- Check in Monday - Friday
- Urine, blood, hair and nail samples are taken.



And . . .

- Peer Support Group Attendance
- Issues addressed such as:
 - How to inform employers about involvement in WHPS
 - Dealing with the stigma of chemical dependence
 - Taking control of finances
 - Legal issues
 - Rebuilding relationships with family

Measuring Success

- Health professionals enrolled in a rigorous monitoring program
 - have lower rates of complaints
 - have higher rates of long-term recovery
- WHPS has a 67% completion rate

Acknowledgements

- John Furman, PhD, MSN, COHN-S, Director WHPS
- Gary Franklin, MD, MPH, Medical Director Washington State Department of Labor & Industries & Co-Chair Agency Medical Directors' Group
- My brother, Marc

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