Key Issues for Nurses with Substance Use Disorder

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Nursing is still a largely female workforce (approximately 90% of nurses are female).

Women are still overwhelmingly the primary caregivers of dependent children. There may not be a reliable family member or friend available to care for dependent children for several weeks/months. Very few treatment providers allow mothers in treatment to bring their children to live with them at the treatment facility.

Greater than 50% of female nurses with SUD have significant histories of physical, sexual, and/or emotional abuse.

- Treatment is often much longer than 3 months in length, and a higher level of treatment is required.
- Most of these nurses need placement in sober living due to lack of a safe and/or recovery friendly environment. This extends treatment for a minimum of 3-6 months.

These same nurses often have dysfunctional families, that cannot be called on to assist the nurse financially, care for children, or provide a home supportive of recovery and abstinence.

- These nurses sometimes have never seen normal, functional relationships between men and women, parent and child, etc.
- There is often criminal involvement of some family member that makes the home atmosphere dangerous.
- Learning new behaviors takes TIME.

Nurses are often the only consistent wage earners in a household.

- Nursing is generally stable employment, so health care benefits for the family are often tied to the nursing job.
- Many employers choose to terminate nurses for SUD (irrespective of any diversion or suspected impairment), thereby cancelling any health care insurance for the nurse and the family.
- Loss of the nursing job and the need to make expensive payments for COBRA benefits (if the nurse is eligible for this) may be beyond the financial capabilities of the family.
- Interruption of employment for an extended period of time may be devastating for the household (loss of house, car, bankruptcy).
Cost issues are especially problematic for nurses, when compared to other health care professionals.

- Nurses have widely variable incomes, from entry level LPN jobs (approximately $25,000/ year) to nurses making in excess of $100,000/ year.
- LPNs and all other nurses face the same issues with addiction as other health care professionals, and have the same needs in treatment, but LPNs have far fewer financial resources.
- When nurses are unable to afford the needed evaluation and treatment, ABN does not have any cost-effective providers that provide the needed services, to whom these nurses may be referred.
- When the nurse is unable to afford treatment, the ABN still has an obligation to protect the public and keep these nurses from resuming nursing practice.

Many health care employers do not provide any health care benefits. Out of pocket costs for appropriate treatment can range from $20,000 to amounts in excess of $60,000.

Monitoring is expensive, beyond the costs of treatment:

- Drug screens (does not count collection site fees)
  - Usually selected 2-3 times/month
  - Urine ($35.00-$85.00 per screen)
  - PEth (app. $90.00 per screen, may be done every 2-4 weeks)
  - Hair (may cost as much as $212.00 per screen; rarely done, but sometimes necessary)
- Counseling/therapy
- Monitoring fee or fine: usually $1000.00 one-time fee for alternative to discipline program; disciplinary fines may be more than $1000.00.
- Costs of commuting for Continuing Care, support group meetings.

Issues for nursing employment are somewhat different than those for other health care professionals.

- Monitored nurses must work in supervised setting.
- Several employment settings are prohibited for monitored nurses:
  - any supervisory position
  - home health
  - hospice
  - any kind of independent contracting, locum tenens, self-employment.
  - any setting where the nurse is working alone or expected to function independently (school nurses, the only licensed person in a facility, etc.)