RUTGERS

School of Nursing

Anti-Stigma Campaign: Reducing Stigma Relating to Substance Use Disorder in Nurse Anesthesia Providers

Russell Lynn Memorial Student Lecture Series

Nicholas d'Hemecourt BSN, RN, CCRN, RRNA

Bryan Stein BSN, RN, CCRN, RRNA

Maureen McCartney-Anderson, DNP, APN, CRNA

Project Chair

Thomas Pallaria, DNP, APN, CRNA

Project Member

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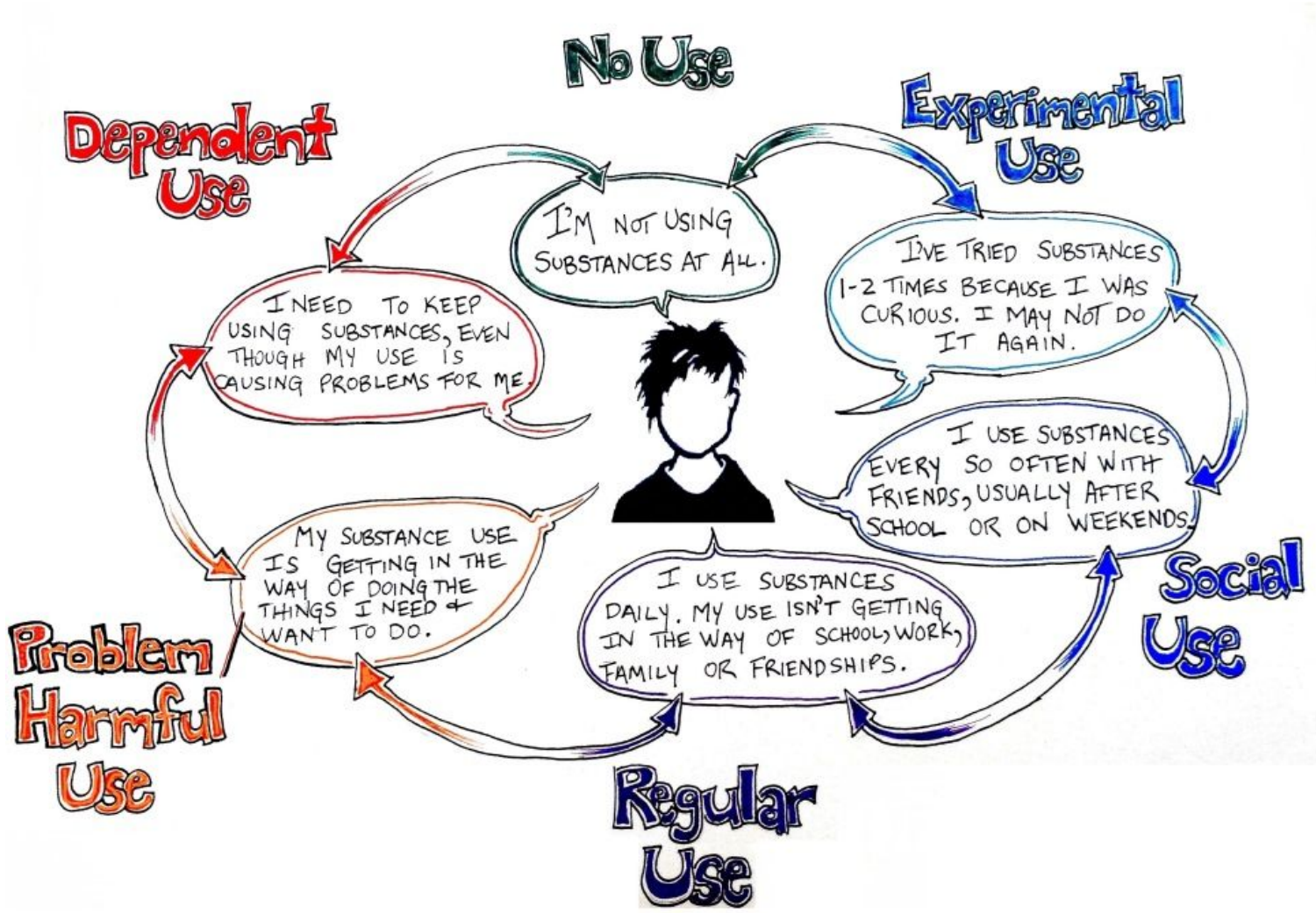
Intended Audience & Learning Objectives

This Campaign is intended for CRNAs and RRNAs with a beginning level knowledge of the topic. By the end of this lecture, we aim to:

- Create awareness and understanding of SUD within the Nurse Anesthesia community.
- Identify the challenges that Substance Use Disorder (SUD) stigma presents within the Anesthesia community.
- Bring to light resources for addressing stigma and discrimination.
- Understand the recovery process, the resources available and transition back to work/school life.
- Improve perceptions of SUD amongst CRNAs and RRNAs.

Substance Use Disorders: A Spectrum



Background Facts and Statistics

- In the United States, 21 million Americans suffer from at least one substance addiction problem (NSDUH, 2018).
- Alcohol and drug addiction costs the United States economy and healthcare system approximately $740 billion each year (NSDUH, 2018).
- Substance Use Disorders do not discriminate against whom they affect.
- CRNAs and Anesthesiologists are 15% more likely to form chemical dependency with drugs or alcohol than other health care professionals (Luck & Hendrick, 2004).

CRNAs and RRNAs: A Community at Risk

- The Nurse Anesthesia community, which consists of CRNAs and RRNAs, possesses characteristics, qualities, and occupational hazards that if unchecked, make up a perfect recipe for developing a Substance Use Disorder.

- Why we are vulnerable:
  - High stress, long hours, and fatigue.
  - Need for hyper vigilance
  - Accessibility to narcotics and potent drugs.
  - We are a control centered and results oriented profession
  - Cultural dysfunctionalism: We don't talk about it

CRNAs and RRNAs: A Community at Risk

Factors Affecting RRNA & CRNA SUD

- RRNAs: High risk for SUD due to pre addiction, achievement-oriented, excitement seeking personalities, the desire to self-medicate and increased knowledge of pharmacodynamics (Chipas et al. 2012;Luck and Hendrick, 2004).
  - THINK ABOUT IT - Many of us have similar personalities.
  -
- CRNAs: Long hours, fatigue, accessibility to narcotics and potent drugs, stress and need for vigilance during long surgeries (Luck and Hendrick, 2004)
  - THINK ABOUT IT – All CRNAs started as RRNAs and share the same personalities
  - This personality with the addition of job stress and the stress of caring for patients is an additive affect

Let's Talk About It

Substance Use Disorder exists in our community:

- Jan Stewart - President of the AANA from 1999-2000
- Accomplished CRNA and leader in the movement that removed the federal requirement for physician supervision
- In 2002 Jan Stewart passed away accidental self-administered sufentanil overdose

Let's Reflect

What are your perceived opinions about those who have substance use disorders?

How would you feel if a co-worker or classmate were found to have a substance use disorder?

What labels or words do you associate with those who abuse alcohol, drugs or other substances?

If you have, had have, or were to have a substance use problem, would you feel comfortable telling your peers?

SUD Stigma: A Mark of Disgrace

- **SUD Stigma is a public health concern that leads people to “avoid living, socializing or working with, renting to, or employing" individuals with SUD.**

- **Because of stigma, people living with SUD are:**
  - Alienated and seen as "others."
  - Perceived as dangerous.
  - Seen as irresponsible or unable to make their own decisions.
  - Less likely to be hired.
  - Less likely to get safe housing.
  - More likely to be criminalized than offered health care services.
  - Afraid of rejection to the point that they don’t always pursue opportunities.

Defining Stigma

- A phenomenon in which large social groups endorse stereotypes and act to oppose a stigmatized group or individual (Livingston & Boyd (2010).
- Indicates how the public negatively perceives individuals or groups with certain attributions

- When institutions utilize policies, procedures, rules, and regulations that restrict the opportunities and rights of a stigmatized group.
- Can be defined as negative behaviors and attitudes of institutions towards a group or individual (Livingston & Boyd, 2010)

- A subjective process
- Characterized by negative feelings (about self), maladaptive behavior, identity transformation or stereotype endorsement resulting from an individual's experiences, perceptions, or anticipation of negative social reactions on the basis of a stigmatized social status or health condition

Social Stigma

- Labeling and Avoidance
  - CRNAs are uncomfortable working with someone they know has a history of SUD.
  - CRNAs assume a coworker is diverting drugs for no other reason than knowing they have a history of SUD.
  - CRNAs avoid and alienate a coworker with a history of SUD.
  - CRNAs label a coworker as an ”addict”, “junky”, “alcoholic”, or any other term that perpetuates negative stereotypes.

Structural Stigma

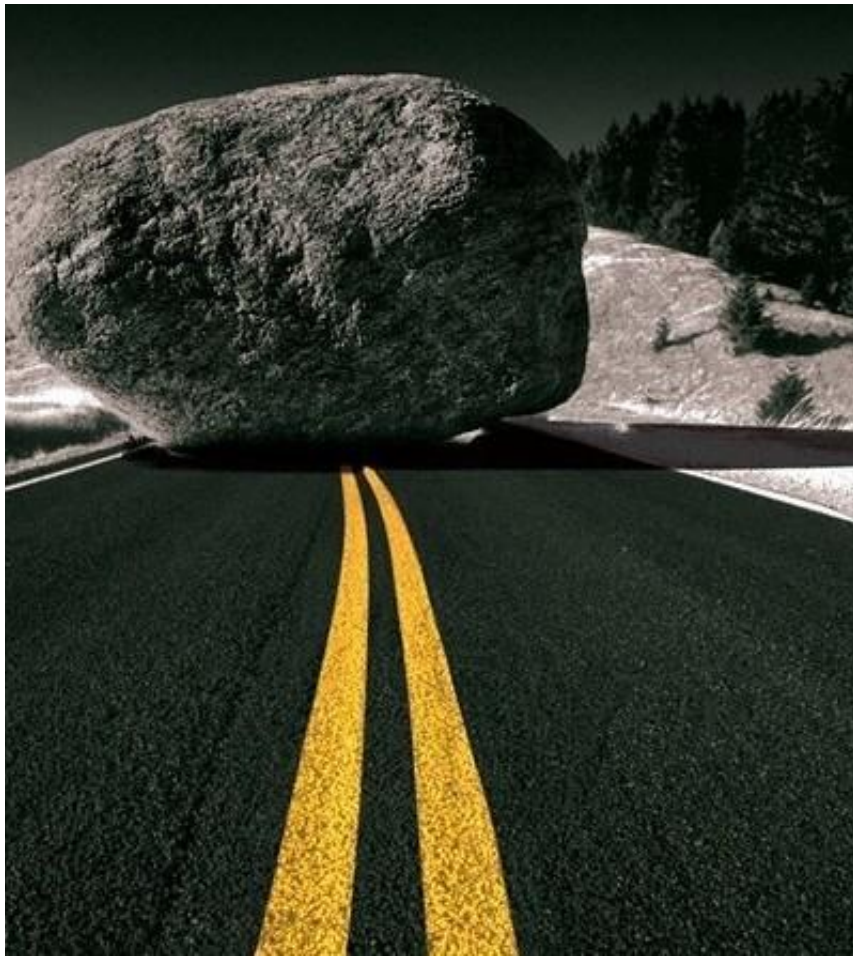
- Institution or employer believe employees with a history of SUD won't be reliable and are untrustworthy.
- Chief Anesthetist believes CRNAs with a history of SUD will be a problem.
- Institution restricts a CRNA's scope of practice due to having a history of SUD.

Self Stigma (Internalized)

- Asking for help means admitting to themselves and others that they are one of those “hopeless addicts” and acquiring that label and all that goes with it.
- “It’s my fault, I’m diseased, bad, what’s the point of doing anything about it?”

Stigma: A Roadblock to Recovery

Stigma related to SUD is very high among the general public and it is suspected that this stigma would be transferable to nurse anesthesia providers as well. (Yang, L. H., Wong, Grivel, & Hasin, 2017).



Consequences of SUD Stigma

Members of our community living with SUD may not be comfortable talking to their friends, family, or coworkers about what they are dealing with due to the social and structural stigma associated with SUD.

Social and structural stigmas become internalized as self-stigma, which damages hopes for recovery. Their condition worsens as they aren't receiving the support and care needed for recovery.

Whether intentionally or accidentally, members of our community have taken their own lives because of SUD.

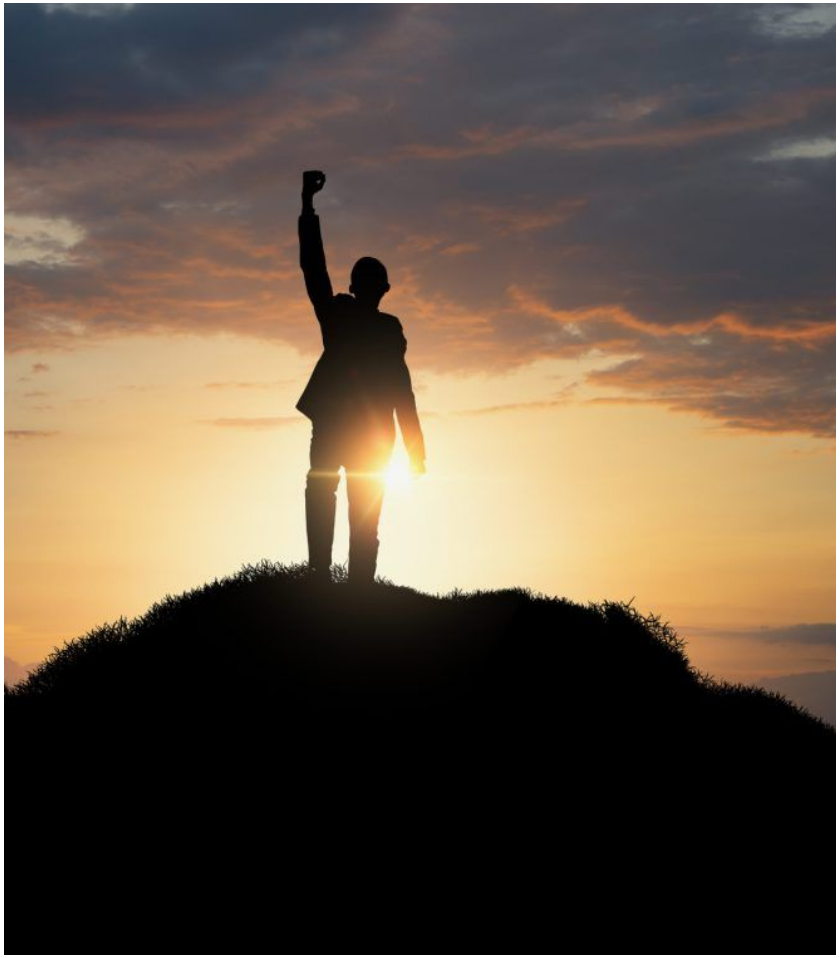
Living with SUD

- Drug use is a powerful source of stigma and discrimination
- The stigma may be reinforced by the fact that it is an illegal and covert activity, and that there is no legal protection available to people who use drugs.
- Stereotypes of people with SUD such as, “junky”, “bad”, “immoral”, or “criminal”, when in fact many are employed, raise families, financially stable, are good neighbors, friends, and coworkers.
- Alcohol is a drug?

How Can **We** Address this as a Community

- Eliminate stigma and **replace it with help and hope.**
- Create a broader understanding and awareness of SUD.
- Overcome stereotypes and break down barriers to recovery.

How Can I Reduce Stigma?



Affirming attitudes:

- People with SUD can and do achieve recovery
- They should determine all their goals and interventions to reach those goals

CHANGE YOUR WORDS

- Use first person language and affirmative phrases
  - “Person in recovery from a substance use disorder” vs “addict”
- Avoid stigmatizing terms and call out other people who use them

The Roadmap on SUD

It is a long journey, and it starts with intervention and treatment….

And can lead to recovery and re-entry into the workplace

Where it Starts

"Mike was arrested over the weekend for a DUI, its his second one this year"

"It seems as though I have never actually seen Jenny waste her narcotics. She's always asking at weird times, and its always seems like a lot of waste"

"Ryan is always late, can never be found when needed, and is very defensive every time you question him"

"Lauren was found in the bathroom passed out with a needle in her arm"

Intervention

- Those with SUD often have difficulty seeking treatment on their own and will require an intervention from their peers
- Gathering appropriate and definitive nondiscriminatory evidence is the most important value when planning for an intervention
- Nondiscriminatory evidence includes
  - Reviewing work behaviors and performance evaluations
  - Analyzing utilization of controlled substances
  - Documenting changes in appearance and suspicious behaviors, including dates and times
  - Collaborating with various departments (e.g., surgery, nursing, pharmacy) to gather evidence

Intervention

Table 6. Overview of facilitating a safe intervention[29]

Planned Intervention	Crisis Intervention
1. Assemble an intervention team, including a trained interventionist.	1. **Do not let the person out of your sight! Do not let them drive!**
2. Gather all the evidence.	2. Get a properly collected drug test.
3. Invite the individual into an intervention meeting. **Do not let the person out of your sight! Do not let them drive!**	3. Include a trained interventionist, family, spouse, and colleagues.
4. Get a properly collected drug test, if necessary.	4. Bring all evidence.
5. Have a bed in a treatment facility ready.	5. Have a bed in a treatment facility ready.
6. Do not let the impaired individual decide treatment. Remember, they are sick.	6. Do not let the impaired individual decide treatment. Remember, they are sick.
7. Only when all else fails, threaten to call the police. Often, this will cause the individual to admit that he/she has a serious problem.	7. Only when all else fails, threaten to call the police. Often, this will cause the individual to admit that he/she has a serious problem.

American Association of Nurse Anethestist (2016). *Addressing Substance Use Disorder for Anesthesia Professionals Position Statement and Policy Considerations*

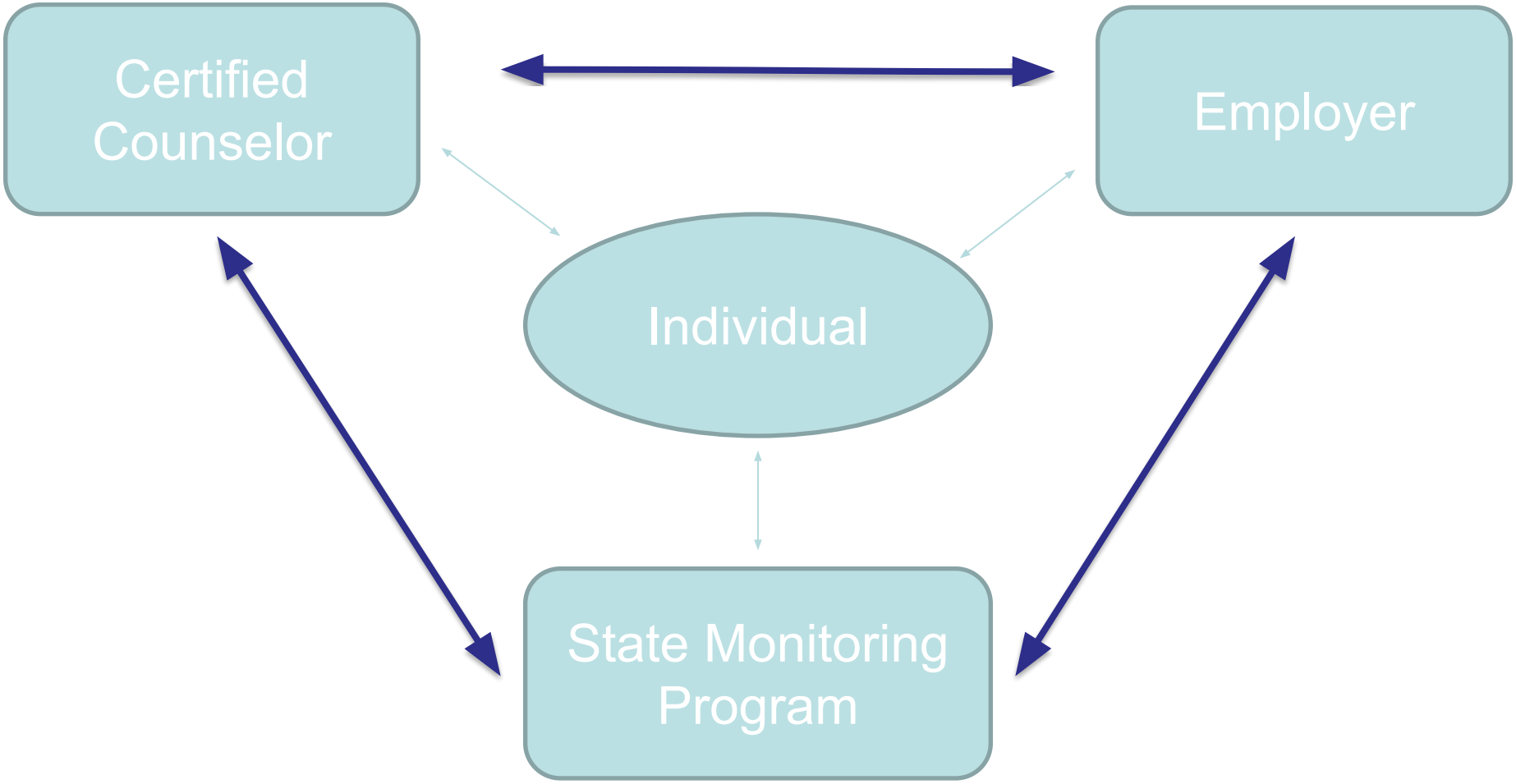
Treatment Recommendations for Anesthesia Providers

The AANA currently recommends a 28-day inpatient rehabilitation program, and a total of 90 days of treatment combined (Inpatient or outpatient)

Ideal treatment centers include:

- Nursing Board Approved (New Jersey – RAMP)
- Evaluation by board certified addiction specialist and psychologist
- Neuropsychiatric and or psychometric testing
- Treatment for mental health comorbidities
- Long-term 12-step model of abstinence-based recovery
- Evaluation of suitability for, and timing, of the return to anesthesia practice

Re-entry Recommendations



AANA Re-entry Recommendations

- Evaluation by a licensed provider with experience treating substance abuse and dependency
- Acceptance of the chronic nature of substance use disorder
- Evidence of a supportive spouse, significant other, or other supportive individuals
- Willingness to take Naltrexone, if appropriate, under direction and supervision of medical professional
- Having no untreated psychological comorbidities
- Participation in a monitoring program with random drug testing
- Recovery is improved when random drug testing occurs because of the consequences of a positive test
- Five-year duration of monitoring with the potential of monitoring for the duration of clinical practice
- Having supportive colleagues, especially administrators and supervisors, at worksite familiar with history and needs
- Grounding in a recovery community, such as Anesthetists In Recovery
- Participation in a 12-step program

Anesthetists In Recovery (AIR)

- A national moderated virtual community of CRNAs and student nurse anesthetist in (or in need of) recovery from SUD.
- An organization involved with both education and networking to help one another achieve and maintain sobriety/clean time and reach out to those who still suffer.
- Members can post at their personal comfort level of sharing. It is absolutely confidential and anonymous without affiliation to any organization, including the AANA; no reporting function with any certifying or licensure body.

https://www.aana.com/practice/health-and-wellness-peer-assistance/About-AANA-Peer-Assistance/substance-use-disorder-workplace-resources/anesthetists-in-recovery-air

AANA Peer Assistance Program

https://www.aana.com/practice/health-and-wellness-peer-assistance/About-AANA-Peer-Assistance

Local Resources

NJANA

Peer Assistance Advisor

Ferne M. Cohen, CRNA

Alternative to Discipline Program

Terry Ivory, RN, MSN
Director-Recovery And Monitoring Program (RAMP)

New Jersey Association of Nurse Anesthetists

NYSANA

Chair & State Peer Advisor

Christina Congdon, CRNA

State Peer Advisor

Laura Ardizzone, CRNA, DNP, DCC

NYSANA
New York State Association of Nurse Anesthetists

Full Disclosure

It is recommended that providers who have suffered from SUD and have sought treatment, have full disclosure with future employers – (written contractual agreements may be beneficial in protecting both the provider and employer)

Employers and Chief CRNAs – Re-entry is possible!!!

Communication, understanding and accepting responsibility is key

Unfortunately, not everyone will be able to successfully re-enter into practice

The Implications of COVID-19 for Mental Health and Substance Use

- The COVID-19 pandemic and need for social distancing has negatively affected many people's mental health. It has created new barriers for people already suffering from mental illness and substance use disorders.
- An increase in adverse mental health conditions, substance use, and suicidal ideation have been reported in the United States this year (CDC, 2020).

Closing Statements

"The world as we have created it is a process of our thinking. It cannot be changed without changing our thinking" – Albert Einstein

Unfortunately, the problem of Substance Use Disorder will never go away, and it is something we must live with.

If we can change our process and perceptions within our community, those who suffer with this disorder may not succumb to its detrimental and deadly consequences

Please take moment to fill out a short post intervention survey found by scanning the QR code below.

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