Disclosure Statement:

• I do not have any conflict of interest, nor will I be discussing any off-label product use
• This class has no commercial support or sponsorship, nor is it co-sponsored
• Relevant Non-Financial Relationship: Washington State Medical Association (WSMA) Executive Committee 2010-2017
Learning Objectives

• Describe why health care professionals are particularly vulnerable to Substance Use Disorder
• Recognize the available WA State Department of Health resources for professionals struggling with Substance use Disorder
• List 7 ways that drug diversion can impact the diverter, other people, and the community
• Recognize stressors and responses to stressors
• Identify the causes of stress injury and the different stages
• Describe dimensions and characteristics of resilience
• Identify strategies for self-care and strategies to support colleagues
• Identify DSM-5 criteria for Substance use Disorders and their common treatment options
• Describe resources available through Health Professionals Impaired Practitioner Programs
Drug Diversion – Awareness & Prevention

Alex Polzin, PharmD, Medication Security Specialist
It can happen to anyone...
What is Drug Diversion?

• “Any instance where medications are diverted from their intended, proper path to another person for any illicit use”.
HC professionals: Uniquely vulnerable

- Health Care staff are at high risk for Substance Use Disorder (SUD)
  - High stress professions
  - Frequently inadequate support
  - Devastating patient outcomes
  - False sense of control
  - Access, access, access.
Every HC-facility is at risk

- USA Today: reported >100,000 health care workers abusing or dependent on prescription drugs in a given year

- Journal of Clinical Nursing: substance abuse rates among practicing nurses might be as high as 20%

- Pharmacy Times: estimated that 15% of pharmacists, 10% of nurses, and 8% of physicians are challenged with alcohol and/or drug dependency

- ISMP: 1 in 10 healthcare workers struggle with some type of addiction.
240,029 people use prescription drugs non-medically for the first time every year.

Most addictive prescription drugs:

- Opioids: Vicodin, Oxycontin, Percocet
- Sedatives: Xanax, Valium, Ativan
- Stimulants: Adderall, Dextroamphetamine, Ritalin

19 mins someone dies from a drug overdose by misusing prescription pain killers.

45% of people with untreated substance abuse disorders commit suicide.

Opioid related deaths now exceeds the number of deaths related to motor vehicle crashes for the first time in history.

50% of people who misused prescription pain killers got them from a friend/relative for free - 21% got them from a doctor.

28% of ER visits are drug related.
The first step is often a small one.

- Exposure to opiates after a necessary medical procedure.
- Got some pain pills from a friend after hurting their back.
- One-time prescription for emotional stress
- Desperately needed something to help sleep
- A little something to help decompress.
- Experimentation
Consequences of Drug Diversion

• Personal Impact
  • Loss of employment
  • Disciplinary action from licensing agencies
  • Criminal charges
  • Practicing while impaired
  • Loss of life
Consequences of Drug Diversion

• Impact on others:
  • Family and friends
  • Compromised patient care/safety
  • Untreated pain
  • Damage to Org. reputation/fines
  • Damage to the community
Federal implications: DEA audits & fines

Mass. General to pay $2.3 million over drug thefts
By Travis Andersen Globe Staff, September 28, 2015, 4:55 p.m.
Your role in detection & prevention.

- Peers and team members are first line of detection.
- We are all responsible to speak up!
- Always verify and visualize everything you sign for.

Remember

If you didn’t witness it, don’t sign for it!

Your signature as witness means you saw it and did what federal regulation and local policy states is required.
Reporting

• If you see something, say something!

• Report concern directly to your supervisor or manager

• Notify the Medication Security Specialist at 209.987.1767 or at ext. 71767 or emailing MedicationSecurity@seattlechildrens.org

• Call the compliance hotline at 877.483.3049 (this may be anonymous), or email corporatecompliance@seattlechildrens.org
Drug Diversion Response Team.

- Multidisciplinary
- Objectively reviews all evidence for potential drug diversion cases.
- Required to report confirmed or suspected drug diversion.

- Goal is to help
  - SUD is a disease.
  - Partner with willing team members afflicted with SUD.

Help is one step away!

Self-reporting or admitting to diversion is preferable outcome

- First step on path to recovery
- Greater chance of leniency by licensing boards
- Greatly improves odds of getting help.
Support for HealthCare Professionals

• Confidential support is available.
  • WA Employee Assistance Program (EAP)
  • WA impaired Provider Programs

• Early intervention is optimal, but not the only chance.

• Sufferers of SUD can regain control of your life.
Stress and Resilience

Ann Moore, MSN, RN-BC
Sources of Stress

- wound
- family
- patients
- untreated scar
- life situation
- lack of autonomy
- professional relationship
- workload
- reduced income
- productivity expectations
- home
Possible Stress Responses*

• Anxiety-about own or others’ health

• Grief/Depression-about losses (lives, resources, connections, time)

• Decreased Confidence-about own abilities, the system or organization

• Helplessness-due to exhaustion, loss of control

• Anger-about situation, circumstances, behavior of others

• Guilt-about not doing enough, not being able to help, not providing for family

• Maladaptive coping

* Source: Patricia Watson, PhD, Schwartz Center Presentation 3/24/2020
### Causes of Stress Injury*

<table>
<thead>
<tr>
<th>Life Threat</th>
<th>Loss</th>
<th>Inner Conflict</th>
<th>Wear and Tear</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traumatic Injury</td>
<td>Grief Injury</td>
<td>Moral Injury</td>
<td>Fatigue Injury</td>
</tr>
</tbody>
</table>
| • Experience of/exposure to intense injury, gruesome or horrific experiences, death | • Loss of people, things, or part of oneself | • Behaviors or witnessing behaviors that violate moral values | • Accumulation of stress from multiple sources over time  
|                      |                    |                                 | • Insufficient time to rest and recover             |

* Source: Patricia Watson, PhD, Schwartz Center Presentation 3/24/2020
## Stress Continuum Model*

<table>
<thead>
<tr>
<th>READY (Green)</th>
<th>REACTING (Yellow)</th>
<th>INJURED (Orange)</th>
<th>ILL (Red)</th>
</tr>
</thead>
</table>
| • Optimal functioning | • Mild and transient distress or impairment  
• Always goes away  
• Low risk | • More severe and persistent distress or impairment  
• Leaves a scar  
• Higher risk | • Clinical mental disorder  
• Unhealed stress injury causing life impairment |

* Source: Patricia Watson, PhD, Schwartz Center Presentation 3/24/2020
## Stress Continuum Model

### Stress Reactions

<table>
<thead>
<tr>
<th>READY (Green)</th>
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<th>ILL (Red)</th>
</tr>
</thead>
</table>
| • Do not see events as stressful. | • Coping skills  
  • Plugging through | • Not feeling in control  
  • Loss of cognitive abilities  
  • Intense feelings  
  • Feeling numb  
  • Inability to engage  
  • Sleep changes  
  • Avoidance | • Unable to meet daily expectations or needs. |

### Stress Responses/Consequences

| • Adaptive growth  
  • Wellness | • Significant and/or persistent negative changes in behavior / habits  
  • Uncharacteristic behavior  
  • Making more mistakes  
  • Becoming more isolated from others  
  • Compulsive behavior | | • Physiological illness  
  • Hospitalization  
  • Loss of relationships  
  • Loss of job |
Protective Factors in Recovery from Stress*

• Hope
• Sense of Safety
• Calming
• Connections
• Self-efficacy
• Pre established relationship with medical providers

* Source: Patricia Watson, PhD, Schwartz Center Presentation 3/24/2020
How to Help-Peer Support is Critical

• Look out for each other
• Plan to check in
• Take intentional breaks
  • 90 second break between tasks (walk, deep breathe, meditate, etc.)
  • Limit screen time
• Be aware of relational contagion
  • Promote positivity, calmness, sense of hope for the future
  • Avoid negativity, panicking, horror stories
• Build self resilience
• Model resilience for others
• Engage with medical/mental health system

* Source: Patricia Watson, PhD, Schwartz Center Presentation 3/24/2020
Definitions of Resilience

• Process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress (APA, 2017)

• Capacity to tolerate the effects of traumatic exposures while continuing to deliver excellent patient care (Mealer, Jones & Moss, 2012)

• Identifying and harnessing new and existing resources to maintain well-being during and after a stressor (Rosenberg & Yi-Frazier, 2016)
Characteristics of Resilience

• Knowing how you do it
• Planning ahead
• Turning struggles into something positive
• Finding meaning in the experience
• Creating social support

(Rosenberg & Yi-Frazier, 2016)
Ways to Strengthen Resilience

• Self-awareness
• Self-discipline
• Imaginative problem solving
• Creative thinking
• Sense of humor
• Stress management
• Considering alternate points of view
Resilience Resources

External
• Social supports
  • Groups, organized activities
• Professional peer support

Internal
• Personal traits
  • Grit, optimism, sense of humor
  • Adaptive processes (mindfulness, coping styles)
  • Learned skills (goal-setting, stress management)

Existential
• Meaning-making, finding gratitude

(Rosenberg, 2018)
Make a Personal Plan for Self-care

✓ What is something you can do in the moment?

✓ What is something you can do at the end of the day?

✓ What is a long-term practice you can begin, enhance or continue?

Next...

✓ Write it down

✓ Tell someone about your plan

[Link to video](Locating Yourself - A Key to Conscious Leadership - Bing video)
Resilience Resources-Apps

- Calm [https://www.calm.com/](https://www.calm.com/)
References


Substance Use Disorders Monitoring through Health Professional Impaired Practitioner Programs

Ray Hsiao, MD
A problematic pattern of substance use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:

- Substance is often taken in larger amounts or over a longer period than was intended.
- There is a persistent desire or unsuccessful efforts to cut down or control substance use.
- A great deal of time is spent in activities necessary to obtain substance, use substance, or recover from its effects.
- Craving, or a strong desire or urge to use substance.
- Recurrent substance use resulting in a failure to fulfill major role obligations at work, school or home.
Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by effects of substance use

Important social, or occupational, or recreational activities are given up or reduced because of substance use

Recurrent substance use in situations in which it is physically hazardous

Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by substance use

Tolerance: (1) A need for markedly increased amounts of substance to achieve intoxication or desired effect; or (2) A markedly diminished effect with continued use of the same amount of substance

Withdrawal: (1) The characteristic withdrawal syndrome for substance; or (2) Substance (or closely related) is taken to relieve or avoid withdrawal symptoms
DSM-5 Substance Use Disorders

- Mild: presence of 2-3 symptoms
- Moderate: presence of 4-5 symptoms
- Severe: presence of 6 or more symptoms
- In early remission: At least 3 months but less than 12 months without meeting any criteria except for “Craving”
- In sustained remission: 12 months or longer
- In a controlled environment
- On maintenance therapy
SUD Assessment/ASAM Criteria

- Clinical interview with Substance Use Disorder Professionals (SUDP)
- American Society of Addiction Medicine (ASAM) Criteria
  - Dimension 1: Acute Intoxication and/or Withdrawal Potential
  - Dimension 2: Biomedical Conditions and Complications
  - Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications
  - Dimension 4: Readiness to Change
  - Dimension 5: Relapse, Continued Use, or Continued Problem Potential
  - Dimension 6: Recovery/Living Environment
ASAM SUD Treatment Levels

- Level 0.5: Early Intervention
- Level 1: Outpatient Services
- Level 2.1: Intensive Outpatient Services
- Level 2.5: Partial Hospitalization Services
- Level 3: Residential/Inpatient Services
- Level 4: Medically Managed Intensive Inpatient Services
Common SUD Treatment Options

• Individual Therapy
• Group Therapy
• Couples/Family Therapy
• Recovery Support
• Medications
• Treatment of Co-Occurring Psychiatric Disorders (e.g., depression, anxiety)
• Treatment of Co-Occurring Medical conditions (e.g., Hepatitis, HIV)
Health Professional Impaired Practitioner Programs

- Washington Health Professional Services (WHPS)
  - Nursing Professionals (LPN, RN, ARNP, CRNA)

- Washington Physicians Health Program (WPHP)
  - Physicians (MD, DO), physician assistants, podiatrists, dentists, and veterinarians

- Washington Recovery Assistance Program for Pharmacy (WRAPP)
  - Pharmacy Professionals (pharmacists, pharmacy assistants, pharmacy interns, pharmacy technicians)

- Washington Recovery and Monitoring Program (WRAMP)
Washington Physicians Health Program

- Washington Physicians Health Program (WPHP) established in 1986
- Early intervention, assessment, treatment referral and post-treatment monitoring
- Advocate in employment, insurance, regulatory, legal and other domains
- Conditions addressed: Substance Use Disorders, Behavioral Health Disorders, Non-Psychiatric Health Conditions, Neurologic and Cognitive Disorders
- Confidential referrals: self or others (phone or website)
- Voluntary participation vs. referral to Washington Medical Commission
- Conduct initial in-office assessment to determine extent of impairment and services needed: participant perspective, health and psychosocial histories, cognitive screen and laboratory testing
WPHP Process

• Outcomes of Evaluation:
  1. No impairment: no further intervention or monitoring
  2. Illness without concern of impairment: resources without monitoring
  3. Illness with impairment or reasonable risk of impairment: further evaluation or treatment recommended followed by monitoring

• Potential referral for comprehensive diagnostic evaluation (CDE)
  - Local vs. Residential Centers

• WPHP-approved Treatment Centers

• WPHP Monitoring Agreement: range from 1 year for mild disorders to up to 5 years for moderate and severe disorders
WPHP Outcomes/Benefits

- SUD: 80% of participants relapse-free @ 5 years vs. 50% of general population in usual care at 6 months
- Reduced Burnout: 15% vs. 54% national average
- 40% reduced errors at work and decreased absenteeism
- 75% better work satisfaction and improved lifestyle choices
- 80% improved relationships, less stressful personal life, improved health overall, better work/life balance, and less irritability
- 80% described their WPHP experience as extremely useful or lifesaving
- 95% WORKING IN THEIR FIELD AT PROGRAM COMPLETION
Summary

• Substance Use Disorders can happen to everyone: DON’T SUFFER IN SILENCE!!!

• Evidence-based treatment options are available for Substance Use Disorders and Co-Occurring conditions

• Health Professional Impaired Practitioner Programs are here to help confidentially

• Resources are available at Seattle Children’s
Contact information for Impaired Practitioner Programs

• Washington Health Professional Services (WHPS)
  Phone: 360-236-2880, Option #1

• Washington Physicians Health Program (WPHP)
  Phone: 206-583-0127

• Washington Recovery Assistance Program for Pharmacy (WRAPP)
  Phone: Confidential Toll-Free Helpline: 1-800-446-7220

• Washington Recovery and Monitoring Program (WRAMP)
  Phone: 360-236-2880, Option #2