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Substance Abuse Among Nursing Students

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When I picked up the phone that Friday morning I knew immediately there was a problem. The nursing student on the other end sounded ill and was calling to tell me she was not going to meet her preceptor for her senior leadership clinical that day. As we talked further, I realized that her speech was actually slurred and her responses to my questions seemed inappropriate.

In recent days I had become concerned about this student. She had missed the deadline for her CPR recertification when other students had taken care of this weeks before. She seemed unconcerned that she would be starting clinical late even though she had only 6 weeks to meet the clinical objectives for this course. Her excuses for these problems were different each time I asked. I noticed she seemed to have lost weight over the past few months and seemed tired, sometimes falling asleep in class. She missed class and clinical conference more frequently and her excuses seemed quite elaborate. When we discussed issues of concern she seemed to change the subject and go off on tangents. I felt like I was not getting through to her; she didn't seem to understand that she was jeopardizing her clinical grade in her last semester of her senior year.

Then, on this Friday morning I came face to face with the problem I had tried not to see in her. Gail (not her real name) was clearly under the influence of some chemical substance. I stayed on the phone with her and probed a little further about her condition. She was at a friend's apartment where she had spent the night. She reported that she must have a stomach virus, since she had thrown up a lot of blood. I asked her to have her friend bring her to my office so I could assess further. In the meantime I solicited the help of another colleague to meet with me when Gail arrived. We asked her openly about substance use, which she denied. Her words were "I don't have a problem." As we talked further she revealed that she regularly took diazepam (Valium), opioids, and promethazine (Phenergan) as prescribed for chronic TMJ pain and migraines. She indicated that she was in a relationship with a physician in her hometown who prescribed medication for her as needed. She also shared that her father was an alcoholic and that she knew the perils of alcoholism. We encouraged her

to get medical attention right away and return to meet with us the following Monday. We asked her to have a drug screen, but because we didn't have a specific written policy at that time, we didn't feel we could mandate the test. She did not have the test done as requested at that time. However, subsequent tests substantiated her use of opioids and benzodiazepines. In the face of what seemed like overwhelming evidence of chemical impairment, this student clung to her denial.

What followed these events was several weeks of missed deadlines, elaborate excuses, and many physical symptoms of substance abuse such as altered pupil dilation, slurred speech, trembling hands and rhinitis. After meeting with Gail and her mother several times, giving her specific guidelines and supervision, and offering counseling and other medical help, Gail was unable to meet the academic requirements for the clinical experience and failed this senior level nursing course. Along with these events came the hopeless feeling of not being able to help someone in obvious distress, and much emotional upheaval on the part of the faculty working directly with her related to confronting this issue. As the events unfolded we saw in hindsight many warning signs of problems Gail had exhibited throughout her program of study. Taking exams late, missing deadlines, and class and clinical absence had been a pattern of behavior. However, it was not until something more traumatic happened that we put the picture together.

Whether we are willing to admit it or not, nursing students are at least as vulnerable to the problem of substance abuse as others in the general population. The nursing literature indicates an incidence of 10-20% for substance abuse among nursing students, although many of these reports are not generalizable (Coleman, et al., 1997; Finke, Williams, & Stanley, 1996; Marion, Suller, Johnson, Mechels & Diniz, 1996; Naegle, 1989). We do know that college students are in the segment of the population most at risk for illicit drug use (AACN, 1996).

In today's society, the abuse of prescription drugs is growing (Kalb, 2001). Most studies reporting incidence of substance abuse in nursing focus on alcohol or illicit drug use and do not measure the use of prescription drugs (Smardon, 1998). Trinkoff and colleagues (2000) have noted that nurses are more likely to use prescription drugs without a prescription, in greater quantity, and for reasons other than those prescribed than people in the general population. Most disciplinary problems presented to state boards of nursing are related to chemical dependency. A majority of nurses being treated for substance abuse report that they were addicted as nursing students (Clark, 1999). So, even though we may not have an accurate idea of the incidence of abuse among our students, we know the problem exists among nurses and that it very likely begins when they are students.

The American Association of Colleges of Nursing (AACN) issued a position statement recommending that nursing schools adopt a written substance abuse policy for students, faculty, and staff (AACN, 1996). The position statement covers identification of the problem, intervention with the abuser to confront the problem, evaluation by a substance abuse professional to make a diagnosis, treatment by an organization specializing in substance abuse, and re-entry to work or school. Some of the basic assumptions of the position statement are:

- substance abuse compromises student learning and patient safety;
- substance abusers often need help identifying their problem;
- addiction is a treatable illness;
- students with substance abuse problems should have an opportunity for treatment and re-entry into their program of study in a controlled environment.

Identifying substance abuse behavior can be very difficult for nursing faculty members. Often, the symptoms of substance abuse can be written off as physical illness, lack of motivation or effort by the student, lack of academic ability, or just having a bad day. Identifying problems and intervening with students requires much emotional support from other colleagues. It is not uncommon to question oneself even in the face of very objective data. Careful documentation is important since identification of substance abuse is more likely to be done based on a pattern of behaviors, and not one isolated event. Identifying behaviors that may be associated with substance abuse does not make a diagnosis. It is simply the first step in a process that may help determine if a problem exists.

Behaviors that may indicate a substance abuse problem in nursing students are variable, but generally fall into the following categories:

Physiologic

- slurred or rapid speech
- trembling hands
- persistent rhinorrhea
- altered pupil dilation
- flushed face
- red eyes
- odor of alcohol
- unsteady gait
- declining health

Behavioral

- irritability and mood swings
- isolation or avoidance of group work
- pattern of absenteeism and tardiness
- decreased clinical and academic productivity
- fluctuating clinical and academic performance
- change in dress or appearance
- inappropriate responses
- elaborate excuses for behavior
- decreased alertness/falling asleep in class
- dishonesty

(AACN, 1996; Clark, 1999; Coleman, et al., 1997; Polk, Glendon, & Devore, 1993).

It is also noteworthy that the majority of nurses who are treated for substance abuse ranked academically in the top third of their class and hold advanced degrees (Clark, 1999). Students with chemical dependency may be some of our top students.

The experience with Gail highlighted the need for a written, well defined policy for dealing with chemically impaired students. In reviewing the literature, several sources were particularly helpful. (AACN, 1996; Asteriadis, Davis, Masoodi, & Miller, 1995; Clark, 1999; Polk et al., 1993). The Dean convened a task force of faculty members and others related to the School of Nursing to review the literature and write drafts of the policy and procedure. The task force solicited input from students and faculty, the state Board of Nursing Professional Assistance Program, university Student Health Services, university legal counsel, and a professional substance abuse evaluator. The task force also reviewed policies and procedures from other nursing schools.

The task force adopted the set of assumptions from the AACN (1996) position statement, then crafted the policy and procedure statement based on the literature review and input from various constituents. The outcome was a policy statement with rationale and a step by step procedure that faculty members could easily follow when they encountered student behaviors that might indicate substance abuse.

The procedure provides for student privacy and opportunities for students to explain their behavior. The procedure allows the faculty member to require a urine drug screen to be done immediately at Student Health Services any time a faculty member deems this is warranted. However, this is not a requirement and a negative drug screen does not necessarily indicate the absence of substance abuse. After an initial encounter with the student where the involved faculty member confronts the student and the student offers explanation of behavior, the involved faculty member(s) meets with the Dean and the student to review the incident(s) and discuss the procedure and academic consequences. After this meeting a decision is made whether or not to carry forward with the procedure. If the procedure moves forward, the student is required to see a professional substance abuse evaluator to make the appropriate diagnosis. Students who get the prescribed treatment, follow-up, and monitoring have the opportunity to return to their program of study without academic consequences. An appeal process is available to the student in accordance with the university policies.

Since the adoption and implementation of this policy and procedure in January 2000, faculty members have used it as a guideline in several student situations. Implementing the policy helped us in assessing a student whose primary diagnosis was depression. The way in which this student was coping with depression was leading her to misuse prescription drugs. The policy and procedure are published in the School of Nursing Student Handbook and are briefly reviewed at the beginning of each semester at the student orientation session. This same policy has been adopted by the entire College of Health Sciences, including the Schools of Occupational Therapy and Physical Therapy, and the Department of Social Work.

Confronting the problem of substance abuse is a difficult challenge facing nursing faculty members. Maintaining a balance between vigilance and over-suspicion requires commu-

nication and support from colleagues. Balancing the student's right to privacy with the need to communicate with other faculty in order to establish a pattern of behavior over time can be very difficult. A written policy and procedure and careful documentation are keys to achieving these goals. Facing these challenges can make a life-changing difference for the student suffering with substance abuse, and will help protect consumers in the health care system now and in the future.

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50th Anniversary Convention Spotlight

A memorable time in an exciting city is planned for all who attend the 50th Anniversary and Alumni Reunion of the National Student Nurses Association, April 3-7, 2002, in Philadelphia, Pennsylvania. The theme is "NSNA: Embracing the Past, Envisioning the Future."

More than 5000 future nurses, NSNA alumni, faculty and exhibitors from around the country are expected to attend. Attendees will:

- Discuss issues vital to the nursing profession;
- Meet and mingle with past NSNA leaders;
- Hear top nursing leaders speak;
- See the House of Delegates in action;
- Make new friends and see old ones;
- Celebrate the biggest Birthday bash of the 21st Century;
- Visit historic Philadelphia and be part of NSNA history in the making!!

The keynote address will be delivered by Sheila Burke, MPA, RN, FAAN Under Secretary for American Museums and National Programs, Smithsonian Institutions, Washington, DC. A past president of the California Nursing Students' Association, Ms. Burke served as chief of staff for former Senate Majority Leader, Bob Dole. The Opening Ceremony speaker is sponsored by Tenet HealthSystem.

Two Plenary Sessions and a Closing Session are featured with timely topics to be addressed by nursing leaders. On Thursday, April 4, from 9:00 am – 10:30 am, "Embracing the Past" will be presented by a panel of past NSNA Presidents. A sociodrama, based on the one presented at the 1970 NSNA Convention will also be presented at this Plenary Session. The Session is sponsored by Nurses Service Organization (NSO), Hatboro, Pennsylvania.

The Plenary Session on Friday is sponsored by the National League for Nursing and features international speaker and dean, University of Pennsylvania, School of Nursing, Afaf I. Meleis, PhD, RN, FAAN. The topic, "A Passion for Globalization: Commitments and Challenges" will discuss how the current international climate challenges our thinking about civil and human rights and responsibilities.

On Saturday, April 6, from 5:00 pm – 6:00 pm Diana Mason, PhD, RN, Editor-in-Chief, *American Journal of Nursing*, explores what future generations of nurses may encounter in the years ahead, "Envisioning the Future – Nursing and Healthcare Beyond the 21st Century." The Endnote speaker and the Farewell Reception are sponsored by Washoe Health System, Reno, Nevada.

Several schools of nursing will hold reunions for their alumni and currently enrolled students at the convention. On Thursday, April 4, from 9:00 pm – 10:30 pm rooms are available for your school to hold an alumni reunion. Contact NSNA for

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details. As of this time the following schools will hold reunions during the convention:

- Brigham Young University, Provo, UT
- The Catholic University of America, Washington, DC
- New York University Division of Nursing
- University of Pittsburgh School of Nursing, Pittsburgh, PA
- University of Scranton, Department of Nursing, Scranton, PA

An Alumni Leadership Tea will be held on Thursday from 2:30 pm – 3:30 pm. Eleanor Hermann, EdD, RN, FAAN, will tell the story of Victorian Nursing and Tea. Dr. Hermann is Professor Emerita, University of Connecticut, Storrs, CT, and president of the American Association for the History of Nursing. Following her presentation, alumni are invited to reflect on their experiences and share how NSNA influenced their professional career. Sponsored by Pitt County Memorial Hospital/University Health Systems of eastern Carolina.

The Faculty Program and Events include workshops offering continuing education, roundtable discussions and other networking opportunities discussing what NSNA is doing today and offering ways to enhance and broaden your teaching and advising career. The Mentor Connection sponsored by Nursing Spectrum; Creative Teaching, sponsored by Nursing Education Consultants; Professional Obligations for Self-Care sponsored by MCP Hahnemann University; Research in the Classroom sponsored by Sigma Theta Tau; How to Prepare Students for Job Hunting, sponsored by Nursing Spectrum, and much more.

The Faculty Lounge offers a quiet place to network, enjoy a cup of coffee with colleagues, and collect information is sponsored by MCP Hahnemann University. Watch www.nсна.org and future correspondence for days and times.

Other features offered at the Anniversary Convention include a commemorative book featuring NSNA's rich history in words and photos and a documentary video highlighting NSNA's fifty-year history. All attendees will receive a copy of the commemorative book with their registration.

NSNA is working with the American Red Cross to offer a two part certification course in Disaster Nursing, to provide you with information about disasters, the community response, and the role of the Red Cross Disaster Services. The American Red Cross will also be working with NSNA on the annual blood drive.

Help to Pass State Boards: NSNA NCLEX® Excel! Mini Review is offered. NSNA and MCP Hahnemann are pleased to offer eight hours of selected topics frequently questioned on the NCLEX-RN exam in this 8 hour mini review. The schedule allows all convention attendees, including delegates, to attend the entire Mini Review.

To round out the incredible educational offerings for all attendees, over 30 focus session topics are offered, the first annual Nursing Leadership Lecture will be presented by the Foundation of the NSNA. The speaker for this inaugural event will be Ann L. O'Sullivan, PhD, RN, FAAN, associate professor of pediatric primary care nursing. Co-Director Pediatric Nurse Practitioner Program, University of Pennsylvania School of Nursing, Philadelphia, PA. The sponsor is The RWJ Executive Nurse Fellows Program, a national leadership program supported by The Robert Wood Johnson Foundation.

The 2002 Anniversary Convention and Alumni Reunion promises to be a memorable time for everyone. Plan now to be in Philadelphia, Pennsylvania, April 3-7, 2002 . For convention brochures call NSNA at 212-581-2211; for continuous program updates go to the NSNA Web site: www.nсна.org