



Nurses Caring for Addiction & Substance Use Disorder

By Kendra Odland, RN



Introduction

According to the Joint Commission (2016) “the concept of unconscious bias (hidden bias or **implicit bias**) suggests that ‘much of our social behavior is driven by learned stereotypes that operate **automatically** – and therefore **unconsciously** – when we interact with other people’” (p. 1).

Zestcott, Blair, and Stone, (2016) highlight that “**implicit bias** may negatively impact their communication and interaction with **stigmatized patients**, impacting the patients’ perceptions, judgments, and trust with their provider; this in turn would impact the patients’ engagement and adherence to treatment and **increase health disparities**” (p. 5).

Szalavitz (2016) states that “the way we [as society] treat addicts as both sick and criminal also reinforces the **stigma**” (p. 219).

The ANA (2018b) recommends that nurses “engage in a period of **self-reflection** regarding their personal and professional values regarding civility, mutual respect, and inclusiveness” (p. 3).

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Get to know Kendra



🎵 *“WE ARE NOT HERE TO JUDGE. WE ARE HERE TO LOVE. THERE’S NO ROOM FOR HATE. WE ARE JUST ONE HUMAN RACE.”* 🎵

LENNY KRAVITZ, HERE TO LOVE

Kendra is a student at Iowa State University (ISU) obtaining her bachelor’s degree in Nursing and graduating in the spring of 2020. She has earned her Associate Degree in Nursing (ADN) from DMACC in 2018 and has obtained her Registered Nurse (RN) license. After graduation Kendra will be moving to Sheboygan, Wisconsin where she plans to get married and continue her nursing career.

Kendra has worked in healthcare since 2011 starting as a Certified Nurse Aide (CNA) in a Long-Term Care (LTC) facility. In 2012 she spent a few months living with her grandmother and providing care to allow her grandmother to remain safely in her own home while recovering from a fall.

While doing a project for nursing school pertaining to community health Kendra discovered a need for a health care professional at the Ankeny, Iowa YMCA. Starting in 2017 Kendra assisted with their cardiac fitness program until the Ankeny, Iowa YMCA closed in 2019. Working with the YMCA has taught Kendra the value and significance of providing accessible care and resources to local communities.

Starting in 2013 to 2020 Kendra has worked for UnityPoint Health on the cardiac unit at Iowa Lutheran Hospital in Des Moines, Iowa. While working at the Lutheran hospital she has developed a heart for people from vulnerable populations and those who suffer from stigmatized conditions. Kendra aspires to utilize her passion to be a better advocate for these vulnerable populations and hopes to inspire other nurses do the same.

Definitions

Addiction and Substance Use Disorder (SUD)

- According to the National Institute on Drug Abuse (2018) addiction is considered a “**brain disorder**, because it involves functional **changes to brain circuits** involved in **reward, stress, and self-control**, and those changes may last a long time after a person has stopped taking drugs” (para 1). Due to the brain’s ability to adapt, it’s difficult for a regular user to get high anymore. At best they stave off withdrawal.
- Szalavitz (2016) says addiction is **a developmental disorder or a learning disorder**. Addiction is not something anyone chooses. It’s “**compulsive behavior despite negative consequences**” (Szalavitz, 2016, p. 164).
- “**1 in 10 American adults**—more than 23 million people—said they’d kicked some type of drug or alcohol addiction in their lifetime” (Szalavitz, 2016, p. 2).
- Grisel (2019) highlights the fact that “In the United States, about **16 percent of the population** 12 and older meet criteria for a substance use disorder” (p. 3). and **1 out of 4 deaths** are attributed to excessive drug use (Grisel, 2019).
- “Research indicates that most people with a SUD started using during adolescence and met the criteria before age 25.” (Grisel, 2019, p. 192).

Why Nurses Should Care

One day during clinicals for my behavioral health rotation I saw a woman get upset over the evening snack. She threw a box of crackers across the room and said she couldn't eat them because she didn't have any teeth. I heard remarks from some of the staff under their breath saying things like, "Well if she wanted to have teeth, **she shouldn't have used meth.**"

I thought maybe I could find her a different snack, so I approached her to see if she wanted some applesauce or pudding. She explained to me that it wasn't about the snack. Every day she usually was visited by her friends and family. During those visits they would bring some of her favorite food and provide hope for her to get better soon. That day no-one came. Instead she was given a note saying **they had given up hope for her**, and they weren't going to visit her anymore. It was sad to see that during a particularly vulnerable time when she was **feeling especially hopeless**, none of the staff tried to help her.

From the outside looking in, it might appear that this unit did not have compassionate nurses, but that's not what I saw during my clinical rotation. Aside from this experience, I saw the nursing staff be very compassionate towards their patients even during difficult situations. This leads me to believe that even good nurses are **not immune to implicit biases**. It's important for us to be aware of these potential biases because it can negatively impact the care we provide to our patients.



Advice from Professionals

Advice from a Nurse

Stephanie White, RN, has been a nurse since 2013. She has worked for Unity Point Health in mental health and chemical dependency a total of eight years.

- Stephanie believes that the provider should be a person the patient can go to for holistic care. Making sure that patients have all the [support](#) they need is a crucial part of their treatment.

... it all goes back to being there for them, exactly where they are. I use the term, “Love them where they are.” ...

- Stephanie points out that “Neurologically their brain is low on certain neurotransmitters, and usually, the nucleus accumbens (the pleasure center of the brain) is fried.” She always hopes that patients can stay sober, but also knows that relapse is extremely likely because [recovery is a long process](#). “Just being there for people, exactly where they are, is the ultimate goal.” [There’s always hope](#).
- According to Stephanie, the [biggest hindrance](#) in the relationship between providers and patients is [stigma](#).

- Accurate diagnosis with adequate pain management can be a challenge. Stephanie says, “if you see that label [SUD] on their chart, they are automatically seen as a [drug seeker](#).” This can lead to delayed diagnosis and cause serious complications –sometimes even death.
- To help promote effective provider-patient communication, education is key. “[Providers need to understand the chemistry of the brain](#),” Stephanie says, “and look more into why people do the things they do.”
- Not every provider or program may be the right fit. Finding the right program might mean trying out several different doctors and/or treatment centers. But it’s important to keep trying.
- Stephanie addresses that although reaching out to people who aren’t ready can be very difficult, it all goes back to [being there for them, exactly where they are](#). She says, to “Love them where they are.” But also understand you can’t fix everyone.



Advice from an Attorney

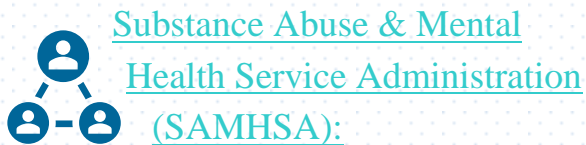
Jane Odland, JD, an attorney since 2004 who currently practices at her own private firm, The Odland Law Firm, highlights what some of these cases look like from a legal perspective and provides insight to resources that the court and the [Department of Human Services \(DHS\)](#) can provide for families struggling with substance abuse.

“It’s helpful to have the whole team on the same page ... being on the same page helps improve the progress of the client.”

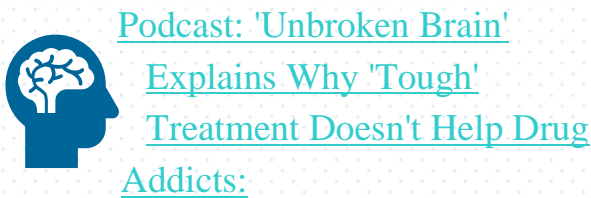
- When it comes to parents diagnosed with SUD, Jane tells us that [DHS has voluntary services](#) for families. Social workers, along with the Iowa court system, really try hard to keep families together. “If a parent needs help getting to treatments or doctor appointments, help with childcare, or other supporting services, [FSRP \[Family, Safety, Risk and Permanency\]](#) can be a helpful resource.”
- Jane gave an example exhibiting demonstrating the value of these services. The story involves a mother suffering from SUD and her child who had behavioral issues. One night the child wanted to run away from home and the mother was struggling to manage the child’s behavior. Jane said, “It was about eight o’clock at night and the mother called the FSRP worker, who even though it was after hours, came over to help manage the child’s behavior and get the child back under control.” Jane noted that [the mother was able to stay clean and on track with her recovery](#). This, she attributes, was primarily because with the help and support of the FSRP the mother was able to avoid relapsing.
- Jane stresses the importance of regular interdisciplinary communication. “It’s helpful to have the whole team on the same page. Whether it’s a FSRP worker, a social worker, a healthcare provider, or any other member of the care team, everyone being on the same page helps improve the progress of the client.”



Additional Resources



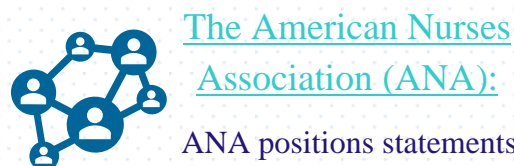
SAMHSA is an agency within the U.S. Department of Health and Human Services (HHS) that leads efforts to advance behavioral health treatment and to improve the lives of individuals with mental and substance use disorders. Their website that can help find different treatment programs with their local Substance Use Treatment Locator, their local Behavioral Health Treatment Services Locator, their local Buprenorphine Practitioner & Treatment Program Locator, or their local Opioid Treatment Program Directory.



FRESH AIR's Terry Gross interviews Maia Szalavitz, a journalist and author the book of *Unbroken Brain: A Revolutionary New Way of Understanding Addiction*. Szalavitz's work is based on research and her personal experience with addiction. She posits that our approach to treatment should include more cognitive behavioral therapy, motivational enhancement therapy, and maintenance treatment. Szalavitz advocates for harm reduction programs because their approach for treating addicts is to, "treat people with addiction like human beings."



The Mighty is a digital health community designed to connect and empower people facing chronic health conditions. The Mighty has articles, and blogs that discuss over 600 topics including addiction and substance related disorders, such as the article [Why We Need to Talk About Intensive Outpatient Programs](#). They also have over 2 million users and over 300 non-profit partners for support at your fingertips.



ANA positions statements: some topics and subjects the ANA cover in their position statements include drug and alcohol abuse, electronic health record, ethics and human rights, HIV and viral hepatitis, nursing practice, patient safety, privacy and confidentiality, social causes and health care, role of the registered nurse, and workplace advocacy. Two examples of ANA ethical and human rights position statements include: [Ethical Responsibility to Manage Pain and the Suffering It Causes](#) and [The Nurse's Role in Addressing Discrimination: Protecting and Promoting Inclusive Strategies in Practice Settings, Policy, and Advocacy](#).

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