

One Nurse's Story of Addiction and Recovery

“Deer Peer Assistance, Seasons are like phases in recovery; some warm and productive, others bitter cold and stagnant. All are necessary for success! I will always thank you with all my heart for your encouragement during my seasons. Sharon”

Sharon is a Colorado registered nurse, a mother, grandmother, wife and teacher. She also happens to be a recovering drug addict. The story of Sharon's addiction began 10 years ago as a new graduate, assigned to a high stress area, the only area at that time in the hospital accepting new graduates. Before becoming a nurse she had used alcohol, marijuana and prescription narcotics with no grave consequences. But her work as a new nurse was different. The unit was short staffed, patients were quite acutely ill, and she felt unprepared. In retrospect she wishes someone would have recognized and responded to the distress she was experiencing. As she was caring for a terminally ill patient who was being given a powerful drug to help reduce his anxiety and keep him calm, she wondered if a drug like his would help her be a better nurse. The first few times she tried the drug, she injected it intramuscularly. It was an amazing transformation. Suddenly she felt like she could cope with almost anything, and her feelings of being overwhelmed and incompetent were in check and manageable. Her self-confidence returned.

Over the next three months, IV use quickly replaced the IM route, and she was regularly using at work, sometimes as much as three times in one shift. She was doing fabulous, she thought, until April. A question she had asked a patient became the stimulus for closer scrutiny of her performance. Narcotic records were found to be altered and there were a number of unexplained broken vials. Sharon was confronted by her nurse manager who asked her to “turn herself in.” She was sent home early and she phoned back the next day, admitting she had a problem.

Sharon was told about N.U.R.S.E.S. of Colorado (which became Peer Assistance Services, Inc. in 1994) and contacted them for help. The staff at N.U.R.S.E.S. helped her negotiate the many things she needed to do to begin recovery; interface with the Board of Nursing, monitored naltrexone, drug testing, attend peer support groups, 12-step meetings and participate in treatment. Sharon reported her problem to the Board of Nursing, and accepted a license stipulation, which required her to be on probation for three years. During this time she continued to practice as a registered nurse, and was able to find a less stressful work environment.

For the next two and one-half years she actively participated in a program of recovery, and others around her thought she could be discharged from treatment. One day she took a needy friend a sack of food, and in that visit, discovered the friend was using cocaine intravenously. Sharon was working nights, and was chronically tired, trying to balance the demands of being a nurse with motherhood and a life. She thought that maybe cocaine would help her do a better job at work. The next day she obtained cocaine for herself, tried it, and was amazed at how wonderful she felt, as if she could do anything! After three months she began to have signs that her body couldn't take it any longer, and again called Peer Assistance Services for help. She also decided she should leave nursing.

Sharon worked hard to reestablish sobriety during a lengthy a period that included more relapses. She was hospitalized for detox, but with a poor aftercare plan. She relapsed almost immediately.

She was admitted to a drug and alcohol treatment facility for 35 days, and relapsed again. She checked herself in to a 90-day woman's program, followed by a 90-day halfway house. Then she moved into a ¾ house program for a year, and finally returned to a "normal life." Although her husband and children had been supportive ("Do whatever you need to do to recover"), her marriage failed. Today she has been free from narcotics for over nine years and from cocaine for over seven, and her license to practice nursing has been reinstated. She has a new husband, a young child and a new life of reaching out to others to demonstrate that same non-judgmental attitude that helped her so much.

As every person is unique, so is Sharon's particular story. However there are several lessons we can learn that will help anyone in recovery or struggling with addiction.

1. *Substance abuse is a chronic relapsing illness, not unlike congestive heart failure, diabetes, or hypertension, except for the overwhelming stigma society has placed on people who suffer from addiction.* This means that besides the initial focus on treatment, a great deal of attention needs to be given to a relapse prevention plan. As Sharon told me, the stress of a new job (working nights) and a stressful home life (her first marriage was falling apart) made her more likely to use poor judgement, thinking that cocaine could give her more energy to meet the demands of her life. Her poor judgement did not let her factor in the potential damage that cocaine could do to her.
2. *A non-judgmental attitude is critical to the person in recovery so that he or she can continue to seek help even if relapse has occurred.* Sharon emphasized this over and over and credits much of her success today with the accepting attitude displayed by the staff at Peer Assistance Services. Her sense of shame about the addiction and everything that accompanies it was overwhelming. During probation it was extremely difficult for her to ask fellow nurses to administer narcotics for her patients. It was not uncommon for nurses to be angry with her and to avoid her. Sharon tells me that it would have been so helpful for nurses to approach her with comments like "I'm so glad you're in treatment. It's good to have you back."
3. *A support system that understands the dynamics of addiction and recovery is essential.* Whether it is a spouse, friends, or colleagues, having a safe place where the recovering person can openly discuss what is going on, with people who understand the daily difficulties is another important component of recovery. Peer Assistance Services provides a network of Peer Support Groups across the state for health care providers. These are facilitated support groups, not therapy sessions.
4. *The nurse who suffers from addiction is not having a good time "getting high."* Time after time we learn of nurses who began using drugs to help them cope with stressful work and life circumstances, or who had experienced inadequate or inappropriate pain management as patients themselves. Sharon's initial decision to use narcotics and cocaine was motivated by her desire to be a good nurse and perform her job competently.

The incidence of substance dependence is similar among nurses to the rate in the general population. That means that approximately 1 in 10 of us has at one time been dependent on

alcohol or drugs. The current state of understanding is that substance dependence is a complex disease that has neurochemical and biological causes as its foundation, not moral failure or character deficits.

5. *In a work environment, colleagues need to be astute enough to notice problems in a coworker, compassionate enough to want to find out what's going on, and smart enough to make a call for help to a program like Peer Assistance Services.* As nurses, we have an ethical responsibility to promote our profession. Charged with this responsibility, we must be concerned about our colleagues and their practice. At times it may seem like we are doing the best thing by not interfering with a colleague and “giving her space”. This distancing behavior does not serve our profession, or the colleague. What would we do if we thought of the nurse struggling next to us as deserving of the same care as a patient?

In our experience, the nurses we see who are addicted are among the brightest and most energetic providers and they have high standards for their own performance. These nurses deserve all the support we can provide to keep them practicing in the profession, if that is an appropriate goal.

6. *Sometimes the work of nursing and/or constant exposure to addicting drugs is not the best place to be.* It is important to understand that a person is more than the identity of “nurse”, that there are many ways to practice as a nurse, and many ways to use one’s education.
7. *Health care providers, including nurses, are poorly prepared educationally to recognize and deal with a critical national health problem.* Nurses do not recognize that lack of judgement and relapse are part of the disease process. As a result, we often respond emotionally instead of with knowledge. While our emotions are personal and valid, they can still lead us to conclusions that are wrong, even dead wrong. We need to expect better education and continuing education from our academic institutions.

Do you have a question, fear or concern about your own substance use, or that of a colleague? There is help. Recovery is possible. Call Peer Assistance Services (303-369-0039; or toll-free 866-368-0039) for a confidential consultation. Sharon is also willing to speak to individuals or groups about substance abuse and how she received help.

(William Cope Moyers, nationally-recognized journalist, will be the keynote speaker at the Ultimate Supper Club III on Thursday, April 26, 2001 at the Arvada Center. Moyers, the son of Bill and Judith Moyers, is committed to carrying the message about addiction and recovery into the public arena. He uses his own personal experiences to highlight the power of addiction and the power of recovery. He has appeared on Larry King Live, the Oprah Winfrey Show, the Today program, and his work has been featured in the New York Times and Newsweek magazine. For more information or to obtain tickets, contact Peer Assistance Services at 303-369-0039, or 866-369-0039, toll-free.)

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