ALCOHOL AND SUBSTANCE USE DISORDERS

A RESOURCE GUIDE FOR HEALTH CARE PROFESSIONALS

Department of Health and Human Services
Division of Public Health - Licensure Unit
Nebraska State Office Building
301 Centennial Mall South – Third Floor
P.O. Box 94986
Lincoln, NE 68509-4986

2016

TABLE OF CONTENTS

Introduction....1

Definitions....1

Understanding Alcohol and Substance Use Disorders
- Etiology....2
- Incidence....3
- Physical and Behavioral Indicators of Alcohol and Substance Use Disorders....4-8
- Reasons Colleagues, Supervisors, and Employers May Not Identify Health Care Professional Alcohol and Substance Use Disorders....9

Intervention
- Barriers to Intervention....10
- Basic Principles of Intervention....10
- Nebraska Licensee Assistance Program....11
- Treatment/Education Options....12

Monitoring
- Guidelines....13
- Nebraska Licensee Assistance Program *Monitoring Agreement*....14-15
- Sample *Return-To-Work Agreement*....16
- Relapse Prevention Issues....17

Mandatory Reporting....18

Recovery Support Contacts....19

Additional Resources....20

References....20

Department of Health and Human Services
Division of Public Health
Licensure Unit
PO Box 94986
Lincoln, NE 68509-4986
(402) 471-2115
http://dhhs.ne.gov/crl/chemguide.pdf

INTRODUCTION:

This resource guide was developed by the Nebraska Department of Health and Human Services, Division of Public Health, Licensure Unit and the Nebraska Licensee Assistance Program (NE LAP) for the purpose of providing information about alcohol and substance use disorders and health care professionals. This guide provides information on the signs and symptoms of alcohol and substance use disorders, prevention, intervention, treatment, return-to-work, recovery, and relapse.

The information presented in this guide is intended to be an educational tool and is not mandated as regulation by the Department of Health and Human Services, Division of Public Health, Licensure Unit.

DEFINITIONS:

Substance Use: A reasonable ingestion of a substance such as alcohol or prescription medication, for a clearly defined beneficial purpose, that is regulated by that purpose

Substance Misuse: Inappropriate use of a substance, such as alcohol, use of an illegal drug, or misuse of a prescription medication or over the counter medicine

Substance Use Disorder: A problematic pattern of substance use leading to significant impairment or distress as manifested by at least two of the diagnostic criteria from the Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5)

Addiction: A compulsive or chronic need for alcohol or drugs

Enabling: The reactions or behaviors of family members, friends or co-workers that shield the health care professional from the consequences of alcohol or drug use

Intervention: Helping a person with an alcohol or substance use disorder break through denial of the disorder and gain admission to treatment

Treatment: Education, counseling, structured treatment programs, and recovery programs designed to overcome alcohol or substance misuse or a disorder

Recovery: A voluntarily maintained lifestyle characterized by remission from an alcohol or substance use disorder

Sobriety: Abstinence from alcohol and all other non-prescribed drugs

Relapse: A recurrence of the use of alcohol or a substance after a diagnosis of a moderate or severe alcohol or substance use disorder, or self-admission of addiction to alcohol or drugs

UNDERSTANDING ALCOHOL AND SUBSTANCE USE DISORDERS:

Etiology

Research suggests that some of the population is *genetically* predisposed to develop an alcohol or substance use disorder. Studies indicate that persons diagnosed with addiction lack adequate production of the brain chemicals dopamine and serotonin. When the person is introduced to alcohol or other substances, they report feeling normal for the first time. These outside stimulants take the place of brain chemicals that might be depleted or lower than normal.

There are also several factors in the *environment*, which contribute to a person developing an alcohol or substance use disorder. Availability and accessibility of mind-altering substances are two strong environmental factors.

The *psychological* factor relates to a person's psychological/emotional needs. The person uses alcohol or substances to self-medicate emotional pain, such as anxiety, stress or discouragement.

There is no reliable way to predict who will develop an alcohol or substance use disorder. There is no typical personality type or set of physical attributes. Health care professionals are just as susceptible to developing a disorder as the general population.

Individuals do not necessarily become addicted to a certain substance. However, they can become addicted to the feeling it produces and will seek out the same or similar substance to get the same feeling.

Addiction is a *primary disorder*. It has specific symptoms and is not to be confused with stress, poor relationships, or unsatisfactory work performance.

Addiction is *progressive*. If left untreated, the symptoms of the disorder will generally worsen.

Addiction is a *chronic* relapsing disorder and it does not go away on its own. Like many other disorders, the symptoms of addiction can be temporarily stopped, but without significant lifestyle changes, and continued sobriety and recovery maintenance, the symptoms generally reoccur.

Addiction can be *fatal*. Many alcohol or drug overdoses, deaths by accident, and suicides involve a person with an addiction. Additionally, long-term use of alcohol or substances can affect certain body systems or organs and lead to illness and even death.

Incidence

Alcohol and substance use disorders affect a significant number of health care professionals. Limited data is available on the rates of incidence because health care professionals rarely report problematic alcohol or substance use accurately for fear of disciplinary action against their license to practice. It is also difficult to gather accurate statistics because employers often fail to recognize the signs and symptoms of alcohol and substance use disorders. Available literature on the subject estimates that between 10% to 15% of health care professionals are struggling with an alcohol or substance use disorder.

Health care professionals are at an increased risk for an alcohol or substance use disorder for many reasons. Medications are one of the primary tools used by health care professionals to treat and help their patients recover from illness or injury. Pharmacological knowledge of medications can foster a false sense of mastery, and can lead to self-medicating or self-treatment. Exposure and accessibility to these medications are also significant contributing factors for health care professionals.

Health care professionals finding themselves in need of relief from physical pain or emotional stress may find themselves self-prescribing, or diverting medications from patients or drug supplies. When self-medicating, the health care professional convinces himself/herself, “I’m only doing it because I need to” or “I won’t do it again.” Unfortunately, without treatment of the underlying causes for the self-medication, the drug use continues and eventually escalates.

Many health care professionals do not receive appropriate intervention and treatment due to the lack of proper identification of an alcohol or substance use disorder. Data gathered from reporting state agency disciplinary action reports show that a majority of health care professional license revocations are related to alcohol and substance use disorders.

Physical and Behavioral Indicators of Alcohol and Substance Use Disorders

There is no single indicator for an alcohol or substance use disorder. Multiple indicators are usually involved. If one indicator is present, then others are usually present also.

Personal

- Deteriorating personal hygiene
- Multiple physical complaints
- Personality and behavior changes
- Emotional or mental crises
- Withdrawal and isolation
- Accidents
- Dishonesty, deceit or denial

Home and Family

- Drinking or using activities are a priority
- Emotional outbursts, arguments or physical violence
- Hiding use of alcohol or other substances
- Unexplained absences from home
- Using behaviors are excused by family and friends
- Neglect or abuse of children
- Abnormal, illegal, or anti-social actions of impacted children
- Fragmentation of family and eventual withdrawal from family
- Extramarital affairs
- Separation or divorce

Medical/Physical

- Atypical weight changes
- Observable decline in emotional or mental health
- Inability to mentally focus and keep track of a conversation
- Slurred speech
- Pupils either dilated or constricted; face flushed or bloated
- Runny nose and constant sniffling
- Nausea, vomiting, diarrhea, fatigue
- Shakiness, tremors of hands, agitation
- Unsteady gait, falls
- Multiple medication prescriptions for self and/or family members
- Drug seeking behaviors, such as seeking atypical medical treatment for migraines, back pain, other pain or illness
- Emergency-room treatments: overdose, cellulitis, gastrointestinal problems, systematic infections, unexplained injuries and accidents

Friends and Community

- Embarrassing social behavior
- Unpredictable behavior, such as impulsive spending or missing dates with friends
- Isolation from normal social relationships and activities
- Neglect of professional or community commitments
- Driving while intoxicated or drug impaired
- Other alcohol or substance-related legal problems

Office/Health Care Practice Setting

- Disorganized schedule
- Unreasonable or unpredictable workplace behavior
- Inaccessibility to patients and staff
- Frequent trips to the bathroom or other unexplained absences from work station or work setting
- Decreased workload or workload intolerance
- Excessive drug prescriptions
- Excessive ordering of drug supplies
- Frequent complaints by patients or clients regarding the professional's workplace conduct, such as rudeness or treatment dissatisfaction
- Sporadic punctuality
- Frequent absences from work

Office/Health Care Practice Setting (continued)

- Unsatisfactory documentation or recordkeeping
- Defensive if questioned or confronted about job performance or conduct
- Less creativity; coasting on reputation from previous work
- Questionable practice judgment
- Short absences from the work setting followed by inadequate or elaborate explanations
- Alcohol on breath with attempts to cover with mints or mouthwash
- Observed occurrences of drowsiness, hypersensitivity or impairment during work hours
- Deadlines barely met or missed altogether
- Withdrawal from professional committees or organizations
- Illogical or sloppy documentation with regard to dispensation of controlled substances
- Increased interest in patient pain control
- Patient complaints of ineffective pain medications
- Discrepancies in treatment orders, progress notes and medication records
- Frequent incorrect medication or narcotics count
- Appearing at the workplace on days off

Other Professional Problems

- Frequent job changes or relocations
- Impatience for state licensure prior to verification of credentials
- Unusual medical history
- Vague letters of reference
- Inappropriate or inadequate qualifications
- Deterioration of professional reputation
- Licensure issues
- Malpractice claims
- Other legal issues

The most critical component in identification of an alcohol or substance use disorder is the personal and health care practice baseline from which a professional has normally functioned. Problematic use of alcohol or other substances will eventually result in negative personal behavior and/or professional practice deterioration in relation to his/her baselines. Health care professionals generally will work hard to maintain their personal, family, and professional standards and may continue functioning successfully for a long time in spite of their active alcohol or substance use disorder. However, eventually their functioning will deteriorate to a level of personal or practice problems that cannot be ignored.

Reasons Colleagues, Supervisors, and Employers May Not Identify Health Care Professional Alcohol and Substance Use Disorders

- Uncertainty or confusion about signs and symptoms
- Reluctance or refusal to identify signs and symptoms
- Hoping that “things will get better”
- To prevent employment, licensure or legal sanctions for the professional
- The risk of personal or professional involvement in a colleague’s situation
- Fear of retaliation by employer and/or the professional
- Other enabling of the health care professional’s alcohol or substance-related behavior

    a. Ignoring it

    b. Covering up for it

    c. Trying to protect him or her

    d. Making excuses for him or her

    e. Doing his or her work

INTERVENTION:

Barriers to Intervention

Many health care professionals do not understand their role in identifying the signs and symptoms that a colleague's problems are related to alcohol or substance use. Uncertainty and reluctance are the primary barriers. Thoughts of "What if I'm wrong?", "What if she denies it?" or "What will happen to him, or to me?" are common concerns when deciding whether or not to intervene with a colleague. The signs and symptoms of a disorder are often not addressed due to the misconception there must be certainty that there is an alcohol or substance use disorder prior to an intervention. However, the goal of intervention is not to diagnose an alcohol or substance use disorder at the time of the intervention. It is to ensure that alcohol or substance-related problems are recognized for what they are, and satisfactorily dealt with for the well-being of patients or clients, the professional and others who work with the professional.

Basic Principles of Intervention

Report the suspected signs of an alcohol or substance use disorder immediately to a supervisor, administrator, or to Human Resources (HR).

- Document specific observations, including date, time, place, and practice or conduct concerns
- Note discrepancies from the health care professional's personal or practice baselines
- Follow your workplace policy on reporting of alcohol or substance use-related conduct or practice concerns
- Do not discuss suspicions with colleagues. Follow your workplace policy and the guidance of your supervisor, administration or HR.

Nebraska Licensee Assistance Program

If you are a health care professional with concerns about your own alcohol or substance use, or you have concerns about a colleague, contact the Nebraska Licensee Assistance Program (NE LAP) for further guidance and assistance with your concerns. The NE LAP is an assessment, treatment referral, case management, monitoring, and educational service designed to help health care professionals credentialed by the State of Nebraska work through alcohol and substance use issues.

The NE LAP offers health care professionals an opportunity to discuss alcohol or substance use problems confidentially and openly with the NE LAP Coordinator or the NE LAP counselor. Both are Nebraska licensed alcohol/drug counselors. Comprehensive diagnostic assessments can be conducted, treatment recommendations made, and supportive professional assistance provided during the process of recovery from alcohol and substance use disorders.

NE LAP office hours are Monday through Thursday, 8:00 a.m. to 8:30 p.m.; Friday 8:00 a.m. to 4:30 p.m.; and Saturday, 8:00 a.m. to 12:30 p.m. A 24-hour answering service is also available. The NE LAP can be contacted by phone at (402) 354-8055 or (800) 851-2336, or visit the website at www.lapne.org.

Treatment/Education Options

Several levels of treatment for alcohol or substance use disorders and various addiction recovery programs are available for health care professionals.

Self-help/Mutual Support Addiction Recovery: Alcoholics Anonymous, Narcotics Anonymous, Licensee Support Groups, and groups such as Smart Recovery and Celebrate Recovery, are self-help addiction recovery programs. They are often an integral part of an individual's maintenance of sobriety and a healthy recovery from an alcohol or substance use disorder. Generally, a minimum of at least two program meetings each week are required throughout primary treatment and continuing care treatment.

Outpatient Treatment (Level I): These are outpatient programs that provide up to nine hours per week in structured outpatient therapy and education to address alcohol and substance use problems. Level 1 services are designed to help individuals achieve positive changes in their use of alcohol or other substances.

Intensive Outpatient Treatment (IOP): This type of treatment generally consists of two to four hours, three to four days or evenings each week at the treatment provider's facility, for six to eight weeks. In addition, individual counseling is generally required during treatment. Those undergoing intensive outpatient treatment are able to remain living in their home environment and may also be able to continue to work. This type of treatment offers more flexibility and less disruption to the individual's everyday life than residential or inpatient treatment.

Residential/Inpatient Treatment: Residential treatment provides medical supervision of detoxification and inpatient treatment provides medical management of detoxification. Individuals in residential or inpatient treatment stay at the treatment facility, possibly up to twenty-eight days. The individual benefits from removal from accessibility to alcohol and other substances and from personal and work responsibilities. These settings give the individual the environment and structure needed to focus on the task of understanding and accepting the disorder, establishing sobriety, and learning the steps to recovery.

Extended Treatment: This type of treatment can be needed at the conclusion of a residential or inpatient treatment program. This treatment option can range in length from two months to two years. During this period of extended treatment and recovery, the individual generally moves into a halfway or three-quarter way house and obtains employment prior to completion of the program.

Continuing Care/Aftercare: This type of treatment is a vital extension of outpatient, residential and inpatient treatment and ranges from six months to one year in length. Continuing care usually involves one weekly aftercare group meeting led by a professional alcohol/drug counselor and may also include individual counseling sessions with the counselor.

MONITORING:

Guidelines

A health care professional participating in the NE LAP will be placed on a monitoring agreement after completion of treatment. The NE LAP monitoring agreement ensures compliance with the professional's remaining treatment requirements and continuing recovery requirements. The monitoring agreement is customized according to the health care professional's personal needs, field of practice, work responsibilities, family factors, and social circumstances. A health care professional who has completed treatment, or is in continuing care for an alcohol or substance use disorder, may also be returned to work under a return-to-work agreement. This agreement includes requirements for continuing treatment, sobriety, and recovery activities. The NE LAP can assist with setting up a workplace return-to-work agreement, and coordinate the monitoring of the professional's compliance with their NE LAP monitoring agreement and return-to-work agreement. Monitoring improves the prognosis of recovery and rebuilds trust in the professional's conduct and practice in the workplace.

The NE LAP ceases monitoring of health care professionals who are being monitored by the Nebraska Department of Health and Human Services, Division of Public Health.

See NE LAP *Monitoring Agreement* on pages 14-15 and sample *Return-to-Work Agreement* on page 16.

NEBRASKA LICENSEE ASSISTANCE PROGRAM
Monitoring Agreement

I understand participation in the Nebraska Licensee Assistance Program (NE LAP) is voluntary and I agree to take personal responsibility for adherence to, and completion of, the following *Monitoring Agreement* which outlines the mutually agreed upon terms and conditions of my NE LAP treatment plan.

I, **Name,** agree to participate in the Nebraska Licensee Assistance Program (NE LAP) monitoring program and to meet the requirements set forth in this agreement. I understand that certain requirements must be met in order to ensure my continued sobriety and successful recovery from my alcohol/substance use disorder and successfully complete the NE LAP monitoring program. Therefore, I agree to complete the following:

1. Abstain from the use of alcohol, and I shall not consume products or medications containing alcohol, including, but not limited to, mouthwash, and over-the-counter medications unless prescribed by a physician or authorized licensed practitioner for a diagnosed medical condition.

2. Abstain from all personal use or possession of controlled substances, all prescription drugs and any other mind-altering substances, unless prescribed or administered to me by a licensed physician or authorized practitioner for a diagnosed medical condition. Advise all physicians, dentists, or other treating practitioners, prior to treatment, of my history of alcohol/substance use disorder, and of all medications I am taking at the time of treatment.

   Request and authorize any licensed practitioner(s) to send the NE LAP documentation reporting the medical reason for the use of any controlled substance or prescription drugs included in my treatment.

   Report on a monthly basis to the NE LAP any controlled substances or prescription drugs used by or administered to me. (This monthly report must be submitted if you have utilized a controlled substance or other prescription drugs. The absence of a monthly report indicates to the NE LAP that you have not taken any controlled substance or prescription drugs during the month and should not have a positive body fluid screen).

3. Complete necessary authorizations as requested to exchange information between the NE LAP and my employer, treatment providers, and other pertinent parties. Ensure treatment and/or aftercare progress reports from provider are submitted to the NE LAP.

4. Notify the NE LAP if I am hospitalized or will undergo any surgical procedures.

5. Report any changes of employment, job, or practice status to the NE LAP.

6. Complete at least **(six months) (one year)** of continuing care/aftercare treatment at **Tx. Facility City**, **Nebraska.** The required term of aftercare begins with my discharge from **(IOP) (inpatient) (residential treatment).** I will also complete any other treatment recommendations made by my aftercare provider or the NE LAP.

7. Attend a minimum of two self-help recovery meetings, such as Alcoholics Anonymous, Narcotics Anonymous, SMART Recovery or Celebrate Recovery, each week. Complete a meeting attendance verification form and submit the form to the NE LAP on a monthly basis.

8. Obtain a recovery program sponsor and utilize this sponsor at least weekly for assistance with working a successful recovery program.

9. Contact the NE LAP by telephone at least one time a month, or more if requested, to provide treatment and recovery progress updates.

10. Cease professional practice of health care upon relapse and notify the NE LAP immediately.

11. Arrange a timely return for a reassessment of my treatment needs with the NE LAP, or my treatment provider, as requested by the NE LAP, if I have relapsed or if the NE LAP has concerns with my compliance with my treatment plan and monitoring requirements.

12. Participate in the full duration of the NE LAP program, which is generally a minimum of one year, unless extended involvement is recommended.

13. Comply with my treatment provider, employer, or the NE LAP body fluid screen program, as required by the NE LAP. Report for a body fluid screen within four hours of notification after a screen has been requested by the NE LAP.

14. Meet all responsibilities for timely payment of any body fluid screen fees, and any other treatment or related service expenses I incur outside of the NE LAP services.

I have read, understand and agree to comply with the above terms of my NE LAP *Monitoring Agreement.*

________________________________ _________________________

NE LAP Client Date

________________________________ _________________________

NE LAP Coordinator/Counselor, or Witness Date

Sample ***Return-To-Work Agreement***

This agreement is to clarify expectations regarding the return to work of

______________________________ at __________________________________.
(health care professional) (employer)

This agreement shall be in effect from ____________________, 20___, to _________________, 20___.

The contents of this agreement are mutually agreed upon and may be modified as agreed upon by both parties.

I agree to:

1. Abstain from the use of all alcohol, illegal drugs and controlled substances. In the event that medications may be needed as a part of my health care, I agree to notify my employer and provide evidence of a prescription from a licensed medical practitioner. Over-the-counter drug use must also be reported.

2. Abide by the monitoring agreement as set forth by the Nebraska Licensee Assistance Program (NE LAP).

3. Random body fluid screening at the discretion of my employer or the NE LAP. Body fluid screens will be paid for by________________________________ (employee/employer).

4. Work the following schedule _________________________days/hours as agreed to by both parties.

5. Not administer or have access to any controlled substances (or access to controlled substances only under direct supervision of ____________________________).

6. (Other employer requirements) ________________________________.

I have read and understand the above agreement. I agree to abide by the terms listed. I understand that if I fail to conduct myself according to this agreement, I will be subject to disciplinary action, up to and including employment termination, and a report would be made to the Division of Public Health.

_______________________________________ ______________________________
(Signature Employee) (Date)

_______________________________________ ______________________________
(Signature Employer) (Date)

(It may be necessary to modify this agreement to fit the individual's health care professional practice and worksite requirements.)

Relapse Prevention Issues

The health care professional returning to work after alcohol or substance use disorder treatment may face back-to-work stressors including:

- Practice or licensure restrictions
- Fear of criticism or avoidance by colleagues
- Suspicions and mistrust of colleagues
- Self-imposed stress, such as over-working or trying to make up for past mistakes
- Personal stress from trying to meet work obligations, family responsibilities, treatment and/or recovery commitments

The health care professional should return to a work schedule that can accommodate as many treatment and recovery activities as possible. The treatment provider's recommendations for work schedule and work activities should be incorporated into the return-to-work agreement plan. Considering the additional demands of treatment and recovery activities on the health care professional, work schedules (when possible) should be made as manageable as possible for the professional. An overload of personal and professional stress after the completion of treatment, a crucial time in the health care professional's recovery from an alcohol or substance use disorder, can contribute to relapse.

MANDATORY REPORTING:

Mandatory reporting requirements were incorporated into the Uniform Credentialing Act (UCA), December 1, 2008. The law applies to all professionals that were regulated by the former Bureau of Examining Boards of the Nebraska Department of Health at the time the legislation was passed. The regulations, 172 NAC 5 – Regulations Governing Mandatory Reporting by Health Care Professionals, Facilities, Peer and Professional Organizations, and Insurers, became effective May 8, 1995.

There are three specific requirements for reporting:

1. Reports must be made within 30 days of the occurrence/action

2. Reports must be made when a person has first-hand knowledge of an occurrence

3. Reports are confidential and persons making the reports are immune from criminal or civil liability, except for those who self-report

All professionals must report persons who are practicing without a license. All professionals must report professionals of the same profession for:

1. Gross incompetence or gross negligence

2. Patterns of incompetent or negligent conduct

3. Unprofessional conduct

4. Practicing while impaired by alcohol, controlled substances, mind-altering substances or physical, mental, or emotional disability

5. Violations of other regulatory provisions of the profession

All professions are to report professionals of a different profession for:

1. Gross incompetence or gross negligence

2. Practicing while impaired by alcohol, controlled substances, mind-altering substances or physical, mental, or emotional disability

There are also requirements for self-reporting, for reporting by health facilities, peer review organizations, professional associations, insurers and courts.

All mandatory reports filed are reviewed to determine if an investigation will be conducted. All investigation reports are taken to the appropriate board for review and decision regarding disciplinary/non-disciplinary action.

RECOVERY SUPPORT CONTACTS:

Nebraska Licensee Assistance Program ……………………...…………….800-851-2336
Center Pointe Professional Plaza ………………………………….402-354-8055
9239 West Center Road, Suite 201
Omaha, NE 68124-1900
www.lapne.org

Alcoholics Anonymous (AA) ………………………………....877-226-3632
www.AA.org (National)
www.Area41.org (Nebraska)

Al-Anon …………………….(National) 888-425-2666
www.Al-Anon.Alateen.org ……………………(Nebraska) 402-553-5033

Narcotics Anonymous (NA) Nebraska
www.na.org
www.nebraskana.org

Columbus….…………………..402-563-3853
Fremont…………..…………….402-459-9511
Grand Island..…………………..…308-383-2651
Lincoln……………………….…..888-347-4446
Norfolk………………….....……402-841-6014
Omaha…………………………402-660-3662
Scottsbluff……………………..866-466-3673

Smart Recovery ……………………………..….866-951-5357
www.smartrecovery.org

Celebrate Recovery
www.celebraterecovery.com

Licensee Support Group Meetings (LSG)
Support group meetings for Nebraska health and health-related service licensees, certificate holders and registrants are available in Omaha. The meetings are confidential in nature and are based on the Twelve Step Program. For more information regarding current meeting locations and times, contact the NE LAP by telephone at (800) 851-2336 or (402) 354-8055.

ADDITIONAL RESOURCES:

Corley, Deborah M., Schneider, Jennifer P., and Richard Irons (2003). **Embracing Recovery from Chemical Dependency: A Personal Recovery Plan.** Gentle Path Press: Scottsdale, Arizona.

Coombs, Robert Holman (1997). **Drug Impaired Professionals.** Harvard University Press: Cambridge, Massachusetts and London, England.

Grinspoon, Peter, M.D. (2016). **Free Re-Fills: A Doctor Confronts His Addiction.** Hachette Books: New York City, New York.

Scimeca, Paula Davies, RN, MS (2008). **Unbecoming A Nurse**. Sea Meca, Inc., Staten Island, New York.

Scimeca, Paula Davies, RN, MS (2010). **From Unbecoming a Nurse to Overcoming Addiction**. Sea Meca, Inc., Staten Island, New York.

REFERENCES:

Crosby, Linda, and Le Clair Bissell (1989). **To Care Enough: Intervention with Chemically Dependent Colleagues**. Johnson Institutes: Minneapolis, Minnesota.

Johnson, V.E. (1973). **I'll Quit Tomorrow**. Harper & Row: New York.

McAuliffe, Robert M., and Mary Boesen McAuliffe (1975). **The Essentials of Chemical Dependency: Alcoholism and Other Drug Dependencies**. The American Chemical Dependency Society: Minneapolis, Minnesota.

Sullivan, Eleanor, Bissell, L., and E. Addison-Wesley Williams (1988). **Chemical Dependency in Nursing: The Deadly Diversion**. Menlo Park, California.