

# Drug Use and Abuse in the Healthcare Industry: *America's Covert Crisis*



# How Big is America's Drug Problem?

**Huge.**

Last year, an estimated 22.5 million Americans were current illicit drug users.

Illicit drugs include marijuana/hashish, cocaine, heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically.

# Are Drug Users Employed?

**Absolutely.**

Of the **19.9 million current illicit drug users** aged 18 or older in 2011, **13.1 million were employed**. That means 65.7 percent of drug users were employed in 2011.

# Are Drug Users Working in Hospitals?

## Definitely.

“**Addiction among nurses** has been recognized by professionals in the field for over a hundred years. While research consistently reports incidence rates of 10-15 percent, some studies suggest that this rate could be **as high as 20 percent.**”

- Todd Monroe, Ph.D., from the Vanderbilt University School of Nursing

Roughly **1 out of every 14 physicians are active substance abusers.** Left untreated, the mortality rate of substance abuse among physicians has been reported as high as 17%.

# Drug Use Among Health Care Professionals

Position	Current Illicit Drug Use (%)	Past Year Illicit Drug Use (%)	Current Heavy Drug Use (%)
Medical Students	10% (marijuana)		6%
Residents	10 - 14%		
Practicing Physicians, Dentists, Optometrists	8 - 14%	19.8%	
Nurses and Nursing Aides	5.5%	12.8%	2.8%
Pharmacists	10 - 18%		
Dental and Health Aides	4.0%	7.2%	3.5%
Clinical and Laboratory Technologists	4.3%	8.9%	2.2%

**8-14 percent of practicing Physicians are Current Illicit Drug Users.**

**5.5 percent of Nurses and Nursing Aides are Current Illicit Drug Users.**

# **A Drug-Free Workplace Policy Accomplishes Two Major Things:**

## **Sends a Clear Message**

...use of alcohol and drugs in the workplace is prohibited.

## **Encourages Employees**

...who have problems with alcohol and other drugs to seek help.

# Should Hospital Employees Be Tested?

## Without a Doubt.

**Two of the Medical Ethics Four Principles are:**

**Beneficence:** the practitioner should act in the best interest of all patients. This is impossible to achieve when the practitioner is under the influence of drugs or alcohol.

**Non-Maleficence:** do no harm while caring for all patients. In order to achieve this principle, the practitioner needs a clear, drug and alcohol-free mind to avoid making mistakes.

# Screening Can Occur at Several Different Points in Time

- **During the application process**
- **After a job offer has been extended, but before employment begins**
- **Randomly after employment has commenced**
- **After accidents, or when an employee behaves in a manner suspicious for substance abuse**

# The Costs of **Not** Implementing an Effective Substance Testing Program

**500 million workdays are lost each year,  
due to employee substance abuse.**

Substance abuse costs approximately  
**81 billion dollars annually**  
in absenteeism, accidents and low productivity.

**Hidden Losses · Administrative Losses  
Losses with Legal Implications**

# Hidden Losses

Diverted Supervisory and Managerial Time

## **Friction Among Employees**

Poor or Weakened Decision-Making

## **Reputation Damage**

Costs Associated with Fatal Mistakes

# Administrative Losses

Absenteeism

**Tardiness**

Sick Leave Abuse

**Health Insurance Claims**

Accident-Related Costs

# Losses with Legal Implications

Worker's Compensation

**Drug Trading/Selling at Work**

Disciplinary Actions

**Threat to Public Safety**

Practitioner Mistakes on Patients

# Types of Testing

## **Pre-Employment Test**

These tests decrease the chance of hiring a current substance abuser and discourage current users from seeking employment in your workplace.

## **Random Tests**

Random tests provide a deterrent to substance use and abuse because individuals have no way of knowing when testing will be conducted, or whether they will be selected for testing.

## **Reasonable Suspicion Test**

Reasonable Suspicion testing should be performed typically after evidence of direct observation of use or possession, physical symptoms of being under the influence, patterns of abnormal or erratic behavior, or arrest or convictions for drug-related offenses.

# Types of Testing Continued

## **Post-Accident Tests**

In some cases, employees involved in accidents may be asked to take a drug test directly after an incident to determine if alcohol or drug use was a factor. Even if the accident does not appear to be drug or alcohol-related, these tests may be necessary for legal or insurance purposes.

## **Follow-Up Testing**

Employees returning to work following treatment for substance abuse are often subject to follow-up testing at specified or random intervals to ensure the employee is continuing to refrain from substance abuse.

# Cases Against Doctors

Name: CARLSON, Steven, MD

City, State: Colorado Springs, CO

Date of Conviction:10/16/2003

Judicial Status: Pled Guilty Conviction: Unlawful possession of a Schedule II controlled substance

Remarks: Dr. Carlson, an anesthesiologist, was charged with diverting fentanyl, a schedule II controlled substance, from a hospital for his own personal use. Over a six month period, Dr. Carlson documented wasting of a schedule II controlled substance without the required witness signatures on at least 27 occasions. Carlson pled guilty to unlawful possession of a schedule II controlled substance, and was given a deferred sentence of two years with unsupervised probation.

# Cases Against Doctors Continued

Name: JORGENSEN, Eric, MD

City, State: St. Joseph, MO

Date of Conviction:08/19/2003

Judicial Status: Pled Guilty Conviction: Possession of a controlled substance

Remarks: On June 3, 2003, Dr. Eric Jorgensen pled guilty to possession of a controlled substance in the 5th Judicial Circuit Court of Buchanan County, Missouri. In his Petition to Enter a Plea of Guilty, Jorgensen represented to the court that due to stress and his personal addiction, on September 2, 2002, he misappropriated a narcotic, fentanyl, a schedule II controlled substance, by administering it to himself after finishing a 24 hour work shift in a hospital. Jorgensen was placed on probation for three years beginning on August 19, 2003, ordered to pay court costs and crime victim's compensation fund, enter into and successfully complete any treatment program recommended by the Probation Department and complete 100 hours of community service.

# Cases Against Doctors Continued

Name: GUERRERO, Teresa, MD

City, State: Houston, TX

Date of Conviction: 05/31/2006

Judicial Status: Pled Guilty Conviction: Possession of hydrocodone

Remarks: Dr. Guerrero was charged with attempting to obtain a controlled substance (hydrocodone) through the use of a fraudulent telephone prescription. A pharmacist received a call authorizing a prescription for hydrocodone for Teresa Guerrero. The pharmacist recognized the voice of the individual calling in the prescription to be, in fact, that of Dr. Teresa Guerrero even though the caller claimed to be an employee of another area physician. Upon investigation, it was determined that the physician Guerrero claimed had authorized her prescription had not called the pharmacy, nor had anyone on the physician's staff.

# Violations of Nurses

**Exeter, NH:** infected at least 31 Exeter Hospital patients with hepatitis C by stealing fentanyl syringes and replacing them with dirty ones tainted with his blood.

**Rochester, NH:** Withdrew controlled narcotic medication without administering them as ordered or properly documenting their use. Tested positive for a controlled drug, and failed to provide information requested by the Board.

**Milford, NH:** Lied on an application for a New Hampshire license by failing to disclose that she had been fired in for drug-related misconduct or that she had a drug problem; Withdrawing controlled narcotic medication without administering it, properly recording it or accounting for its waste and admitting diverting it to personal use to law enforcement officers; Surrendering her license in Massachusetts for drug-related professional misconduct and admitting it in writing; failing to acknowledge and/or respond to communications from the Board and its agents.

# Violations of Nurses Continued

**Lebanon, NH:** Substance abuse problem; Diversion of narcotics.

**Keene, NH:** Signed out narcotics as given and taking them for own use.

**Nashua, NH:** Reported for duty under the influence of prescribed medication.

**Exeter, NH:** Admitted that on a least three occasions she diverted duragesic patches for personal use.

**Rochester, NH:** Stealing money, jewelry and forging checks from patients.

**Derry, NH:** Stole a state lottery ticket valued at \$250 from a co-worker; Being convicted on in a court of law of one count of theft.

**Manchester, NH:** Falsified employer time slips, altered hours actually worked and forged client signatures.

# Healthcare Professional Profile (HPP)

Drug abuse in the Healthcare Industry is happening.

**Pre-existing issues, easy access to addictive drugs, long hours and a stressful work environment** all contribute to drug use and abuse in hospitals.

The only way to effectively test healthcare professionals is a **Healthcare Professional Profile**. The HPP tests for the readily-available/common drugs used by hospital employees, which will go undetected in a standard drug screen.

# HPP Detectable Drugs

- Amphetamines
- Barbiturates
- Cocaine Metabolite
- Marijuana Metabolite (THC)
- Methadone
- PCP 25
- Propoxyphene
- Opiates
  - (Codeine, Hydrocodone, Hydromorphone, Morphine, Oxycodone and Oxymorphone)
- Benzodiazepines
  - (Alprazolam Metabolite, Clonazepam Metabolite, Flurazepam Metabolite,
- Lorazepam, Midazolam Metabolite, Nordiazepam, Oxazepam, Temazepam and Triazolam Metabolite)
- Fentanyl, Meperidine, Tramadol

**ODT can test for any drug, and all HPP screens are fully customizable and flexible.**



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