INDIANA STATE NURSES ASSISTANCE PROGRAM

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ISNAP - What is it and Why abstinence?

What is the difference between an alternative and a disciplinary program?

Some states have enacted legislation that requires immediate discipline for nurses who have or are suspected of having problems with alcohol and other drugs. Disciplinary sanctions can be probation, suspension or revocation of the nurse's license.

Instead of a disciplinary program, the Indiana State Board of Nursing (ISBN) has established an alternative program: the Indiana State Nurses Assistance Program (ISNAP). The Indiana General Assembly passed this legislation in 1993. The contract from the Professional Licensing Agency/ISBN to administer the program was awarded to the Indiana State Nurses Association effective August 1, 2005.

The role of ISNAP is to ensure public safety while returning the nurse to safe practice. In the creation of this *alternative program*, the nurse is permitted to retain her license and return to work after undergoing a substance use assessment, treatment, and signing a recovery monitoring agreement (RMA). The RMA defines the conditions of practice and the requirements of compliance with this legal contract. If the nurse maintains compliance with the terms of the RMA and completes all aspects of treatment, frequently there are no repercussions against her/his license. Individuals who are significantly non-compliant with the conditions of their RMA are referred to the ISBN and Indiana Attorney General (AG) for further action.

What is the role of the Indiana State Nurses Assistance Program in the implementation of state law regulating the practice of nursing?

The primary role of ISNAP is to ensure public safety by identifying and monitoring the treatment and recovery of nurses who have or potentially have problems with alcohol and other drugs. In order to accomplish this, ISNAP, under the regulation by and contract with the Indiana State Board of Nursing, establishes and monitors a legally binding agreement with any nurse who is either referred to or who self-reports to ISNAP because of problems with alcohol and other drugs.

How does a nurse self-report?

Any nurse who suspects that he/she has a problem or a potential problem with alcohol or other drugs can contact ISNAP for a confidential interview at (317) 295-9862 or (800) 638-6623. Nurses who self-report and maintain compliance with their RMA's are not reported to the ISBN or the AG.

Nurses who are referred to ISNAP through the ISBN or the AG's office maintain confidentiality while compliant during their RMA intake process. Nurses who are referred and enter into an RMA and maintain compliance may avoid further hearings with the ISBN unless additional charges are filed.

Who should report suspected impairment of or diversion by a nurse?

Ethically and legally all nurses, regardless of role or position, have a responsibility to report diversion and/or impairment by another nurse. A report may be filed with one's supervisor, director of nursing, or the AG, ISBN or ISNAP. The American Nurses Association's *Code of Ethics for Nurses* articulates the moral values which underpin a nurse's ethical responsibility in reporting impairment or diversion by a nurse. Indiana law obligates all nurses to report such problems. Refer to Indiana Administrative Code 848, Article 2, which specifies the legal responsibilities of reporting.

Why is abstinence a requirement of the recovery monitoring agreement (RMA)?

This responsibility rests with the Indiana State Board of Nursing. Indiana Administrative Code (IAC) 848 7-1-2(b) states, "In order to participate in ISNAP, the nurse must sign an abstinence based recovery monitoring agreement (RMA) with ISNAP. Failure to comply with the terms of the RMA may subject the nurse to termination from participation in ISNAP." Also, 848 IAC 7-1-5(d) reads "If the nurse does not agree to participate in the program by voluntary or involuntary referral, a written complaint shall be filed by ISNAP with the consumer protection division of the office of the attorney general (AG)."

How is abstinence defined for the nurse in a recovery monitoring agreement with the Indiana State Nurses Assistance Program?

The definition of abstinence, which the ISBN has determined and communicated to ISNAP, is that nurses who sign an RMA **shall not use any mood-altering substances. Mood altering substances include alcohol in any form, Schedule I substances and Schedule II-V prescription drugs**. Also, certain other prescription medications not contained in the Schedule of USDA Controlled Substances may also be banned.

What is Cross-Addiction?

The preponderance of opinion within the medical community acknowledges the *potential of cross-addiction for those individuals who are chemically dependent or who have formerly abused a substance.* Cross-addiction can be understood as the relative ease or certainty with which a chemically dependent person may abuse or become dependent upon another substance. For example, a recovering alcoholic may move very quickly from the use of benzodiazepines or barbiturates to abuse or dependence of those substances**.** Certain medications have a proven track record of this phenomenon. It is important for the licensee to know that recovery from one substance does not confer immunity relative to another potentially addictive substance; in fact, there is a statistically higher probability that cross addiction may occur. The most commonly prescribed medications which create the greatest problems of abuse and dependency are **Xanax, Valium, Ambien, Ultram and Vicodin**.

Potentially life-threatening side-effects have been documented when "cold-turkey" withdrawal is attempted with **Valium, Xanax and Ambien.** Therefore, a supervised medical program of weaning is strongly recommended when discontinuing these drugs, dependent upon the individual's duration and level of use. **Vicodin and Ultram** also have significant withdrawal issues, which may require medical supervision.

It is, therefore, especially important for the recovering nurse to understand what medications she/he is being prescribed. One of the conditions of the RMA is to inform all care-providers about their medication restrictions, *specifically avoiding or abstaining from Schedule I substances and Schedule II-IV medications*. This means the nurse must tell all physicians and care providers about the need to refrain from the prescribing of restricted medications, unless there is an urgent medical necessity. Always, it is the nurse's responsibility to immediately inform ISNAP and their worksite monitor, so that they can come off work. *A nurse may not work while taking any controlled substance or any medication not allowed by the ISBN.* A licensee who does not follow these conditions of the RMA will be pulled off work and may have their case closed and sent to the ISBN for further action.

It is the nurse's responsibility to ask for information about their medications, both prescription and OTC. Remember to *read all labels* when purchasing OTC preparations for cold, cough or sleep remedies. Your local pharmacist is an excellent resource in identifying remedies **which do not contain alcohol, ephedrine, pseudoephedrine or diphenhydramine.** These substances must have prior approval from your addictionist. Also, when shopping for mouthwashes, one should look for alcohol-free compounds. Using a preparation with alcohol, ephedrine, pseudoephedrine or diphenhydramine may cause a positive UDS, which may result in the institution of subsequent observed urine drug screens

What medications should I avoid? What should I do if a physician prescribes a narcotic or other controlled substance for me?

Whenever questions arise regarding appropriate choices for treatment, it is expected that the prescribing professional will consult with the licensee's addictionist. Frequently other medications can be ordered with equivalent efficacy.

AVOID:

- Narcotics, opiates, benzodiazepines, barbiturates, stimulant or any controlled substance from the Schedule II-IV.
- Certain commonly prescribed drugs: ***Xanax, Valium, Ambien, Ultram and Vicodin***
- Any OTC medications containing alcohol, ephedrine, pseudoephedrine, or diphenhydramine.

Always, when a medication is in question, consult with your Addictionist or call ISNAP.

USDA Controlled Substances

US Drug Enforcement Administration (July 2006) Drugs classified by the US government as controlled substances are commonly known as Schedule I-V http://www.dea.gov/pubs/scheduling.html and use of these medications while in monitoring is not permitted by order of the Indiana State Board of Nursing. *The following is an excerpted list of those substances and is not all inclusive:*

Schedule I illicit substances, defined as having a high potential for abuse and have no medical use in the US are: heroin, LSD, marijuana, methaqualone, numorphan, mescaline, psilocybin, peyote, Rohypnol, bufotenine, hashish, PCP, gamma hydroxybutyrate, some variants of amphetamines, some derivatives of morphine, MDMA, LAAM and Khat. Also, though not specifically mentioned in Schedule I, are controlled substance analogues which are not controlled but may be found in illicit traffic. They are structurally or pharmacologically similar to Schedule I or II drugs.

Schedule II drugs have a high potential for abuse and have a currently accepted medical use with severe restrictions. Abuse may lead to severe psychological or physical dependence. These drugs are: cocaine in any form, hydrocodone, thebaine, morphine, fentanyl, methadone, codeine, amphetamine in any form, methamphetamine, phencyclidine, benzolecgonine, amobarbital, secobarbital, phentobarbital, marinol, ritalin/methylphenidate, preludin, glutethimide, hydromorphone, percodan, meperdine, desoxyn, percocet, biphetamine, opium, oxycodone, propoxyphene, methadone, ketamine, dexedrine, and dextroamphetamine.

Schedule III drugs have a potential for abuse (less than Schedule I or II) and have a current accepted medical use in the US. These are: anabolic steroids, codeine with aspirin, oxymetholone, hydrocodone with aspirin, hycodan, carisoprodol with codeine, fiorinal, vicodin, lorcet, hydrocet, talbutal, methyprylon, butalbital, phendimetrazine, nandrolone and testosterone.

Schedule IV drugs have a low potential for abuse as compared to Schedule III and have accepted medical use in the US. Abuse may lead to limited physical and psychological dependence. Schedule IV drugs are: talwin, diazepam, lorazepam, phenobarbital, halazepam, phentermine, estazolam, alprazolam, amtirptyline, Darvon, triazolam, clonazepam, pemoline, fenfluramine, phentermine, chloral hydrate, flurazepam, oxazepam, temazepam, ethchlorvynol, carisoprodol, chlordiazepoxide, and meprobamate.

Schedule V drugs have a low potential for abuse as compared to Schedule IV and a narrow scope for physical and psychological dependence. These are: Codeine preparations, Difenoxin preparations, Dihydrocodeine preparations, Diphenoxylate preparations, Ethylmorphine preparations, Opium preparations, Pyrovalerone, including but not limited to (buprenorphine hydrochloride), (guaifenesin/codeine), (Chlorpheniramine/dextromethorphan/phenylephrine), (phenylephrine/codeine/chlorpheniramine/potassium idodide), (codeine/pheniramine/guaifenesin), (difenoxin/atropine sulfate), (chlorpheniramine/pseudoephedrine), (Diphenoxylate/atropine), (Kaolin/pectin/belladonna alkaloids)