

# **ALCOHOL AND SUBSTANCE USE DISORDERS**

## **A HEALTH CARE PROFESSIONAL'S RESOURCE GUIDE**

Department of Health & Human Services



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

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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/publichealth/Documents/Chemical%20Dependency%20Book.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 how to recognize the signs and symptoms of alcohol and substance use disorder, prevention intervention, treatment and return-to-work considerations, 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 alcohol or a mind-altering drug, for a clearly defined beneficial purpose, that is regulated by that purpose

**Substance Misuse:** Inappropriate use of any substance, such as alcohol, a street drug or misuse of a prescription or over the counter drug

**Substance Abuse:** Unreasonable ingestion of a mind-altering substance that causes harm or injury to the health care professional

**Addiction:** A compulsive or chronic need for, or an active addiction to, alcohol or drugs

**Enabling:** The reactions or behaviors of family members, friends or co-workers that shield the health care professional from the harmful consequences of their alcohol and/or substance use

**Intervention:** Helping a health care professional who is in denial as a result of his or her addiction, recognize their need for help and treatment

**Treatment:** Education, counseling, structured programs and recovery groups designed to overcome alcohol and/or substance use and arrest addiction

**Recovery:** A voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship

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

**Relapse:** A recurrence of the use of alcohol and/or substances after a diagnosis of a moderate or severe substance use disorder, or self-admission of addiction

# UNDERSTANDING ALCOHOL AND SUBSTANCE USE DISORDERS:

## **Etiology**

Research suggests that some of the population is *genetically* predisposed to develop an alcohol and substance use disorder. Studies indicate that people identified as being addicted lack adequate production of the brain chemicals dopamine and serotonin. When the person is introduced to alcohol/other substance use, 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 alcohol and substance use disorder. Availability and accessibility of mind-altering drugs are two strong environmental factors.

A *psychological* factor focuses on a person's psychological needs. The person uses alcohol and/or substances to self-medicate emotional voids, such as sadness, loneliness and depression.

There is no reliable way to predict who will develop an alcohol and substance use disorder. There is no typical personality or set of physical attributes. There are also many health care professionals who are susceptible to developing an addiction.

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 disease*. It has specific symptoms and is not to be confused with stress, poor relationships, or unmanageable work demands.

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

Addiction is a *chronic* relapsing disorder and it cannot be cured. Like many other disorders, the symptoms of addiction can be temporarily stopped, but without significant lifestyle changes and continued recovery maintenance, the symptoms will reoccur.

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

## **Incidence**

Alcohol and substance use disorder affects a significant number of health care professionals. Limited data is available on the rates of incidence because health care professionals rarely report problematic alcohol and/or substance abuse or addiction 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 these 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 and substance use disorder.

Health care professionals are at particular risk for an alcohol and substance use disorder for many reasons. Drugs are one of the primary tools used by health care professionals to treat and help their patients. Exposure and accessibility to mind-altering medications, pharmacological knowledge of the drugs which fosters a false sense of mastery, and a tendency to self-treat or self-medicate are a few contributing factors.

When health care professionals find themselves in need of relief from pain and emotional stress, they may find themselves self-prescribing or diverting medications from patients or from drug supplies. If health care professionals do not suffer any negative consequences while self-medicating, escalation of use may follow. 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 escalates.

Many health care professionals do not receive the appropriate intervention and treatment needed due to the lack of proper identification of an alcohol and 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 a diagnosis of an alcohol and substance use disorder. Multiple indicators are usually involved. If an indicator is present, then others are usually present also.

### Personal

- Deteriorating personal hygiene
- Multiple physical complaints
- Accidents
- Personality and behavior changes
- Many medication prescriptions for self and/or family members
- Emotional or mental crises
- Dishonesty, deceit or denial

### Home and Family

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

## Medical/Physical

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

### Friends and Community

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

### Office/Health Care Practice Setting

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

Office/Health Care Practice Setting (continued)

- Unsatisfactory documentation performances
- Withdrawal from professional committees or organizations
- Defensive if questioned or confronted
- 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 intoxication, drowsiness, or hypersensitivity during work hours
- Deadlines barely met or missed altogether
- Illogical or sloppy documentation with regard to accountability 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 by endorsement prior to verification of credentials
- Unusual medical history
- Vague letters of reference
- Inappropriate or inadequate qualifications
- Deterioration of professional reputation
- Increasing malpractice claims
- Licensure issues

The most critical component in identification of an alcohol and substance use disorder is to identify the personal and practice baseline from which a person has normally functioned. Negative behaviors and practice that clearly move away from the individual's baselines are common indicators of an alcohol and substance use disorder, especially if they appear related to the use of alcohol or substances. Health care professionals will work to maintain their personal, family, and professional standards, and may continue functioning successfully for a long time in spite of their active alcohol and substance use disorder. Eventually, they will reach a point of personal or practice deterioration that is impossible to ignore.

## **Reasons why Peers, Supervisors, or Employers Don't Identify Health Care Professional's Alcohol and Substance use Disorder**

- Uncertainty or disbelief about signs and symptoms
- Reluctance or refusal to identify signs and symptoms
- Hoping that “things will get better”
- To avoid the licensure or legal sanctions for the professional that might occur
- The risks of involvement with a colleague's case
- Fear of job loss or retaliation by the professional
- Enabling the addicted health care professional's behavior
  - a. Ignoring it
  - b. Covering up for it
  - c. Trying to protect him or her
  - d. Making excuses for him or her
  - e. Supporting the colleague by doing their work for them

# INTERVENTION:

## **Barriers to Intervention**

Many health care professionals do not understand their role in identifying the signs and symptoms that indicate a co-worker or peer may have a problem related to alcohol or substance use. Fear is the number one barrier for supervisors and colleagues. Thoughts of “What if?”, “What if I’m wrong?”, “What if he/she denies it?” and “What will happen to them, or to me?” are common concerns when deciding whether or not to intervene. Supervisors and colleagues often disregard the signs and symptoms due to a misconception that they must be able to prove an alcohol and substance use disorder prior to an intervention. The goal of intervention is not to diagnose an alcohol or substance use problem, but to make sure a problem is recognized and dealt with for the well-being of the professional and before a patient or client may be harmed.

## **Basic Principles of Intervention**

Report unmistakable signs of an alcohol and substance use disorder immediately to a supervisor, administrator, or to Human Resources.

- Document specific observations, including date, time, place, and practice or conduct concerns
- If appropriate, become familiar with the health care professional’s practice baseline
- Follow your workplace policy on reporting of practice or conduct concerns
- Do not discuss suspicions with colleagues; follow workplace practices

## **Nebraska Licensee Assistance Program**

If you are a health care professional with concerns about an alcohol or substance use problem or concerns about a colleague, contact the Nebraska Licensee Assistance Program (NE LAP), provided by the Best Care Employee Assistance Program, 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 credential holders of the State of Nebraska work through alcohol and substance use disorder.

The NE LAP offers health care professionals an opportunity to discuss alcohol or drug abuse issues openly and confidentially with the professionally trained NE LAP Coordinator or the counselor.

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, 8:30 a.m. to 1:00 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](http://www.lapne.org).

## Treatment/Educational Options

Several levels of treatment and self-help recovery groups are available for someone who has an alcohol and substance use disorder.

***Self-help/Mutual Help Addiction Recovery:*** Alcoholics Anonymous, Narcotics Anonymous, Licensee Support Groups, and groups such as Smart Recovery and Celebrate Recovery, are self-help addiction recovery groups and are an integral part of maintaining sobriety and healthy recovery from an alcohol or substance use disorder. Generally, a minimum of at least two of these meetings per week are required throughout treatment and continuing care programs.

***Outpatient Treatment (Level I):*** Outpatient program that provides less than nine hours per week in structured outpatient therapy and education to address substance use disorders and mental health problems. Level I services are designed to help individuals achieve changes in his or her alcohol or other substance using behaviors.

***Intensive Outpatient Treatment (IOP):*** This type of treatment offers more flexibility and provides less disruption to the individual's everyday life than residential or inpatient treatment. Those receiving treatment are able to remain living in their home environment and may also be allowed to continue to work. The individual receives treatment on a two to four hours, three to four days or evenings, based at the treatment provider's facility. In addition, generally, individual counseling is also required during treatment.

***Inpatient/Residential Treatment:*** Inpatient treatment usually consists of a minimum inpatient stay of at least 28 days and medical management of detoxification. Residential treatment provides medical supervision of detoxification. The professional receiving structured inpatient or residential treatment is removed from the availability of alcohol and/or substances and daily outside distractions. This setting gives the individual the time needed to focus on the task of understanding and accepting the addiction and working on sobriety and recovery.

***Extended Treatment:*** This type of treatment usually is recommended at the conclusion of a 28-day inpatient or residential treatment program. This treatment option is very structured and can range in length anywhere from two months to two years. During the period of extended treatment and recovery, the individual 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 the primary treatment program 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.

# RETURN TO WORK:

## Guidelines

A health care professional who has received treatment or is in a structured treatment program for an alcohol and substance use disorder should be returned to work under a monitoring plan that includes an agreement on their treatment, recovery and work activities. The NE LAP can assist in setting up a work site monitoring plan and coordinate the monitoring of the professional's compliance with their treatment plan and progress. Monitoring improves the prognosis of recovery and rebuilds trust in the professional's work capabilities.

The NE LAP monitoring plan generally addresses the following:

1. Compliance with remaining treatment requirements
2. A recovery plan, including requirements for continuing care/aftercare and documented attendance at self-help recovery group meetings and utilization of sponsor support
3. Utilization of a peer assistance program such as a Licensee Support Group, where available
4. Regular phone or written progress reports to the NE LAP
5. Regular consultations between the professional's supervisor and NE LAP staff
6. Random body fluid screens, with specifications on locations of the screens and responsibility for the cost of screenings
7. Provision for re-evaluation and revisions of the plan as needed.

The monitoring plan is customized according to the health care professional's personal needs, field of practice, work responsibilities, family factors, and social circumstances.

# 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 the following:

1. Abstain from the use of all alcohol/other drugs and mind-altering 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 a schedule set by employer, \_\_\_\_\_ 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 \_\_\_\_\_).

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, Investigations Unit.

\_\_\_\_\_  
(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.)

# 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/drug addiction 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/drug addiction, 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. Provide treatment and/or aftercare progress reports from provider 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)** continuing care/aftercare following completion of IOP, or **(one year)** following completion of residential or inpatient treatment at **Tx. Facility, City, Nebraska**. The required term of aftercare begins with my discharge from **IOP, residential or inpatient** 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 or Narcotics Anonymous, SMART Recovery or Celebrate Recovery each week. Complete a meeting attendance verification form and submit the attendance 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. Submit a written quarterly report to the NE LAP outlining treatment and recovery activities and progress.
11. Cease my professional practice of health care upon relapse and notify the NE LAP immediately.



## Relapse Prevention Issues

The health care professional returning to work after alcohol and/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 is as accommodating for treatment and recovery activities as possible. The treatment provider's recommendations for a work schedule should be incorporated into the monitoring plan. Considering the additional demands of treatment and recovery activities on the health care professional's time, work schedules (when at all possible) should be restricted to a reasonable work week, generally no more than forty hours. An overload of personal and professional stress after the completion of treatment, a crucial time in recovery from an alcohol or substance use disorder, can lead to a 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.

# COMMUNITY SUPPORT CONTACTS:

Nebraska Licensee Assistance Program .....800-851-2336  
 Center Pointe Professional Plaza .....402-354-8055  
 9239 West Center Road, Suite 201  
 Omaha, NE 68124-1977  
[www.lapne.org](http://www.lapne.org)

Alcoholics Anonymous (AA) .....888-226-3632  
[www.AA.org](http://www.AA.org) (National)  
[www.Area41.org](http://www.Area41.org) (Nebraska)

AL-Anon .....888-553-5033  
[www.AL-Anon.Alateen.org](http://www.AL-Anon.Alateen.org)

Narcotics Anonymous (NA) Nebraska  
[www.na.org](http://www.na.org) McCook.....308-345-5839  
[www.nebraskana.org](http://www.nebraskana.org) Scottsbluff.....308-632-7603  
 Lincoln.....402-474-0405  
 Omaha.....402-978-3105

Licensee Support Group Meetings (LSG)

Health care professional support group meetings are available in Lincoln and Omaha. The meetings are confidential in nature and are based on the Twelve Steps. For more information regarding meeting locations and times, contact the, NE LAP Coordinator, by phone at 1-800-851-2336 or 402-354-8055.

## ADDITIONAL RESOURCES

Angres, Daniel Bettinardi-Angres, Kathy and Talbott, Douglas, G. (1998). **Healing the Healer, The Addicted Physician.** Psychological Press: Madison, Connecticut.

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