Please join us for an inclusive conversation:

“Don’t Let the Past Steal Your Present – Transitioning Into Recovery”

Casey Loper, LMSW
Program Manager, Mississippi Nurse Alternative Program
Mississippi Board of Nursing

Casey Loper received her Bachelor’s of Social Work degree from the University of Southern Mississippi in 2008. She enrolled in the Advanced Standing Program through the University of Southern Mississippi and received her Master’s of Social Work in 2009. Ms. Loper pursued the social work profession with intentions of working with individuals with disabilities. During an internship, however, she developed a passion for working with individuals experiencing substance abuse and/or mental health issues. Her professional career began in community mental health where she worked in many capacities, including assessments, recovery support, anger management, substance education, drug courts, and juvenile courts, and eventually becoming the coordinator of a female residential treatment center. Ms. Loper also has experience in federal grants management and victim advocacy. During those experiences, her passion remained with substance abuse or mental health recovery which led her to her current position at the Mississippi Board of Nursing as the Program Manager for the Mississippi Nurse Alternative Program which is an alternative to discipline program for nurses with substance abuse or mental health issues.

TUESDAY, SEPTEMBER 15, 2020
12:00 pm – 1:00 pm | Virtual Presentation

Go to umc.edu/odi/odi-initiatives/inclusive-conversations.html to link to the presentation.
Don’t Let Your Past Steal Your Present – Transitioning into Recovery

Presented by Casey A. Loper, LMSW
Program Manager
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Mississippi Board of Nursing
Addiction/Substance Use Disorder: A chronic, relapsing disorder characterized by compulsive drug seeking, continued despite harmful consequences, and long lasting changes in the brain. (NIDA)

Mental Health Condition/Illness: A condition that affects a person’s thinking, feeling, behavior or mood. These conditions deeply impact day-to-day living and may also affect the ability to relate to others. (NAMI)

Co-Occurring Disorders: Having substance abuse disorders as well as mental health conditions.

Recovery: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. (SAMHSA)
Costs of Addiction

– In 2007, it was reported that drug abuse costs taxpayers $534 billion each year (healthcare, lost productivity, premature deaths, crime, auto accidents) (NIDA)
– As of August 2020, NIDA is now reporting that it estimates this cost to be $740 billion a year
– This an increase of $206 billion a year
Costs of Addiction

**STATS**

Turnover Rates TOP 3 Industries:
- 20.2% Hospitality
- 13.3% Banking
- 13.0% Healthcare
- 53.5% Others

Surveys of newly licensed hospital-based nurses have shown that 43% leave their first jobs within 3 years of employment.

They are leaving. Fast. The turnover rate among all newly licensed RNs was:
- 17.5% 1 year
- 33.5% 2 year

The average cost of nurse turnover is between 36,000 to 57,000 dollars.

Turnover for a bedside RN resulted in the average hospital losing $4.9M - $7.6M.

Each percent change in RN turnover will cost/save the average hospital an additional $379,500.

*Becketts*
## Costs of Addiction

The cost of addiction is more than monetary

- Loss of self-worth
- Loss of identity
- Isolation
- Changes in mood
- Loss of housing
- Family issues
- Health issues
- Custody issues
- Legal issues
- Relationship problems
- Loss of employment
- Loss of income
- Mental Health issues
- Inability to cope without a substance
- Inability to function without a substance
- Transportation issues
- Safety issues
- Increase sense of fear
- Lack of motivation
- Lack of self-care
- Hygiene problems
- Criminal involvement
- Moral dilemmas
- Emotional development delays
Benefits of Substance Use

─ Ability to alter mood
─ Socialization
─ Coping skill
─ Perform better
If it’s so bad, why do people do it?

- The brain classifies substances as a basic need in addiction.
Addiction Cycle

Six Stages of Addiction
- Initial Use
- Abuse
- Tolerance
- Dependence
- Addiction
- Relapse

(American Addiction Centers)
Increased Risk Factors

- Gender
- ACEs
- Family History
- Pre-existing Mental Health Issues
- Behavioral/Impulse Control Issues
- Trauma history
- Age of first use
Co-Occurring Disorders

WHO IS AFFECTED?

7.7 MILLION Adults have co-occurring mental and substance use disorders. This doesn't mean that one caused the other and it can be difficult to determine which came first.

Of the 20.3 million adults with substance use disorders, 37.9% also had mental illnesses.

Among the 42.1 million adults with mental illness, 18.2% also had substance use disorders.

*NIDA
Not everyone with co-occurring conditions gets the treatment they need.

- 52.5% received neither mental health care nor substance use treatment
- 34.5% received mental health care only
- 9.1% received both mental health care and substance use treatment
- 3.9% received substance use treatment only

*NIDA
Treatment Options

- Outpatient
- Intensive Outpatient
- Partial Hospitalization
- Residential
- Inpatient
- Medication Assisted Treatment (MAT)
Treatment Modalities

- Cognitive Behavioral Therapy
- Dialectical Behavioral Therapy
- Matrix Model
- Eye Movement Desensitization and Reprocessing Therapy
- Motivational Therapy
- Contingency Management
- Community Reinforcement and Family Training
- 12 Step Based
Barriers to Services

**WHAT ARE THE BARRIERS TO GETTING TREATMENT?**

Even among people who want to find help, barriers exist to receive it.

Among adults with co-occurring disorders who did not receive mental health care, their reasons for not receiving it were:

- 52.2% Could not afford cost
- 23.8% Did not know where to go for treatment
- 23.0% Could handle problem without treatment
- 13.6% Fear of being committed
- 12.4% Might cause neighbors to have negative opinion
- 11.1% Did not think treatment would help
- 10.6% Did not have time
- 10.1% Concerned about confidentiality

*NIDA*
Barriers to Services

Among adults with co-occurring disorders who did not receive substance use care, their reasons for not receiving it were:

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>38.4%</td>
<td>Not ready to stop using</td>
</tr>
<tr>
<td>35.1%</td>
<td>Had no health insurance and could not afford cost</td>
</tr>
<tr>
<td>13.1%</td>
<td>Might cause neighbors to have negative opinion</td>
</tr>
<tr>
<td>13.0%</td>
<td>Might have negative effect on job</td>
</tr>
<tr>
<td>11.5%</td>
<td>Did not know where to go for treatment</td>
</tr>
<tr>
<td>9.9%</td>
<td>Had insurance, but did not cover treatment cost</td>
</tr>
<tr>
<td>9.0%</td>
<td>No program had the treatment type</td>
</tr>
</tbody>
</table>

*Annual average weighted percentage

Please note, respondents could provide more than one response.

*NIDA
Recovery

- Recovery is more than being “clean”.
- Includes all aspects of life:
  - Spiritual Health
  - Mental Health
  - Physical Health
  - Financial Health
  - Inter-relational Health
Risk Factors for Healthcare Providers

- Access
- Stress
- Gender
- Lack of Addiction Education
- Physical Pain
- Fatigue

(American Addiction Centers)
Warning Signs

– Repeated tardiness or absence from work
– Decreased productivity
– Physical signals
– Unusual desire to work night shift
How to Respond

– Report any concerns to a supervisor, immediately, if you suspect someone to be under the influence on the job
– Reach out to your colleagues to express concerns
– Reach out for help if you are experiencing issues with substance abuse
Mississippi Nurse Voluntary Program is here to support and monitor nurses that are wanting to transition into recovery while maintaining their license. 
- Alternative to Discipline
- Accountability
- Support
- Resources
- Confidential
Contact Information

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