

UNDERSTANDING ADDICTION

I was disappointed with “A Good Nurse?” (*Reflections*, October 2012), which displayed a limited understanding of nurses and of anyone who battles addiction.

The word “junkie” is such an offensive, common word to use to describe a professional nurse who struggles with addiction. It’s like calling a woman a “slut” for having sexual relations.

I’m a professional, good nurse, and I’m also an addict in recovery. My addiction was very personal, as is my recovery. However, Theresa Brown, the author of this article, makes the nurse’s addiction about herself and the other nurses, about how they were betrayed. Then she admits, with surprise, that the addicted nurse took good care of the patients. She had remained competent.

That’s because she *was* a good nurse. This is not to say it’s all right for nurses to be impaired at work. But addiction doesn’t mean the professional is unable to function. Those in the medical profession should be better educated about addiction. They should understand how the professional caregiver functions while on drugs.

Also, I question Brown’s conclusion that “potentially one in 11 nurses” has addiction problems. In the United States, addiction is an epidemic, and, many times, the medical profession enables

addicts. Look at the abuse of prescribed drugs!

Let’s educate nurses rather than perpetuate the misunderstanding of professional RNs who have a problem with addiction. The author should have tried to be part of the solution, not the problem.

*Name withheld upon request
Chicago*

I was saddened by *AJN*’s decision to publish this article. Brown lacks even the most basic knowledge of the neurobiology of substance use disorders. People with substance dependence lose the ability to make reasoned decisions about drug and alcohol use, a point explained by Nora D. Volkow, MD, director of the National Institute on Drug Abuse at the National Institutes of Health, almost a decade ago in an editorial in her organization’s publication.¹

Most upsetting was Brown’s decision to describe the nurse as a “junkie.” Should we call people with obesity “fat slob?” Are women with postpartum depression “hysterical”?

The National Council of State Boards of Nursing’s *Substance Use Disorder in Nursing Manual: A Resource Manual and Guidelines for Alternative and Disciplinary Monitoring Programs*, which is available free of charge at www.ncsbn.org/2106.htm, provides accurate information and “practical and evidence-based guidelines for evaluating, treating and managing nurses with a substance use disorder.”

Allowing ignorance and prejudice to determine how we treat our patients and colleagues with substance use disorders is ethically and scientifically indefensible.

*Janet Pickett, RN, CARN, CADC
Des Plaines, IL*

REFERENCE

1. Volkow ND. The addicted brain: why such poor decisions? *NIDA Notes* 2003;18(4).

Author Theresa Brown responds: I appreciate the letter writers’ impassioned defense of addicts who are also working professionals. However, except for their dislike of my use of the word “junkie,” I don’t see a contradiction between their descriptions of addiction and my portrayal of a drug-addicted nurse in the column.

I used “junkie” very deliberately, and then called it an “ugly word” to make it serve as shorthand for our society’s generally unforgiving attitude toward drug abusers, particularly narcotics users. It’s easy to judge addicts. At the end of the column, I undermine my own use of the word “junkie” when I say there was more to this nurse than just drug abuse—that, in fact, the nurse was a committed professional.

In health care, safety is paramount, and serious mistakes already happen much more often than they should, making the possibility of working with a staff member who is cognitively impaired due to narcotic abuse disturbing and scary.

“Junkie” was a rhetorical gesture, attempted to make a point about how easy it can be to thoughtlessly condemn drug abusers. My apologies if its use in this column appeared to reinforce the kind of judgmental attitudes it was supposed to challenge.

WEIGHT CONTROL

“Girth of a Nation” (*Editorial*, July 2012) was very timely and left me wondering: At what point do we stop blaming others and start taking responsibility ourselves?

This past year, I set out on a health campaign of my own. After being awoken one too many times by my husband due to my snoring, I knew I had to do something about my weight. My 40th birthday was soon arriving, and I couldn’t stand the thought of being 40 *and* fat. My family was also

Needleless Connectors for IV Catheters: Erratum

In the November 2012 issue, the article “Needleless Connectors for IV Catheters” included a table that contained an error. In the Priming Volume column of Table 1, Baxter HealthCare’s One-Link is listed as having a priming volume of 0.8 mL. The correct priming volume is 0.08 mL.