The American Society of PeriAnesthesia Nurses (ASPAN) has the responsibility for defining the principles of safe, quality nursing practice in the perianesthesia setting. ASPAN, therefore, sets forth this position to acknowledge the scope of the problem of substance abuse in nursing and to define the scope of safety in perianesthesia practice.

**Background**

Based on estimates from the National Institute on Drug Abuse (NIDA) approximately 10 to 20% of U.S. adults have or will abuse drugs during their lifetime. The American Nurses Association (ANA) estimates that approximately 10% of nurses are dependent on drugs. Considering nearly three million nurses are employed in the United States, nearly 300,000 nurses may be substance abusers. These statistics put one out of every ten nurses at risk to struggle with addiction.\(^1\)\(^2\) Substances of abuse may include alcohol, illegal drugs, prescription drugs and drugs diverted from clinical work sites.

Trinkoff and Storr published a landmark study in 1998 titled “Substance Use Among Nurses: Differences Between Specialties.”\(^3\) They reported that specialty practice areas, including, but not limited to, anesthesia, critical care, oncology and psychiatry, have higher levels of substance abuse. It is believed that these practice areas, much like perianesthesia practices, involve physical, emotional and/or mental stress that may cause nurses to turn to substances. In addition, these specialty practice areas have a rather wide range of access to and availability of controlled substances.

The effects of the working impaired nurse are varied. Some risk factors attributed to addiction of nurses in the workplace include access, attitude, stress and a lack of education surrounding the addiction process. Symptoms of substance abuse include increased absenteeism, frequent disappearances from the unit and excessive time near medication preparation or access areas. Work performance issues are also notable including variations between high and low individual productivity, patient dissatisfaction, inattentiveness leading to practice errors or poor judgment.\(^4\) Diversion of drugs prescribed for patients to be later used for personal consumption is also hugely problematic.

In keeping with ASPAN’s goal to promote a safe perianesthesia care setting, the challenges of working with substance abuse issues involving clinical practice colleagues need to be clearly identified and appropriate action taken.

**Position**

ASPAN is highly committed as an advocate for a culture of safety in all perianesthesia practice settings, for the patient, the nurse and the healthcare team. Characteristics of a healthy work environment when working with an impaired professional include, but are not limited to:
• Recognition and non-punitive reporting of the problem  
• Knowledge of state and board of nursing requirements for mandatory reporting  
• Creation of a supportive work environment  
• Support for clear institutional policies regarding access and management of controlled substances  
• Education to promote the early identification of nurses with substance impairment and diversion  
• Provision of treatment options

Expected Outcomes

ASPN recognizes the complex nature of substance abuse in healthcare practices. Creating and maintaining a healthy work environment that discourages enabling behaviors and supports the transparency of safe and compassionate behaviors is a priority.

Approval of Statement

This statement was recommended by a vote of the ASPAN Board of Directors on November 5, 2011, in San Antonio, Texas and approved by a vote of the ASPAN Representative Assembly on April 15, 2012 in Orlando, Florida.

This position statement was updated and revised at the October 2015 meeting of the Standards and Guidelines Strategic Work Team in Fort Worth, Texas.

REFERENCES


BIBLIOGRAPHY


