

A Position Statement on Substance Use Disorders in Perianesthesia Practice



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 use disorders in nursing and to define the scope of safety in perianesthesia practice.

Background

Based on estimates from the National Institutes of Health (NIH), approximately 10% of U.S. adults have or will abuse drugs during their lifetime.¹ The American Nurses Association (ANA) predicts that approximately 10% of nurses are dependent on drugs.² 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. In addition, the ANA estimates that 6 to 8% of nurses suffer impaired practice due to either alcohol or drugs.^{2,3} Substances of abuse and misuse 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.”⁴ 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 use disorders 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, and inattentiveness leading to practice errors or poor judgment.⁵ Diversion of drugs prescribed for patients to be later used for personal consumption is also hugely problematic.

According to the National Council of State Boards of Nursing, nurses with substance use disorders “pose a unique challenge to the nursing profession.”⁶ Not only does the disorder impact the nurse, but also his or her peers and the patients who depend on the nurse for safe, high quality, and competent care. “An extensive body of scientific evidence demonstrates that approaching substance abuse disorders as a treatable illness is extremely effective for the individual using substances, as well as society.”⁶ Nondisciplinary programs are now recommended by a growing number of state boards of nursing. These programs allow for



swift entry into treatment programs that approach substance use disorders as illnesses that respond to appropriate treatment. “When treatment for nurses is individually tailored to meet their needs and an appropriate supportive monitoring system is in place, nurses can recover and return to practice safely.”⁶

In keeping with ASPAN’s goal to promote a safe perianesthesia care setting, the challenges of working with substance abuse and misuse 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. Perianesthesia nurses should have awareness and knowledge of the following:

- The high-risk nature of perianesthesia environment for the diversion and abuse of controlled substances or impaired behaviors
- The importance of reporting suspected behaviors
- State and board of nursing requirements for mandatory reporting and treatment options
- The elements of a supportive work environment for the healthcare team in recovery process
- Facility policies regarding access and management of controlled substances
- Signs and symptoms of substance impairment and diversion

Expected Outcomes

ASPAN recognizes the complex nature of substance use disorders in healthcare practices. Perianesthesia nurses create and support a work environment that focuses on the elimination of risks associated with substance use disorders and supports members of the healthcare team who are in recovery.

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 2019 meeting of the Standards and Guidelines Strategic Work Team in Dallas, Texas.

REFERENCES

1. National Institutes of Health. 10 percent of US adults have drug use disorder at some point in their lives. NIH; 2015. Accessed July 18, 2020. <https://www.nih.gov/news-events/news-releases/10-percent-us-adults-have-drug-use-disorder-some-point-their-lives>
2. National Council of State Boards of Nursing. Substance Use Disorder in Nursing. A Resource Manual and Guidelines for Alternative and Disciplinary Monitoring Programs. NCSBN; 2011. Accessed July 9, 2020. https://www.ncsbn.org/SUDN_11.pdf



3. Washington State Department of Health and Washington Health Professional Services. A Guide for Assisting Colleagues Who Demonstrate Impairment in the Workplace. 2016. Accessed September 2, 2019. <https://www.doh.wa.gov/portals/1/Documents/Pubs/600006.pdf>
4. Trinkoff AM, Storr CL. Substance abuse among nurses: differences between specialties. *Am J Public Health*. 1989;88(4):581-585.
5. Talbert JAJ. Substance abuse among nurses. *Clin J Onc Nurs*. 2009;13(1):17-19. <https://doi.org/10.1188/09.cjon.17-19>
6. National Council of State Boards of Nursing. Substance use disorder in nursing. 2020. Accessed July 9, 2020. <https://www.ncsbn.org/substance-use-in-nursing.htm>

ADDITIONAL READING

Horton-Deutsch S, McNelis A, O'Haver Day P. Enhancing mutual accountability to promote quality, safety, and nurses' recovery from substance use disorders. *Arch Psychiatr Nurs*. 2011;25(6):445-55. <https://doi.org/10.1016/j.apnu.2011.02.002>

Institute for Safe Medication Practices. Partially filled vials and syringes in sharps containers are a key source of drugs for diversion. 2017. Accessed July 14, 2020. <https://www.ismp.org/resources/partially-filled-vials-and-syringes-sharps-containers-are-key-source-drugs-diversion>

Monroe T, Kenaga H. Don't ask don't tell: substance abuse and addiction among nurses. *J Clin Nurs*. 2011;20(3-4):504-9. <https://doi.org/10.1111/j.1365-2702.2010.03518.x>

Monroe T, Vandoren M, Smith L, Cole J, Kenaga H. Nurses recovering from substance use disorders: a review of policies and position statements. *J Nurs Adm*. 2011;41(10):415-21. <https://doi.org/10.1097/nna.0b013e31822edd5f>

New K. Preventing, detecting, and investigating drug diversion in health care facilities. *J Nurs Regul*. 2014;5(1):18-25. [https://doi.org/10.1016/S2155-8256\(15\)30095-8](https://doi.org/10.1016/S2155-8256(15)30095-8)

Thomas CM, Siela D. The impaired nurse: would you know what to do if you suspected substance abuse? *Am Nurs Today*. 2011;6(8). Accessed July 9, 2020. <https://www.americannursetoday.com/the-impaired-nurse-would-you-know-what-to-do-if-you-suspected-substance-abuse/>

Wright EL, McGuiness T, Moneyham LD, Schumacher JE, Zwerling A, Stullenbarger NE. Opioid use among nurse anesthetists and anesthesiologists. *AANA J*. 2012;80(2):120-128.

