



Addictive Disorders Among Nurses and Nursing Students in Academic Settings

The International Nurses Society on Addictions (IntNSA) is a specialized professional organization whose membership has expertise in the area of addictions prevention, intervention, and treatment. In keeping with both the mission statement of the International Nurses Society on Addictions and the expertise of its members, this position paper has been developed with the hope that it will serve to educate and advise members of the nursing profession, other healthcare professionals, and members of the academic community.

Background

Addiction is defined as habituation to a substance to such an extent that it interferes with the day-to-day life of the affected person. Addiction can include both physiological and psychological dependence. There is no reliable estimate of the incidence of addiction in the nursing profession; statistics in the literature vary widely and are not based on sound study methods. However, the American Nurses Association (ANA) has suggested that approximately 6% to 8% of nurses may have a problem with substance abuse (ANA, 1984). Whatever the percentage, the problem is significant because of its potential impact on patient outcomes and the public trust, as well as on the well-being of healthcare providers.

Healthcare professionals have treatment needs that differ from those of the general population. These needs arise in part out of the day-to-day risk factors associated with the work lives of these professionals, including accessibility, occupational hazards, stress, coping issues, inadequate education about addiction, and lack of awareness. Addiction, if known about at the place of employment, is likely to threaten continued employment. Additionally, addicted professionals are potentially subject to actions threatening their professional licensure, which is closely linked to their right to practice and therefore to their livelihood. IntNSA recognizes that a nurse may suffer impaired function as a result of a mental or physical condition other than an addiction; however, a dependence on alcohol and/or other drugs is by far the most frequent cause of a board action against a nurse. Like other professions, nursing is both legally and ethically obligated to pursue self-regulation, principally to protect the public from harm. Nurses also are ethically bound to protect and help maintain the dignity of their colleagues by offering effective care for any of those colleagues who may have or develop addictive behaviors during their professional careers. There is a need to identify the elements of effective care for nurses who have an addiction in order to promote their timely reentry into practice and to prevent relapse.

As the data indicate that addictions are prevalent in nursing, in both student and faculty ranks, certain activities are recommended to address this problem. The International Nurses Society on Addictions believes that schools of nursing have a duty to provide essential education and to control entry into practice so that those who enter the profession are adequately prepared and possess the requisite skills for safe practice. Thus, it is the obligation of schools of nursing to establish and carry out whatever educational programs are necessary for students and faculty. Schools of nursing should, in collaboration with professional addictions treatment resources, be ready to provide intervention for both students and faculty who have addictive behaviors.



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The International Nurses Society on Addictions has hereby developed a policy statement regarding the faculty or nursing student whose life and practice is likely to be or has been adversely affected by an addiction.

Need for policy to address nurses' addiction in academic settings

It has been suggested that substance abuse in all the healthcare professions, including nursing, may generally begin during training, when the student is faced with a great deal of stress, poorly defined coping mechanisms, inadequate prevention, and limited support systems. Many schools continue to operate without either (a) a curriculum that includes mandatory education on the issue of healthcare provider impairment or (b) a policy that clearly outlines how substance abuse by students will be managed. It is for this reason that the International Nurses Society on Addictions is making this policy statement.

This organization agrees with the statement that addiction is a dependence, "the progress of which can be arrested with appropriate treatment and [which] need not be considered an unalterable condition" (ANA, 1984, p. iv). Further, the International Nurses Society on Addictions endorses an ethical obligation to preserve the basic rights of nurses and students of nursing in academic settings who may be at risk for or experiencing problems associated with addiction. The members of the International Nurses Society on Addictions believe that our profession has an ethical obligation to regulate nursing practice to protect the varied interests of clients, agencies, and schools while assisting our colleagues who have addictions.

Policy statement

This policy responds to multiple concerns on the part of the International Nurses Society on Addictions that include, but are not limited to, the following:

1. Opportunities to learn about addiction may not automatically present themselves once a nurse has left the educational setting.
2. An addicted professional may be providing substandard nursing care or causing harm to patients before receiving treatment for his or her addiction.
3. Nurses have the right to receive appropriate care and to maintain their dignity through the process of recovery.
4. Graduate nurses and nursing students with addiction require and deserve the earnest assistance of colleagues in pursuing treatment and recovery.

Recommendations for schools of nursing

1. Schools of nursing should make concerted efforts aimed at primary prevention and early intervention. These efforts should include required coursework in the pharmacology of addictive substances, the process of addiction, the seductive capabilities of abused substances, and the components of a healthy lifestyle. Implicit in this recommendation is that faculty also be informed and prepared to recognize and respond in a timely and



- appropriately therapeutic manner to both faculty colleagues and students who may have addictive behaviors.
2. Faculty and administrators in schools of nursing should create and maintain a supportive environment for learning and working, one that minimizes stress, encourages creativity, and strengthens the self-esteem and productivity of all people associated with the school.
 3. Nursing students should be exposed to the body of knowledge related to addiction in the professions in general and the problem of addiction in nursing in particular. Course content should include information about the foundations of responsibility for professional self-regulatory activities and for the collegial response to addicted nurses that is based on nursing ethics.
 4. Schools of nursing should recognize that misuse or abuse of alcohol and other drugs may occur prior to the development of psychological and physiological dependence. Equal concern and attention should be devoted to the problems created when nurse faculty or nursing students either report to work under the influence or participate in learning activities under the influence. Addiction education in the nursing curriculum, in addition to its content on the process of addiction, should focus on the nature of misuse and abuse and the health consequences associated with such misuse, such as impaired driving and potential toxic effects on fetal development.
 5. Schools of nursing should have a written policy for responding to any faculty member or student suspected of having difficulty with an addiction. Employee assistance programs and student health services should be equipped to recognize and intervene in situations of addiction. This intervention should take great care to provide comprehensive and accurate assessment, confidentiality, accurate information on the right to counsel, and appropriate treatment. Included in this process should be an accurate delineation of the responsibility to inform the individual identified (who should inform the individual and how it should be done), and information on securing appropriate disclosure consent for those who legitimately need to know. Theoretically, the disclosure consent procedures should include both (a) one for students concerning disclosure to nursing faculty under whose license the students will be practicing and (b) one for faculty concerning disclosure to any faculty supervisor who fits the definition of respondeat superior.
 6. The participation of persons experienced in the intervention process—ideally including treatment professionals—is necessary in the initial encounters with the addicted nurse; this will maximize the opportunities to help the nurse and to provide the appropriate diagnosis, treatment, and follow-up care for the student or nursing faculty member affected by addiction. The treatment and monitoring of the addicted student or faculty member should follow the well-established guidelines in the literature: individualized treatment programs, random screens, counseling, and frequent (two or three times a week) attendance at recovery groups and self-help groups, one of which should be a recovering nurse group, if available. Nurse-specific groups, whether for support, therapy, or self-help, are essential to the addicted nurse's earlier recognition of the consequences of addiction on a professional, personal, and collegial level. Moreover, nurse-specific recovery groups address issues involving the workday life of the nurse, the risks of relapse, and the experience of nurses in longer recovery.



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Each educational setting should carefully consider its obligation to the student and its obligation to report to the regulatory agency. Relapse is inherent in addiction and is a challenge to the treatment of the affected nurse. Nurses who are successfully participating in recovery efforts will pose the least threat to the public and themselves. Those who experience multiple relapses will present greater treatment challenges and will require multiple interventions and more comprehensive follow-through for longer periods of treatment. A contract for return to school/work is frequently used to outline an exact plan for, reduce misunderstandings about, and identify the duration and intensity of follow-up care as defined by the treatment provider.

The International Nurses Society on Addictions offers educational materials that are helpful in disseminating the information necessary to accomplish the tremendous task of dealing with addiction among nurses in the academic setting. Members of the International Nurses Society on Addictions can be consulted for assistance, and a comprehensive list of resources (such as peer assistance groups and support groups) can be requested to aid in the professional response to addictions in nurses and nursing students in the academic setting.

Reference

American Nurses' Association (1984). Addiction and psychological dysfunction in nursing: The profession's response to the problem. Kansas City, MO: Author.

A Note of Thanks

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