Substance Use Disorder (SUD) in the Workplace

Substance use disorder (SUD) is recognized as the No. 1 occupational hazard among anesthesia professionals. It is estimated that 10 to 15 percent of practicing CRNAs will struggle with substance use disorders at some time during their career. In spite of this increased risk, anesthesia personnel often lack practical, up-to-date information about appropriate actions to take when a colleague shows behaviors indicative of SUD. Timely action is paramount when a CRNA or student registered nurse anesthetist is suffering from SUD and/or impaired in the workplace. More importantly, safety of both the patient and the anesthesia provider requires knowledge to reduce the risk of a fatal outcome.

Why Anesthesia Providers have SUD

Many factors may contribute to an individual’s vulnerability to SUD. A genetic component influenced by environmental and social factors account for 40 to 60 percent of an individual’s vulnerability. CRNAs work in demanding, high-stress environments with ready access to highly potent and addictive drugs. Concomitant psychopathology, as well as certain personality traits, increases an individual’s tendency toward self-medicating other mental health disorders’ symptoms. Chronic pain, both emotional and physical, when untreated, can become a trigger for the self-administration of the addictive drugs available to the CRNA during the course of a normal workday. Recreational use of alcohol and other illicit drugs sets the stage for the development of SUD in susceptible individuals.

Identifying the Individual with SUD

Nurse anesthetists must have a clear understanding of the risk of SUD within the profession along with knowledge of the signs and behaviors in order to identify, appropriately intervene, and assist a colleague. When a CRNA finds reasons and justification for self-medicating and diverting drugs from the workplace, a vicious cycle of destruction begins. It takes very little time to reach a place where an anesthesia professional has no control over the use of these drugs, and a pattern of diversion develops. Once started, the addicted individual becomes very adept at acquiring the drugs without detection. The working environment provides access to the drugs and the secrecy necessary to continue the diversion for a period of time; autonomy and independence often provide shelter from identification of behaviors indicative of SUD. When a colleague or coworker becomes suspicious of the presence of SUD in another colleague, it is frequently brushed aside. Denial is common, as is the desire to not get involved, along with a fear of loss of career or retaliation. When left undetected and untreated, the SUD is permitted to progress and may contribute to a fatal outcome through an accidental or intentional overdose. The signs and behaviors of SUD are frequently very obvious in retrospect but not visible on a daily basis until multiple events come together to give a clear picture that SUD is present.

Intervening on SUD

Whether it is suspicion or clear evidence of impairment and/or diversion within the workplace, appropriate action must be taken in a timely fashion. Delaying action risks harm to patients, the provider, the healthcare facility, and the community. Policies and procedures must be in place to guide managers and supervisors.

The goal for intervening with a CRNA or student nurse anesthetist with SUD is the same whether discovered impaired at work or off duty—safety. If the anesthesia professional is providing patient care, removal from direct care is a priority. Once removed, the safety of the provider becomes the focus of all actions to prevent untoward events. Unfortunately, there are many things that can occur before an identified CRNA gets to a safe place. The biggest risk for the provider at this point is suicide. Because of this increased suicide risk, it is essential that the anesthesia professional never be left alone until admitted to a treatment facility.

Because anesthesia providers are at increased risk for the development of SUD, established policies and procedures should be in place in all anesthesia organizations so that they can be activated at a moment’s notice. Anesthesia department managers are often unfamiliar with how and where to arrange for appropriate treatment and how to handle an impaired employee. Once discovered, an impaired provider’s initial impulse may be to flee. Having a plan in place to provide supervision and support until the individual can be transported to a treatment facility is key. Appropriate treatment facilities should be identified. Treatment for the individual should be arranged at a specific location and transportation to the facility should be coordinated. (Resources: www.AANA.com/Treatment and www.AANA.com/Intervention)

Termination of employment as a result of diversion of workplace drugs is a common consequence and is the primary fear of the diverting CRNA. This fear is followed by the undeniable shame and guilt as a result of the behavior that has occurred in the midst of SUD. On many occasions, denial leads to anger and lashing out at those trying to help and intervene and other threatening behaviors. Being armed with the tools and information to address these situations is paramount for a successful intervention. It may be necessary to have professionally trained individuals present, but most often workplace interventions are conducted by department/hospital managers. Workplace interventions should not focus on employment status, but should instead be focused on getting the individual safely into treatment. While commonplace, immediate termination is incredibly harmful to the individual as the anesthesia professional is often overwhelmed and unable to make rational decisions regarding his/her care. In addition, termination may add an additional stress of being unable to afford the necessary treatment.

The AANA recognized the impact SUD has on its membership and established the Peer Assistance Advisory Committee in 1983 in an effort to highly potent and addictive drugs. Concomitant psychopathology, as well as certain personality traits, increases an individual’s tendency toward self-medicating other mental health disorders’ symptoms. Chronic pain, both emotional and physical, when untreated, can become a trigger for the self-administration of the addictive drugs available to the CRNA during the course of a normal workday. Recreational use of alcohol and other illicit drugs sets the stage for the development of SUD in susceptible individuals.

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to educate our members on how to respond to colleagues with SUD. A key component of AANA’s Peer Assistance is a peer support helpline, available 24/7 for CRNAs and student nurse anesthetists, employers, and families—(800) 654-5167. (Resource: www.AANA.com/Getting-Help) Another level of support is provided by State Peer Advisors who offer state-specific support and guidance regarding licensing rules and regulations. Additionally, a moderated online peer support community, Anesthetist in Recovery (AIR), is available for CRNAs and students in recovery. (Resource: www.AANA.com/AIR)

**SUD Treatment for Anesthesia Professionals**

AANA Peer Assistance Advisors (PAA) state that, “anesthesia professionals and students have unique treatment needs for a variety of reasons including, controlled substance availability, potential loss of profession when inadequately treated, professional guilt and shame, and a tendency to intellectualize the treatment process, among others.” Based on over 30 years of peer support experience, the PAA recommend treatment in a facility experienced with SUD in healthcare professionals. The recommendation is for a minimum of 30 days inpatient treatment for the CRNA with SUD followed by intensive outpatient/partial hospitalization; 90 days inpatient treatment is preferred. Aftercare and attendance of three-to-four twelve-step meetings per week along with professional support group meetings where available can help maintain recovery. During treatment the anesthesia professional can address the pressing professional issues such as licensing, monitoring, and employment concerns, along with immediate family concerns and pressures. Treatment is costly, so financial pressures necessitating lifestyle changes must also be addressed.

Employers may be required to report SUD workplace incidents to licensing agencies or state alternative to discipline programs. The rules and practice regulations vary from state to state, and assistance with these issues are necessary. Some states have monitoring programs that are very strict disciplinary programs while other states have alternative to discipline programs whereby the nurse is monitored under specific guidelines for a specific number of years during the initial recovery period. The anesthesia professional may face legal issues for charges of diversion, theft, forgery of prescriptions, or illegal use of controlled substances. All of these issues impact the CRNAs’ ability to obtain future employment and credentialing, setting the stage for a loss of hope, purpose, and ability to face the next day’s struggles.

SUD affects everyone, and healthcare providers are not immune. Healthcare providers with SUD face an incredible amount of judgment and condemnation from peers and others outside of the profession. CRNAs often experience great difficulty obtaining employment and re-entry into nurse anesthesia practice. Employers often lack knowledge of the recovery process, and supportive workplaces are difficult to find in an environment where production pressure, reimbursement, and outcomes are the primary focus. While many professions have policies and structured procedures within their organizations to provide treatment, support, and re-entry to employment, re-entry into practice for the recovering anesthesia provider is a complex and often frustrating process. A comprehensive system, which is focused on early detection of and intervention on the impaired provider, as well as assisting the anesthesia provider with superior treatment and supportive recovery is greatly needed in every anesthesia workplace. In addition, a complete professional reentry plan started upon admission to a treatment facility is essential for helping recovering CRNAs to return to nurse anesthesia practice.

**References**