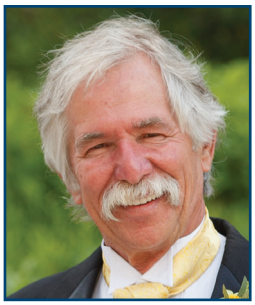
What is AANA Peer Assistance?



Larry Van Atta, CRNA, *AANA Peer Assistance Advisors Committee*

As early as 1962, the *AANA Journal* published an article detailing the hazard of substance use among nurse anesthetists.[1] Today, an estimated 10 to 15 percent of all clinicians, including nurse anesthetists, will misuse drugs or alcohol at some time during their career.[2,3] However, the full scope of the problem is likely underestimated due to the many factors that discourage disclosure such as stigma, potential for licensure restriction or loss, potential for legal action, and implications for patient care.[2,4] Substance use disorder is an occupational hazard of disproportionately greater risk among the anesthesia profession than in other practice specialties due in part to stresses of working in a demanding profession, increased availability of highly addictive medications, curiosity about anesthetic drug effects, and possible environmental sensitization to the effects of such medications.[2,4-7]

Peer Support Network

To address the issue of substance use disorder among nurse anesthetists, AANA Peer Assistance was created in 1983 as an ad hoc Committee on Chemical Dependency by the AANA.[8] Over time, the ad hoc committee became the Peer Assistance Advisors Committee (PAAC), which continues to offer proactive support for issues related to drugs and alcohol, impairment, and/or suspicion of drug diversion among nurse anesthetists. PAAC, along with the network of volunteer State Peer Advisors (SPAs), provides confidential assistance through informational support and referral resources to nurse anesthesia professionals and the public on issues regarding well-being as it pertains to risk for substance use disorder and other issues such as experiencing adverse events and fitness for duty. Their work is committed to educational endeavors to promote awareness and the formulation of guidelines for early recognition, intervention, treatment, long-term recovery, and appropriate re-entry.[9]

The seven members of PAAC serve as regional advisors to educate and guide the SPAs in each of the seven AANA geographic regions. SPAs are CRNAs who apply and then undergo an acceptance process (interview, vetting, state association endorsement) and mandatory orientation and training, and are then prepared to provide helpful peer support and resources to individuals seeking help. SPAs also receive extensive education related to the disease of addiction, drug misuse among CRNAs, conducting a safe intervention, getting individuals into treatment, alternative programs in the states, and the role and responsibility of the SPA.

Additionally, SPAs promote substance use disorder awareness, provide educational resources to state associations and nurse anesthesia educational programs, and encourage provider well-being. The full SPA position description can be found on www.aana/SPA.

How Can I Access Peer Support, and What Can I Expect?

Assistance can be accessed through the Peer Assistance Helpline at (800) 654-5167. Currently, the Helpline is staffed by volunteer peer assistance advisors who will answer your call or voice message as soon as possible. It is **not** staffed as a 24-hour-a-day, live hotline. **If the situation is extremely urgent, or there is talk of a desire to harm self or others, callers should call 911 or the National Suicide Prevention Lifeline at (800) 273-8255.** The helpline is administered by trained volunteers. It is not a professional treatment or counseling program. No person associated with the helpline is authorized to make a medical diagnosis, provide professional therapy, treatment or counseling, or provide legal or other professional advice of any kind. SPAs are there for support and to provide a connection to resources. Although information provided is not anonymous, it is confidential and shared only with the caller's knowledge.

Individual SPAs can also be contacted directly by going to www.AANA.com/gettinghelp for the link to the SPA online directory with each state's SPA contact information, alternative to discipline program if available, and the State Board of Nursing contacts.

Responding to Peer Assistance Calls

When responding to peer assistance calls, SPAs provide support and assistance for issues such as substance use disorder, adverse events, bullying, and fitness for duty. Many SPAs have personal experience with substance use disorder while others have seen the devastating effects of substance use disorder and wish to volunteer as allies. Examples of calls a SPA may receive include:

- A colleague of a CRNA calls with suspicion of drug diversion. The colleague has noticed a pattern of behavior that is of concern—increased usage of narcotics with heavy wastage, arriving to work early and staying late, frequent breaks or trips to the bathroom, and fluctuating mood swings. The colleague has spoken with a hospital pharmacist, who is also concerned and assembling data. What should the colleague do?
- An SRNA calls to say that he/she has been asked to submit a urine sample for suspicion of fentanyl abuse, which he/she confirms. The student was sent home following the drug screen knowing the test will be positive. The SRNA will graduate in one month and has a substantial amount of student loans to pay off. What should the SRNA do?

- A CRNA calls to say that he/she was responsible for an adverse event that severely harmed a patient. He/she is under emotional duress and does not think he/she can provide safe anesthesia care. He/she wants to take time off, but is afraid to discuss this with the employer. What should the CRNA do?
- The spouse of a CRNA suspects he is bringing drugs home from work and using them. The CRNA had back surgery nine months ago and has had behavior changes. His mood has become more labile, and today a bloody syringe was found under the couch. What should the spouse do?

PAAC members often respond to initial calls then may refer the caller to the SPA for additional state-specific resources, support, and guidance including treatment facilities in the area experienced in treating healthcare professionals. These calls can be quite complex as they may involve arranging treatment and assistance in dealing with potential loss of income. Supervisors and administrators often request information for safe handling of intervention to transitioning the individual for evaluation for treatment and are instructed to never leave the individual alone.

Know Your Resources

Substance use disorders are neurobiological disorders, not character flaws or choices to abuse or become dependent upon a substance. This chronic disease causes both chemical and physical changes in the brain that lead abusers to believe they are in control of the disease. It is a disease of denial where the effects of the drugs often hijack the normal brain pathways. Substance use disorder is often not recognized until a fatal or near fatal overdose occurs. Because of this, it is essential that coworkers and family members are aware of the signs and symptoms of substance use disorder as well as its life-threatening potential.

Additional resources to be aware of include:

- Background information on substance use disorder and external resources: www.AANA.com/SUD
- Recognizing the signs and behaviors of substance use disorder and drug diversion: www.AANA.com/signsandbehaviors
- Getting help for yourself, colleague, friend or spouse: www.AANA.com/gettinghelp and Peer Assistance Helpline (800) 654-5167
- For colleagues, employers, or family of a CRNA with suspected substance use disorder, this help may be sharing the intervention essentials and treatment recommendations (www.AANA.com/Intervention)
- Treatment recommendations for nurse anesthetists: www.AANA.com/Treatment
- Providing guidance for consideration of return to clinical anesthesia practice to CRNAs or workplaces: www.AANA.com/Reentry
- Connecting with the alternative to discipline program, which most states have, to participate in the state's non-disciplinary and non-public monitoring program to "become safe and sober and remain so, while retaining their license" (reference https://www.ncsbn.org/alternative-to-discipline.htm)
- Sharing of information about the Anesthetists in Recovery (AIR) virtual support community of CRNAs in recovery www.AANA.com/AIR[1]
- Building a workplace policy for addressing substance use disorder: www.AANA.com/SUDWorkplaceResources
- Learn more about the State Peer Advisors and information on becoming a SPA: www.aana.com/SPA

References

1. Lundy JS, McQuillen FA. Narcotics and the anesthetist: professional hazards. *AANA J*. 1962;30(3): 147-176.
2. Wright EL, McGuiness T, Moneyham LD, Schumacher JE, Zwerling A, Stullenbarger NE. Opioid abuse among nurse anesthetists and anesthesiologists. *AANA Journal*. 2012;80(2):120-128.
3. Lord M, Magro M, Zwerling A. Substance Abuse and Anesthesia:Why It Is Your Problem and What Student Nurse Anesthetists Are Doing About It. 2010; http://www.aana.com/resources2/health-wellness/Documents/nb_pan_1110.pdf. Accessed February 15, 2016.
4. Sharer KB. Controlled-substance returns in the operating suite. *AORN J*. 2008;88(2):249-252.
5. Berge KH, Dillon KR, Sikkink KM, Taylor TK, Lanier WL. Diversion of drugs within health care facilities, a multiple-victim crime: patterns of diversion, scope, consequences, detection, and prevention. *Mayo Clinic Proceedings*. 2012;87(7):674-682.
6. Fitzsimons MG, Baker KH, Lowenstein E, Zapol WM. Random drug testing to reduce the incidence of addiction in anesthesia residents: preliminary results from one program. *Anesth Analg*. 2008;107(2):630-635.
7. Chipas A, McKenna D. Stress and burnout in nurse anesthesia. *AANA Journal*. 2011;79(2):122-128.
8. Quinlan D. Peer assistance reaches its 25th year. *AANA Journal*. Aug 2009;77(4):254-258.
9. Stone L, Quinlan D, Rice JA, Wright EL. The Evolution of a Peer Assistance Network for Nurse Anesthetists' Substance Use Disorder. *Journal of Addictions Nursing*. 2016;27(3):218-220. ■