Nurses and Nursing Students With Substance Use Disorders

Patricia A. Molloy, PhD, APRN, PMHCNS - BC

Abstract
Substance use disorder (SUD) is a significant problem for millions of Americans. The incidence of SUDs among nurses and nursing students is thought to be like that found in the general population. Some studies suggest increases in substance use among college students given stressors related to the COVID-19 pandemic. Nurses are in unique positions to care for one another as we care for our patients. Identification, referral, and treatment of SUDs can prevent both nurses and nursing students from terminating their careers or nursing programs of study. The purposes of this article were to increase nurses’ knowledge of SUDs among nurses and nursing students, provide an organizing framework for identification of substance problems among nurses/nursing students, and discuss ways to create a culture of support and recovery for nurses/nursing students with SUDs.

Keywords: COVID-19, Nurses, Nursing Students, Substance Use Disorders

“No one is immune from addiction; it afflicts people of all ages, races, classes, and professions.”
- Patrick J. Kennedy

BACKGROUND
According to the Substance Abuse and Mental Health Services Administration (SAMHSA, 2021, 2020a, 2020b), 40 million Americans aged 18 years and older (15.6%) used illicit drugs or alcohol in October–December 2020 (representing a two-fold increase from 2019). Although methodological changes could account for some of this dramatic change (e.g., a change to web-based interviewing of participants and inclusion of the Diagnostic and Statistical Manual of Mental Disorders [5th ed.; DSM-5; American Psychiatric Association, 2013] criteria for SUDs), it is thought that most of the increase in substance use can be attributed to the negative effects of COVID-19 (SAMHSA, 2020b).

In 2020, there were 256,662,010 people over the age of 18 years living in the United States (77.9% of the general population [U.S. Census Bureau, 2020]). In May 5, 2022, there were 5,158,912 active Registered Nurse licenses in the United States (excluding Michigan), and these are individuals who are over the age of 18 years (https://www.ncsbn.org/Aggregate-RNActiveLicensesTable.pdf). Because it is thought that the incidence of SUDs among nurses and nursing students is like that found in the general population (Kunyk, 2015; National Council of State Boards of Nursing [NCSBN], 2011), it may be safe to assume that nurses are among the 15.6% of Americans having an SUD. According to Bettinardi-Angres et al. (2012) and the NCSBN (2011), whereas the general population more frequently identifies alcohol as their drug of choice, nurses—especially those who are younger—are much more likely to abuse opioids. Regardless of the substance, it is important that nurses can identify signs of impairment among fellow nurses and nursing students to not only protect patients but also continue to practice as the trusted professionals as perceived by the public (Gallup, 2022).

According to Ross, Berry, et al. (2018), nurses with SUDs are either living in secret or, if discovered, living in shame. Nurses need to become aware of the signs and symptoms of SUDs in other nurses and nursing students and become knowledgeable of steps to take to facilitate intervention, referral, and treatment in a manner that is caring, nonpunitive, effective, and within legal guidelines.

The joint position statement of the Emergency Nurses Association and the International Nurses Society on Addictions (Strobbe & Crowley, 2017) - also endorsed by the American Association of Colleges of Nursing (2017) - provided the context for this paper:

It is the position of the Emergency Nurses Association and the International Nurses Society on Addictions that:
1. Health care facilities provide education to nurses and other employees regarding alcohol and other drug use, and establish policies, procedures, and practices to promote safe, supportive, drug-free workplaces.
2. Health care facilities and schools of nursing adopt alternative-to-discipline (ATD) approaches to treating nurses and nursing students with substance use disorders, with stated goals of retention, rehabilitation, and re-entry into safe, professional practice.

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3. Drug diversion, in the context of personal use, is viewed primarily as a symptom of a serious and treatable disease, and not exclusively as a crime.
4. Nurses and nursing students are aware of the risks associated with substance use, impaired practice, and drug diversion, and have the responsibility and means to report suspected or actual concerns (Strobbe & Crowley, 2017).

Substance Use Among College Students

Increases in problematic substance use among college students were observed in response to stressors and factors associated with the COVID-19 pandemic. Jackson et al. (2021) conducted a multi-method study of college students’ alcohol use before and after COVID-19. The study found that while on-premises drinking (such as at bars, restaurants, and dormitories) decreased, off-premises alcohol purchases (from liquor stores and online sites, e.g., Drizly) increased.

At a university in Northeast Ohio, Lechner et al. (2020) found that, among a sample of 1,958 students, alcohol consumption progressively increased after university closure especially among those with increased anxiety and depression; however, those with greater perceived social support reported less alcohol consumption.

Charles et al. (2021) compared results of predominately female students’ self-reports on measures of psychological symptoms, perceived stress, and alcohol use during the Fall 2019 (prepandemic), Spring 2020, and Fall 2020 semesters and found significantly higher levels of depression, perceived stress, and alcohol misuse during the Spring 2020 semester with return to prepandemic use in Fall 2020. The authors noted that higher alcohol misuse during pandemics is consistent with other researchers’ findings (Avery et al., 2020; Pollard et al., 2020; Tran et al., 2020) of increased alcohol use among the general population during a pandemic.

Ryerson et al. (2021) also examined students’ self-reported alcohol consumption at the beginning and end of the 2019 and 2020 spring semesters and found that, by the end of the Spring 2020 semester, alcohol consumption decreased, which was dramatically different from previous years. The authors suggested several factors that may have contributed to this change, for example, environmental changes (drinking establishments/bars closed, schools closed, and students forced to return home). In instances where students returned home, it may have been impossible for them to continue previous patterns of drinking, and students may have curbed their drinking behaviors to align with familial expectations.

Just before the beginning of the COVID-19 pandemic, Vorster et al. (2019) examined alcohol and other drug use among second-year nursing students. Possible contributory factors identified by the authors leading to nursing students’ excessive substance use were academic pressures as well as psychological stress because of physical exhaustion and exposure to patients’ pain and suffering. In this study, 81.2% of respondents reported using alcohol in the last 12 months with 20.3% using alcohol on 40 or more occasions during this period; a smaller percentage (17.4%) used alcohol and cannabis.

In 2017, Boulton and O’Connell analyzed responses from 4,033 nursing students inquiring about past-year substance use and examined whether substance use was related to patients’ pain and suffering. In this study, 81.2% of respondents reported using alcohol in the last 12 months with 20.3% using alcohol on 40 or more occasions during this period; a smaller percentage (17.4%) used alcohol and cannabis.
type of school program, and year in program” (p. 179). Results from this study indicated that students who were enrolled in associate degree nursing programs were at a lower risk of substance use compared with those in baccalaureate programs, students who were Black had the lowest risk compared with all other groups, male students had a greater risk than female students (most respondents [93%] were female), students born in the United States had a higher risk than foreign-born students, and those students who were married or partnered with someone had a lower risk than those who were single.

Interestingly, the authors noted that the 61% of students reporting excessive drinking in the past year was not only a much higher percentage than researchers found in previous studies, but nursing students also reported more alcohol use than other nonnursing college students. Self-reported drug use included “marijuana = 18%; illegal drugs (excluding marijuana) = 5%; nonprescribed stimulants = 8%; and nonprescribed prescription pills = 10%” (p. 184).

Boulton and O’Connell (2017) stated that they supported findings found by other investigators (Bugle et al., 2003; Coleman et al., 1997; Fletcher & Ronis, 2005; Greenhill & Skinner, 1991)—that nurses’ problematic substance use begins either before or during their nursing programs of study. For that reason, the authors advocated educating students and faculty about substance use, impairment, and treatment. Overall, studies about college students’ substance use during the current COVID-19 pandemic have produced mixed results, with some researchers finding increased substance use among some students (Charles et al., 2021; Jackson et al., 2021; Lechner et al., 2020) and other researchers suggesting decreased use (Graupensperger et al., 2021; Ryerson et al., 2021; White et al., 2020). Because nursing programs of study are well known to be stressful and stress can be associated with SUDs, it makes sense to develop clear program policies to assist faculty in identification of at-risk students and to provide guidance about how to help them.

Barriers to Identification and Treatment

For most nurses, it is often challenging not to have negative thoughts about colleagues who we conceptualize as abusing their professional ethics and functioning in their roles in ways that could potentially pose danger to the patients who depend on them.

It is estimated, however, that approximately 10%–20% of nurses have issues with substance use (Bell et al., 1999; Division of Healthcare Improvement, The Joint Commission, 2019; Garb, 1965; Griffith, 1999; Hughes et al., 2002; Luck & Hedrick, 2004; Monroe et al., 2011; NCSBN, 2011; Trinkoff & Storr, 1998). Unfortunately, there is very little recent evidence-based research that this writer could find investigating the prevalence of SUDs among nurses, and as previously mentioned, nurses are often ashamed of their substance use and are consequently very secretive, making identification (and, therefore, treatment) extremely difficult. The reason(s) nurses develop SUDs is probably as varied as that of the individual nurse. We do know, nevertheless, that factors that may contribute to problematic substance use are stress, access, knowledge of substances, and a myriad of individual characteristics.

Although no definitive causes of SUDs have been identified, there are certain risk factors as well as genetics and environmental stressors that are thought to play a role in their development (Mumba et al., 2019; Ross, Jakubec, et al., 2018). Nurses and nursing students are particularly vulnerable to environmental stressors given the nature of nurses’ work. Job-related stress is certainly a significant factor, as is the fact that many nurses simply have access to controlled substances and drugs of abuse. With advanced knowledge of drugs, nurses also tend to self-medicate and may lose objectivity about the drugs’ effects, and like the general population, denial often becomes a deterrent to treatment.

Signs of Impairment

There are indicators that may be warning signs that an individual nurse or nursing student might be experiencing a problem with substance use (American Association of Nurse Anesthesiology, 2021; National Council of State Boards of Nursing [NCSBN], 2011). For examples, see Figures 1 and 2.

Some Key Terms Related to Diversion

Drug substitution is a term used to describe the practice of replacing one drug for another. For example, pharmacists may substitute a generic drug for a brand name drug (legal), or nurses may replace one drug for another by using a patient’s intramuscular pain medication (illegal) and filling a syringe with water or saline. Nurses should make it a habit to closely inspect liquid medications for signs of tampering, for example, note the color, odor, and consistency of the medication.

Adulteration is another term used to refer to the process of changing a medication by altering it and thereby changing the substance and its pharmacokinetics. As in the above example, the nurse empties part of the liquid contents from the syringe and replaces the missing drug with another substance, such as saline. According to Davies Scimeca (2010), this is a line that most nurses feel they would never cross and feel tremendous shame and guilt if/when they do.

Diversion is the more common method nurses use to switch drugs from legal to illegal use. Nurses do not usually want to undermedicate patients, so they are reluctant to substitute or adulterate their patients’ medications; so, in a desperate attempt to obtain drugs, they steal medications from the facility’s supply. This is generally easier to do in skilled nursing facilities, but it does also occur in the acute setting. For example, a patient does not take both pain pills and the nurse documents that two pills are taken by the patient, but one is actually taken by the nurse. Other methods include forging prescriptions and stealing another nurse’s medication dispensing code.

Actions We Can Take—What to Do

It is impossible to conclude that the presence of any of the behaviors listed above would definitely “prove” that a colleague...
or nursing student has a substance use problem; there could be numerous other reasons for some of the listed behaviors. If nurses do notice some of these behaviors, it is important to respond in a meaningful way, so the nurse or student has the opportunity to access support and possible treatment if it is needed.

If you believe a colleague or student is experiencing a substance use problem, it will be helpful to say something directly mentioning what you have noticed before the problem has adversely affected their practice or program of study. The following statement, recommended by the Massachusetts Nurses Association (2011), is supportive and lets the colleague/student know that you wish to help—“I am not asking you to confirm, deny or explain the reasons for the observed behaviors. I am here to share concerns and offer possible resources for your consideration” (p. 13). The ultimate responsibility rests

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**Figure 1.** Physiological and behavioral changes.

<table>
<thead>
<tr>
<th>Observed occurrences of intoxication, during or after work</th>
<th>Atypical weight changes</th>
<th>Pupils either dilated or constricted; face flushed or bloated</th>
<th>Diaphoresis, rhinorrhea, sniffing, watery eyes</th>
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<tr>
<td>Nausea, vomiting, diarrhea</td>
<td>Shakiness, tremors of hands, agitation</td>
<td>Slurred speech</td>
<td>Unsteady gait falls</td>
</tr>
<tr>
<td>Dishonesty, lying, or denial</td>
<td>Deteriorating personal hygiene, change in appearance</td>
<td>Personality and behavior changes with emotional or mental crises</td>
<td>Multiple physical complaints and accidents with many meds prescribed</td>
</tr>
<tr>
<td>Multiple ED visits and drug seeking behaviors, such as frequently pursuing treatment for vague medical problems</td>
<td>Alcohol smell on breath, frequent use of gum, mints, or mouthwash</td>
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**Figure 2.** Signs of impairment in the hospital or clinical setting.

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<tr>
<th>Drug discrepancies, frequent breakage, or drug spills</th>
<th>A large number of wasted narcotics and not following organizational policies and procedures verifying wasted narcotics</th>
<th>Difficulty completing responsibilities, meeting deadlines, or schedules</th>
<th>Tardiness &amp; high absenteeism for vague illnesses with numerous &amp; dramatic reasons for each</th>
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<tr>
<td>Maximal use of as needed pain medications for their patients and offering to medicate other’s patients</td>
<td>Fixation with the Pyxis machine or controlled substances</td>
<td>Long breaks with mood changes following breaks</td>
<td>Falling asleep during meetings, diminished alertness, and inability to focus and follow a conversation</td>
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<td>Willingness to float or pick up extra shifts or transport patients</td>
<td>Frequent trips off the work unit and to the bathroom</td>
<td>Patients assigned to the nurse report poor pain relief</td>
<td>Poor job performance and judgment with frequent mistakes, forgetfulness &amp; drowsiness/fatigue</td>
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<tr>
<td>Illogical or illegible charting/mistakes in electronic medication record</td>
<td>Arriving to work late or leaving early</td>
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with an administrator or nurse manager to make sure an identified nurse is appropriately evaluated and is safe, so reporting is necessary.

Nurses are frequently reluctant to report though because they are not “positive” about what they are observing and they may be worried about the ultimate consequences for their colleague or student. Despite this, if clear policies and alternative-to-discipline strategies (voluntary, nonpublic, nondisciplinary programs for nurses with SUDs) are in place, reporting is more likely to occur. Prevention is key, however, and normalizing practices such as routine drug screening for all employees, faculty, and students may be an effective strategy to aid in early identification of those who may be struggling with problematic substance use without singling out specific individuals. Each organization should also develop standardized methods and policies for handling controlled substances, as well as institute educational programs that include competency assessments.

LEGAL ASPECTS OF REPORTING

Voluntarily seeking treatment is the nurse’s best strategy to reduce the likelihood of criminal charges; however, in the United States, this outcome is dependent on each state’s Board of Nursing’s decisions and policies.

Although nurses may initially deny their behaviors, it is important to understand that they often experience an extreme level of guilt and humiliation and may therefore be at risk for self-harm. Most nurses view their identities as nurses as a core aspect of their personhood, can experience embarrassment and loss of self-esteem, and may be unable to conceptualize a way forward, putting them at a greater risk for suicide.

CREATING A CULTURE OF SUPPORT AND RECOVERY—BEYOND THE LABELS

Many interesting studies have been done exploring how language shapes culture (Gelman & Roberts, 2017), thought (Boroditsky, 2018), and perception (Walther et al., 2011). Ashford et al. (2018, 2019) investigated the use of the terms “substance abuser,” “addict,” “alcoholic,” and “opioid addict” by the general public and treatment/healthcare professionals and found that the terms contributed to both implicit and negative bias. The National Institute on Drug Abuse (2021) recommends use of terms that reduce stigma and bias by individuals in recovery from substance use disorders. Experimental and Clinical Psychopharmacology, 27(6), 530–535. https://doi.org/10.1037/ecp0000899


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