



New York Statewide Peer Assistance for Nurses (SPAN)

[Maureen Farrell MSN, RN](#) and Debra Koivula RN, BSN, CARN

INTRODUCTION

Statewide Peer Assistance for Nurses (SPAN) is a voluntary and confidential program for New York state nurses impacted by substance use disorder (SUD). A core value is that every nurse deserves access to treatment and support in returning to safe practice. SPAN serves as a resource for health care organizations, employers, unions, educators, students, nursing and regulatory organizations.

Mission

The mission of Statewide Peer Assistance for Nurses (SPAN) is to be the resource for New York State nurses affected by substance use disorder (SUD), while fostering public safety through outreach and education.

Program Funding & Structure

Ensuring that cost would not be a barrier, funding is provided by a five dollar/year surcharge on nursing license and renewal fees. There is no fee for any SPAN services.

Another key component of the SPAN program structure is program autonomy. SPAN services are independent of the board of nursing, discipline, or alternative to discipline programs. This independent

model aims to destigmatize seeking help for substance use. Mitigating fear and shame promotes early intervention.

Peer Assistance & Alternative to Discipline

In New York State, employers are mandated to report nurses with practice issues to the Office of Professional Discipline (OPD). New York State recognizes substance use disorders as a disease and the need for treatment. Accordingly, New York State Office of Professions and the State Education Department provides for nurses and other licensed professionals, a voluntary and confidential alternative to discipline and monitoring program. The program offers immunity from certain misconduct charges related to SUD while the professional seeks treatment. Application to the Professional Assistance Program (PAP) must be made and admission criteria met, including absence of patient harm. If admitted to the PAP, the participation contract outlines an individual's requirements for successful progress and completion. Participation remains confidential with no public record if a nurse successfully completes the requirements of PAP. The PAP does not require participation in SPAN.

<https://www.op.nysed.gov/about/professional-assistance-program>

Statewide Peer Assistance for Nurses

SPAN is available for all nurses, regardless of discipline, pending discipline or alternative to discipline monitoring. SPAN is also voluntary and requires self-referral. The SPAN Regional Coordinator does a brief, confidential history and intake to assess individual needs. Only if a participant is of imminent danger to themselves or others can confidentiality be breached.

Additional services and supports include:

- Connection to nurse peers with lived experience in recovery
- Information on treatment, mutual help groups, networking/info on recovery friendly workplaces, resources for financial assistance, insurance coverage
- Advocacy and support throughout the PAP process; accompanying the nurse at Office of Professional Discipline (OPD) hearings
- Advocacy and support with employers, unions, EAP, regulatory or oversight agencies such as Office of Medicaid Inspector General, Office of Inspector General, Bureau of Narcotic Enforcement, DEA and the New York State Board of Nursing.
- Support for returning to safe practice, developing a return to work plan.

PEER SUPPORT

SPAN has weekly peer support meetings throughout NY State. Groups are in person or over a secure Zoom platform. There are also hybrid groups, with a ZOOM option at the in person location.

The SPAN peer groups are facilitated by nurses who are knowledgeable about SUD or who have a minimum of 5 years of sobriety. There is a five hour training. Facilitators are mentored by the SPAN Regional Coordinator until ready to facilitate the group.

There is a difference between therapy and peer support groups. The facilitators are not therapists (Godfrey & Scott). The role of the SPAN facilitator is to encourage discussion in a non-judgmental and accepting manner. The facilitator also ensures that group rules are followed, and that each member has time to share, if they so choose. The groups are ninety minutes. The usual format is a check-in followed by discussion.

The discussion can focus on issues raised by the members, or the facilitator may suggest a topic related to recovery.

Peer support has been described as ‘the process of giving and receiving nonprofessional, nonclinical assistance from individuals with similar conditions or circumstances to achieve long-term recovery from psychiatric, alcohol, and/or other drug-related problems’ (Tracy & Wallace).

When a nurse attends their first group, often they are distraught and afraid to reveal details of their use. The group facilitator reviews the group rules and reaffirms group anonymity and confidentiality. Each of the group members, introduce themselves by briefly telling their story. The new member can share as they feel comfortable or just ask questions.

A hallmark of substance use disorder (SUD) is isolation. Many nurses have hidden their use from family, friends, therapists and especially co-workers. For many, this is the first time they have ever spoken about their use of substance. Many nurses describe their use of substances as ‘performance enhancing’. Drug diversion is discussed as a symptom of SUD. By talking about their use, the nurses can begin to view themselves not as evil or criminal, but as a person with a medical condition. Bonding is fostered as members learn to trust each other with their most shameful secrets.

Post-acute withdrawal symptoms and cravings can be difficult to tolerate. Some may believe that since ‘opiates were the problem’, and that ‘drinking socially’ or ‘having wine with dinner’ is acceptable. The group serves as a safe place for nurses to voice these and other concerns.

Many struggle with self-acceptance (Godfrey). Often, it is easier to accept another's use without judging them, before accepting one's own. By sharing these and other distressing feelings, healing from the shame and self-condemnation can begin. (Mead).

Group cohesion develops when members have a common goal of maintaining their sobriety and of returning to or continuing safe practice.

SUD as an Occupational Hazard for Nurses

For nurses the workplace can be a dangerous environment. Diversion is easy when nurses do not take the time to witness or follow protocols to dispose of controlled substances. Often shame and fear of job loss, prevent nurses from asking for help.

The stigma of SUD is especially damaging for nurses, who are expected to be perfect. Many nurses set impossible standards for themselves. They believe they should never make a mistake. Some have issues with chronic pain, anxiety or sleeping problems. Often they are prescribed controlled substances that can lead to dependence. If problems develop with tolerance or misuse, many are unable or afraid to ask for help.

There is a need for education about SUD in the workplace. Substance use disorders develop due to many factors, e.g. genetic, environmental or exposure to stress and trauma. A multifaceted approach is needed. When employers acknowledge the occurrence of SUD among nurses, changes can be made to address and reduce the risks. Policies and guidelines for safe handling of controlled substances need to be implemented. Ideally, changes in the law should be made to focus on

treatment rather than punishment. By having workplace policies that recognize diversion as a symptom of SUD, nurses can be given medical leave of absence and insurance coverage for treatment. This will encourage other nurses who are at risk to seek help. It will also aid co-workers in recognizing and intervening with a nurse, who exhibits symptoms of SUD.

Recovery

As defined by SAMHSA, recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. It is a process that is unique to each person. Initially, a nurse may be motivated 'to get out of trouble' or to protect their license. Through treatment and support, the process of recovery becomes internalized. SPAN provides a network for nurses to connect with and support each other. Nurses who see themselves as caregivers, learn how to ask for help. They break through isolation to show up for each other. Relationships develop that foster healing and growth. The crisis that brought them to SPAN, becomes the turning point for a positive transformation.

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