

start of a cascading problem. Addicted nurses tell BONs that pain led to overuse or abuse of prescription drugs. (See Table 1.) Prescription misuse evolved into drug-seeking behaviors that ultimately resulted in using multiple providers, fraudulent prescriptions, and drug diversion. Poorly managed pain can lead to self-medication, drug-seeking behavior, and pseudoaddiction.

More than half of the adults in the United States have chronic or recurrent pain (Peter D. Hart Research Associates, 2003). The estimated prevalence of substance misuse in the general population with chronic pain ranges from 0% to 50%, depending on the definition used and the samples examined (Hojsted & Sjogren, 2007). How many nurses suffer from chronic pain and substance use disorders is unknown. Trinkoff and Storr

per se, a person is covered when he or she is participating in a supervised rehabilitation program and is no longer engaging in the misuse of drugs or alcohol or is erroneously regarded as engaging in the use of drugs. The ADA ensures that a person in active recovery will not face discrimination in the job arena.

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The legalization of marijuana for medical purposes is an emerging issue, and some states have already passed legislation for prescribed medical use. This presents another challenge for regulatory management.

Alternative programs focus on the rehabilitation process and support for recovering nurses to remain active in nursing. These programs often allow the recovering nurse to return to work (Fogger & McGuinness, 2009). Because of the psychotropic effects of marijuana (and of higher doses of pain medications), the nurse's ability to practice safely is uncertain. Until further evidence exists, it is recommended that nurses using marijuana

on the condition that the nurse has a thorough evaluation by a BON-approved evaluator.

BON staff and attorneys may be involved in the selection of professional evaluators. An experienced, qualified health care professional should be selected to assess the nurse's cognitive and physical abilities. A professional evaluation regarding the impact of pain on a nurse's ability to practice is complex. Ideally, a col-

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Nurses with the dual challenge of a substance use disorder and the need for a prescribed medication that puts their sobriety at risk present complex issues for BONs. Such nurses must be screened carefully before entering alternative or discipline monitoring programs, and mechanisms must be in place to support treatment and rehabilitation while ensuring patient safety. The opinion of a professional evaluator regarding both pain and chemical dependence issues can aid the BON's decision on a nurse's suitability for these programs, and the BON can ensure additional monitoring and surveillance.



