Position Statement: Use of Abstinence-Based Model for Recovery for Nurses with Substance Abuse Disorder

The Georgia Board of Nursing ("Board") supports the use of an abstinence-based model for recovery for nurses with substance abuse challenges. The data supports health care practitioners are successful with this model of recovery. Therefore, the Board has taken the following position for nurses returning to clinical practice who are actively on Buprenorphine maintenance therapy.

1. Nurses with substance abuse issues who are under treatment may not return to clinical practice until Buprenorphine therapy has been discontinued. Once cleared from Buprenorphine maintenance therapy, the nurse may be allowed to return to clinical practice with a consent order and monitoring for the appropriate period of time as determined by the Board.

   The Buprenorphine maintenance therapy would include any partial U- opioid agonist (Buprenorphine—Subutex), u-opioid agonist with a K-receptor antagonist (Buprenorphine with Naloxone--Suboxone) or full u-opioid agonist (Methodone—Dolophine).

The Board has adopted the following position statement/guideline related to the use of opiate antagonist therapy and returning of the nurse to practice under consent order and monitoring guidelines.

2. Nurses with substance abuse issues who are under treatment with an opiate antagonist therapy drug may be considered to return to clinical practice under consent order with restrictions related to narcotics as the case deems appropriate. Nurses on the opiate antagonist therapy must be under care of a treating MD specializing in addictionology. Examples of drugs in this category include, but are not limited to: Naltrexone (Revia, Vivitrol, Addex). However, additional monitoring and restrictions may be added to the consent order related to this treatment regime.

Each substance abuse case will be reviewed individually based on the merits of the case. Alterations to this position statement may be made at the discretion of the Board based on individual review of each case, but must be clearly delineated with treatment requirements of a treating physician specializing in addictionology.

Reference: Buprenorphine Maintenance Therapy in Opioid-Addicted Health Care Professionals Returning to Clinical Practice: A Hidden Controversy. Hamza,H. and Bryson, E. Mayo Clin Proc. 2012:87(3):260-267.

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