

Workforce Well-Being and Patient Safety: Confronting SUD in New Mexico Nursing

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Nurse leaders are positioned to assist colleagues facing substance use disorder (SUD). They address this issue by encouraging supportive, stigma-free environments and creating organizational policies that safeguard patients while showing compassion to nurses and other healthcare professionals who may be struggling with impairment. SUD among nurses is steadily increasing, threatening patient safety, workforce well-being, and organizational integrity. The increasing levels of stress and burnout lead to anxiety and depression, which contribute to the SUD crisis, further elevating the risk for suicide (Trinkoff et al., 2022). Stigma and bias prevent many nurses from seeking help out of fear of professional or legal consequences.

Understanding Substance Use Disorder

SUD is a treatable, chronic medical disease. According to the Substance Abuse and Mental Health Services Administration (SAMHSA, 2023), it occurs when the recur-

rent use of alcohol and/or drugs causes clinically significant impairment. Health problems may include disabilities and the inability to meet responsibilities at work, school, or home. The condition results from complex interactions among brain circuits primarily in the frontal cortex, genetics, the environment, and traumatic experiences. Individuals experience compulsive substance use that continues despite harmful consequences. Changes in the prefrontal cortex weaken the ability to resist urges. Research substantiates that SUD is a disease of the brain (Smith et al., 2023). Recognizing SUD as a medical condition rather than a moral failing is foundational to reducing stigma and promoting recovery.

Scope of the Problem in the United States and New Mexico

SUD in the U.S. is significant, with 37.9 million adults living with SUD. Repeated drug and/or alcohol misuse results in neural and behavioral changes (SAMHSA, 2023). In the United States, 16.5% of the adult population meets DSM-5 criteria for

SUD. The U.S. drug overdose death rate is 32.4 per 100,000, but New Mexico's rate is 59% higher at 51.6 per 100,000 (New Mexico Legislative Government, 2021). New Mexico continues to expand access to treatment, yet more than 134,000 New Mexicans are living with SUD without receiving any treatment (Kaiser Family Foundation, 2023).

The American Nurses Association suggests that approximately 10% of nurses abuse drugs (American Nurses Association, 2023). In New Mexico, there are 44,602 actively licensed nurses. Applying this estimate suggests that more than 4,400 nurses in the state may be struggling with SUD. Currently, however, only 43 nurses are participating in the New Mexico Alternative to Discipline (ATD) Program, underscoring the gap between estimated need and the number receiving structured monitoring and support. These data highlight both the prevalence of SUD and the urgent need for systemic solutions that bridge treatment gaps

Nurse Leaders' Role in Reducing Stigma

Nurse leaders play a crucial role in reducing the stigma of SUD through advocacy, education, and compassion (Choflet et al., 2022). By fostering empathetic environments and utilizing evidence-based care, nurse leaders contribute to the focus from judgment to understanding. They model non-stigmatizing, unbiased language, educate staff about SUD being a chronic disease, and integrate trauma-informed, human-centered approaches into everyday practice. Additionally, nurse leaders should influence organizational policies that promote equitable care, support annual competen-

cies on SUD, and ensure SUD policies for healthcare staff are ethical and supportive. Treating individuals with dignity and respect, regardless of their struggles, is a cornerstone of ethical nursing leadership.

Equally important is the guidance and mentoring that nurse leaders provide. Through mentorship, leaders can help staff recognize signs of impairment, feel more confident in reporting concerns, and understand pathways to support, such as Alternative to Discipline programs. Mentoring also fosters trust, reduces fear of retaliation, and reinforces professional accountability. Leaders who actively guide their teams in navigating complex ethical and legal responsibilities create a culture of openness and safety where staff feel supported to speak up (National Council of State Boards of Nursing [NCSBN], 2020).

Ultimately, nurse leaders are well-positioned to advocate at both the institutional and policy levels. By ensuring resources for staff wellness, promoting peer support programs, and embedding SUD education into professional development, leaders set the expectation that supporting colleagues in recovery is a professional norm. Leadership grounded in compassion, mentoring, and advocacy not only enhances workforce resilience but also directly protects patients and strengthens the integrity of the nursing profession (National Council of State Boards of Nursing [NCSBN], 2020).

NM Alternative to Discipline Program

The American Nurses Association (ANA) Code of Ethics and state Nurse Practice Acts provide a framework for the duty to protect patients and the requirement to intervene when a nurse may be impaired. Alternative to Discipline (ATD)

The American Nurses Association (ANA) *Code of Ethics for Nurses with Interpretive Statements* clearly states that nurses have an ethical obligation to safeguard patient health and safety, which includes taking action when a colleague's

practice appears impaired (ANA, 2025). Similarly, state Nurse Practice Acts establish the legal responsibility of nurses to report unsafe or impaired practice. In New Mexico, the Nursing Practice Act (NMAC 16.12) authorizes the Board of Nursing to investigate and take action when a nurse's ability to practice safely is compromised by substance use. This duty to report is not punitive in nature but rather an extension of professional accountability and the nurse's role as patient advocate.

Alternative to Discipline (ATD) programs, such as the one administered by the New Mexico Board of Nursing, provide a confidential, structured pathway for nurses with substance use disorder to receive treatment and monitoring while avoiding formal disciplinary action. Reporting suspected impairment allows nurses to be assessed and, if eligible, enrolled in the ATD program, where they can receive support for recovery while protecting public safety. Despite the availability of this resource, underreporting persists as a barrier due to stigma, fear of retaliation, and a lack of awareness. Strengthening education around the ATD program and the mandatory reporting requirements of the New Mexico Nurse Practice Act can help ensure that more nurses are connected to recovery pathways rather than facing punitive measures or continuing to practice while impaired.

Conclusion

Common themes of SUD, stigma, mental health, and suicide in nursing must be addressed. There is an urgent need for systemic change that requires courageous, ethical, and compassionate leadership. We must not only advocate for systemic change but also work to reduce stigma and support long-term recovery by creating environments that promote psychological safety. Ethical policies should be in place to support our nursing workforce and keep our patients safe. Please reflect on your own responsi-

bilities in identifying and addressing SUD across healthcare settings. How will you navigate a team member who may be struggling with SUD with empathy and integrity? ■

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