

Problematic Substance Use Guidelines

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Problematic Substance Use

Problematic substance use is a serious and complex issue for all health-care professionals. Substance use, which is the use of alcohol, legal and/or illegal drugs, becomes problematic when it interferes with the ability of **REGISTRANTS**¹ to provide safe, competent and ethical care. Problematic substance use needs to be identified and treated as soon as possible as it can progress to substance use disorder that could lead to long term chronic health conditions that can be fatal. Registrants demonstrating problematic substance use are at risk of making errors that may or may not harm their **CLIENTS**. They also have an increased risk of harming themselves as well as damaging the public's trust in the nursing profession.

The purpose of this document is to

- provide awareness of problematic substance use;
- identify the signs and behaviours that could indicate possible problematic substance use;
- identify the steps to take when a colleague is exhibiting signs or demonstrating behaviours of problematic substance use; and
- provide information about treatment, recovery, and return to work.

Addiction and harm reduction are beyond the scope of this document.

The directions, concepts, and principles within this document are grounded in the *Code of Ethics for Registered Nurses* (Canadian Nurses Association [CNA], 2017) and *Practice Standards for Registrants* (College of Registered Nurses of Alberta [CRNA], 2023).

Guidelines

Guideline 1: Identify the Problem

Be aware of signs and behaviours of problematic substance use to identify the concern and why it is a concern.

Signs and behaviours may be very subtle and hard to discern, however they cannot be based on suspicion. It is important to note that these signs and behaviours are not exclusive to problematic substance use. Early intervention is essential. Education and awareness are the most effective tool for prevention of problematic substance use. Refer to Appendix A for a signs and behaviours of problematic substance use.

¹ Words or phrases displayed in **BOLD CAPITALS** upon first mention are defined in the glossary.

Guideline 2: Assess the Environment

The first responsibility of registrants is to keep clients safe.

Problematic substance use is a threat to the provision of safe, competent, and ethical nursing care. If registrants suspect problematic substance use in a colleague or themselves, they are accountable to take steps to ensure client safety. If registrants assess that there is an immediate threat to client safety, they should notify their manager/supervisor or other appropriate individuals within their practice setting immediately.

If registrants suspect problematic substance use but there is no concrete evidence or immediate threat to client safety, it is important to document the problem.

Guideline 3: Document the Problem

Record objective notes with dates and times when signs and behaviours of problematic substance use are evident.

Signs and behaviours may be subtle and sporadic or constant and evident. In either case, recording objective data with dates and times is important. Documentation of the problem will allow concerns to be addressed in a professional manner and followed up with those in management roles if needed. This provides a chronological history of the concern and may demonstrate that signs and behaviours are becoming more evident and more frequent.

The recorded notes may be personal notes and registrants are responsible for ensuring confidentiality of staff and client information. Documentation is not done in the client record unless it is related to client care or if a client is harmed. Errors that are noticed are to be reported according to employer requirements. Registrants should also take appropriate action to resolve or minimize the risk of any harm to the client including notifying their manager/supervisor or other appropriate individuals within their practice setting.

Guideline 4: Plan a Course of Action

Use the assessment and notes collected to clearly identify the concern, and plan the appropriate action based on an assessment of safety and risk.

The first step, if possible, is for registrants to talk to the colleague about the concern. This is a delicate subject that needs sensitivity and tact. Registrants should discuss the concern in regard to their colleague's health, their practice, and the safety of clients.

If the registrant is concerned about their physical and psychological safety when reporting a colleague with signs and behaviours of problematic substance use, then the first step may be to discuss and report directly to the manager/supervisor or other appropriate individuals within the practice setting.

If the concern remains unresolved and the behaviours continue, registrants should contact the colleague's regulatory college to discuss or report the concern. Registrants must report unprofessional conduct to the appropriate person, agency, or regulatory body. Unprofessional conduct is defined in the *Health Professions Act* (2000).

Guideline 5: Implement and Evaluate the Plan

Follow through with the course of action decided upon to address the concern about a colleague who is exhibiting signs and behaviours of problematic substance use.

How and with whom information about the concern is shared, must be done with the utmost sensitivity and respect for the person involved. If there is concern about the colleague's **FITNESS TO PRACTISE**, registrants need to take immediate action. Registrants must inform their manager/ supervisor or the most appropriate individual immediately and follow employer requirements.

In some practice settings, a manager or supervisor may not be available due to the time of day or size of the organization. Registrants will need to set priorities and use their best judgement to make decisions that ensure the safety of clients and colleagues. Registrants will be held accountable for acting in a manner that any other reasonable prudent registrant would do in the same situation.

Problematic Substance Use: A Concern for Nursing Practice

In Canada, the top three substances used are alcohol, cannabis, and opioid pain medication. There is a continuum of use from recreational, to frequent, to problematic that impacts life at home and at work, including workplace performance and safety. Risk factors, for any employee, are ease of access to alcohol and other drugs, stress, boredom, isolation, fatigue, low job satisfaction, long hours, shift work, managers not on site, negative work environments, and not being valued (Mental Health Commission of Canada, Canadian Centre on Substance Use and Addiction, & The Conference Board of Canada, n.d.).

In 2012, the Canadian Community Health Survey (CCHS) found that 4.4 per cent of Canadians aged 15 and older (approximately 1.3 million persons) met the criteria for a substance use disorder (Government of Canada, 2013). Substance use disorder is estimated to be slightly

higher for health-care professionals (National Council of State Boards of Nursing, 2011). While alcohol is used more frequently by the general population, nurses are more likely to misuse narcotics (Bettinardi-Angres et al., 2012). Nurses have expert knowledge about medications and may believe they have the ability to self-medicate without becoming addicted. Many nurses (and other health-care professionals) have exposure and access to controlled drugs and substances in the workplace.

Drug diversion is the unlawful misdirection or misuse of any medication (Nova Scotia College of Nurses, 2020). Theft and tampering of controlled drugs and substances are serious forms of professional misconduct which may be subject to investigation and penalties under the *Criminal Code* (1985) and the *Controlled Drugs and Substances Act* (1996). Examples of diversion are keeping part of a client's dose for themselves or asking a colleague to cosign for wastage of a drug that has not been witnessed.

The use of drugs or alcohol can interfere with judgement, insight and decision-making, impair cognitive and motor function, and can affect the ability to cope well in stressful situations. This places the client at risk. The *CRNA Practice Standards for Registrants* (2023) and the *CNA Code of Ethics for Registered Nurses* (2017) may not be met when a registrant is affected by problematic substance use.

Early intervention is essential. Education and awareness are the most effective tools for the prevention of problematic substance use, ensuring colleagues receive the support they need to fully recover, reducing the stigma attached to it, and ultimately keeping clients safe. Registrants have a responsibility to educate themselves about problematic substance use, so they can recognize the signs that may demonstrate problematic substance use.

Problematic Substance Use: Signs and Behaviours

Early recognition is important because the sooner an appropriate intervention is initiated, the better the outcome for the person with problematic substance use. Often the person with problematic substance use will deny there is a problem or feel that others will judge their perceived lack of will power. This will prevent them from talking to anyone or seeking help. Admitting there is a problem is the hardest step.

Registrants may use other reasons to explain or excuse the unacceptable performance or behaviour of a colleague rather than consider the possibility of a drug or alcohol problem. When a concern is recognized, registrants may be unsure of the next steps to take. When a concern is evident, there is an ethical dilemma of deciding whether or not to report a colleague, who may also be a friend, for fear of the disciplinary action that may happen. There is also fear of retaliation by the individual. However, the first responsibility registrants have is to their clients and to ensure their safety.

There may be a stereotypical picture of what someone with problematic substance use looks like or how they behave. However, problematic substance use can affect anyone, it does not discriminate, and some of the behaviour changes are very subtle.

Physical changes may be seen such as deterioration in hygiene, social changes such as mood fluctuations, or there may be performance issues such as increased sick time. There may also be drug diversionary behaviours. Appendix A lists various physical, performance, social, and drug diversionary behaviours and signs that can help identify if a colleague is affected by legal or illegal drug, or alcohol use. It is important to remember that other medical or mental health conditions may have similar signs and behaviours, however their presence may indicate a concern with a colleague's ability to practice safely, competently, and ethically.

Responsibilities of a Registrant When a Colleague Exhibits Signs and Behaviours of Problematic Substance Use

It is important to know the responsibilities related to problematic substance use in others and oneself. This includes following the CRNA *Practice Standards for Registrants (2023)*, the CNA *Code of Ethics for Registered Nurses (2017)*, and employer requirements. Registrants have a professional and ethical duty to report unprofessional practice or unsafe care.

The CRNA's policy and practice consultants provide confidential consultation to anyone with concerns or questions about nursing care in Alberta, including questions about problematic substance use by registrants. The situation and the person may determine different courses of action from monitoring and reporting to removal of the staff member.

Seeking Help

Self-reporting is unusual due to denial and fear. Denial is a coping mechanism that is used when the truth and reality are difficult to accept. This may be done unconsciously due to lack of awareness of a concern. Fear may prevent a registrant from seeking help for problematic substance use. This may be due to stigma and perceived consequences such as loss of reputation, job, or practice permit. Substance use affects a person's perception and judgement, it can also enhance denial that there is a concern. If a registrant recognizes their drug or alcohol use is problematic, they need to seek assistance and consider whether they should be practicing or removing themselves from the practice setting.

Treatment

A colleague may be away from work for some time while they are engaged in or attending recovery and treatment programs. Recovery from substance use disorder is both attainable and sustainable if the right supports and services are in place (Canadian Centre on Substance Use and Addiction, n.d.). While addiction is a chronic disease and there is not a cure, successful treatment and recovery means regaining control of one's life and maintaining abstinence.

Treatment varies based on the needs of the individual and may include interventions such as education, counselling, peer support, drug screening, 12-step programs, and detoxification. Treatment is more successful if it is designed for the health-care professional. This is especially important for group therapy, where there is an understanding of the unique challenges in the health-care environment. Recovery rates are higher when there is supportive counselling and there is a comprehensive after treatment monitoring plan. With rehabilitative help, most health-care professionals can return to their practice and provide safe and competent care. Recovery is not an easy process; it takes time and involves aftercare or continuing care activities.

Return to Practice

It is important to support a colleague's return to practice to help them transition back into the practice setting. However, there will be terms and conditions which may include practice restrictions. Registrants may be involved in supervising certain aspects of the care a colleague provides to their clients and will need to be aware of any practice restrictions as outlined in a return-to-work plan.

If a registrant was the subject of a CRNA hearing as a result of unprofessional conduct, such as theft of narcotics, the CRNA will impose conditions on their return to practice. A registrant may be designated as a supervisor for purposes of a supervised practice order from the hearing tribunal. Supervised practice is required to ensure client safety, but also to provide mentorship and support to the colleague during their recovery by having another registrant present and available to them, especially during the handling of narcotics.

While an addiction or dependency is treatable, there is the possibility of relapse. The risk for recurrence is highest in the first few years of recovery but can occur at almost any time. Prevention is key; early recognition is also important at this stage to ensure client safety and to help the registrant recover. If relapse does occur, employer policies and reporting requirements, either from the employer or the CRNA need to be followed.

Information

The following is a list of examples of agencies or individuals that registrants can consult when concerned about problematic substance use:

- employee assistance programs
- supervisor/manager
- nurse practitioner or physician
- union representative
- private counselling
- occupational health nurse
- Addiction and Mental Health - Alberta Health Services
- Alcoholics/Narcotics Anonymous
- Health Link
- Mental Health Help Line
- Addiction Helpline

If you have a concern or question about problematic substance use in the practice setting, please contact:

College of Registered Nurses of Alberta

Tel: (780) 451-0043 ext. 504

Toll free: 1-800-252-9392 ext. 504

Email: practice@nurses.ab.ca

Glossary

CLIENT – The term client(s) can refer to patients, residents, families, groups, communities, and populations.

FITNESS TO PRACTISE – “All the qualities and capabilities of an individual relevant to their practise as a nurse, including but not limited to freedom from any cognitive, physical, psychological or emotional condition and dependence on alcohol or drugs that impairs their ability to practise nursing” (CNA, 2017).

REGISTRANT(S) – Includes registered nurses (RNs), graduate nurses, certified graduate nurses, nurse practitioners (NPs), graduate nurse practitioners, and RN or NP courtesy registrants on the CRNA registry.

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Appendix A: Signs and Behaviours of Problematic Substance Use

Physical Signs	Performance Signs
<ul style="list-style-type: none"> ▪ deterioration in appearance and/or personal hygiene ▪ increase in claims for sick time or complaints of physical ailments ▪ skipped meals ▪ unexplained bruises ▪ complaints of headaches ▪ dilated pupils, runny nose, watery or bloodshot eyes ▪ sweating, flushed face, bloating ▪ tremors, restlessness ▪ diarrhea and vomiting ▪ abdominal cramps, other muscle cramps ▪ change in weight ▪ slurred speech, unsteady gait ▪ dizziness or light-headedness ▪ withdrawal symptoms (e.g., hangover) ▪ diminished alertness, lack of focus, lack of concentration, forgetfulness ▪ frequent trips to the washroom ▪ inappropriate laughter or persistent moroseness, mood swings ▪ frequent use of breath mints, gum, mouthwash, or perfume to mask odour of breath or body ▪ odour of alcohol on breath ▪ blood spots on clothing (may indicate self-injection) ▪ habitual wearing of long-sleeved clothing 	<ul style="list-style-type: none"> ▪ calling in sick frequently ▪ volunteering for overtime ▪ making requests to transfer to a position or shift with less visibility or supervision ▪ arriving late for work, leaving work early ▪ taking extended breaks throughout a shift, sometimes without telling colleagues ▪ making errors in judgement ▪ deterioration in performance/doing just enough to get by ▪ sleeping on the job ▪ involvement in an excessive number of incidents or mistakes ▪ not complying with policies ▪ sloppy, illegible, or incorrect charting ▪ changes in charting practices, including excessive or over compensatory charting about medications or incidents ▪ inadequate reporting, discrepancies between what is charted and what occurred ▪ providing implausible excuses or taking a defensive attitude when challenged ▪ difficulty meeting deadlines ▪ requesting changes to work schedule/ assignments that may increase access to drugs

Social Signs	Drug Diversionary Signs
<ul style="list-style-type: none"> ▪ family problems, issues at home, financial or legal problems ▪ mood fluctuations (e.g., extreme fatigue followed by high energy over a short period) ▪ irritability ▪ confusion or memory lapses ▪ inappropriate responses or behaviours ▪ isolation from colleagues ▪ lying and/or providing implausible excuses for behaviours ▪ expression of perception of being picked on at work ▪ failure to keep appointments 	<ul style="list-style-type: none"> ▪ failing to ensure observation or co-signing for narcotic wastage ▪ performing narcotic counts alone ▪ volunteering to hold keys for narcotic storage cabinets or volunteering to dispense such medications ▪ tampering with packages or vials ▪ waiting until alone to open narcotics cupboard and/or to draw up medication ▪ using fictional client names on narcotic records ▪ inconsistencies between narcotic records and clients' medical charts for medications administered ▪ frequent reports of lost or wasted medications ▪ combination of excessive administration of PRN medications to clients and reports of ineffective pain relief from the same clients ▪ offering to cover during other nurses' breaks and to administer medications to their clients ▪ reports that clients' medications from home have gone missing ▪ showing up when not scheduled for a shift and hanging around drug supply ▪ defensiveness when questioned about medication errors

Adapted from Canadian Nurses Association (2009). *Fact Sheet: Problematic Substance Use by Nurses*.