

PROBLEMATIC SUBSTANCE USE BY NURSES

CNA POSITION

Problematic substance use¹ by nurses is a serious and complex issue. By definition, problematic substance use is a direct threat to the delivery of safe, competent, compassionate and ethical nursing care insofar as it can impair the nurse's cognitive and motor functions and interfere with judgment and decision-making. Problematic substance use by nurses is significant because of its potential negative impact on persons receiving care, on the public trust and on the well-being of members of the nursing profession.

The Canadian Nurses Association (CNA) believes that protection of the public from any possible harm caused by an incapacitated nurse is paramount in addressing problematic substance use by nurses. Prevention, early recognition and intervention, along with effective treatment programs, are essential. Remediation and support for nurses experiencing problematic substance use should be focused on assisting their re-entry into practice while ensuring public safety. Reducing the stigma associated with problematic substance use by nurses is critical so that nurses can help one another recognize the problem and seek treatment for it.

CNA believes that recognizing and managing problematic substance use by nurses requires the involvement of many stakeholders, each with unique responsibilities. Considerable direction is provided by the CNA *Code of Ethics for Registered Nurses*.

RESPONSIBILITIES

Individual Nurse

First and foremost, as members of a self-regulating profession, nurses are accountable for their actions and all nurses have a duty to “practise according to the values and responsibilities in the *Code of Ethics for Registered Nurses* and in keeping with the professional standards, laws and regulations supporting ethical practice.”² Furthermore, the *Code of Ethics for Registered Nurses* holds nurses responsible for maintaining their fitness to practise.³ Professional practice occurs within the context of the code of ethics, provincial legislation, standards of practice, scope of practice and common law.

Nurses experiencing problematic substance use that affects their practice have an obligation to address the issue if they wish to continue to practise nursing. However, given the nature of the problem, including the dominant features of denial and cravings, nurses may not be able to do this alone and may require the involvement and support of other stakeholders to help them return to a level of functioning at which they are able to meet professional standards of practice.

¹ For the purpose of this document, problematic substance use is defined as “situations in which the use of a substance negatively impacts the ability of a registered nurse to practise nursing in a safe, competent and ethical nursing manner” (College of Registered Nurses of Nova Scotia [CRNNS], 2006, p. 4). In this context, substances include any psychoactive drugs or chemicals.

² (Canadian Nurses Association [CNA], 2008, p. 18)

³ Ibid.

Nurse Colleagues

All health-care team members have a responsibility to fulfill their ethical duty to address impaired practice. This includes recognition of the signs of problematic substance use in a colleague, accurate assessments and compassionate intervention. This responsibility must be highlighted by continuing education and nurtured by a strong professional nursing culture and clear organizational policies and procedures.

The duty to address incompetent, unethical or illegal conduct is grounded in the realm of professional ethics, and there are also legal requirements or professional standards or both (depending on the jurisdiction) regarding the duty to report. The CNA *Code of Ethics for Registered Nurses* requires that “nurses question and intervene to address unsafe, non-compassionate, unethical or incompetent practice or conditions that interfere with their ability to provide safe, compassionate, competent and ethical care....and they support those who do the same.”⁴ Furthermore, “nurses are attentive to signs that a colleague is unable, for whatever reason, to perform his or her duties. In such cases, nurses will take the necessary steps to protect the safety of persons receiving care.”⁵

It is important to remember that the rationale for intervention when a nurse exhibits inappropriate nursing behaviour is the protection of patients, not the punishment of nurses. Nurses should understand that if nurses demonstrating problematic substance use are not helped, they are in danger of harming patients, themselves and colleagues as well as damaging the public’s trust in the employer and in the nursing profession. Nurses should be familiar with the warning signs of problematic substance use so that they can fulfill their obligation to protect the public and ensure that their colleague receives appropriate care and treatment.⁶ Sometimes co-workers and managers enable a colleague with problematic substance use to continue with unsafe, incompetent or unethical practice by making excuses for the colleague, ignoring their problems, covering up their mistakes and accepting incomplete work.⁷

Nurse managers can facilitate intervention by creating a culture that helps nurses disclose problematic substance use and seek treatment without fear of punishment.⁸ Nurses can contact their provincial or territorial regulatory body for guidance and support in addressing problematic substance use by a colleague.

Employers

Employers have a responsibility to provide a healthy environment for their employees. The quality of the practice environment relates directly to the quality of patient outcomes.^{9, 10, 11} Providing a quality professional practice environment is an essential component of supporting healthy coping with stressors that can lead to health problems – including problematic substance use – for nurses. Attention to promoting health, safety and wellness for nurses in the workplace is critical to promoting good practice and ultimately good outcomes for clients.¹²

⁴ (CNA, 2008, p. 9)

⁵ (CNA, 2008, p. 18)

⁶ A CNA fact sheet listing signs of potential and actual problematic substance use is currently under development.

⁷ (Quinlan, 2003)

⁸ (Dunn, 2005b)

⁹ (Baumann, O’Brien-Pallas, Armstrong-Stassen, Blythe, Bourbonnais, Cameron, et al., 2001)

¹⁰ (Registered Nurses’ Association of Ontario [RNAO], 2007a)

¹¹ (RNAO, 2007b)

¹² (CNA & Canadian Federation of Nurses Unions, 2006)



Employers should have clear policies at the organizational level that provide direction to staff members on how to address suspected cases of problematic substance use by nurses. Employers should facilitate leaves of absence and referrals to treatment and rehabilitation services and should provide ongoing support during all phases of recovery, including re-entry to the workplace.

Employee assistance programs or similar resources can provide employers with appropriate options for managing situations of problematic substance use.

In light of research demonstrating the correlation between ease of access to drugs and problematic substance use in the workplace,^{13, 14} employers must ensure that policies and procedures controlling narcotics and other medications are effective.

The Nursing Profession

When addressing problematic substance use by nurses, the nursing profession needs to consider the following:

First, as a self-regulating profession, nursing has the responsibility to protect the public by ensuring that nurses are capable of providing safe, competent, compassionate and ethical care. Nursing regulatory bodies establish, monitor and enforce standards of practice, and they support nurses in understanding and applying the standards of practice. Within the mandate of protection of the public, regulatory bodies are involved in dealing with cases of problematic substance use by nurses in accordance with provincial and territorial statutes, regulations and bylaws.

Second, the profession has a collective responsibility to support nurses in meeting standards of practice by emphasizing prevention, rehabilitation and re-entry to the workplace while ensuring that public protection is not compromised. To this end, the profession is responsible for defining and advocating for healthy work environments for nurses. Essential to the creation of such a work environment are policies and procedures supporting the prevention of problematic substance use and the early identification, management and rehabilitation of nurses who develop problematic substance use, as part of a fitness-to-practice process. The profession should advocate for improved availability of effective and accessible treatment and rehabilitation programs and prevention initiatives.

Nursing Students

The nursing curriculum should prepare nurses to identify and respond to issues associated with problematic substance use by their patients, their colleagues and themselves. As well, if nurse educators identify a student exhibiting the warning signs of problematic substance use they need to question him or her and intervene.

Government

Governments have a responsibility to provide the necessary resources for prevention initiatives as well as treatment programs and services, with the goal of rehabilitation and re-entry into practice. The government funding of health-care facilities and agencies must also reflect a commitment to quality professional practice environments.

¹³ (Trinkoff, Storr & Wall, 1999)

¹⁴ (Trinkoff, Zhou, Storr & Soelen, 2000)



BACKGROUND

A review of the literature reveals a lack of consensus on the use of terms such as *substance misuse*, *abuse* and *dependency*. Additional terms in this subject's lexicon include *addiction* and *impaired practice*. The term *problematic substance use* is gaining popularity in the literature to encompass all of the facets of substance use with a focus on early identification of problems.^{15, 16, 17} It emphasizes that in the context of the workplace, substance use is problematic to the extent that it affects a nurse's performance and ability to meet standards of practice.

Examples of problematic substance use include but are not limited to:

1. a nurse who diverts prescription medications from an institution, or directly from a patient, for the nurse's personal use;
2. a nurse who works under the influence of alcohol or under the after-effects of alcohol use, which affects her or his ability to meet standards of care;
3. a nurse who works under the influence of illegal substances including, but not limited to, marijuana, cocaine or heroin, affecting her or his ability to meet standards of care; and
4. a nurse whose practice is impaired by use of her or his prescription medication.

The incidence of problematic substance use in the nursing profession has not been definitively quantified. Statistics in the literature vary and are not consistently based on empirical measurements. The difficulty in quantifying the problem is further compounded by the variation in terminology. Although other issues such as the incidences of substance abuse and addiction in the nursing profession have been investigated, problematic substance use, which is a relatively new paradigm that is broader than these specific issues, has yet to be measured.

Nevertheless, "researchers generally agree that substance abuse is a prevalent illness [and] that nurses are as prone to impairment as the rest of the general population."¹⁸ Further research may identify interventions that can be introduced in nursing school to address the emotional and psychological factors that contribute to problematic substance use as well as information that nurses can use to develop self-awareness and resiliency.¹⁹

On the basis of this research, it is reasonable to conclude that problematic substance use occurs within the nursing community and merits attention.

Numerous factors have been suggested as contributing to problematic substance use in the nursing profession. These include self-medicating for pain, fatigue or emotional distress; a nurse's belief that their knowledge of drugs and alcohol precludes them from developing a problem; and ease of access.^{20, 21}

¹⁵ (British Columbia Ministry of Health Services, 2004)

¹⁶ (Sproule, 2006)

¹⁷ (CRNNS, 2006)

¹⁸ (West, 2003)

¹⁹ (Kenna & Wood, 2005)

²⁰ (Nurses Association of New Brunswick [NANB], 2003)

²¹ (CRNNS, 2006)



Signs of problematic substance use will vary depending on the substance being used, the method of administration and the mode of acquisition. In any event, by the time behavioural indicators, changes in job performance or evidence of diversion appear, it is likely that the nurse has had a serious problem for a considerable length of time.²²

Furthermore, it is unlikely that a nurse who is using substances in a problematic way will spontaneously demonstrate insight into the problem without the intervention of another person who can present reality in a way the nurse is able to accept.²³

In the past, the prevailing ethos dictated that problematic substance use by a nurse was a violation of the public trust and professional standards and that strong disciplinary action was required. We now understand that there is a spectrum of substance-use problems and that there are treatable disorders that respond to rehabilitation. The focus is now on attaining a higher rate of reporting and self-reporting of problematic substance use²⁴ because early identification is crucial to ensuring public safety and is also related to successful recovery.²⁵

Research has shown that health-care professionals judge colleagues who exhibit problematic substance use more harshly than they judge substance users in the general population. Nurses who demonstrate problematic substance use carry the stigma associated with this issue. In one study, nurses did not seek or delayed seeking treatment because of the stigma associated with substance abuse, which in turn prolonged their recovery.²⁶ Therefore, in accordance with the CNA *Code of Ethics for Registered Nurses*, it is imperative that “nurses refrain from judging, labelling, demeaning, stigmatizing and humiliating behaviours toward persons receiving care, other health-care professionals and each other.”²⁷ Although the public must be protected from any incapacitated health-care professional, a nurse’s problematic substance use may involve chemical dependency or addiction and it is important to know that these are illnesses requiring compassionate treatment. These illnesses do not represent instances of moral failure resulting from a lack of willpower.²⁸ Problematic substance use may be one of a series of maladaptive coping mechanisms to acute and chronic stress;²⁹ however, the nurse continues to be accountable for ensuring that she or he can meet professional standards of practice.

Appropriate treatment for problematic substance use may include a leave of absence from work, in-patient treatments, ongoing counselling, random drug testing or licence restrictions; the nurse and her or his peers and family may be involved in the rehabilitation process. The ultimate goal should be for the nurse to return to practice if at all possible. A return-to-work agreement will help facilitate the re-entry process and should include an action plan in the event of a relapse, which can be an inherent part of the recovery process.³⁰

*Approved by the CNA Board of Directors
Published January 2009*

²² (Ponech, 2000)

²³ (Fisk & Devoto, 1990)

²⁴ (Blair, 2002)

²⁵ (Griffith, 1999)

²⁶ (Lillibridge, Cox & Cross, 2000)

²⁷ (CNA, 2008, p. 17)

²⁸ (Dunn, 2005a)

²⁹ (Registered Nurses Association of British Columbia, 2004)

³⁰ (NANB, 2003)



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Replaces:

Substance misuse and chemical dependency by nurses (2002)

PS-98

