

RECOGNITION AND MANAGEMENT OF PROBLEMATIC SUBSTANCE USE IN THE NURSING PROFESSION



Nurses Association
OF NEW BRUNSWICK



Mission

The Association is a professional regulatory organization that exists to protect the public and to support nurses by promoting and maintaining standards for nursing education and practice, and by advocating for healthy public policy.

© NURSES ASSOCIATION OF NEW BRUNSWICK 2011

All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system, without prior written permission from the publisher.

ISBN 1 895613-60-4



Nurses Association
OF NEW BRUNSWICK

Recognition and Management of Problematic
Substance Use in the Nursing Profession (2/24)
February 2011

Table of Contents

1.0	Introduction.....	4
2.0	Problematic Substance Use.....	4
3.0	Assumptions.....	5
4.0	Professional Responsibility.....	6
4.1	Individual RN Responsibilities.....	6
4.2	RN Colleague Responsibilities	6
4.3	Manager Responsibilities.....	7
4.4	Employer Responsibilities.....	8
5.0	Intervention	9
5.1	Intervention Meeting.....	9
5.2	Problematic Substance Use Involving Theft and Tampering.....	11
5.3	Acute Impairment in the Workplace	11
5.4	Treatment and Recovery Programs.....	11
6.0	Re-entry to Nursing Practice.....	13
7.0	When Everything Else Fails: Mandatory Reporting.....	14
8.0	Conclusion	14
	Appendix A: Enabling Behaviours.....	15
	Appendix B: Signs of Potential or Actual Problematic Substance Use	16
	Appendix C: Intervention Meeting Do's and Don'ts.....	18
	Appendix D: Available Resources in NB for RNs Experiencing Problematic Substance Use.....	19
	Appendix E: Sample Return-to-Work Agreement	20
	References.....	22



1.0 Introduction

The Nurses Association of New Brunswick (NANB) is a professional regulatory organization that exists to protect the public and to support registered nurses (RNs) by promoting and maintaining standards for nursing education and practice, and by advocating for healthy public policy. NANB meets their mandate by: promoting good practice, preventing undesirable practice and intervening with unacceptable practice when necessary.

Problematic substance use by an RN is a serious and complex issue which may lead to an impaired practice that endangers the health and safety of the public. It may also have a negative impact on the health care team and the RN herself. Prevention, early recognition and treatment programs for RNs with problematic substance use are essential to ensure that clients are receiving safe nursing care and that RNs are being supported in their professional practice.

This document is intended to provide information for RNs, managers and employers of RNs to recognize and intervene in situations of problematic substance use. It may be used as an educational tool and as a guide for intervention.

2.0 Problematic Substance Use

Substance use includes illegal drugs, prescription drugs and alcohol. Problematic substance use is meant to encompass all facets of substance use and includes the context of the workplace; one's ability to function in society and to perform activities of daily living. Substance use in nursing becomes problematic when there is a "direct threat to the delivery of safe, competent, compassionate and ethical care insofar as it can impair the nurse's cognitive and motor functions and interfere with judgment and decision-making" (CNA, *Problematic Substance Use by Nurses*, 2009). Although problematic substance use may be considered an illness, it may also be a symptom of an illness.



3.0 Assumptions

The following assumptions are made about problematic substance use in the nursing profession:

- RNs who misuse substances have the potential to cause harm to their clients, themselves, colleagues and the public image of nursing.
- RNs have a responsibility to maintain their own fitness to practice¹ and to be attentive to signs that a colleague is unable to perform her duties (*CNA Code of Ethics, 2008* and *NANB Standards of Practice for Registered Nurses, 2005*).
- Problematic substance use is a prevalent illness and RNs are as prone to impairment as the rest of the general population.
- Addictive tendencies may be inherited.
- Presence of unresolved physical pain (acute or chronic), could result in an unintentional dependence on a medication used to relieve pain.
- Contributing factors to problematic substance use with RNs include:
 - job stressors;
 - fatigue related to shift work;
 - the accessibility of medications with addictive properties;
 - a self-perception of not being at risk of addiction as a result of having an in-depth knowledge of medications; and
 - the belief that potentially addictive medications may be harmless and the perception that self-medicating for psychological or physical pain is acceptable.
- Education is the most effective tool for prevention of problematic substance use and for reducing the stigma attached to it.

¹ **Fitness to Practice:** all the qualities and capabilities of an individual relevant to his or her capacity to practice as a registered nurse, including but not limited to, freedom from any cognitive, physical, psychological or emotional condition and dependence on alcohol or drugs that impairs his or her ability to practice nursing (CNA, 2008).



4.0 Professional Responsibility

All RNs are expected to “practice according to the values and responsibilities found in the *Code of Ethics for Registered Nurses* and in keeping with the professional standards, laws and regulations supporting ethical practice” (CNA, 2008, p.18). According to NANB *Standards for Nursing Practice* (2005) it is the professional responsibility of all RNs to respond to and report situations which may be adverse for clients and health care providers, including incapacity of RNs and of other health care providers. An RN experiencing problematic substance use or who suspects problematic substance use in a colleague and who remains silent, is in violation of professional standards and code of ethics. Remaining silent enables a colleague to continue practising in an impaired state (Appendix A).

4.1 Individual RN Responsibilities

Registered nurses are accountable to their clients and their employer and are responsible for being fit to practice. An RN who is experiencing problematic substance use has the obligation to address the issue. Given the nature of the illness and the stigma attached to it, denial and fear may keep the individual from accepting accountability. Denial is a defense mechanism that may be unconsciously employed when reality is too painful to accept. An RN living with problematic substance use may exhibit self-protective behaviour that is biochemically and psychologically based. Consumed substances may have a negative impact on brain functioning related to perception, judgement and self-reference. This biochemical effect could increase the mechanism of denial which is often already present due to fear of harsh reprisals for misusing substances. In such circumstances, other stakeholders may need to become involved to ensure client safety.

4.2 RN Colleague Responsibilities

RNs are the most likely to identify changes or problems in colleagues’ nursing practice. RN colleagues need to be knowledgeable about and attentive to the signs and symptoms of problematic substance use (Appendix B). RNs may be reluctant to report a situation due to a personal relationship with the impaired RN or fear of being wrong about what is occurring with the RN. In such cases, RNs are required to take the necessary steps to protect the safety of persons receiving care (Table 1).



Table 1

**When a colleague is experiencing
problematic substance use^{1,2}**

- Be knowledgeable – Know the signs and symptoms of impairment.
- Document facts clearly, concisely, and with dates.
- Do not assume that it will be possible to remain anonymous as the reporter.
- Do not be surprised if some colleagues retaliate (e.g., the cold shoulder, overt harassment, increased work-load).
- Do not gossip – Malicious gossip can tarnish the RN's reputation.
- Focus on the disclosure, not on the personality of the person being reported, by providing objective data.
- Have other professionals validate the information if possible, to lend objectivity.
- Maintain confidentiality and adhere to employer policies.
- Use institutional channels of communications before considering reporting to an outside authority (e.g., regulatory body, Union).
- Write a clear, short summary of the information and provide the source of the information.

Adapted from:

¹ "Blowing the whistle on incompetence: One nurse's -story," *Nursing 19 (July 1989) 47-50.*

² A. Taylor, "Support for nurses with addictions often lacking among colleagues," *The American Nurse 35 (September/October 2009)10-11.*

4.3 Manager Responsibilities

When employees feel empowered and safe to disclose observations of problematic substance use, they are more likely to do so. Managers should reinforce the need to immediately document and submit all incidents involving unacceptable behaviour including the use of drugs, alcohol, missing medication, or medication errors.

Objective and accurate documentation of examples of impaired nursing practice and evidence of problematic substance use must be kept by the manager. It is the manager's responsibility to respond to each incident/situation as reported by colleagues or as witnessed firsthand. Review of personnel, client, narcotic and other records may provide significant information in identification of problematic substance use. When auditing



records, the manager must focus on behavioural patterns or trends, rather than isolated incidents. The problems identified should reflect what is known and not what is assumed. The investigation process must be discreet and professional at all times and should respect confidentiality.

Supporting other staff members

Few RNs know how to cope when a colleague is suspected of problematic substance use or is absent from the workplace due to impaired nursing practice. The colleagues of the impaired RN need help to cope with their feelings. The manager must consider how to answer questions while not breaching confidentiality. RNs must become aware of their own attitudes regarding problematic substance use in nursing and how it affects their responses to a colleague. The manager will need to consider how staff members are affected by the situation and provide the necessary supports, including but not limited to: debriefing sessions, educational sessions and referral to employee assistant programs.

4.4 Employer Responsibilities

Employers have the responsibility to create a quality practice environment in which RNs are educated about how to recognize impairment and how to intervene if they suspect a colleague is experiencing problematic substance use. Employers also have a responsibility to develop policies and procedures regarding problematic substance use which include:

- the control of narcotics and other medications;
- the issue of stigma in relation to problematic substance use;
- ways for an RN to intervene when a colleague is suspected of experiencing problematic substance use;
- ways of dealing with situations of acute impairment in the work setting; and
- the support needed in all phases of recovery from problematic substance use, including re-entry to practice.

Employers should provide access to consultation services such as employee assistance programs and to education (Table 2) for the individual RN experiencing problematic substance use, her colleagues and for managers responsible for coordinating, intervening, and supporting the impaired employee and her colleagues throughout the treatment and re-entry phase.



Table 2

<p>Key components of an educational program directed to nursing students, RNs, managers and employers of RNs:</p> <ul style="list-style-type: none">▪ Enabling behaviours (Appendix A);▪ signs and symptoms of problematic substance use (Appendix B);▪ effective intervention (Appendix C); and▪ available resources and services (Appendix D).
--

5.0 Intervention

The goal of intervention for RNs experiencing problematic substance use is to initiate assessment and treatment as early as possible. The decision to seek a diagnosis and to accept treatment is the responsibility of the individual RN, but when intervention is required the focus should be on the core issue. Feelings should not veil the facts of the problem.

Acceptance of having a problem with substance use is a difficult experience. The RN experiencing problematic substance use may utilize defense mechanisms such as manipulation, blaming and rationalization. However, RNs usually respond well to support that is offered in a non-judgemental manner, which respects their rights and dignity.

5.1 Intervention Meeting

Intervention is the presentation, in a non-judgemental and caring manner, of documented inappropriate behaviour. The goals of the intervention meeting are to:

- eliminate potential threat to client care;
- ensure the RN experiencing problematic substance use is aware of the facts which substantiate the allegations of impaired practice;
- state the consequences of the inappropriate behaviour;
- determine a mutually acceptable course of rehabilitation;
- restore staff cohesiveness; and
- stop any enabling which may be taking place.



The manager should organize the intervention meeting with the RN and other appropriate personnel such as a union representative and a human resources representative to discuss the concerns regarding the RN's impaired practice. In non-unionized settings, the RN may select another employee to serve as a witness to the meeting.

During an intervention meeting the manager should:

- strive to get a commitment from the RN to listen;
- outline the documented deterioration in performance clearly citing how her impaired practice impacts quality nursing care;
- establish a time-frame for change in behaviour; and
- provide the RN an opportunity to respond at the end of the meeting (Appendix C: Do's and Don'ts to consider in preparation for and during an intervention meeting).

The result of the intervention meeting will determine the future course of action. If the RN acknowledges a problem with substance use, a plan needs to be put in place for immediate management of the RN's health and employment. If it is determined that the RN requires professional help, a written referral should be made to a primary health care provider as agreed upon by the RN. When an RN refuses to acknowledge a problem with substance use, the manager may require that the RN be removed from the workplace pending investigation.

As a follow-up to the intervention meeting, the details of the meeting must be documented and include the date, time, persons present and the exact nature of the incidents/complaints/issues from all involved parties.

Once the intervention meeting has taken place, it is important to provide an opportunity for colleagues who have been affected by the impaired practice of the RN experiencing problematic substance use to debrief.



5.2 Problematic Substance Use Involving Theft and Tampering

During the intervention phase, it could be discovered that the situation involving problematic substance use includes theft and tampering. The *Controlled Drugs and Substances Act* (CDSA) regulates the control of narcotics by clearly delineating the requirements for the distribution, record keeping, and administration of controlled substances including narcotics. Theft and tampering are serious forms of professional misconduct which may be subject to the Criminal Code, and in accordance with CDSA should be reported to the appropriate police authorities.

5.3 Acute Impairment in the Workplace

If someone observes behaviour that may indicate an RN is impaired in the workplace, a second person, preferably the manager should validate the observations. The manager should consult available policies, procedures and collective agreement as applicable, remove the individual from the situation, and with a witness present, state the reasons for removal. In removing the RN from the workplace, risks regarding the safety of the impaired RN and the general public must be considered and efforts made to mitigate them.

Documentation of the incident should include:

- a detailed description of the RN's behaviour, the date, time and duration;
- a list of those involved in the incident;
- a detailed account of the events which took place before, during, and after the incident; and
- a detailed account of the course of action taken.

In follow-up to the incident in which the impaired RN was removed from the workplace, the manager must put in writing the time and location of a meeting with the option of having a union or other representative present.

5.4 Treatment and Recovery Programs

Registered nurses are best served through engaging in treatment and recovery programs that are designed specifically for health care professionals. Being part of a group who understands the health care environment and its challenges, helps the RN feel less stigmatized and more hopeful. Treatment and recovery programs need to include a comprehensive after treatment monitoring plan since recovery rates are higher when the RN receives supportive counseling. Some related support services available in New Brunswick are listed in Appendix D.



Barriers to treatment and recovery

Barriers to treatment must be identified to ensure recovery and prevent relapse. Some barriers to treatment and recovery include:

- a lack of information about treatment options;
- family responsibilities which prevent adequate time for treatment sessions;
- unrelieved acute and chronic pain;
- inadvertent dependence on a prescribed medication;
- painful memories from past emotional trauma;
- a negative relationship with a significant other;
- having a partner who misuses drugs;
- having a negative experience with health care professionals; and
- the fear of 'not being listened to', regarding psychological and/or physical pain and that unrelieved pain would place them at a greater risk of relapse.

Success factors to treatment and recovery

Some factors that foster success of the treatment and recovery include:

- being listened to and being assured that therapy will be modified as needed;
- participating in peer support groups;
- family support;
- spirituality; and
- availability of child care services.



6.0 Re-entry to Nursing Practice

Registered nurses returning to the workplace, experience a great deal of anxiety and fear. They need to restore trust and professional integrity with their colleagues. Nurse managers should give special attention to developing return-to-work plans that are individualized and non-punitive with a focus on rehabilitation and support. While RNs are responsible for their own recovery, a consistent and structured program will enhance the recovery and re-entry process.

Prior to the RN returning to the workplace, a meeting with the RN and appropriate personnel is critical. The purpose of the meeting is to:

- determine the RN's readiness to return to work;
- discuss concerns that the RN and manager may have, and
- develop a written return-to-work agreement that clearly outlines the expectations to be met for the successful reintegration of the RN into the workplace (Appendix E).

The return-to-work plan is designed to protect the interests of the clients, staff members and the recovering RN, and should address all points of concern for the specific case.

The return-to-work agreement may include the following components:

- job expectations to be met including any limitations on the RN's practice and for how long;
- regularly scheduled evaluation of job performance to assist the RN in re-establishing confidence in practice;
- the expectation that in a situation of self-recognition of a relapse the RN will take appropriate action such as notifying the primary health care provider and requesting an immediate leave of absence;
- consequences of the RN's non-compliance with the conditions set forth in the agreement or relapse;
- commitment to abstain from alcohol, illegal drugs and prescription drugs (unless the prescribed drugs have been ordered by the primary health care provider);
- random supervised urine or blood screening tests indicating the absence of alcohol or drugs; and
- attendance at support groups as agreed and documentation of compliance.



7.0 When Everything Else Fails: Mandatory Reporting

Lodging a complaint with the Nurses Association of New Brunswick should be a measure of last resort, once all other avenues have been exhausted. In general, every attempt is made to deal with the problem at the agency or institutional level, prior to lodging a complaint. This may include employee assistance program referrals, granting sick leave or applying for Long Term Disability (LTD), so that the RN may receive appropriate treatment. Once these avenues have been exhausted, or where the problematic substance use involves theft and tampering of medications, the employer may choose to terminate the RN's employment. An employer who terminates an RN's employment for reasons of incompetence or incapacity, is obligated by the *Nurses Act* to report that RN to the NANB. The employer also has an obligation to report to NANB if the RN resigns while being investigated for incompetence or incapacity.

NANB exists to protect the public and to support nurses, and has endorsed a three pronged approach to self-regulation including promoting good practice, preventing undesirable practice and intervening when practice is unacceptable. When a formal complaint is lodged against a member, the Complaints and Discipline Process is initiated and conducted using the principles of fairness, transparency and natural justice.

8.0 Conclusion

Problematic substance use by a registered nurse is a serious and complex issue, which may lead to impaired practice and endangers the health and safety of the public, other members of the health care team and the RN herself. Addressing problematic substance use begins with the involvement of registered nurses, employers and nursing educators. They all play a role in the development of educational and prevention strategies, early recognition and identification of the problem, management of treatment programs and the provision of follow-up support. Successful re-entry of the RN to practice is the ultimate goal.



APPENDIX A: Enabling Behaviours

Enabling refers to acts that allow a colleague to continue practicing impaired by: making excuses, ignoring problems, covering up mistakes, and accepting incomplete work. Enabling often protects the impaired RN from the consequences of unacceptable job performance and is ultimately an obstacle for intervention or help. Colleagues of an impaired RN may avoid confrontation of impaired nursing practice because of the fear of a friend or colleague being punished or losing her job. There is also the fear of a negative impact on the nursing unit or nursing colleagues who work with the impaired individual.

Some enabling behaviours include:

- accepting the job responsibilities of the RN using substances;
- avoiding situations where the RN is not meeting her responsibilities or showing signs of impairment;
- believing you can change the inappropriate behaviour of an RN using substances;
- denying the problematic substance use by an RN or the severity of the problem; and
- shielding the RN from consequences of using substances by lying or protecting her image.

Individuals who enable may vent frustrations with each other over the work quality of the RN with impaired practice, but refrain from intervening. The RN in question goes uninformed and therefore, unable to change. To overcome enabling, the unacceptable behaviour must be addressed. Remaining silent violates the *Code of Ethics for Registered Nurses* and enables their colleague to continue practising in an impaired state.



APPENDIX B: Signs of Potential or Actual Problematic Substance Use

Physical Signs

- 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 the odour of breath
- Odour of alcohol on breath
- Blood spots on clothing (may indicate self-injection)
- Habitual wearing of long-sleeved clothing

Performance Signs

- 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 judgment
- 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 practice, including excessive or overcompensatory 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

- 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 behaviour
- Expression of perception of being picked on at work
- Failure to keep appointments

Drug Diversionary Signs

- Failing to ensure observation or co-signing for narcotic wastage
- Performing narcotic counts alone
- Volunteering to hold keys for narcotics 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 patients' medical charts for medications administered
- Frequent reports of lost or wasted medications
- Requesting assignment to patients who receive large amounts of pain medications
- Combination of excessive administration or PRN medications to patients and reports of ineffective pain relief from the same patients
- Offering to cover during other nurses' breaks and to administer medications to their patients
- Reports that patients medication from home have gone missing
- Showing up when not scheduled for a shift and hanging around drug supply
- Defensiveness when questioned about medication errors

Canadian Nurses Association. (2009). *Problematic Substance Use by Nurses*. (Fact Sheet). Ottawa: Author.



Nurses Association
OF NEW BRUNSWICK

Recognition and Management of Problematic
Substance Use in the Nursing Profession (17/24)
February 2011

APPENDIX C: Intervention Meeting Do's and Don'ts

Do

Prepare a plan

Review documentation

Request help from other departments (ex: Human Resources)

Ask the RN to listen before he or she responds to interveners

Focus on job performance

Expect denial

Report as necessary to the nursing union and/or the nursing regulatory body

Debrief the interveners

Don't

Just react

Intervene alone

Diagnose the problem

Use labels

Expect a confession

Give up

J Daprix, *"The courage to care: Intervening with colleagues who demonstrate signs of impairment,"* The Florida Nurse 51 (September 2003) 28.



Nurses Association
OF NEW BRUNSWICK

Recognition and Management of Problematic
Substance Use in the Nursing Profession (18/24)
February 2011

APPENDIX D: Available Resources in NB for RNs Experiencing Problematic Substance Use²

- Employee Assistance Programs (EAP)
- Occupational Health Nurse
- Primary health care provider
- Psychologist/Social Worker/Counselor
- Regional Addiction Service
- Staff Health Services
- Supervisor/First Line Manager
- Support groups (e.g. Bridges of Canada, Samaria House, Village of Hope, Alcoholics Anonymous, Narcotics Anonymous)
- Private practice counseling
- Nurses Association of New Brunswick (NANB)
- Union Representative (NBNU)

² This listing is not meant to be an exhaustive list of available resources but rather a sample of services available to RNs experiencing problematic substance use.



APPENDIX E: Sample Return-to-Work Agreement

February 28, 2011

Miss Jane Doe
25 Hudson Drive
Saint Elsewhere, NB
E1E 2E2

Re: Return-to-work Agreement

Miss Jane Doe,

Your return-to-work date has been determined as March 14th 2011. Please report to your nurse manager with this signed agreement and read the letter in its entirety before signing the agreement. Your signature on this document is required for you to return to work.

These are terms to which you will agree in order to return to work and to retain your position at Saint Elsewhere Community Hospital.

Per our agreement, you will work 7.5 hours per day, 5 times a week on the day shift. You are expected not to consume any substances (ex: drugs, alcohol) that may alter your mood or affect your performance, and you will disclose any medications prescribed that may have the potential to do so. You are asked to agree to supervised, random urine and blood tests to assess your compliance during your recovery period. You can expect the employer to maintain your privacy and keep all information obtained confidential, although you understand it may be necessary to share the results with your nurse manager.

You will continue to participate in your self-help counseling sessions once each week. You must advise your nurse manager when the frequency of these meetings changes or they are terminated as agreed by the counselor. Your nurse manager will contact your counselor for updates on your progress during your treatment regimen.

Your job performance will be monitored daily and an evaluation will be conducted on a weekly basis initially, with less frequent meeting thereafter as determined by your nurse manager. It is expected that your evaluation will be at least "satisfactory" in order for you to maintain your position.

If you fail the blood or urine random tests; discontinue your counseling sessions without the agreement of the counselor; fail in performing your job as required; abuse substances (ex: drugs and alcohol); or have any disciplinary action taken against you that you may be suspended, terminated from your position, and/or reported to the NANB.



Nurses Association
OF NEW BRUNSWICK

Recognition and Management of Problematic
Substance Use in the Nursing Profession (20/24)
February 2011

As an active participant in your recovery, you will maintain contact and seek the support and advice of your nurse manager if you feel you might be relapsing.

By willingly signing this contract, you are recognizing your obligations and accountability for your actions.

Signature of Registered Nurse

Date

Signature of nurse manager/or human resources manager

Date



REFERENCES

- Aldersberg, M., & MacKinnon, J. (2004). Registered nurses and substance misuse or abuse: RNABC's role. *Nursing BC*, 36(2), 13-15.
- Bennett, J., & Diarmuid, O. (2001). Substance misuse by doctors, nurses and other healthcare workers *Current Opinion in Psychiatry*, 14(3), 195-199.
- Bovasso, G. (2001). The long-term treatment outcomes of depression and anxiety comorbid with substance abuse. *Journal of Behavioral Health Services & Research*, 28(1), 42-57.
- Canadian Nurses Association. (2008). *Code of ethics for registered nurses*. Ottawa: Author.
- Canadian Nurses Association. (2009). *Problematic substance use by nurses*. (Position Statement). Ottawa: Author.
- Canadian Nurses Association. (2009). *Problematic substance use by nurses*. (Fact Sheet). Ottawa: Author.
- Canadian Nurses Association & Canadian Federation of Nurses Unions. (2006). *Practice environments: Maximizing client, nurse and system outcomes* (Position Statement). Ottawa: Author.
- College of Registered Nurses of Nova Scotia. (2008). *Problematic substance use in the workplace: A resource guide for registered nurses*. Halifax, NS: Author.
- Dunn, D. (2005a). Home study program: Substance abuse among nurses – defining the issue. *AORN Journal*, 82(4), 573-596.
- Dunn, D. (2005b). Home study program: Substance abuse among nurses – intercession and intervention. *AORN Journal*, 82(5), 777-804.
- Gnadt, B. (2006). Religiousness, current substance use, and early risk indicators for substance abuse in nursing students. *Journal of Addictions Nursing*, 17(3), 151-158.
- Green, C. A. (2006). Gender and use of substance abuse treatment services. *Alcohol Research and Health*, 29(1), 55-62.
- Jones, E. M., Knutson, D., & Haines, D. (2003). Common problems in patients recovering from chemical dependency. *American Family Physician*, 68(10), 1971-1978.
- Kenna, G. A. & Wood, M. D. (2005). Family history of alcohol and drug use in health-care professionals. *Journal of Substance Use*, 10(4), 225-238.



Murphy, N., Crawford, T., Kennedy, S., LeBlanc, A., Venedam-Marchand, C., Cruickshank, C., et al. (2008). *Registered nurses' experiences of problematic substance use and their ideas for change*. College of Registered Nurses of Nova Scotia.

National Council of State Boards of Nursing. (2001). *Chemical dependency handbook for nurse managers*. Chicago, IL: Author.

Nurse Association of New Brunswick (2004). *NANB Complaints and Discipline Process*. Fredericton, NB: Author.
http://www.nanb.nb.ca/PDF/practice/NANB_Complaints_and_Discipline_Process_English.pdf

Nurses Association of New Brunswick (2003). *Recognition and Management of Substance Abuse in the Nursing Profession*. Fredericton, NB: Author.
<http://www.nanb.nb.ca/PDF/practice/TheRecognitionandManagementofSubstanceAbuseintheNursingProfessionE.pdf>

Nurses Association of New Brunswick (2005). *Standards of Practice for Registered Nurses*. Fredericton, NB: Author.
<http://www.nanb.nb.ca/PDF/practice/StandardsofRegisteredNursesE.pdf>

Nurses Association of New Brunswick (2002). *The Nurses Act*. Fredericton, NB: Author.
<http://www.nanb.nb.ca/PDF/legislation/NursesAct%20E-F%202008.pdf>

Quinlan, D. (2003). Impaired nursing practice: A national perspective on peer assistance in the U.S. *Journal of Addictions Nursing*, 14, 149-155.

Shaw, M. F., McGovern, M. P., Angres, D. H., & Rawal, P. (2004). Physicians and nurses with substance use disorders. *Journal of Advanced Nursing*, 47(5), 561-571.

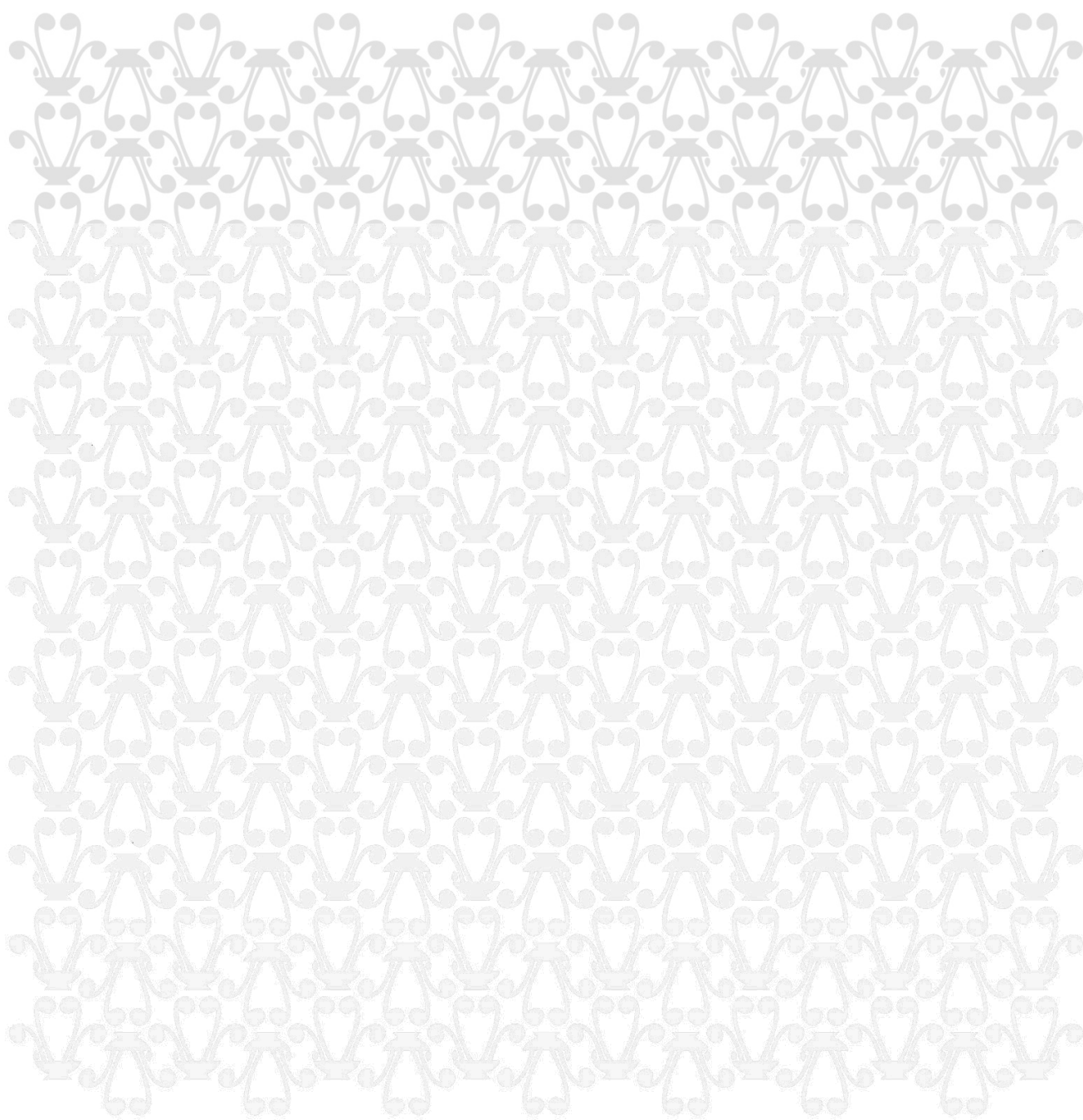
Shewey, H.M. (1997). Identification and assistance for chemically dependent nurses working in long-term care. *Geriatric nursing*, 18(3), 115-118.

Snow, D. & Hughes, T. (2003). Prevalence of alcohol and other drug use and abuse among nurses. *Journal of Addictions Nursing*, 14, 165-167.

Tiet, Q. Q. & Mausbach, B. (2007). Treatments for patients with dual diagnosis: A review. *Alcoholism: Clinical And Experimental Research*, 31(4), 513-536.

West, M. M. (2002). *Early risk indicators of substance abuse among nurses*. *Journal of Nursing Scholarship*, 34(2), 187-193.





Nurses Association
OF NEW BRUNSWICK