

**The Recognition and Management of
Substance Abuse in the Nursing Profession**

Nurses Association of New Brunswick

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Introduction

The Nurses Association of New Brunswick (NANB) is the professional regulatory body for registered nurses in New Brunswick. The primary mandate of NANB is the protection of the public. The role of NANB is to promote safe, competent, ethical care by all nurses. Substance abuse by a nurse is a serious and complex issue that leads to impaired practice and endangers the health and safety of the public, other members of the health care team and the nurse. Prevention, early recognition and effective treatment programs for nurses with substance abuse and addiction problems are essential to the health and well-being of these nurses and to the provision of safe, quality nursing care (CNA, 2002).

The Nurses Association of New Brunswick believes that:

1. The early identification and management of substance abuse by nurses minimizes the risk to clients and allows for a supportive rehabilitative approach to the management of the nurse's substance abuse problem.
2. All nurses have a professional responsibility to respond to and report concerns about the nursing practice of their colleagues.
3. Employers of nurses have a responsibility to protect clients and to support nurses through the provision of a) appropriate intervention for the substance abuse problem and b) policies and procedures in relation to substance abuse in the workplace.

Purpose of document

This document is intended to provide information for registered nurses, managers and other professionals to assist co-workers with substance abuse problems. This document will serve to increase awareness and provide practical interventions for co-workers and managers who suspect a nurse has a substance abuse problem.

Background

The term substance abuse is used in this document to reflect a broad continuum. This continuum can range from one incident of substance abuse in response to a situational crisis to a habitual pattern of substance abuse.

Substance abuse is characterized by a loss of behavioral predictability and control, and the inappropriate, compulsive and continuous use of prescription drugs, illicit drugs and/or alcohol in spite of the consequences experienced by the individual. These consequences are evidenced by deterioration in all aspects of the person's life (physical condition, social withdrawal) and a disintegration of support systems (family, social, church, co-workers).

There are various stages of substance use from experimental to compulsive which may lead to addiction. Substance abuse is, therefore, a complex disorder and its onset can be difficult to determine as the person moves along the continuum from regular use, heavy regular use, preoccupation with use, and dependence. No one intentionally becomes dependent on drugs. If one is aware of the danger soon enough, dependence does not need to happen.

Addiction is a state of severe psychological, physiological and behavioral dependence on drugs or alcohol characterized by compulsive use, a preoccupation with securing its supply and a tendency for relapse after discontinuation of the substance.

Substance abuse is as significant an issue for the nursing profession as it is for the general population. Substance abuse impairs the nurse's practice by affecting the nurse's communication, assessment, technical and decision-making skills. This translates into the nurse's inability to meet the expectations of the profession, a loss of cohesiveness in the care team and most importantly unacceptable nursing care.

Factors Contributing to Substance Abuse

Substance abuse is caused by many interacting and cumulative factors. Nurses who become addicted, often begin abusing substances by self-medicating for emotional distress, post traumatic stress disorder, pain, fatigue, depression or burnout.

Unlike people with other diseases, substance abusers face social stigma which contributes to society's inability to address the issue effectively, particularly in a highly respected field such as the nursing profession. Health care professionals may also believe that knowledge of drugs and alcohol and their effects precludes them or their colleagues from developing a substance abuse problem.

To nurses, drugs are an integral part of the care plan. Self-medicating for physical and emotional pain is seldom given a second thought, and an isolated event may turn into more regular use, then compulsive use, and finally full addiction – sometimes without the user being aware until behavior becomes compulsive and the full symptoms of addiction are manifested. Many health professionals actually believe their familiarity and knowledge about drugs render them immune to addiction. This false perception of invulnerability unfortunately deepens the denial and rationalization they maintain regarding their own need for help.

The lack of extensive education on substance abuse and the social stigma attached create powerful deterrents to the timely recognition of impaired practice by a nursing colleague. In addition, a colleague or manager may find it difficult to confront an often well-liked and once highly-competent nurse about deteriorating performance due to drug dependency. However, a dysfunctional nurse can jeopardize patient safety. Rather than concealing the situation, a colleague

or manager who focuses attention on the nurse's behavior fulfills the primary role as patient advocate and demonstrates caring by initiating the first step to recovery.

Recognition of Substance Abuse

Registered nurses have a professional responsibility to protect clients from harm. Being aware of the warning signs of substance abuse can help you or a colleague obtain the necessary help to prevent endangerment of the public.

The workplace is often the last place for substance abuse to be discovered. By the time signs of abuse are observed in the workplace, the nurse typically has developed a significant substance abuse problem. The following may assist in recognizing substance abuse.

None of these symptoms alone is an indication of a substance abuse problem. An investigation by the manager may establish a pattern of behavioral indicators, changes in job performance and/or indications of drug theft or tampering that indicate there is a substance abuse problem. The first critical step is to identify the impaired nurse.

Behavioral indicators

- emotional lability, mood swings, irritability, depression, suicide threats, euphoria;
- inappropriate verbal or emotional responses;
- diminished alertness;
- confusion or memory lapses;
- noticeable deterioration in or exaggerated attention to hygiene, strong breath freshener, or perfumes as a "cover-up";
- wearing long sleeves at all times;
- increased isolation from colleagues, friends and family;
- skipping meals; and
- frequent trips to washroom.

Changes in job performance

- Gradual deterioration in job performance; often moves to positions or shifts perceived to have less pressure, responsibility, visibility or supervision;
- Requests for change in work schedule or assignment that may increase access to drugs,
- Poor or illogical charting, such as lack of documentation, inadequate content, deterioration in handwriting;
- Errors in judgement, particularly with medications;
- Excessive use of sick time, particularly after days off;
- Unexplained absences from work; arriving late and leaving early;
- Long breaks, frequent or unexplained disappearances from the unit;
- Increasing difficulty meeting schedules or deadlines;
- Excessive number of mistakes;

- An odor of alcohol on breath; and
- Elaborate excuses for behavior.

Indicators that the Source of Drugs is from the Workplace

- Unexplained discrepancies between recorded medication administration and expected client responses, for example, increased client reports of unrelieved pain;
- Evidence of tampering with vials or drug containers;
- Measurable or observable patterns of medication discrepancies during specific shifts, frequent reporting of medication spills or wastes, discrepancies in change of shift narcotic counts;
- Increased amounts of medications ordered and needed, failing to obtain co-signatures;
- Waiting until alone to open the narcotics box or leaving the unit after opening it;
- Consistently volunteering to be the medication nurse;
- Excessive administration of PRN medications;
- Defensiveness when questioned about medication errors;
- Using fictional client names;
- Coming to work early and staying late; and
- Volunteering to work with clients who receive regular and large amounts of pain medication.

Barriers to Recognition of Substance Abuse in Nurses

Whether it is alcohol, prescription drugs or illegal drugs, nurses use mood-altering substances to cope, to deal with stress, to nurture themselves, to bolster self-esteem, to escape or numb the pain of past events or current situations, or to help them function socially. Some get caught in their partner's chemical abuse.

Nurses who abuse alcohol or drugs do not fit the common stereotype of an alcoholic or a drug addict, so they often go unrecognized. Co-workers can easily attribute signs and symptoms of addiction to a nurse's stress at work or home, or they excuse drug use as necessary for back pain, headaches, anxiety, or depression.

A fear of harsh reprisals for a chemically dependent colleague stops some from voicing their

suspicious. Professional or legal sanctions are serious consequences no one wants taken against someone if possible. The problem does not usually solve itself, and not dealing with the problem only makes matters worse. Substance abuse is accompanied by denial, shame, guilt and an attempt to rationalize the situation. Unfortunately, many people will not seek treatment on their own.

Enabling behaviors of colleagues

The work group is at the heart of daily nursing activities and the nurse's role within it reinforces their identity as team members, care provider and professional. Nursing colleagues may care about each other, rescue each other, comfort each other and enable each other.

The enabler, as defined in treatment programs for addictions, is someone who allows inappropriate and non-productive behaviour in another to go unquestioned. This avoids confrontation but also encourages and perpetuates the behaviour.

Enabling staff members may vent frustrations with each other over the work the nurse in question causes for them. However, they refrain from affirmative action. The nurse in question goes uninformed, and therefore, unable to change. Sometimes a manager observes inappropriate behaviour, but an enabler rallies to the rescue. This rallying intervention, while seeming compassionate, acts as encouragement for continued inappropriate behaviour.

Enabling behaviors may be as subtle as filling in for colleagues when they are late or absent and accepting their mistakes when they are preoccupied, forgetful, angry, disorganized or depressed. Nurses often can relate to a colleague's personal problems and concerns and find it easy to understand why colleagues behave the way they do. Nurses may dismiss unusual or inappropriate behavior as simply responses to a temporary crisis, problems at home, frustration with the job, fatigue and physical problems that may warrant medical treatment. These problems provide the rationale for a colleague's changes in behavior and job performance. The subtle signs of substance abuse may be dismissed as nothing out of the ordinary.

Enabling is common among the colleagues of substance abusing nurses (Pullen and Green, 1997). Although well intentioned, enabling behavior is a serious obstacle to dealing with the problem of substance abuse. Once enabling behaviors are identified, intervention into the problems related to the nurse's substance abuse can begin. To overcome enabling behaviours colleagues must act quickly and question inappropriate behaviour when it occurs.

Denial

One of the key characteristics of substance abuse is denial. Denial is a defense mechanism that may be unconsciously employed when reality is too painful to accept.

The chemically-dependent nurse exhibits self-protective behavior that is biochemically and psychologically based. Due to the increasing and accumulative toxicity of the chemicals used, normal brain functioning related to perception, judgment and self-reference is impaired. This biochemical effect increases the mechanism of denial which is already operative from the psychological defense process.

Intervention for Substance Abusing Nurses

Appropriate intervention for substance abuse problems in nursing focuses on early intervention with affected nurses. The goal of intervention is to have the nurse assessed and treated.

Helping a nurse face her problem is the only meaningful way to help. The decision to seek diagnosis and accept treatment is the responsibility of the nurse. There will be relapses, and these can be managed when the concept of chemical dependency as a health problem is accepted. However, it is impossible to avoid terminating the employment of a nurse who cannot meet minimal standards of care or will not accept treatment.

Intervention is not easy, as interveners do not like to be perceived as the “bad guy”. The foundation of substance abuse intervention must be concern. When a person’s behavior is confronted with concern, it is generally met with respect. Do not be sidetracked by other issues or allow another’s behavior to enter into the discussion. Focus on the core issue. Do not allow feelings to veil the facts of the problem and refrain from questioning the nurse when angry. If this occurs, allow yourself some time to regain your composure.

Manipulation is an active defense mechanism in a substance abuser. Acceptance of having a substance abuse problem is a painful experience. Nurses often become angry with themselves and use the defense mechanisms of blaming, sabotage, rationalization and intellectualization in the struggle for recognition and acceptance of their own substance abuse. Nurses usually respond well to support that is offered in a non-judgmental manner, which respects their rights and dignity.

The NANB *Standards for Nursing Practice* states that it is the professional responsibility of all New Brunswick nurses to respond to and report situations which may be adverse for clients and/or health care providers, including incapacity of nurses and of other health care providers.

Dealing with theft and/or tampering

The employer faces legal and ethical concerns when dealing with situations involving substance abuse. Drug theft and/or tampering, often part of the nurse's compulsion to acquire drugs, are subject to federal and provincial legislation including the Controlled Drugs and Substances Act and the Criminal Code of Canada. The Criminal Code applies in situations involving misappropriation, theft or tampering. Theft and tampering are serious forms of professional misconduct which may be subject to the Criminal Code, and should be reported to the appropriate police authorities. The Controlled Drugs and Substances Act regulates the control of narcotics by clearly delineating the requirements for the distribution, record keeping, and administration of controlled substances including narcotics. Mandatory reporting of missing narcotics is addressed in this act.

Management of acute intoxication/impairment in the clinical area

If a co-worker observes behaviour that may indicate a nurse is intoxicated or impaired in the clinical area, a second person, preferably the manager should validate the observations. The manager consults the policies, procedures and collective agreement, removes the individual from the situation, and with a witness present, states the reasons for removal.

If there is any question regarding the safety of the nurse or the general public related to transportation to the nurse's home all attempts should be made to eliminate this risk. A family member/friend could be contacted to accompany the nurse home, or if the nurse would not be at risk at home alone, a taxi could be called.

Documentation of the incident includes:

- A detailed description of the nurse's behaviour, the date, time and duration;
- A list of those involved in the incident;
- Detailed account of the events which took place before, during, and after the incident;
- Detailed account of the course of action taken (where the individuals were sent, with whom, and the date of a follow-up meeting);
- A memo to the nurse confirming the date, time and location of the follow-up meeting.

In writing, the manager sets the time (within 24 hours) and location of a meeting with the option of union/other representative being present to discuss the situation. A copy of this memo should be signed by the nurse. This signature means that the nurse has read the memo, not necessarily that they agree with it. This must be made clear to the nurse. If the nurse refuses to sign the document, this refusal should be noted. Copies of the signed document should be sent to the nurse and kept by the manager.

Co-worker Responsibilities

As nurses, we are firstly responsible to our clients. Whenever client care is jeopardized or clients are at risk, action must be taken and the situation reported to the nurse's first line manager. This may cause strain on the professional relationship, however, nurses need to remember that it is their professional responsibility to respond to and report these situations. By ensuring client safety, co-workers open the avenue to assistance for the nurse who abuses substances.

Responding to and reporting unacceptable behavior

Co-workers are the most likely to identify changes or problems in their colleague's nursing practice. Nurses may be reluctant to report a situation due to an interpersonal relationship with the nurse, protection of a friend from disciplinary action, potential harm if the nurse reports the situation, and/or fear of being wrong about what is occurring with the nurse. As a co-worker, it is your professional responsibility to question inappropriate behavior when it occurs. Address specific behavior and not the person.

The facts should be documented as fairly and completely as possible and in a timely manner to ensure accuracy. Limit the documentation to the facts surrounding the situation such as the time, place and other persons involved in the incident(s). Submit your report to the manager responsible for direct supervision of the nurse involved.

Manager Responsibilities

The manager plays a key role in the management of any situation involving staff misusing substances. The manager may want to consult with the organization's human resources personnel and/or professional practice advisor. It is important that managers reinforce with the staff the need to immediately document and submit all incidents involving unacceptable behaviour including the use of drugs, alcohol, missing medication, or medication errors.

Objective, accurate documentation of examples of impaired nursing practice and evidence of substance abuse must be kept by the manager (Shewey, 1997). It is the manager's responsibility to respond to each incident/situation as reported by co-workers or as witnessed first hand.

As a pattern of poor behaviour emerges over time, the manager gathers all of the facts and confronts the larger problem. The investigation process must be discreet and professional at all times. Any interviews with co-workers should be one on one and confidential.

Most nurses are covered by a collective bargaining agreement that sets out terms and conditions of employment. Where an agreement is in place it is critical that the terms and conditions be adhered to when dealing with a situation involving substance abuse.

Investigation of a nurse's substance abuse

By identifying the effects of substance abuse on the nurse's practice, the manager can assist in minimizing negative effects on client care and promote employee health. The key issue is the ability or failure of the nurse to function competently in the workplace. Focus on the problem behaviors/performance indicators.

Review the nurse's performance records, as past documentation may suggest a previously unidentified problem. The nurse's personnel records may determine if the noted behavior is new or if it reveals a pattern of behavior.

Review of personnel, client, narcotic and other records may provide significant information in the identification of a substance abuse problem. In examination of records, focus on behavioral patterns or trends, rather than isolated incidents.

The manager gathers all of the facts around the nurse's deteriorating performance. The narcotic and controlled medication records can be audited to determine a pattern of drug discrepancies. Non controlled medication can also be a source for some substance abuse. Is there a noted change in the amount of non-controlled medications used by the unit? What types of controls are in place to ensure that these medications are being used for their intended purpose?

Cross-referencing the narcotic control records and medication administration records may reveal a problem. Review the client records to assess the nurse's standard of documentation. Is the client record complete, are the nursing assessments thorough and encompassing all aspects of the client's care? Is there a noted change in the nurse's assessments or style of documentation? Are there reports of clients experiencing pain following analgesic administration? Are there reports of clients experiencing sleeplessness or anxiety following sedation or anti-anxiety medication administration?

Documentation of the facts

The manager must carefully and objectively document the nurse's behavior whenever substandard performance exists. Careful documentation assists the manager's investigation. Objective and accurate documentation is critical in that it provides evidence regarding the allegations of substance abuse. If the information indicates a problem, review the documentation to determine if the information reveals substance abuse, substandard nursing practice or other problems.

Complete and accurate data collection is necessary. The documentation should be as specific as possible, include times and dates related to the facts of the situation. The problems identified must relate to job performance and behaviors and should reflect what is known and not what is assumed.

Documentation must be performance-based, i.e. upon the nurse's ability to carry out the duties assigned. Given this requirement, the manager must carefully and objectively document the nurse's behaviours whenever substandard performance occurs.

Validation and confrontation of the problem

Following the data collection, review the information and determine what evidence is available to indicate that a nurse has a substance abuse problem. The manager may want to consult with the regional addiction services to review findings and develop a plan for assessment and treatment services. Ensure the information remains confidential until the accuracy of the information has been proven. Compile the information in a logical sequence to state the case.

Intervention is the presentation, in a non-judgmental/non-blaming, and caring manner of documented inappropriate or unacceptable behaviour.

The goals of the intervention meeting are to:

- decrease any potential threat to patient care;
- ensure the nurse is aware of the facts which substantiate the allegations of impaired practice;
- state the consequences of inaction for the nurse;
- determine a mutually acceptable course of rehabilitation;
- restore staff cohesiveness; and
- stop any enabling which may be taking place.

Intervention meeting

The manager arranges a meeting with the nurse and other appropriate personnel such as a union representative and human resources representative to discuss the concerns regarding the nurse's behavior. In non-unionized settings, the nurse may select another employee to serve as a witness to the meeting.

The manager gets a commitment from the nurse to listen. The nurse will be given the opportunity to speak at the end. The manager, in a concerned and supportive way, outlines the documented deterioration in performance and time-framed expectations. Specific information pertaining to diminished job performance should be presented in a non-threatening and non-judgmental manner. Expectations should be provided which clearly cite the ways in which these incidents have affected job performance or patient care.

The result of this meeting determines the future course of action. When approached the nurse may acknowledge a problem with substance abuse, therefore, a plan needs to be put in place for immediate management of the nurse's health as it relates to the withdrawal. Otherwise, if sufficient evidence has been collected that indicates a substance abuse problem, a written referral should be made to the primary health care provider as agreed upon by the nurse along with a request for assessment based on the workplace observations.

The terms which will affect the nurse's ability to continue or return to work should be clearly stated and the nurse provided with a written contract for signature which stipulates the conditions of the agreement reached during the intervention process.

The written contract includes the following:

- Statement of manager's expectations;
- A detailed plan for resolution of all identified issues with time frames and resources;
- Time frames for completion of the objectives;
- Expected outcomes if objectives are not met;
- Date of follow-up meeting; and
- Signature of manager and nurse.

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

Regardless of whether the nurse accepts or rejects the option of professional help, the manager is responsible only for monitoring the employee job performance. In the event that impaired performance recurs, the manager should offer the nurse the final choice of either complying with an acceptable rehabilitation program or facing formal disciplinary action. Termination of employment may occur as a last resort if all other attempts fail.

Treatment

The nurse is expected to be away from work for a period of time, depending on the circumstances. The nurse will return to work when she can demonstrate her readiness, and a return to work plan is in place.

The employer will require documentation from the primary care provider(s) outlining the ongoing recovery program and verifying the nurse's fitness to return to work.

Referral for assessment to primary care provider

A factual account of the events leading to the referral for assessment provides a crucial link to an accurate assessment and the desired outcomes.

Arrangements for assessment should be made between the nurse and the manager. The direction for the choice of primary health care provider keeps in mind the terms and conditions of the collective agreement where one is in place. The referral information should include a factual account of a decline in nursing practice/work performance, and should request assessment and treatment by the primary health care provider.

Resources

There are resources available in New Brunswick to assist registered nurses in their recovery. Help is available from any of the following agencies or individuals:

- Alcoholics Anonymous
- Employee/Family Assistance Programs (EFAP)
- Family Physician
- Narcotics Anonymous
- Nurses Association of New Brunswick
- Occupational Health Nurse
- Regional Addiction Services
- Staff Health Services
- Supervisor/First Line Manager
- Union Representative
- Psychologist/Social Worker/Counselor in private practice

Studies regarding impaired nurses have shown 25-50% relapse rates (Miller, 1997; Hughes et al., 1998). Relapse occurs more frequently in those who fail to comply with a structured rehabilitation plan and only attend the required support groups sporadically.

There is a need for significant ongoing support and counseling in the recovery process, since the recovering nurse often is returned to the same situations, stressors, and temptations that originally prompted or fostered the chemical dependency. Recovering nurses often experience a great deal of shame and guilt. Supportive supervisors and co-workers can be a critical factor in successful re-entry and recovery (Hughes, et al., 1998).

Strategies for Dealing with Other Staff Members

The manager must consider how to answer a colleague's questions regarding the leave of absence and the nurse's subsequent return to work. Few nurses know how to cope with chemical dependency when it affects themselves or a co-worker. They will need help to deal with these intense feelings. Staff members must become aware of their attitude about the chemical dependency and how it affects their responses to a colleague faced with the problem. The manager will need to consider how co-workers are impacted by the situation and provide the necessary supports including debriefing sessions, information sessions, and/or referral to EFAP.

Re-entry to Practise Following Rehabilitation Program

Once the nurse has completed the designated treatment program, the nurse and the manager will develop a mutually acceptable plan for the nurse's return to work.

Prior to the nurse returning to the workplace, a meeting with the nurse and appropriate personnel is critical. The purpose of the meeting is to: 1) determine the nurse's readiness to return to work; 2) discuss concerns that the nurse and manager may have, and 3) develop a written return to work agreement that clearly outlines the expectations to be met for the successful reintegration of the nurse into the workplace. The re-entry plan is designed to protect the interests of the clients, staff members and the recovering nurse, and should address all points of concern for the specific case.

When the manager meets with the nurse about her readiness to return to work, responses indicating commitment to recovery would include acknowledgment of addiction, sustained involvement in a recovery program of both treatment and support, acknowledgment of regret for compromising patient care, and knowledge of areas of potential risks and concerns in returning to work. If these areas are addressed openly and honestly in a matter-of-fact manner, the return to work process will be smoother.

Nurses who return 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 practice plans that are individualized and non-punitive with a focus on rehabilitation and support. While nurses are responsible for their own recovery, a consistent and structured program will enhance the recovery and re-entry process.

The work re-entry plan/return-to-work agreement includes the following components:

- job expectations to be met including any limitations on the nurse's practice and for how long e.g. whether handling of narcotics is appropriate.
- regularly scheduled evaluation sessions in regard to job performance to assist the nurse to re-establish confidence in practice.
- emphasis on self-recognition of a relapse and appropriate professional action such as notification of the primary health care provider and an immediate leave of absence.

- consequences of nurse's non-compliance with the conditions set forth in the contract. Relapse should be recognized as part of the recovery process. Define what will occur in the event of a relapse and/or self-reported relapse.
- continued abstinence from alcohol, marijuana, cocaine, stimulants, narcotics, sedatives, tranquilizers and all mood-altering and potentially addictive drugs or medications.
- random supervised urine or blood examinations as agreed upon by the primary health care provider and the recovering nurse. In the event of a positive urine or blood test, the primary health care provider and nurse must decide what process will take place, such as immediate re-test, medical LOA or other actions.
- continued attendance at support groups as deemed appropriate and agreed upon by the recovering nurse and the primary health care giver and documentation of compliance with a treatment program.
- compliance with the terms of the work re-entry plan for a minimum of one year. Thereafter, the plan is reviewed as necessary by the primary health care provider, the recovering nurse and the manager.

It is important for the manager to be clear and firm on the facility's policy regarding substance abuse in the workplace and to explain what the consequences will be if the expectations are not met. The recovering nurse needs support and supervision. The manager must offer to help in the resolution of performance problems.

When Everything Else Fails: Mandatory Reporting

Lodging a complaint with the Nurses Association is usually a measure of last resort, once all 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 EFAP referrals, granting sick leave or applying for LTD so that the nurse may receive appropriate treatment. Once these avenues have been exhausted, or where the substance abuse problem involves theft and/or tampering of medications, the employer may choose to terminate the nurse's employment.

An employer who dismisses a nurse for reasons of incompetence or incapacity, which includes substance abuse, is obligated by law to report that nurse to the Nurses Association of New Brunswick (NANB). In fact, any nurse who has reason to believe that another nurse is unable to function safely to such an extent that the welfare of patients is jeopardized, is obligated to lodge a complaint with the NANB. Failure to report is considered to be professional misconduct in and of itself.

NANB's regulatory mandate is threefold: to promote good practice, to prevent undesirable practice and to intervene when nursing practice is unacceptable. Professional conduct review (PCR) processes are developed to intervene when a nurse's practice and/or conduct are

unacceptable. The PCR process is conducted using the principles of fairness, transparency and natural justice.

By emphasizing the promotion of good practice and the prevention of poor practice, the need for disciplinary interventions is kept to a minimum. However, as a self-regulating body, NANB is legally required to have a formal process for dealing with complaints made against our members. This process is commonly referred to as the complaints and discipline process.

Conclusion

Registered nurses are responsible for administering care to vulnerable people. Nurses with substance abuse issues place clients, colleagues and themselves at risk. Early identification and treatment of substance abuse by nurses minimize the risk and allow for a supportive rehabilitation approach to the management of a nurse's substance abuse problem.

For confidential assistance with all aspects of substance abuse, call an NANB practice consultant/advisor at (506) 458-8731 or toll free at 1-800-442-4417.

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