

*Guidelines*

**CARNA** College & Association of  
Registered Nurses of Alberta

# **Problematic Substance Use: Guidelines for Regulated Members**

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Approved by the College and Association of Registered Nurses of Alberta (CARNA)  
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College and Association of Registered Nurses of Alberta  
11120 – 178 Street  
Edmonton, AB T5S 1P2

Phone: 780.451.0043 (in Edmonton) or 1.800.252.9392 (Canada-wide)  
Fax: 780.452.3276  
Email: [practice@nurses.ab.ca](mailto:practice@nurses.ab.ca)  
Website: [nurses.ab.ca](http://nurses.ab.ca)

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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 the nurse<sup>1</sup> 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. Nurses 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 registered nurse profession.

### **Purpose**

The purpose of this document is to:

- provide awareness of problematic substance use,
- identify 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.

These guidelines build on the following CARNA documents that articulate and describe nursing practice for members, the public and other stakeholders:

- Code of Ethics for Registered Nurses Profession (Canadian Nurses Association, 2008),
- Entry-to-Practice Competencies for the Registered Nurses Profession (2013),
- Ethical Decision Making for Registered Nurses in Alberta Guidelines & Recommendations (2010),
- Entry-Level Competencies for Nurse Practitioners in Canada (2016),

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<sup>1</sup> In this document nurse refers to: registered nurses (RN), graduate nurses (GN), nurse practitioners (NP), graduate nurse practitioners (GNP), and certified graduate nurses (CGN).

- Practice Standards for Regulated Members (2013).

## **Guidelines**

### **Guideline 1: Identify the problem**

Use the list 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 is the most effective tool for prevention of problematic substance use.

### **Guideline 2: Assess the environment**

The first responsibility of nurses is to keep clients safe.

Problematic substance use is a threat to the provision of safe, competent and ethical nursing care. If you suspect problematic substance use in a colleague or yourself you are accountable to take steps to ensure client safety. If you assess there is an immediate threat to client safety, notify the manager/supervisor or other appropriate person in the organization immediately.

If you 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 the nurse is 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 using the employer's incident reporting system. The nurse also takes appropriate action to resolve or minimize the risk of any harm to the client including informing management.

### **Guideline 4: Plan a Course of Action**

Use assessment and notes that were collected to clearly identify the concern, then plan what action is appropriate to take based on assessment of safety and risk.

The first step, if possible, would be to talk to the individual about the concern. This is a delicate subject that needs sensitivity and tact. Discuss the concern in regards to their health, their practice, and the safety of the client.

If physical or psychological safety is a concern for the nurse reporting about 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 person in the organization.

If the concern is unresolved and the behaviours continue then contact the colleague's regulatory college to discuss or report the concern. Nurses must report unprofessional conduct to the appropriate person, agency, or professional 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.

Information shared regarding the concern, in how and with who, must be treated with utmost sensitivity and with respect for the person involved. If the nurse is not fit and

unsafe to practice i.e., impaired, immediate action needs to be taken. A manager or supervisor needs to be informed immediately and employer policy followed. This would involve removing the colleague from the practice setting in a respectful manner and ensuring clients, staff and the colleague are safe. It is advisable to have a witness present. In some cases, security may have to be called if the colleague becomes physically or verbally abusive.

In some practice settings these resources are not available due to time of day or size of the organization. The nurse will need to set priorities and use their best judgement to make decisions that ensure safety of clients and colleagues and will be held accountable for taking action in a manner that any other reasonable prudent nurse 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 Abuse, & The Conference Board of Canada, n.d.).

In 2012, the Canadian Community Health Survey (CCHS) found that 4.4% of Canadians age 15 and older (approximately 1.3 million persons) met the criteria for a substance use disorder (Canadian Centre on Substance Abuse, 2016). The Mental Health Commission of Canada (2017) states this statistic will be reflected in the work place. Substance use disorder is estimated to be slightly higher for health care professionals (National Council of State Boards of Nursing, 2011). The College of Registered Nurses of British Columbia (2011) state one in ten nurses may be struggling with problematic substance use.

While alcohol is used more frequently by the general population, nurses are more likely to misuse narcotics (Bettinardi-Angres, Pickett, & Patrick, 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 illegal misdirection or misuse of any medication (College of Registered Nurses of Nova Scotia, 2016). 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. For more examples of drug diversion signs and behaviours, see Appendix A Signs and Behaviours of Problematic Substance Use.

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 *CARNA Practice Standards for Regulated Members* (2013) and *CNA Code of Ethics* (2008) may not be met when a nurse is affected by problematic substance use.

Early intervention is essential. Education and awareness are the most effective tool for 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. Nurses have a responsibility to educate themselves about problematic substance use, so they are able to recognize 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.

Nurses 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, nurses 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 nurses 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 signs and behaviours 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 Nurse 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 ourselves. This includes following the CARNA *Practice Standards for Regulated Members* (2013), the CNA *Code of Ethics* (2008), and employer policies. Nurses have a professional and ethical duty to report unprofessional practice or unsafe care.

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 nurses. The tool *Addressing Unsafe Practice Situations* can be used to help clearly identify the concern when a colleague may be exhibiting warning signs or demonstrating behaviours of problematic substance use. This tool is found in Appendix 3 in the CARNA *Practice Standards for Regulated Members* (2013). The situation and the person may determine different courses of action from monitoring and reporting to removal of the staff member.

## **Seeking Help for Yourself**

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 nurse 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 nurse 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. The Canadian Centre on Substance Abuse (2016) states long-term recovery from substance use disorder is both attainable and sustainable if the right supports and services are in place. 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 and monitoring that colleagues may need to be aware of as outlined in a return to work plan. Nurses may be involved in supervising certain aspects of the care a colleague provides to their clients.

If a nurse was the subject of a CARNA hearing as a result of unprofessional conduct, such as theft of narcotics, CARNA will impose conditions on their return to practice. A nurse 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 nurse 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 nurse recover. If relapse does occur, employer policies and reporting requirements, either from the employer or CARNA need to be followed.

## Conclusion

Problematic substance use is a serious and complex issue for all health care professionals in any practice setting. Nurses 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 registered nurse profession. Early recognition, reporting and intervention are crucial for client safety and helping colleagues recover.

## Sources of Support

The following is a list of agencies or individuals to use 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 and Association of Registered Nurses of Alberta  
Tel: (780) 451-0043  
Toll free: 1-800-252-9392  
Email: [practice@nurses.ab.ca](mailto:practice@nurses.ab.ca)

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- National Council of States Boards of Nursing. (2011). *Substance use disorder in nursing: A resource manual and guidelines for alternative and disciplinary monitoring programs*. Chicago, IL: Author.

## Appendix A: Signs and Behaviours of Problematic Substance Use

| Physical Signs   | Performance Signs  |
|--|--|
| <ul style="list-style-type: none"> <li>■ Deterioration in appearance and/or personal hygiene</li> <li>■ Increase in claims for sick time or complaints of physical ailments</li> <li>■ Skipped meals</li> <li>■ Unexplained bruises</li> <li>■ Complaints of headaches</li> <li>■ Dilated pupils, runny nose, watery or bloodshot eyes</li> <li>■ Sweating, flushed face, bloating</li> <li>■ Tremors, restlessness</li> <li>■ Diarrhea and vomiting</li> <li>■ Abdominal cramps, other muscle cramps</li> <li>■ Change in weight</li> <li>■ Slurred speech, unsteady gait</li> <li>■ Dizziness or light-headedness</li> <li>■ Withdrawal symptoms (e.g., hangover)</li> <li>■ Diminished alertness, lack of focus, lack of concentration, forgetfulness</li> <li>■ Frequent trips to the washroom</li> <li>■ Inappropriate laughter or persistent moroseness, mood swings</li> <li>■ Frequent use of breath mints, gum, mouthwash or perfume to mask odour of breath or body</li> <li>■ Odour of alcohol on breath</li> <li>■ Blood spots on clothing (may indicate self-injection)</li> <li>■ Habitual wearing of long-sleeved clothing</li> </ul> | <ul style="list-style-type: none"> <li>■ Calling in sick frequently</li> <li>■ Volunteering for overtime</li> <li>■ Making requests to transfer to a position or shift with less visibility or supervision</li> <li>■ Arriving late for work, leaving work early</li> <li>■ Taking extended breaks throughout a shift, sometimes without telling colleagues</li> <li>■ Making errors in judgement</li> <li>■ Deterioration in performance/doing just enough to get by</li> <li>■ Sleeping on the job</li> <li>■ Involvement in an excessive number of incidents or mistakes</li> <li>■ Not complying with policies</li> <li>■ Sloppy, illegible or incorrect charting</li> <li>■ Changes in charting practices, including excessive or over compensatory charting about medications or incidents</li> <li>■ Inadequate reporting, discrepancies between what is charted and what occurred</li> <li>■ Providing implausible excuses or taking a defensive attitude when challenged</li> <li>■ Difficulty meeting deadlines</li> <li>■ Requesting changes to work schedule/assignments that may increase access drugs</li> </ul> |

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

| <b>Social Signs</b>   | <b>Drug Diversionary Signs</b>  |
|---|---|
| <ul style="list-style-type: none"> <li>■ Family problems, issues at home, financial or legal problems</li> <li>■ Mood fluctuations (e.g., extreme fatigue followed by high energy over a short period)</li> <li>■ Irritability</li> <li>■ Confusion or memory lapses</li> <li>■ Inappropriate responses or behaviours</li> <li>■ Isolation from colleagues</li> <li>■ Lying and/or providing implausible excuses for behaviours</li> <li>■ Expression of perception of being picked on at work</li> <li>■ Failure to keep appointments</li> </ul> | <ul style="list-style-type: none"> <li>■ Failing to ensure observation or co-signing for narcotic wastage</li> <li>■ Performing narcotic counts alone</li> <li>■ Volunteering to hold keys for narcotic storage cabinets or volunteering to dispense such medications</li> <li>■ Tampering with packages or vials</li> <li>■ Waiting until alone to open narcotics cupboard and/or to draw up medication</li> <li>■ Using fictional client names on narcotic records</li> <li>■ Inconsistencies between narcotic records and patients' medical charts for medications administered</li> <li>■ Frequent reports of lost or wasted medications</li> <li>■ Combination of excessive administration of PRN medications to patients and reports of ineffective pain relief from the same patients</li> <li>■ Offering to cover during other nurses' breaks and to administer medications to their patients</li> <li>■ Reports that patients' medications from home have gone missing</li> <li>■ Showing up when not scheduled for a shift and hanging around drug supply</li> <li>■ Defensiveness when questioned about medication errors</li> </ul> |

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