Nurses Association
OF NEW BRUNSWICK

Practice Guideline for Problematic Substance Use

Mandate

Regulation for safe, competent, and ethical nursing care.

Under the *Nurses Act*, The Nurses Association of New-Brunswick (NANB) is legally responsible to protect the public by regulating members of the nursing profession in New Brunswick. Regulation makes the profession, and nurses as individuals, accountable to the public for the delivery of safe, competent, and ethical nursing care.

Guidelines support best practice in nursing. They identify principles, give instructions, information, or direction, clarify roles and responsibilities, and/or provide a framework for decision making.

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Introduction

Problematic substance use (PSU) is a serious and complex issue for all healthcare professionals. Substance use may involve legal or illegal drugs and/or alcohol and 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" (Canadian Nurses Association [CNA], 2009, p.2). Prompt recognition and reporting of suspected PSU improves a nurses' likelihood to seek treatment (National Council of State Boards of Nursing [NCSBN], 2018). Recognition and reporting of suspect PSU also greatly minimizes the risk to client safety.

This guideline is a resource for nurses[1] to help facilitate an understanding of how to identify PSU, what to do when you suspect PSU in a colleague or yourself, support during recovery from PSU, and return to practice. It is hoped that education will lead to early recognition and intervention in situations where a nurse is experiencing PSU.

Recognizing Problematic Substance Use

Early recognition is imperative because the earlier appropriate interventions are initiated the better the outcome for the nurse with PSU. One study indicated over two thirds of nurses surveyed felt that their PSU could have been recognized earlier. These nurses also cited that the employer and their colleagues could have done more to help by recognizing PSU earlier, reporting problematic behavior to nurse leadership, and intervening if drug diversion was noticed (Cares et al., 2015).

Safe narcotic handling and/or drug diversion has significant relevance related to PSU as nurses have access to various controlled substances in their respective workplaces. Drug diversion is the "unlawful misdirection or misuse of any medication" (Nova Scotia College of Nursing [NSCN], 2020a, p.2). All nurses need to be knowledgeable of employer policies related to safe narcotic handling, Nurses Association of New Brunswick's (NANB) *Standards for Medication Management,* as well as the possible signs of medication diversion. Please refer to *Appendix A* for more information related to the signs of medication diversion.

The focus of recognizing possible signs and behaviors of PSU should not be on diagnosing a substance use disorder but on determining if client safety is at risk and if the colleague requires help (NCSBN, 2018). It is important to note that various other stressors and/or medical conditions may have similar signs or behaviors to PSU. Please refer to *Appendix A* for more information on potential signs and behaviors of PSU. The presence of these signs or behaviors may still indicate a concern with a colleague's ability to practice safely, ethically, and competently (College and Association of Registered Nurses of Alberta [CARNA], 2017).

[1] For the purpose of this document, the term "nurses" refers to graduate nurses, registered nurses, and nurse practitioners.

What to do if you Suspect Problematic Substance Use

It is important for nurses to understand the professional responsibilities related to PSU in others and in oneself. All nurses 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, 2017, p.18). According to NANB's *Standards for Nursing Practice for Registered Nurses*, it is the professional responsibility of all nurses to respond to and report situations which may be adverse for clients and health care providers. For more information regarding when to report please refer to NANB's *Duty to Report Guideline*. Nurses should be knowledgeable of employer process and/or policy if they suspect a colleague, or an individual nurse self identifies they are experiencing PSU. Nurses should also advocate for the development and implementation of employer policies related to PSU if such policies are non-existent.

Nurses are required to act if they reasonably suspect, or self identify PSU that could endanger client safety. The first step is ensuring the clients are safe, this may mean removing the nurse from practice and promptly discussing your concerns with your manager/immediate supervisor (NSCN, 2020a). Documentation following employer policy is also critical in managing any incidents related to PSU. Documentation in the incident reporting system needs to be timely, factual, clear, and accurate, please refer to NANB's *Standards for Documentation* for more information.

Managers and/or immediate supervisors play an important role in addressing PSU (NSCN, 2020b). Prompt intervention is key to ensuring client safety as well as improving outcomes for the nurse with PSU. Intervention may include collecting and reviewing relevant information, further documenting witnessed unsafe or unethical nursing practice, presenting this information to the nurse, and assisting in a plan to support the nurse with PSU (NSCN, 2020b). It is important that managers/supervisors are knowledgeable of employer policies related to PSU.

While individual nurses are responsible to be fit to practice, self-reporting is unusual due to denial and fear of potential professional, legal, and personal consequences (CARNA, 2017). If a nurse recognizes their substance use is problematic, they need to assess their fitness to practice while seeking out appropriate resources to support their recovery. For more information regarding fitness to practice please refer to NANB's *Fitness to Practice: Frequently Asked Question document.*

If the situation of PSU persists it is important that employer policy is followed, that each incident is documented, and that the manager/supervisor is notified. It may also be helpful to refer to NANB's Resolving Professional Practice Issues guideline. If the nurse's PSU renders them unfit, incapable, or unsafe to practise nursing, you should contact NANB to make a formal complaint. 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. Please refer to NANB's document *Professional Conduct Review: Complaints and Discipline Process*, for further details.

Support during Recovery

It is important for the nurse with PSU to know that help is available, and recovery is possible. The first step is admitting the need for help. Various resources that can support the nurse to recovery may include accessing employment assistance program, primary care providers, and the mental health resources.

Return to Practice

The return to practice plan is designed to protect the interests of the clients, the recovering nurse, and their colleagues; and should address all points of concern for the specific case. Meaning, each return to practice plan may include various stipulations or restrictions that the nurse will be required to meet.

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

- Regularly scheduled evaluations of job performance.
- Regular review of medical reports.
- Random drug and/or alcohol screens.
- Payment of proceeding cost(s).
- Non-compliance with any conditions that are set within the return-to work agreement may result in suspension.

PSU is a serious and complex issue facing nurses in all practice settings. Early recognition, reporting, and intervention are critical elements in ensuring client safety as well as supporting nursing colleagues in their recovery (CARNA, 2017).

For more information about this topic or any other practice questions, please contact NANB's nurse consultants by sending an email to practiceconsultation@nanb.nb.ca.

Appendix A

SIGNS AND SYMPTOMS OF ACTUAL OR POTENTIAL PROBLEMATIC SUBSTANCE USE*

Medication Diversionary Signs	Physical Signs and Behavior
• Failing to ensure observation or co-signing for narcotic wastage. • Performing narcotic counts alone. • Consistent incorrect narcotic counts. • Altered verbal or phone medication orders. • 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. • Numerous corrections of medication records. • Frequent reports of lost or wasted medications and/or large amounts of narcotic wastage. • 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 patient's medication from home have gone missing	• Deterioration in appearance and/or personal hygiene • Increase in claims for sick time or complaints of physical ailments • Unexplained bruises • Complaints of headaches • Sweating, • Tremors, • Restlessness • Diarrhea and vomiting • Abdominal cramps, other muscle cramps • Slurred speech • Unsteady gait • Diminished alertness, lack of focus, lack of concentration, forgetfulness • Mood fluctuations • Frequent use of breath mints, gum, or mouthwash • Odor of alcohol on breath
Performance and Professional Image	**Social Signs**
• Calling in sick frequently • 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 • Excessive number of incidents or mistakes • Not complying with policies • Sloppy, illegible, or incorrect charting • Changes in charting practice, including excessive or over compensatory charting about medications or incidents • Inadequate reporting, discrepancies between what is charted and what occurred • Providing implausible excuses or taking a defensive attitude when challenged • Difficulty meeting deadlines	• 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 • Increasing isolation from colleagues • Lying and/or providing implausible excuses for behavior

Adapted from the Canadian Nurses Association, (2009) and National Council of State Boards of Nursing, (2018).

*It is important to note that various other stressors and/or medical conditions may have similar signs or behaviors to PSU

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