

# ***Problematic Substance Use in Nursing***

Practice Guideline



**ANBLPN**

Association of New Brunswick Licensed  
Practical Nurses

**AIAANB**

L'Association des Infirmier(ère)s Auxiliaires  
Autorisé(e)s du Nouveau-Brunswick

## Mission

The Association of New Brunswick Licensed Practical Nurses (ANBLPN) is the regulatory authority for Licensed Practical Nurses (LPN) in New Brunswick. ANBLPNs mandate is protection of the public by promoting the provision of safe, competent, ethical, and compassionate care. ANBLPN sets, monitors, and enforces practical nurse education, registration, and professional conduct. ANBLPN creates Standards of Practice, establishes a Code of Ethics, and develops and implements a Continuing Competence Program. Additionally, ANBLPN publishes documents to support the practice of LPNs in New Brunswick.

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## INTRODUCTION

Problematic substance use (PSU) is a challenging and complex issue for the nursing profession. Research has shown that 6% - 20% of Canadian nurses have experienced problematic substance use at some point during their career (Ross, Jakubec, Berry & Smye, 2018). These statistics illustrate that problematic substance use by nursing professionals is a serious and important topic.

Nursing professionals have a duty to protect the public by ensuring that they are providing clients with safe, competent, ethical, and compassionate care. If an LPN is experiencing PSU, this will eventually have a negative impact on their fitness to practice and increases the risk of client harm. This also creates a negative impression on the nursing profession and impedes public trust in nursing.

Problematic substance use needs to be identified and treated as soon as possible to mitigate the risk it poses to the nursing professional and the public. LPNs should become familiar with the warning signs of problematic substance use to ensure they are upholding the principles of their [Code of Ethics](#) and [Standards of Practice](#).

*LPNs have a duty to report any circumstances that potentially and/or actually impede professional, ethical, or legal practice (CCPNR, 2020).*

Statistics have shown that nursing professionals who are experiencing PSU are extremely reluctant to seek help and remain in active practice (Ross et al., 2018). In fact, research conducted by Kynyk in 2015 revealed that 90% of nursing professionals in the Canadian province of Alberta experiencing PSU had not sought treatment and remained in active practice. Therefore, it is imperative that LPNs understand that if they suspect a nursing colleague of PSU, they have a legal and ethical responsibility to report that colleague to ensure public safety.

## PROBLEMATIC SUBSTANCE USE DEFINED

Problematic substance use occurs when the use of a substance negatively impacts a nursing professional's ability to practice in a safe, competent, ethical, and compassionate manner. Substance use refers to the use of legal drugs, illegal drugs and/or alcohol. These substances affect cognitive functioning which can result in impaired judgement and decision making (NSCN, 2020).

The use of professional judgement and decision making are core competencies required of nursing professionals to help ensure the safety and health of the public. If these abilities are impeded by substance use, there is potential for client harm and the LPN will be in direct violation of their Standards of Practice.

Problematic substance use is pertinent to the nursing profession due to a variety of contributing factors. These factors include the ease of accessibility to controlled substances in the workplace, nursing professionals attempting to cope with the bodily demands of the job that may cause physical pain, or as a coping mechanism for the often-high workload demands of the profession. (Ross et al., 2018).

Additional risk factors for PSU in nursing include shift work, fatigue, long hours, and shifts where management is not on site (CARNA, 2017).

In Canada, the main substances that account for PSU are alcohol, cannabis, and opioids for pain management. Alcohol is used most frequently by the general population; however, nursing professionals are more likely to misuse narcotics. By way of their education, nursing professionals have advanced knowledge pertaining to medications and may hold the belief that they can appropriately self-medicate without becoming addicted (CARNA, 2017). Nursing professionals also often hold the belief that they know better and are not like “other addicts” they may have had as clients, and therefore, are often in denial that they are experiencing problematic substance use.

Becoming educated on this topic and creating awareness is the most effective way to prevent problematic substance use. It also helps to ensure that nursing professionals will receive necessary supports and reduce the stigma that is associated with PSU.

Nursing professionals and employers should familiarize themselves with the warning signs of PSU, such as drug diverting behaviours, as an LPN practicing while impaired constitutes serious professional misconduct and it has the potential to become a criminal offence (NSCN, 2020).

## WARNING SIGNS OF PROBLEMATIC SUBSTANCE USE

Recognizing and reporting problematic substance use by nursing professionals is an important component of ensuring public safety. Early recognition of PSU is important as it will improve the likelihood that the nursing professional will access treatment and have a positive outcome. Prompt recognition of problematic substance use is essential as once PSU shows up in the workplace, the individual is most likely in the late stages of addiction (Canadian Nurse, 2011).

Most often the individual experiencing PSU will deny that they have a problem and worry that others will judge them if they do admit to it. Nursing professionals often experience an ethical dilemma when deciding whether to report a colleague’s behaviour, but it is imperative to understand that your priority remains with the safety of clients (CARNA, 2017).

Warning signs of PSU may be physical or emotional. They may also be noted by a significant change in work performance, behaviour and/or appearance. These changes may include a decline in personal hygiene, mood fluctuations or increased sick time. Nursing professionals must also acknowledge that problematic substance use does not discriminate and can happen to anyone, at any time (CARNA, 2017).

The following table outlines some of the most common signs and symptoms of problematic substance use:

## WARNING SIGNS:

<b>PHYSICAL WARNING SIGNS</b> <ul style="list-style-type: none"><li>• Slurred speech</li><li>• Unsteady gait</li><li>• Restlessness</li><li>• Tremors</li><li>• Unexplained bruising</li><li>• Complaints of feeling unwell</li><li>• Sweating</li><li>• Frequent use of breath mints, gum, or mouthwash</li><li>• General deterioration in appearance or personal hygiene</li></ul>	<b>EMOTIONAL WARNING SIGNS</b> <ul style="list-style-type: none"><li>• Irritability</li><li>• Confusion/lapse in memory</li><li>• Mood fluctuations</li><li>• Inappropriate responses/behaviours</li><li>• Isolating from colleagues</li><li>• Negative expressions regarding family</li><li>• Lack of focus and concentration</li><li>• Lying</li><li>• Giving improbable excuses for behaviour</li></ul>
<b>DRUG DIVERTING BEHAVIOURS</b> <ul style="list-style-type: none"><li>• Failing to have narcotic wastes observed and/or co-signed</li><li>• Completing narcotic counts alone</li><li>• Tampering with medication packages or vials</li><li>• Frequent errors or revisions on narcotic records</li><li>• Frequent reports of lost or wasted medications</li><li>• Requesting to be assigned to clients who receive large amounts of pain medication</li><li>• Excessive administration of PRN medications coupled with client reports of ineffective pain relief</li><li>• Offering to cover colleagues breaks and administering medications to their clients</li><li>• Waiting to be alone in medication rooms where narcotics are stored</li><li>• Client medications going “missing”</li></ul>	<b>WORK PERFORMANCE/PROFESSIONAL IMAGE</b> <ul style="list-style-type: none"><li>• Frequent sick calls while also picking up overtime</li><li>• Arriving late for work and/or leaving early</li><li>• Taking extended breaks, often without notifying colleagues</li><li>• Errors in judgement</li><li>• Deterioration in job performance</li><li>• Sloppy, illegible charting</li><li>• Increase in errors</li><li>• Doing the bare minimum at work</li><li>• Changes to documentation practices (i.e., excessive charting regarding medications or incidents)</li><li>• Increase in shifts where there is less visibility and supervision (night shift)</li><li>• Non-compliance to workplace policies</li><li>• Frequent trips to the bathroom</li></ul>

(NSCN, 2020)

## CONTENDING WITH SUSPECTED PROBLEMATIC SUBSTANCE USE

Every nursing professional has the primary responsibility of ensuring client safety. It is because of this that LPNs have a professional and ethical duty to report unprofessional practice or unsafe care (CARNA, 2017). When PSU is detected early and treatment is started, patients will be safe from harm sooner and it will increase the likelihood that the nursing professional will be able to safely return to work (NCSBN, 2018).

It is not easy to report a colleague of suspected PSU and often it may also be a friend. You may be concerned that you are wrong in your suspicions, that the nursing professional will face disciplinary action, or you may be worried about retaliation from your colleague. Discussing your concerns with a colleague is difficult as those with PSU often deny that there is a problem and may become extremely defensive and upset. However, it is important to take your suspicions to your manager or supervisor as if there is indeed PSU, the consequences of doing nothing could be fatal to clients or to the nursing professional (Canadian Nurse, 2011).

### Role of the colleague

If you have reasonable suspicion that a colleague is experiencing PSU, your first step is to ensure client safety. This may mean having the colleague removed from the practice environment and reporting your concerns to your manager promptly. If a particular incident has occurred, you must document the incident as soon as possible (ex: completing an incident report and an official letter/email to your manager).

When you report your concerns to your manager, focus on specific incidences and what you have physically observed that has caused you to have concerns. Your documentation should be accurate and objective and include dates, times, specific details, locations, and any actions that were taken. Be sure to include any physical evidence that you may have such as discrepancies on medication charts, medication errors or inaccurate narcotic count sheets (NSCN, 2020).

Once you have reported your concerns to your manager, you should request a follow up meeting with them to ensure that the concerns are being addressed. Confidentiality cannot be breached by the manager; however, they can assure you that the situation is being addressed.

If this becomes an on-going, unresolved issue you should continue to document and report your concerns to your manager. If the issue persists and you feel it is not being dealt with, you may contact your regulatory body for more guidance.

### Role of the employer/manager

Employers have a responsibility to address any practice concerns that come up in the workplace and to ensure that employees are providing safe and competent care. If an employee comes to you with concerns about another colleague's practice, the employer must take those concerns seriously and investigate the matter further.

Employers may reach out to the regulatory body; however, this is often a last resort measure. Most often the employer will contact the regulatory body by submitting an official complaint *after* the employer has completed their own workplace investigation.

Employers should gather any evidence that supports the concerns of PSU and undertake an internal investigation (Canadian Nurse, 2011). Evidence collected may include discrepancies on narcotic sheets, absenteeism, or increases in working the night shift. The investigation may also involve speaking with clients to inquire about the effectiveness of their pain management while under the nursing professional's care.

Once the employer has completed their investigation and are ready to meet with the employee in question, they should present the concerns and supplemental findings to the nursing professional in a clear and direct manner. The intent of the meeting is to inform the nursing professional that their practice is not meeting workplace standards and an assessment by a physician specialized in addiction is required. Employers should also refer the individual to an Employee and Family Assistance Program (EFAP). The nursing professional's response to the discussion is not the focus of the meeting, rather the focus is on removing the individual from the practice setting and initiating treatment as soon as possible (Canadian Nurse, 2011).

*Addiction is a serious illness and must be treated as such.*

If it is determined that the individual has an addiction, it then becomes a matter between the nursing professional and their physician as they develop a treatment plan. Once a treatment plan is initiated, the employer and union will be notified of the plan. It is important to remember that addiction is an illness and must be treated as such. The individual should be supported and respected throughout the process.

Employers cannot force an employee into treatment, force them to comply with treatment or force them to access treatment. If the employee refuses, then the issue will need to be dealt with from a performance perspective up to and including termination.

We encourage employers to review ANBLPNs documents [Supporting LPNs with Significant Practice Issues](#) and [Employment Issue or Complaint?](#) to assist them with workplace issues.

## SELF REPORTING

Nursing professionals have a duty to self-report themselves if they are experiencing problematic substance use and it is interfering with their ability to provide safe and competent care. If you are suffering from PSU and decide to act, it may mean removing yourself from the practice setting, seeking help in the form of accessing a treatment plan with a physician, and/or contacting your regulatory body regarding fitness to practice requirements.

*LPNs maintain their physical, mental, and emotional fitness to practice in order to provide safe, competent, and ethical nursing care. (CCPNR, 2020)*

Self-reporting of PSU is rare as often people are in denial or have extreme fear over doing so. This fear is due to the stigma that is associated with substance use, loss of reputation, loss of their job or loss of their license (CARNA, 2017).

If you are experiencing problematic substance use, there are various supports available to you. You can find support through an employee assistance program, your primary health care provider or addiction services. You may also want to reach out to your union representative and your manager.

## RELUCTANCE TO SELF REPORTING / SEEKING HELP

There are many reasons as to why nursing professionals are reluctant to report their problematic substance use. Data collected has shown that the field of nursing typically has a negative view of nursing professionals with PSU and regarded them as "...incompetent, weak, immoral and a poor representation of the nursing profession..." (Ross et.al., 2018, p. 4). Often nursing professionals hold the view that other health care providers should know better and do better. Due to these views, those who are experiencing PSU often suffer from extreme shame, embarrassment and feeling as though they have failed as a nursing professional.

*Nursing professionals have often viewed PSU as "character flaws that 'good nurses' do not have..." (Ross et al., 2018)*

Those with PSU also report feeling unsupported and ostracized by their colleagues. This is in part due to negative statements made by nursing professionals regarding clients with PSU being described as "...low class, uneducated, junkies..." (Ross et al., 2018, p. 4). These attitudes and perceived lack of compassion cause those suffering from PSU to remain silent due to the fear that they will be judged harshly by their colleagues.

## RETURNING TO PRACTICE

With successful treatment, nursing professionals can have positive outcomes and return to active practice. It is important to support the returning colleague as they transition back to active practice. Before returning to work, an established and agreed upon Return to Work (RTW) plan will be implemented. The basis of the RTW plan will include any conditions placed on the employees practice and may include practice restrictions and supervision (CARNA, 2017). These restrictions may include being prohibited from having access to narcotic keys or administering medications. It may also include the requirement that the employee be under close supervision through scheduling their shifts when supervision is available (Monday – Friday during the day), having defined work hours and planned follow-up meetings to review their progress and address any issues. The length of time that restrictions are imposed is dependent on each individual case (Canadian Nurse, 2011).

As a colleague, you may be asked to supervise the returning nursing professional. Supervised practice is required to help ensure client safety and to provide support and mentorship as the colleague transitions back into practice. It will be important for you to be aware of any restrictions that have been imposed on their practice throughout their return-to-work plan.

With addiction, there is always the possibility of a relapse. The risk of a relapse is typically higher during the first few years of recovery, but can occur at any time (CARNA, 2017). If a relapse occurs, it should be addressed the same way as any suspected PSU.

It is important to be aware that a relapse is often an expected part of the recovery process. Nursing professionals who have relapsed often feel betrayed by their colleagues and experience deep mistrust (Ross et al., 2018). Support by management and staff are key components of the nursing professionals successful return to practice.

## EDUCATION FOR PROBLEMATIC SUBSTANCE USE

Licensed Practical Nurses (LPN) should acknowledge that health care providers are not immune to PSU and ignore the typical stereotypes and biases that are associated with addiction (NCSBN, 2018). LPNs should also be aware that PSU can affect anyone regardless of age, gender, occupation, or cultural background.

Several nursing professionals who have experienced PSU feel that nursing programs lack education regarding health care providers developing PSU and the warning signs to watch for. Nursing programs remain focused on how to report colleagues, rather than on providing education on PSU as an illness and its associated warning signs (Ross et al., 2018).

Participants in the study released by Ross et al., (2018) also felt that newly licensed nursing professionals were not well prepared to cope with the stressors associated with nursing and that there was a need for educational facilities to address this. Nursing professionals often experience emotional distress due to continually facing suffering, trauma, and the death of patients. They also must cope with workplace stressors such as heavy workloads, fatigue from shift work, overtime, staffing shortages, verbal/sexual/physical assault and musculoskeletal strains and injuries.

As a result of these workplace stressors, some nursing professionals turn to the use of substances as a coping mechanism. Participants of this same study noted that nursing professionals most often self-medicated themselves with over-the-counter medications that contained either stimulant, calming, pain relieving, muscle relaxing or sleep-inducing effects. As their illness progressed, they advanced to diverting drugs in the workplace to access prescription medications such as opioids. Those who suffered from PSU admitted to continually working overtime to increase their access to drugs.

When nursing professionals spoke of alcohol use in the profession it was regarded much differently than drugs. Alcohol use was openly talked about and viewed as an acceptable way to cope and wind down after a long shift. Recreational “binge drinking” was reported as common and talked about in a light-hearted and humorous way. Addiction to alcohol is no different than being addicted to other drugs, however, alcohol use was viewed more favorably. Due to this view, often the use of alcohol was not seen as problematic until the addiction became severe and showed up in the workplace.

## CONCLUSION

Problematic substance use and addiction does not have to be career ending. There is a need to understand that addiction is a legitimate, chronic illness that individuals can recover from (Canadian Nurse, 2011). There is also a need to create more awareness and understanding of this complex issue for all health care professionals.

Being aware of the warning signs can help ensure early recognition of PSU and increases the likelihood that the nursing professional will receive prompt treatment. Supporting our nursing colleagues who suffer from PSU is a key component of a successful return to practice. LPNs must also ensure that if they have reason to believe that a colleague is impaired in the workplace, that they have an ethical duty to report the colleague to maintain public safety.

If you are experiencing problematic substance use, we encourage you to take action by reaching out to your primary health care provider and [Addiction Services](#).

## RESOURCES

- Canadian Council for Practical Nurse Regulators. (2020). *Standards of Practice for Licensed Practical Nurses in Canada*. [https://www.anblpn.ca/wp-content/uploads/2021/04/CCPNR-2020-Standard\\_ENG.pdf](https://www.anblpn.ca/wp-content/uploads/2021/04/CCPNR-2020-Standard_ENG.pdf)
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