

PROBLEMATIC SUBSTANCE USE BY NURSES

Problematic substance use by nurses is important because of its potential negative impact on persons receiving care, on the public trust and on the nursing profession. It is important to remember that the rationale for intervening when a nurse exhibits inappropriate nursing behaviour is the protection of patients, not the punishment of the nurse. It is also important to understand that if nurses demonstrating problematic substance use do not receive help, they are in danger of harming patients, themselves and colleagues, as well as damaging the public's trust in the employer and in the nursing profession as a whole. Nurses should be familiar with the warning signs of problematic substance use so that they can fulfill their obligation to protect the public and ensure that their colleague receives appropriate care and treatment. As stated in the CNA *Code of Ethics for Registered Nurses*, "nurses are attentive to signs that a colleague is unable, for whatever reason, to perform his or her duties. In such a case, nurses will take the necessary steps to protect the safety of persons receiving care."¹ Nurses can use the signs listed below to identify someone who may have a problem with substance use. It should be noted, however, that many of these signs are not specific to substance use and could be indicative of some other problem or situation.

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

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

¹ (Canadian Nurses Association, 2008, p. 18)

Physical Signs (cont.)

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

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

Performance Signs (cont.)

- 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

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



Social Signs (cont.)

- Lying and/or providing implausible excuses for behaviour
- Expression of perception of being picked on at work
- Failure to keep appointments

Drug Diversionary Signs (cont.)

- 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 medication
- Combination of excessive administration of 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' medications from home have gone missing
- Showing up when not scheduled for a shift and hanging around drug supply
- Defensiveness when questioned about medication errors

*This document has been prepared by CNA to provide information.
The information presented here does not necessarily reflect the views of the CNA Board of Directors.
Published June 2009*

*This table has been adapted, with permission from the CRNNS, from *Problematic substance use in the workplace: A resource guide for registered nurses*.



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