

INDICATORS OF PROBLEMATIC SUBSTANCE USE

Common indicators of problematic substance use may manifest differently in different individuals (e.g., physical, mental, personality, behavioural changes). However, none of the indicators, alone or in combination, are necessarily indicative of problematic substance use. They may, in fact, be indicators of other problems. In any case, they are likely signs of someone who is in trouble and in need of help.

Personality and/or Mental Health Indicators

- irritability
- isolation from colleagues and others
- inappropriate responses/behaviours
- confusion and/or memory lapses
- forgetfulness and lack of focus/concentration
- lying and/or providing implausible excuses for behaviours
- mood fluctuations (e.g., rapid swing from being extremely fatigued to being 'perky')
- family disharmony: reflected in what is said about family members

Physical Indicators

- restlessness
- sweating
- tremors
- slurred speech
- unsteady gait
- unexplained bruises
- complaints of headaches
- diarrhea and vomiting
- abdominal/muscle cramps
- odour of alcohol on breath
- frequent use of breath mints, gum or mouthwash
- deterioration in appearance and/or personal hygiene

Performance and Professional Image Indicators

- errors in judgment
- doing just enough work to get by
- calling in sick frequently, but still working overtime
- moving to a position with less visibility or supervision
- arriving late for work; leaving early
- excessive number of incidents/mistakes
- sloppy, illegible or incorrect charting
- taking extended breaks throughout shifts; sometimes without informing colleagues

Some nurses may cope with stress by using substances in a manner that poses risk to themselves and others ... and may lead to addiction.

- changes in charting practices (e.g., inadequate or over compensatory charting about medications or incidents)
- frequent revisions and/or discrepancies on narcotic records
- inconsistencies in records of medications administered: between narcotic records and patients' charts

Diversionsary Indicators

- performing narcotic counts alone
- tampering with packages or vials
- using fictional client names on narcotic records
- failing to have narcotic wastage observed and/or co-signed
- waiting to open narcotic cupboard and/or draw up medications when alone
- frequently reporting lost or wasted medications
- frequently volunteering to medicate colleagues' patients for pain, even offering to cover colleagues' breaks when their patients require pain medications
- requesting to be assigned to patients who receive large amounts of pain medication
- excessively administering PRN medications to patients; while patients report ineffective pain relief

RESPONDING TO SITUATIONS

According to the *Standards for Nursing Practice* and *Code of Ethics for Registered Nurses*, nurses are accountable to the public for competent, safe and ethical nursing practice. This accountability encompasses the need to take action in situations where a client's safety and/or well-being is potentially or actually compromised (Standard 1: Accountability). The Code (Accountability principle 10, p. 17) places a responsibility on registered nurses who have "reasonable grounds for concern about the behaviour of colleagues ..." to "carefully review the situation and take steps, either individually or in conjunction with others, to resolve the problem".

When dealing with a situation in which a nursing colleague is having difficulty meeting her/his work obligations because of problematic substance use, nurses may find it helpful to follow this framework:

1) Identification

Assess your colleague on the basis of the indicators of problematic substance use. In cases where there is no concrete evidence of specific incidents, approach your colleague in a supportive and non-judgmental manner and tell her/him that you are concerned because s/he has been behaving in a manner unlike her/his usual self.



Providing your colleague with examples of your observations may be enough to get her/him to acknowledge that s/he has a problem. Suggesting that your colleague contact your facility's occupational health services and/or Employee Assistance Program could also be helpful.

If you continue to see indicators after speaking with your colleague, you must, in the interests of patient safety and the health of your colleague, report the situation to your manager. If you decide not to discuss your concerns directly with your colleague at all, you should report the situation to your manager.

2) Documentation

Prior to reporting a situation to your manager, it is important to have accurate, objective (factual) documentation of your observations. Using the list of indicators as a guide, this documentation should include: times, dates and locations of behaviours/unusual activities noted; names of witnesses and/or patients involved; and any actions taken.

3) Reporting

When speaking with your manager, focus on specific issues related to your colleague's job performance, patient care, and/or interpersonal communications. Do not offer personal opinions or draw conclusions. Provide your manager with a copy of your documentation, and ensure that the urgency of the situation is understood.

4) Following up

After documenting and reporting your observations, you have a responsibility to ensure that the manager has addressed the situation. You can request that your manager follow up with you either verbally or in writing.

If no action is taken, continue to document your observations and concerns and address them with your manager again. If there is still no response, be prepared to take your concerns to the manager's supervisor and/or contact the College, and follow up until you feel that appropriate action has been taken.

If you would like further information on problematic substance use, please contact Suzanne Kennedy, Professional Conduct Consultant, at ext. 241 or e-mail sk@crnns.ca. A resource guide entitled *Problematic Substance Use in the Workplace* is also available on the College's website (www.crnns.ca) or can be obtained by calling ext. 232.



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Early identification of nurses experiencing problems with substance use, along with early interventions, can decrease risks to clients' safety and increase nurses' chances for successful recovery.



Problematic Substance Use in the Workplace

Nurses are not immune to the stresses of everyday life.

According to research, nurses exhibit rates of substance use similar to those reported in other general populations, however, they have higher rates of problems with the use of un-prescribed prescription medications.

Problematic substance use can affect an individual's cognitive functioning and judgment, as well as her/his ability to make decisions. In nursing, problematic substance use is considered a threat to the provision of safe, competent and ethical care, and if left unchecked could lead to adverse circumstances for both patients and nurses.

Studies have shown that educating nurses about problematic substance use can lead to early identification of affected nurses and reduce risks for clients. The support of colleagues is also an important factor in the recovery of nurses with problematic substance use. However, colleagues often avoid or delay reporting their concerns due to a lack of education on the issue, denial, and/or fear of the repercussions for the affected nurse. This brochure has been developed to help nurses respond more quickly and effectively in situations related to problematic substance use.



College of Registered Nurses of Nova Scotia