A recent issue of *Canadian Nurse* featured an article on substance use and addictions among nurses (March 2011, “I think my colleague has a problem …”). This article hit home with one reader who responded with a letter that was published in the May issue of the journal. The reader wrote of a personal experience with narcotic addiction and highlighted the need for nurse colleagues to be aware of the signs of substance abuse and to “raise the red flag when necessary.” While statistics on the prevalence of substance use in the nursing profession vary, estimates in the literature report that between 10 to 20 per cent of nurses will have a substance abuse problem at some point during their lives. In the past five years, 14.7 per cent of allegations filed against ARNNL members have been related to substance use or addictions issues. Given these statistics, and the fact that registered nurses (RNs) have a direct role in the delivery of client care and health services, all RNs need to be aware of the signs and symptoms of problematic substance use among their peers.

**WHAT ARE THE SIGNS AND SYMPTOMS THAT A NURSE COLLEAGUE MAY HAVE A SUBSTANCE ABUSE PROBLEM?**

Signs and symptoms are potential behaviours associated with problematic substance use or addictions. Caution should be applied if only one sign is observed, as this may not necessarily indicate a problem with alcohol or drugs. While these signs are not exclusive to substance use, observing multiple signs with a colleague, over an extended period of time, may be indicative of a problem.

**PHYSICAL:**
- Deterioration in appearance and/or personal hygiene
- Slurred speech, hand tremors
- Excessive sweating, flushed face, runny nose
- Marked nervousness, increased anxiety
- Pinpoint or dilated pupils
- Unsteady gait
- Odour of alcohol
- Frequent hangovers
- Frequent trips to the washroom
- Diarrhea and vomiting
- Blood spots on clothing (may indicate self-injecting)

**PERFORMANCE:**
- Gradual decline in work performance
- Excessive involvement in incidents or mistakes
- Errors in judgment, particularly with medication
- Poor recall
- Sloppy, illogical charting
- Attendance issues, repeated absences with a pattern
- Unexplained absences from work, tardiness, leaving work early
- Prolonged/frequent breaks, absences from work areas during shifts
- Preference for overtime/extra shifts
- Preference to take assignments for medication administration

**SOCIAL:**
- Withdrawal and increasing isolation from peers at work
- Family problems
- Inappropriate responses or behaviours
- Irritability with others, defensive
- Mood swings

**MEDICATION/CONTROLLED SUBSTANCE-RELATED:**
- Insists on giving medication via IM or injection when other nurses give the same medication orally
- Signs out more controlled substances than other colleagues
- Frequent wastage or breakage
- Fails to follow policy regarding observation or co-signing for narcotic wastage
- Discrepancies between patient charts and narcotic records
- Tampering with drug vials or containers
- Patient complaints of pain out of proportion to medication charted
- Frequent medication errors
- Frequently disappearing after signing out narcotics
WHAT SHOULD I DO IF I SEE THESE SIGNS IN A COLLEAGUE?

Colleagues are most likely to identify changes or problems in a co-worker’s practice given the close daily interaction they have in the work setting. Recognizing that a colleague is demonstrating signs suggestive of problematic substance use or an addiction may be the first step in the process necessary to help him/her get the assistance they need. You may consider talking privately and honestly with your colleague and encouraging them to seek help. However, when a nurse’s work performance and practice is impacted, regardless of the cause, your primary responsibility is to ensure client safety.

The Standards for Practice (2007) and Code of Ethics for Registered Nurses (2008) set out the expectation for nurses to intervene in situations where client safety may be at risk. Furthermore, the Registered Nurses Act (2008) requires RNs who have knowledge, from direct observation or objective evidence, of another RN’s conduct deserving of sanction to report the facts to ARNNL. This is referred to as “duty to report;” it is a responsibility of all RNs and is critical to ensuring client safety and public protection. The Act includes “incapacity and unfitness to engage in the practice of nursing” in the definition of conduct deserving of sanction (Section 18 (c) (iv)). A nurse who has a substance abuse problem or an addiction illness that is impacting his/her ability to practice must be removed from the work setting until he/she is well enough to practice safely.

If you observe a colleague with overt signs that he/she may be under the influence of a substance, reassign client care to another staff person and notify your manager. The RN Act (2008) requires that the details of these situations be reported to ARNNL. Similarly, if you see a pattern of signs and behaviour in a colleague that may be indicative of a problem, raise that “red flag” and bring these concerns to your manager. Don’t forget to document the facts using organizational reporting protocols (e.g., occurrence reporting forms).

RNs with problematic substance use or addictions can place clients, colleagues and themselves at risk. Early identification is critical in intervening to ensure client safety and that the nurse is supported to get help and recover. To assist in early identification, all RNs need to be aware of the relevant warning signs. RNs must intervene when a colleague’s ability to practice is impacted, regardless of the cause. The duty to report impaired practice is a professional, ethical, and legal responsibility.

For more information, please email mosmond@arnnl.ca. References available upon request.

REFUND POLICY – PRACTICING/INTERIM LICENSES AND NON-PRACTICING MEMBERSHIPS

To ensure effective budget planning and that the licensure statistics submitted to provincial and federal agencies are accurate, ARNNL has reviewed its refunds process. As of April 1, 2011, once the effective date for a practicing/interim license or non-practicing membership has passed, a refund will not be issued.

HAVE YOU MOVED?

Having your current home mailing address on file ensures ARNNL can continue to send you news and information (including the annual membership/licensure renewal form) that matters to you. So, stay in the loop! If your home address has changed, let us know by simply filling out our online Change of Address Form at www.arnnl.ca (view the “Registration” tab). Also, be sure to notify the Canadian Nurses Association (CNA) at 1-800-361-8404 to ensure you continue to receive Canadian Nurse magazine.

WHAT’S IN A NAME?

If you change your name, it is important to notify ARNNL. The name on your license card and ARNNL’s website matches the name on your ARNNL file. Employers and others use this information to verify the licensure status of members. To avoid potential confusion, please forward documentation of a name change (e.g., copy of marriage certificate) to ARNNL. For more information, contact Registration at (709) 753-6040 or 1-800-563-3200 (toll-free), or email registration@arnnl.ca.