

POSITION STATEMENT: SUPPORTING NURSES WHO USE SUBSTANCES

Most Canadians use psychoactive substances¹. The most common are alcohol, caffeine, tobacco, cannabis, and prescription medications¹. We know that people use substances for various reasons, including for personal enjoyment, to relax, to socialize, to stay alert or to cope with pain, stress or other problems. We also know that only a small percentage of people will develop a substance use related problem². Of that small segment of the population, few people will actually require treatment and if they do, they tend to achieve better outcomes if they are provided with support and interventions tailored to their needs³.

The prevalence of problematic substance⁴ use among nurses is similar to the general population⁵. However, it tends to be underreported largely due to the overly disciplinary and non-supportive approach used by employers, regulatory bodies and unions⁶. Over the years, it has become clear that this approach is highly problematic⁵⁻¹⁰. Most concerning is the fact that nurses with problematic substance use are not afforded the same rights as other citizens, are mandated to undergo prolonged and standardized treatment programs which are not evidence-based, and are forced into an expensive and ethically questionable system of surveillance and reporting.

POSITION

The Harm Reduction Nurses Association (HRNA) believes that nurses with problematic substance use should be supported rather than punished. As such, it is our position that the following principles should guide the way we address problematic substance use within the nursing profession:

- Nurses should be granted the freedom and autonomy to use psychoactive substances when off work – and not held to a different standard than the general public.
- Nurses with suspected problematic substance use should not automatically be put on leave pending their assessment. Instead, a risk management plan should be developed using the same approach used for other conditions that may result in performance impairment.
- Nurses with suspected problematic substance use should have access to a union representative who will advocate for them and they should also have access to legal counsel. The same principle should apply to nurses with confirmed problematic substance use.
- If a nurse is asked to undergo an assessment of problematic substance use, they should be offered the opportunity to choose among a range of qualified providers including publicly-funded front-line providers (i.e., family physicians) or other qualified health providers. They should also be granted the opportunity to submit additional supporting documentation from colleagues, friends, family, and other health care providers.
- If an independent medical exam (IME) is required, options of providers should be offered and all providers should be free from conflict of interests (e.g., no financial or personal ties to treatment and monitoring companies). Additional costs should not be imposed in the event that a second opinion is requested. Finally, nurses should be granted an appeal process if they do not agree with the IME recommendations and treatment plan.
- Treatment plans should be individualized, patient-centered, secular and evidence-based, and free from any form of coercion. They should measure up to the best standard of care in the field and be consistent with the quality of health care offered to other citizens.
- Nurses with problematic substance use should be able to exercise autonomy when deciding which approach will work best for them and take part in decisions regarding their health.
- Nurses with problematic substance use should not be singled out and subjected to a different level of scrutiny than nurses with other health conditions or injuries. Workplace accommodations should be provided with the same level of consideration and flexibility.
- As with other health conditions or injuries that require a return-to-work plan, information should be sought from nurses in the least intrusive manner possible and limited to the information deemed essential to develop the plan itself. Privacy should be preserved.
- Practice restrictions should not be placed on nurses using a standardized approach. They should be based on individualized risk

assessment and only applied if there is reasonable cause and supporting evidence. If restrictions are listed on a public register (i.e. regulatory bodies' website), there should be a time limit in place and a process in place to review the need for such a disclosure.

- Nurses with problematic substance use should not be subjected to arbitrary searches of their personal belongings at work or outside work. Drug testing should not be ordered in every instance – only when there reasonable cause for such testing and supporting evidence.
- If monitoring is required, nurses should be granted sufficient flexibility, support, and resources to meet the requirement free from pressure, stress, and fear of sanctions. If costs are associated with monitoring, they should be covered by the employer.
- Complete abstinence from all psychoactive substance should not be used as a treatment goal. Treatment goals should be tailored and developed collaboratively to reflect the state of evidence and principles of harm reduction.

As nurses who work in harm reduction, we call on the nursing community to build cultures that support self and collective care across practice fields including education. We also call on employers, regulatory bodies, and unions to work together to ensure that nurses work in environments that are safe, healthy, and supportive. Nurses often use substances to cope with the pain, stress, and trauma of working in health care¹⁰. If they develop problematic substance use as a result of the system failing to provide them with safe and decent working conditions, they should not be punished for it. Our position is that nurses with problematic substance use should be treated with the utmost level of compassion, respect, dignity, and care. More generally, our collective approach to this important issue is to dismantle stigma and shame, encourage self-disclosure and help-seeking, promote open dialogue and safety, and stand as an example of best practices for the rest of the health care community.

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