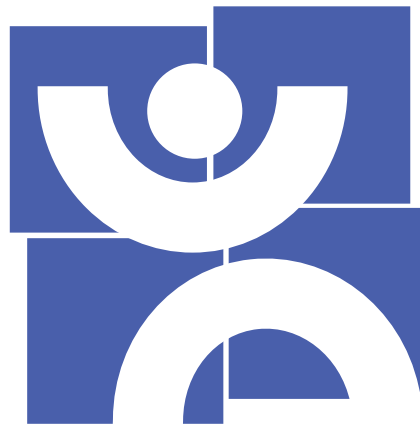


**THE COLLEGE OF REGISTERED PSYCHIATRIC
NURSES OF BRITISH COLUMBIA**

**COLLEAGUES DEMONSTRATING SUBSTANCE
ABUSE/CHEMICAL DEPENDENCY**



POSITION STATEMENT
SEPTEMBER 1 , 2002

COLLEAGUES DEMONSTRATING SUBSTANCE ABUSE/CHEMICAL DEPENDENCY

INTRODUCTION

The mission of the College of Registered Psychiatric Nurses of B.C. is to serve and protect the public. The College of Registered Psychiatric Nurses of B.C. is responsible through self-regulation to assure a safe, accountable and ethical levels of psychiatric nursing practice. The College is accountable to the public through government regulation under the Health Professions Act.

As a health professional regulating body, the College shall have a policy regarding chemical dependency of its registrants. This policy will be provided to all registrants of the College and will be shared with all consumers and stakeholders.

The practice of psychiatric nursing is guided by a set of values and beliefs that are included in the Code of Ethics, the Standards of Practice and in the expected competencies.

This profession is based on professionalism and competence. Anything that may compromise safe and competent levels of care, must be addressed.

DEFINITIONS

The following information has been extracted from the Diagnostic & Statistical Manual of Mental Disorders (DSM-10): 1994

Criteria for Substance Abuse

- A. A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:
1. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household)
 2. Recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use)
 3. Recurrent substance-related legal problems (e.g. arrests for substance-related disorderly conduct)
 4. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g. arguments with spouse about consequences of intoxication, physical fights)
- B. The symptoms have never met the criteria for substance dependence for this class of substance.

The following information has been extracted from the Diagnostic & Statistical Manual of Mental Disorders (DSM-10): 1994

Criteria for Substance Dependence

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:

- (1) tolerance, as defined by either of the following:
 - (a) a need for markedly increased amounts of the substance to achieve intoxication or desired effect
 - (b) markedly diminished effect with continued use of the same amount of the substance
- (2) withdrawal, as manifested by either of the following:
 - (a) the characteristic withdrawal syndrome for the substance
 - (b) the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms
- (3) the substance is often taken in larger amounts or over a longer period than was intended
- (4) there is a persistent desire or unsuccessful efforts to cut down or control substance use
- (5) a great deal of time is spent in activities necessary to obtain the substance (e.g. chain smoking), or recover from its effects
- (6) important social, occupational, or recreational activities are given up or reduced because of substance use
- (7) the substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g. current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption).

ROLE OF THE REGISTERED PSYCHIATRIC NURSE

The Registered Psychiatric Nurse has a legal and ethical responsibility to take action when a colleague's behaviour suggests substance abuse or chemical dependency. The Registered Psychiatric Nurse must intervene immediately if the colleague's performance has the potential to compromise care.

Beliefs

The Registered Psychiatric Nurse holds the following values and beliefs related to substance abuse and chemical dependency:

1. The provision of safe and competent care is a legal and professional responsibility.
2. Substance abuse and chemical dependency are health concerns the Registered Psychiatric Nurse is competent to assess.
3. Substance abuse/chemical dependency become professional practice concerns when a colleague's nursing performance and work relationships are affected.
4. The Registered Psychiatric Nurse communicates concerns about a colleague's performance in a professional manner.

Interventions

The Registered Psychiatric Nurse will carry out the following actions to communicate concern about a colleague's behaviour that appears to arise from substance abuse/chemical dependency:

1. Discuss the concerns with the colleague in a professional manner providing opportunities for clarification by the colleague.
2. Develop a written record that objectively documents the behaviour of concern.
3. Communicate clearly to the colleague what action you will take based on professional responsibilities and established policies and procedures.
4. Document your meetings with the colleague.
5. Communicate your concerns to a supervisor or equivalent authority following established policies and procedures.
6. Seek consultation from the College of Registered Psychiatric Nurses for assistance in resolving concerns.

THE ROLE OF THE COLLEGE

The issue of a colleague whose competence to practice is compromised by substance abuse or chemical dependency is a professional practice concern. The College of Registered Psychiatric Nurses of British Columbia provides assistance and support to registrants by making available the services of a professional practice consultant on request. If the nurse's performance gives rise to a formal complaint, the College will investigate the situation using established procedures. Information explaining the process is available from the College.

The College will ensure that information regarding recognition and intervention related to substance abuse and chemical dependency in professionals is provided in basic and post basic psychiatric nursing education programs.

APPENDIX I

OBSERVING & DOCUMENTING CURRENT INDICATORS

Patterns of any of the above conduct or combinations of conduct may occur but must be accompanied by indicators of impairment in order to establish "reasonable cause". Please check all indicators listed below that are currently present:

- | | |
|--|--|
| <input type="checkbox"/> Constricted pupils | <input type="checkbox"/> Drowsiness |
| <input type="checkbox"/> Dilated Pupils | <input type="checkbox"/> Odor of alcohol on breath |
| <input type="checkbox"/> Scratching | <input type="checkbox"/> Nasal secretion |
| <input type="checkbox"/> Red or watering eyes | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Involuntary eye movements | <input type="checkbox"/> Muscular incoordination |
| <input type="checkbox"/> Sniffles | <input type="checkbox"/> Unconsciousness |
| <input type="checkbox"/> Excessively active | <input type="checkbox"/> Inability to verbalize |
| <input type="checkbox"/> Nausea or vomiting | <input type="checkbox"/> Irritable |
| <input type="checkbox"/> Flushed Skin | <input type="checkbox"/> Argumentative |
| <input type="checkbox"/> Sweating | <input type="checkbox"/> Difficulty concentrating |
| <input type="checkbox"/> Yawning | <input type="checkbox"/> Slurred speech |
| <input type="checkbox"/> Twitching | <input type="checkbox"/> Bizarre behaviour |
| <input type="checkbox"/> Violent behaviour | <input type="checkbox"/> Needle marks |

Possession of paraphernalia (such as syringe, bent spoon, metal bottle cap, medicine dropper, glassine bag, paint can, glue tube, nitrite bulb, or aerosol can)

Possession of substance that appears to possibly be a drug or alcohol

Note the performance indicators:

- Late to work 3 times more often
- Requests early dismissal or time off 2.2 times more often
- Uses 3 times more sick leave
- Is 5 times more likely to file worker compensation claims
- Is 3.6 times more likely to have an accident at work
- Has inconsistent work quality and lowered productivity
- Makes more mistakes, is careless and makes judgement errors
- Has mood swings that, over several days, seem to occur at similar times of the day
- Deliberately avoids co-workers and supervisors, especially supervisor who have been trained to spot abusers
- Has deteriorating personal appearance, hygiene and ability to get along with coworkers
- Inspires poor morale and reduced productivity among co-workers as a result of their "covering" for the abuser or their frustration with management ignorance of or inaction to what they perceive to be an obvious drug and/or alcohol problem
- Carelessly handles and/or maintains machinery, equipment or office supplies
- Disregards co-workers' safety
- Has frequent and recurring financial problems, including borrowing from coworkers or supervisors to "get to payday".



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