

Addictions:



The Journey Belongs to All of Us

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Objectives

- Upon completion of this course, participants will be able to:
 - Describe substance abuse and predisposing factors
 - Clarify the impact of substance abuse on the individual

Objectives (continued)

- Learn the signs inherent to substance abuse behavior in the workplace
- Discuss strategies on how to approach someone who may have a substance abuse illness
- Know how substance abuse may impact nurse's employment
- Know how to represent a nurse with a substance abuse illness from the union's perspective

Union Involvement

- Employer calls a meeting pertaining to medication issues
- The union provides representation, support and guidance for the member



Employer

- Nurse & union representative meet with employer
- Difficult area for employers to deal with



Employer (continued)

- Employer initiates investigative procedure
- Following investigation, the employer may administer discipline
- The employer may report the nurse to RCMP and/or their respective licensing body



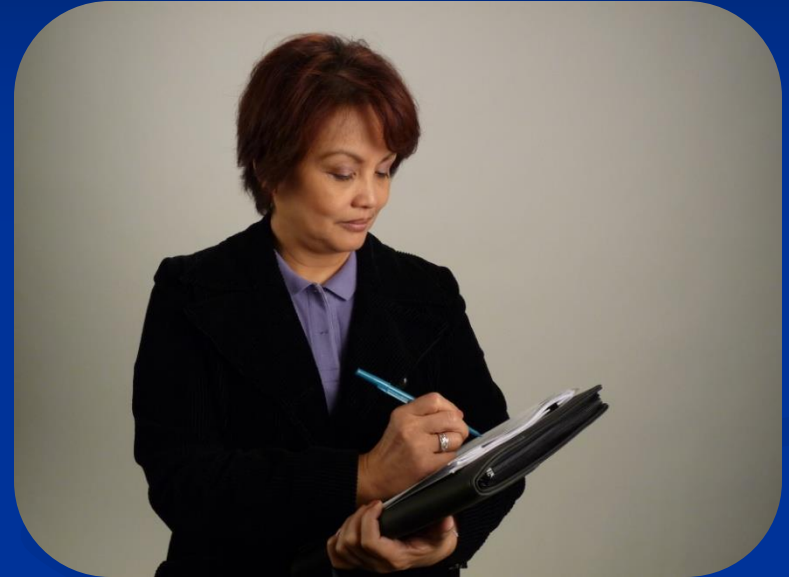
Professional Licensing Body

- Disconcerting for the nurse to be reported
- Information needs to be provided regarding college process (LAP)
- The Canadian Nurses' Protective Society (CNPS) - national non-profit society



Professional Licensing Body (continued)

- Provides liability protection to members of the licensing body as an alternative to commercial insurance
- Most unions represent nurses with respect to professional conduct matters before the College



The Nurse

The Nurse:

- Is relieved that problem is exposed
- Knows there is a problem and feels powerless to stop it



The Nurse (continued)



- The nurse feels stressed, embarrassed, fearful of losing: job/income/family

The Nurse (continued)

- Seeks assistance via EAP, OH&S, manager, union representative, family physician, AA, Addictions Services, NA, and mental health crisis centre
- Is required to provide medical documentation to the employer
- Works to get healthy and return to the workplace

Denial/Relapse

- Denial is a symptom of addiction
- Relapse is the rule rather an exception



Accommodation may be required

- Employers, union, nurse must comply with human rights legislation and collective agreement
- Nurse establishes with physician that there is a mental/physical disability requiring accommodation
- Human rights legislation prohibits discrimination on the grounds of “disability” which is generally defined as:
 - the consequence of a disease
 - injury or condition impairing one or more facets of a person’s ability to perform daily life functions

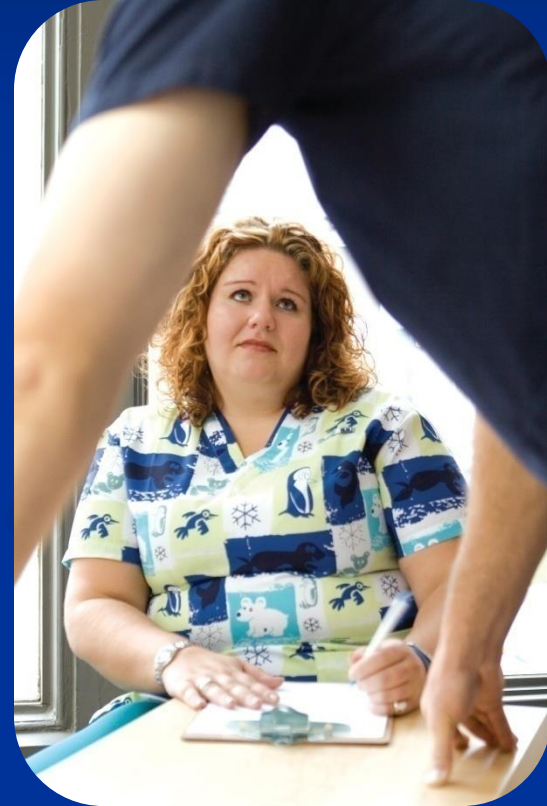
Accommodation may be required

- Could be temporary or permanent



Recognition of Addiction

- Professional responsibility to protect patients from harm.
- Knowledge of signs and symptoms of substance abuse protects patients.



Behavioural Signs

- Diminished alertness
- Confusion or memory lapses
- Mood swings, irritability, depression, euphoria, aggression



Behavioural Signs (continued)

- Suicide threats
- Inappropriate verbal or emotional responses
- Noticeable deterioration in or exaggerated attention to hygiene



Behavioural Signs (continued)

- Strong breath freshener or perfumes as cover-up
- Wearing of long sleeves all the time
- Increased isolation from colleagues, friends and family



Physical Signs

- Tremors and sweats
- Speech slurred
- Smell of alcohol on breath
- Eyes: watery, red, dilated or constricted pupils



Physical Signs (continued)



- Runny nose and sniffing
- Unsteady gait
- Sudden weight loss or gain

Job Performance Signs

- Gradual changes in job performance
- Moves to positions perceived to have less pressure, responsibility, visibility or supervision



Job Performance Signs (continued)

- Poor or illogical charting
- Errors in judgment
- Excessive use of sick time
- Prior reputation of being a responsible and conscientious employee being eroded



Job Performance Signs (continued)

- Long breaks, frequent or unexplained disappearances from the unit
- Increasing difficulty meeting schedules or deadlines



Job Performance Signs (continued)

- Minimum expectations not being met
- Excessive number of errors
- Elaborate excuses for behavior



Indicators That the Source of Drugs is the Workplace



- Consistently volunteering to be medication nurse
- Increased amounts of medications ordered
- Failing to obtain co-signatures

Indicators That the Source of Drugs is the Workplace (continued)

- Measurable or observable patterns of medication discrepancies during specific shifts
- Frequent reporting of medication spills/wastes
- Excessive administration of PRN medications



Indicators That the Source of Drugs is the Workplace (continued)



- Discrepancies in narcotic counts
- Evidence of tampering with vials or drug containers

Indicators That the Source of Drugs is the Workplace (continued)

- Unexplained discrepancies between recorded medication administration and expected client responses; increased patient reports about lack of effectiveness of pain medications
- Defensiveness when questioned
- Coming to work early and staying late

Indicators That the Source of Drugs is the Workplace (continued)

- Showing up at work on days off
- Variations on quantity of drugs required on unit which may be noticed by pharmacy



Enabling Your Co-Worker

- Making excuses for inappropriate behavior/performance
- Making excuses for tardiness, absenteeism or lower-quality work
- Rationalizing and minimizing the individual's use of alcohol/drugs



Enabling Your Co-Worker (continued)

- Promote keeping of secrets through denial
- Assuming responsibility for the individual's usual tasks
- Assisting financially



Enabling Your Co-Worker (continued)

- Threatening with dire consequences but rarely following through
- Blaming circumstances or others for the excessive alcohol/drug use



Professional Groups Enable

- Dismiss behaviors simply as responses to a temporary crisis, problems at home, etc.
- Subtle signs of substance use are often dismissed as “nothing”
- Easily relate to what their colleague’s problems are and try to rationalize the behavior

Co-Worker Responsibility

- Co-workers are the most likely to identify changes in their colleague's nursing practice/behavior
- If client care is jeopardized or at risk, action must be taken and the situation reported
- Intervening is not easy but it often brings a resolution to the issue



Reporting

- Question inappropriate behavior when it occurs
- Address specific behavior
- Consciously separate behavior from personality



Reporting (continued)

- Focus on the core issue
- Offer support in a non-judgmental manner which respects rights and dignity
- Report concerns about nursing practice to the supervisor/manager



Employee Assistance Program (EAP)

- Voluntary confidential counseling for the nurse and co-workers
- On-/off-site counseling or referral services
- EAP can evaluate and make recommendations based upon needs of clients



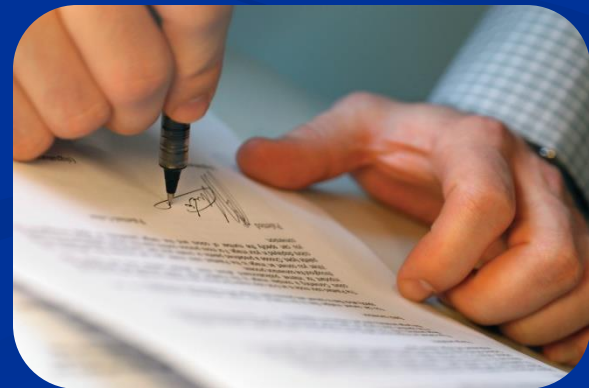
Employee Assistance Program (EAP) (continued)

- Education on addictions should be provided in the workplace as part of overall health promotion program



Return-to-Work Agreement

- RTW agreement is inclusive of specific conditions.
- Employers are cautious in drafting these agreements not to impose conditions that will discriminate on the basis of a disability.
- Could include such items as:
 - undertaking to participate in a rehabilitation program
 - alcohol/drug testing at the request of the employer



Return-to-Work Agreement

(continued)

- Requirement to work day shifts only
- Requirement to not administer medications for a period of time
- Authorization to share specific information re. treatment program with the employer
- Gradual increase in hours up to full-time hours
- Change in work assignment

The Nurse Returns to the Unit. Great Day! ...Or Is It?

- Some nurses are supportive, glad nurse is back. Others are angry, hostile, resentful and hurt.
- Seek support for the nurse and co-workers:
 - meet with the nurses on the unit first to address any problems, followed by a joint meeting with all nurses
 - have the EAP coordinator set up a session with the nurses, either separately or as a group

The Nurse Returns to the Unit. Great Day! ...Or Is It?

- Educate nurses on substance abuse and return-to-work plan
- Discuss denial/relapse



At the End of the Day

- The nurse hopes to get his/her lives back, both personally and professionally
- The employer hopes to get back a healthy nurse who has received treatment
- The union hopes to initiate a process that will:
 - offer support and guidance to the nurse
 - offer support and guidance to co-workers in initiating a return-to-work plan for the nurse

At the End of the Day (continued)

Remember:
anyone of us
could succumb –
let's work together!



Thank you!

Questions???