

The Nova Scotia College of Nursing (NSCN) is the regulatory body for licensed practical nurses (LPNs), registered nurses (RNs), registered psychiatric nurses (RPNs) and nurse practitioners (NPs) in Nova Scotia. Our mandate is to protect the public by promoting the provision of safe, competent, ethical and compassionate nursing services by our registrants. The term nurse in this document refers to LPNs, RNs, RPNs and NPs unless otherwise stated.

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Our practice support tools are developed using current reference material. The source of this material is available upon request.

Overview of this Guideline

This tool is a resource for nurses and managers in all practice settings to help them understand:

- Problematic substance use (PSU)
- Recognition of PSU
- [Accountability](#) when they are concerned a nurse may have PSU and reporting to NSCN
- Recovery from PSU and return to practice

Like all regulatory tools, use this document in conjunction with employer policy, applicable legislation and the standards of practice and code of ethics for nurses.

What is Problematic Substance Use?

[PSU](#) is defined as situations in which the use of a substance negatively impacts the ability of a nurse to practice in a safe, [competent](#), ethical and [compassionate](#) manner. For some individuals, PSU can develop into [substance use disorder \(SUD\)](#) which is a diagnosable illness. PSU may involve prescription drugs, over the counter drugs, controlled drugs, illegal drugs, cannabis, or alcohol.

It is estimated that 5% to 20% of nurses are affected by PSU.

PSU, including the after-effects of substance use (such as hangover or withdrawal), can affect a nurse's cognitive functioning and judgment, decision-making and the ability to manage stressful situations. As a result, PSU conflicts with the standards of practice for nurses and the provision of safe, competent, compassionate and ethical [nursing services](#).

PSU is relevant to nurses because many have access to controlled drugs and substances in their workplace. Nurses and managers must watch for signs of [drug diversion](#), which is the unlawful misdirecting or misuse of any medication. It is a serious regulatory concern and potentially a criminal offence.

Typical methods of diverting medications:

- Taking the wasted portion of medications for personal use
- Removing excessive amounts of as-needed (PRN) medications
- Removing but not administering medications to clients
- Administering a substitute medication to clients

Recognizing Problematic Substance Use

Unfortunately, for many reasons, including denial, shame, guilt, and fear of employment consequences, many individuals do not voluntarily seek treatment or report themselves or a [colleague](#) to their manager when they experience PSU. Prompt recognition and appropriately addressing suspected PSU minimizes the risk to client safety. It also improves early access to treatment, which improves the chance for positive outcomes for the nurse.

It is important to recognize possible signs and symptoms of PSU and respond appropriately when it is observed or suspected. These signs and symptoms could be physical or emotional and be associated with performance or behaviors. The focus should be on client safety. It is important to keep in mind that other stressors and / or medical conditions may present similar signs and symptoms to those of PSU. See [Appendix A](#) for more information on signs and symptoms of PSU.

Nurses Role in Addressing Suspected Problematic Substance Use

The [Standards of Practice](#) and [Code of Ethics](#) require nurses to maintain their individual [fitness to practise](#). Nurses who are exhibiting signs and symptoms of PSU while providing nursing services would be considered unfit to practice.

Fitness to practice means having the necessary physical and mental health to provide safe, competent, ethical and compassionate nursing services.

The Nursing Act requires nurses to report themselves or a colleague, if they are exhibiting signs and symptoms of PSU that is impacting client care and the ability to practice in a safe, competent, ethical and compassionate manner.

If a nurse reasonably believes another nurse is diverting drugs in the workplace, the Nursing Act requires them to report concerns to their manager or employer who will then be responsible for reporting to NSCN, if required. See the [Duty to Report Practice Guideline](#) for more information.

If nurses suspect PSU in themselves or in a colleague, follow the steps outlined in [Appendix B – Nurse Response to PSU](#).

Nurses must:

- Ensure client safety
- Promptly discuss concerns with their manager/employer
- Document the incident following employer policy

When reporting concerns about PSU to your manager:

- Focus on behaviors or appearance (i.e. pinpoint pupils, slurred speech, lack of balance, loss of consciousness)
- Document behaviors in an objective and factual way, and as per employer policy
- Include information such as times, dates, locations, details of the incidents, names of witnesses, identification of any clients involved, and actions taken
- Provide the manager with a copy of your documentation as soon as possible and express to the manager the importance and urgency of the situation
- Identify other documents, if possible, such as client charts and narcotic control records, that can provide further information about the situation including changes in handwriting or charting practices or inaccuracies in the count of controlled drugs and substances

After documenting and reporting your observations, request a follow up, either verbally or in writing, with your manager. The manager may not be able to provide all the details regarding the outcome due to employer/employee confidentiality; however, the manager should be able to assure you that the situation has been addressed.

If the issues persist, continue to report them to your manager and document your concerns. As you work through the issue, the [Resolving Professional Practice Issues Practice Guideline](#) could be a helpful tool to guide you.

If you cannot confirm that your manager has addressed the issue or if the issue persists, refer to the [Duty to Report Practice Guideline](#) for more information. It may be necessary for you to contact NSCN with your concerns. If you report your concerns to NSCN, we recommend that you inform your manager.

SELF-REPORTING

Nurses are required to take appropriate action if they are experiencing PSU or a SUD that is negatively impacting their ability to practice in a safe, competent, ethical and compassionate manner. This may include removing themselves from practice, seeking help (see [Assessing Support](#)), and contacting an NSCN Professional Conduct Consultant to inquire about the fitness to practise process.

ACCESSING SUPPORT

If a nurse reports a colleague for PSU or suspected PSU, or needs to obtain treatment for themselves, they may require additional support. There are various resources available:

- The employee assistance program (EAP)
- A primary health care provider
- Occupational health nurse
- Mental health or addiction counselors
- The [Recovery Support Centre](#)
- Peer support groups such as [Alcoholics Anonymous](#), [Narcotics Anonymous](#), and [Smart Recovery](#)
- Additional Indigenous support: [Thunderbird Wellness](#), [The Hope for Wellness Helpline](#) and [the National Native Alcohol and Drug Abuse Program \(NNADAP\)](#)

In addition, you may wish to connect with your manager, NSCN, and your union.

Managers' Role in Addressing Problematic Substance Use

Managers play a key role in addressing suspected PSU in the workplace. To protect public safety, it is the manager's responsibility to intervene immediately once they suspect PSU, or it is reported by staff.

If a nurse is impaired while working, the manager must immediately ensure client safety and remove the nurse from the work area. The employer is responsible for controlling a nurse's ability to practice in the employment setting. The nurse should not be permitted to return to work until a determination is made that they are safe to practice.

NSCN recommends that the manager takes the following steps (Refer to [Appendix C](#) for detailed steps):

1. Collect and Review Relevant Information
2. Document Findings
3. Present the Information to the Nurse
4. Reporting and Next Steps

Returning to Practice

The fitness to practise process is a non-disciplinary process for nurses experiencing an [incapacity](#) including from PSU or SUD. The process typically requires the nurse to be out of practice while receiving health treatment. Nurses must meet specific eligibility criteria to enter the program. The goal is to return the nurse to practice once there is evidence to indicate the nurse is fit to practice.

When a nurse has completed health treatment, their request to return to practice will be reviewed by the NSCN Fitness to Practice Committee. Typically, when a nurse returns to practice, there will be conditions and restrictions on their licence for a period of time. The conditions and restrictions must be agreed to by the nurse and the Fitness to Practice Committee. The employer may also introduce conditions and restrictions on employment.

A SUD is a chronic, relapsing condition that can be treated.

Conditions and restrictions may include the following:

- Ongoing monitoring
- Ongoing health treatment
- Observation of medication administration practices for a period of time
- Audits of the nurse's medication administration practices

To ease the transition back to practice, it is essential to have a realistic, structured, and consistent return to practice plan prepared by the manager/employer. Conditions and restrictions may impact the way the nurse practices and interacts with members of the health care team. The manager may need to communicate the applicable restrictions to affected co-workers where there are implications for other staff.

Depending on the specific practice restrictions, co-workers may be responsible for supervising some aspects of the nurse's practice, such as supervising the administration of controlled drugs and substances. If there are questions or concerns about supervising a colleague who has restrictions or conditions in place, the nurse should speak with their manager.

By modeling supportive behavior to the team, managers can facilitate a successful return to practice for a returning nurse. The manager should contact NSCN if there are questions regarding the nurse's return to practice.

Key Points

- PSU is a risk to the provision of safe, competent, ethical and compassionate nursing services.
- If nurses observe or suspect PSU in a colleague or themselves, they are accountable to take steps to ensure client safety.
- Managers must intervene immediately if they suspect PSU, or once PSU is suspected and reported by other staff members.
- Resources are available to support nurses who may be experiencing PSU.
- The manager and the affected nurse should collaboratively develop a realistic, structured, and consistent return to practice plan.
- Nurses who return to the workplace after achieving and maintaining recovery may have conditions and practice restrictions on their license and may require supervision of some aspects of practice.

Suggested Reading

- [Duty to Report Practice Guideline](#)
- [Fitness to Practise and Incapacity: Guidelines for Nurses](#)
- [Resolving Professional Practice Issues Practice Guideline](#)
- [Standards of Practice](#)
- [Code of Ethics](#)

For further information on anything contained within this tool, please contact an NSCN Practice Consultant at practice@nscn.ca.

Appendix A:

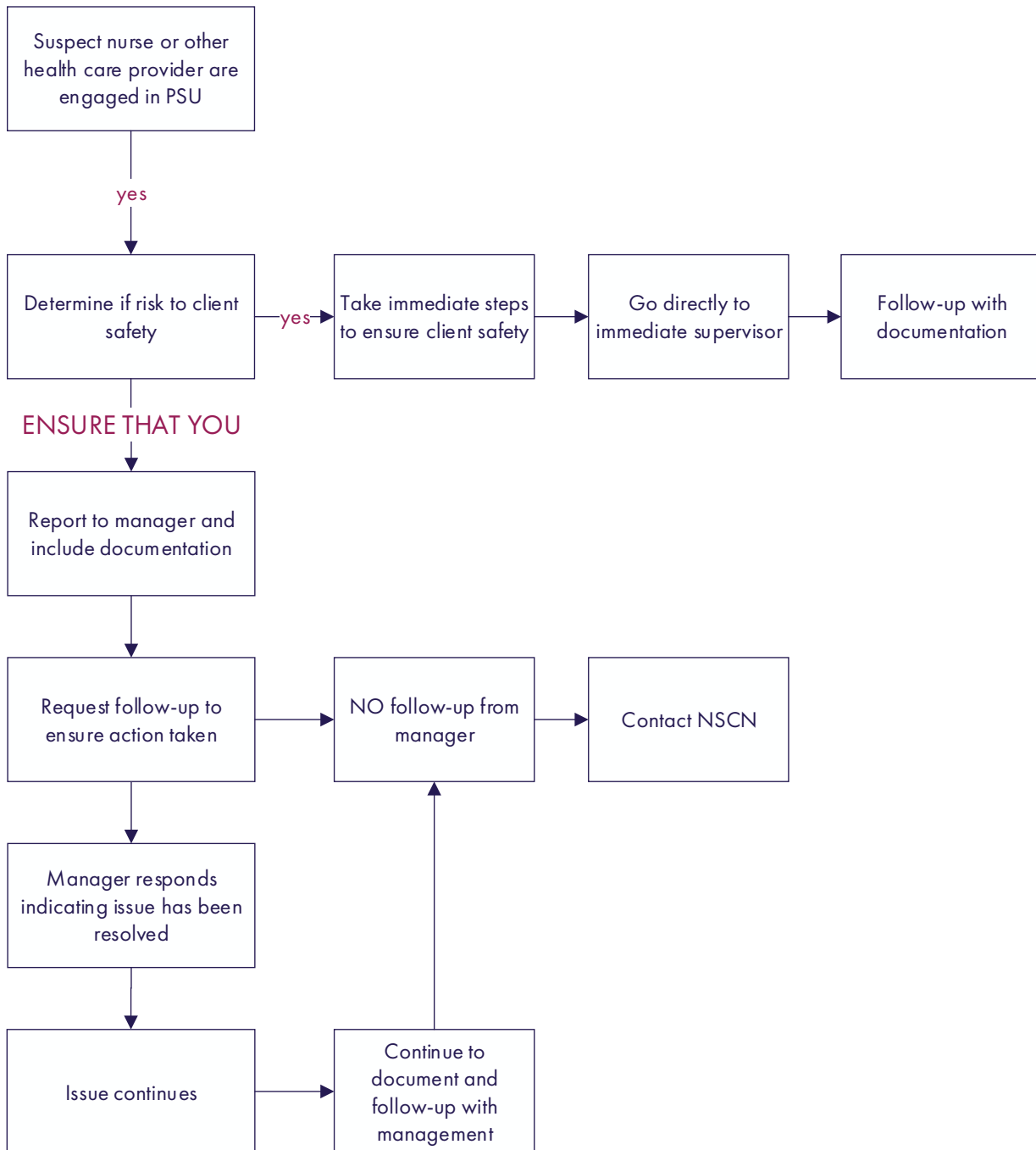
SIGNS AND SYMPTOMS OF ACTUAL OR POTENTIAL PROBLEMATIC SUBSTANCE USE*

PHYSICAL <ul style="list-style-type: none"> • Deterioration in appearance and/or personal hygiene • Unexplained bruises • Sweating • Complaints of headaches • Tremors • Diarrhea and vomiting • Abdominal/muscle cramps • Restlessness • Frequent use of breath mints, gum or mouthwash • Odor of alcohol on breath • Slurred speech • Unsteady gait • Pinpoint pupils • Loss of consciousness 	PERSONALITY AND MENTAL HEALTH <ul style="list-style-type: none"> • Family disharmony: e.g. how the colleague speaks of family members • Mood fluctuations: e.g. swinging from being extremely fatigued to “perkiness” in a short period of time • Irritability • Confusion or memory lapses • Inappropriate responses/behaviours • Isolation from colleagues • Lack of focus/concentration and forgetfulness • Lying and/or providing implausible excuses for behaviour
PERFORMANCE AND PROFESSIONAL IMAGE <ul style="list-style-type: none"> • Calling in sick frequently but still working overtime • Moving to a position where there is less visibility or supervision • Arriving late for work and/or leaving early • Taking extended breaks throughout a shift, sometimes without telling colleagues they are leaving • Forgetfulness • Errors in judgment • Deterioration in performance • Excessive number of incidents/mistakes • Non-compliance with policies • Doing just enough work to “get by” • Sloppy, illegible or incorrect charting • Change in documentation practice - excessive or over compensatory documenting about medications or incidents 	MEDICATION DIVERTING BEHAVIOURS <ul style="list-style-type: none"> • Failing to have narcotic wastage observed and/or cosigned • Performing narcotic counts alone • Tampering with packages or vials • Waiting until alone to open narcotic cupboard and/or draw up medication • Use of fictional client names on narcotic records • Frequent revisions and/or discrepancies on narcotic records • Inconsistencies between narcotic records and patients’ medical charts for medications administered • Frequent reports of lost or wasted medications • Requesting to be assigned to patients who receive large amounts of pain medication • Increased amounts of medications being ordered for patients • Excessive administration of PRN medications to patients along with patients’ reports of ineffective pain relief • Offering to cover other nurses’ breaks and to medicate their patients • Client’s medications from home going missing • Removing medications from sharps container • Removing medications for clients that are not assigned to the nurse • Removing medications for clients that have been discharged • Removing medications while not on shift

*The signs and symptoms listed in this table is not exhaustive and many of the symptoms can be associated with other pathologies and diagnoses.

Appendix B:

NURSE RESPONSE TO SUSPECTED PROBLEMATIC SUBSTANCE USE



Appendix C:

MANAGERS STEPS IN ADDRESSING PROBLEMATIC SUBSTANCE USE

1. COLLECT AND REVIEW RELEVANT INFORMATION

Managers should interview staff who were working with the nurse and ask for their observations of behavior and appearance. The collection and review of information should also consist of objective observations of performance, such as:

- Increased potential and/or actual errors or incidents
- Increased absenteeism or tardiness
- Decreased productivity
- Deterioration in co-worker relationships
- Obvious changes to the affected nurse's physical and/or mental health
- Signs and symptoms of actual or potential PSU, refer to Appendix A

In all cases where a nurse is suspected of being impaired while at work, a review of the nurse's documentation practices is necessary. In addition, even if there is no immediate evidence that a nurse has been diverting controlled substances from the workplace, a pharmacy audit, and client medication records should be undertaken.

2. DOCUMENT FINDINGS

Documentation should consist of:

- Written record(s) of all reported incidents/observations including names of persons involved, times, dates, what occurred, names of witnesses and actions taken. Information should focus on observations.
- A documented account of unacceptable performance practices and behaviors. Refer to Appendix – Signs and Symptoms of Potential or Actual PSU.
- The results of a pharmacy audit (including controlled drugs and substances).
- The results of the involved nurse's documentation practice audit.

3. PRESENT THE INFORMATION TO THE NURSE

Once the initial investigation is complete, the manager should schedule a meeting with the nurse suspected of PSU. The nurse should be notified of the date and purpose of the meeting in advance and should be advised to bring union representation if this applies in the workplace.

In advance of the meeting, the manager may consider the purpose or goals of the meeting, identify who should be present and possible resources available for treatment:

- NSCN recommends contacting the employer's risk management, legal and human resources departments for guidance.
- Obtain guidance from occupational health, professional practice and addictions prevention. Managers must be aware of and follow employer policy, including the process for contacting local police authorities.
- If there are no policies in place, prior to meeting with the nurse, the manager should, consult with their supervisor and with the human resources or risk management department, if available. The manager could also contact an NSCN Professional Conduct Consultant at conduct@nscn.ca.
- Any meeting with a nurse experiencing PSU requires a high degree of sensitivity, privacy and confidentiality. A quiet, private space is needed where there will be little chance of interruption. The conversation should focus on objective observations, breaches of nursing standards and why the nurse's behavior is unacceptable.

- Following any meetings, the manager should carefully document the content discussed, any admissions made by the nurse as well as the meeting outcomes. Depending on the nature of the reported issues, it may be necessary to report the concerns to the manager's supervisor, the facility's risk management/legal/HR departments and NSCN.

4. REPORTING AND NEXT STEPS

Managers will need to familiarize themselves with the requirements to report suspected incapacity and/or misconduct to NSCN outlined in the [Duty to Report Practice Guideline](#) and may contact an NSCN Professional Conduct Consultant for guidance. The manager should follow up and provide support to any parties affected, including staff members and any clients and/or families.

Managers should ensure they are familiar with and follow employer policies.

The manager must be involved in planning next steps. Depending on the circumstances, next steps could include:

- Assisting the nurse in arranging a leave of absence to receive treatment for their PSU
- Considering whether information should be reported to police
- Identifying potential resources such as the employee assistance program, primary health care provider, occupational health nurse or mental health or addiction counselors. Refer to accessing supports section for additional resources.
- Contacting an NSCN Professional Conduct Consultant for more information on the fitness to practice process or to report suspected incapacity and/or misconduct on the part of the nurse.