

NURSES' INVOLVEMENT IN SCREENING FOR ALCOHOL OR DRUGS IN THE WORKPLACE

CNA POSITION

The Canadian Nurses Association (CNA) believes screening for alcohol or drugs must only be done with the knowledge and informed, written consent of the person being screened. Nurses¹ can be involved in screening processes only when the rights of the individual are respected.

Mandatory pre-employment drug or alcohol testing violates the rights of the individual to control the amount of personal information revealed to others. Random drug screening that is not part of a comprehensive rehabilitation program is never justified. In the interest of protecting the public, CNA accepts the Canadian Human Rights Commission's (CHRC's) *Policy on Alcohol and Drug Testing* (2002), which states that random alcohol testing – with the informed consent of the individual being tested – may be permissible for employees in safety-sensitive² positions.³

CNA embraces a primary health care approach to the provision of services and supports the involvement of nurses in the development, maintenance and evaluation of employee assistance and other programs designed to prevent the abuse of alcohol or other drugs. This may include random or periodic testing for drugs or alcohol where it has been determined that such follow-up testing is necessary and where the person being tested has given informed consent. Problems related to the abuse of alcohol or drugs must be dealt with through programs in the workplace that provide employees with a confidential referral, treatment and a follow-up process to address and resolve the underlying issue, while protecting the public interest.⁴

BACKGROUND

Protection of the public is the primary concern in addressing problems of substance abuse by employees in safety-sensitive positions. This concern must be balanced with the legislated right of individuals to provide or withhold consent with respect to the collection, use, disclosure or accessibility of personal health information.⁵

Professional codes of conduct for nurses set high standards regarding consent and choice. The *Code of Ethics for Registered Nurses* states that: "Nurses must ensure that nursing care is provided with the person's informed consent. Nurses must also recognize that persons have the right to refuse or withdraw consent for care or treatment

¹ Throughout this document, the term *nurse* means *registered nurse*.

² A safety-sensitive job is one in which incapacity due to drug or alcohol impairment could result in direct and significant risk of injury to the employee, others or the environment. Whether a job can be categorized as safety-sensitive must be considered within the context of the industry, the particular workplace, and an employee's direct involvement in a high-risk operation. Any definition must take into account the role of properly trained supervisors and the checks and balances present in the workplace.

³ (Canadian Human Rights Commission, 2002).

⁴ (Canadian Nurses Association, 2002).

⁵ (CNA, 2001).



at any time.”⁶ Further, CNA’s position statement *Privacy of Personal Health Information* clearly articulates that “CNA believes an individual’s right to privacy of personal health information is paramount.”⁷

Screening for alcohol or drugs does not guarantee safety in the workplace, nor does it identify work dysfunction or provide for resolution of problems associated with the use of alcohol or other drugs. In its 2002 policy that interprets the human rights limits on drug and alcohol testing programs, the CHRC notes that available drug tests do not measure impairment, how much was used or when it was used. They can only accurately determine past drug exposure. Alcohol testing may be acceptable in some cases, because a properly administered breathalyser is a minimally intrusive and accurate measure of both consumption of alcohol and actual impairment.

The CHRC further notes that awareness, education, effective interventions and rehabilitation are the most effective ways of ensuring that performance issues associated with alcohol and drug use are detected and resolved.

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References:

- Canadian Nurses Association. (2001). *Position statement: Privacy of personal health information*. Ottawa: Author
- Canadian Nurses Association. (2002). *Code of ethics for registered nurses*. Ottawa: Author.
- Canadian Nurses Association. (2002). *Position statement: Substance misuse and chemical dependency in nursing*. Ottawa: Author.
- Canadian Human Rights Commission. (2002). *Policy on alcohol and drug testing*. Ottawa: Author.

Also see:

- Canadian Nurses Protective Society
Info Law – Consent to treatment: The role of the nurse (1994)
- International Council of Nurses
Policy statement: Towards the elimination of substance abuse among young people (1995)

Replaces:

- CNA Position Statement: *Nurses’ Involvement in Screening for Alcohol or Other Drugs in the Workplace* (1994)

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⁶ (CNA, 2002, p. 11).

⁷ (CNA, 2001, p. 1).