



Harmful use of alcohol and other drugs by nursing employees position statement

1. Purpose

This position statement sets out the principles the Australian Nursing and Midwifery Federation (ANMF) considers should apply to addressing the harmful use of alcohol and other drugs (AOD) by nurses, midwives and assistants in nursing.¹ It also outlines the responsibilities of employers in managing this issue and of employees in ensuring they are able to practice safely and effectively.

2. Definitions

In this context, **harmful use** refers to any level of use that is causing, or has the potential to cause, harm to the person or others.

3. Context

Nurses, midwives and assistants in nursing, like other community members, can experience the harmful use of AOD. Risk factors include work related stress; the impacts of shiftwork; exposure to direct or vicarious trauma; physical injury; personal social circumstances; and family history.

Fear of losing their job, registration or reputation can prevent nurses, midwives and assistants in nursing from seeking help when they need it. This is a serious issue because the harmful use of AOD can compromise work performance and adversely affect the health and safety of the person, their colleagues and the people in their care.

A sensitive and compassionate approach that recognises the harmful use of AOD as a health issue is therefore essential.

4. Position

Employer responsibilities

It is the position of the ANMF that:

1. The harmful use of AOD is a health issue and employers should manage it as such. This means, employers should not use:
 - disciplinary processes to manage this, or any other health issue
 - random or regular alcohol and drug testing of employees.
2. There is no evidence to support the use of random or regular AOD testing and it must be rejected for the following reasons:
 - current testing methods measure use or exposure – they don't measure impact
 - current testing methods can be inaccurate and their results open to interpretation
 - current testing methods do not account for the effects of prescribed medications
 - such a testing regime infringes the employee's right to privacy and has the potential to be used for discriminatory purposes
 - there is no evidence showing such a testing regime advances health and safety outcomes.

¹ Assistant in nursing refers to all care workers however titled.



3. Instead, employers should:

- effectively manage work related risk factors such as stress, shiftwork, exposure to direct or vicarious trauma, and physical injury through their workplace health and safety program
- work with nurses, midwives, assistants in nursing and relevant experts to develop, implement and review policies and protocols for managing the harmful use of AOD
- provide free and confidential access to external, accessible, non-punitive assistance and support programs for nursing and midwifery employees.

4. Where the harmful use of AOD is suspected or identified, employers should:

- use direct supervision to support the person and encourage them to participate in programs of assistance, support, treatment, education and rehabilitation as indicated
- ensure the person is treated in a respectful, compassionate, confidential and non-judgmental way and is not subjected to discrimination because of their health status.

Nurse, midwife and assistant in nursing responsibilities

It is the position of the ANMF that:

5. Nurses and midwives must always practise in accordance with relevant legislation, professional standards, codes of ethics and conduct, policies, guidelines and protocols.
6. Under their codes of conduct, nurses and midwives must maintain the physical and mental health to practice safely and effectively. They must seek expert, independent and objective help and advice if they are ill or their ability to practice safely is impaired.²
7. Nursing and midwifery staff also have a responsibility to advocate for anyone whose care and safety may be compromised through the suspected harmful use of AOD by another employee or contractor.
8. Under the Health Practitioner Regulation National Law in each state and territory, if nursing or midwifery staff form a reasonable belief that another health practitioner has practised while impaired by AOD, they must make a mandatory notification to the Australian Health Practitioner Regulation Agency (Ahpra).³
9. In making such a report, nursing and midwifery staff must ensure they comply with Ahpra's *Guidelines for mandatory notifications*.⁴

5. Position statement management

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² See the Nursing and Midwifery Board of Australia codes of conduct for nurses and midwives at: <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx>.

³ For the *Health Practitioner Regulation National Law Act 2009* (National Law) as it applies in each state see: <https://www.ahpra.gov.au/about-ahpra/what-we-do/legislation.aspx>.

⁴ Australian Health Practitioner Regulation Agency, *Guidelines for mandatory notifications* March 2014. Available at <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx>.