BCNU Convention:
May 30th-June 1st, 2023
Hyatt Regency Hotel, Vancouver, BC
Deadline for submitting Resolutions: Feb. 7th @ noon

Resolution #1

Title: *Non-Punitive Support for Nurses with Addictions*

Whereas: all employers require nurses that they believe have addictions, to undergo Independent Medical Exams (IME).

Whereas: all nurses that undergo an IME and are diagnosed with Substance Use Disorder (SUD), are required by employers and the College of Nurses to enter into multi-year contracts that mandate prolonged standardized medical treatment, abstinence from all psychoactive substances- 24 hours a day 7 days a week, random drug testing and compliance monitoring as a condition of employment;

Whereas: BCNU co-authored a research report that concluded that this approach is extremely punitive, coercive, unsafe, and ineffective;

Therefore, be it resolved that: BCNU will (with the input of the Harm Reduction Nurses Association, Canadian Drug Policy Coalition, Workers for Ethical Substance Use Policy Society and other drug policy experts) draft drug policy language that encourages employers and the College of Nurses to discontinue imposing punitive, coercive, unsafe and ineffective conditions on the employment of nurses who have addictions.

BC Nurses Union- Update Magazine: "Prescription for Change". (Spring 2021)

Ross, C.A., Jakubec, S.L., Berry, N.S. & Msye, V. (2019). "The Business of Managing Nurses' Substance-Use Problems". Nursing Inquiry, e12324

Chapnick, J. (2014)- "Beyond the Label, Rethinking Workplace Substance Use Policy" Conference paper: Continuing Legal Education Society of British Columbia, Human Rights Conference.

Model Workplace Policy: Substance Use Related Code of Conduct
Authors: Each & Every: Businesses for Harm, Workers for Ethical Substance Use Policy (WESUP), Portage Legal Services.

Resolution #2

Title: *Regulate the Drug Supply*

Whereas: the drug toxicity (overdose) crisis was declared a public health emergency in British Columbia on April 14, 2016;

Whereas: the effects of the crisis have had fatal impacts on working people in British Columbia and Canada who have used opioids and other drugs;

Whereas: BCNU supports "safe supply" (the provision of regulated pharmaceutical grade drugs) as a way to prevent drug toxicity deaths.

Therefore, be it resolved: Lobby both the Federal and Provincial governments to cooperate and collaborate on a regulated system of safe supply provision that meets the needs of those currently reliant on the illegal drug market

1 BC Coroners Service Death Review Panel: A Review of Illicit Drug Toxicity Deaths, Report to the Chief Coroner of British Columbia. Release date: March 9, 2022. (Page 5- Safer Drug Supply):
https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/death-review-panel/review_of_illicit_drug_toxicity_deaths_2022.pdf

BCNU Update Magazine, "The Deadliest Year" (Spring 2021):
https://www.bcnu.org/news-and-events/update-magazine/2021/spring-2021/the-deadliest-year

Resolution #3

Title: *Regulate addiction treatment*

Whereas: in 2018 the BC Coroner recommended that the BC government develop provincial regulations for the standard of care provided by both public and privately operated addiction treatment facilities and services in BC.

Whereas: the BC government has not developed this system of regulation;

Whereas: BCNU supports the provision of regulated and evidence informed health care services for individuals with addiction.

Therefore, be it resolved: that BCNU will lobby the provincial government to develop a system of regulation for the standard of care provided by addiction treatment facilities and service providers in BC.

BC Coroners Service Death Review Panel: A Review of Illicit Drug Overdoses, Report to the Chief Coroner of British Columbia. Release date: April 5, 2018. Page 30-33:
https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/death-review-panel/bccs_illicit_drug_overdose_drp_report.pdf

BCNU Update Magazine. "The Deadliest Year" (Spring 2021):
https://www.bcnu.org/news-and-events/update-magazine/2021/spring-2021/the-deadliest-year

Background for Resolution #1:

This Background information relies on the research of the Harm Reduction Nurses Association, the Canadian Drug Policy Coalition, the BC Health Coalition, The BC Nurses Union, Dr. Charlotte Ross, and Jonathan Chapnick JD.

Most Canadians use psychoactive substances. The most common are alcohol, caffeine, tobacco, cannabis, and prescription medications. People use substances for a variety of reasons including for personal enjoyment, to relax, to socialize, to stay alert, to treat medical conditions and to

cope with pain, stress and other problems. Only a small percentage of people who use substances will develop a problematic relationship with substances. Of that small segment of the population few people will require treatment, and if they do, they achieve better outcomes if they are provided with voluntary support tailored to their wants and needs.[1]

A nurse's use of substances does not mean they have a substance use problem, or that they are unable to work safely as a nurse. In the event that a nurse develops a problematic relationship with one or more substances, they should not automatically be deemed unable to work safely. The nurse may however benefit from support and health care services, as would a nurse with any medical problem or disability.[2]

The percentage of nurses who have problematic relationships with substances is similar to the general population, however, it is underreported largely due to the overly disciplinary and non-supportive approach used by employers, regulatory bodies and unions. Nurses who have problematic relationships with substances are not afforded the same rights as other citizens, are mandated to undergo prolonged and standardized treatment programs which are not evidence-based, and are forced into an expensive and ethically questionable system of surveillance and reporting. (HRNA 2020, Ross 2018, Ross 2019)

If a nurse discloses that they are having challenges with substance use, or are somehow identified by their employer as having a problematic relationship with substances, they are managed by the workplace and their professional regulatory body differently than a nurse with other medical conditions, and in an oppressive, non-evidence-based way.[3]

This is the process[4]:

As a condition of employment nurses are removed from the work, even if their substance use has never impacted the workplace, and are required to undergo a medical exam to be assessed for a substance use disorder (SUD) by an occupational addiction physician (Independent Medical Examiner or IME) chosen by their employer.

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[1] Harm Reduction Nurses Association (HRNA) (2020). Supporting Nurses Who Use Substances. [Position Statement]. https://www.hrna-aiirm.ca/wp-content/uploads/2020/02/HRNA_ PS_SupportingNurses_200206.pdf

[2] Ross, C.A., (2021). "Public Protection as a Ruling Concept in the Management of Nurses Substance Use". Palgrape Handbook of Institutional Ethnography. Chapter 22. https://doi.org/10.1007/978-3-030-54222-1_22

[3] Ross, C.A., Berry, N.S., Smye, V. & Goldner, E.M. (2018). A Critical Review of Knowledge on Nurses with Problematic Substance Use: The Need to Move From Individual Blame to Awareness of Structural Factors. Nursing Inquiry, 25, e12215.

Ross, C.A., Jakubec, S.L., Berry, N.S. & Smye, V. (2018). "A Two Glass of Wine Shift": Dominant Discourses and the Social Organization of Nurses' Substance Use. Global Qualitative Nursing Research,

[4] Ross, C.A., Jakubec, S.L., Berry, N.S. & Msye, V. (2019). The Business of Managing Nurses' Substance-Use Problems. Nursing Inquiry, e12324

Nurses are not provided with any resources or support for several months after they are removed from work and are told to abstain from all drugs through short periods of detox which may put some nurses at risk for potentially life-threatening withdrawal.

If the nurse receives a diagnosis of SUD, whether their substance use has impacted the workplace or not, they are required to enter into a standardized multi-year contract with their employer or College to manage their substance use. The IME physicians make recommendations that are incorporated into the contracts. Nurses must comply with these contracts as a condition of continuing their employment and retaining their nursing registration. The IMEs' recommendations are based upon convention and ideology, rather than science.[5] (Ross et al., 2019).

The standardized contracts mandate 24/7 abstinence (including on days off, vacation, and on extended leaves) from all psychoactive substances except caffeine and nicotine regardless of the severity of the nurse's substance use challenges and whether or not the nurse has ever been impaired in the workplace.

Abstinence compliance is conducted through urine drug testing. The test cannot determine how much of a substance a nurse consumed, when they consumed it, whether or not a nurse was under the influence of a substance at the time of the test, and most importantly, whether a nurses' ability to perform their job duties was impaired (Ross, 2021). Abstinence compliance has not been demonstrated to improve workplace safety (Chapnick, 2014).

A positive drug test can result in a nurse being removed from the workplace again and being subjected to more coercive medical treatment and increased surveillance, even when the drug use occurred outside of the workplace and did not impair the nurse from safely working. (Ross, 2019)

Many people experience urine drug testing as being humiliating and harmful.[6]

Nurses who have been diagnosed with opioid use disorder are not offered Opioid Agonist Treatment (OAT), and if they were previously using OAT, they are required to discontinue use. This is extremely harmful to nurses since OAT medications are the first line treatment for opioid use disorder[7] and the risk of drug toxicity death increases when these medications are

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[5] Chapnick, J. 2014- Beyond the Label, Rethinking Workplace Substance Use Policy

[6] Brico, Elizabeth, "Witnessed urine drug screens in drug treatment: Humiliating and Harmful". Filter Magazine. (2019): https://filtermag.org/urine-screen-drug-treatment/

[7] CAMH, (2021) (Opioid Agonist Therapy: A Synthesis of Canadian Guidelines for Treating Opioid Use Disorder) ,

withdrawn.[8] There is no compelling evidence that OAT medications are unsafe to use in the healthcare workplace.[9]

Likewise, nurses are not offered and are required to discontinue pain medications and certain psychiatric medications despite an absence of substantive evidence that these medications are unsafe to use in the workplace. (Ross et al., 2019)

Nurses are required to attend expensive, private, abstinence-based, (typically religious 12-step) residential addiction treatment centers in Ontario which cost approximately $30,000. These programs are inconsistent with current public-health and trauma informed standards of practice. Evidence has shown that residential treatment is associated with higher rates of drug toxicity deaths compared to outpatient treatment,[10] and that compulsory treatment has a higher risk of drug toxicity death following treatment than non-coercive interventions.[11]

Nurses are required to attend peer support meetings (typically 12-step) 3-7 times per week and "Caduceus" accountability meetings. Twelve step programs require a belief in God which is incompatible with some nurses' belief systems[12]. Coercive 12 step treatment is proven to be particularly harmful.[13]

Nurses are required to attend private medical monitoring companies to track their compliance with all of the mandates. The monitoring costs between $650-$1000 per month (Ross et al.,

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[8] BCCSU, (2027). A Guideline for the Clinical Management of Opioid Use Disorder. https://www.bccsu.ca/wp-content/uploads/2017/06/BC-OUD-Guidelines_June2017.pdf

Chang DC, Klimas J, Wood E, Fairbairn N. A (2018). Case of Opioid Overdose and Subsequent Death After Medically Supervised Withdrawal: The Problematic Role of Rapid Tapers for Opioid Use Disorder. *J Addict Med.* Jan/Feb;12(1):80-83. 10.1097/ADM.0000000000000359.

[9] J Med Toxicol. 2022 Jan;18(1):71-73. doi: 10.1007/s13181-021-00861-4. *ACMT Position Statement: Allow Optimal Treatment for Healthcare Professionals with Opioid Use Disorder.* Ryan T Marino 1, Meghan Spyres 2 3, Timothy J Wiegand 4, Kavita M Babu 5, Andrew Stolbach. DOI: 10.1007/s13181-021-00861-4

Marino, R. American College of Medical Toxicology- "Position Statement: Allow Optimal Treatment for Health Care Professionals with Opioid Use Disorder". 2021

Braquehais, M. D., Fadeuilhe, C., Håkansson, A., Bel, M. J., Navarro, M. C., Roncero, C., … Casas, M. (2015). Buprenorphine-naloxone treatment in physicians and nurses with opioid dependence. S*ubstance Abuse, 36(*2), 138–140. https://dx.doi.org/10.1080/08897077.2014.996698

[10] Morgan et al., **(**2020**)**: Comparison Rates of Overdose and Hospitalization After Initiation of Medication for Opioid Use Disorder in the Inpatient vs Outpatient Setting https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2774168

[11] Ledberg & Reitan, 2022, Increased risk of death immediately after discharge from compulsory care for substance abuse**:** https://pubmed.ncbi.nlm.nih.gov/35617775/

[12] "Atheist Nurse Wins Fight to End Mandatory 12-Step Addiction Treatment for Health Staff in Vancouver" (2019) CBC.

[13] Kownacki and Shadish (1999). "Alcoholics Anonymous and other 12-step programs for alcohol dependence". Cochrane Database of Systematic Reviews 2006 Issue 3

2019) and nurses typically have to pay for it themselves after the first year of a 2-3 year contract. Some of the monitoring companies are owned by the IME doctors that recommend the monitoring for nurses, giving rise to allegations of conflict of interest.[14]

According to BCNU, nurses are given little or no choice when it comes to choosing their medical treatment.[15] This despite there being a large body of scientific literature that suggests that no one treatment approach for substance use disorders has demonstrated effectiveness for all patients. One of the most significant factors relating to the effectiveness of a treatment program has to do with the patient's relationship with the treatment provider. Refusing to allow a full spectrum of evidence-based treatment options would negatively impact the patient's potential recovery. (HRNA, 2020)

Under BC law, a person must provide voluntary informed consent to the medical treatment they are being offered without any form of coercion.[16]

However, nurses who want to return to work must follow the addictions specialist's standardized treatment plan, or lose their job and their licence to practise nursing. (BCNU, 2021)

Participation in this regulatory process may appear on the nurses' license, which can take years to remove, if the nurses' appeals to do so are successful.

Once nurses sign workplace treatment and monitoring contracts, they may be prohibited from obtaining a second medical opinion and have limited means to challenge the conditions to which they are subjected.

Nurses who use substances are not provided with harm reduction information or services to prevent drug toxicity death. Nurses are not are not offered appropriate assistance for mild substance use challenges. Nurses are not offered a choice of voluntary, confidential, health care services based on current best practice. Nurses are not permitted to use services through the publicly funded health care system that are available to other members of the public. The regulatory process for nurses has been completely privatized. Treatment and monitoring mandates are directed towards 24/7 abstinence, rather than harm reduction, and do not address mental health, psychological injuries, trauma or working conditions.

If nurses exit the program, they are referred to the College for a disciplinary inquiry that could jeopardize their licenses and jobs. (Ross, 2019)

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[14] Addiction Specialists Accused of Massive Conflict of Interest for Ties to Drug Testing Industry" (2021): https://www.cbc.ca/news/canada/british-columbia/addiction-specialist-doctors-drug-testing-conflict-of-interest-1.6169076

[15] BCNU Update Magazine. (2021) "Prescription for Change". https://www.bcnu.org/news-and-events/update-magazine/2021/spring-2021/prescription-for-change

[16] Health Care (Consent and Care Facility (Admission) Act (RSBC 1996) Chapter 181: https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96181_01#section6

A systematic review of these standardized workplace treatment and monitoring regimes showed that they are unsupported by scientific evidence, and that the existing studies examining them were of poor methodological quality, and were marred by conflict of interest.[17]

According to the law, employers have a duty to ensure the health and safety of workers and must not assign impaired workers to activities where impairment may endanger anyone. Employers must also not permit workers to remain at any workplace while their ability to work safely is affected by alcohol, a drug, or any other substance or condition.[18] However, this does not mean that employees with an addiction need to undergo coercive medical treatment and submit to 24/7 abstinence mandates including drug testing and compliance monitoring, in order to function safely and productively at work. (Chapnick, 2016)

According to workplace lawyer Jonathan Chapnick who has studied workplace substance use policy in BC:

"The fundamental problem with these types of workplace substance use programs is two-fold. First, these types of programs are not supported by a compelling evidence base. They follow an approach used by Physician Health Programs (PHP) – a model which has not been well-evaluated. Research suggests that treatment mandates may be therapeutically counterproductive or harmful in some cases.

Second, these types of programs are rooted in generalizations, misconceptions and stereotypical assumptions in relation to people with substance use disorders – namely, that such individuals, as a group, pose a unique and extraordinary risk to workplace safety. These programs are based on the misconception that workers with substance use disorders must submit to prolonged, intensive treatment; they must maintain complete abstinence; they must participate in 12-step programming; and they must submit to biological testing for an extended period of time – otherwise, they are not safe to work.

However, these assumptions are based on stigma, not science. They are not supported by the research evidence with respect to the relationship between employee characteristics (e.g. substance dependence) and workplace outcomes (i.e. absenteeism, job performance, workplace injury). These types of programs have become the norm in BC workplaces, and have been adopted as "best practices" by many stakeholders in the employment sector – from professional colleges, to disability benefits providers. These programs represent impediments to the full and free participation of people with addictions in the workforce. And these programs have fostered a climate of stigmatization, misunderstanding, disrespect and discrimination against people with addictions."[19]
(Chapnick 2014)

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[17] Urbanoski, K. A. (2014). *Workplace policies for employee substance misuse: An analysis of Interior Health Authority's policy*. Vancouver, Canada: Substance Use Disorder and Vancouver Coastal Health Authority's substance Use Policy. (cited in Ross. 2018)

[18] Occupational Health and Safety Regulation, B.C. Reg. 296/97, ss. 4.19, 4.20. page 29: https://www.bclaws.gov.bc.ca/civix/document/id/crbc/crbc/296_97_multi

[19] Chapnick, J. JD. (2016). Letter to the BC Human Rights Tribunal: https://docs.google.com/document/d/1qbQ1TWh5YZuuGAI3aRzLQyKkyFWBkfxfL59YDBdxcPc/edit

Chapnick, J. (2016). Test 'Em all: Drug testing law and policy. Continuing Legal Education Society of British Columbia Conference. Test Em All- Drug Testing Law and Policy

Dr. Charlotte Ross conducted a research study- "The Business of Managing Nurses Substance Use Problems"- which was published in a 2019 issue of the journal "Nursing Inquiry".

Dr. Ross concluded that the program for nurses who use drugs is:

"not based on current norms of practice (for the treatment of nurses diagnosed with substance use disorder). Potential and actual conflicts of interest, power imbalances and prevailing corporate interests were rife. Nurses were not afforded the same rights to quality ethical health care as other citizens. 'Expert' physicians' knowledge was privileged while nurses' knowledge was subordinated. Conclusions were that regulatory bodies cannot rely on the taken-for- granted standardized treatment model in widespread use. Individualized treatment alternatives reflecting current, scientific evidence must be offered to nurses, and nurses' knowledge, expertise, and experiences need to be included in decision-making processes in these programs." (Ross, 2019)

In 2019 the BC Nurses Union co-authored a report titled "*Promoting Evidence Based Treatment Approaches for Nurses with Substance Use Disorder- Report & Recommendations"*, that identifies problems with the way nurses who use drugs are treated by employers.[20]

The BCNU Professional Practice and Advocacy Department Coordinator who co-authored the report is quoted in a BCNU Update Magazine article:

"Data indicates that the current approach is extremely punitive and coercive. Treatment and recovery approaches are often outdated…Meanwhile other evidence-based outpatient services and treatments are being withheld…Under the current coercive system nurses can be forced into treatment plans with unsafe or ineffective modalities. They can also be barred from using the same individualized evidence-based and culturally safe care BC nurses routinely provide to patients with SUDs. The report reveals how the current system focuses on an abstinence-only approach and punishes professionals who relapse, resulting in "negative professional, employment and reputational consequences." (BCNU 2021)

Nurses are not the only workers being subjected to these harmful workplace policies. In 2018 the Hospital Employees Union mounted a legal challenge against the Interior Health Authorities (IHA) Substance Use Policy, arguing that it was unreasonable and violated the BC Human Rights Code by making stigmatizing assumptions and stereotypes about employees with substance use problems, denying them the right to consent to treatment, singling them out for discipline without considering their individual circumstances, forcing them to arbitrarily submit to a particular treatment regime, imposing unreasonable financial burdens on them, and reaching beyond the confines of the workplace and intruding upon the private, personal and medical lives of employees.[21]

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[20] Charrois et al. (2019). "Promoting Evidence Based Treatment Approaches for Nurses with Substance Use Disorder- Report and Recommendations":
https://68f6ce34-dfcf-47f6-9e90-8955ebcf4266.filesusr.com/ugd/4be5a1_d7ad2d8875fa40bc95a73eeef82e4ca5.pdf

[21] HEU News: "Interior Health must suspend operation of substance use disorder policy immediately- arbitrator":
https://www.heu.org/news/news/interior-health-must-suspend-operation-substance-use-disorder-policy-immediately

At the 2022 BC Federation of Labour (BCFed) convention, a Resolution was passed in which the BCFed agreed to advocate for a harm reduction approach for workers who use drugs instead of the current abstinence based model.[22]

In 2022 the BC Health Coalition (made up of unions and other organizations) and the Canadian Drug Policy Coalition published the report "*Beyond Prohibition- Community Engagement on Workers' Rights and Addressing the Drug Toxicity Crisis*".[23] The report calls for the discontinuation of abstinence mandates and coercive medical treatment for workers who use drugs, and instead the provision of harm reduction services.

This Resolution currently being put forward for the 2023 BC Nurses Convention is calling for the discontinuation of abstinence mandates and coercive medical treatment and compliance monitoring that nurses are being subjected to and harmed by.

Instead, employers should provide nurses with access to voluntary and non-coercive support and health care services based on current norms of practice in public health and harm reduction that do not require abstinence and are inclusive of a full spectrum of pharmacological treatment options including OAT. These services should be totally confidential in that employers and plan providers should not know which nurses are accessing the services. To avoid coercion, the services should be completely separated from any regulatory and safety management processes that exist for nurses.

Like the services that nurses provide to their patients, nurses should have access to services that are trauma informed, culturally appropriate, and individualized.

Nurses would benefit from peer support to help prevent, mitigate and recover from mental health challenges including substance use challenges.[24]

Nurses must be able to access all of these services while remaining at work, or voluntarily taking time off.

In the Spring 2021 issue of Update magazine BCNU wrote an article about the drug toxicity crisis in BC titled "The Deadliest Year". In the article BCNU states that they support a public health approach to preventing drug toxicity deaths and improving the health and lives of people who

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[22] BC Federation of Labour Convention 2023. Resolution No. 2216, 2217: https://convention.bcfed.ca/2022/sites/default/files/2022-11/BCFED%202022%20Convention%20Book%20-%20Resolutions.pdf

[23] CDPC and BCHC (2022). "Beyond Prohibition, Community Engagement on Workers Rights and Addressing the Drug Toxicity Crisis": https://assets.nationbuilder.com/bchealthcoalition/pages/1728/attachments/original/1669943732/Beyond_Pohibition_FINAL.pdf?1669943732

[24] Canadian Mental Health Association and & Peer Support Canada. (2018). The Power of Peer Support - CMHA National

use drugs through harm reduction, decriminalization, anti-stigma, evidence informed mental health & addiction treatment services and ending the War on Drugs through the promotion of evidence-based policy change.[25]

BCNU's current stance on drug use is aligned with this Resolution that is being put forward. This Resolution is asking for BCNU to advocate for evidence informed workplace drug policy that will promote the health and wellbeing of nurses in BC.

In 2022, *Each & Every: Businesses for Harm Reduction*, *Workers for Ethical Substance Use Policy Society* (*WESUP*), and *Portage Legal Services* developed a "Model Workplace Substance Use Policy".[26] The BC Nurses Union can refer to this model to help guide policy change.

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"Yet, applying the dual-lens of the current research literature and contemporary legal principles outlined in the sections above, it is clear, at least to me, that these types of Requirements and Restrictions are grossly unlawful and blatantly discriminatory. They are not evidence-based, nor are they reasonably necessary or demonstrably effective. Rather, they are rooted in pervasive stereotypes and misconceptions about employees with addictions, and are resulting in the further stigmatization of an already-marginalized population of workers. They are also extremely invasive of personal privacy and bodily integrity, and obscenely intrusive into medical autonomy and self determination. Accordingly, advocates, practitioners and decision-makers must make concerted efforts to reexamine and challenge conventional wisdom and standard practice around substance use policies in unionized workplaces and beyond. I hope that this paper assists in those efforts." (Chapnick 2014)

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[25] BCNU Update Magazine (2022): "The Deadliest Year"
https://www.bcnu.org/news-and-events/update-magazine/2021/spring-2021/the-deadliest-year

[26] Each and Every, Businessed for Harm Reduction (2022) "Model Workplace Policy- Substance Use-Related Code of Conduct"
https://static1.squarespace.com/static/602d6672675bb40d4f1aa13c/t/6375676d425a50391983f425/1668638575453/Workplace+Substance+Use+Policy+3.0.pdf

Workers for Ethical Substance Use Policy Society (WESUP). website: wesup.org