

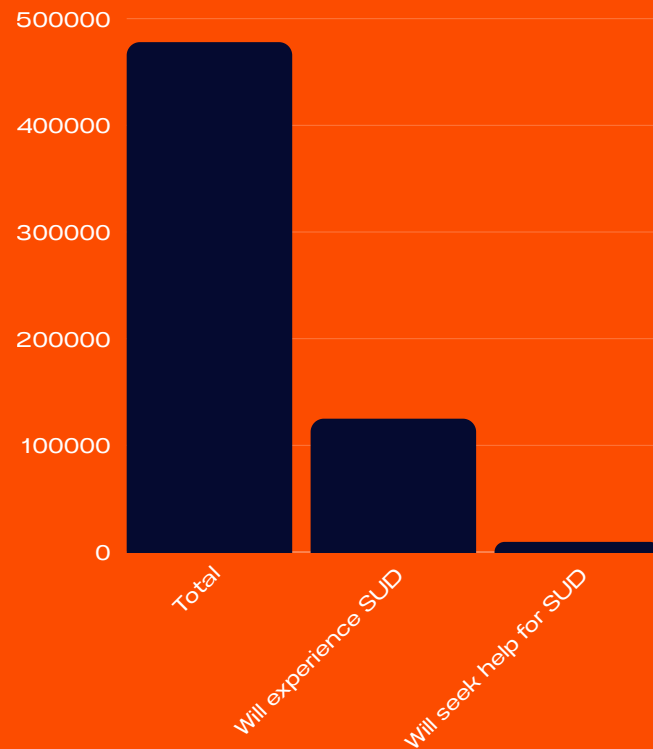
Why is this Important?

Nurses make up nearly 50% of global healthcare workers

25-30% of Nurses may experience a Substance Use Disorder throughout their career...

But only 2% will seek help. Many nurses remain 'hidden peers'.

Nurses in Canada



Where to find help

211: Confidential service that connects people to social and community supports. Call, text, or chat (available in English and French).

SMART Recovery: Rooted in learning and practicing the skills to self-regulate and manage urges and cravings as it relates to substance use disorders.

All People All Pathways: Facilitated peer group meetings for individuals exploring their relationship with substances. These groups provide a safe and supportive space to ask questions without fear of stigma or discrimination.

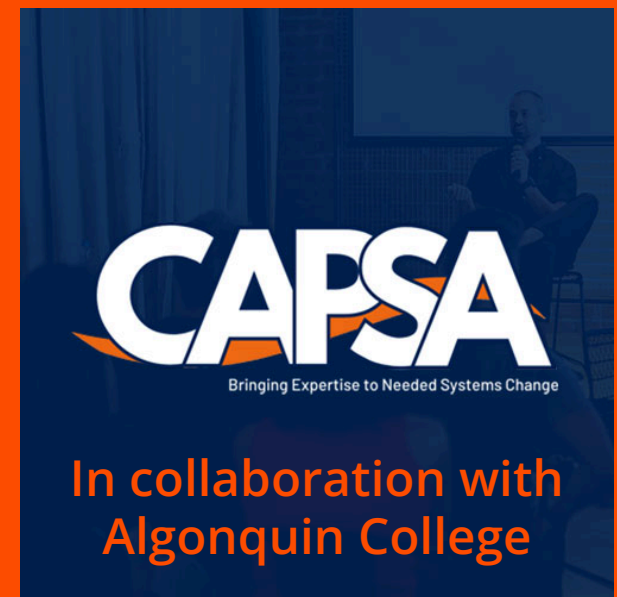
Access MHA: a program that assists people in accessing services for mental health and substance use health, and addictions support

Want to learn more?

Visit CAPSA!

Promotes substance use health, dismantles system stigma, and builds inclusive systems through education, research and co-design.

Substance Use Health and Stigma in Nursing



Made by nursing students, for nursing students

Stigma and Attitudes

Substance Use Disorder (SUD) is often seen as a moral failing rather than a health matter which leads to criminalization, unemployment, and poverty.

Stigma, shame, and fear of judgment are top barriers to disclosure and treatment-seeking.

Nursing Students

We conducted a short survey on 3rd and 4th year nursing students and only...

19.3% felt comfortable working alongside a nurse who is currently experiencing an SUD.

20.8% would feel comfortable talking about their own substance use.

60.8 % are unsure where to seek help...

Consequences

Under Ontario's Health Professions Act, health professionals **must report colleagues** if impairment (including Substance Use Disorder) may endanger public safety.

If a nurse is reported to the College of Nurses of Ontario (CNO), the College determines whether participation in the Fitness to Practice program is necessary.

The inquiry may result in an independent health assessment, practice restrictions, suspension, voluntary surrender of the license, or mandatory treatment before reinstatement.

Nurses returning from leave require medical clearance, a phased return, and collaboration among the nurse, employer, union, and CNO.

Disciplinary hearings can last 18 months to 3 years before rehabilitation is considered. Nurses with more >3 years may need refresher courses or supervised practice.

Impact



Although designed to uphold patient safety, these policies often create unnecessary barriers for nurses seeking help. The emphasis on discipline over support can contribute to fear, stigma, and delayed health seeking, rather than fostering a supportive environment for safe return to practice.

Don't ask, don't tell culture: many nurses and students conceal struggles to avoid academic, professional, or social penalties.

Workplace shortages are worsened when nurses are removed from practice instead of being supported. Silent struggles increase the risk of clinical errors, burnout, and recurrence.