



Nurse Practitioner Education  
Competencies for Prescribing  
Controlled Drugs and Substances

CASN  
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Canadian Association  
of Schools of Nursing  
Association canadienne des  
écoles de sciences infirmières

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Suggested citation: Canadian Association of Schools of Nursing. (2016). *Nurse Practitioner Education Competencies for Prescribing Controlled Drugs and Substances*. Ottawa, ON: Author.

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## Acknowledgements

The Canadian Association of Schools of Nursing (CASN) gratefully acknowledges the expertise, time, and contribution of all those who engaged in the development of the *Nurse Practitioner Education Competencies for Prescribing Controlled Drugs and Substances*. In addition to the project's Competency Development Working Group and Advisory Committee, we would like to thank those who provided their feedback and expertise at either the in-person stakeholder forum or through the online survey.

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*Funding for this document is provided by the Government of Canada.*

*The views expressed herein do not necessarily represent the views of the Government of Canada.*

## Background

In 2015 the Canadian Association of Schools of Nursing (CASN) received funding from Health Canada's Anti-Drug Strategy Initiatives program to carry out a project related to nurse practitioner (NP) education on prescribing controlled drugs and substances (CDS). The first part of the project was to develop a national, consensus-based framework of essential discipline-specific, competencies for NP education on prescribing CDS in Canada. The purpose of the framework is to determine core content that all new NPs will need to have before prescribing CDS.

Nurse practitioners provide essential care to people across health care settings. The competencies and indicators delineate the essential knowledge, attitudes, and skills all new NPs should possess related to prescribing CDS regardless of where they are employed following graduation. The ensuing competencies align with Canadian regulatory bodies' entry-to-practice competencies for NPs that schools of nursing are required to integrate into program curricula. However, they are more detailed and specific in order to offer greater guidance to educators.

In November 2012, Health Canada passed the *New Classes of Practitioners Regulations* which authorized NPs to prescribe controlled substances as outlined in Schedule I–Schedule V in the Controlled Drug and Substances Act (CDSA). NPs are authorized to prescribe all controlled drugs and substances described in the act, with the exception of heroin, cannabis, opium, coca and anabolic steroids (other than testosterone) (Canadian Nurse, 2013).

A controlled substance is defined by Health Canada (2012) as:

“any type of drug that the federal government has categorized as having a higher-than-average potential for abuse or addiction. Such drugs are divided into categories based on their potential for abuse or addiction. Controlled substances range from illegal street drugs to prescription medications”.

While the federal government has allowed for this increased scope of practice, implementation across provincial and territorial regulatory bodies in Canada has varied. Currently, which controlled substances NPs are authorized to prescribe, and what additional education is required for practicing NPs to prescribe them, differs by province/territory.

## Key Considerations

Canada is now the second largest consumer of opioids per capita in the world (The National Advisory Council on Prescription Drug Misuse, 2013, p.1). While prescription drugs have helped many clients manage pain, there has also been an increase in prescription drug misuse and diversion (Embrey, 2012). Given the risks, prescribing CDS requires healthcare providers to have additional and advanced knowledge and skills in this area. Even if healthcare providers appropriately prescribe and administer opioids, they need to be aware of the possibility of prescription misuse and abuse. Current healthcare providers with CDS prescribing authority are challenged to prescribe these substances to the patients who need them and not to those who would use them for reasons other than their intended purpose (Arnstein & St. Marie, 2010).

Prescribers need to be aware that CDS misuse is possible with any client. However there is evidence that some populations are at a higher risk of adverse effects from controlled drugs and substances, for example, infants, youth, and seniors. Infants are at risk of drug withdrawal if their mother was using psychoactive drugs during pregnancy. Infant and adolescent brains develop at a rapid pace which can be negatively affected by the use of prescription drugs (The National Advisory Council on Prescription Drug Misuse, 2013). The quickly growing senior population presents different vulnerabilities to controlled drugs and substances. Seniors are more likely than the general population to experience chronic pain and insomnia, and as a result, are more likely to receive prescriptions for opioids and benzodiazepines. These medications can lead to a loss of coordination, confusion or drowsiness causing falls, hip fractures and other adverse effects. It is important to note that these adverse effects can occur even if the prescription is taken properly (Canadian Medical Association (CMA), 2014; National Advisory Council on Prescription Drug Misuse, 2013; Pham & Dickman, 2007).

Youth are also at a higher risk for prescription drug misuse. One contributing factor is the illusion some youth have that prescription drugs are safer than illegal drugs. A survey of Ontario students in grades 7-12 found that 14% reported the non-medical use of opioid pain relievers during 2011. Of those, 72% obtained the drugs from home, and 6% reported obtaining them from friends (The National Advisory Council on Prescription Drug Misuse, 2013).

Although more research is needed on the prevalence of prescription drug abuse and misuse among Canada's First Nations population, some statistics show that First Nation populations are at a disproportionately high risk of prescription drug abuse. In 2012, Federal Government funding was allocated to support a First Nation community in Ontario where 80% of the community reportedly abuses prescription drugs (Lewis, 2012). The origins of this problem are longstanding and complex and rooted in the legacy of residential schools and colonialism.

Prescribing controlled drugs and substances is an intricate practice of balancing risks and benefits. Increasing this complexity is that some patients are seeking prescription drugs with the intention of selling them to others or misusing the drugs themselves. In cases where diversion or overdose occurs, the prescriber can be held liable (Arnstein & St. Marie, 2010). There are steps prescribers can take to protect their patients from adverse effects and to reduce their legal risks. This includes taking a thorough patient history, conducting a physical examination, collaborating with other health professionals, having informed consent discussions (including explaining the significance of the medication and the potential implications of misuse and diversion), employing treatment agreements and conducting random testing. Furthermore, proper documentation and charting can help the prescriber establish that they have met the standard of care (Gallegos, 2013).

## Methods

The purpose of the project is to promote competent, high quality CDS prescribing practices among NPs by providing NP programs with guidance and resources related to the prescription of CDS. An Advisory Committee of experts from across Canada was struck to guide the project. The Advisory Committee was divided into two working groups: the Competency Development Working Group and the E-Resource Working Group.

CASN conducted an environmental scan of existing resources, standards, and competencies related to prescribing of controlled drugs and substances. Regulatory bodies across Canada have been revising or developing amendments to their existing standards for NP practice to include the prescribing of CDS. These were reviewed and taken into consideration in the development of the CASN CDS prescribing competencies for NP programs. A search of the grey literature was also carried out to examine existing standards and competencies related to prescribing CDS. Existing competencies/standards, both nursing specific and interprofessional were reviewed, as well as other relevant Canadian and international documents. The review served as a starting point to develop an initial draft of the *CASN Nurse Practitioner Education Competencies for Prescribing Controlled Drugs and Substances*.

The draft competencies underwent a number of rounds of revisions by the Competency Development Working Group and the Advisory Committee as a whole. Following these revisions, an in-person stakeholder forum was held. The Stakeholder Forum was attended by a wide array of stakeholders from across Canada. The use of a world café format allowed for the different voices in the room to be heard as well as to facilitate an in-depth review of each competency and indicator statement. CASN collated the feedback and the Working Group held a teleconference to review the feedback and revise the competencies. The last step of the competency development process was to send out an online survey to obtain final feedback. With the use of the online program Fluid Surveys, a snowball sampling method was employed. The Advisory Committee was invited to distribute the online survey to their networks. The survey was also sent to all NP programs in Canada and the stakeholder forum attendees. There were 80 responses to the survey, with an 81% completion rate.

Respondents were asked to rate each competency and indicator statement as one of the following: “essential”, “important”, “somewhat important”, “not important”, or to indicate if they did not know. Respondents were also given the opportunity to provide comments throughout the survey. Each competency and indicator statement achieved over 90% on the “essential” and “important” ranking. Given the level of agreement, the Competency Development Working Group met to review the comments and only minor revisions were made to the document.

## Competency Framework

The competencies and indicators outlined in this document provide direction for NP programs across Canada specifically related to CDS prescribing. They delineate the core knowledge, skills, and attitudes all NP students should attain over the course of their education in order to prescribe CDS safely and effectively.

**Competencies** are complex know-acts based on combining and mobilizing internal resources (knowledge, skills, attitudes) and external resources, and applying them appropriately to specific types of situations (Tardif, 2006). The **indicators** that accompany the competencies are the assessable and observable manifestations of the critical learnings needed to develop the competency (Tardif, 2006).

Prescribing is not a new role for NPs and is taught in all entry level NP education programs. As such, the competencies are based on the assumption that foundational prescribing practices and related content are already taught in NP programs. Competencies expected of registered nurses to promote client safety in relation to CDS monitoring and harm reduction are not repeated in this document. While repetition of competencies that apply to general prescribing was avoided, some overlap is necessary due to the complexities associated with CDS prescribing and the associated level of accountability and responsibility.

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## Competency 1

**Prescribes and monitors the use of controlled drugs and substances (CDS) in accordance with federal/provincial/territorial legislation, regulation, and guidelines.**

### Indicators

- 1.1 Demonstrates knowledge of evidence-informed guidelines, legislation, regulation and organizational policies when prescribing or dispensing CDS.
- 1.2 Demonstrates an understanding of the impact of prescription monitoring systems on CDS prescribing.
- 1.3 Demonstrates knowledge and ability to use available prescription monitoring systems.

## Competency 2

**Integrates concepts of safety, ethics and evidence informed practice in decision making pertaining to prescribing CDS.**

### Indicators

- 2.1 Demonstrates knowledge and applies concepts of the pathophysiology of conditions that may require treatment with CDS.
- 2.2 Applies principles of pharmacotherapeutics of CDS when prescribing or planning treatment.
- 2.3 Demonstrates understanding of best practices related to the use of CDS and of other pharmacological and non-pharmacological therapeutic options.
- 2.4 Selects appropriate screening and diagnostic tools to assess safety concerns for tolerance, dependence, substance use disorder patterns and diversion of CDS.
- 2.5 Demonstrates knowledge of potential risks for individuals, families, households and communities when prescribing CDS.
- 2.6 Identifies when there is a need to collaborate with other providers in treatment planning and prescribing CDS.
- 2.7 Performs medication reconciliation when prescribing CDS.

### Competency 3

**Develops and implements client-centred CDS treatment plans which include education, monitoring and evaluation of outcomes.**

#### Indicators

- 3.1 Demonstrates the ability to develop and implement a CDS treatment plan that includes the therapeutic objective and the expected response.
- 3.2 Demonstrates the ability to counsel individuals and families about CDS treatment goals, risks and benefits, proper use, and potential side effects.
- 3.3 Demonstrates an ability to titrate, taper, or discontinue CDS considering relevant guidelines and pharmacotherapeutics.
- 3.4 Assesses, monitors, and documents inadequate, atypical, or inappropriate responses to CDS treatment.
- 3.5 Initiates a CDS treatment contract when appropriate or required.
- 3.6 Demonstrates and applies knowledge of the complexities of substance use disorders.

## Glossary

Term	Definition
Abuse	“...characterized by a pattern of recurrent use where at least one of the following occurs: failure to fulfill major roles at work, school or home, use in physically hazardous situations, recurrent alcohol or drug related problems, and continued use despite social or interpersonal problems caused or intensified by alcohol or drugs.” (Statistics Canada, 2015).
Addiction	“...uncontrollable use of one or more substances, associated with discomfort or distress when that use is discontinued or severely reduced.” (The Standing Senate Committee on Social Affairs, Science and Technology, 2004, p.74)
Client (patient) -centered care	“Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.” (Institute of Medicine, 2002, p.3)
Controlled drugs and substances	“Any type of drug that the federal government has categorized as having a higher-than-average potential for abuse or addiction. Such drugs are divided into categories based on their potential for abuse or addiction... range from illegal street drugs to prescription medications” (Health Canada, 2012).
Dependence	“Dependence can be physical, psychological, or both. Physical dependence consists of tolerance (needing more of the substance for the same effect). Psychological dependence is present when a person perceives an intense need to use the substance in order to function effectively or in particular situations. The degrees of dependence range from mild to severe, the latter being characterized as addiction.” (The Standing Senate Committee on Social Affairs, Science and Technology, 2004, p.73).
Diversion	“Prescription drug diversion involves the unlawful redirecting of regulated pharmaceuticals from legal sources to the illegal marketplace and can occur at all points along the drug supply chain” (The National Advisory Council on Prescription Drug Misuse, 2013, p.73).
Evidence- Informed	“Prevention initiatives and activities must be guided by evidence, preferably that provided through documented scientific research. However, in the absence of a solid base of evidence, evidence-informed prevention approaches can be used. They allow for innovation while incorporating lessons learned from existing research literature and are responsive to cultural backgrounds and community values, among other things.” (Canadian Centre on Substance Abuse, 2015, p.7)
Medication reconciliation	“Medication reconciliation is a systematic and comprehensive review of all the medications a patient is taking to ensure that medications being added, changed or discontinued are carefully assessed and documented.” (Accreditation Canada, the Canadian Institute for Health Information, the Canadian Patient Safety Institute, and the Institute for Safe Medication Practices Canada, 2012).
Misuse	“Misuse can be broadly defined as the use of medications for purposes other than the indication for which the drug was prescribed” (The National Advisory Council on Prescription Drug Misuse, 2013, p.73).
Tolerance	“... [the] body becomes used to the drug and it requires a larger dose to achieve the same effects. As with many other drugs, a sudden stop in the use of the drug after a long period of use can cause the individual to experience withdrawal symptoms.” (Royal Canadian Mounted Police, 2013)

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