Policy: Substance Use Management

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Document control	
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Scope	This policy applies to Te Poari Ringa Hangarau Iraruke | The Medical Radiation Technologists Board

Revision schedule			
Version no.	**Date**	**Approver**	**Review**
One	February 2022	MRTB	2024
Two	August 2022	MRTB	2024
Three	August 2026	MRTB	2029

Associated documents	
Health Practitioners Competence Assurance Act 2003	Health Practitioners Competence Assurance Act 2003 No 48 (as at 15 June 2023), Public Act Contents – New Zealand Legislation
Te Tiriti o Waitangi Framework	Te Tiriti o Waitangi framework | Ministry of Health NZ
Privacy Act 2020	Privacy Act 2020 No 31 (as at 30 March 2025), Public Act Contents – New Zealand Legislation
Human Rights Act 1993	Human Rights Act 1993 No 82 (as at 01 July 2024), Public Act Contents – New Zealand Legislation
Bill of Rights Act 1990	New Zealand Bill of Rights Act 1990 No 109 (as at 30 August 2022), Public Act Contents – New Zealand Legislation

Legislative context

1. Te Poari Ringa Hangarau Iraruke | Medical Radiation Technologists Board (MRTB/the Board) is appointed under the Health Practitioners Competence Assurance Act 2003 (the Act) to protect the health and safety of the public of Aotearoa New Zealand by ensuring the practitioners it regulates are competent and fit to practise.

2. Section 16(d) of the Act provides for a situation where practitioners are unable to perform the functions required for practice because of a mental or physical condition at the point of registration. This includes impairment from alcohol or substance use which poses a risk of harm to the public.

3. Under Section 45 of the Act, a person in charge of an organisation that provides health services, a health practitioner, employers, and medical officers of health are obliged to notify the Board when they believe that a practitioner's health is impacting on their ability to practise. This includes when in practice they show signs of alcohol and/or substance use which poses a risk of harm to the public.

Definitions

4. **Substance use**: Refers to the use of substances such as alcohol, opioids, marijuana, and other psychoactive drugs including synthetic cannabis and cathinone.

5. **Substance use disorder:** A condition where there is uncontrolled use of a substance despite harmful consequences.

6. **Screening test:** A preliminary test that quickly detects the presence of the substance/s being tested for.

7. **Definitive test:** A more advanced test used to confirm and validate the initial screening test. A definitive test is highly accurate and provides specific information of the substance/s, such as metabolites and concentration.

8. **Non-negative result:** A non-negative result means that the initial test has indicated there may be substances present in the sample.

9. **Positive result:** A positive result means that a follow up test has confirmed substances are present in the sample.

Background

10. The policy provides information for practitioners who are subject to a Board-required substance use testing regime as required under the Act.

11. Having a policy provides a consistent approach for assessment and monitoring and for informing practitioners undergoing testing, which helps protect the health and wellbeing of the public.

12. The policy also provides a reference guide for employers who have a practitioner subject to a testing regime.

13. As a regulator the Board has ultimate responsibility to ensure public safety. While its policies may complement those of an employer, members cannot abrogate responsibility for actions assuming that an employer will take necessary actions or that their policies align with the Board's requirements.

14. The Board's policy and processes are continuous when being applied to a practitioner in all places of work. If a practitioner leaves an employer and gains work elsewhere, the Board's requirements regarding their substance use and any management still apply.

15. With the practitioner's consent the Board and the employer will ensure effective communication pathways are in place to support the policy and processes.

Risk of harm to the public

16. Substance use and abuse is considered to be a health problem and therefore treated without judgement.

17. Substance use can lead to impairment at work and is evidenced through behaviours such as poor concentration, carelessness, risk-taking, and errors in judgement. These can impact on a practitioner's safety to practise and pose a risk of harm to the public.

18. Where there is an identified issue with substance use the Board may require the practitioner to undergo testing to ensure they are, and continue to be, safe to practise.

19. Effective management of substance use is critical to ensuring the safety of the Aotearoa New Zealand public. When necessary, the issue may be managed on a longer-term basis to ensure any repeat behaviour is identified and appropriately addressed.

Addressing an identified substance use issue

20. Upon receipt of a notification or disclosure alleging that a practitioner has a substance use issue, the Board may refer the practitioner for a specialist assessment to determine whether there is reasonable cause to suspect substance use disorder.

21. The Act will be given foremost consideration in all matters relating to notifications about substance use. The Board will also consider the principles of Te Tiriti o Waitangi, the Privacy Act 2020, the Human Rights Act 1993, and the New Zealand Bill of Rights Act 1990.

22. If it is substantiated that a practitioner has a substance use problem that affects their fitness to practise, the Board may require that testing happens. This may occur through imposing a condition on the practitioner's practising certificate and a referral to the Registrar requiring them to undergo testing.

23. When a practitioner undergoes testing, the Board will:

- Arrange for the practitioner to attend an external and accredited testing agency whose operations meet New Zealand standards for quality management and competence
- Ensure the testing is conducted in a clear, transparent manner
- Ensure that the practitioner is aware of who is responsible for payment of fees associated with testing.

Testing methods

24. Methods used to test a practitioner's substance use include the following:

- Screening test:
  - Alcohol breath screening
  - Urine screening
  - Saliva screening
- Definitive test:
  - Hair follicle testing
  - Blood testing
  - Urine testing
  - Saliva testing
  - Nail testing

25. Substance testing will either be completed by use of a definitive or a screening test.

Test results

A non-negative result

26. A non-negative result means that the initial test has indicated there may be substances present in the sample.

27. Where a screening test returns a non-negative result, a second (definitive) test will be taken. A non-negative result from a definitive test is treated as a positive result (see below).

28. In the event of a non-negative result:

- Consideration must be given that the impairment exists
- The practitioner will be required to cease practising to ensure the safety of the public, until such time they are considered to be no longer impaired. In this instance the

practitioner will be directed to advise their employer that they have returned a non-negative test result and have been instructed by the Board to cease practising in the interim until the result of a definitive test is known.

- An additional laboratory (definitive) test is then performed to establish whether the result is positive. A different method and/or sample may be required if definitive testing is undertaken.

Positive result

29. In the event of a positive result:

    - The practitioner is deemed to be impaired
    - The practitioner will cease practising to ensure the safety of the public, until such time they are considered to be no longer impaired. In this instance the practitioner will be directed to advise their employer that they have returned a positive test result and have been instructed by the Board to cease practising until advised by the Board.

30. The Board will work collaboratively with the practitioner to ensure the health and safety of the New Zealand public is protected.

31. Any action taken by the Board will include adequate support for the practitioner, such as referral to appropriate support networks. A practitioner may also consider accessing help through any assistance initiatives that may be offered by their employer.

32. A practitioner who returns a positive result will be monitored by the Board, and follow-up testing will be considered.

33. The Board will discuss confirmed positive results with the practitioner and determine what action is required to ensure the safety of the public. Depending on the circumstances this may include suspension of the practitioner's practising certificate.

34. Employers may consider providing measures for the intervention, treatment, and rehabilitation of practitioners with substance use issues.

35. In the event a practitioner either:

    - Attempts to falsify the results of a Board-mandated substance testing process; or
    - Attempts to evade or fails to comply with a Board-mandated substance testing process

    The result will be inferred to be a non-negative result in the case of an initial screening test, and a positive result if the test is definitive and will be managed accordingly.

36. Any further actions required by the Board will be managed as a health or competence issue in accordance with the Act.