

[insert organisation name/logo]

Substance Use Policy

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Date Issued: [date]

Lead Author: [name and position]

Approved by: [insert organisation name] Board of Directors on [date]

Scheduled Review Date: [date]

Record of Policy Review

Review Date	Person Initiating/Leading Review	Other People Consulted

Triggers for Policy Review (tick all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Standard review is timetabled. | <input type="checkbox"/> Internal / organisational factors |
| <input type="checkbox"/> A gap has been identified | <input type="checkbox"/> A stakeholder has identified a need, eg by email, telephone etc |
| <input type="checkbox"/> Additional knowledge or information has become available to supplement the policy. | <input type="checkbox"/> A serious or critical incident has occurred, requiring an urgent review. |
| <input type="checkbox"/> External factors | <input type="checkbox"/> Need for consistency in service delivery across programs and organisations. |
| <input type="checkbox"/> Policy is no longer relevant/current due to changes in external operating environment. | <input type="checkbox"/> Separate, stand-alone policy is now warranted |
| <input type="checkbox"/> There are changes to laws, regulations, terminology and/or government policy. | <input type="checkbox"/> A near miss has occurred, requiring a review to prevent a serious/critical incident in the future |
| <input type="checkbox"/> Changes to funding environment, including requirements of funding bod(y)ies | |
| <input type="checkbox"/> Other (please specify). | |

Additional Comments

[for example, policy now covers details related to new legislation].

Substance Use Policy

1. Purpose and Scope

The purpose of this policy is to ensure:

- appropriate, integrated support and/or referrals are provided for consumers presenting with co-occurring mental health and substance use issues.
- assist **[insert organisation name]** to establish clear procedures for addressing risks to work health and safety in associated with the inappropriate use of substances such as alcohol and/or other drugs.

This policy applies to all consumer services and programs of **[insert organisation name]** and all staff of **[insert organisation name]**. It does not prescribe specific treatments, philosophies or counselling techniques. It is based on Recovery Oriented Practice and the Collaborative Recovery Model for Community Managed Organisations.

This policy is implemented in conjunction with the Service Entry Policy, Individual Supports Policy, Medication Policy, Dignity of Risk Policy, Human resources Policy, Professional and Personal Development Policy and Supervision Policy.

2. Definitions

Co-existing mental health and substance use problems refers to the experience of a mental health problem and to the misuse of drugs and/or alcohol. (historically referred to as “comorbidity” and “dual diagnosis”). In line with recent literature, the term ‘co-existing mental health and substance use issues’ is used in this policy.

Integration is defined as the coordination of interactions and relationships within and across mental health services and substance use services in order to secure the best possible service system response for a consumer with co-existing problems.

Integrated support refers to the provision of support for both mental health and substance use problems by a single practitioner or service where possible; and where not possible, the provision of support by two or more practitioners working collaboratively within a network of services.

3. Principles

[Insert organisation name] adheres to the twelve principles of good practice outlined below:

1. Effective collaborative partnerships between mental health services and substance use services and with professionals in primary care, community services, housing, criminal justice, education and related fields are developed

and maintained to meet the complex needs of consumers with co-existing mental health problems.

2. Consumers with co-existing problems are the expectation not the exception. Systems planning, service operations and the delivery of and support addresses the need to provide services for consumers with co-existing mental health and substance use issues.
3. An integrated support approach that ensures continuity and quality between mental health services and substance use services and across other service sectors is used in the provision of support for consumers. **[Insert organisation name]** facilitates seamless delivery of mental health and substance use support through a variety of services across health and welfare settings.
4. A 'no wrong door' approach is used that provides consumers with, or links them to, appropriate services regardless of where they enter the system of support. Services to provide 'no wrong door' training for staff and incorporate into service delivery audit and continuous improvement process.
5. The development and maintenance of a therapeutic alliance is based on mutual respect, and is an essential component of effective support for consumers. Empathy, respect and belief in the individual's capacity for recovery are fundamental attitudes and values at **[Insert organisation name]**.
6. Integrated service provision involves a biopsychosocial approach comprising an array of physical, psychological and social service interventions in the provision of engagement, assessment, and support. These interventions are outlined in an integrated and comprehensive support plan based on an assessment of consumer needs and preferences, matched to appropriate levels of support, and coordinated within a broad range of provider networks and social services.
7. A harm minimisation approach is used and promoted in the support of consumers. This approach recognises that consumers with substance use issues have a wide range of support goals that range from the reduction of harms related to use, through to abstinence, and that interventions need to be person-centred, humane, realistic and achievable.
8. A holistic, recovery-based approach is used in the provision of assessment, and support, involving direct service provision for mental health and substance use issues and effective linkage with the broader social service network to meet the range of complex needs experienced by consumers with co-existing problems.
9. Within the support context, both mental health and substance use issues are considered of primary importance to the clinical presentation. As mental health issues and substance use can vary over time and strongly interact, both mental health issues and substance use is given equal priority in support. Both issues are continually assessed and support plans adjusted accordingly. The complexity of the interdependence of mental health and substance use issues is reflected in the support plan.

10. The needs of special populations are acknowledged in the provision of integrated support, including young people, Aboriginal and Torres Strait Islanders, culturally and linguistically diverse populations, women, people with disability, older people, homeless, injecting drug user and gay, lesbian, bisexual, transgender or intersex.
11. The active and informed participation of the consumer, primary carers, family or significant others in the support of consumers occurs wherever possible.
12. The contribution of the community to the reduction of drug-related harms and course of recovery for consumers and their contribution to the community must be explicitly recognised and supported in support planning and consumer advocacy.
13. **[insert organisation name]** must ensure, so far as is reasonably practicable:
 - the health and safety of:
 - (a) workers engaged, or caused to be engaged by **[insert organisation name]**
 - (b) workers whose activities in carrying out work are influenced or directed by **[insert organisation name]** while the workers are working at/for **[insert organisation name]**.
 - that the health and safety of other persons is not put at risk from work carried out as part of the conduct of **[insert organisation name]** .
14. Employees have a duty to take reasonable care:
 - for their own health and safety,
 - that his or her acts or omissions do not adversely affect the health and safety of other persons,
 - to co-operate with their employer in providing a safe working environment

4. Outcomes

[Insert organisation name] assesses all consumers to identify mental health problems. The presence of a co-existing mental health and substance use problem does not constitute criteria for service exclusion or denial.

Staff are provided with education, skills and support in mental health assessment, screening, interventions, support plan development and support coordination.

[Insert organisation name] develops and maintains partnerships with local ATOD, mental health and related services to provide integrated support for consumers.

[Insert organisation name] creates a safe and healthy work environment for all employees, contractors, consumers and visitors.

Support is provided for personnel who may have difficulty addressing substance-use related issues.

[Insert organisation name] fosters a culture whereby it is not acceptable to come to work under the influence of alcohol or any other drug that will prevent workers from performing their duties in a safe manner.

[Insert organisation name] ensures all disciplinary processes are consistently managed in accordance with the Staff Performance and Conduct Procedure.

5. Functions and Delegations

Position	Delegation/Task
Board of Directors	Endorse Substance Use Policy
Management	Compliance with Substance Use Policy Develop, maintain and formalise (where appropriate) collaborative partnerships and interagency relationships with relevant government and non government services.
Staff	Compliance with Substance Use Policy Identify consumers' support and support needs. Maintain knowledge of current good practice related to co-existing mental health and substance use issues. Develop and maintain partnerships with local mental health and related services.

6. Risk Management

Staff with responsibility for consumer intake and assessment are identified and appropriately trained and/or qualified, and engage in ongoing support and professional development. Refer to Supervision Policy.

Assessment and responses to suicide and self harm risk is undertaken by staff who are appropriately trained and qualified, using evidence based assessment and response practices. Refer to Dignity of Risk Policy.

Systems are in place to ensure information about consumer medication is accurate and current. Staff who assist consumers managing their medications are aware of relevant legislation and duty of care provisions through induction, training and an assessment of their competencies prior to undertaking these duties. Refer to Medication Policy.

7. Policy Implementation

This policy is developed in consultation with staff, consumers and carers, and is approved by the Board of Directors.

This policy is part of staff orientation/induction processes and all staff are responsible for understanding and adhering to it.

This policy is reviewed in line with **[insert organisation name]**'s continuous quality improvement program and/or relevant legislative changes.

8. Policy Detail

8.1 Supporting Consumers

[Insert organisation name] provides integrated support for consumers in a process of awareness-raising of their recovery journey, which takes into consideration mental health and substance use issues.

The most appropriate options should be available for the consumer. These include:

- Substance use and mental health support are provided by the same staff member, and/or between staff and/or teams at **[insert organisation name]**, with collaborative support planning and frequent communication processes.
- Where consumer consent allows, substance use support is provided by **[insert organisation name]** at the same time as mental health support provision by a specialist mental health service, private psychiatrist, GP or private psychologist within a 'shared care' model, or collaborative support planning and frequent communication.

In circumstances where consumers are receiving services from two or more support agencies, it is recommended that regular case conferences are organised and convened. This involves coordinating a meeting between all support providers and support workers, carers, and, unless it is not in the consumer's best interests, the consumer.

In a case conference, the roles of each support provider and support worker are clarified, and the needs and goals of the consumer are discussed in order to formulate a coordinated approach to the support plan, reduce the gaps between services and provide better outcomes for consumers.

For more information refer to the [Individual Supports Policy](#) and [Integration Policy](#)

Staff assist consumers with referrals and linkages to other specialist and generalist services that the consumer may require during their support at **[insert organisation name]**.

Where appropriate, staff advocate for consumers to receive mental health support, and, where possible, facilitate access to this support.

For more information refer to the Individual Supports Policy.

When a consumer is experiencing a mental health crisis, or is expressing ideas of suicide, self harm or harm to others at any time during the program, staff respond in accordance with the Dignity of Risk Policy.

All consumer information is recorded and filed in individual consumer files and secured **[insert where files are kept and access procedure]**. Further information is included in the Personal Records Policy.

8.2 Supporting Employees of [Insert organisation name]

8.2.1 Establishing a supportive culture

[Insert organisation name] promotes a supportive culture in which employees are able to seek the assistance of their employer in a non-threatening environment, through:

- recognition that the inappropriate use of substances such as alcohol and/or other drugs can be due to illness (e.g. dependency) or symptomatic of an illness (e.g. depression)
- providing non-threatening assistance to employees who recognise that they have substance use problems (e.g. availability of an employee assistance program)
- ensuring that clear and consistent processes are in place for addressing risks to health and safety in the workplace
- respecting the privacy of employees by ensuring that appropriate systems are in place to maintain confidentiality

8.2.2 General conduct obligations

Employees of **[Insert organisation name]** must not conduct themselves, when carrying out their functions, in a manner that is likely to bring **[Insert organisation name]** into disrepute.

Employees are expected to maintain high standards of professional conduct and service to the community and must act honestly and exercise a reasonable degree of care and diligence when carrying out their functions.

By way of example, an employee may be in breach of their general conduct obligations if they:

- attend for work whilst under the influence of substances such as alcohol and/or other drugs; or

- conduct themselves in an inappropriate and/or unprofessional manner whilst at work or at a work related function (which may be due to the effects of substance use).

8.2.3 When is disciplinary action appropriate?

Procedures for managing workplace risks associated with the use of substances such as alcohol and/or other drugs should balance:

- **[Insert organisation name]**'s obligation to ensure, so far as is reasonably practicable, the health, safety and welfare of employees and other people in the workplace, and
- promoting a supportive culture in which employees feel able to seek the assistance of **[Insert organisation name]** in a non-threatening environment

8.2.4 Legislative requirements

General employer/employee obligations in relation to workplace health and safety laws exist under:

- the Work Health and Safety Act 2011 (Cth), and
- the Model Work Health and Safety Regulation 2011 (Cth).

[Insert organisation name] employees, volunteers and managers who drive motor vehicles for work (including when travelling to or from work) must obey applicable road safety laws, including those relating to prescribed concentration levels for alcohol and other drugs. For further information in relation to prescribed concentration levels refer to:

- the Road Transport (Safety and Traffic Management) Act 1999 (NSW), and
- the Road Transport (Safety and Traffic Management Regulation 1999 (NSW)

8.2.5 Procedure

It is the goal of **[Insert organisation name]** to:

- eliminate the risks associated with the misuse of substances such as alcohol and other drugs, thereby providing a safer working environment
- minimise the risks of impairment from substances such as alcohol and other drugs in the workplace
- promote a supportive culture that encourages a co-operative approach between management and employees and builds on the shared interest in work health and safety

8.2.6 Potential Areas to Consider

Employee obligations to present for duty in a fit state

Consultation Communication and Information

Education and Training

Employee Assistance and Information

Drug and Alcohol Testing

Program of Testing
Voluntary Self Testing

Post Incident Testing

Fitness for Work (Impairment)

Reasonable Suspicion Guidelines

Dealing with Aggressive or Abusive Behaviour

Test Results - Alcohol

Alcohol Positive Result Levels

Test Results – Other Drugs

Employees with prescribed medication

Confirmatory Test is Positive (consistent with medication)

Confirmatory Test is Positive (not consistent with medication)

Confirmatory Test is Negative

Refusal or Tampering of Tests

Refusal

Tampering

Consequences for Positive Results

Rehabilitation

Review and Audit

Grievances/Disputes Relating to this Policy

Observable Indicators of Impairment

Indicators of Impairment by Drug (for information only)

More at: http://www.usu.org.au/Draft_AOD_Policy_Procedures_30%20July_2010.pdf

9. References + Resources

9.1 Internal

Personal Records Policy
Service Entry Policy
Individual Supports Policy
Medication Policy
Dignity of Risk Policy
Supervision Policy

9.2 External

AIHW 2011. Drugs in Australia 2010: tobacco, alcohol and other drugs. Drug statistics series. Cat. no. PHE 154. Canberra: AIHW.

COCE (2006). *Overarching principles to address the needs of persons with co-occurring disorders, Overview Paper 3*, Co-occurring Center for Excellence, Substance Abuse and Mental Health Services Administration, US Department of Health and Human Services, USA. www.coce.samhsa.gov

NSW Department of Health. (2009) *NSW Clinical guidelines for the care of persons with Comorbid Mental Illness and Substance Use Disorders in Acute Care Settings*, NSW Health, Sydney.

Mills K, Deady M, Proudfoot H, Sannibale C, Teesson M, Mattick R, Burns L, 2009, *Guidelines on the management of co-occurring mental health conditions in alcohol and other drug (AOD) treatment settings*, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

Minkoff, K. (2001) *Behavioural health recovery management service planning guidelines co-occurring psychiatric and substance use disorders*. Illinois Department of Human Services' Office of Alcoholism and Substance Abuse, USA.

Queensland Health, (2008). *Queensland Health Policy: Service Delivery for people with dual diagnosis (co-occurring mental health and alcohol and other drug issues)*. Brisbane, Queensland.

NSW Local Government DRAFT Alcohol and Other Drugs Policy Guideline 2010. http://www.usu.org.au/Draft_AOD_Policy_Procedures_30%20July_2010.pdf
Accessed 22nd November, 2011.

9.3 Quality and Accreditation Standards

EQuIP4

Provided by the Australian Council on Healthcare Standards (ACHS)

Standard 1.1: Consumers/patients are provided with high quality care throughout the care delivery process.

Criterion 1.1.1: The assessment system ensures current and ongoing needs of the consumer/ patient are identified.

Criterion 1.1.2: Care is planned and delivered in partnership with the consumer/patient and when relevant, the carer, to achieve the best possible outcomes.

Criterion 1.1.3: Consumers/patients are informed of the consent process, understand and provide consent for their health care.

Criterion 1.1.5: Processes for discharge/transfer address the needs of the consumer/patient for ongoing care.

Criterion 1.1.6: Systems for ongoing care of the consumer/patient are coordinated and effective.

Criterion 1.1.8: The health record ensures comprehensive and accurate information is recorded and used in care delivery.

Standard 1.2: Consumers/patients/communities have access to health services and care appropriate to their needs.

Criterion 1.2.2: Access and admission to the system of care is prioritised according to clinical need.

Standard 1.3: Appropriate care and services are provided to consumers/patients.

Criterion 1.3.1: Health care and services are appropriate and delivered in the most appropriate setting.

Health and Community Service Standards (6th edition)

Provided by the Quality Improvement Council (QIC)

Standard 2.2: Service and programs are provided in an effective, safe and responsive way to ensure positive outcomes for consumers and communities.

Evidence Questions: What is the evidence that

- a) interventions and action are based on assessment and planning?
- b) services and programs are managed to ensure positive outcomes for consumers and communities?

- c) information about the rationale, risks and effects of services and programs is routinely provided to consumers and communities?
- d) consumers and communities participate in decision-making about services and programs they receive?
- e) services and programs are safe and risks are identified and addressed?
- i) services and programs are evidenced based?
- j) services and programs follow case/care plans developed with consumers?

9.4 National Mental Health Standards

N/A

9.5 Recovery Oriented Service Self-Assessment Tool (ROSSAT)

Evidence items are:

Item 1.5: The organisation promotes a culture of respect and shared humanity towards consumers at all levels.

Item 1.8: The organisation values the consumer's right to independently determine who will represent their views to the service, and links people to peer support, peer workers and other advocates in the area.

Item 2.2: Management proactively and constructively challenge non-recovery oriented attitudes and behaviours among workers (e.g. stigmatising and discriminatory attitudes and behaviours).

Item 2.5: Leaders advocate, champion and model:

- Human rights informing service delivery
- The consumers' voice as central to care and service provision
- The belief that recovery is possible and probable for every person
- Hopeful and optimistic attitudes in dealing with workers, consumers and carers.

Item 2.6: Management:

- Is aware of Commonwealth and State policy directions around recovery orientation and integrates these into practice
- Identifies information relevant to the organisation to increase the knowledge base on recovery and recovery oriented practice, including information for consumers, carers and their families.

Item 3.4: In ongoing relationship development:

- a. A person identifies their goals, hopes and dreams
- b. Workers support the person to develop their own sense of self and to identify what is personally meaningful to them.

- c. Workers support the person to develop methods to self-manage their illness and encourage them to take personal responsibility for their recovery journey.
- d. Workers encourage the person to re-build and/or maintain relationships with family and social connections.
- e. Workers are aware of how a relationship may hinder recovery in their interaction with consumers.
- f. Workers are aware of their own mental health and of self-help strategies and ways to seek support.
- g. Workers acknowledge and explore power differences, and steps are taken to ensure consumers are empowered in the relationship.

Item 3.5: Workers are aware of and responsive to diversity (e.g. gender, age, culture, ethnicity, language, sexual preference and religious beliefs / spirituality).

Item 3.6: When workers engage with people they:

- Respect them as equals and as experts by experience
- Value their voice and vision in informing their support
- Use strengths based language and everyday language (not clinical jargon).

Item 3.7: Workers recognise that self-direction and self-responsibility are important in a person's recovery journey, and that providing them with choice and information inspires recovery and enhances control over decision-making.

Item 3.11: Support / treatment, recovery plans and advance directives:

- a. Are developed by the person, in partnership with workers and family and carers (with consent), based on the consumer's strengths, needs, desires and goals
- b. Are reviewed collaboratively on a regular basis
- c. Are owned and approved by the person and are available to them and others (with consent).

Item 3.17: Workers support the person, their family and carers to make informed decisions by sharing information on services, activities in the community that support their participation, social interactivity and recovery, including peer networks and support groups, therapies and supports, and supporting consumers to find information from other sources.

Item 3.19: Workers support and encourage positive risk taking.

Item 3.22: Workers are aware of a person's physical health and are able to provide referrals to appropriate health care professionals.

Item 3.23: Workers consider the whole context of a person, and support the person to develop and enhance links in their community (e.g. social networks, peer support groups, education/training, employment, community and rehabilitation services, physical activities, a person's hobbies).

Item 4.2f: The organisation provides induction training on consumer participation and social inclusion, stigma and discrimination and their pervasive impact on the exclusion of people who live with mental illness.

Item 4.3: The organisation provides the opportunity for ongoing training, including respectful practice, culturally responsive practices acknowledging different understandings and sensitivities relating to mental health, including Aboriginal and Torres Strait Islander meanings, the processes for workers to address stigmatising and discriminatory language they have observed, and the debilitating impacts of stigma and discrimination towards consumers, particularly in the language used by service workers.

Item 4.3a: The organisation provides the opportunity for ongoing training including understanding recovery:

- That each person will be able to embark on their recovery when they are ready
- That relapse is common and normal in recovery and is seen as an opportunity for developing resilience
- How to support recovery through positive risk-taking
- How to sustain hope for a person's recovery
- The importance of people's lived experience in informing service delivery and informing training.

Item 4.3b: The organisation provides the opportunity for ongoing training including in relationships:

- How to explore and identify appropriate boundaries
- Prioritising time for and undertaking relationship building
- Identifying relationships that are supportive of recovery, and those that may hinder a person's recovery
- Trauma informed care and practice
- Communication skills, including listening and negotiation
- Dealing with conflict, violence, hopelessness and/or challenging behaviour
- Working with people who are reluctant to be involved in decisions around their treatment and care
- The importance of attitudes such as hope and optimism
- How to explore and relate one's own life experiences to strengthen.
- The complaints process.

Item 4.3d: The organisation provides the opportunity for ongoing training on consumer self-directed care:

- How to facilitate the delivery of consumer self-directed services, including how to maximise consumer choice and control in their recovery
- Information on the individual, non-linear nature of recovery and how this affects the level of support provided by workers.

Item 4.3e: The organisation provides the opportunity for ongoing training on the obtaining and sharing of knowledge and information including:

- Protocols relating to privacy and confidentiality
- Relevant legislation changes

- Innovative recovery based practice
- New and existing relevant services
- Sharing accessible information and resources relevant to consumers, their families and carers.

Item 4.5: Consumers, their families and carers are supported to access education and training on mental health, recovery and wellness.

Item 5.3a: Consumers are provided with the regular opportunity to evaluate relationships:

- Their relationship with workers and the organisation
- The appropriateness of the format of communication with their worker
- If their worker presents any barriers to their recovery.

Item 5.3b: Consumers are provided with the regular opportunity to evaluate respectful practice:

- The level of respect they experience from workers within the organisation
- Perceptions of stigma and discrimination experienced from workers within the organisation
- The cultural appropriateness of services received
- Perceptions of how responsive workers are to diversity.

Item 5.3c: Consumers are provided with the regular opportunity to evaluate the consumer self-directed focus:

- The degree to which workers advocate for the persons' centrality in directing their own recovery journey
- The amount of input they have into the services they receive.

Item 5.3d: Consumers are provided with the regular opportunity to evaluate the belief in consumer's recovery:

- Workers attitudes and level of belief they have in recovery
- Support relating to positive risk-taking
- How well their goals have been documented, acknowledged and supported

Item 5.3e: Consumers are provided with the regular opportunity to evaluate the obtaining and sharing of knowledge and information, the quality and relevance of information provided, the appropriateness of the format information is provided in and the ability to understand information that is provided.

9.6 NSW Disability Services Standards (DSS)

N/A