



## Use of Alcohol and Illicit Substances Procedure

Effective: 31 August 2016

### 1. Guiding Principles

- 1.1 The use of alcohol and or illicit substances by patients is a risk to the treatment and or the safety of any person in an acute inpatient setting. In order to maintain a safe environment, the consumption and or possession of alcohol or illicit substances is prohibited in Broome Mental Health Unit (BMHU) /Mabu Liyan.
- 1.2 Patient and visitor confidentiality is to be respected. Any decision that overrides patient/visitor confidentiality, e.g. when informing the police of suspected illegal activity, can only be made following consideration by the Consultant Psychiatrist and the Clinical Nurse Manager (CNM).
- 1.3 Where possible, patients and visitors are informed of the patient's management plan in relation to alcohol and or illicit substance use.
- 1.4 All staff are to comply with correct legal removal and disposal of illicit substances and:
  - under no circumstances are staff to destroy a suspected illegal substance. Staff must also be aware that once confiscated, illicit substances must not be returned to the individual or their friends or relatives, as this may mean the staff member is acting as a supplier.
  - the disposal of the substance is not the responsibility of the Pharmacy Department.
- 1.5 WA Police guidance may be sought when concern exists regarding the safety and well-being of staff, patients and/or visitors arising from the potential supply of suspected illicit substances
- 1.6 Patients who are discharged because of continued misuse of alcohol and or illicit substances must undergo a full risk assessment and discharge plan prior to discharge.
- 1.7 For all patients and /or carers including those who are of Aboriginal<sup>1</sup> origin or Culturally and Linguistically Diverse backgrounds, understanding is to be facilitated where appropriate by:
  - utilising leaflets/signs
  - using approved interpreter service
  - involvement of an Aboriginal MH Liaison Officer
  - involvement of carer, close family member or other personal support person (PSP).

### 2. Procedure

- 2.1 Where a staff member suspects that a patient/boarder/visitor has alcohol and/or illicit substances in their possession and/ or is under the influence of alcohol or illicit substances, they must inform the Shift Coordinator.

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<sup>1</sup> Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

- 2.2 Where a patient returns from leave and a staff member suspects the patient is under the influence of alcohol or illicit substances, they must inform the Shift Coordinator.
- 2.3 The Shift Coordinator is responsible to ensure that:
- a risk assessment is conducted
  - a management plan is formulated in consultation with the medical team or the psychiatrist on call. The plan may include:
    - the patient has a breath alcohol test or drug screen.
    - informing the patient of BMHU rules regarding alcohol and illicit substances.
    - requesting the patient to surrender any alcohol and/or illicit substances in their possession
    - a personal search of the patient and /or bedroom and /or property is conducted, in the presence of two staff members, in accordance with the WA Mental Health Act 2014 s164.
    - confiscation of and correct storage of any suspected alcohol and/or illicit substance. Alcohol confiscated from a patient is to be treated as a legitimate item of property. The patient is to be informed that confiscated alcohol will be given to their carer, close family member or other personal support person, or returned to the patient on discharge. Suspected illicit substances confiscated must be dealt with as below.
    - staffing options to maintain a safe environment is discussed with the CNM or the After Hours Nurse Manager
    - a medical examination be conducted where there is concern for a patient's physical health status.
- 2.4 If a patient refuses to comply with a breath test/drug screen and /or surrender alcohol/suspected illicit substances, or if there is ongoing concerns the Shift Coordinator is to consult with the psychiatrist or on call psychiatrist to assist in further management planning. The clinical decision will be dependent on the patients presentation/s and options for ongoing management may include:
- risk assessment
  - physical observations are completed
  - renegotiation of treatment plan
  - clinical review
  - patient is referred to ED for medical stabilisation
  - report to WA Police
  - Code Black alert
  - Broome Hospital Security Officer attends unit
- 2.5 Next Step clinical Advisory Service is a 24 hour service for health professionals for the medical management of patients who are withdrawing from alcohol and drugs. (ph:1800 688 847)
- 2.6 Where a patient is assessed as high risk an alert should be documented on PSOLIS
- 2.7 The incident must be documented in the patient health record.
- 2.8 The Shift Coordinator is to inform the Clinical Nurse Manager (CNM) and the Consultant Psychiatrist of the incident at the earliest opportunity.
- 2.9 If a suspected illicit substance is found, the Shift Coordinator is to request police to attend the unit to remove the substance.

- 2.10 The Shift Coordinator is, in the presence of another staff member, to remove the suspected substance and:
- the substance is to be placed in a sealed envelope
  - a brief description of the contents is to be made on the outside of the envelope (the staff member should not guess at what the substance is) e.g. 'Brown resinous substance' or 'White tablet, identity unknown')
  - the envelope is to be signed by the two members of staff (as witnesses) across the seal. Both staff are to date, time (24 hours), sign and state name and designation
  - A patient label is then to be placed on the sealed envelope
  - Both staff are to ensure the sealed envelope is locked in the BMHU safe until removed by WA Police
  - Should the police not collect the substance within a timely manner, the Shift Coordinator is to escalate the matter to the CNM at the earliest opportunity
  - Nursing staff are not, under any circumstances, to dispose of the substance.
- 2.11 A Clinical Incident form must be completed following the removal of an illicit substance by the WA Police. The name and number of the receiving police officer must be documented in the patient health care record.
- 2.12 Visitors and Boarders
- Visitors and boarders in possession of, or are suspected of using alcohol and or illicit substance in BMHU are to be asked to leave the premises immediately. Broome Hospital Security support maybe requested. WA Police may be informed if needed.

### 3. Definitions

<b>Illicit Substance</b>	A drug which a person possesses unlawfully. Illicit substances can be found in many forms such as tablets, liquids and powders and may not be easily identifiable.
<b>Drug Screen</b>	The drug screening tool is a One Step Panel Assay for Drugs of Abuse. It is an immunochromatographic test for the detection of THC, opiates, cocaine, methamphetamine, benzodiazepines, methadone, and amphetamine and/or their metabolites in urine.

### 4. Roles and Responsibilities

#### 4.1 Clinical Director

The Clinical Director has overall responsibility for ensuring that services are delivered in accordance with this procedure.

#### 4.2 Consultant Psychiatrist

The Consultant Psychiatrist is responsible for the medical management of patients in accordance with this procedure.

#### 4.3 Clinical Nurse Manager

The Clinical Nurse Manager is responsible for the implementation of this procedure.

#### 4.4 All Staff

All staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

## 5. Compliance

It is a requirement of the WA Health [Code of Conduct](#) that employees “comply with all applicable WA Health policy frameworks.”

A breach of the Code may result in Improvement Action or Disciplinary Action in accordance with the WA Health [Misconduct Policy](#) or Breach of Discipline under Part 5 of the Public Sector Management Act.

WACHS staff are reminded that compliance with all policies is mandatory.

## 6. Evaluation

This procedure is to be reviewed every five years.

## 7. Standards

[National Safety and Quality Health Care Standards](#): 1.3.1; 1.14.1

[EQulPNational Standards](#): 11.5.1; 12.3.1; 15.13.1

[National Standards for Mental Health Services](#): 2.6; 2.13; 8.7

[National Standards for Disability Services](#): 1.3; 1.5; 1.7; 1.8; 1.9

## 8. Legislation

[Mental Health Act 2014](#)

Western Australian [Misuse of Drugs Act 1981](#)

Western Australian [Poisons Act 1964](#)

## 9. References

Drug and Alcohol Office [Psychostimulant information for health care workers](#)

Drug and Alcohol Office [Booklets /fact sheets /information cards /pamphlets.](#)

Drug and Alcohol Office [Advice and referral services for professionals](#)

[Evidence Based Practice Indicators for Alcohol and Other Drug Interventions: Summary 2nd edition.](#)

WACHS [Safety Risk Report Form](#)

Broome Mental Health Unit [Admission Information](#)

Broome Mental Health Unit [Aboriginal and Torres Strait Islander Admission Information](#)

## 10. Related Forms

Datix Clinical Incident Management System ([Datix CIMS](#)) form

WACHS [Safety Risk Report Form](#)

## 11. Related Policy Documents

BMHU Mental Health Act 2014 Mandatory Reporting Procedure (under development)

**This document can be made available in alternative formats  
on request for a person with a disability**

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