**[Insert organisation name/logo]**

POSESSION OF SUBSTANCES ON PREMISES POLICY

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**🖌Note\***

This section has been adapted from Torbay and Southern Devon Health and Care NHS Trust (2013), Handling of Illicit Substances / Illegal Possession of Drugs and South East Sydney Local Health District (2012), Illicit Substance and/or Alcohol and Other Drugs Use within Inpatient Mental Health Services. Mental Health Service Business Rule.

NADA appreciates that this is a challenging area of practice for organisations and the contents of this policy will vary depending on your service setting, philosophy and treatment approach. The policy template provided is to provide guidance and support in developing a policy that is appropriate to your organisation.

NADA suggests that you review your policy in partnership with your NSW Police Local Area Command for situations where you intend to engage police assistance, and your local pharmacist for the purpose of disposing of illicit substances. This policy recognises that providers should always be mindful that their focus of care should be directed towards providing a therapeutic environment rather than a punitive one.

\*Please delete note before finalising this policy.

# SECTION 1: POLICY FRAMEWORK

This policy provides guidance to staff who may be required to respond to the possession of substances by clients and visitors to **[insert organisation name]’s** premises. The purpose of this policy is to set out the appropriate way of responding to individuals who are suspected to be in possession of substances, and to provide guidance about a lawful and safe way to dispose of such substances.

For the purpose of this policy, the term ‘substance’ refers to alcohol, unprescribed medication, and suspected illicit substances. Disposal of equipment used for the administration of substances has also been addressed by this policy.

At **[insert organisation name],** the policy for responding to the possession of substances on premises:

* is informed by legislation and best practice;
* provides staff with guidance about how to respond safely and legally to the discovery of substances in their work setting;
* reinforces the duty of care to all clients accessing treatment, where the presence of substances may place other clients at risk of relapse or overdose;
* attempts to balance the therapeutic role of staff with the impact of removing, or requesting removal, of substances from a client; and
* will help to ensure that actions taken by staff are appropriate and clearly documented.

**[Insert organisation name]** is not legally required to report the use, possession or trafficking of illicit substances to the police. However, the organisation does have a duty of care to staff, clients, visitors and others on the premises to ensure their safety, so far as is reasonably practicable. The focus of care is to be directed towards providing a therapeutic environment with a harm minimisation focus, rather than a punitive one. The police will be involved when necessary to protect the health and safety of staff, clients or visitors.

This policy applies to clients and visitors. Any suspicion that a member of staff is in possession of, affected by, using or supplying any substance should be reported in accordance with the Human Resources Policy.

This section ensures that:

* All staff and the board of directors understand their roles and responsibilities in relation to implementing this policy; and
* Clients and visitors are informed of the responses to possession of substances on premises.

This policy is not intended to be a definitive source of information about all applicable legislative provisions. Staff should be mindful of their own potential liability and the liability of **[Insert organisation name]** when dealing with these issues.

# SECTION 2: INFORMING CLIENTS ABOUT THIS POLICY

All clients entering **[Insert organisation name]** are informed about this policy through **[insert process e.g. code of conduct, treatment contract, induction].**

Before asking a client to sign their Substance Use in Treatment Agreement, a staff member will fully explain the document and the obligations it creates. Clients should be made aware that the Substance Use in Treatment Agreement is not a legal document, but it does represent an important voluntary commitment to give their care and treatment the best possible chance of success.

# SECTION 3: SUSPICION OF POSSESSION OF A SUBSTANCE

Any suspicion that a client is in possession of a substance, or associated equipment, should be reported to **[insert name of senior staff member]**.

The course of action taken by staff should be determined with the best interests of the client in mind, including the maintenance of client confidentiality whenever possible.

If, after discussion, it is decided that action should be taken on the suspicion of staff, then the senior member of staff in the service should convey the concern to the client. The client should be advised of the impact, and any consequences, for the use and/or possession of substances while in treatment.

The reasons for suspicion and advice given to the client should be recorded in the client’s case file. An Incident Form should be completed in all cases.

In the first instance, the client should be asked to surrender any substance or associated equipment by **[senior staff member]** in the presence of at least one other member of staff.

Searches of clients or their property should only be undertaken in the following circumstances:

* the client has consented to the search; and
* there are two staff members present to conduct the search.

Staff should not undertake a search of a client or a client’s property when the client has not given their explicit consent. A search conducted without a client’s permission could potentially lead to criminal charges against the staff member.

# SECTION 4: KNOWLEDGE OF POSSESSION OF A SUBSTANCE

**4.1 Possession of alcohol or unprescribed medication**

If a member of staff becomes aware that a client is in possession of alcohol or unprescribed medication, the senior member of staff on duty should be notified immediately. The senior member of staff must notify the client that possession of alcohol or medication that has not been prescribed and included as part of a treatment plan is not accepted by the service and request that the substance be surrendered voluntarily. The surrendering of substances should be undertaken in the presence of another staff member. Section 9.5 describes the process for disposal.

Should the client refuse to voluntarily surrender the substance, then the client is informed that **[insert process e.g. exited from program, in line with section 8.7]**. An Incident Form should be completed in all cases.

**4.2 Possession of suspected illicit substance**

If a member of staff becomes aware that a client is in possession of a suspected illicit substance, the senior member of staff on duty should be notified immediately. The senior member of staff must notify the client that possession of a suspected illicit substance is not accepted by the service and request that the substance be surrendered voluntarily. The surrendering of substances should be undertaken in the presence of another staff member. Section 9.5 describes the process for disposal. All actions taken should be clearly documented within the client’s case file.

Should the client refuse to voluntarily surrender the substance, then the client is informed that **[insert process e.g. exited from program, in line with section 8.7]**. An Incident Form should be completed in all cases.

The assistance of **[insert security measure]** should be sought if staff are concerned about the safety of any person.

**[Contacting police – delete if not appropriate]**

Should the client refuse to voluntarily surrender the suspected illicit substance and it is suspected that a criminal act is being committed, the client should be informed that the police will be called and that his/her identity will be disclosed. Circumstances which may warrant police intervention include where the quantity of a drug is suspected to be sufficiently large that it is likely intended to be for supply rather than personal use, or where there is a previous history of warning for possession of a suspected illicit substance. The decision to contact police must be made in conjunction with **[insert senior member of staff]**.

If, after being advised that the police will be called, the client still refuses to surrender the suspected illicit substance then under no circumstances should staff attempt to forcibly obtain the substance from the client. Instead, the police should be called and at least two senior staff members remain in attendance until the police arrive. If the client chooses to leave the service at this time, harm reduction advice should be provided (if appropriate and doing so does not pose a risk to staff).

If police attend, staff should follow all directions given by police to the extent it is appropriate. If staff are concerned about any directions given by police, they must contact **[e.g. service manager]**, if he/she is not already present.

If a search is undertaken by police it may be helpful for a member of staff of the same gender as the client to accompany the police officer. It is important to maintain the human rights, privacy and the dignity of the client throughout the search.

It is the responsibility of the police to lead the investigation and decide upon the course of action in these cases. When the police are asked to intervene and provide assistance, the client’s name and date of birth (if known) will be given to them along with the reasons for suspecting the presence of an illicit substance. Clinical information about the client will only be provided if this information has informed the decision to call the police.

Staff will document the reasons for contacting the police in the client's case file.

If substances are discovered, the police must be asked to accept responsibility for the suspected illicit substance.

Staff should be aware that they might be asked to make a witness statement to the police in order to maintain the continuity of evidence.

**[end optional section]**

Actions to ensure the removal of a suspected illicit substance from a client should not delay any essential treatment for that individual. The only exception to this is where there is a risk of injury to the client, staff and/or other clients.

In the case of a confused or unconscious client, staff should proceed with a harm minimisation focus. Appropriate medical treatment for the client should be sought as a matter of urgency. If a substance is located without staff conducting a search of the client(e.g. it is located near the client), it should be collected and preserved in accordance with section 8.5. The substance should be provided to any treating medical professionals (e.g. ambulance officers) to assist in the treatment of the client, or otherwise disposed of in accordance with section 8.5.

When the client has recovered sufficiently, they should be informed that a suspected illicit substance was located and removed (if this occurred). A risk assessment should be undertaken at this time and **[insert response e.g. an appropriate referral, with reference to section 8.7]**

All actions must be fully recorded in the client’s case file and an Incident Form completed.

# SECTION 5: VISITORS

**[Insert organisation name]** policy on the possession of substances on its premises should be explained to all visitors, noting that the interests and safety of all clients and staff are paramount.

It may be appropriate to engage visitors in discussion regarding the potential effect of substance misuse and to provide information regarding such effects and modes of intervention. Input via friends and family may provide an effective means of educating and engaging clients in relation to harm reduction and treatment.

If it is suspected that a visitor is under the influence of a substance they must be refused entry or asked to leave if already on the premises. A senior staff member should be involved in this process, whenever possible.

If a visitor is suspected of supplying any substance, they should be asked to leave and then reported to the senior staff member on duty. Should the visitor(s) refuse to leave, they must be advised that the police will be called.

If a visitor surrenders a substance, then the process for disposal outlined at section 8.5 should be followed. However, visitors should never be asked to surrender a suspected illicit substance.

The assistance of **[insert security measure]** should be sought if there are safety concerns. An Incident Form should be completed for any of these situations.

# SECTION 6: PROCESS FOR THE DISPOSAL OF SUBSTANCES

An Incident Report is completed in conjunction with the Record of Confiscated Substance Form for the disposal of all substances and equipment. Throughout the process, two staff members should always be involved.

**6.1 Disposal of alcohol**

Alcohol is disposed of **[insert method e.g. down the kitchen sink]** in the presence of another staff member. It should be recorded when and where it was found and if associated with a client, recorded in the client’s case file.

**6.2 Disposal of unprescribed medication**

The substance should be stored in a sealable "freezer" bag or similar package, with a description of the medication recorded on the Record of Confiscated Substance Form; for example, 4 tablets of Xanax. If the medication is not identifiable, the description should specify ‘x tablets/capsules of an unknown medication’.

The medication is then provided to **[insert details of pharmacist]** for disposal and the Record of Confiscated Substance Form signed by the receiving person. A copy of the form may be provided to the Pharmacist upon request.

**6.3 Disposal of a suspected illicit substance**

If any suspected illicit substance is discovered or received by a staff member then the following steps must be followed.

Staff members should wear gloves at all times when handling any suspected illicit substance. With two staff members present, the substance should be stored in a sealable "freezer" bag or similar package. A description of the substance is recorded in the Record of Confiscated Substance Form, but staff should not attempt to conclusively identify the substance. For example, record ‘white powder’ rather than ‘cocaine’, along with a description of the quantity/amount (an approximation is sufficient).

The Record of Confiscated Substance Form is attached to the sealed package and must be signed by the senior member of staff on duty at the time of the incident as well as the witnessing staff member.

If the suspected illicit substance is associated with a particular client, then a description of the substance and the circumstances of its collection should be recorded in the client’s case file. The incident record number should also be recorded in the case file so that the substance can be traced if necessary.

In the interim period between confiscation and disposal, the suspected illicit substance should be placed in **[insert safe/secure cupboard or lockable area]** and should be in the possession of individual staff members for as short a time as possible. This storage area should ideally have restricted staff access. The suspected illicit substance is then provided to **[insert details of pharmacist or police]** for disposal as soon as possible and the Record of Confiscated Substance Form signed by the receiving person. A copy of the form may be provided upon request.

If police take possession of the substance, record should be kept about what was provided, the identity of the officer to whom the substance was provided and when this occurred.

In the event that police do not wish to receive the substance, arrangements should be made with **[insert details of pharmacist]**. Both police and pharmacists have specified procedures and powers for disposal. The provision of the substance to a pharmacist must be documented as with the police above.

It should be remembered that the return of an illicit substance to a client by a member of staff can be interpreted as supply of an illegal drug and could lead to criminal charges being brought against the staff member.

**6.4 Disposal of equipment used for the administration of substances**

If an event that equipment used for the administration of substances is discovered or received by a staff member then the following steps should be followed.

Equipment used for the administration of substances is disposed of **[insert method e.g. wrapped in paper/plastic bag and place in general waste bin]** in the presence of another staff member. It should be recorded when and where it was found and if associated with a client, recorded in the client’s case file. An Incident Form is to be completed.

**[insert organisation name]’s** policy in relation to the disposal of biohazardous waste (e.g. syringes) should be utilised when it is inappropriate to dispose of the equipment in general waste.

# SECTION 7: DISCLOSURE OF INFORMATION TO POLICE

Personal data may be disclosed where there is an overriding legal duty to do so, for example, a court order, a serious crime and/or to prevent abuse or serious harm to others, including children. Decisions to disclose in these circumstances should be made on a case-by-case basis.

Possession of illicit substances for personal use does not represent a serious crime. When the police are called upon to visit the service to collect and dispose of illicit substances, they may ask for details. However, practitioners are under no legal obligation to report a client for taking illicit substances.

In situations where there is clear evidence a client is supplying illicit substances to others, this does represent a serious crime to the police. From a service point of view, the supply of illicit substances poses a potential threat of serious harm to others, and places the service and staff at considerable risk.

All decisions about whether or not to disclose information to the police or other authority should be made by **[insert senior staff position title]**.

# SECTION 8: SERVICE RESPONSE TO POSSESSION OF A SUBSTANCE

**🖌Note\***

The response of services to clients who are in possession of substances will vary greatly. This can be dependent upon the service setting, philosophy, or clients accessing the service under court order. Different responses may also be provided for different substances. For e.g. the response to possession or alcohol or prescription drugs may differ to possession of illicit substances.

In situations where a client is exited from the program, it may be useful to explore partnerships with other services to reduce the potential harmful impact of a client being exited into the community for breaching your organisational policy. These partnerships could allow a reciprocal relationship where the client is referred to another service for a number of weeks where they will continue to have ongoing support for their issues. The client may then return to the original service or remain on as a client of the second service. Where such partnerships have been established they should be referred to in this policy.

\*Please delete note before finalising this policy.

While all efforts will be made to support clients to meet the requirements of this policy, breaches may occur and staff will follow organisational policy and procedure.

Any breach of this policy by staff will lead to standard disciplinary procedures for staff members, as per the Human Resources Policy.

Any breach of this policy by clients will result in **[insert relevant procedure e.g. warnings including a reminder of the policy, referral to another service, exit from the service].**

Breach of this policy by visitors will result in **[insert relevant procedure e.g. removal from service, ban on future visitation].**

**8.1 Process for discharge [delete if not appropriate]**

If possession of a substance has placed a client, staff or other clients at risk, it is necessary for the senior staff member, in conjunction with the clinical team, to complete a risk assessment to assess the risks and benefits of the client’s continuing treatment.

If there is no serious threat to the safety of the client or others, the senior team member should consider whether discharge would be in the best interest of the organisation and the client.

Discharge should be carried out in accordance with a discharge plan (ideally, devised by the multi-disciplinary team as part of a treatment plan), risk assessment, community follow up, and informing the client’s GP, if appropriate. A family member/carer/significant other should be informed of the discharge plan.

If the risk assessment identifies a level of clinical risk that is considered inappropriate for discharge, the senior team member should consider referral to **[insert appropriate referral]**.

An urgent discharge plan should be implemented in partnership with the client, family/carer/significant other, and another healthcare professional, if appropriate.

# SECTION 9: MONITORING AND REVIEW

An Incident Form and accompanying Record of Confiscated Substance Form will be completed in all situations where possession of a substance, or equipment, has occurred.

Any incidents occurring will be discussed **[insert reporting process, or meeting structure]** and appropriate action plans developed if there is evidence of any deviation from this policy.

Individual practitioners will be expected to demonstrate their understanding and competency in the execution of this policy to their line managers.

Relevant documentation will be audited as per the organisation’s process for review of incidents.

# SECTION 10: LEGISLATION

* [Drug Misuse and Trafficking Act 1985](http://www.legislation.nsw.gov.au/inforcepdf/1985-226.pdf?id=29404980-67f3-eaa5-cb56-b333337bac56)
* [Drugs, Poisons and Controlled Substances Act 1981](http://www.legislation.vic.gov.au/domino/Web_Notes/LDMS/LTObject_Store/LTObjSt5.nsf/0/652e75ad1b785534ca257789000756c4/%24FILE/81-9719a091.pdf)

# SECTION 11: SUPPORTING DOCUMENTS

8.10.1 Substance Use in Treatment Agreement template

8.10.2 Incident Form

8.10.3 Record of Confiscated Substance Form template