**[insert organisation name/logo]**

 Substance Use in Treatment Agreement

**🖌Note\***

*This template is an example of a treatment agreement relating to possession of alcohol and drugs whilst in treatment.*

*\*Please delete this note before finalising this document.*

**[insert organisation name]** are well aware that it can be difficult to admit to staff that you have taken, or are in possession of, illicit substances or consumed alcohol whilst receiving treatment. We are therefore asking you to sign a Substance Use in Treatment Agreement. The purpose of this agreement is to safeguard yourself and other people whilst in our care and to give you the best possible opportunity to improve your health.

A staff member will explain fully what exactly it is that we are asking you to sign, before you sign it. The Substance Use in Treatment Agreement is not a legal contract; it is your voluntary commitment to give your care and treatment the best possible chance of being successful.

Once you have signed the Substance Use in Treatment Agreement, you have agreed to –

* Allow staff to search your possessions if they think you may have brought alcohol or illicit substances onto the premises of this service. This will always be done discreetly with you present, and after you have given your consent to your possessions being searched. This will also be done in accordance with the Possession of Substances on Premises policy.
* Give **[insert any testing that may be appropriate: urine, breath samples]** when asked to by staff. This is to determine whether you have alcohol or illicit substances in your system. Staff will only request this if they have good reason to suspect that you may have been drinking alcohol or taking illicit substances.
* Stay on the premises of the service if staff ask you not to leave. This is to minimise the chance of you being tempted to take alcohol or illicit substances. If you ask to leave the premises and your request in denied, you will be given an explanation immediately of why your request has been turned down.
* Your visitors will also be asked to leave if they are suspected to be intoxicated with either alcohol or illicit substances or smuggling in illicit substances. Our intention is to do everything we can to lessen the temptation to drink alcohol or take illicit substances whilst we are responsible for your care and treatment.

Staff will seek your consent to enter into this agreement. However, you can withdraw from the Substance Use in Treatment Agreement at any time if you feel unable to abide by its terms. If you sign the agreement but decide at some later time to withdraw from it, please tell a member of staff straight away so that they can discuss with you why you want to withdraw and make sure you understand the implications of that decision. You should note that if you withdraw your consent then you may be exited from the program. In this instance, **[insert organisation name]** will try to ensure a referral to another appropriate service.

If you are concerned about the agreement or have any questions about the responses to being found to be in possession of alcohol or drugs, please ask a member of staff who will offer you advice and support.

Substance Use in Treatment Agreement

I ………………………………………………………………. (print name), currently a service user of **[insert organisation name]** agree that:

1. I will not drink alcohol or take illicit substances or take any medicines other than those prescribed for me by a doctor.
2. Staff may search my possessions, in my presence, once I have given my consent, if they suspect that I have brought alcohol or illicit substances onto the ward.
3. I will provide **[insert any testing that may be appropriate: urine, breath samples]** when asked by staff if they suspect that I have been drinking alcohol or taking illicit substances.
4. I will remain on the property of the service if requested to do so by staff.
5. My visitor/s will be asked to leave if they have been drinking alcohol or taking illicit substances or smuggling illicit substances.

I agree to be bound by the terms of this Treatment Agreement. I have read and agreed to the Code of Conduct. I understand the effectiveness of my care and treatment may be reduced if I break the terms of this Contract or withdraw from it. In this event, I understand that staff will need to review my treatment and it has been explained to me those actions which may be considered in the re-evaluation of my treatment plan.

Signed: …………………………………………………………………………………

Staff member: …………………………………………………………………………

Family /Carer: …………………………………………………………………..……

Date: …………………………………………………………………………………

This agreement will remain in place throughout your stay and will be need to be renewed on each admission.

**WARNING:** If you are found in possession of any illicit substances or dealing and supplying illicit substances the police may be called.