

MENTAL HEALTH SERVICE BUSINESS RULE – SESLHDBR/031

Name	Illicit Substances and/or Alcohol and Other Drugs Use within Inpatient Mental Health Services		
What it is	It is guidance for the safe and effective management of illicit substances and/or alcohol and other drugs (ISAODs) within Inpatient Mental Health Services.		
Risk Rating	Medium	Review Date	August 2028
What it is not	It is not a comprehensive analysis of the law and is not designed to replace the exercise of individual professional judgement on a case-by-case basis		
Who it applies to	This business rule applies to all SESLHD Mental Health Service (MHS) staff involved in the provision of care within Inpatient Mental Health Services.		
Key Principles	<ul style="list-style-type: none"> To provide a safe environment, in the least restrictive manner, for all consumers. To involve consumers and carers in decisions relating to the provision of treatment and care. To protect consumers from the effects of their ISAODs and/or mental health condition. To recognise a duty of care to all consumers, visitors, staff and contractors. To adopt an approach that is trauma informed, recovery focused and emphasises harm minimisation, prevention, education, engagement and respect for consumers. To ensure that transfer of care planning for consumers includes information regarding the risk of recommencing drug use, and information on management options and harm reduction strategies. To ensure that actions taken by staff in relation to ISAODs used by inpatients, or their visitors, are appropriate and clearly documented. 		
Current statutory provisions	<ul style="list-style-type: none"> Legislation in relation to substance use arises in various contexts. It is not the purpose of this business rule to state conclusively the statutory provisions of which staff should be aware. Staff should, however, be aware of the potential liability of themselves and the SESLHD MHS. Statutes of particular relevance to this area are the: Mental Health Act 2007 (NSW); Poisons and Therapeutic Goods Regulation 2008 (NSW); Drug and Alcohol Treatment Act 2007 (NSW); and Drug Misuse and Trafficking Act 1985 (NSW) 		

<p>What to do</p>	<p>Assessment of inpatients suspected of being under the influence of ISAODs</p> <p>The following points should be considered when assessing an inpatient suspected of being under the influence of ISAODs:</p> <ul style="list-style-type: none"> • Is there a reasonable explanation for the consumer’s signs and symptoms? • What substance has the consumer taken? • What was the method and route of administration? • When did the consumer take the substance? • How much was taken? • Where did the consumer take the substance? Was it on the Inpatient Unit? • Did the consumer obtain the substance on the Inpatient Unit? If yes, who brought the substance onto the Inpatient Unit? • Does the consumer have any more ISAODs in their possession? • What are the physical observations, and do they reflect deterioration in the consumer’s condition? • Are other consumers using the substance?
<p>When to use it</p>	<p>When a consumer has been identified as using ISAODs within an Inpatient Mental Health Unit</p> <p>A team review should take place and the consumer’s treatment plan should be revised. The following approaches should be considered:</p> <ul style="list-style-type: none"> • Continuing to monitor the consumer’s physical and mental state. • Assessing the need for referral to a Medical Officer, based on vital signs indicating deterioration in the consumer’s condition. • Ensuring the airway is maintained where the consumer is suspected of being intoxicated. • Arranging an assessment with the local Drug and Alcohol Service. • Providing education to the consumer on the impact of ISAODs on their mental health and treatment. • Involving family and carers if appropriate. • Requesting that the consumer participates in urine drug screens, and/or co-operates with searches, as a condition of future therapeutic leave. • Following standard emergency clinical response procedures (including as per SESLHDPR/697 Management of the Deteriorating ADULT inpatient (excluding maternity) /medical or duress response procedures, when required. <p>Acute management of ISAODs misuse</p> <p>Nursing and Medical staff should closely monitor the consumer, especially for signs of overdose, and treat in</p>

accordance with

[SESLHDPR/697 Management of the Deteriorating ADULT inpatient \(excluding maternity\)](#)

- During business hours, inform the Psychiatric Registrar and Nurse Unit Manager (NUM). After hours, inform the Duty Psychiatric Registrar, site After Hours Nurse Manager (AHNM), and Mental Health Executive on-call.
- Ensure two members of staff oversee the incident/event.
- The consumer should be asked to give all ISAODs in their possession to staff.
- If any amount of suspicious substance is handed to staff, then the steps outlined under 'Disposal of suspected illicit substances' in this business rule should be followed.
- If the substance/drug is not illegal but not authorised to be on the Inpatient Unit, or in the consumer's possession, it should be confiscated. If the suspicious substance needs to be destroyed, the steps outlined under 'Disposal of suspected illicit substances' below should be followed.

Management of inpatient searches

- It may be necessary to search a consumer; their clothing and property (refer to [SESLHDBR/080 Search to maintain safety in SESLHD Mental Health Inpatient Facilities](#)
- The extent of any search should be congruent with the likelihood and gravity of the possible harm, and should be the minimum necessary to address the possible harm.
- An IMS+ report must be completed as per [PD2020_047 Incident Management](#).
- The NUM and treating team should also be informed as soon as possible, and the incident should be fully documented in the consumer's medical record.

Disposal of suspected illicit substances

- Two members of staff must be present at all times while managing the suspected illicit substance.
- Inform the NUM, treating team and/or AHNM and the site Mental Health Executive.
- If the suspect illicit substance is a powder/tablet/liquid in container: wearing appropriate PPE such as gloves etc, place the substance in an envelope, which should then be folded, stapled and signed by the two staff present.
 - Both members of staff who signed the envelope must place the envelope in the Inpatient Unit safe/secure cupboard.
- If the suspect illicit substance is contained in a syringe: wearing appropriate PPE such as gloves etc, place the syringe into an **empty** sharps bin
 - Both members of staff who witnessed the placing of the syringe into the sharps bin must then move the sharps

bin to a secure safe/cupboard or area (such as the medications room to accommodate the size of the sharps bin) as per local process, where it must remain while waiting on advice from NSW Police.

- The NUM/Nurse in Charge and/or AHNM is to contact NSW Police to discuss appropriate disposal of the suspected illicit substance.
- If confiscated substances are handed to the Police there must be clear documentation in the consumer's medical record of all actions taken.
- Complete an IMS+ report including documentation of all actions, all individuals involved (clients, staff and others including Police) and including advice given by NSW Police.
- Where Police do not wish to receive the substance, arrangements should be made with the hospital pharmacist.
- Both Police and pharmacists have specified procedures and powers for the receipt and destruction of prohibited substances.

Visitors

- It is important to engage visitors in discussion regarding the potential effect of illicit drug use by consumers, and to provide information regarding such effects and modes of intervention. Input via friends and families may provide an effective means of educating and engaging consumers in relation to illicit drug use.
- If it is suspected that visitors are under the influence of an ISAOD they must be refused entry to the Inpatient Unit, or asked to leave if already on the Inpatient Unit. The assistance of Security should be sought if there are safety concerns.
- Any restriction of entry to visitors' belongings requires that visitors be provided with both a clear explanation of the reason for exclusion, and a safe place in which to store their belongings.
- It is suggested that if staff believe there is a reason to search a visitor's bags, that they should not touch the contents but request that the visitors remove the contents for inspection.
- Searching should be with the express consent of visitors. If visitors refuse to consent to an inspection of their belongings, they can be refused entry to the Inpatient Unit and, if necessary, be asked to leave the facility. Refer to [SESLHDBR/080 Search to Maintain Safety in SESLHD Mental Health Inpatient Facilities](#).

How to use it	This business rule is to be used when there is use or suspected use of ISAODs or when ISAODs are present within Inpatient Mental Health Services.
Why the rule is necessary	<ul style="list-style-type: none"> • The use, possession, sale or exchange of ISAODs within Inpatient Mental Health Services raises complex and sensitive issues. Site Clinical Directors have a statutory responsibility for the medical care and welfare of those receiving treatment for a mental illness. • Use of ISAODs is an increasing problem among those requiring treatment for a mental illness. The continued use of ISAODs while an inpatient complicates the management of that consumer and may have a detrimental effect on other consumer. • Clinical staff have a duty of care to all consumers and staff i.e. a duty to act reasonably to protect them from foreseeable harm. The prohibited nature of ISAODs may place an additional burden on staff. In these circumstances, staff may have a duty to remove ISAODs from consumers and organise their safe disposal. However, staff should always be mindful that the focus of care should be directed towards providing a therapeutic recovery rather than a custodial environment. • This business rule is needed to inform consumers that in the event any quantity of illegal drug or suspected illegal substance is found on the Inpatient Unit, or confiscated from a consumer, discussions with the Police will occur. • It is also necessary to ensure actions taken by staff in relation to ISAODs use by consumers or their visitors are consistent, appropriate and clearly documented.
Who is responsible	Responsible staff include Nurses, Security, Allied Health, Health Care Assistants, Psychiatric Registrars, Consultant Psychiatrists and any other mental health clinicians involved in the care of mental health inpatients.
NSW Health / SESLHD reference	<p>NSW Health</p> <ul style="list-style-type: none"> • Handbook for Nurses and Midwives: responding effectively to people who use alcohol and other drugs • Protecting People and Property – NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies • PD2020_047 Incident Management • PD2020_032 Nursing and Midwifery Management of Drug and Alcohol use in the delivery of Health Care <p>SESLHD</p> <ul style="list-style-type: none"> • SESLHDPR/697 Management of the Deteriorating ADULT inpatient (excluding maternity) • SESLHDBR/080 Search to maintain safety in SESLHD Mental Health Inpatient facilities

	<p>Other References</p> <ul style="list-style-type: none"> • NSQHS (second edition) Standard 1 - Clinical Governance; Safe Environment 1.30 • NSQHS (second edition) Standard 5 - Comprehensive Care; Minimising Harm; Predicting, managing and managing Self-Harm 5.31 & 5.32 • NSQHS (second edition) Standard 8 - Recognising and responding to acute deterioration; Recognising acute deterioration 8.4 & 8.5 • Drug Misuse and Trafficking Act 1985 (NSW) • Drug and Alcohol Treatment Act 2007 (NSW) • Mental Health Act 2007 (NSW) • Poisons and Therapeutic Goods Regulation 2008 (NSW)
Functional Group	Mental Health
Executive Sponsor	Clinical Director, Mental Health Service
Author	Clinical Governance and Risk Manager, Mental Health Service

Revision and Approval History

Date	Version	Author and Approval
August 2012	2	Endorsed by SESLHD MHS Clinical Council.
September 2013	3	Endorsed by SESLHD MHS Clinical Council.
February 2015	4	Endorsed by SESLHD MHS Clinical Council.
February 2016	5v1	Review undertaken by Kim Reid, TSH MHS Inpatient Unit Clinical Nurse Consultant 3. Minor edits: extra question under 'When to Use It - Assessment of inpatients suspected of being under the influence of ISAODs'; extra three questions under 'When to Use It - When a patient has been identified as using ISAODs'; addition of NSW Health Clinical Guidelines as reference. Sent to MHS COMs, IPSMs, ESMHS CMH Manager, STG OPSAU NUM, TSH IPU NUM. No edits suggested.
April 2016	5v1	Endorsed by SESLHD MHS Clinical Council.
May 2016	5	Received in Executive Services with request to publish.
July 2017	5	Under initial review by MHS District A/Clinical Risk Manager.
September 2017	5	Reviewed by SESLHD MHS DDDCC members with comments. Comments will support district document developed by WHS.
October 2017	6	Reviewed by Nicola DiMichiel, SESLHD MHS A/Clinical Risk Manager. Comments accepted and incorporated references to trauma informed

		and recovery focused principles. Included the function of after hour nurse manager under Acute management of ISAODs misuse. Updated disposal of suspected illicit substance requirements. Included SESLHDBR/080 Search to Maintain Safety in SESLHD Mental Health Inpatient Facilities.
November 2017	6	Endorsed by SESLHD MHS DDDCC and SESLHD MHS Clinical Council.
December 2017	6	Processed by Executive Services prior to publishing.
May 2020	6.1	Updated links to document SESLHDPR/283 to reflect the new title of the document Updated Executive Sponsor. Published by Executive Services
December 2021	v7.0	Routine review. Updated to include specific process for securing a syringe containing a suspect illicit substance. Wording changes "patient" now "consumer", "his/her" now "their" etc. All links checked and updated. Circulated to DDCC for review and feedback.
January 2022	v7.1	Aligned to NSQHS second edition. Endorsed Document Development and Control Committee. Endorsed by Executive Sponsor.
January 2025	v8.0	Routine review commenced. Nil feedback from DDCC.
March 2025	v8.0	Endorsed out-of-session by Clinical Council
1 August 2025	v8.0	Endorsed for publication by Executive Sponsor