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Submission:

**Canberra Health Services Procedure: Responding to Consumer
Use of Alcohol and/or Other Drugs (AOD).**

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Submission: Canberra Health Services Procedure: Responding to Consumer Use of Alcohol and/or Other Drugs (AOD).

This submission has been prepared by the ACT Mental Health Consumer Network (the Network) in response to the invitation from Canberra Health Services (CHS).

The Network is a consumer-led peak organisation representing the interests of mental health consumers in the ACT in policy and decision-making forums. The Network is committed to social justice and the inclusion of people with experience of mental illness. Run by consumers for consumers, our aim is to advocate for services and supports for mental health consumers which better enable them to live fuller, healthier, and more valued lives in the community.

A consumer e-Forum was held, and additional feedback was sought via email in relation to the CHS Procedure: Responding to Consumer Use of Alcohol and/or Other Drugs (AOD) documents. Written and verbal feedback was received from several consumers. This submission incorporates both the written feedback and verbal feedback received.

General comments

The Network welcomes this opportunity to contribute to the CHS Procedure: Responding to Consumer Use of Alcohol and/or Other Drugs (AOD) (AOD procedure) documents. The AOD procedure document should ideally be written in plain language and should include illustrations such as flow-charts etc.

Consumers acknowledged the challenging nature of the kinds of situations for which the AOD procedure is designed to provide guidance but also expressed concerns regarding the responsibility of CHS staff to treat people affected by¹ AOD with respect and dignity.

The AOD procedure emphasises the use of de-escalation and conflict management by staff in circumstances where consumer AOD use is known or suspected. Consumers appreciated this aspect of the AOD procedure. Discussion amongst consumers placed a high priority on the safety of both staff and consumers and identified the peaceful management and resolution of a conflict as being the optimal

¹ 'Affected by' in this submission encompasses when a consumer is known or suspected to be in possession of AOD; under the influence of AOD; and/or is recalcitrant and/or intoxicated. It has been used as a means to simplify text and enhance readability.

outcome.

Given the CHS Occupational Violence (OV) policy is identified in the AOD procedure as the appropriate document for staff to consult when violence or aggression occurs in relation to AOD use, consumers stated that the AOD procedure should be focused on how to manage situations that do not meet the thresholds of aggression or violence for which the OV policy would apply.

On this point, consumers noted the fact that the AOD procedure does not provide adequate detail about how staff should manage situations in which a consumer is affected by AOD but is not violent. Consumers identified this gap in the AOD procedure as a major oversight that needs to be addressed. As consumers discussed at length, situations in which a consumer is recalcitrant but not violent is the exact space in which staff will need to exercise conflict management skills and apply de-escalation techniques so that:

- a. A person who is recalcitrant does not become aggressive and/or violent;
- b. Staff can safely manage the immediate issue of AOD use and/or possession;
and
- c. A resolution of the AOD issue can be achieved without the need for coercive measures.

To this end, consumers agreed that section 3 should include a subsection that specifies which principles of de-escalation and conflict resolution staff should observe when interacting with consumers who are known or suspected to be under the influence and/or in possession of AOD. Consumers proposed that, ideally, CHS should codify a policy for occupational conflict management and de-escalation in a similar form to that of the OV policy.

Consumers proposed that section 3.4 'Managing threat of violence, aggression or potential harm to other consumers, visitors or staff' should explicitly state that coercive conflict intervention options should be considered as measures of last resort.

Consumers acknowledged that managing consumers who are affected by AOD can be a difficult and unpredictable task. They further acknowledge that momentary shifts in an affected consumer's temperament can escalate into aggression and violence that may necessitate coercive intervention. However, consumers also stressed that consumers who present to CHS staff whilst affected by AOD are nevertheless still vulnerable and are therefore likely to experience moderate to severe trauma if they are subjected to coercive intervention. Due to this risk, consumers proposed that

CHS should consider identifying alternative ways in which staff can

- be trained and equipped to provide positive non-medication-based comforts; and
- make situational accommodations by which to proactively de-escalate consumers who present to CHS staff in heightened emotional states that may or may not be a product of AOD use.

Consumers proposed that the Alerts section (p.2) should include a statement that all consumers receiving care from staff shall be treated with respect and dignity throughout the duration of their care period. Respectful communication and trauma informed care should be practiced by all staff, especially in circumstances where a consumer presents to CHS staff while affected by AOD, as insensitive interpersonal interaction may escalate a situation.

Although falling beyond the remit of the AOD procedure, consumers expressed concern regarding the training of CHS staff in de-escalation and conflict management techniques. Consumers stated that, where possible and especially for staff who will be directly interacting with consumers, de-escalation and conflict management training should involve more than just e-learning modules and should include practical components.

Consumers also noted that section 3 of the AOD procedure should specify that, wherever practical, no fewer than two staff members should be present to manage situations involving a consumer who is affected by AOD. This is a safety issue for both consumers and staff, and one that should particularly be observed in home visitation settings.

The AOD procedure states that it assumes a harm minimisation approach to consumer AOD use. Consumers agreed that harm minimisation should be the central pillar of how staff manage AOD use. However, consumers expressed concern that an emphasis on harm minimisation to the exclusion of holistic considerations risks becoming, in practice, a punitive, zero tolerance policy. Moreover, a consumer's immediate cessation of AOD may not only be unrealistic, but even dangerous on medical grounds and counter to a consumer's medical needs. While this issue is covered in part by section 3.5, consumers proposed that the principle of harm minimisation articulated in section 3.1 should also state that consumers are to be informed of the best medical advice for the management of their individual situation.

Consumers expressed concern regarding the lack of substantive detail in section 3.9

for discharging consumers with histories of AOD use. In particular, consumers highlighted the lack of guidance for supporting consumers facing withdrawal and/or relapse risks post-discharge. Consumers acknowledged that the majority of CHS staff do not have a responsibility to engage in post-discharge outreach and support. They nevertheless stressed that the elevated vulnerability of, and risks faced by, consumers means that the AOD procedure should provide additional guidance to staff on measures that may be taken to support at-risk consumers post-discharge.

Recommendations: CHS Procedure: Responding to Consumer Use of Alcohol and/or Other Drugs (AOD).

Recommendation 1:

The AOD procedure should state on p. 2 in the 'Purpose' section, that this procedure: "Focuses on how to manage situations where a consumer who is known, or suspected, to be under the influence, in possession of, and/or in withdrawal from AOD and whose behaviour does not meet the requisite thresholds for the *Occupational Violence* policy to be applicable."

Recommendation 2:

The Alerts section on p.2 should state that: "All consumers receiving care from staff should be treated with respect and dignity whether AOD use is known, suspected, or otherwise."

Recommendation 3:

Section 3 should include a dedicated subsection that specifies what principles of de-escalation and conflict resolution that staff should observe when interacting with consumers who are recalcitrant who are known or suspected to be under the influence, in possession of, and/or withdrawing from AOD.

Recommendation 4:

Section 3.1 should state that: "Consumers are to be informed of the best medical advice for the management of their situation."

Recommendation 5:

Section 3.4 should explicitly state that: "coercive conflict intervention options should be considered as measures of last resort". A reference to the *Occupational Violence* policy may also be applicable.

Recommendation 6:

CHS should codify a policy for occupational conflict management and de-escalation.

Recommendation 7:

The AOD procedure should provide additional guidance to staff on measures that may be taken to support at-risk consumers post-discharge.

CHS Procedure: Responding to Consumer Use of Alcohol and/or Other Drugs (AOD).

Recommendation 1:

The following edits are recommended:

- p.6, 9, and 10: “principals”, to “principles”; and,
- p.6: “informed CHS policy”, to “informed **of** CHS policy”.

Conclusion

These recommendations are based on consumer feedback provided to enhance the policy and procedure documents.