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

Submitted by email to:

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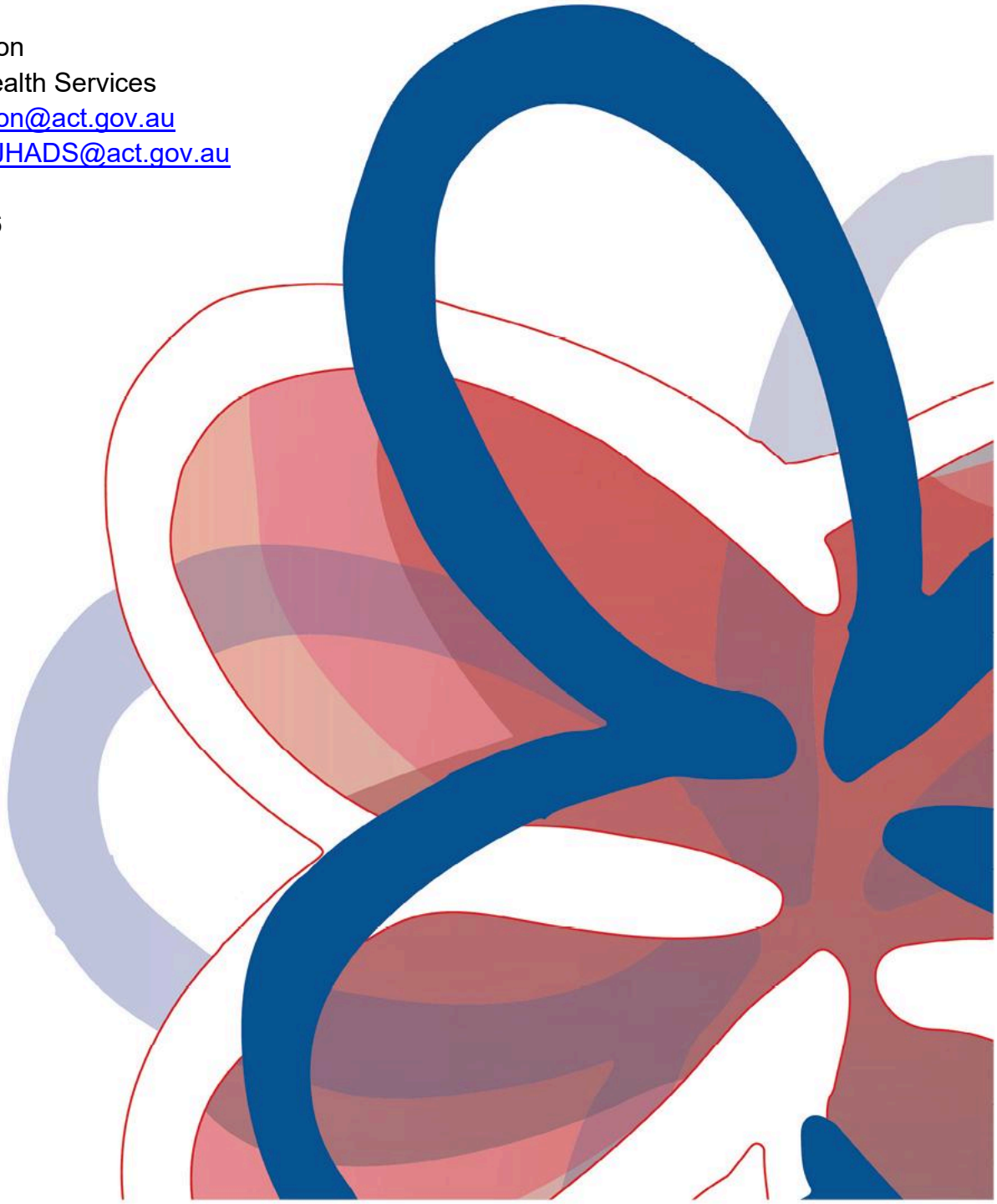

Submission: Review of Responding to Consumer Use of Alcohol and/or Other Drugs (AOD) Procedure

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

Acknowledgment of Country

We wish to acknowledge the Ngunnawal people as traditional custodians of the land upon which we sit and recognise any other people or families with connection to the lands of the ACT and region. We wish to acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region. We would also like to acknowledge and welcome other Aboriginal and Torres Strait Islander people may be reading this submission, and we recognise the ongoing contributions of all Indigenous peoples to ACT society and Australia more broadly.

Recognition of lived experience

We wish to recognise people with mental health illness (consumers[1]) whose resilience and work contributes to creating a better mental health system for the Australian Capital Territory (ACT) and a more compassionate society for all.

The ACT Mental Health Consumer Network

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.

General comments

The Network welcomes the opportunity to contribute to the review of the Responding to Consumer Use of Alcohol and/or Other Drugs (AOD) Procedure (the Procedure).

[1] *We use the term 'consumer' because it is the established and widely understood descriptor across ACT legislation, policy frameworks and advisory structures, ensuring clarity and consistency in our systemic advocacy. At the same time, we recognise that people with lived experience do not all identify with the same language, and that terms such as 'people with lived experience' and 'peer' are increasingly used in contemporary contexts were relevant. Our approach is to retain 'consumer' where required for system engagement, while respecting individuals' right to self-identify in the way that best reflects their experience. This supports inclusion, aligns with national lived experience guidance, and maintains the Network's authority and effectiveness within the mental health system.*

The Network previously provided feedback on the Procedure during consultation in 2023.

Consumers welcomed the opportunity to review the current draft Procedure and noted that several themes raised during the earlier consultation are reflected in the draft document, including the emphasis on harm minimisation, respectful engagement, de-escalation, dignity, and continued access to healthcare for consumers who use alcohol and/or other drugs. Consumers were generally supportive of the intent of the Procedure and acknowledged the challenges associated with balancing consumer care, staff safety, clinical judgement, and organisational responsibilities. However, several areas were identified where additional clarification and practical guidance could strengthen implementation and support greater consistency across Canberra Health Services. This submission incorporates both verbal and written feedback from consumers.

Consumers highlighted the following areas of concern:

- Practical guidance and implementation;
- Staff discretion, consistency and equity;
- Flowcharts and decision-support tools;
- Management environments and safety considerations; and
- Evaluation and monitoring.

Each of these matters is discussed in detail below, followed by a consolidated list of recommendations provided by consumers.

Practical guidance and implementation

A recurring theme throughout the discussion was the distinction between the Procedure's stated principles and its practical application. Consumers observed that the Procedure provides clear statements regarding responsibilities, expectations, and overarching approaches to responding to AOD use. However, some consumers felt that the Procedure offers limited guidance regarding how staff should apply these principles in practice.

This concern was particularly relevant given the Procedure's stated objective of establishing a “common process for all CHS staff” (p. 4). While consumers supported this objective, some questioned whether the current level of procedural detail is sufficient to achieve consistent implementation across different wards, services, and clinical settings. Consumers suggested that the inclusion of practical examples, case scenarios, or additional guidance regarding common situations may

assist staff to interpret and apply the Procedure more consistently while still allowing for appropriate clinical judgement.

Staff discretion, consistency and equity

The most significant area of discussion related to the level of discretion afforded to staff throughout the Procedure. Consumers noted that a number of sections rely on individual staff judgement, including provisions stating that staff may choose whether to escalate certain situations (p. 3), may offer or request removal of substances (p. 6), or are not obliged to take particular actions in specific circumstances (p. 7). While consumers recognised that flexibility is necessary when responding to complex and varied situations, concerns were raised regarding the extent to which discretionary language is relied upon throughout the draft document.

Consumers considered that the Procedure could provide greater clarity regarding the factors that should guide decision-making and escalation. Consumers expressed concern that without additional guidance, similar situations may be managed differently depending on the service, ward, or individual staff member involved. The discussion emphasised that the issue was not the existence of discretion itself, but rather the absence of clear guidance regarding how that discretion should be exercised.

Closely related to this concern was the issue of equity and consistency. Consumers highlighted the importance of ensuring that responses to AOD use are applied fairly and consistently regardless of a person's diagnosis, cultural background, age, gender, or service setting. Consumers considered that clearer guidance regarding decision-making processes may help promote transparency and support consumer confidence that similar circumstances will be managed in a consistent manner across services.

Flowcharts and decision-support tools

Consumers noted that the Network's 2023 submission recommended the inclusion of visual aids such as flowcharts to improve usability and support implementation. Consumers stated that this recommendation remains relevant in the current review.

Given the number of sections that rely on staff judgement and discretionary decision-making, consumers suggested that a flowchart or other decision-support tool may assist staff to understand escalation pathways, available response options, referral processes, and the factors that should be considered when exercising discretion. Consumers expressed that visual guidance may strengthen the Procedure's

objective of establishing a common process and may improve consistency across services without significantly increasing the length of the document.

Management environments and safety considerations

Some consumers raised questions regarding how consumers affected by AOD use are managed within clinical environments and whether designated spaces or specific management approaches exist where additional observation, support, or risk management may be required. The discussion acknowledged that some clinical settings may already utilise higher-observation areas or locations closer to nursing stations when safety concerns arise. However, consumers considered that further clarification regarding available management options may assist both staff and consumers to better understand how such situations are managed in practice.

Evaluation and monitoring

Consumers also expressed concern regarding the evaluation section of the Procedure (p. 9). While consumers supported the intention of evaluating outcomes, some questioned whether the current outcome statement and measures provide sufficient information to assess whether the Procedure is operating effectively in practice.

The outcome that consumers are "appropriately managed and supported" (p. 9) was viewed as broad and open to interpretation. Consumers noted that the Procedure does not provide further explanation regarding what successful implementation would look like or how consistency of practice would be assessed. Similar concerns were raised regarding the evaluation measures, which focus on consumer feedback and Code Black data (p. 9). Consumers questioned whether these measures alone are sufficient to assess implementation, consistency of practice, staff adherence to the Procedure, consumer experiences of care, and equitable treatment across services. Consumers suggested that consideration be given to strengthening the evaluation framework so that it more effectively captures how the Procedure operates in practice and whether it is achieving its intended outcomes.

Recommendations

Recommendation 1

Consider providing additional practical guidance, examples, or case scenarios to support implementation of the Procedure and the objective of establishing a "common process for all CHS staff" (p. 4).

Recommendation 2

Consider providing clearer guidance regarding how staff discretion should be exercised in sections where staff may choose whether to escalate matters (p. 3), may offer or request removal of substances (p. 6), or are not obliged to take particular actions (p. 7).

Recommendation 3

Strengthen guidance promoting equitable and consistent responses to AOD use across Canberra Health Services, regardless of a consumer's diagnosis, cultural background, age, gender, or service setting.

Recommendation 4

Consider incorporating a flowchart, decision tree, or other visual decision-support tool to improve usability and support consistent implementation of the Procedure.

Recommendation 5

Provide clear information for staff and consumers regarding the management options available for consumers affected by AOD use, including how higher-observation environments and other safety-related approaches may be utilised when additional observation or support is required.

Recommendation 6

Provide greater clarity regarding intended outcomes and indicators of success, including what is meant by consumers being “appropriately managed and supported” (p. 9) and how successful implementation of the Procedure will be measured in practice.

Recommendation 7

Strengthen the evaluation framework (p. 9) to assess consistency of implementation, staff adherence to the Procedure, consumer experiences of care, and equitable application across wards, services, and clinical settings, with findings used to support continuous quality improvement.

Conclusion

Consumers considered that the Procedure establishes a positive foundation for responding to alcohol and/or other drug use within Canberra Health Services. Opportunities for improvement were identified in relation to guidance, implementation, and evaluation, with consumers noting that greater clarity and

consistency may strengthen confidence in the application of the Procedure and support safe, consumer-centred care.

Consumers value being heard and look forward to seeing how their perspectives are reflected in the final approach.