

Policy on Drug and Alcohol Issues

Re-endorsed by Annual Conference 2013

The NSW Nurses and Midwives' Association recognises that:

- A national public health approach must be taken in the prevention, identification, early intervention, education and diversion of substance users to counselling and treatment services.
- National drug and alcohol programs have been developed to properly equip all health and welfare workers with the expertise necessary to provide treatment, intervention, education and support to clients with drug and alcohol issues, and their significant others.
- All nurses and midwives may be confronted with the immediate and secondary health problems related to drug and alcohol use experienced by clients and their families and friends.
- Nurses and midwives are in an ideal situation to espouse the concepts of harm minimisation and to engage in early intervention strategies with clients in their care.
- Nurses and midwives will have the knowledge, education and confidence to provide early intervention strategies.
- The development and promotion of more effective education strategies are required, especially for school aged children.

The Nurses and Midwives' Association adopts the policy that:

1. State and federal governments must continue to provide necessary resources for the ongoing provision of drug and alcohol services.
2. Funding allocations to drug and alcohol services should be quarantined within the public health system at a Local Health District service level.
3. Individuals with a drug or alcohol issue should have access to a wide range of services and treatment modalities which encompass strategies such as counselling, detoxification, rehabilitation, court diversion, inpatient liaison services, pharmacotherapies and other support services.
4. Detoxification facilities, especially those offering medicated detoxification, must be available in sufficient numbers to clients requesting or needing assistance with withdrawal from substances. This should include services to assist clients with children to access drug and alcohol services.
5. Smoking cessation services must be available to clients requesting or needing assistance to stop smoking.
6. People attempting substance withdrawal must receive appropriate community support to ensure their successful reintegration into the community.
7. Drug and alcohol treatment agencies will continue to work collaboratively with child and family health services, child protection services and other welfare services. All government, non-government and private agencies need to work together in a coordinated manner to ensure the efficient use of resources and availability of services.
8. Appropriate research methods and models be used to trial and evaluate the treatment modalities being offered and new treatments proposed.
9. Continued expansion of evidenced-based pharmacotherapies (for example methadone and buprenorphine) should be seen as central to the ongoing treatment for drug and alcohol dependence.
10. There needs to be a more integrated approach to drug and alcohol education in all health related tertiary education courses at both undergraduate and postgraduate level.
11. Facilities in which experiential training is available with both outpatients and inpatients must be maintained and enhanced, with this training being an essential component in all tertiary health education courses.



- 11.1 There should be an appropriately resourced career structure for nurses who wish to work in the drug and alcohol field.
- 11.2 All public health system Local Health Districts must provide drug and alcohol services and support the positions of drug and alcohol liaison nurses.
12. Young people and adults who experience legal difficulties while using drugs should be linked to support services such as court diversion programs which have proven to be effective in reducing and preventing involvement in the criminal justice system.
 13. People in the early stages of drug and alcohol misuse require access to supportive primary health care facilities that assist with a range of emotional, health and welfare problems.
 14. Specialised services must be available for those groups in the population with special needs. This includes, but is not restricted to, Aboriginal and Torres Strait Islander and CALD (culturally and linguistically diverse) populations, older people, pregnant women, young adults, adolescents and children with drug and alcohol issues.
 15. Nurses and midwives have the right to choose to take part in innovative service delivery, e.g. medically supervised injecting rooms, or to conscientiously object to such involvement according to their own self-determination.
 16. Members of the NSW Nurses and Midwives' Association who have drug or alcohol issues have the support of the Association in seeking assistance with their substance use problem
 17. The Association supports the decriminalisation of the use of heroin and other illicit drugs by dependent adults, and its properly controlled availability to users.
 18. The Association supports the NSW Ministry of Health in the establishment, continuation and evaluation of medically supervised injecting rooms.

Notes:

This policy should be read in conjunction with:

- *Interagency guidelines for the early intervention, response & management of drug & alcohol misuse*
http://www.health.nsw.gov.au/pubs/2005/pdf/interagency_full.pdf
- *Nursing & Midwifery Management of Drug & Alcohol Issues in the Delivery of Health Care*
http://www.health.nsw.gov.au/policies/pd/2007/pdf/PD2007_091.pdf

Resources

Nursing & Midwifery Clinical Guidelines - Identifying & Responding to Drug & Alcohol Issues
http://www.health.nsw.gov.au/policies/gl/2008/pdf/GL2008_001.pdf

Rapid Detoxification from Opioids – Guidelines
http://www.health.nsw.gov.au/policies/GL/2005/pdf/GL2005_027.pdf

