



NEW SOUTH WALES NURSES AND MIDWIVES' ASSOCIATION
AUSTRALIAN NURSING AND MIDWIFERY FEDERATION NEW SOUTH WALES BRANCH



POLICY ON DRUG AND ALCOHOL ISSUES

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NSW Nurses and Midwives' Association
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Policy on Drug and Alcohol Issues

THE NSW NURSES AND MIDWIVES' ASSOCIATION RECOGNISES THAT:

- Drug and alcohol use is common in Australia – 80% of the population consumes alcohol each year, 12% of the population smoke tobacco daily, and 12% of people have used an illegal substance in the last year¹.
- Drug and alcohol use occurs across a continuum, from occasional use to dependent use – not everyone who uses drugs and alcohol will develop a problem associated with use².
- Anyone can experience problems relating to alcohol or drug use, however some people within our communities are more at risk than others. People who experience marginalisation, trauma, or socio-economic disadvantage are more at risk of developing problems relating to drug and alcohol use³.
- Harm minimisation aims to reduce the adverse health, social and economic impacts of drug and alcohol use. Harm minimisation is widely recognised as the best practice approach to drug and alcohol use; it considers the health, social and economic consequences of drug and alcohol use on individuals, families and communities⁴.
- Harms associated with drugs and alcohol can be directly associated with substance use, and also from increased risk behaviours associated with substance use⁵.
- A national public health approach must be taken in the prevention, identification, early intervention, education, and diversion of people who use substances to evidence-based treatment and support 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 experiencing issues with drug and alcohol use, and their significant others.
- Nurses and midwives may be confronted with the immediate and secondary health problems associated with drug and alcohol use, experienced by clients and their families and friends.
- Nurses and midwives are in an ideal situation to promote the concepts of harm minimisation and to engage in early intervention strategies with clients.
- Nurses and midwives will have the knowledge, education, and confidence to provide early intervention strategies.



THE NSW NURSES AND MIDWIVES' ASSOCIATION ADOPTS THE POLICY THAT:

1. A harm reduction approach to drug and alcohol use is best practice – issues related to drug and alcohol use should be treated primarily as health issues, not criminal issues⁶.
2. The Association supports the establishment, continuation and evaluation of various harm reduction strategies, including: medically supervised injecting/consumption rooms; needle and syringe programs; opioid treatment programs; pill/drug testing; and, drug law reform⁷.
3. State and federal governments must continue to provide necessary resources for the ongoing provision of drug and alcohol services.
4. People experiencing issues relating to drug or alcohol use 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.
5. People accessing drug and alcohol treatment and support services have the right to care that is provided under the six treatment principles, which outline that care should be: person-centred; equitable and accessible; non-judgemental, non-stigmatising, and non-discriminatory; culturally responsive; evidence-informed; and holistic and coordinated⁸.
6. Withdrawal facilities, especially those offering medicated detoxification, must be available in sufficient numbers to ensure clients requesting or needing assistance with withdrawal from substances are able to access services in a timely manner conducive to the clients needs. This should include services to assist clients with children to access drug and alcohol services.
7. Smoking cessation services must be available to clients requesting or needing assistance to stop smoking.
8. People attempting substance withdrawal must receive appropriate community support to ensure their successful reintegration into the community.
9. 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.
10. Appropriate research methods and models be used to trial and evaluate the treatment modalities being offered and new treatments proposed.
11. Continued expansion of evidenced-based pharmacotherapies (e.g., methadone and buprenorphine) should be seen as central to the ongoing treatment for drug and alcohol dependence.
12. 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. Education should aim to reduce the stigma and discrimination associated with drug and alcohol use.

13. 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.
 - 13.1 There should be an appropriately resourced career structure for nurses who wish to work in the drug and alcohol field.
 - 13.2 All public health system Local Health Districts must provide drug and alcohol services and support the positions of drug and alcohol liaison nurses and drug and alcohol clinical nurse educator positions.
14. People who experience legal difficulties associated with 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 system⁹.
15. Early intervention is crucial for people experiencing issues with drug and alcohol use, including access to supportive primary health care services, that provide emotional, health and welfare support.
16. Specialised services must be available for vulnerable populations experiencing issues with substance use. Vulnerable populations may include: Aboriginal and Torres Strait Islander people, Culturally and Linguistically Diverse (CALD) people, older people, pregnant women, young adults, adolescents and children, people living in regional and remote communities, people with mental health issues, people in contact with the criminal justice system, and lesbian, gay, bisexual, transgender, queer or intersex (LGBTQI) people¹⁰.
17. People who use drugs and alcohol should be involved in the development and implementation of drug and alcohol policy, and health service planning and delivery. This includes people from the identified vulnerable populations¹¹.
18. 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. Nurses, midwives and assistants in nursing should give serious consideration to avoiding employment positions where they can foresee that a situation of conscientious objection may arise with relative frequency¹².
19. Members of the NSW Nurses and Midwives' Association who experience issues related to drug or alcohol use have the support of the Association in seeking assistance, support, and treatment.
20. The Association supports the decriminalisation of personal use of illicit drugs, including the removal of criminal penalties associated with personal use and possession, in recognition of drug use being primarily a health and social issue, not a criminal issue¹³.

NOTES:

1. This policy should be read in conjunction with:
 - [NSWNMA Position Statement on Harm Reduction](#)



- [NSWNMA Policy on Blood Borne Viruses \(BBVs\)](#)
- [ANMF Policy on Conscientious Objection, 2020](#)
- NSW Health – [Clinical Care Standards: Alcohol and Other Drug Treatment – 2020](#)

REFERENCES:

1. [National Framework for alcohol, tobacco and other drug treatment 2019-2029, Department of Health](#)
2. [National Framework for alcohol, tobacco and other drug treatment 2019-2029, Department of Health](#)
3. [National Framework for alcohol, tobacco and other drug treatment 2019-2029, Department of Health](#)
4. [National Drug Strategy 2017-2026, Department of Health](#)
5. [National Drug Strategy 2017-2026, Department of Health](#)
6. [National Drug Strategy 2017-2026, Department of Health](#)
7. [NSWNMA Position Statement on Harm Reduction](#)
8. [National Framework for alcohol, tobacco and other drug treatment 2019-2029, Department of Health](#)
9. [National Drug Strategy 2017-2026, Department of Health](#)
10. [National Drug Strategy 2017-2026, Department of Health](#)
11. [National Drug Strategy 2017-2026, Department of Health](#)
12. [ANMF Policy on Conscientious Objection, 2020](#)
13. [NSWNMA Position Statement on Harm Reduction](#)