

# **ALCOHOL & OTHER DRUGS POLICY**

## **(IN PART)**

**Revised July 2008**

### **POLICY**

Clients who are noticeably under the influence (intoxicated /overdose) of alcohol or another drug may not be in a position to understand information provided to them by their practitioner, give consent for treatments, understand instructions re medications, nor participate meaningfully in their health care planning.

For this reason, clients will be told respectfully, quietly, in another room, (by the practitioner they have come to see) that their appointment cannot be kept on this occasion and why. It is suggested that at this interaction with the woman that the communication from the staff member is kept short, concise and is repeated if necessary eg, “As you are intoxicated we cannot offer you any service right now – you have to leave”. It is strategically important that the staff member resists the invitation by the intoxicated woman to engage in a dialogue and keeps the message exact and short.

Signs of being intoxicated may include some or all of the following: smell of alcohol; slurred speech; ataxia/unstable gait / difficulty with motor tasks; difficulty in holding sensible conversation; pupils are ‘glassy’ and constricted in a high level of alcohol.

### **Duty of Care:**

Duty of care re client walking home or driving: If a client drove here and is deemed by staff to be under the influence of alcohol or another drug, it will clearly not be safe for the client to walk home or drive the car. Staff will offer to ring a taxi for the client. If the client refuses, their person for notification will be contacted and asked to intervene. If the client decides to drive their car police will need to be notified.

**The next review will be undertaken by 2010**