

## Nursing & Midwifery Management of Drug & Alcohol Issues in the Delivery of Health Care

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**Summary** This policy directive outlines the required practice of registered nurses, midwives and enrolled nurses when providing health care to all patients admitted to the NSW Health Care system. The purpose of the policy is to ensure that the drug and alcohol use of all patients is recorded so that there can be intervention consistent with the Clinical Guidelines for Nursing and Midwifery Practice in NSW: Identifying and Responding to Drug and Alcohol Issues. The primary aim is to ensure effective health outcomes for all patients accessing Health Services in NSW.

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**Applies to** Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations - Non Declared, Affiliated Health Organisations - Declared, Community Health Centres, Public Hospitals

**Audience** Clinical, nursing, midwives, service and divisional managers

**Distributed to** Public Health System, Community Health Centres, NSW Department of Health, Public Hospitals

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**Status** Active

### Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

## NURSING AND MIDWIFERY MANAGEMENT OF DRUG & ALCOHOL ISSUES IN THE DELIVERY OF HEALTH CARE

### SECTION 1 – INTRODUCTION

The use of drugs and alcohol<sup>1</sup> produces a significant health burden on the Australian community. Issues related to the use of alcohol and psychoactive drugs impact all areas of medicine and health care. The health and economic costs associated with the use of drugs and alcohol is high with the annual cost of drug use in Australia estimated to be \$34.4 billion (Collins & Lapsley 2002). Currently, these costs are identified as:

- \$21.1 billion – Tobacco
- \$7.6 billion – Alcohol
- \$6.1 billion – Illicit Drugs

In 1998, just over 23,313 deaths in Australia were attributable to drug use, representing around 18% of all deaths. *Of these, the vast majority were owing to tobacco use (19,019), with 3,271 owing to hazardous or harmful alcohol consumption and 1,023 due to illicit drug use (Ridolfo & Stevenson, 2001). Almost 260,000 hospital episodes in 1996-97 were attributable to alcohol, tobacco and other drug use (National Drug Strategy Household Survey, 1999 Release).*

Drug and alcohol use can also complicate the management of other health issues of people presenting to health services. Nurses and midwives have long been identified as primary caregivers. In this context they are well positioned to recognise hazardous use and early symptoms of complications from drug and alcohol use and to intervene appropriately (*NH&MRC 2001, de Crespigny, 2001, 1996; Goodin, 1997, 1990, Novak and Petch, 1994;*).

Historically, health professionals have been reluctant to assess patients' drug and alcohol use or to implement early or brief interventions. The evidence shows that nurses often do not have the requisite knowledge or skills to intervene (*de Crespigny, 2001, 1996, Novak and Petch, 1994*) even though many acknowledge that such intervention is a legitimate activity (*Goodin, 1997*). Lack of organisational support for nurses' and midwives' management of drug and alcohol issues has also been a traditional barrier to further work in this area (*ALAC 2000, Connolly et al, 1998*). High staff turnover and difficulty in recruiting staff, especially in rural areas, has also been a barrier to retaining drug and alcohol knowledge and skills.

This policy directive aims to ensure adherence to minimum standards of practice in all health care settings for the assessment and management of all patients, in relation to their drug and alcohol use.

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<sup>1</sup> NSW Health now uses the term 'drug and alcohol' for issues related to substance use. Responsibility for policy development for drug and alcohol issues lies with the Mental Health and Drug & Alcohol Office, except for tobacco related harm. Responsibility for policy development for the latter lies with Tobacco and Health Branch.

## SECTION 2 – TARGET

### 2.1 Who is this policy for?

This policy applies to the NSW Health Service System, which, for the purposes of this policy, refers to Area Health Services, Statutory Health Corporations (including Justice Health), Affiliated Health Organisations, and NSW Department of Health. It is directed to Directors of Nursing and Midwifery, however titled, Directors of Community Health Services, Directors of Mental Health Services, Nurse Managers, Nursing Unit Managers, Clinical Nurse Consultants, Nurse Educators, Registered Nurses, Midwives, and Enrolled Nurses.

### 2.2 Background

The *NSW Strategic Plan – Nurse Education and Nursing Management of Alcohol and Other Drugs* (here referred to as ‘the Strategic Plan’) was released in 1991 by the NSW Department of Health. This plan was reviewed and updated into ‘*Framework for Progress 2000-2003*’ and the “*Clinical Guidelines for Nursing Practice 2000 -2003*”. This initial Strategic Plan was effective in highlighting the need for clinical policy and nursing and midwifery education on drug and alcohol issues.

In 1996, the *NSW Nursing Project – Alcohol and Other Drugs* was established to review the Strategic Plan. As part of this review, the project group carried out a major survey of all NSW public hospitals and community health centres to determine the level of implementation achieved since the release of the Strategic Plan.

The *1995/96 Survey of Activities Related to the NSW Strategic Plan for Nurse Education and Nursing Management of Alcohol and Other Drugs* results indicated that while many aspects of the Strategic Plan had been adopted in NSW hospitals and community health centres, there was room for improvement in its implementation.

The Survey also highlighted that local health service drug and alcohol policy varied between hospitals and was not well integrated. The continued variance of policy and education frameworks was problematic for nursing and midwifery staff across NSW.

This policy is accompanied by the ‘*Clinical Guidelines for Nursing and Midwifery Practice in NSW: Identifying and Responding to Drug and Alcohol Issues*’.

### 2.3 Aims of the policy

The aim of this policy is to ensure effective and comprehensive assessment and clinical management of patients who are affected by their use of drugs and alcohol. The focus of nursing and midwifery practice is to give equal regard to both the physical and psychological safety of the patient. All nursing and

midwifery practice should aim to reduce harm and improve health outcomes for patients who are at risk due to their drug and alcohol use.

## **2.4 General Principles**

Contact with patients who have been using drugs and alcohol may occur in a variety of health care settings such as community or hospital based services, general health or specialised health facilities. Regardless of the context, management of patients with drug and alcohol issues must be integrated into the care planning for each patient. All practices must be consistent with this directive.

At a minimum, each Health Service / facility must recognise and ensure that:

1. Access to comprehensive health care is an individual's right. This right should not be impaired by any health professional's value judgements about the use of alcohol or drugs.
2. All staff are encouraged to have a positive approach to working with patients with drug and alcohol issues.
3. There is a balanced range of interventions available for the management of patients with drug and alcohol issues.
4. Staff are aware of, and have easy access to, written policy and clinical guidelines for intervention and management of patients with drug and alcohol issues.
5. Staff are proficient in performing standardised procedures and implementing protocols for the assessment, management and referral of patients identified as using drugs and alcohol at hazardous or harmful level. The skills required to manage patients with drug and alcohol issues are core clinical skills and should be reviewed and updated on a regular basis.
6. Staff receive appropriate education on:
  - Varied presentations related to drug and alcohol use;
  - Assessment, management and referral of patients identified as using drugs and alcohol at hazardous and harmful levels
  - Implementation of clinical guidelines to support appropriate management and care of patients with drug and alcohol issues
7. The needs of children and adolescents, older people, Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, and gay, lesbian or transgender groups are addressed in a clinically and culturally appropriate manner by all staff.

8. Clear response procedures are in place for services and agencies that frequently require support or refer patients who are using drugs and alcohol at a hazardous or harmful level.

## **2.5 Policy Principles (Clinical)**

1. Assessment of all drug and alcohol use is part of the overall nursing and midwifery assessment for each individual.
2. All episodes of care provide an opportunity for the patient to gain health information and insight into issues related to their drug and alcohol use, and for clinical staff to intervene appropriately.
3. Signs and symptoms of intoxication are accurately identified, recorded and are managed to reduce the risk of overdose and further complications from drug and alcohol use.
4. Nursing and midwifery care planning will incorporate effective strategies for the monitoring and management of all withdrawal syndromes.
5. NSW Department of Health and Health Services will endeavour to achieve a high level of knowledge and skill among nursing and midwifery staff. Knowledge and skill is to be developed and maintained in line with current clinical guidelines for best practice for managing drug and alcohol issues.

## **2.6 Key stakeholder responsibilities**

Responsibility for implementing this policy directive rests at all levels of the health system - from statewide bodies to individual nurses and midwives in local health facilities. For nurses and midwives within NSW to achieve the aims and principles outlined in this document, it is essential to identify the roles and responsibilities of the key stakeholders.

### **Role of NSW Department of Health**

NSW Department of Health provides leadership and organisational support for Health Services to implement the strategies contained in this document. This support will include:

1. Ensuring that this policy directive and the accompanying *Clinical Guidelines for Nursing and Midwifery Practice in NSW: Identifying and Responding to Drug and Alcohol Issues* are regularly reviewed and updated to reflect best practice;
2. Ensuring that performance agreements between NSW Department of Health and Health Services incorporate the principles and strategies contained in this document and the accompanying *Clinical Guidelines*;

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3. Monitoring and evaluating nursing and midwifery management of drug and alcohol issues across NSW;
4. Monitoring and evaluating education on drug and alcohol issues across NSW;
5. Working with nurse and midwife education providers and the Nurses and Midwives Board NSW to enable accurate and consistent curricula on drug and alcohol issues;
6. Investing in research and best practice in the nursing and midwifery management of drug and alcohol issues.

## **Role of Health Services**

Health Services must provide leadership and support for nursing and midwifery management of drug and alcohol issues at a local level. They must be largely responsible for implementation of the principles and strategies contained in this document and the accompanying *Clinical Guidelines*. Health Services responsibilities will include:

1. Adoption of nursing and midwifery management of drug and alcohol issues as a high priority across all Health Services facilities;
2. Implementation of consistent and appropriate protocols on nursing and midwifery management of drug and alcohol issues across all Health Services facilities;
3. Implementation of a consistent and appropriate nursing and midwifery education policy on drug and alcohol issues across all Health Services facilities;
4. Regular monitoring of the delivery and quality of nursing and midwifery management of drug and alcohol issues across all Health Services facilities;
5. Regular monitoring of the delivery and quality of nursing and midwifery education on drug and alcohol issues across all Health Services' facilities; and
6. Adequate allocation of funding to support all the above.

## **Role of nurse managers and midwife managers**

Nurse managers and midwife managers are key agents in the successful adoption and supervision of best practice in the delivery of all clinical care. It is therefore essential that these managers take a key role in the implementation of the *Clinical Guidelines* at a unit level, and to monitor and support nursing and

midwifery education and training at this level. Nurse manager and midwife manager responsibilities will include:

1. Adopting a policy on nursing and midwifery management of drug and alcohol issues as a high priority within the unit;
2. Ensuring awareness and implementation of the *Clinical Guidelines* within the unit;
3. Ensuring adequate levels of education on drug and alcohol issues within the unit;
4. Regular monitoring of delivery and quality of nursing and midwifery management of drug and alcohol issues within the unit;
5. Regular monitoring of delivery and quality of nursing and midwifery education on drug and alcohol issues within the unit; and
6. Management of unit funding to support the above.

### **Role of registered nurses, midwives and enrolled nurses**

All registered nurses, midwives and enrolled nurses in NSW are responsible for adhering to the principles outlined in this document and for clinical expertise according to the accompanying *Clinical Guidelines*.

Registered nurse and midwife responsibilities will include:

1. Understanding and appropriate implementation of policies and protocols governing the management of drug and alcohol issues;
2. Awareness of the *Clinical Guidelines for Nursing and Midwifery Practice in NSW: Identifying and Responding to Drug and Alcohol Issues*;
3. Inclusion of drug and alcohol history in routine patient assessment.
4. Knowledge of the pharmacological effects of drug and alcohol. Understanding of drug and alcohol dependence and its bio-psycho-social consequences;
5. Recognition of issues for care planning arising from assessment data;
6. Provision of interventions for patients identified as using drugs and alcohol at hazardous or harmful levels.
7. Provision of relevant patient education regarding drug and alcohol use supported by information resources and specialist/service referral as necessary;

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8. Recognition of signs and symptoms of intoxication, overdose and withdrawal syndromes and implementation of nursing and midwifery strategies to respond to these states; and
9. Participation in continuing professional development on drug and alcohol issues.

Enrolled nurse responsibilities will include:

1. Understanding and appropriate implementation of policies and protocols governing management of drug and alcohol issues;
2. Awareness of the *Clinical Guidelines for Nursing and Midwifery Practice in NSW: Identifying and Responding to Drug and Alcohol Issues*;
3. Assistance with drug and alcohol history taking in routine patient assessment;
4. Knowledge of the pharmacological effects of drugs and alcohol. Awareness of drug and alcohol dependence and its bio-psycho-social consequences;
5. Recognition of issues for care planning arising from assessment data;
6. Facilitation of intervention for patients identified as using drugs and alcohol at hazardous or harmful levels;
7. Provision of relevant drug and alcohol information resources as necessary;
8. Recognition of signs and symptoms of intoxication, overdose and withdrawal syndromes and implementation of nursing and midwifery strategies to respond to these states; and
9. Participation in continuing professional development on drug and alcohol issues.

## SECTION 3 – POLICY STATEMENTS

### ASSESSMENT

Policy Statement	Strategies	Outcomes
<p><b>Assessment of all drug and alcohol use is part of the overall nursing and midwifery assessment for each individual patient.</b></p>	<ul style="list-style-type: none"> <li>▪ Assessment includes a record of the quantity and frequency of drug and alcohol use.</li> <li>▪ Drug and alcohol use is recorded including prescribed medication, non-prescribed pharmaceuticals.</li> <li>▪ Assessment includes:                             <ul style="list-style-type: none"> <li>- type of drug</li> <li>- dose, frequency and duration of use</li> <li>- time and amount of last dose</li> <li>- route of administration.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Nursing and midwifery staff have an understanding of the clinical implications of drug and alcohol intake.</li> <li>▪ Nursing and midwifery care management strategies are clearly defined in relationship to overall clinical care.</li> <li>▪ Nursing and midwifery care is planned to address the physical and psychological needs of the patient.</li> <li>▪ Patients do not feel stigmatised for drug and alcohol use as this assessment is not done selectively.</li> </ul>
<p><b>Responsibility</b></p> <ul style="list-style-type: none"> <li>• Health Services</li> <li>• Directors of Nursing and Midwifery (however titled)</li> <li>• Directors of Community Health Services</li> <li>• Directors of Mental Health Services</li> <li>• Senior Nurse Managers and Midwifery Managers</li> <li>• Nursing Unit Managers and Midwifery Unit Managers</li> <li>• Clinical Nurse Consultants, Clinical Midwifery Consultants, Nurse Educators and Midwifery Educators</li> <li>• Registered Nurses, Enrolled Nurses and Midwives</li> </ul>		

## OPPORTUNISTIC INTERVENTION

Policy Statement	Strategies	Outcomes
<p><b>Nurses and midwives realise opportunities to intervene with all patients regarding their drug and alcohol use</b></p>	<ul style="list-style-type: none"> <li>▪ Education of all nursing and midwifery staff in appropriate intervention strategies related to the use of drugs and alcohol.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Nursing and midwifery staff develop clinical drug and alcohol skills that enhance patient outcomes.</li> </ul>
<p><b>As part of regular, standard clinical practice, nurses and midwives intervene with any patient who is identified as using drugs and/or alcohol at a harmful or hazardous level.</b></p>	<ul style="list-style-type: none"> <li>▪ Provision of resources in the form of pamphlets and other written materials and relevant education material to assist nursing and midwifery staff with appropriate interventions.</li> <li>▪ Provision of information regarding specialist drug and alcohol services to all nursing and midwifery staff.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Patients are informed of the health risks associated with drug and alcohol use.</li> <li>▪ Patients have increased access to information to help reduce or cease drug and alcohol use where appropriate, and about safe use and associated health effects;</li> <li>▪ Patients have increased access to information about treatment options, resources and referral networks.</li> </ul>
<p style="text-align: center;"><b>Responsibility</b></p> <ul style="list-style-type: none"> <li>• Health Services</li> <li>• Directors of Nursing and Midwifery (however titled)</li> <li>• Directors of Community Health Services</li> <li>• Directors of Mental Health Services</li> <li>• Senior Nurse Managers and Midwifery Managers</li> <li>• Nursing Unit Managers and Midwifery Unit Managers</li> <li>• Clinical Nurse Consultants, Clinical Midwifery Consultants, Nurse Educators and Midwifery Educators</li> <li>• Registered Nurses, Enrolled Nurses and Midwives</li> </ul>		

## INTOXICATION & OVERDOSE

Policy Statement	Strategies	Outcomes
<p><b>Signs and symptoms of intoxication are accurately identified and managed to reduce the risk of overdose and further complications from drug and alcohol intake.</b></p>	<ul style="list-style-type: none"> <li>▪ Comprehensive recording of recent drug and alcohol intake from individual or accompanying persons.</li> <li>▪ Assessment of physical signs, mental status and level of consciousness.</li> <li>▪ Other reasons for presentation that may mimic intoxication (eg. Hypoglycaemia, head injury) are excluded.</li> <li>▪ Monitoring tools, (Glasgow Coma Scale), breathalyser units or BAL are used, where available.</li> <li>▪ Vital signs are observed and recorded.</li> <li>▪ Nursing and midwifery management is aligned to outcomes of observations.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Nursing and midwifery staff have a clear understanding and knowledge of the signs and symptoms of intoxication and overdose.</li> <li>▪ Nursing and midwifery staff plan nursing or midwifery management according to signs and symptoms recorded.</li> <li>▪ Nursing and midwifery staff provide early identification of complications related to intoxication.</li> <li>▪ Risk of progression to overdose is reduced.</li> <li>▪ Patient and staff safety is maintained.</li> <li>▪ Morbidity and mortality is reduced.</li> <li>▪ Nursing and midwifery staff carry out appropriate referral for concurrent or conjoint treatment.</li> </ul>
<p style="text-align: center;"><b>Responsibility</b></p> <ul style="list-style-type: none"> <li>• Health Services</li> <li>• Directors of Nursing and Midwifery (however titled)</li> <li>• Directors of Community Health Services</li> <li>• Directors of Mental Health Services</li> <li>• Senior Nurse Managers and Midwifery Managers</li> <li>• Nursing Unit Managers and Midwifery Unit Managers</li> <li>• Clinical Nurse Consultants, Clinical Midwifery Consultants, Nurse Educators and Midwifery Educators</li> <li>• Registered Nurses, Enrolled Nurses and Midwives</li> </ul>		

## WITHDRAWAL MANAGEMENT

Policy Statement	Strategies	Outcomes
<p><b>Nursing and midwifery care planning will incorporate effective strategies for the monitoring and management of all withdrawal syndromes</b></p>	<ul style="list-style-type: none"> <li>▪ Assessment and identification of indicators of risk of withdrawal</li> <li>▪ Observation for signs of withdrawal as clinically indicated.</li> <li>▪ Detailed documentation including the use of appropriate withdrawal scales (Alcohol Withdrawal Scale, CIWA-AR Scale, Modified Finnegan's Chart).</li> <li>▪ Early identification of changes in clinical condition and institution of appropriate nursing and midwifery management strategies.</li> <li>▪ Monitoring of fluid and nutritional intake.</li> <li>▪ Maintenance of patient and staff safety.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Nursing and midwifery staff develop knowledge and skill in the recognition of withdrawal symptoms and associated clinical management.</li> <li>▪ Nursing and midwifery staff effectively manage withdrawal states.</li> <li>▪ Risk of patient progressing to a severe withdrawal syndrome is minimised with access to effective clinical care.</li> <li>▪ Opportunities for intervention and further treatment are enhanced, and complications are minimised.</li> </ul>
<p style="text-align: center;"><b>Responsibility</b></p> <ul style="list-style-type: none"> <li>• Health Services</li> <li>• Directors of Nursing and Midwifery (however titled)</li> <li>• Directors of Community Health Services</li> <li>• Directors of Mental Health Services</li> <li>• Senior Nurse Managers and Midwifery Managers</li> <li>• Nursing Unit Managers and Midwifery Unit Managers</li> <li>• Clinical Nurse Consultants, Clinical Midwifery Consultants, Nurse Educators and Midwifery Educators</li> <li>• Registered Nurses, Enrolled Nurses and Midwives</li> </ul>		

## EDUCATION

Policy Statement	Strategies	Outcomes
<p><b>NSW Dept. of Health and Health Services will work with educational institutions and professional bodies to ensure a high level of knowledge and skill among nursing and midwifery staff.</b></p> <p><b>Knowledge and skill is to be developed and maintained in line with current clinical guidelines for best practice for dealing with drug and alcohol issues.</b></p> <p><b>Access to comprehensive health care is an individual's right. This right should not be impaired by any health professional's value judgements about the use of alcohol or drugs.</b></p>	<ul style="list-style-type: none"> <li>▪ Core curricula within nurse and midwife education to include knowledge and clinical skills in the management of drug and alcohol issues.</li> <li>▪ Education frameworks within Health Services reflect knowledge and clinical skills in nursing and midwifery management of drug and alcohol issues.</li> <li>▪ Support for curriculum development for all speciality courses and training to include relevant education in clinical management of drug and alcohol issues.</li> <li>▪ All education and orientation programs to address attitudinal issues which may impair assessment and appropriate intervention</li> </ul>	<ul style="list-style-type: none"> <li>▪ Nurses and midwives have an understanding of the key concepts and principles underpinning quality care for patients with drug and alcohol related illness and injury.</li> <li>▪ Nursing and midwifery staff have an awareness of the physical and psychological effects of drug and alcohol use.</li> <li>▪ Nursing and midwifery staff have knowledge and skills, commensurate with their roles, in the effective management of drug and alcohol presentations.</li> <li>▪ Nursing and midwifery staff intervene appropriately, regardless of their own attitudes and beliefs in relation to drug and alcohol use.</li> </ul>
<p style="text-align: center;"><b>Responsibility</b></p> <ul style="list-style-type: none"> <li>• Health Services</li> <li>• Directors of Nursing and Midwifery (however titled)</li> <li>• Directors of Community Health Services</li> <li>• Directors of Mental Health Services</li> <li>• Senior Nurse Managers and Midwifery Managers</li> <li>• Nursing Unit Managers and Midwifery Unit Managers</li> <li>• Clinical Nurse Consultants, Clinical Midwifery Consultants, Nurse Educators and Midwifery Educators</li> <li>• Registered Nurses, Enrolled Nurses and Midwives</li> </ul>		

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