



# Alcohol and Drug Use – Service Users Policy

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## Approval

Policy owner	Executive Manager, Specialist Community Services		
Business Unit	Specialist Community Services		
Approved by	Executive Manager, Specialist Community Services		
Date approved	25/08/2025	Review date	25/08/2027

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## 1 Purpose

- 1.1 Specialist Community Services (SCS) recognises that to support change and work with service users in a truly individualised way, any response to Alcohol and Other Drug (AOD) use should be aligned with the various service models and practice approaches across sites.
- 1.2 SCS understands that people who use its services might use drugs or alcohol for various reasons. Two main reasons may be to help them cope with stress or as an artificial attachment. Therefore, it's crucial to respond with care, following trauma-informed practices.

## 2 Scope

- 2.1 This policy applies to all staff who work in the following SCS sites:
  - Mental Health Service
  - Homelessness Services
    - Tom Fisher House
    - Wandjoo Bidi
    - Passages Youth Engagement Hubs
  - Housing Plus

## 3 Policy principles

- 3.1 SCS recognises that all service users have dignity of risk when making choices in relation to drug and alcohol use, provided it does not go against service and/or house rules.
- 3.2 SCS understands that using alcohol and drugs isn't always a choice to break the rules. It recognizes that many people may have both mental health issues and experience the impact of historical trauma, which can lead to substance use. Staff will keep this in mind and maintain a non-judgemental and trauma informed perspective.
- 3.3 Illegal drugs, alcohol and drug paraphernalia may not be used or kept on the premises at any service site. This is to ensure a safe environment for all service users and staff.
- 3.4 Each service may have differing ways for responding to AOD use relevant to the service user cohort it provides service to and, scope of service and staff roles. Where staff identify actual or suspected substance use, they must report this to their Line Manager and follow site specific procedures in relation to this.
- 3.5 Staff will not make unilateral decisions or statements to service users regarding any potential consequences of their drug and alcohol use, in line with organisational values, practice approaches, consideration of duty of care as well as the service user's dignity of risk.
- 3.6 For all SCS sites, selling and/or supplying drugs within or from the service environment is taken very seriously as it has the potential to put the service user's tenancy at risk and could lead to exit from the service depending on the severity and contributing factors of the situation.
- 3.7 Where illegal drugs are found or suspected to be on any SCS operated premises,

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it will be addressed by the Service Manager on a case by case basis, in consultation with the Executive Manager.

- 3.8 SCS does not specialize in addressing drug and alcohol misuse or dependency. Therefore, staff will refer service users to external organizations for support and seek medical advice when necessary, especially if someone is under the influence of substances.
- 3.9 Service sites will have relevant information about AOD support services on site for service users to access if they wish to do so.

#### Specific to Mental Health Service only

- 3.10 SCS Mental Health Service operates a recovery-oriented model of practice and as such has rules about the use of drugs and alcohol on site. This is to ensure that all consumers within the service are able to fully engage in their recovery journey and avoid being impacted by another's AOD use.
- 3.11 Mental Health Service consumers are made aware of the rules and service policies/procedures in relation to AOD use at the time of intake, tenancy sign up and via regular communication from staff. The rules state that alcohol and drugs must not be consumed on site.
- 3.12 When staff are responding to consumers who are under the influence of drugs or alcohol on site, they will consider the impact their behaviour is having on others and any potential harm to either themselves or others, whilst maintaining a person centred, trauma informed approach.
- 3.13 Mental Health Service Sites are tasked with a duty of care under the Mental Health Act 2014, National Standards for Mental Health Services and Department of Health licensing regulations to provide a safe environment for consumers and, as such may conduct a search of premises if there are reasonable grounds to suspect the presence of illegal drugs or illegal drug use. This will be at the discretion and direction of the Service Manager.

#### Specific to Housing Plus only

- 3.14 Housing Plus tenants can have alcohol on the premises as long as it doesn't interfere with their support services or create problems, like bothering neighbours or violating tenancy rules. However, for tenants with a License to Occupy, alcohol use or storage is not permitted at all.
- 3.15 Housing Plus upholds the License to Occupy, House Rules and the Residential Tenancy Act, particularly in relation to 'illegal activities', including drug use and possession.
- 3.16 For Housing Plus premises, where illegal drugs or illegal drug use is identified, the Service Manager will at their discretion decide how this will be addressed within the terms of the Residential Tenancies Act 1987.

#### Specific to Homelessness Services only

- 3.17 Service users accessing Homelessness Services are permitted to access the services under the influence of substances in line with the Low Threshold and Change and, Low Barrier Models as well as the harm minimisation model. Staff assess service users on presentation and will implement procedures and duty of care to minimise risk to themselves, others and staff.
- 3.18 Use or consumption of substances are not permitted on site, this includes service users with prescription marijuana, given the potential impact on other service

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users.

- 3.19 Service Users accessing Homelessness Services are made aware of the expectations and service policies in relation to AOD use, including bringing them onto the premises, at the time of intake. Service users sign the Guidelines acknowledging this and it continues to be regularly communicated by staff.
- 3.20 SCS has policies that prohibit bringing alcohol and drugs onto the premises. However, to ensure safety, sharps containers are provided for disposing of needles. This includes needles from medical use (i.e. insulin) or any unauthorized sharp objects brought in without staff knowledge, which goes against the AOD Policy.
- 3.21 Homelessness Service staff may conduct a bag or room search if there are reasonable grounds to suspect the presence of illegal drugs or alcohol on the premises. This will be at the discretion of the Service Manager or Coordinator.
- 3.22 Service Users who are on site and under the influence of drugs or alcohol, will be responded to in proportion to the way their behaviour is impacting others and/or causing potential harm to themselves, in line with person centred, trauma informed practice.

## 4 Roles and responsibilities

- 4.1 The Executive Manager, Specialist Community Services is responsible for maintaining the currency of this policy.
- 4.2 Society representatives are required to adhere to this policy. Failure to comply may be considered a breach of our policies and may result in disciplinary action.

## 5 Review

- 5.1 This policy will be reviewed at least every two years, after consultation. Some circumstances may trigger an early review; this includes but is not limited to legislative changes, organisational changes, incident outcomes and other matters deemed appropriate by the SCS Management Team or the Executive Manager SCS.

## 6 Further assistance

- 6.1 Society personnel should speak with their Manager regarding any questions about the implementation of this policy.

## 7 References

References made in this policy are:

- 7.1 SCS-PP-4012 Recovery Orientated Service Delivery Policy
- 7.2 The Mental Health Act 2014, *Mental Health Commission, Government of Western Australia*
- 7.3 SCS License to Occupy
- 7.4 MHS Boarding House Rules
- 7.5 Residential Tenancies Agreement 1987. *Department of Mines, Regulation and Safety, Western Australia.*

- 7.6 HLS Guidelines and Intake
- 7.7 HLS Low Threshold and Change Service Model and Low Barrier Model
- 7.8 National Standards for Mental Health Services 2010, *Mental Health Commission, Government of Western Australia*
- 7.9 Specialist Homelessness Standards 2016, *Department of Communities, Government of Western Australia*

## 8 Related documents and legislation

Related documents and legislation at the time of approval include:

- 8.1 Standard One: Licensing and Accreditation Regulatory Unit, *Department of Health, Government of Western Australia*
- 8.2 Misuse of Drugs Act 1981, *Police Service, Government of Western Australia*
- 8.3 Medicines and Poisons Act 2014, *Health Department of Western Australia, Government of Western Australia*
- 8.4 Residential Tenancies Act 1987, *Department of Mines, Industry Regulation and Safety, Government of Western Australia*
- 8.5 Youth Work Code of Ethics 2003 (revised 2014), *Youth affairs Council of Western Australia & Western Australian Association of Youth Workers*
- 8.6 SCS-PP-4014 Responding to Behaviours of Concern Policy
- 8.7 SCS-PP-4015 Emergency Treatment Policy
- 8.8 SCS-PP-4007 Risk Management Approach
- 8.9 SCS Service Models

## 9 Approval and amendment history

Version	Approval authority	Date	Amendment summary
1.0	EM, SCS	31/08/2015	Initial version
2.0	EM, SCS	18/12/2020	Scheduled review
2.1	EM, SCS	30/11/2021	Conversion to new template
3.0	EM, SCS	16/06/2023	Scheduled review
4.0	EM, SCS	26/08/2025	Scheduled review

## 10 Definitions

Term	Definition
Artificial Attachment	Behaviours that provide an immediate source of dopamine, in the absence of healthy positive attachment to people
Drugs	includes all substances as well as any medication, pharmaceutical item or psychoactive substance that has not been prescribed by a GP or mental health professional. This includes but is not limited to: illegal substances, medications (as classified in the Medicines

Term	Definition
	and Poisons Act 2014), tobacco, alcohol, caffeine, 'legal highs', plant derived matters, gases/vapours.
Dignity of risk	Is in relation to respecting an individual's right to make their own choices, even if those choices involve some level of risk.
Duty of care	is... an obligation to avoid acts or omissions, which could be reasonably foreseen to injure or harm other people. This means that you must anticipate risks for your clients and take care to prevent them coming to harm. (Department of Health, Australian Government)
Illegal Drugs	substances that may change a person's mental or physical state and are unregulated and forbidden by law, examples include; amphetamines, cannabis (marijuana), ecstasy (MDMA) and heroin.
Illegal Drug Use	includes: illegal drug taking by injection, ingestion or inhalation, misuse or non-prescribed use of prescription drugs (also called pharmaceuticals), inappropriate use of other substances — for example, sniffing glue
Person Centred Practice	is an approach to healthcare that focuses on the individual needs, preferences, and values of each person receiving support. It emphasizes treating service users as active participants in their own care rather than passive recipients, ensuring that their unique experiences and perspectives guide service delivery decisions
Service users	Is an umbrella terms used to refer to: <ul style="list-style-type: none"> <li>• Consumers – individuals who access Mental Health Services</li> <li>• Clients – individuals who access Passages Youth Engagement Hubs and Tom Fisher House</li> <li>• Residents – individuals residing at Wandjoo Bidi under a License to Occupy Agreement</li> <li>• Tenant – tenants residing in Housing Plus properties</li> </ul>
Substances	alcohol or drugs as detailed above.
Trauma Informed Practice	is an organisational and practice approach to delivering health and human services directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and its prevalence in society. It is a strengths-based framework that emphasises physical, psychological and emotional safety for people who have experienced trauma, their families and carers, and service providers. (Commonwealth of Australia: The Fifth National Mental Health and Suicide Prevention Plan. Canberra: Commonwealth of Australia