



Partner Policy: Substance Use

Introduction

EAP clinicians endeavour to identify participants who may be experiencing problems related to substance use (e.g. alcohol or drugs) during the clinical engagement. These problems may manifest as family and other relationship problems or impact other aspects of their day-to-day functioning such as legal, work, financial, physical, or emotional problems. Proper evaluation of potentially problematic substance use is critical as input into the eventual recommended plan of action. The assessment is directed primarily at identifying the characteristics of substance use manifested by the participant.

Policy

Clinicians will evaluate the risk/potential impact of any substance use reported by the participant during the clinical engagement. This assessment will, wherever possible, constitute part of the 'Good Conversation' the clinician holds with the participant and emerge naturally out of that conversation. EAP clinicians do not diagnose a specific condition but focus on the behaviours/symptoms being reported by the participant.

Participants with substance use issues are unlikely to respond to the short-term, solution-focused intervention offered through the EAP. More specialised and longer-term treatment is generally required. Where substance use is identified as the primary issue requiring action participants will be referred to appropriate treatment/resources outside the EAP and a clinician will follow up with them to provide the necessary support and encouragement to ensure the participant engages with the recommended action plan.

Clinicians can refer participants reporting substance use issues to EAP services when the participant wishes to address an issue unrelated to the addiction (e.g. a bereavement) where clinically appropriate.

Participants can also be referred to EAP services if they share that, as a result of the presenting issue there has been an increase in their substance use, and they express a willingness to change and an awareness that this is not an appropriate way to cope.

Where participants with substance use issues are referred to EAP sessions they will be informed that any session they attend will be terminated if they present under the influence of a mind-altering substance and will not be re-instated.

See the 'Partner Managing Challenging or Resistant Participants Policy' for guidance around how to handle those situations where a participant is intoxicated when they contact the EAP.

Clinicians will be mindful of the country where participant is located when assessing potential substance use risk. Some countries have legalised drugs, for example cannabis, which can have some impact on use. Alternatively, in some countries/area's alcohol consumption is illegal so even a small amount can pose a serious risk to their daily living.

Clinical Practice

- Identification of Risk

During the clinical consultation, clinicians will probe whether problematic or dependent substance use may be a factor in the participant's presenting problem(s). Participants will be asked about their current use of alcohol or drugs, and, where indicated, what substance they use, the quantity and frequency of use and their previous history (both self and family). Where use is currently high and frequent the presence of withdrawal symptoms is probed. The cultural context of the participant (country of origin, family habits) should always be considered.

- Specific Questions about Substance Use

The following may be useful questions to ask when probing the potential impact of alcohol/drug use on a participants present functioning and aid in identifying the most appropriate way forward:

- Presenting Problem
 - How does presenting problem relate to drug/alcohol use?
 - Did someone suggest that you call?
 - Is there an immediate crisis?
- Alcohol / Other Drug Use History
 - Tell me about your use.
 - Do you drink/use drugs alone or with friends?
 - When do you drink/use drugs – in the morning, afternoon or evenings?
 - How often/how much do you use?
 - Have you ever tried to quit or cut back?
 - Do you feel comfortable with your current alcohol/drug use?

- When did you begin using?
- Alcohol /Other Drug Use Consequences
 - Have you experienced problems as a result of your use (i.e. family, friends, work, financial, legal, or health problems)?
- Other Symptom Areas
 - Has your use/withdrawal ever interfered with your daily life (i.e. family, job, social activities)?
 - Has the amount you drink/use to get the desired affect increased or decreased?
 - How do you think you would feel should you cease taking this substance for a period of time?
 - Have others commented on this?
 - During or after use, have you ever had periods of not being able to remember everything that happened?
 - Have you (ever) sought professional or medical help on any substance use?
- Determining Overall Level of Risk and Intervening Accordingly

The clinician will make a determination of whether risk is Non-existent, Mild, Moderate (Non-Imminent) or Severe (Imminent). This determination will be recorded, and appropriate steps taken to address the issue.

Non-Existent

Participant reports no or little and infrequent recent alcohol or drug use and no history of alcohol or drug misuse or dependency.

Mild

Participant may report a history of significant alcohol or drug use for which they may have received treatment. No current use or concerning behaviours reported. Alternatively, the participant may report that their use of alcohol or drugs is low and infrequent but may note that it has risen of late. In these cases, the clinician will explore and validate the participant's current strategies for controlling their use of substances or addictive responses, reinforce the EAP's role in providing in-the-moment support should use escalate and provide psychoeducation.

Moderate (Non-Imminent)

The participant is not intoxicated while on the phone. Participant's use of alcohol or drugs is significant; possibly on a daily basis. Consumption is impacting their wellbeing and their daily functioning may be adversely affected. They may report a history of experiencing potentially life-threatening withdrawal symptoms. In these cases, the participant should be encouraged to connect with their doctor, or a treatment program, and the clinician ensure that steps are taken to initiate the connection where possible. Transitional Support may be an option to provide psychoeducation and encourage engagement with appropriate supports.

For some participants the alcohol or drug use may be so serious that they require a referral to an inpatient program. The criteria for recommending this are:

- Evidence of pathological use; blackouts, intoxication lasting more than 2 days, several attempts have been made to control or stop problem drinking/drug use unsuccessfully, medical complications related to substance use.
- Severe dysfunction in family or work life; multiple substance-impaired driving charges, threatened loss of a job, violent behaviour when using drugs or alcohol, lack of social network, threatened loss of family by separation or divorce and/or major financial problems.
- Failure in an out-patient program within the last year.

Severe (Imminent)

The participant is intoxicated on the phone to the extent there is concern that they could be at risk of harming themselves or others. Alternatively, the participant may report experiencing life-threatening withdrawal symptoms, such as seizures or Delirium Tremens (DT). In these circumstances Emergency Services will be contacted immediately. In this situation the clinician must follow the 'Partner Calling Emergency Services' Policy.

- Documenting a Case Record

As always where risk is reported, it is essential that the case documentation accurately reflects that all necessary information was gathered to appropriately assess risk and that proper action was taken to address and mitigate the risk presented. Details of any action taken or to be taken to maintain safety must be recorded as must the detail of any safety plan agreed. The clinical rationale behind the decision to classify the risk as non-imminent as opposed to imminent must be documented as this will make clear why Emergency Services were, or were not, called. Imminent risk means immediate support from Emergency Services was initiated.

- Self-Care and Debriefing with Supervisor/Colleagues

Managing participants reporting substance use issues can be stressful for clinicians, therefore it is important that clinicians consult with their Clinical Management after engaging with these participants to both seek support and review the details of the case.

- Exceptions to this Policy

Some EAPs may have their own specific requirements with regard to how they wish participants reporting substance use issues to be handled; these are documented in the Case Management system and must be followed where they apply.

CHANGE HISTORY:

Document Original Author: Alison Brown; Vice President Global Clinical Quality

Stakeholders: Global Infrastructure, Clinical Operations, Quality, Learning & Development, Sales & Account Management.

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