**[Insert organisation name/logo]**

# [insert organisation name] ALCOHOL OR OTHER DRUG USE IN TREATMENT AGREEMENT

**Note\***

*This template is an example of a treatment agreement relating to possession or use of alcohol and other drugs whilst in treatment.*

*\*Please delete this note before finalising this document.*

**[insert organisation name]** provides a safe environment for both clients and staff. This includes the restriction of the possession or use of Alcohol and Other Drugs (AOD) on its premises.

**[insert organisation name]** understands that, during AOD treatment, it can be difficult for clients to disclose their use or possession of AOD to staff. The aim of this AOD agreement is to recognise this challenge and to establish a standard of care for our service and clients. The AOD use agreement reflects your voluntary commitment to **[insert organisation name]** standard of care. Staff will seek your consent before entering into this agreement, prior to treatment or accessing services.

Once you have signed the AOD use in treatment agreement, you agree to:

* Not possess or use AOD while receiving services from **[insert organisation name]**.
* Allow staff to search your belongings if they believe you may have AOD on the premises. Any searches will be conducted discreetly, with your consent, and in your presence.
* Provide **[insert any appropriate testing such as urine, breath samples]** when requested by staff. This helps determine if you have any AOD in your system. Staff will only request this if they have a valid reason to suspect alcohol or drug use.
* Remain on the premises if staff ask you not to leave. This request will only be made for your safety and ongoing care.
* Ensure visitors are not in possession of, or have used, AOD. Visitors will be asked to leave if staff have any concerns.

You have the right to refuse searches of your possessions or urine/breath analysis; however, doing so may trigger a review of your treatment plan. If you feel staff have not followed this agreement appropriately, you are entitled to use the **[insert organisation name]**’s grievance process.

**[insert organisation name]** is committed to providing a safe and supportive environment where you can discuss any difficulties related to this agreement. If you are considering using AOD, please speak with a staff member so that appropriate support can be offered.

Please note that this agreement is a condition of accessing services at **[insert organisation name]**. Possession or use of AOD may impact your care plan and could lead to your exit from the program. If this occurs, staff will work with you to provide harm reduction information, equipment, and referrals to other services.

If you have any questions or concerns about this agreement, please speak with a staff member before signing.

AOD use in treatment agreement

I ………………………………………………………………. (print name), currently a service user of **[insert organisation name]** agree that:

1. I will not drink alcohol, use drugs or take any medicines other than those prescribed for me by a doctor.
2. Staff may search my belongings, in my presence, once I have given my consent, if they suspect that I have possession of AOD on the premises.
3. I will provide **[insert any testing that may be appropriate: urine, breath samples]** when asked by staff if they reasonable grounds to suspect that I have been using AOD.
4. I will remain on the property of the service if requested to do so by staff.
5. My visitor/s will be asked to leave if they are in possession or have used AOD.

I agree to the terms of this *Treatment Agreement*. I understand that this agreement is in place as a standard of service delivery; and that going against this agreement may mean that staff will review my treatment plan and the potential outcomes have been explained to me.

Signed: …………………………………………………………………………………

Staff member: …………………………………………………………………………

Family /Carer: …………………………………………………………………..……

Date: …………………………………………………………………………………

*This agreement will be valid throughout your stay and needs to be renewed each time you are admitted.*