



Substance Use - Alcohol

Psychiatrist & Psychologist & GP&/or Addiction Specialist

Investigations and Reports

- Relevant medical records or reports including the psychiatric and/or psychological assessment including all tests and treatments as well as reports from GP
- Reports from any AOD workers including addiction medicine specialists, AA, AOD counsellors
- Relevant investigations FBE LFT, CDT – if pathology liver scans
- Physical Examination findings e.g. stigmata of liver failure of alcohol use

Considerations include (but are not limited to):

- Diagnosis
- Duration of condition and pattern of addiction / dependence
- Duration of condition and recurrence and/or chronicity
- Frequency of drinking
- Drinking alone
- Type of beverage
- Craving or withdrawal symptoms
- Triggers to alcohol use
- Level of insight re dependence or harmful use
- Periods of loss of consciousness, blackouts
- Behavioural issues/ disinhibition secondary to alcohol e.g. assaults or relationship problems.
- Driving infringements or other forensic issues
- Insight and engagement with treatment.
- Any comorbidities e.g. depression or trauma
- Social supports
- Any risk issues including suicidality and whether the risks increase when intoxicated i.e. greater impulsivity, less self control
- Treatments tried, response to treatment and side effects including psychotropic medications, anti-craving medications, rehabilitation programs and/or hospitalisations
- Lifestyle measures in place or recommended
- Alternative coping mechanisms
- Duration of treater involvement
- Alternative coping mechanisms
- Duration of treater involvement
- Compliance with treatment and ongoing treatment plan and monitoring in place
- Applicants' insight and willingness to engage if future difficulties



VICTORIA POLICE

- Whether police work is likely to aggravate the condition and mitigating factors
- Ability to meet the inherent requirements of an operational general police officer and protective services officer
- Concerns around firearms, now and or if condition should worsen

Medical Standard

The applicants level of insight, ability to recognise and manage early relapse signs and seek assistance is relevant.

Risks around suicide including past or present suicidality can be predictive of future risk, particularly ideation pertaining to lethal means (MVA/hanging/ high lethality overdose/shooting) and extreme caution should be exercised in considering firearm access in an applicant with this history.

There can also be particular risks around driving.

Individually and comprehensively assessed from a clinical and risk perspective with extensive treater involvement.

Alcoholism is a life-long disorder and relapse remains a risk after significant dependence / harmful use. Individuals may relapse after months or years of abstinence even with the best of intentions. For this reason, any alcohol dependence or use that reaches a threshold of interfering with the members behaviour, sleep or work can be very problematic to monitor.

Generally, underlying causes need to be addressed including undiagnosed or untreated mood disorders, relationship difficulties, emotional difficulties e.g. poor stress tolerance / poor coping.

Broadly, best results are achieved when the individual recognises, they have a difficulty, self-initiates treatment, receives treatment for any underlying psychological or psychiatric condition on an ongoing basis and also receives specialised addiction treatment. Because of the bidirectional relationship between mood disorders and alcoholism, individuals often do best where maintenance treatment continues even after recovery from the acute phase, to continue to address any ongoing stressors that may emergency and deal with any early relapse signs.

Each case must be individually risk stratified according to the **Victoria Police Substance Use Policy** which provides a broad framework for risk stratification and management but equally each case must be assessed on its merits.

Applicants who may appear to be in remission may still decompensate rapidly in the face of specific isolated triggers or higher workloads / greater demand.

Each applicant must be individually clinically assessed, a history of their condition taken including associated psychosocial, family history, history of other substance use, social history, past hospitalisation and self-harm attempts.



In the event of uncertainty, opinion should be sought from a psychiatrist, psychologist and/or an IME Psychiatrist/Addiction Medicine Specialists to assist in risk stratifying the case and determining suitability against the inherent requirements of an operational general police officer and protective services officer.

This guideline is a brief summary only, does not replace individual clinical assessment, and must be considered in conjunction with the **Victoria Police Substance Use Policy**, as well as latest clinical practice guidelines from the RANZCP, RANZGP, or as otherwise appropriate

Impact on Job Performance

Alcoholism can impact on a range of aspects of the police role. Alcohol can impact on mood. It can complicate an underlying mood disorder and members may experience irritability/anger in the setting of alcohol withdrawal. Intoxication can impact on judgement, speech, gait, self control and result in disinhibition and impulsivity. Long term alcohol use can result in cognitive deficits, memory problems and physical stigmata such as tremor, liver failure, gastro-intestinal problems as well as behavioural difficulties, loss of consciousness and aggression.

Severe alcohol withdrawal can sometimes result in temporary psychotic or confusional states e.g. in an alcohol induced delirium.

There can be varying degrees of impact from minimal in the case of a very mild episode to severe. Each case must be individually assessed by an appropriate trained clinician.

Intoxication, alcohol withdrawal etc can pose a very high risk in a setting of firearms access so a cautious and conservative approach should be adopted and expert advice sought from an addiction medicine specialist if in doubt both on the condition and associated risks.

Particular occupational driving risks should also be considered.