Policy · SUB-POL-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 38.2

At a glance

- Each person has an individual treatment plan (SUB-FRM-002).
- Medicines are prescribed and monitored by a licensed clinician.
- Opioid prescribing follows the stewardship policy (MNP-POL-002).
- Monitoring is recorded against the plan at the set interval.
- Stop and get help straight away if: a medicine is prescribed to a person with no individual plan or no monitoring.

1. Purpose

To make sure treatment is individual, prescribed safely, and monitored (38.2).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

Treatment for substance use must fit the person. A plan built for them, and medicines prescribed by a licensed clinician, keep the treatment safe and effective.

5. Responsibilities

Role	Responsibility	Competence
Clinical lead for addiction services	Owns the treatment and prescribing standard	Clinical director
Prescribing clinician	Writes the plan, prescribes and monitors	Clinical lead for addiction services

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Plan.

- Write the individual treatment plan with goals and interventions (SUB-FRM-002).

Key point: Planned.

Step 2. Prescribe.

- Prescribe any medicine as part of the plan, under the stewardship policy.

Key point: Prescribed.

Step 3. Monitor.

- Monitor the person and the medicine against the plan at the set interval.

Key point: Monitored.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Plans with monitoring recorded at the set interval	100%	Monthly	Clinical lead for addiction services	Escalate to the clinical director

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
SUB-FRM-002	Individual treatment plan record	Record
MNP-POL-002	Opioid stewardship (existing)	Policy

17. Evidence

Reference	Note
E-009	Based on the WHO guidelines for the psychosocially assisted pharmacological treatment of opioid dependence (2009), the WHO Guidelines on HIV and harm reduction for people who inject drugs, and the ASF Ambulatory standard for addiction services.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- Narcology & Addiction Treatment (AMB-21)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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