



The Management of Suspected Illicit Substances and Alcohol by Service Users/Visitors in Inpatient and Residential Areas – CLP051

Table of Contents

Why we need this Policy	2
What the Policy is trying to do.....	3
Which stakeholders have been involved in the creation of this Policy	3
Any required definitions/explanations	3
Key duties.....	4
Policy detail.....	4
Training requirements associated with this Policy	6
• Mandatory Training	6
• Specific Training not covered by Mandatory Training	6
How this Policy will be monitored for compliance and effectiveness	6
For further information.....	7
Equality considerations.....	7
Reference Guide	8
Document control details	8
APPENDIX 1 - Contract Supporting Safe Management of Suspected Illicit Substance & Alcohol use by a Service User.....	10

Why we need this Policy

Alcohol and/or illicit substances are not allowed on any NHFT property.

The aim of this policy is to ensure the effective management of suspected illicit substances and alcohol, in relation to correct and legal removal and disposal. This policy will outline the response of staff should alcohol or illicit substances be found or suspected in acute inpatient areas. This will ensure staff, visitors and service users care and safety is not compromised. Patients who are discharged because of continued illicit drugs or misuse of alcohol must undergo a full risk assessment and have a discharge plan (see CLP052, CLP056, CRM001).

The Trust is committed to treating people with dignity and respect in accordance with the Equality Act 2010 and Human Rights Act 1998. Throughout the production of this policy due regard has been

given to the elimination of unlawful discrimination, harassment and victimisation (as cited in the Equality Act 2010).

What the Policy is trying to do

The relationship between mental ill health, alcohol and illicit substances (a controlled drug which a person possesses unlawfully, i.e. the drug has not been supplied to that individual by prescription) is well established; these constitute a risk to the successful treatment of service users and/or the safety or welfare of any person in acute inpatient areas.

There are occasions where concern will exist with regard to the potential presence and availability of alcohol, illicit or suspicious substances within acute inpatient areas. The Trust will therefore adopt a range of approaches to address issues as concerns arise, and will challenge and support the action of individuals according to this policy, where the concern does not have an impact on the safety and wellbeing of others.

Illicit substances come in many forms such as - tablets, liquids and powders and may not be easily identifiable. Staff members should seek to clarify what a substance is and should consider the patients/visitors history in the attempt to clarify what the substance is to enable informed decision making. Staff should always exercise caution (in the best interest of the service user/visitor).

Any found substance of concern is to be confiscated and disposed of in an appropriate manner. It is expected that this policy will be implemented with sensitivity to service users/visitors needs

Which stakeholders have been involved in the creation of this Policy

- Ward Managers, Consultants – Acute Inpatients
- Trust Policy Board attendees

Any required definitions/explanations

Whilst alcohol is not itself an illegal substance, its detrimental effects on mental health issues are well documented. Although the Trust recognises that all individuals have a right to make lifestyle choices regarding their personal consumption. Use of substances by a service user generates significant risks to that person and others in the same environment i.e. potential effects on prescribed psychotropic medications, increased risk of disinhibited or violent behaviour towards self and others. Therefore its possession and use is prohibited in acute inpatient settings.

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Key duties

- Following an assessment and when a mental health professional has good reason to believe that a service user/visitor has alcohol or illicit substances in their possession, it is their duty to act on this suspicion leading to the confiscation of alcohol or the substance in the interest of the service user/visitor concerned and other service users.
- Unqualified staff must convey any such suspicions to the qualified member of staff in charge of the unit who must then take appropriate action.
- Should concern exist regarding the safety and wellbeing of staff, clients and/or visitors arising from the potential supply of suspicious substances the police will be called and asked for advice and support where appropriate.
- Staff must be aware that once confiscated, illicit substances, including alcohol, must not be returned to the individual or their relatives, as this would leave the member of staff acting as a supplier.
- Service user/visitor confidentiality should be respected. Any potential decision that overrides service user/visitor confidentiality, e.g. through informing the police, can only be made following consideration by the service users consultant and senior matron/service manager.
- All patients prior to discharge, whether undergoing a detoxification or not will have a full risk assessment undertaken and will leave the facility with a discharge plan. Relevant services will be contacted to ensure follow up where required.
- Service users admitted into acute services that have a known history of substance/alcohol misuse and are known to bring substances onto hospital premises will meet with their key worker to negotiate and sign a contract outlining their responsibilities for this policy (Appendix 1).

Policy detail

- Where suspicions of an individual having alcohol/illicit substances in their possession, the nurse in charge of the shift will conduct an assessment of the risks involved in addressing the issue and formulate a management plan together with other team members.
 - The management plan will be enacted which will include:
 - Reminding the individual of ward policy
 - Asking the service user/visitor to surrender the alcohol/illicit substance (minimum of two members of staff must be present)
 - In the case of those service users admitted to an inpatient unit to undergo an alcohol detoxification programme, abstinence from alcohol is an essential requirement of the individual's safe and effective treatment. These service users are required to sign a detoxification treatment contract stating clearly that obtaining

and/or imbibing alcohol during a detoxification regime will lead to their discharge from this treatment and from inpatient services.

- If the service user refuses:
 - A search will be conducted, in the presence of another member of staff, as per policy for the searching of services users, visitors and rooms (CLP057).
 - If concerns relate to the possession of alcoholic beverages: Service users must be informed that alcohol and its use are not permitted on Trust premises. Efforts should be made to fully inform the service user of the inherent risks associated with bringing alcohol onto Trust property. The service user should also be informed that alcohol will be confiscated and disposed of unless immediately removed from Trust premises by a carer/relative.
 - If concerns relate to the possession of a suspected illicit substance: Service users will be informed that the police will be informed.
 - If concerns relate to a service user returning to the hospital premises suspected of being under the influence of illicit substances/alcohol: That service users mental health will be assessed to fully identify any risks. It may be necessary to refuse direct entry onto the ward area (CRM001 Risk Management Policy, CLP021 Working with Risk Policy). Service users subject to detention under the Mental Health Act must be fully risk assessed and discussed with their medical team to determine the safest and most appropriate course of action.
- On confiscation and disposal of suspected illicit substances, the following procedures will apply.
 - The senior staff member in line with Trust Policy will record the incident on Datix. (Incident Reporting Policy CRM002)
 - The substance will be place in a sealed envelope, indicating the Incident number as shown on the Incident Form only (no formal identification to the person). This will be signed by the two members of staff (as witnesses) ACROSS the seal and stored the in the controlled drugs cupboard (until disposal by the police, this should be within 24 hours). The disposal of the substance is not the responsibility of the Pharmacy Department.
 - A brief description of the contents will be made on the outside of the envelope (the staff member should not guess at what the substance is) eg:

“Brown resinous substance” or
“White tablet, identity unknown”
- Medical staff must be called to make an assessment of the service user’s physical and mental state if there is cause for concern.
- Where the confiscated substance is alcohol then this will be disposed of by emptying it down the sink.

- Visitors: Where suspicions arise of a visitor having alcohol/illicit substances in their possession.
 - The visitor will be asked to leave the premises immediately and informed that the police will be contacted and asked to attend.
 - The service user/visitor will be informed that any suspected illicit substance found, will be destroyed/disposed of by the police.
- Implementation and Dissemination
 - For service users and carers who are unable to communicate in English, every effort must be made to ensure understanding of the situation. This may be achieved by using the following:
 - Pre prepared leaflets/signs/visual aids
 - Approved translating service
 - Family assistance if appropriate
 - Support from the equality & diversity lead
 - Support from PALS

Training requirements associated with this Policy

- **Mandatory Training**
There is no mandatory training associated with this policy.
- **Specific Training not covered by Mandatory Training**
All staff within inpatients are expected to familiarise themselves with this policy in conjunction with its associated policies (see Section 10). Individual clinical areas should review their procedures following any occurrence of this type of incident. This can be followed up during individual staff supervision sessions.

Ad hoc training sessions based on an individual's training needs as defined within their annual appraisal or job description.

How this Policy will be monitored for compliance and effectiveness

The table below outlines the Trust's monitoring arrangements for this document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

Aspect of compliance or effectiveness being monitored	Method of monitoring	Individual responsible for the monitoring	Monitoring frequency	Group or committee who receive the findings or report	Group or committee or individual responsible for completing any actions
Duties	To be addressed by the monitoring activities below.				
Management of Illicit Substances and Alcohol	The senior member in line with Trust Policy will record the incident on Datix	Ward Matrons	As and when incidents occur, monitor quarterly	Operational Management Teams	Senior Matron
Training	Inpatient staff will keep themselves up to date with this policy.				
Where a lack of compliance is found, the identified group, committee or individual will identify required actions, allocate responsible leads, target completion dates and ensure an assurance report is represented showing how any gaps have been addressed.					

For further information

Please contact the Service Managers for Adult Mental Health Inpatient Areas, Heads of Service for Adult Inpatients and the Deputy Director of Mental Health, Learning Disability and Specialty Services.

Equality considerations

The Trust has a duty under the Equality Act and the Public Sector Equality Duty to assess the impact of Policy changes for different groups within the community. In particular, the Trust is required to assess the impact (both positive and negative) for a number of 'protected characteristics' including:

- Age;
- Disability;
- Gender reassignment;
- Marriage and civil partnership;
- Race;
- Religion or belief;
- Sexual orientation;
- Pregnancy and maternity; and
- Other excluded groups and/or those with multiple and social deprivation (for example carers, transient communities, ex-offenders, asylum seekers, sex-workers and homeless people).

The author has considered the impact on these groups of the adoption of this Policy. The trust will ensure that individual's with a sensory , mental or physical or physical disability have appropriate care plans and risk assessments in place so that early person centred interventions are implemented and the risk to themselves and others is minimised. All efforts will be made to provide appropriate reasonable adjustments that cannot be used to harm others . Care plans will be available in a format as required by the patient (easy read). National statistics with regard to restrictive practice show an over-representation of BME groups, therefore, demographic analysis in terms of race and ethnicity of patients through datix will be scrutinized by the as part of the PMVA Monitoring Group on a quarterly basis. Staff will be expected to work in a way that is culturally sensitive and competent way. Work is underway with the Moving Ahead Project – Delivering Equality in Mental Health Services for BME to support any adverse impacts identified for BME Service User Groups. Patients whose first language is not English will be supported through the use of translation services. Consideration must be given to a person's age with awareness regarding the frailty for older service users however every precaution is taken to ensure individual health and safety. Service users will be treated as the gender they identify at the time and the trust will ensure that all patients receive care within an identified area of a same sex ward or corridor. Individual religious beliefs and activities will be respected, where they do not pose a further threat to others. The trust will ensure that females who are pregnant or have recently given birth have access to maternal mental health services including if necessary transfer to a specialist ward. For females who have recently given birth, all efforts will be made to ensure contact with the new born is safely maintained through an assessment of risk.

Reference Guide

There are no references or bibliography associated with this document

Document control details

Author:	Service Managers for Adult Mental Health Inpatient
Approved by and date:	TPB 21.11.18
Responsible committee:	Clinical Exec.
Any other linked Policies:	CLP021 – Working with Risk CLP024 – Non-concordance with Care and Treatment Plans CLP042 – Privacy and Dignity CLP052 – Policy for seven Day/Forty-eight hour In-patient follow-up CLP056 –Transfer and Discharge Policy CLP057 - Searching of Service Users, Visitors and Rooms CRM001 – Risk Management Strategy CRM002 – Policy for the management of Incidents IGP101 – Information Governance Policy and Management Framework

Version control:

IGPr010 – Data Protection Procedure IGP107 – Health Records Management Policy
CLP051
Version 3

Version No.	Date Ratified/ Amended	Date of Implementation	Next Review Date	Reason for Change (eg. full rewrite, amendment to reflect new legislation, updated flowchart, minor amendments, etc.)
2.0	01.09.2015	01.09.2015	01.09.2017	New governance of trust policies template.
3.0	21.11.17	21.11.17	21.11.2020	Review

APPENDIX 1 - Contract Supporting Safe Management of Suspected Illicit Substance & Alcohol use by a Service User

I,..... ofWard

Agree to the following conditions:

1. I agree that at no time during my admission will I use or abuse alcohol/or non prescribed drugs. I am aware that the use or possession of non-prescribed drugs may be a criminal offence and in all instances will be treated as such.
2. I agree that nursing staff have the right to decline entry to the ward of any persons that are suspected of being in possession of such substances.
3. I agree to provide a sample of breath, blood or urine for testing during my stay as a course of action should I be requested to do so. This would follow staff informing me of concerns that my mental health may be compromised due to substance misuse.
4. I fully understand the trust policy on alcohol and non-prescribed drugs. I understand that any breach of this contract & its conditions may result in a review of my treatment, and may result in my discharge from the ward.
5. I understand that if risks compromise my safety or safety of staff and other service users resulting from a breach in this contract police may be requested to assist. This is inline with the trusts policy and protocol on zero tolerance.
6. I agree that that I will comply with any request by the nurse in charge of the ward for a personal property search, if I am suspected of possessing any illicit substances and found to be in breach of this agreement. This is inline with the trusts policy on searching service user/property.

Service User Signature: _____ Date: _____

Key worker/ Nurse Signature: _____ Date: _____

Ward Doctor Signature: _____ Date: _____

