



<b>Policy Title</b>	Management of Misuse of Alcohol and/or Illicit Substances within Psychiatric In-patient Services
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## Version Control

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## **Misuse of Alcohol and/or Illicit Substances within Psychiatric In-Patient Services**

### **1 Introduction**

Mental Health and substance misuse problems are major public health and social issues which are frequently encountered in health and social care settings.

Substance misuse in older people is a growing public health concern. It is predicted that there will be a 50% increase in the number of older people in the UK by 2031 (The Office of National Statistics, 2004) and a 50% increase in the number of people over the age of 65 who have a substance misuse problem by 2020 (NHS Information Centre, 2009).

### **2 Policy scope**

This policy will apply to service users who misuse alcohol or illicit drugs whilst undergoing in-patient treatment in the Trust. This includes periods of absence from the ward and leave periods. This policy also applies to visitors of patients on in-patient wards who visit either under the influence of alcohol or drugs or brings those substances on to inpatient wards.

### **3 Aim of policy**

The Policy aims to:

- Provide consistent working guidelines for nursing, medical staff and other disciplines working with clients who use alcohol and drugs to facilitate effective identification and treatment
- Encourage multi-disciplinary communication and appropriate clinical decision making.
- Provide enough flexibility to enable an individual approach to meet client needs.
- To reduce the risk of vulnerable service users being exposed to, or encouraged to use, a substance which may adversely affect them or their treatment, by aiming to reduce the availability of alcohol and illicit substances on in-patient wards.
- Recognise the support required by all staff working face to face with this client group.
- Consolidate links with specialist alcohol and drug services.
- Ensure the responsibilities for promoting equality of opportunity and upholding human rights unless there is a real and serious danger to public safety.

### **4 Duties (Roles and responsibilities)**

#### **The Trust Board**

The Trust Board is responsible for implementing a robust system of corporate governance within the organisation. This includes having a systematic process for the development, management and authorisation of policies.

#### **The Chief Executive**

The Chief Executive is ultimately responsible for ensuring effective corporate governance within the organisation and therefore supports the Trust-wide implementation of this Policy.

#### **Executive director, Associate directors, Service line managers, Heads of department and Matrons**

Are responsible for ensuring staff are aware of and adhere to this policy.

#### **Ward/Department Managers**

Are responsible for ensuring that all employees in healthcare posts are aware of this policy. They must also ensure that a comprehensive assessment is carried out which identifies current or history of drug and/or alcohol abuse.

#### **Named Nurses/Care Co-ordinators**

Have a responsibility to be aware of the contents of this policy and ensure comprehensive assessments are carried out including a full risk assessment and to work in partnership with all agencies/professionals involved with an individuals care.

#### **All Clinical Staff**

Have a responsibility to be aware of the contents of this policy.

### **5 Definitions-**

**Controlled Drug** – the expression "controlled drug" means any substance or product for the time being specified in Part I, II, or III of Schedule 2 to the Misuse of Drugs Act 1971.

**Detained Patient** – Anyone either detained or liable to be detained under the Mental Health Act 1983.

**Dual Diagnosis** – This term reflects the coexistence of substance use, misuse, harmful use or addiction, and psychological or psychiatric problems.

**Illicit Drugs** – The term 'illicit drugs' is used to describe those drugs that are controlled under the Misuse of Drugs Act 1971.

### **6 Admission to a Mental Health Ward**

All patients will undergo a comprehensive assessment of care need which should include, if applicable, the extent of the service user's substance use. They should be asked what substances they use, by which route, in what quantities and how often, and for how long they have been using this way. Their attitudes to use should be

explored. Assessment of substance use should be routinely incorporated within the risk assessment. Following assessment if the patient has been identified as having a substance misuse problem a care plan should be drawn up, involving the patient, to identify the therapeutic interventions to manage this problem. This care plan should include any actions to be taken by the ward team in the event of the patient using illicit drugs or alcohol whilst an in-patient (including bringing illicit substances or alcohol on to the unit). The planned care will be supported by a contract jointly drawn up and agreed by the patient and an appropriate member of the Multi-Disciplinary Team (MDT), e.g. Named Nurse, Ward Manager.

Consideration should be given to contacting the local Drug and Alcohol Service to see if that patient, with their consent, is known (or active) with them or if it would be appropriate for the patient to be involved in that service. It is best practice to collaborate with the patient and all partnership agencies to ensure a full and comprehensive package of care is offered.

### **6.1 Confirmation of Use – Urine / Breath Testing**

There are a variety of screening tests available to test for either drugs or alcohol. They include urine drug screen or a self-analysing breathalyser. Advice should be sought from the Drug and Alcohol Team.

Screening Tests should not be performed without the full consent of the patient except when they are incapable of consenting at a time when it is vital to know their (suspected) recent substance misuse for their immediate care and treatment. This decision should be made in conjunction with the patients Consultant Psychiatrist.

If a patient requiring admission appears intoxicated, then an assessment needs to be undertaken which specifically focuses on the risk assessment. The admitting Consultant will contact the Nurse in Charge of the ward and discuss the admission and options available. Consideration will be given to:

- Their safety
- the safety of others, i.e. Other patients, staff, members of the public

### **6.2 Contracts**

Each patient will have a care plan detailing treatment contracts and risk assessments in relation to their drug and/or alcohol use. A referral to Specialist Services should be considered. A record of the discussion, the decision and actions taken should be recorded as part of the care plan

As part of a patient's stay in hospital, there are a number of considerations that the MDT will address in the contract. The contract should be discussed and agreed with the patient's full involvement, be realistic, enforceable and specific to meet the patient's needs.

If a client is detained under the Mental Health Act (1983), the contract must reflect the legal requirements of the detention.

The contracts will be reviewed on a regular basis (frequency will be determined by the risk assessment and clearly documented) by the MDT and the patient.

If the contract is broken, the contract will be reviewed at the earliest opportunity by the MDT and the patient. The outcome of the meeting will be recorded in full with decisions/outcomes.

If there is a professional difference of views on the management of a service user who has broken a contract or the Policy has not been adhered to, then the MDT will notify the Clinical Nurse Leader (Older Persons Mental Health Services). This will be to enable a decision to be reached within an appropriate timescale.

### **6.3 Visitors to the Ward**

If there are reasonable grounds to suspect that a visitor is bringing either alcohol or an illicit substance to the ward either for their own use or for the use of others they should be asked to leave the ward immediately. Any future visits by that particular visitor will need to be reviewed by the MDT as it may be appropriate to place some restrictions on the visiting.

Any visitor found to be under the influence of alcohol and or illicit drugs will be asked to leave the ward immediately. See Trust Policy RM10.

The local police Constabulary should be contacted immediately if it is suspected that a visitor is committing an offence on hospital premises under the Misuse of Drugs Act 1971. It is an offence under section 8 of the Act to knowingly allow drug misuse and or drug dealing to take place on hospital premises.

All incidents involving illicit substances must be reported via the Trust's policy RM04 Incident/Near-miss Reporting and Investigation Policy (includes Serious Untoward Incidents)

### **6.4 Safety within the Ward environment**

Ward staff must be vigilant in an effort to ensure that no alcohol or illicit substances are hidden within the ward environment. Regular checks of the public areas of the ward should be made. Any items discovered should be dealt with as detailed in Safer Management of Controlled Drugs Policy MM05 and follow the instruction for **Substances Obtained Illegally and Brought into Hospital by Patients.**

It may be necessary, when there are grounds to suspect that illicit substances or alcohol is hidden on the ward, to make searches of patient's bedrooms, lockers and personal possessions. Any search of a patient's personal area and personal effects should be conducted with their consent and with the patient present. A rationale for the search should be fully explained. If the patient refuses to allow the search the clinical team will decide whether there is the need to authorise a police search. A search of the person's belongings must not take place without consent.

The team may decide (due to the assessed risks review the patient's level of observation. This should be discussed with the patient, including the rationale and documented in a risk assessment and care plan. This should be discussed with the Senior Nurse Out Of Hours (SNOOH) for further advice/support. The SNOOH may seek advice from the On-call Manager/Director.

## **6.5 Personal Searches**

There may be grounds to suspect that a service user is concealing alcohol and/or illicit substances on their person. In these circumstances it may be necessary to search them.

Staff must not undertake a physical search of the patient. However, a patient may be requested to empty the contents of his/her pockets in the presence of two staff - one of whom must be a first level Registered Nurse and both should be of same sex as patient. (Seek support from the SNOOH where required to meet this standard). Patients are entitled to refuse to give consent to this request by hospital staff. At no time will a patient be searched by NHS staff without their valid consent. Where the patient refuses to co-operate or staff remain concerned about the patient's safety or the safety of others then the Responsible Clinician or nominated deputy, in consultation with the nursing staff, will plan and action appropriate changes to the patient's care. All such changes will be recorded in the patient's care records.

In some circumstances the risks to the patient or others are considered so serious that it would be appropriate to seek assistance from the Police. This is likely to be when a patient is thought to be in possession of an offensive weapon or dangerous substances. Any such request for assistance from the Police should be identified, if possible, at the initial agreement to search stage. All the above issues should be fully documented in the patient's records as well as the nurse in charge completing the serious incident report forms.

Any items removed from the patient, (only items the patient consents to can be removed and stored safely) must be documented and the patient issued with a receipt.

#### RECORDS SHOULD MAKE CLEAR STATEMENTS REGARDING:

- a) The reasons of risk which informed the decision to ask for permission to search.
- b) Reasons why any decisions to go ahead with a search are made.
- c) The outcome of the search, including items\substances removed and their safe storage.
- d) Also any damage caused to patient's belongings during the process of search.
- e) Physical and psychological effects which are observed in relation to the patient during the whole process.
- f) The incident should be reviewed by all concerned, ensuring involvement with the patient.
- f) Identifying times of searches, staff involved including names of Police Officers attending.

There should be support for patients and staff who are affected by the process of searching.

The exercise of powers of search should be audited following every episode by a nominated individual (independent from the care team) and the outcomes reported to the hospital managers.

It is the responsibility of the Responsible Clinician, should it be felt appropriate, to disclose patient details to the Police

#### **6.6 Discharge**

Arrangements for planned discharge will be identified during the initial MDT meeting.

If the patient self-discharges against medical advice, the Nurse in Charge of the ward/unit will take responsibility for informing the Consultant (or their deputy) and any other professionals, family/carers identified in the patient's care plan as soon as possible.

#### **6.7 Service users referred to Community Mental Health Teams who use Drugs and/or Alcohol**

- A comprehensive assessment to be completed, which includes amount of alcohol/drug use, frequency and duration.

- Care planning with the patient to include referral back to G.P. for physical screening and/or medical treatment as appropriate, detailing where this may be related to alcohol/substance misuse.
- Discussion with the patient to consider referral to Social work team, for identified practical support needs.
- If mental health problem is secondary to drug/alcohol use then a discussion with the patient regarding a referral been sent immediately to Drug and Alcohol advice team. If there is not a an identified need for Nursing support, there being no dependency issues, once agreed with the patient a referral to be forwarded to NECA for on-going support in gradual reduction.
- If organic mental health changes are noted in assessment, then the same processes as above gaining the patients consent throughout. A referral to Social Services should be discussed with the patient immediately.
- If mental health change is the primary issue, care planning with patient to include comprehensive assessment, including a discussion with the patient about referral to Social Services. Consideration for liaison with 24/7 for specialist support in treatment interventions.

## **6.8 Disposal of Illicit Substances**

Section 5 (4) of the Misuse of Drugs Act 1971 states that it is lawful for a person such as hospital staff to remove illegal drugs from service users provided that as soon as possible after taking possession of the illicit substance they take all such reasonable steps to destroy the illicit substance or hand it over to the police.

Ward staff must be vigilant in an effort to ensure that no alcohol or illicit substances are hidden within the ward environment. Regular checks of the public areas of the ward should be made. Staff should follow the Trust Safer Management of Controlled Drugs Policy MM05 and follow the instruction for **Substances Obtained Illegally and Brought into Hospital by Patients**

## **7 Training**

All senior ward staff and those who may be asked to become involved during search processes, SNOOH staff, will be given training in the contents of this policy and will be responsible for disseminating to teams.

## 8 Diversity and inclusion

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we treat members of staff and patients reflects their individual needs and does not discriminate against individuals or groups on the grounds of any protected characteristic (Equality Act 2010). An equality analysis has been undertaken for this policy.

## 9 Monitoring compliance with the policy

Standard/process/issue	Monitoring and audit			
	Method	By	Committee	Frequency
Review of Incidents reported.	Datix Incident Reporting	Mental Health Lead	Mental Health Act Compliance Group	Upon occurrence and/or annual reporting

## 10 Consultation and review

This policy has been reviewed with the Mental Health Nurse Lead.

## 11 Implementation of policy (including raising awareness)

This policy will be implemented in accordance with OP27 "Policy for the development, management and authorisation of policies and procedures".

## 12 References

- Department of Health (1999) *Mental Health: National Service Framework*,
- Department of Health (2002) *Mental Health Policy Implementation Guide: Dual Diagnosis*
- *Good Practice Guide*, London, Department of Health
- NHS Information Centre for Health and Clinical Excellence (2009a), *Statistics on Drug Misuse*, NHS Information Centre, London
- Misuse of Drugs Act 1971
- Misuse of Drugs regulations 2001
- Health Records Disclosure Policy

## 13 Associated documentation (policies)

MM05 Safer Management of Controlled Drugs Policy  
MH29 Clinical Risk Management & Suicide Prevention Policy  
RM04 Incident/Near-miss Reporting and Investigation Policy

**Appendix 1**

**GATESHEAD HEALTH NHS FOUNDATION TRUST**

**Mental Health Services**

**SEARCH RECORD**

Patient Name: ..... Date of Birth: .....

NHS No: ..... Ward: .....

Date and Time of Search: .....

Reason for Conducting Search: .....

.....  
Staff authorising the search must complete the section below before approaching patient.

Nurse in Charge: .....  
(Print Name & Role) (Signature & Date)

Consultant Psychiatrist: .....  
(or nominated deputy) (Print Name & Role) (Signature & Date)

Name of second Person: .....  
Assisting in search (Print Name & Role) (Signature & Date)

Patient Consenting to Search Yes ⇔ No ⇔

Signature & Date (if Yes): .....

Police Involvement Yes ⇔ No ⇔  
(If Yes, details, including names and PC nos of all police officers contacted/attended):

.....  
.....  
.....

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**Articles/Substances Removed**

1. Alcohol suspected Yes ⇔ No ⇔  
Description.....

2. Suspected illicit substance Yes ⇔ No ⇔ Description: .....

3. Prescribed drugs Yes ⇔ No ⇔ Description: .....

4. Other (please specify) .....

Method of Storage/ Disposal

Patients Property Office      ⇨                      Via Suspected Illegal Substance Policy      ⇨

Pharmacy      ⇨      Destroyed      ⇨ (state reason & method): .....

.....  
Keep original in care plan and place a copy in patients records support folder.

## **Appendix 2**

### **Names and Addresses of Alcohol and Drug Services in Gateshead**

#### Gateshead Recovery Partnership

47 Jackson Street  
Gateshead  
Tyne and Wear  
NE8 1EE

Telephone: 0191 5947821

Email: [Kate.Stockdale@cgl.org.uk](mailto:Kate.Stockdale@cgl.org.uk)