

**Policy for Dealing with and the Disposal of  
Suspected Illicit Substances and Alcohol**

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<b>Services</b>	<b>Applicable to</b>
Trustwide	√
Mental Health and LD	
Community Health Services	

### Version Control Summary

<b>Version</b>	<b>Date</b>	<b>Status</b>	<b>Comments/ Changes</b>
Version 1	October 2008	Final	New Policy
Version 2	November 2005	Final	Addition pertaining to referral to appropriate services – Alan Clarke Storage time for confiscated alcohol – Beverley Hamilton
Version 3	November 2006	Final	Due to legal implications of the wording 'illicit' drugs, the Medicines Safety Committee have recommended that the policy title, and reference to such, will now be referred to as Suspected Substances
Version 4	September 2012	Final	To update the policy in regards to terminology and change in compliance organisations such as the CQC
Version 5	January 2015	Final	No changes
Version 6	June 2018	Final	Removed suspected and changed to illicit as this is self-explanatory. Recommended that wards have signage that highlights illicit substances andn alcohol are prohibited on the wards plus associated penalties

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## **1.0 Introduction**

- 1.1 Individuals who misuse drugs and/or alcohol whilst receiving our care present an enormous challenge to healthcare workers. In addition, they pose a significant risk to the health and safety of other patients in receipt of care and renders them less responsive to the care and treatment we are able to offer. For the purposes of this policy illicit substances include all agents which fall under the Misuse of drugs Act 1971 (as amended) and/or Psychoactive Substances Act 2016 whereby there appears to be no lawful explanation of possession.
- 1.2 Misuse of illicit substances and legal highs can also exacerbate existing mental health issues. For the purposes of this policy novel psychoactive substances (NPS) also previously known as “legal highs” will fall under the umbrella term of illicit substances. This is because of the introduction of the Psychoactive Substances Act 2016 which made it illegal manufacture, import, supply or distribute such substances.
- 1.3 Staff should always make it a priority to discuss the impact that the use of alcohol and/ or Suspected Illicit Substances can have on one’s mental state and offer support and guidance with regards to this. Staff should always draw attention to the Trust Welcome Pack with regards to what is not permitted on Trust Premises.
- 1.4 To this end, the Trust is committed to providing safe and effective care to those who use our services as well as a safe environment for staff to work
- 1.5 The Trust supports the Government initiative of “Zero Tolerance”. The details of this are reflected in the Trust poster ‘We Do Not Tolerate Violence’
- 1.6 Illicit substances are also referred to as suspected illicit substances as staff on the wards will not always be able to definitively identify what the substance is.

## **2.0 Procedure**

### **2.1 Alcohol misuse**

- 2.1.1 Patients may be admitted to the ward for a planned alcohol detoxification
- 2.1.2 The duration of this detoxification admission will vary depending on the physical state of the patient as well as the amount of alcohol being consumed and be decided by the clinical team.
- 2.1.3 If a patient is found to be in possession of, or having consumed alcohol whilst on a detoxification programme, following a full assessment of risk it may be he/she will be discharged from the ward. Normal discharge procedures will be followed (see– Admission and Discharge Policies). This would be following full agreement by the Multi-Disciplinary Team.

- 2.1.4 Any patient found to be in possession of or having consumed alcohol whilst an inpatient will be reviewed for discharge. It is not expected that informal patients will be allowed to continue with inpatient care unless there are very good reasons that discharge is inappropriate, depending on their mental state and type / levels or risk that are present.
- 2.1.5 On determining that a patient is in possession of alcohol an assessment should be made to determine if there is an underlying issue, so there is opportunity for an offer of support regarding the use of alcohol. A referral can be made to specialist services if agreed by the patient, or contact numbers given for support and/or advice.
- 2.1.6 In the event of a patient not being discharged (as per point 4), a search of their property should be conducted (See Policy for Searching Service Users and their property), patient and arrange another appointment. With any alcohol should be removed and disposed of accordingly
- 2.1.7 Patients will be made aware before the search that any alcohol found will be disposed of.
- 2.1.8 For patients unable to be safely discharged, a review of their management will take place at the earliest opportunity. This review may lead to leave from the ward being temporarily withdrawn, and/or a limit on visitors if appropriate. A referral to appropriate services for support with alcohol abuse should be considered should this course of action be necessary and agreed with by the patient and the team
- 2.1.9 Patients attending day units who are not in-patients, and those attending out-patient appointments who present as clearly intoxicated and threatening/disorderly should be asked to leave immediately whether or not a clinician has been seen. The appointment should be rebooked as soon as possible and the person informed of the new appointment. (Drug and Alcohol services may decide to make appropriate exceptions but must not tolerate threatening or disorderly behavior).
- 2.1.10 Where patients have been discharged and/or asked to leave Trust premises, it may be appropriate to seek support from local security or police to ensure their departure. It may be necessary to consider use of the Exclusion of Service User directions.

## **2.2 Possession of suspected illicit substances**

- 2.2.1 On admission and at frequent intervals during their stay, patients will be reminded that Illicit Substances are not allowed on the hospital or other health care premises. Patients should be informed that the possession of Illicit Substances may constitute a criminal offence and this may be reported to the police for investigation if reasonable suspicion is aroused.
- 2.2.2 Clinical areas should ensure that signage is used to advise patients and visitors of the trust policies around violence and aggression. Clinical areas should also have clear signage that possession, use, or dealing of illicit substances is illegal and could result in the police being contacted if there is suspicion of these activities occurring on the ward or any ELFT grounds. The drinking and possession of alcohol is also prohibited.

- 2.2.3 Where a patient is suspected of using or possessing a Suspected Illicit Substances in an in-patient area, they will be asked to surrender any in their possession. These will be disposed of as stated in Disposal of Suspected illicit Substances section of this Policy
- 2.2.4 If staff have good reason to believe that a patient is in possession of Illicit Substances, and the patient refuses to relinquish them, the staff may search the patient and his/her property in accordance with Searching In-Patients Policy. If Suspected Illicit Substances are found, they will be disposed of as stated in Suspected Substances – Disposal. The Medicines Policy should also be considered. If there is suspicion of supply, then consideration should be made to contact the Police.
- 2.2.5 If a visitor is in possession of drugs or suspected of supplying illicit drugs to in-patients they must be informed that drugs are not allowed on the site and that their actions may constitute a criminal offence. The police will be called immediately and the person removed from Trust premises by security staff and/or police as soon as possible. The senior nurse for the area will write to the visitor advising them that they are no longer welcome on Trust premises as a result of their actions (It is a Police decision as to what action they take).
- 2.2.6 Informal patients and those on a detoxification programme are likely to be discharged if they are in possession of illicit substances:
- a) If it is not possible to safely discharge the patient immediately due to their mental state and/or types/levels of risk present, then this will be reviewed at the earliest opportunity with the clinical team, as such behavior impacts adversely on the health of others and also constitutes a criminal offence.
  - b) Normal discharge procedures apply. A record must be made in the patient's notes explaining the action taken.
  - c) A referral to appropriate services for support with use of Suspected Illicit Substances should be considered should this course of action be necessary and agreed with by the Patient and the Team
- 2.2.7 Where patients have been discharged and/or asked to leave Trust premises, it may be appropriate to seek support from local security staff and the Police
- 2.2.8 For patients unable to be safely discharged, a review of their management will take place at the earliest opportunity as their needs may be more appropriately met elsewhere. This review may lead to their leave from the ward being temporarily withdrawn, and/or a limit on their visitors if appropriate.
- 2.2.9 In day units and out-patient clinics, it may be advisable for clinicians who have reason to believe someone is intoxicated or under the influence of Suspected Illicit Substances, not to see the patient and arrange another appointment.

### **3.0 Disposal of Suspected Substances**

#### **3.1 Introduction**

- 3.1.1 This Policy is written to ensure the appropriate action is taken should a suspected illicit substance be found on Trust premises
- 3.1.2 The Trust takes illicit substance misuse amongst patients seriously and seeks to take an inclusive approach to promote the health and welfare of patients and staff alike.
- 3.1.3 This Policy does not give guidance on the care and treatment of patients that are suspected to have taken any Suspected Illicit Substances, as this should be dealt with on an individual basis as per an individuals care plan and needs
- 3.1.4 Due to the agreement with Pharmacy staff and the removal of any found substances, this Policy does not apply to Community Teams and bases.
- 3.1.5 It is advised that this Policy is extended to workers upon trust premises that are not directly employed by the Trust – e.g. Security staff, domestics and catering staff
- 3.1.6 This Policy should be read in conjunction with:
- Clinical Risk and Management Policy
  - Incident Policy
  - Lone Worker Policy
  - Infection Control Policy
  - Medicines Policy
  - Security Policy
  - Search Policy (under review)
  - Controlled Drugs policy

#### **3.2 Proactive Measures**

- 3.2.1 All patients must be informed that the use of Suspected Illicit Substances and/or related activities is illegal, detrimental to their health and will not be tolerated. Community staff can inform patients attending appointments/being visited when drugs are being used is unacceptable and may result with the patient being excluded from service provision.
- 3.2.2 The use of a treatment contract can be considered to minimise the use of Suspected Illicit Substances.
- 3.2.3 If any service user is found to be using Suspected Illicit Substances or has an identified dependency their needs and treatment plan must be reviewed and agreed by the patient and the Multi-Disciplinary team.
- 3.2.4 When approaching any patient suspected to have Suspected Illicit Substances in their possession, or suspected to have taken Suspected Illicit Substances, the staff member should approach with care and consideration in agreement with the team.
- 3.2.5 Should the patient be reluctant to 'hand over' the suspected substance consideration should be given to the use of the Searching of Patients Policy.



### **3.3 Action to be taken should suspected Substances be found**

#### *3.3.1 On discovery of any suspected Illicit Substances being found upon trust premises:*

- a. The substance should be taken to the Ward Clinic room (should this be discovered in the grounds, then to the nearest ward)
- b. Should the substance be found in the Out Patients department or alternative place such as the Occupational Therapy Department, then the Duty Senior Nurse should be called to follow the procedure as detailed below
- c. The Duty Senior nurse should be alerted to the discovery and an entry should be made in the book
- d. The substance should be placed in an envelope which is to be sealed and signed over the seal by two members of staff
- e. A brief description of the substance should be recorded on the envelope with the time and date it was found and by whom.
- f. The envelope will then be locked away in the Controlled drugs cupboard
- g. An entry is to be made in the Controlled Drug book with time and date and signed by two staff members.
- h. An incident form should be completed and sent to Incident Reporting as per Policy.
- i. The responsible pharmacist should be notified of the discovery of the substance.

3.3.2 The Pharmacist will then take the substance back to the Pharmacy department where the drug will be stored within the Controlled Drugs (CD) cupboard. The substance will be entered into the CD book under suspected illicit substance and a number will be placed upon the envelope that will correspond with the number in the CD book. Pharmacy staff should follow section 18.12 (SOP for the Disposal/Destruction of Controlled Drugs in Pharmacy) on how to denature substances.

### **4.0 Disposal of Alcohol**

4.1 If any alcohol is found on a patient or within their possession the following should be implemented:

- If the bottle/can is opened then the fluid must be disposed of. This should be explained to the patient. Two nurses should witness the disposal and the action will be documented in the patient's notes
- If the bottle/can is unopened it will be stored in an agreed place and whenever possible and with the patient's agreement be handed over to a relative at the earliest opportunity. A note of this will be made in the patient's notes
- Should the alcohol still be on the ward when the patient is discharged it should be offered to the patient to take away.

- If the patient does not remove the item from the ward a time limit of eight weeks should be implemented to give the patient the chance to return to collect this. Should it not be collected within the timescale, the alcohol will be disposed of – as above.

***June 2018***