

Harmful Substances and Alcohol Use by Service User's Policy

Solent NHS Trust policies can only be considered to be valid and up-to-date if viewed on the intranet. Please visit the intranet for the latest version.

Purpose of Agreement	To Protect vulnerable people from harmful substances by ensuring that the use of harmful substances on all Trust premises is prevented, where feasible.
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Our thanks go to Sussex Partnership for sharing their 'Drug and Alcohol Use by Service Users' Policy

Review Log:

Version Number	Review Date	Name of Reviewer	Ratification Process	Reason for Amendments
1	25.01.2017	Lin Piatek		Adapted to suit Solent NHS Trust from original of Sussex Partnership NHS Trust
2	30.05.2017	Lin Piatek	Policy Steering Group Meeting	Recommendations included
3	April 2020	Luke Groves	Approved as part of the Covid-19 review of policies	Overarching statement added and expiry extended to March 2021
4	March 2021	Luke Groves	Reviewed through Mental Health and Medicines Management Group membership	Review due

SUMMARY OF POLICY

This policy sets out the steps to follow if patients/visitors bring Alcohol and Harmful Substances onto Trust premises. The definition of a Harmful Substance is given in the Introduction and includes substances used for purposes not related to medical treatment, which can be harmful to humans.

The expectations of this policy will be the safety of all patients on Solent NHS Trust properties and sets out the procedure to follow if these substances are found, namely safe storage with documentation, until they can be destroyed by the appropriate personnel:

- Possession or supply of illegal drugs, alcohol and harmful substances by service users and visitors when on Trust property is not tolerated. This will be clearly communicated in all circumstances.
- A substance misuse history must be taken and documented on admission to all services and, where necessary, advice sought from the substance misuse services.
- Police involvement is normally required where dealing is suspected. Police involvement in other cases is a matter for joint multidisciplinary decision-making.
- The policy provides guidance on processes to follow at admission to hospital where relevant, how to deal with suspected substance mis-use, how to deal with suspected withdrawal symptoms, organising the testing of clients and when action should be taken.
- The role of the mental health act in substance misuse.
- The role of staff the police and specialist members of staff such as substance mis-use and pharmacy.
- The document also sign-posts users how to deal with disposal and custody of suspected illegal substances.

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Harmful Substances and Alcohol Use by Services Users Policy

Staff are expected to adhere to the processes and procedures detailed within this policy.

During times of national or 'Gold command' emergency Solent NHS Trust may seek to suspend elements of this policy in order to appropriately respond to a critical situation and enable staff to continue to work in a way that protects patient and staff safety. In such cases Quality Impact assessments will be completed for process changes being put in place across the organisation. The QIA will require sign off by the Solent NHS Ethics Panel, which is convened at such times, and is chaired by either the Chief Nurse or Chief Medical Officer.

Once approved at Ethics panel, these changes will be logged and the names/numbers of policies affected will be noted in the Trust wide risk associated with emergency situations. This sign off should include a start date for amendments and a review date or step down date when normal policy and procedures will resume.

1. INTRODUCTION

1.1 Purpose of the policy

1.1.1 The purpose of this policy is to protect all people from harmful substances by ensuring that the use of harmful substances, illegal drugs, misuse of prescribed and over the counter medication, solvents and alcohol by service users and visitors on all Trust premises is prevented.

1.2 Scope and Definitions

1.2.1 Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities to users of services, carers, the wider community and our staff.

1.2.2 This Policy applies to all premises where staff working for Solent NHS Trust provide a service, except in patient's own homes. When outside of Trust premises staff operating Trust business should apply the principles outlined in this policy in partnership with relevant agencies such as substance mis-use service and the police.

1.2.3 This policy applies to locum, permanent, and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers), bank staff, Non-Executive Directors and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, agency workers, and other workers who are assigned to Solent NHS Trust.

1.2.4 **Harmful substances:** for the purpose of this Policy, harmful substances are defined as those drugs under Class A, B and C in the Misuse of Drugs Act (1971), which are supplied/used without prescription and/or outside the individual's treatment plan. It also includes substances such as glues, solvents and volatile substances, which are used for reasons other than those for which they are intended, and alcohol taken in excess. It also includes those items listed in The Summary of Blanket Restrictions, which can be found on the Intranet, under Clinical Policies. New psychoactive substances (legal highs), though not yet included in the Misuse of Drugs Act (1971) are also included.

1.2.5 **Substance Misuse** will be used as a broad term to represent the use of all harmful substances.

- 1.2.6 **Suppliers:** a supplier is a person who gives or sells harmful substances to other persons. The supplier responds to the needs and demands, which may be cultural, a consequence of dependency or the result of social pressure from other users.
- 1.2.7 **Users:** a 'user', in this instance, is defined as a person who continues to use harmful substances despite physical and/or mental illness or social economic problems.
- 1.2.8 **Dealing:** the dealing of harmful substances is the passing on of substances to another individual whether these substances are prescribed or not, money does not necessarily have to change hands.

1.3 Principles

- 1.3.1 There is an increase nationally in the co-existence of mental health problems and substance misuse and in mental health services this can present complex clinical management challenges which could reduce the positive progress of an individual's care and treatment
- 1.3.2 All people have a right to receive treatment in facilities that are welcoming, friendly and reflective of the services provided
- 1.3.3 The use, possession or supply of illegal drugs, alcohol and harmful substances is unacceptable and will not be tolerated in any of the Solent NHS Trust's inpatient units or on any other Trust premises and grounds.
- 1.3.4 All service users and their visitors must be made aware, as soon as possible when they come onto Trust property, that the use of harmful substances anywhere on Trust premises and in the grounds is not permitted.

2. POLICY STATEMENT

- 2.1. It is important that there is a consistent approach to the unacceptable use, possession or supply of illegal drugs, alcohol and harmful substances by service users and visitors when on Trust property. The service's position of not tolerating substance misuse must be consistently communicated at all Solent NHS Trust premises. This message must also be given to any visitors. A substance misuse history must be taken and documented on admission to all services and, where necessary, advice sought from the substance misuse services in the clinical management of people with identified drug and/or alcohol problems, particularly if there is a potential of withdrawal from drug and/or alcohol.
- 2.2. The use of some substances is illegal and police involvement is normally required in circumstances where dealing is suspected. Police involvement in other cases is a matter for joint multidisciplinary decision-making and further guidance is given within the procedure section of this document. The police should normally be involved if there is criminal behaviour linked to the misuse of substances, for example an assault or serious damage to property.
- 2.3. Service users with identified substance misuse should have their substance misuse needs addressed within their care plan. A contingency plan should also be in place to inform the actions to be taken if a service user or their visitor(s) is/are found to be, or is suspected of, misusing substances. As far as possible service users should be involved in formulating and agreeing the care plan and the contingency plan.

- 2.4. Each service user must be treated individually, and it is not possible to have a rigid set of actions to be taken to cover every eventuality. Robust and well documented risk assessments form the basis of any clinical management plan. Decisions regarding individual risk action or management plans must be taken in the light of the risks individuals may pose to the health and wellbeing of other vulnerable service users, visitors or members of staff and themselves
- 2.5. All service users and visitors have a right to be treated with respect, fairness and dignity by both staff and other service users. If people under the influence of substances abuse either staff or patients this will be treated as a breach of this policy and formal action could be taken. This may include consideration for and referral under the Trust safeguarding policy.

3. ROLES AND RESPONSIBILITIES

- 3.1 **Service Managers-** To ensure the policy is made available to all staff within the clinical service line.
- 3.2 **Line Managers-** The use of this policy is essential for all staff working in Trust services, including all inpatient wards, residential settings and units, day hospitals and outpatients facilities, in all care groups. Staff will be made aware of the policy as a part of induction training and through reference to other related policies and guidelines that may indicate the use of illegal drugs, harmful substances and alcohol identified under reference documents (see section 9).
- 3.3 **All staff-** Have a responsibility to comply with the policy and to escalate any difficulties in doing so to their line manager.

4. PROCESS REQUIREMENTS

4.1 Service user admission to hospital

- 4.1.1. The Trust's position of not accepting and not tolerating the use of illegal and harmful substances will be made known to service users and their visitors at the time of admission or when attending an appointment on trust premises by the admitting, or named/primary, nurse/therapist. Any harmful substance brought onto Trust premises will be removed and destroyed as per 4.10.2. A clear explanation of the rationale will be given. This will be reinforced by the multidisciplinary team throughout the service user's episode of care and individuals must be informed that the use of illegal and/or harmful substances or alcohol may lead to discharge from hospital or a cancellation of appointments.
- 4.1.2. Where required the Trust will take the necessary procedure to ensure the message is communicated in an alternative format or language where required
- 4.1.3. Each Trust ward, inpatient unit or Trust premises should display clear information prohibiting the use of illegal and harmful substances on Trust premises. This information should also be included in any information that is provided for service users about a service or setting.
- 4.1.4. During the initial assessment on admission service users should hand in all their medication and be asked about their harmful substance, drug and alcohol use as part of the assessment process when admitted to hospital. The details must be included in the drug and alcohol section of any initial inpatient health assessment. This should also include, if relevant, the name of the drug worker if the service user has had previous or ongoing/current contact with a Substance Misuse Service. An AUDIT (Alcohol Use Disorders Identification Test; World Health

Organisation 2001) or DUDIT test for drugs must be completed as part of the admission assessment process on mental health wards. The Substance Misuse Service should be contacted if a more in-depth assessment of a person's drug and alcohol use is required. The information gathered must be included in the service user's care and discharge plan.

- 4.1.5. Staff should be familiar with the Trust's 'Searching Patients, their Property and Inpatient Unit Policy' (CLN024)
- 4.1.6. The use of harmful substances must be addressed in the care planning process, given the health concerns this raises, and should be discussed with the service user. A full explanation of the potential effects should be given in language and terminology that the service user is fully able to understand. Whenever possible, the service user should be involved in the production of a suitable care plan, which may include a treatment agreement or contract. Where it is not possible to involve the individual in writing the care plan this should not prevent a suitable plan being drawn up by the multidisciplinary team until such time as the individual is fully able or willing to participate.
- 4.1.7. The multidisciplinary team should prepare a contingency plan for any service user identified as having an actual, or potential, substance misuse problem. This plan will inform the action to be taken if an individual is found to be misusing, or suspected of misusing, or dealing in, harmful substances.
- 4.1.8. Every service user will be informed that if, during their hospital stay, they become aware of anyone using or bringing harmful substances into the ward, either other service users or visitors, a member of staff should be informed. The source of such information will be treated in the strictest confidence. The information may be given to the police if the substance is viewed as dangerous or considered to be an illegal or harmful substance.

4.2 The management of harmful substance use

- 4.2.1. All incidents of actual, or suspected, harmful substance misuse must be reported as per the Trust's incident reporting policy and procedure. Where the police have been contacted the crime reference number must be recorded on the incident form.
- 4.2.2. Any situation where a service user is found to be misusing substances whilst in hospital must be treated individually. There are legal, ethical, and clinical issues that may need to be considered. The following procedural guidance has been developed to assist staff in decision-making but it cannot cover every eventuality. While each service user must be considered individually it is expected that staff will act not only in the best interests of the service user but also with regard to the health, safety and well-being of others and adhering to the Misuse of Drugs Act 1971.
- 4.2.3. Where a service user is suspected of using a harmful substance, they should be kept under observation, following the guidance of Therapeutic Engagement and Observation Policy, as it may not be immediately clear or apparent what substance they have taken; the quantity they have taken and the effect it may have on them physically and psychologically. Therapeutic Observation is a key element for Mental health practitioners and the Adult Mental Health Team have expertise in this area, if therapeutic observation is required in a non-mental health area advice should be sought from the Adult Mental health team. Baseline observations of pulse, blood pressure, respirations, level of consciousness, arousal and pupil size must be taken and recorded. The multidisciplinary team, or the available medical staff and the nurse in charge, should agree what actions need to be taken and the frequency of physical or

psychiatric observation. Reference should be made to the contingency plan where this has been developed. A drug urine screening and/or alcohol breath test using an Alco meter should be considered, where available, alongside the observations the service users permission and the results documented in the service users care plan and notes.

- 4.2.4. Alcohol withdrawal syndrome can be life threatening with withdrawal fits occurring 12-48 hours after the person has taken their last drink of alcohol. If there is evidence that the service user is showing signs of withdrawing from alcohol and/or drugs, medical guidance should be sought to assist staff in assessing the service user and to ensure the most appropriate medication is prescribed.

4.3 Testing of service users

- 4.3.1 When a service user is suspected of taking a substance or alcohol appropriate screening tests should be carried out and some services and settings may have access to on-site drug screen systems. The testing of urine, the use of an Alco meter or drug screen systems, must be conducted by appropriately trained and competent staff.
- 4.3.2 In addition to any random screening programme, the multidisciplinary team may test any service user if there is some reasonable suspicion of substance misuse, for example, from information received or observation of the service user's mental or physical condition or their behaviour.
- 4.3.3 The collection of urine samples from a service user known to have, or suspected to have, misused harmful substances should be observed by a nurse of the same gender with as much regard as possible for their privacy and dignity. The sample will then be analysed as soon as possible and the results of the test communicated to the multidisciplinary team at the earliest opportunity, and recorded in the service user's notes. The service user will also be informed of the result following discussion by the multidisciplinary team, who will then inform the person of any further actions to be taken.
- 4.3.4 Service users cannot be required to provide a urine or breath sample without their expressed consent. In the event of a service user refusing to consent the clinical implications must be considered by the multidisciplinary team.

4.4 Actions for Consideration

- 4.4.1 Service users suspected of misusing, or known to be misusing, harmful substances on the premises will be actively discouraged from doing so. Staff will need to decide what further action to take and some actions for consideration in managing service users who have misused harmful substances whilst a trust service user on trust premises are set out below.
- 4.4.2 Consideration needs to be given to what impact, if any the harmful substance may have on the prescribed medication a person is taking. This can be discussed with the Medicines Management Team

4.5 Service users who are not subject to the Mental Health Act (1983)

4.5.1 The multidisciplinary team may consider a range of interventions and options which may include discharging the service user. However, prior to any discharge the service user must have a mental state examination and risk assessment undertaken, which is fully recorded in their notes. If discharge is not appropriate then detention under the Mental Health Act (1983) may be considered.

DOLS: If a patient has a Deprivation of Liberty Safeguard authorisation in place, then this does not prohibit them being discharged from the ward. However, if they are at the time lacking in capacity, then the services must ensure that decisions are made in their best interest, as required by the Mental Capacity Act 2005 and the 'Deprivation of Liberty Safeguards and Mental Capacity Act policy'. If the patient is a psychiatric patient, the service may also need to consider if the powers of the Mental Health Act are now required to safely manage the person (or if the person is objecting and therefore no longer meeting the eligibility requirement for a standard DOLS authorisation)

4.5.2 Staff can call security, where available, to assist them in dealing with service users who are under the influence of harmful substances and are causing a disturbance, being violent, aggressive or dangerous to others.

4.6 Service users who are subject to the Mental Health Act (1983)

4.6.1 Any service user who is subject to the Mental Health Act (1983) and is using harmful substances should have their leave status discussed at the MDT

4.6.2 Following discussions with the service user the team will revise the care plan with the service user; this may include referral to the substance misuse service, if appropriate, and a decision about their future leave status from the ward.

4.6.3 If the service user has been given illegal substances by another service user – or a visitor - on the ward, then that supplying individual will be dealt with as described below.

4.7 When supply is suspected or found (inpatient units only)

4.7.1 When a member of staff suspects a service user or visitor of supplying harmful substances in the hospital or its grounds, they must bring this to the attention of the nurse in charge of the ward. If the nurse in charge concurs with this suspicion they will inform the senior nurse in charge within the inpatient unit; modern matron or on call manager. If there are substantial grounds for suspicion the police should be contacted.

4.7.2 Serious consideration must be given by the multidisciplinary team to discharging any service users not detained found to be supplying illegal drugs, prescribed drugs or other harmful substances on trust premises or in the grounds, because of the risks that they may pose to other vulnerable service users.

4.7.3 If the suspected individual is not a service user then the nurse in charge must inform the police immediately, and a description of the individual concerned and other relevant information provided. The senior nurse in charge within the inpatient unit, modern Matron, or on call manager must be informed.

- 4.7.4 If there is dealing, or suspected dealing, adjacent to the immediate vicinity of the hospital this should also be brought to the immediate attention of the police.

4.8 Visitors

- 4.8.1 Some visitors have, historically, been known to, or have been suspected of, misusing or supplying harmful substances while on Trust premises. The observation of interaction between service users and visitors by staff is therefore important in determining any suspected misuse or supply of harmful substances.
- 4.8.2 Visitors should be instructed not to bring harmful substances into a ward and an explanation given about the detrimental effects that substances can have upon mental and physical health and reminded that it is illegal to be in possession of certain substances. If a visitor ignores this instruction and brings illegal or harmful substances into the ward then the police will be informed and the visitor asked to leave immediately.
- 4.8.3 A decision may be taken by the multidisciplinary team to prevent the visitor from visiting where supply or misuse is suspected. This should only be in exceptional circumstances where other means to deal with the problem have been explored and should be fully documented for future CQC or Commissioner scrutiny. The service user must be made aware of any decision to ban their visitor(s) with a full explanation provided. (MHA 1983 Code of Practice). Appendix 1 provides an example of a draft letter for service users in such circumstances. The ward manager will then inform the visitor of the ban following this up in writing with a review period agreed by the multidisciplinary team.
- 4.8.4 If the visitor is also the nearest relative under the Mental Health Act (1983) then the multidisciplinary team may need to consider taking advice about displacing them from this role.

4.9 Police involvement

- 4.9.1 If staff are unsure if there should be police involvement the Controlled Drug Programme Manager or Controlled Drug Accountable Officer should be contacted
- 4.9.2 Police powers of search under the Misuse of Drugs Act (1971) and the Police and Criminal Evidence Act (1984) require reasonable grounds for suspicion that a person is in possession of an illegal drug. Reasonable grounds depend on the circumstances in each case, but there must be some objective basis for it, for example, drugs are found on the person, in their bed area or property, the behaviour of the individual or some other intelligence or information gleaned.
- 4.9.3 Where illegal drugs are found on or about a person on Trust premises the nurse in charge, in consultation with the Modern Matron or on call manager will decide if the police are to be notified and requested to investigate.
- 4.9.4 Staff must ensure they follow the policy for searching patients and patients' property for weapons, unsafe items, alcohol and illegal substances in inpatient settings when searching a service user who is suspect of being in possession of harmful substances. In cases where harmful substances are found on a person, a decision may be taken not to call the police. This might, for example, be considered when it is known that such substances have not actually been consumed or shared with others on the premises, when there are no other concerns or

any previous similar problems. All actions should be documented and witnessed. Where staff are unsure the Controlled Drug Programme Manager or Controlled Drug Accountable Officer should be contacted. All actions should be documented. Any suspected illegal substances should be locked in the CD cupboard and documented in the CD register as 'unknown substance.'

- 4.9.5 Clear advice must be given to the person that the possession of illegal drugs on trust premises is unacceptable and not tolerated and potentially damaging to the health of the individual concerned and others who may be supplied with such substances.
- 4.9.6 The police must be informed and asked to investigate when large amounts of illegal or harmful substances are found (as viewed by the staff to be more than for personal use or have specific concerns), whether or not there are grounds to link the substance to a particular individual.

4.10 Disposal

- 4.10.1 Staff must follow the procedure for disposing of any substance thought to be of an illegal nature outlined below for inpatients. For non-inpatient units, contact the Medicines Management Team for advice.
- 4.10.2 The procedure for disposing of any substance thought to be of an illegal nature or a harmful substance as defined in 1.2.0, is as follows:

- The substance must be sealed in an envelope.
- On the envelope there must be a description of the substance, together with where and when it was found. Both the Assigned Practitioner in Charge and a second Designated Practitioner must sign the package across the seal
- An entry must be made at the back of the Controlled Drug Register describing the substance, together with where and when it was found. Both the Assigned Practitioner in Charge and a second Designated Practitioner must sign the entry
- The substance must be stored in the Controlled Drug Cupboard until collected by the police or destroyed in the presence of a pharmacist. The ward pharmacist or Medicines Management team must be informed that there are substances awaiting destruction
- In the absence of a Controlled Drug Cupboard and Register the substance must be stored in the unit's locked drug cupboard and a similar entry made in the unit diary. The ward pharmacist or Medicines Management team must be informed that there are substances awaiting destruction

The Assigned Practitioner in Charge must not:

- Send the substance to the pharmacy
- Return the substance to the patient or relative.
- Attempt to analyse the substance.
- Handle the substance without glove protection.

Witnessed destruction must only take place in the presence of the Assigned Practitioner in Charge and a Pharmacist.

- The sealed envelope must not be opened until both are present
- The contents must be disposed of using a denaturing kit
- A record of the destruction must be made in the Controlled Drug Register or unit diary (if no Controlled Drug Register) against the original entry and countersigned and dated by the Assigned Practitioner in Charge and the Pharmacist.'

The service user should be informed the substance has been disposed of.

4.10.3 The procedure for disposing of alcohol is as follows:

The confiscation and destruction of alcohol through pouring it down a sink must be witnessed by another member of the team and recorded in the patient's notes, in the ward diary and the service user informed.

4.11 Staff who are involved in giving witness statements

4.11.1 Staff who may be required to provide witness statements, either for the police, or to complement a Trust incident form should refer to the incident reporting policy. Advice and support should be provided by a senior member of staff to those completing witness statements for the police.

4.11.2 Where staff evidence and statements result in a service user, or visitor, being prosecuted for an offence, staff will receive support from senior staff in the Trust and consideration given to any health and safety precautions that may need to be put in place.

4.11.3 In the event of a service user being prosecuted in relation to a substance misuse incident, the staff concerned may need support and advice regarding their future involvement in the care and treatment of that individual and this should be addressed through supervision, the ward management structure and the multidisciplinary team and consideration given to any health and safety precautions that may need to be put in place.

5. TRAINING

5.1 Solent NHS Trust recognises the importance of appropriate training for staff. For training requirements and refresher frequencies in relation to this policy subject matter, please refer to the Training Needs Analysis (TNA) on the intranet.

6. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

6.1 See Appendix 2

7. SUCCESS CRITERIA/MONITORING EFFECTIVENESS

7.1 This policy will be implemented following ratification by feeding out to all service line managers via medicine management subcommittees and governance meetings.

7.2 All incidents relating to this policy will be discussed and actioned via the Medicines Safety Group, through incidents review, and these actions will be used to monitor this policy

8. REVIEW

- 8.1 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, Guidance or noncompliance prompts an earlier review.

9. REFERENCES AND LINKS TO OTHER DOCUMENTS

- 9.1 Department of Health and the Welsh Office (1999) Mental Health Act 1983 Code of Practice. London: Her Majesty's Stationery Office (HMSO).
Misuse of Drugs Act 1971. London: HMSO
National Institute for Mental Health in England (2002) Dual Diagnosis: Good Practice Guide. London: NIMHE/Department of Health
Police and Criminal Evidence Act 1984. London: HMSO
- 9.2 This document is linked to Solent NHS Policies:
Medicines Policy
Controlled Drugs Policy
Searching Patients, their Property and Inpatient Unit Policy (CLN024)

10. GLOSSARY

- 10.1 The term 'illegal' has been used throughout the document to represent drugs and behaviour that are forbidden by law. In relation to illegal drugs and substances, these are illegal because they are covered by the Misuse of Drugs Act 1971.

11. APPENDICES

- Appendix 1: example letter to service user
Appendix 2: Equality Impact Assessment

Appendix 1: Example Letter to Service User

Private and confidential
Insert Ward

Patient's Name
C/O *Insert Ward*

Date: *Insert*

Dear *Insert*

Following an incident involving [*describe the harmful substance*] that was brought onto the ward, a decision has been made by the ward multidisciplinary team not to allow (*Insert Visitor's Name*) to visit you while you are an inpatient for the next *Insert* weeks. Following this period, should you wish (*Insert Visitor's Name*) to resume visiting this must be discussed with the ward multidisciplinary team.

The reason for this is that the hospital has a strict policy of not allowing illegal or non- prescribed drugs, alcohol or other harmful substances on the premises. The aim of this policy is to protect vulnerable people and is not a moral stand against the use of alcohol, illegal drugs or harmful substances.

Substance misuse may complicate your mental health assessment and reduce the positive progress and outcomes of your treatment. It can also be associated with unwanted behaviours.

Information regarding the Trust policy is displayed throughout the hospital.

Should you wish to appeal against this decision you should write to the Clinical Director, Adult Mental Health. You may also find it helpful to talk this matter over with your local advocacy services.

Yours sincerely

Insert Name
Ward Manager, *Insert Ward*.

c.f.i Dr *Insert Name*. Consultant Psychiatrist
Insert Name, Clinical Director, Mental Health
Insert name, Modern Matron

Appendix 2

Equality Analysis and Equality Impact Assessment

Equality Analysis is a way of considering the potential impact on different groups protected from discrimination by the Equality Act 2010. It is a legal requirement that places a duty on public sector organisations (The Public Sector Equality Duty) to integrate consideration of Equality, Diversity and Inclusion into their day-to-day business. The Equality Duty has 3 aims, it requires public bodies to have due regard to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation and other conduct prohibited by the Equality Act of 2010;
- **advance equality of opportunity** between people who share a protected characteristic and people who do not;
- **foster good relations** between people who share a protected characteristic and people who do not.

Equality Impact Assessment (EIA) is a tool for examining the main functions and policies of an organisation to see whether they have the potential to affect people differently. Their purpose is to identify and address existing or potential inequalities, resulting from policy and practice development. Ideally, EIAs should cover all the strands of diversity and Inclusion. It will help us better understand its functions and the way decisions are made by:

- **considering the current situation**
- **deciding the aims and intended outcomes of a function or policy**
- **considering what evidence there is to support the decision and identifying any gaps**
- **ensuring it is an informed decision**

Equality Impact Assessment (EIA)

Step 1: Scoping and Identifying the Aims	
Service Line / Department	Mental Health, Medicines Management
Title of Change:	Review
What are you completing this EIA for? (Please select):	Policy <i>(If other please specify here)</i>
What are the main aims / objectives of the changes	Scheduled update and review
Step 2: Assessing the Impact	

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select "not applicable":

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Not applicable	Action to address negative impact: <i>(e.g. adjustment to the policy)</i>
Sex			X	
Gender reassignment			X	
Disability			X	
Age			X	
Sexual Orientation			X	
Pregnancy and maternity			X	
Marriage and civil partnership			X	

Religion or belief			X	
Race			X	

If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.

Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers or other voluntary sector groups?)	Yes	Mental Health Lead Pharmacist, Mental Health Medicines Governance Sub-group, Medicines Management Group.
Have you taken into consideration any regulations, professional standards?	Yes	Misuse of drugs legislation

Step 3: Review, Risk and Action Plans

How would you rate the overall level of impact / risk to the organisation if no action taken?	Low	Medium	High
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What action needs to be taken to reduce or eliminate the negative impact?	None		
Who will be responsible for monitoring and regular review of the document / policy?	Chief Pharmacist / Controlled Drugs Accountable Officer		

Step 4: Authorisation and sign off

I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.

Equality Assessor:	Luke Groves – Chief Pharmacist	Date:	15 th March 2021
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Additional guidance

Protected characteristic	Who to Consider	Example issues to consider	Further guidance
1. Disability	A person has a disability if they have a physical or mental impairment which has a substantial and long term effect on that person's ability to carry out normal day today activities. Includes mobility, sight, speech and language, mental health, HIV, multiple sclerosis, cancer	<ul style="list-style-type: none"> • Accessibility • Communication formats (visual & auditory) • Reasonable adjustments. • Vulnerable to harassment and hate crime. 	Further guidance can be sought from: Solent Disability Resource Group
2. Sex	A man or woman	<ul style="list-style-type: none"> • Caring responsibilities • Domestic Violence • Equal pay • Under (over) representation 	Further guidance can be sought from: Solent HR Team
3 Race	Refers to an individual or group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.	<ul style="list-style-type: none"> • Communication • Language • Cultural traditions • Customs • Harassment and hate crime • "Romany Gypsies and Irish Travellers", are protected from discrimination under the 'Race' protected characteristic 	Further guidance can be sought from: BAME Resource Group
4 Age	Refers to a person belonging to a particular age range of ages (eg, 18-30 year olds) Equality Act legislation defines age as 18 years and above	<ul style="list-style-type: none"> • Assumptions based on the age range • Capabilities & experience • Access to services technology skills/knowledge 	Further guidance can be sought from: Solent HR Team
5 Gender Reassignment	" The expression of gender characteristics that are not stereotypically associated with ones sex at birth" World Professional Association Transgender Health 2011	<ul style="list-style-type: none"> • Tran's people should be accommodated according to their presentation, the way they dress, the name or pronouns that they currently use. 	Further guidance can be sought from: Solent LGBT+ Resource Group
6 Sexual Orientation	Whether a person's attraction is towards their own sex, the opposite sex or both sexes.	<ul style="list-style-type: none"> • Lifestyle • Family • Partners • Vulnerable to harassment and hate crime 	Further guidance can be sought from: Solent LGBT+ Resource Group
7 Religion and/or belief	Religion has the meaning usually given to it but belief includes religious and philosophical beliefs, including lack of belief (e.g Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition. (Excludes political beliefs)	<ul style="list-style-type: none"> • Disrespect and lack of awareness • Religious significance dates/events • Space for worship or reflection 	Further guidance can be sought from: Solent Multi-Faith Resource Group Solent Chaplain
8 Marriage	Marriage has the same effect in relation to same sex couples as it has in relation to opposite sex couples under English law.	<ul style="list-style-type: none"> • Pensions • Childcare • Flexible working • Adoption leave 	Further guidance can be sought from: Solent HR Team
9 Pregnancy and Maternity	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In non-work context, protection against maternity discrimination is for 26 weeks after giving birth.	<ul style="list-style-type: none"> • Employment rights during pregnancy and post pregnancy • Treating a woman unfavourably because she is breastfeeding • Childcare responsibilities • Flexibility 	Further guidance can be sought from: Solent HR team