NHS
Mersey Care
NHS Foundation Trust

Community and Mental Health Services

TRUST-WIDE CLINICAL POLICY DOCUMENT

Management of Service Users who have coexisting problems related to Illicit Substance / Alcohol use

Policy Number:	SD37
Scope of this Document:	All Staff
Recommending Committee:	Patient Safety Group
Approving Committee:	Executive Committee
Date Ratified:	May 2015
Next Review Date (by):	April 2020
Version Number:	Version 1
Lead Executive Director:	Exectutive Director of Nursing & Operations
Lead Author(s):	Lead Nurse

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2015 Version 1

Striving for perfect care and a just culture

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Further information about this document:

Document name	**Policy and Procedure for the Management of Service Users who have coexisting problems related to Illicit Substance / Alcohol use SD37**
Document summary	**This policy defines the term Dual Diagnosis in terms of Illicit Substance and Alcohol Misuse and provides guidance and direction to staff on the most appropriate approaches to treat and enhance the wellbeing of the Service User and their Carers.**
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Published by Copies of this document are available from the Author(s) and via the trust's website	**Mersey Care NHS Trust** **8 Princes Parade** **Princes Dock** **St Nicholas Place** **Liverpool** **L3 1DL** **Trust's Website www.merseycare.nhs.uk**
To be read in conjunction with	**SA02: Effective management of risk.** **SA10: Use of clinical risk assessment tools.** **SD04: Management of clinical risk through supportive observation.** **SD20: Searching of Service Users, their rooms, possessions, personal property and ward area.** **SD21: Care Programme Approach.** **HR06: Concerns at work about patient care or matters of business misconduct (whistleblowing)**
This document can be made available in a range of alternative formats including various languages, large print and braille etc	

Version Control:

		Version History:
Version 1	Approved	1st March 2015
Version 1	Executive Committee - approved	February 2020

SUPPORTING STATEMENTS

this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child / adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child / adult;
- knowing how to deal with a disclosure or allegation of child /adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child / adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, sex, race, religion and belief (or lack thereof), sexual orientation, gender reassignment, pregnancy and maternity and marital and civil partnership status. The Equality Act also requires regard to socio-economic factors.

The trust is committed to promoting and advancing equality and removing and reducing discrimination and harassment and fostering good relations between people that hold a protected characteristic and those that do not both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

CONTENTS

APPENDICIES

1. PURPOSE AND RATIONALE

1.1. This policy has been written to promote and harmonise best practice across mental health/learning disability in-patient and community facilities for which Mersey Care NHS Trust is responsible. It recognises that substance misuse amongst people with severe mental health problems is commonplace and that, ordinarily, mainstream psychiatric services are expected to take the lead in responding to this client group (Dual Diagnosis Good Practice Guide DOH 2002).

1.2. This policy provides guidance on the assessment and management of Service Users in mental health inpatient and community facilities who have mental ill-health and substance use problems.

1.3. Supporting documents will be referenced and available on each site or on request. Although the policy should be viewed in its entirety the format enables staff to refer easily to each “stand alone” section as required.

1.4. Mersey Care NHS Trust wishes to provide service users with opportunities to review their misuse of alcohol and or illicit substances and help them make changes to their life which will enhance their safety and wellbeing. Mersey care NHS Trust will work with service users and their families to identify their options and help them make better lifestyle choices. Staff working for this organisation will not discriminate against people who misuse alcohol or illicit substances.

1.5.]Mersey Care NHS Trust has a responsibility to maintain an alcohol and illicit drug free environment for staff, Service Users, visitors and carers.

1.6. Mersey Care NHS Trust has a legal obligation to prevent the possession or supply of illicit substances on premises for which they are responsible (Misuse of Drugs Act 1971).

1.7. Substance misuse is usual rather than exceptional among people with severe mental health problems, and the relationship between the two phenomena is complex. Service Users with a dual diagnosis usually need help to manage their substance misuse problems.

1.8. Current evidence suggests that engagement, harm-reduction and motivational-based care are the most appropriate forms of approach for people experiencing co-morbid substance misuse and severe mental illness.

1.9. The integrity of the care environment and the safety of all those within it are of paramount importance.

1.10. A Service User will not be declined an assessment or excluded from services based upon the perceived cause of their problems being drug and or alcohol related. A Service User will not be declined an assessment or excluded from Addiction Services where the focus of their treatment has become their mental illness.

2. SCOPE

2.1. This policy relates to all Mersey care staff (including seconded staff). It has been developed with the involvement of adult mental health and substance misuse services.

2.2. The policy refers to all service users of the Trust with concurrent mental health or learning disability and substance misuse needs.

2.3. This policy provides a framework to assist staff in: -

2.3.1. Preventing and reducing substance misuse on inpatient wards and community facilities.
2.3.2. Implementing measures that are safe and effective for the Service User, fellow Service Users, carers and other visitors should substance misuse occur.
2.3.3. The management of substance misuse and substance misusing service users in a safe and therapeutic manner.

3. DEFINITIONS

3.1. The relevant terms and their definitions (within the context of this policy document) are outlined below:

Table 1: Definitions

Term	Definition
Substance	In the context of this policy the word 'substance' refers to illicit drugs, prescribed drugs (when used in a manner not intended by prescription) alcohol/illegal highs or any other substance used in a harmful manner or with harmful effects, whatever its quantity.
Caffeine and tobacco	Whilst recognised as potentially harmful are not included.
Misuse	Denotes any problematic use (regardless of quantity), abuse, dependency, addiction or use disorder. For expediency the term misuse is applied to the range of interchangeable terms
Dual Diagnosis	Is used to denote a Service User who has both a mental health problem and a substance misuse/alcohol problem (which may or may not have been diagnosed), which require some form of intervention. Frequently further clinical conditions and social problems exist.

4. DUTIES

4.1. **Director of Nursing**

The Executive Director of Nursing will have strategic responsibility for the policy distribution, implementation and compliance throughout the organization.

4.2. **Accountable Officer for Controlled Drugs**

4.2.1. The Associate Medical Director has been appointed as the Accountable Officer for the Trust. The Trust is accountable, through the Accountable Officer, for the monitoring of all aspects of the use and management of Controlled Drugs (CDs) by all healthcare professionals whom they employ, and with whom they contract or to whom they grant practice privileges. This will be done through normal governance arrangements such as reviewing

incident reports, involvement of the pharmacists in the MDTs, analysing baseline data and audits.

4.2.2. The Accountable Officer is responsible for all aspects of the safe and secure management of CDs in the Trust. This includes ensuring that safe systems are in place for the management and use of CDs, monitoring and auditing the management systems and investigation of concerns and incidents related to CDs.

4.2.3. The regulatory requirements for Accountable Officers are set out in full in the Controlled Drugs (Supervision of Management and Use) Regulations 2006; (SI 2006 No. 3148)

4.2.4. There is a regulatory requirement for the Accountable Officer (AO) to ensure that there are adequate and up-to- date Standard Operating Procedures (SOPs) in place in relation to the management and use of controlled drugs within their organisation.

4.2.5. The Accountable Officer is responsible for ensuring that members of staff who are involved in prescribing, supplying, administering or disposing of controlled drugs receive appropriate training to enable them carry out their duties.

4.2.6. Staff should receive appropriate training on local standard operating procedures for controlled drugs when they first become involved in prescribing, supplying, administering or disposing of controlled drugs and then regularly thereafter.

4.2.7. Staff will be informed and if necessary, receive additional training when SOPs are revised or amended and when new controlled drug products or systems are introduced.

4.2.8. The Accountable officer has a duty to share information about the use of control drugs/substances with the appropriate NHS England Local Intelligence Network (LIN).

4.3. **The Security Manager**

4.3.1. The Security Manager is an accredited Local Security Management Specialist (LSMS) who will ensure that appropriate arrangements operate within the Trust to facilitate the confiscation of illegal substances from Service Users and visitors to ensure the safety of staff, Service Users and visitors.

4.3.2. Continue to work with local police officers and the CD liaison officers on incidents and procedures to ensure consistent approaches and advice city wide.

4.3.3. The Security Manager will work with clinical areas to support with difficult situations such as visitors bringing drugs into the in- Service User units, or Trust premises.

4.3.4. Police Liaison meetings are held in all inpatient units on a bi monthly basis, they facilitate discussion and planning between health and criminal justice agencies to reduce and manage criminal activity amongst Service Users and within the Trust. The use of Illicit substances by Service Users is a standing agenda item on all liaison meetings to ensure that monitoring of all related incidents is undertaken on a regular basis.

4.4. **Divisional Dual Diagnosis Leads**

4.4.1. Each Division will nominate a senior clinician/ manager who will lead the services implementation of this policy and developments within the care of people with a dual diagnosis in general. This person will attend the Dual Diagnosis development group and will be available to staff within the Division to offer guidance and support re the management of individuals with a Dual Diagnosis. This member of staff does not have to be a specialist in this area but will have access to colleagues and information that can help provide further guidance and expertise.

4.5. **Modern Matrons/community service managers**

Have a responsibility for policy distribution and compliance throughout the clinical divisions.

4.6. **Ward / Team Managers**

4.6.1. To ensure that all staff within their area of responsibility are made aware of, understand and comply strictly with this Policy and understand the legal implications of failing to do so.

4.6.2. To ensure that the confiscation of suspected illegal substances from a Service User is clearly recorded in the Service User's record on the appropriate form **(see Appendix A),** and by filling in an Incident Report Form via DATIX.

4.7. **Specialist Addiction Practitioners**

4.7.1. The Trust both provides specialist addiction services and works in partnership with non statutory providers. From both an Alcohol and Illicit substance perspective services are able to over generic Mental Health Teams advice and guidance on treatment options and referral processes.

4.8. **Clinical Practitioners**

4.8.1. The core of dual diagnosis care is delivered by the service users lead healthcare worker C.S- names nurse/care coordinator. This process facilitates main streaming of dual diagnosis care across inpatient and community services.

4.9. **Prescribers**

4.9.1. Prescribers will follow NICE guidance under the appropriate supervision of the Substance Misuse Services (SMS) and use the Trust formulary.

4.10. **Staff**

4.10.1. All Staff: -

- Need to be competent and confident in managing illicit drug use incidents.
- Must be familiar with the Substance Misuse Policy and Procedures.
- Must be aware of the sources of support during and following substance misuse incidents.
- Attend dual diagnosis training as requested.

5. PROCESS / PROCEDURE

5.1. **Information Leaflet**

5.1.1 A substance misuse information leaflet containing legal and therapeutic information has been devised for Service Users, carers and visitors **(see Appendix B).**

5.1.2 A substance misuse information leaflet must be given to all Service Users and their carer(s) on admission.

5.1.3 Substance misuse information leaflets should be available on the ward and reception areas of each Trust inpatient unit.

5.2. **Assessment of Substance/Alcohol Misuse**

5.2.1 Service Users should have their drug and alcohol use assessed as part of the Care Programme Approach (CPA). Co-morbid mental illness and substance misuse is common and often complex, therefore care and treatment under CPA is recommended.

5.2.2 If a Service User is identified as having a Dual Diagnosis, then further assessment / discussion should consider the risks associated with commonly associated problems/ behaviors: -

- Aggression / violence - involvement with criminal justice system
- Suicidality
- Safeguarding issues
- Accommodation/ Homelessness
- Family difficulties
- Financial difficulties

- Increased incidences of Blood born Viruses and other Physical Health Care Deficits

5.3. **Ask the Service User**

5.3.1 The best way to detect substance and or alcohol misuse is to ask the Service User in an open and frank way. Service Users will usually reveal their misuse of drugs and alcohol if asked in a non-judgmental way and if assured that negative consequences will not automatically follow. Some degree of knowledge of common drug using slang can be helpful, but it is not vital. Ask the Service User to explain any terms that are unclear and remember that slang can vary between different parts of the country and may be misunderstood or misused by certain Service Users themselves. It can be important to ask the Service User about such matters whilst they are on their own, not in the presence of relatives or friends.

5.3.2 Use of Screening tools can prove useful, such as breathalysers and multi urine testing kits (Illicit Substances). Where they are used they should be identified as part of a care plan that has been agreed with the Service User. These devices can prove beneficial as many individual will under or over report their usage of alcohol or illicit substances.

5.4. **Detection of Substance Misuse**

5.4.1 Studies have shown that at least a third of Service Users with severe mental illness will also misuse drugs or alcohol. These prevalence rates may be higher in in-patient settings and vary in relation to local demography. Co-morbid severe mental illness and substance misuse may be the norm rather than the exception. It is important therefore to have a high index of suspicion for substance misuse in severe mental illness services to ensure Service Users receive the appropriate approach and treatment.

5.4.2 Testing biological samples may be helpful in the initial assessment and in the monitoring of substance misuse as part of an individual care plan. It should be used if it is thought that it will provide significantly better evidence than other less intrusive means.

5.4.3 Screening tests should not be performed without the full consent of the Service User, except where the Service User is incapable of consenting and knowledge of substance misuse is vital to his/her immediate, short-term management (e.g. the management of suspected overdose).

5.4.4 A Urine Screen is the most convenient method of detecting most drugs, but it is not guaranteed to be accurate.

5.4.5 Alcohol can be detected in urine or via a breathalyser.

5.4.6 Longer-term alcohol misuse can be detected by blood tests such as those of liver function. Although hair strand testing and oral swab can be more accurate, their use within Mersey Care NHS Trust has not yet been discussed or authorised.

5.5. **The Use of Alcometers / Breathalysers**

5.5.1 Can be useful in certain circumstances to clarify if an individual has: -

- Been using alcohol and whether the provision of prescribed medication is safe.
- Breached an agreed contract of sobriety.

5.5.2 This information can be helpful to manage specific incidents, or to develop a more strategic plan of care. There are though limits and risks to using Alcometers as they: -

- Only measure blood that has been absorbed at the time of the reading; it does not take into account the alcohol that is in the stomach waiting to be absorbed.
- Only provide measurements of alcohol and do not provide guidance on the effect on that particular individual as that will depend on their physical build and tolerance levels.

5.5.3 If an Alcometer is used the following actions should be taken:-

- Manufacturer's instructions for use must be followed.
- Agreement from the Service User must be obtained.
- Readings should be documented.
- Readings should always be repeated at 30 minute intervals to ascertain if the levels are increasing.
- Explanation of the readings should be provided to the Service User.
- Ensure that the device is regularly re calibrated to maintain accuracy.
- The legal drink driving limit is 0.35 micrograms in 100 millilitres of breath, therefore on the detection of alcohol, a medical review should take place before medication is administrated.

5.6 Detection of Mental Illness

5.6.1 In drug and alcohol services, approximately half of the clients experience mental health problems and one in ten of them have a severe mental health problem. The most common forms of mental health problems among clients of drug and alcohol services are depression and personality disorder. Screening and an index of suspicion in drug and alcohol services is recommended.

5.7 Assessment

5.7.1 A full drug and alcohol history should be taken from each Service User. This should include: -

- details of all drugs used
- amounts taken

- frequency
- last use
- where
- alone, or with others
- route of administration
- equipment used
- Whether the drugs taken are illicit, or prescribed, drugs used illicitly.
- Many drug users will misuse more than one drug and they may also drink alcohol to excess.
- Previous and current contact with Addictions Services should be noted.
- Service User s should be asked how they fund their drug and alcohol misuse if appropriate.
- Particular note should be taken of drugs / alcohol already consumed on the day of admission.

5.7.2 If prescribed drugs are taken, details must be obtained of the name of the prescriber and the chemist where the drugs are collected to prevent newly admitted Service Users collecting two prescriptions. Consider supervised consumption or risk of overdose/ tolerance- unsupervised collection.

5.7.3 Substance misuse assessment is an element of the Mersey Care NHS Trust Risk Assessment Schedule and should be completed or updated on admission.

5.7.4 Assessment of harm and motivation are pivotal and must be explored and recorded.

5.7.5 Once the Diagnosis of Dual Diagnosis has been made this must be recorded on the Dual Diagnosis monitoring form contained on Epex which will be used to monitor the number of people with this diagnosis.

5.8 Management and Treatment of Illicit Substance / Alcohol Misuse

5.8.1 It is important that the effect of an individuals alcohol and or illicit substance use is considered when formulating their risk management plan and generally during care planning. It is essential that providers of specialist services to the Service User re their alcohol abuse or illicit substance use are enabled to provide information and input into the mental health care plan. The provision of care should be as seamless as possible which can be helped by: -

- Asking the Service User about other services, they are involved with and for permission to liaise with them.
- Invite other service providers including housing etc. to CPA meetings.

5.8.2 If permission is not given by the Service User to contact other services, a risk assessment should be carried out to ascertain if there is a public interest case to disclose information and or to try and obtain information.

5.8.3 If an individual is assessed as having a Dual Diagnosis, then the Multi Disciplinary Team must consider the need for the Service User to be referred to specialist Addiction Services. Information should be provided to the Service User as to the benefits to them of referral to a specialist service. If the Service User does not initially wish to become involved with other services, then the risks associated with the current position should be considered and monitored regularly.

5.8.4 Treatment of Dual Diagnosis includes: -

- Mental Health symptom control
- Substance misuse remission /reduced harm
- Stable accommodation
- Daily activity / employment
- Regular social contacts (non substance orientated)

(Drake, McHugo and Xie et al 2006)

5.9 Service Users who are Intoxicated

5.9.1 It is not uncommon for Service Users to return from leave, attend A&E or community clinics who display symptoms of being intoxicated with either alcohol and or drugs. The only thing that can sober an intoxicated person is the passage of time; therefore Service Users should be assessed and monitored on a regular basis to ensure that they remain safe both from a physical and self harm perspective

5.10 Some signs of Alcohol Poisoning

5.10.1 If the person is breathing less than thirteen times per minute or stops breathing for periods of eight seconds or more,

5.10.2 If the person is asleep and you are unable to wake him/her up

5.10.3 If the person's skin is cold, clammy, pale or bluish in colour

5.10.4 If the person is continually vomiting (repeated and uncontrolled)

5.11 Associated Actions when a Service User is intoxicated

5.11.1 Monitor the intoxicated person on a regular basis and record behavior and conversation.

5.11.2 Check their breathing, waking them often to be sure they are not unconscious.

5.11.3 Do not exercise - this will speed up the metabolising process of alcohol in the stomach.

5.11.4 Do not allow the person to drive a car or ride a bicycle.

5.11.5 Do not give the person food, liquid, medicines or drugs to sober them up.

5.11.6 If the person has been assessed and does not need ongoing medical attention and is going to "sleep it off," be sure to position the person on his/her side placing a pillow behind him/her to prevent them from rolling out of this position. This is important to help prevent choking if the person should vomit.

5.11.7 Do not give the person a cold shower; the shock of the cold could cause unconsciousness.

5.11.8 Do not give prescribed medication without discussion with and agreement from a doctor.

5.11.9 Request a medical review.

5.11.10 Stay with a person who is vomiting! Try to keep the person sitting up. If s/he must lie down, keep the person on his/her side with his/her head turned to the side. Watch for choking; if the person begins to choke, implement emergency procedures. If a person has drunk alcohol in combination with any other drug, the combined effect can be fatal.

5.11.11 Any person that has altered consciousness, slowed respiration, repeated, uncontrolled vomiting, or cool, pale skin is experiencing acute alcohol intoxication (alcohol poisoning). Emergency procedures should be commenced.

5.11.12 If the person has been assessed and does not need ongoing medical attention and is going to "sleep it off," be sure to position the person on his/her side placing a pillow behind him/her to prevent them from rolling out of this position. This is important to help prevent choking if the person should vomit.

5.11.13 Service Users who attend community facilities intoxicated should be assessed re their ability to return home safely. If they are unable to make their own way home safely, medical intervention should be sought via the ambulance service.

5.11.14 Amend the observation regime to either stay with the person/ or observe regularly and wake him/her frequently. Even though the person is sleeping, alcohol levels may continue to rise, causing the person to become unconscious, rather than asleep. If at any time you cannot wake the person up, implement emergency procedures.

5.12 Illicit Substance Intoxication

5.12.1 When Service User goes on leave or are first admitted they may have consumed illicit drugs and therefore on return display altered consciousness, aggressive /

disturbed behavior. Staff should try and identify if the Service User has taken any prescribed or non prescribed drugs either by: -

- Talking to the Service User
- Talking to their family, friends who accompanied them to the ward
- Taking urine/ blood samples for testing

5.12.2 If a Service Users behavior is altered and staff suspect they may have taken an illicit substance then Multi Test drug screening tools including oral mouth swab should be used which will identify if a Service User has used – depressants, stimulants etc. It may not identify recent use. Information provided should be shared with medical staff and used to guide the care provided.

5.12.3 It is important to note that the use of stimulants such as cocaine or Amphetamine may mask the amount of sedative drugs or alcohol that has been taken and therefore may cover the symptoms of a potential overdose.

5.12.4 Staff should request and an urgent medical assessment if they suspect opiates have been taken, any of the symptoms of opiate overdose (see below) warrant an emergency ambulance being called. Naloxone is held within the emergency bag on every ward.

5.13 Signs of Opiate overdose: -

- Slurred speech
- Drooling
- Pale skin
- Erratic breathing
- Vomiting
- Tachycardia
- Hypotension
- Loss of consciousness
- Assessing Capacity

5.13.1 Service Users who attend for assessment of mental health problems but who are also intoxicated, should have their capacity assessed by the Mental Health Care team. In Accident and Emergency (A&E) Setting this should be undertaken jointly by the A&E and Mental Health Team. This will provide information regarding the appropriateness of conducting a Mental Health assessment. Mental Health Teams should not wait until the Service User is completely free from illicit substances or alcohol to work with them or their family, as this may prevent evidence of the type and severity of suicide attempts being lost. Mental Health Teams should work in parallel to physical health care provision.

5.14 Problems Associated with Co-morbidity / Co-existence

5.14.1 The short term use of contracts may be helpful in the management of inpatients. These should be included within the CPA - Acute Care Plan, which Service Users should sign to confirm understanding and agreement. It is important that the ward staff, community staff, the medical team and the Service User fully understand and agree with the terms of the contract.

5.14.2 In certain circumstances Service Users who have misused illicit substances may be discharged from hospital or asked to leave the day hospital setting. This action will only be considered as part of a risk assessment and management plan and after an assessment of the individual's capacity. Discharge should, preferably, be carried out in accordance with a contingency plan previously devised by the multi-disciplinary team (MDT).

5.14.3 For some Service Users and clients, where substance misuse cannot be predicted, due consideration of the consequences to the Service User and public, of discharge or removal should be taken by the MDT.

5.14.4 Staff must ensure that Service Users discharged due to their illicit drug / alcohol misuse understand: -

a) Why they are being discharged and the services that will be provided within the community.

b) How they can get help in an emergency if they feel their mental health is deteriorating.

c) How they can appeal against the decision to reduce their length of stay in hospital. This can be done by contacting the complaints department who will liaise with the appropriate Clinical Director to review the decision made within three working days. The service user should also be given the contact details for the Patient Advice and Liaison Service (PAL's).

d) Advice regarding the risk of an overdose – lower tolerance, mixing of substances must be discussed.

e) In certain circumstances it may be counter-productive, or conflict with the Mental Health Act Code of Practice to discharge a Service User who has misused illicit substances or used legal substances in a harmful manner. If there is any doubt then the matter should be referred to the Treating Consultant /Units Senior Manager. If necessary, in the first instance, legal advice should be sought from the Trust's Legal Management Team.

5.14.5 Service Users who have used Illicit Substance / Alcohol should only be discharged if a risk assessment has been undertaken and a risk management plan identified and put in place.

5.14.6 Restrictions may be placed upon visitors if this would have a bearing on the misuse of illicit substances. However, staff must bear in mind that, under Article 8 of the European Convention on Human Rights (ECHR), Service Users, and those who visit them, enjoy the right to respect for their private and family life.

Therefore, any restrictions, whether they are imposed under this paragraph or some other, must be proportionate, lawful and necessary to the aim that they are designed to achieve. i.e. that of helping the Service User.

5.14.7 Any visitor behaving in an unacceptable manner may be requested to leave the unit. The request can be followed up formally at the request of the Ward Manager, within 3 days of the incident, by a letter from the Trust's Chief Executive refusing the visitor access to the ward. Preventing a visitor entering the unit for more than the initial period of the incident and therefore on a longer term basis should only occur once the situation has been discussed by the Multi Disciplinary Team who will consider the balance of risks and how the Service Users Article 8 (ECHR) right to a family life is to be maintained.

5.14.8 Interactions between substances and medication range from no effect to potentiation or diminution, to toxic effects. Addiction Services and or the Pharmacy Department can be contacted for advice on the management of individual Service Users or drug and alcohol advice / treatment in general. The guidelines set out in **(Appendix B)** relate to the management of the Service User and the handling of illicit substances when discovered or handed to staff.

5.14.9 Research indicates psycho-social interventions (PSI) as used in severe mental illness are equally effective in co-morbid Service Users. Psycho-social approaches are recommended and wards should be supported to build capacity and capability through training.

5.15 Longer Term Management

5.15.1 Management of co-morbid substance misuse must be part of the Care Programme Approach. All Service Users with co-morbid alcohol or other drug problems must have an agreed plan for substance misuse management during any future inpatient admission included in their care plan.

5.15.2 Joint working arrangements with specialist drug / alcohol services should be led by Mersey Care NHS Trust unless specified otherwise through a multi-agency MDT.

5.16 Pharmacological Interventions in Drug Misuse

5.16.1 Refer to Mersey Care NHS Trust Pharmacy Formulary.

5.17 Internal and external joint working arrangements

5.17.1 A key objective of this policy is to facilitate more effective systems for joint working between teams and agencies. For individuals who have severe and enduring mental illness, a mental health/ learning disability worker will be identified as the CPA Care Coordinator. Substance Misuse Practitioners (SMPs)

will provide advice on treatment interventions for people with severe and enduring mental illness who have co-existing substance misuse problems.

5.17.2 Where a person being cared for by Substance Misuse Services develops a severe mental illness, care co-ordination will transfer to Mental Health Services according to the agreed care pathway. The Substance Misuse Worker would then become the co-worker and remain involved in the ongoing care of the person. There is no expectation that all care would transfer to Mental Health Services as a result.

5.17.3 Adult, Older People's Mental Health, and Learning Disability Service staff will similarly provide advice to Substance Misuse Services on treatment interventions for people who have developed less severe mental health problems directly attributable to substance misuse. Responsibility for care will remain with Substance Misuse Services.

5.17.4 It is important that staff recognize the importance involving all provider agencies in the Care Programme Approach reviews of Service Users with a Dual Diagnosis. The involvement of housing agencies and primary care providers will ensure that all relevant information is available to the Clinical team.

5.18 Process to be followed where a difference of opinion between professionals is apparent

5.18.1 The definition and existence of Dual Diagnosis in relation to Substance Misuse and Alcohol intake can still be a contentious issue amongst clinicians, different views within and between teams can exists and impair the quality of both service development and individual care.

5.18.2 Debate and discussion about care within multi-disciplinary teams is actively encouraged with the aim of all opinions being listened to and considered as part of the assessment and planning process. Each member of staff must feel that they have the right to voice their opinion particularly in relation to the care of Dual Diagnosis Service User as every aspect of their mental, physical and social needs should be taken into account, as their interrelationship will directly affect the outcomes achieved.

5.18.3 Where differences of opinion can not be accepted as a natural phenomenon within joint, partnership and team working and become obstacles to high quality care provision, then staff should seek guidance and support from their Line Manager and or Senior Manager (Modern Matron, Community Services Manager).

5.18.4 They will undertake an initial review of the situation and provide advice and guidance as to any actions that are required. Depending on the issues identified managers may progress the resolution of the conflict though a line management route up to Clinical Director Level or via a clinical/ Specialist pathway which is considered below.

5.18.5 If the team need help to resolve their clinical conflict, initially hidden or otherwise, the manager can request the intervention of Risk, Patient Safety, Security, Legal and Dual Diagnosis leads to facilitate discussion, enable a broader discussion to take place by the provision of specialist expertise.

5.18.6 The Trust also supports the use of both internal and external second opinions both from a medical and non medical perspective; this can often provide an objective view of the Service Users need and clarify the pathway required. It also accepts that team members cannot be experts in every situation and further specialist assessment and direction can be very helpful, positive, important and not seen as failure. The Chair of the Dual Diagnosis Development group can be contacted to provide advice on suitable specialists to offer the above type of interventions.

5.18.7 Where staff are concerned about the quality of care, they can also use the Trust's Whistle Blowing Policy.

5.19 Personal Searches, Identification and Disposal

5.19.1 If it is suspected that illicit drug use is taking place the nurse or other Professional in charge must ensure this issue is discussed within the next multidisciplinary meeting. The team should agree a plan for the safe management of the co-existing mental illness and substance/ alcohol misuse.

5.19.2 Interim arrangements to ensure the persons safety must be put in place prior to a full review of the Service User's care. The evidence of illicit substance misuse must be subjected to frequent, rigorous review.

5.19.3 The principle underlying this policy is to engage with our Service Users, to offer specific treatments or harm reduction interventions.

5.19.4 If a member of staff suspects that a Service User is in possession of an illicit substance, the situation should be managed according to the Service User's care plan and relevant Trust policy. Service Users with a known history of substance misuse should have a detailed care plan in relation to the management of illicit drug use/possession negotiated at the earliest opportunity or in advance within CPA.

5.20 Alcohol that is found on a Service User or within a ward will be confiscated, stored and either: -

- Destroyed with the permission of the Service User.
- Given to a relative or carer to take home for safe keeping.

5.21 Personal searches must follow policy as described within the Mersey Care NHS Policy and Procedure Searching Service User's and their Belongings.

5.21.1 Any suspicious / illicit / prohibited substances obtained must be handled in accordance with the Trust's procedure **(see Appendix B).**

5.21.2 Destruction of confiscated suspicious / illicit substances must be conducted under the guidance within the Misuse of Drugs Regulations 1985 and the Health Bill 2006 (as per Mersey Care NHS Trust Handling of Medicines Policy).

6 CONSULTATION

6.1 This policy was originally developed by the Dual Diagnosis Development Group, taking into account specialist advice from the Addiction Services and Manchester University. It has been revised by senior nurse in conjunction with addictions.

7 TRAINING AND SUPPORT

7.1 Core Skills

7.1.1 Clinical staff identified by divisions should have skills in the detection of mental illness and substance misuse.

7.1.2 Clinical staff identified by divisions should have skills in both assessment and treatment of mental illness and substance misuse.

7.1.3 Clinical staff identified by the divisions should be trained in search procedures.

7.1.4 Relevant staff should possess an understanding of their responsibilities under the Misuse of Drugs Regulations 1985 & 2001, the Mental Health Act 1983, as amended by the Mental Health Act 2007, the Mental Health Capacity Act 2005 and their respective Codes of Practice together with the related issues of consent.

7.1.5 An agreed substance misuse assessment is contained within the Mersey Care NHS Trust Risk Assessment Schedule. This constitutes the minimum information required for dual diagnosis care planning.

7.1.6 Further risk areas include accidental opiate overdose, the use of naloxone, physical health (e.g. Hepatitis B & C and HIV infection), suicidality, violence, exploitation, neglect, social exclusion and criminality. There is a training package for Mersey Care NHS Trust staff.

7.2 Specialist Skills

7.2.1 Each ward or community facility should have a member of staff that has received specific dual diagnosis training in order to provide additional support and be a nominated link for colleagues.

7.2.2 Ward Managers and Team Leaders will monitor the update and distribution of Dual Diagnosis Training to ensure that each area has a level of expertise and skill to deliver this Policy.

7.2.3 Whilst the above has provided guidance on the core skills that staff should have, specific training requirements associated with this policy can be found in the organisational training needs analysis which is incorporated within the Learning and Development Policy'

8 MONITORING

8.1 Audit / Evaluation and monitoring

8.1.1 The implementation of this policy will be monitored via:

8.1.2 The practice required by this policy will be subject to ongoing monitoring. This will be undertaken by the Modern Matrons who will monitor the number of reported incidents related to a dual diagnosis.

8.1.3 Ward Managers will review all incidents, reports, risk assessments, actions taken, interventions and care plans.

8.1.4 The divisions will collate the number of staff attending and diagnosis training.

8.1.5 The Divisions oversee the audit of the monitoring and handling and disposed substances.

9 SUPPORTING DOCUMENT

9.1 This document should be read in conjunction with the following:

- Drug Misuse and dependence: UK guidelines on clinical management
- 2007. DOH and National Treatment Agency for Substance Misuse.

- Safer Management of Controlled Drugs. A guide to good practice in secondary care (England) October 2007. DOH publication.

- NICE public health intervention guidance 4: Interventions to reduce substance misuse among vulnerable young people.

- NICE technology appraisal 115: Naltrexone for the management of opiate dependence.

- NICE technology appraisal 114: methadone and buprenorphine for the management of opioid dependence.

- NICE clinical guidelines 51 and 52: Drug Misuse. Psychosocial interventions and opioid detoxification.

- SA02: Effective management of risk

- SA10: Use of clinical risk assessment tools

- SD04: Management of clinical risk through supportive observation

- SD20: Searching of Service Users, their rooms, possessions, personal property and ward area

- SD21: Care Programme Approach
- HR06: Concerns at work about patient care or matters of business misconduct (whistleblowing)
- DOH: Dual Diagnosis in Mental Health Inpatient and Day Hospital settings

- Guidance on the assessment and management of patients in mental health inpatient and day hospital settings who have mental ill-health and substance use problems

- Turning Point / Rethink Severe Mental Illness: Dual diagnosis Mental health and substance misuse - A practical guide for professionals and practitioners.

- Mersey Care NHS Trust: Dual Diagnosis Strategy for Secure Service Provision – Cheshire and Merseyside (D Murray 2007)

Appendix A

Illicit Substance Handling Procedure

1. Introduction

When suspected illicit substances are discovered by or handed in to members of Trust staff the following policy and procedural guidance must be followed. This procedure sets out the standards for ensuring that incidents relating to illicit substances are dealt with effectively and safely.

1.1 Rationale

1.1.1 There are occasions where suspected illicit substances are brought on to Trust property.

1.1.2 The procedures described will ensure a consistent approach across the Trust when dealing with the discovery or handling of suspected illicit substances.

1.1.3 It is the responsibility of the organisation to ensure the appropriate arrangements are in place for staff to maintain a high level of patient safety. This policy outlines those arrangements and therefore requires all staff to adhere to the procedures set out.

1.2 Principles

1.2.1 The aim is to safeguard patient safety by removing the presence of illicit substances form the Trust premises at the earliest opportunity and to provide a consistent approach across the organisation in the way, which these substances are handled. This will lead to: -

- Substances being destroyed safely and effectively
- Accurate and contemporaneous record keeping enabling a comprehensive auditable chain of events
- Timely liaison with Merseyside Police enabling them to respond effectively, where and when appropriate.

2. Procedure

If a substance that is thought to be “a substance liable to misuse” is discovered on the unit or in the hospital or is handed to a member of staff it must be dealt with in a timely, safe and effective manner; the following actions should be undertaken: -

A. The substance should be placed in an evidence bag. Each evidence bag has a unique identifying number (Staff should wear protective gloves).

B. A suspected illicit substance form must be completed by the person discovering the substance or by the member of staff in receipt of the substance. The original copy must be kept with the sample. The duplicate kept on the ward or by the community team in a designated folder.

C. The bag number must be recorded along with the date and time of discovery or receipt as well as details of the person from whom it was obtained (where possible/appropriate) or where it was discovered.

D. For each substance discovered or handed in a separate bag must be used and the substance placed in the evidence bag (One bag per item). This is to avoid contamination with other substances where there may be a case for further analysis). Each bag should also be signed with the date and time of the incident clearly marked. The sample must then be **temporarily** placed in the identified ward locked cupboard (for no longer than 24 hours) and a record made in the controlled drugs book that the substance has been entered into the cupboard for safe storage. This must be on a separate page at the back of the register.

E. The police liaison officer must be contacted to collect the substance. It will be a police decision whether to take the substance away if it is felt that a prosecution can be made. if the suspected substance is not taken away then it must be destroyed by the DOOP container.

F. Once the DOOP container is available two members of staff (one of whom must be a registered nurse) should then denature the substance by using the DOOP container and write the unique identifying number of the evidence bag on the container. Full instructions on how to use DOOP are given on each container.

A potential illicit substance or **substance liable to misuse** is either a substance that is deemed to be illegal in line with the Misuse of Drugs Act 1971 or a substance that is being taken for any reason other than the one it has been prescribed for.

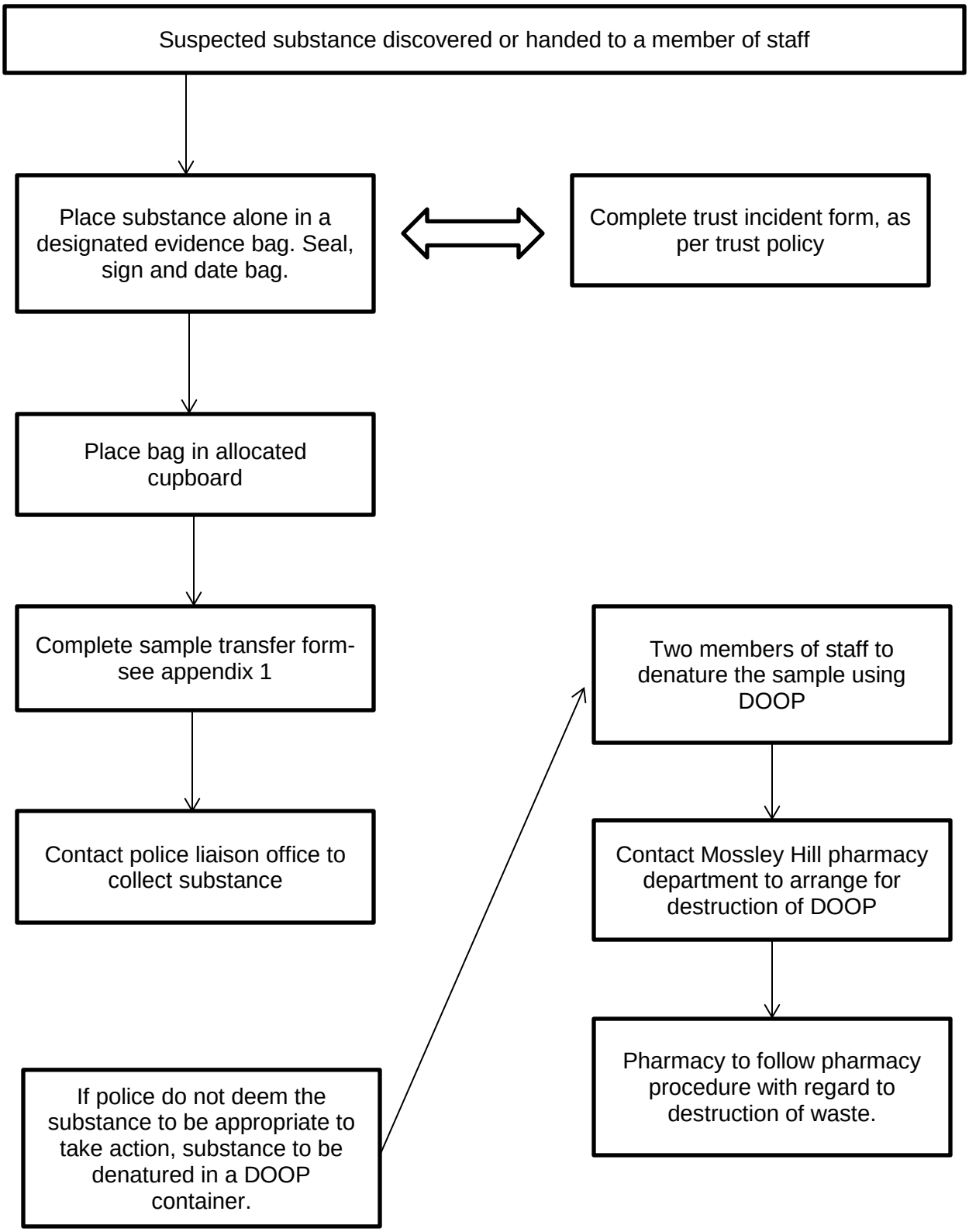
G. Once the above has been completed Pharmacy should then be contacted, with regard to destruction of the DOOP container.

H. An incident form must be completed by the two staff denaturing the substance recording their actions and details of the time pharmacy were contacted and the person to whom they spoke to regarding destruction of the DOOP container.

I. Pharmacy staff are required to respond within 48 hours of being notified by ward staff and ensure a contemporaneous entry is made in the controlled drug book recording the action taken by them in respect of the substance destroyed.

J. If the substance is considered to be of a significant quantity then the security of the substance must be safeguarded as per procedure outlined in a – d above. The police should be contacted to collect the evidence bag. This action should also be recorded on the incident form.

PATHWAY


Suspected substance discovered or handed to a member of staff
Place substance alone in a designated evidence bag. Seal, sign and date bag.
Complete trust incident form, as per trust policy
Place bag in allocated cupboard
Complete sample transfer form- see appendix 1
Contact police liaison office to collect substance
Two members of staff to denature the sample using DOOP
Contact Mossley Hill pharmacy department to arrange for destruction of DOOP
Pharmacy to follow pharmacy procedure with regard to destruction of waste.
If police do not deem the substance to be appropriate to take action, substance to be denatured in a DOOP container.

Form for Suspected Illicit Substance

Date Discovered: **Bag Identity Number:**

Description of Suspected Illicit Substance:

Form: Colour: Approx. Quantity:

Other:

Found or Removed by:

Name: Witness name:

Title / Dept: Title / Dept:

Signature: Signature:

Date/time: Location:

Storage in Controlled Drugs Cupboard

By whom: Name Witness Name:

Title/Dept: Title/Dept:

Date /Time: Name of Ward / Dept:

Date and time storage arrangements entered into controlled drug book

Placed and denatured in DOOP (if applicable):

Placed in DOOP by: Witnessed by:

Title / Dept: Title / Dept:

Signature: Signature:

Date/time: Location:

DOOP transfer to Pharmacy:

Transferred by: Received by:

Title / Dept: Title / Dept:

Signature: Signature:

Date/time: Location:

Transfer to Police:

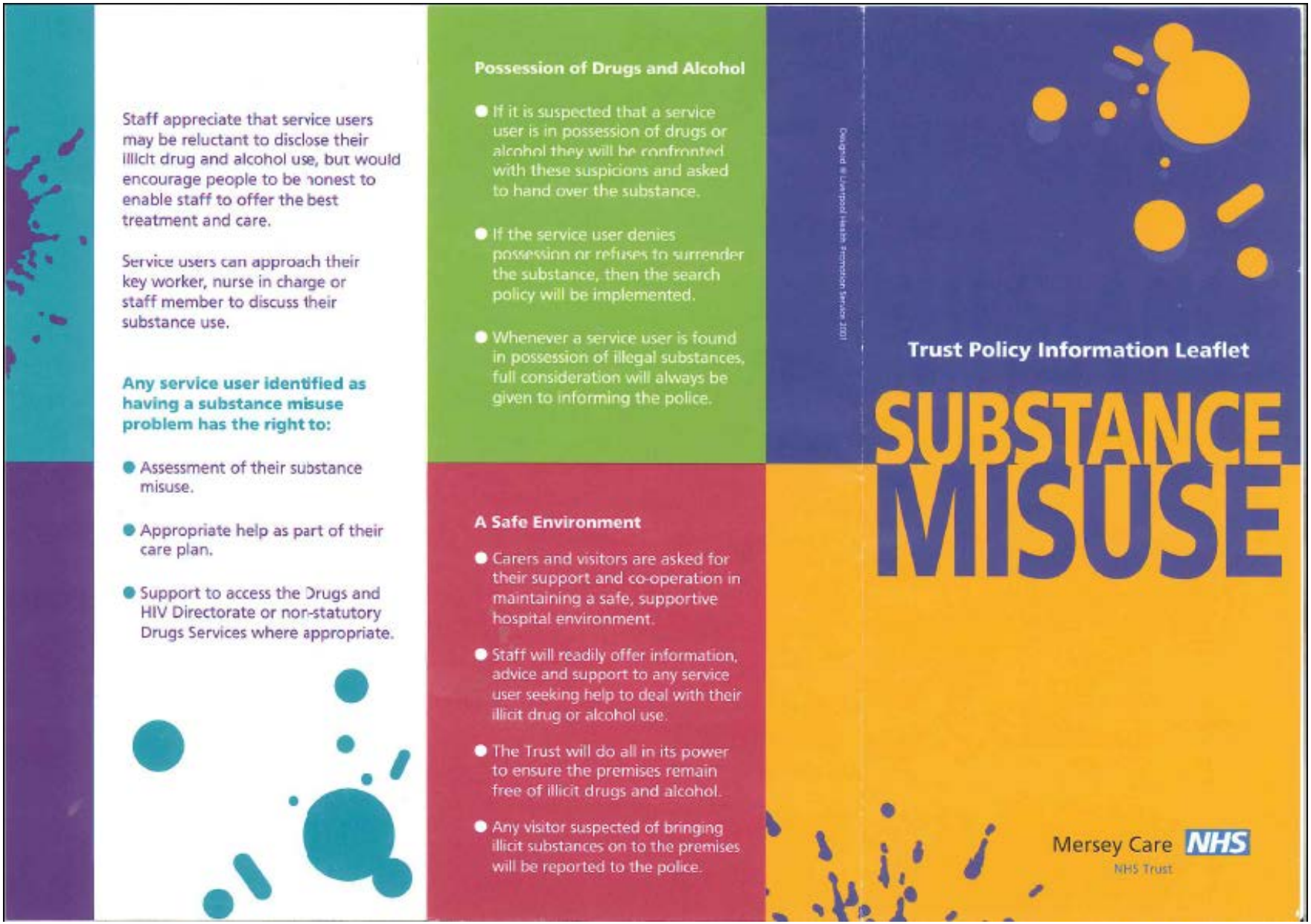
Transferred by:	Received by:
Title / Dept:	Title / Dept:
Signature:	Signature:
Date/time:	Location:

Seal the suspected illicit substance in a tamper-evident bag.
Do not label the sealed bag or this form with any information that could identify the Service User.

The **original** copy of this form must accompany the bag at all times. Each time the bag is transferred, a copy of this form should be made and provided to the person transferring and receiving the bag containing the suspected illicit substance.

Appendix B

Patient/ Visitor Information Leaflet



Staff appreciate that service users may be reluctant to disclose their illicit drug and alcohol use, but would encourage people to be honest to enable staff to offer the best treatment and care.

Service users can approach their key worker, nurse in charge or staff member to discuss their substance use.

Any service user identified as having a substance misuse problem has the right to:

- Assessment of their substance misuse.
- Appropriate help as part of their care plan.
- Support to access the Drugs and HIV Directorate or non-statutory Drugs Services where appropriate.

Possession of Drugs and Alcohol

- If it is suspected that a service user is in possession of drugs or alcohol they will be confronted with these suspicions and asked to hand over the substance.
- If the service user denies possession or refuses to surrender the substance, then the search policy will be implemented.
- Whenever a service user is found in possession of illegal substances, full consideration will always be given to informing the police.

A Safe Environment

- Carers and visitors are asked for their support and co-operation in maintaining a safe, supportive hospital environment.
- Staff will readily offer information, advice and support to any service user seeking help to deal with their illicit drug or alcohol use.
- The Trust will do all in its power to ensure the premises remain free of illicit drugs and alcohol.
- Any visitor suspected of bringing illicit substances on to the premises will be reported to the police.

Trust Policy Information Leaflet

SUBSTANCE MISUSE

Mersey Care NHS
NHS Trust

SUBSTANCE MISUSE

Adult Mental Health Unit Information on Substance Misuse and Trust Policy.

The Trust has a responsibility to maintain a drug and alcohol free environment for service users. We ask for the help and co-operation of all service users and visitors to do so.

The 'Substance Misuse Policy' is intended to help prevent the use of illicit drugs and alcohol on Trust premises and to provide guidance for staff in assisting patients with drug and alcohol related problems.

Copies of the policy are available from the nurse in charge.

Responsibilities and Obligations

- The Trust has a legal obligation to prevent substance misuse and distribution on its premises. (Section 8 Misuse of Drugs Act 1971)
- It is the Trust policy to inform the police wherever drug supply or distribution is suspected. Please note - staff will act upon suspicion alone.
- Alcohol is forbidden on Trust premises. Any patient in possession of alcohol will be asked to surrender it and arrange for its collection by a friend or relative.

Substance Misuse and Mental Health

While it is recognised that some people view substances such as cannabis and alcohol as harmless, there is ample evidence that the use of such substances frequently complicates mental illness and leads to problems in:

- **Assessment**

It is difficult to accurately assess the cause of a person's mental distress if illicit drugs and alcohol are being used.

- **Treatment**

The use of illicit drugs or alcohol may interfere with the effectiveness of prescribed treatment, delaying recovery and lengthening the stay in hospital.

- **Adverse Reaction**

There are always risks associated with mixing illicit drugs and alcohol with prescribed medication.

- **Relapse**

Not only do illicit drugs and alcohol interfere with treatment, they may also cause a recurrence of symptoms, increase paranoia, hallucinations and depression.

Mersey Care NHS
NHS Trust

Equality and Human Rights Analysis

Title: Policy and Procedure for the Management of Service Users who have coexisting problems related to Illicit Substance/ Alcohol use
Area covered:

What are the intended outcomes of this work?
Who will be affected?

Evidence
What evidence have you considered? Previous and Proposed policy documents. Leaflets should be offered in alternative formats on request.
Disability inc. learning disability This policy is offered in alternative formats on request
Sex This policy does not adversely impact on sex
Race This policy is offered in other languages on request. Leaflets should be offered in other languages on request
Age This policy does not adversely impact on age
Gender reassignment (including transgender) This policy does not adversely impact on transgender
Sexual orientation This policy does not adversely impact on sexual orientation
Religion or belief This policy ensures the provision of over sleeves for religious purposed.
Pregnancy and maternity This policy does not adversely impact on pregnancy and maternity

Carers This policy aims to protect all people accessing the Trust
Other identified groups
Cross cutting Not applicable

Human Rights	**Is there an impact?** **How this right could be protected?**
This section must not be left blank. If the Article is not engaged then this must be stated.	
Right to life (Article 2)	This article is supported within this procedure.
Right of freedom from inhuman and degrading treatment (Article 3)	This article is not engaged
Right to liberty (Article 5)	This article is not engaged
Right to a fair trial (Article 6)	This article is not engaged
Right to private and family life (Article 8)	This article is not engaged
Right of freedom of religion or belief (Article 9)	This article is not engaged
Right to freedom of expression **Note: this does not include insulting language such as racism (Article 10)**	This article is not engaged
Right freedom from discrimination (Article 14)	This article is not engaged

Engagement and involvement

Summary of Analysis
Eliminate discrimination, harassment and victimisation No evidence of the above
Advance equality of opportunity This policy is aimed equally at all groups
Promote good relations between groups Not applicable

What is the overall impact?

Addressing the impact on equalities

Action planning for improvement See Action Plan

For the record **Name of persons who carried out this assessment (Min of 3):**
Date assessment completed:
Name of responsible Director: Medical Director
Date assessment was signed:

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their Directorate
Legislation			
Transparency (including publication)			