



Public – To be published on the Trust external website

Title: Management of substance misuse on Trust premises including in Inpatient Settings

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1 Introduction

Tees Esk and Wear Valleys NHS Foundation Trust recognises its responsibilities to address the dangers and implications of substance misuse on Trust premises. The Trust is committed to providing safe and effective care to those who use the services including visitors and carers, as well as providing a safe environment for staff to work in.

The Trust has a zero-tolerance policy for the use or possession of illicit substances on our premises. We do not tolerate the use, possession or supply of alcohol, illicit substances including new psychoactive substance (previously known as legal highs) on our premises.

This document outlines the Trust's policy on managing substance misuse on Trust premises and should be read in conjunction with the [Dual Diagnosis Clinical Link Pathway \(CLiP\)](#) which is available on the Trust Intranet.

Supporting people with co-occurring mental illness and substance misuse is a key chapter within the Trust Clinical Journey. This policy is critical to the delivery of Our Journey to Change and our ambition to co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism. It helps us deliver our three strategic goals as follows:"

- This policy supports the trust to co- create a great experience for our colleagues by ensuring that staff are appropriately supported, well led and managed when working with those who use or possess illicit substances or alcohol on Trust premises.
- This policy supports the trust to be a great partner by supporting joint working with police, alcohol and drug use services to support staff and meet the needs of individual who use or possess illicit substances or alcohol on Trust premises.

2 Why we need this policy

2.1 Purpose

The purpose of this policy is to:

- Ensure that all staff comply with legislation and Department of Health guidance governing the use of substances on Trust premises.

2.2 Objectives

- Ensure substance/alcohol use is identified and assessed at first point of contact with Trust services (using Alcohol Use Disorders Identification Test (AUDIT) and Drug Use Disorders Identification Test (DUDIT)) and that patients are advised as required that the Trust operates a zero-tolerance policy to use on Trust premises.
- Ensure staff are adequately trained and feel confident in the management of individuals who bring, or try to bring, drugs or alcohol onto Trust premises (see [Dual Diagnosis CLiP](#))
- Ensure the Trust have appropriate arrangements in place to monitor incidents and ensure substances are appropriately destroyed.

3 Scope

3.1 Who this policy applies to

- This Policy applies to all staff who work within Trust premises including in-patient services.

3.2 Roles and responsibilities

Role	Responsibility
Chief Executive and Trust Board	<ul style="list-style-type: none"> • Ensuring there are effective arrangements for the management of substance misuse on Trust premises.
Care Group Directors	<ul style="list-style-type: none"> • To support staff to proactively implement a zero-tolerance approach for using drugs or alcohol on Trust premises. To be aware of current legislative and policy requirements
Service Manager	<ul style="list-style-type: none"> • Ensuring policy/procedure is adhered to within their areas of accountability. • To escalate concerns relating to implementation of a zero-tolerance approach for support from Directors
Clinical Staff	<ul style="list-style-type: none"> • To adhere to the principles and standards laid out in this policy. Report all incidents in line with Trust Policy Escalate concerns for support as required Staff have a responsibility to ensure that police are informed if they believe that a visitor is committing an offence on hospital premises under the Misuse of Drugs Act 1971

Chief Pharmacist	<ul style="list-style-type: none"> As the Accountable Officer for CDs, the Chief Pharmacist has overall responsibility for all aspects of the safe and secure management of CDs within the organisation. This appointment is a statutory requirement as identified by the Controlled Drugs (Supervision and Management of Use) Regulations 2006.
Trust Security Advisor	<ul style="list-style-type: none"> Supporting staff to implement a zero-tolerance approach Provide support to staff after incidents to ensure lessons are learned

4 Policy

4.1 Managing illicit substances or alcohol on Trust premises



The Trust Position Statement must be displayed in inpatient areas – see [Appendix 3](#)

The Trust has a zero-tolerance policy for the use or possession of illicit substances (including non-prescribed medication) on Trust premises. The Trust does not tolerate the use, possession or supply of alcohol, illicit substances including psychoactive substances (previously known as legal highs) on Trust premises. If you suspect that anyone is in possession of an illicit substance you must follow the Trusts [Policy for the Searching of Patients, Patients Property, Patient Areas, and Visitors](#) and contact the police as required.

Site/Ward/Unit Managers should be aware of any areas within their premises which may be deemed liable to be used for substance misuse. Effective supervision of those areas should be made through regular staff checks or similar means as deemed appropriate. Regular review should take place to identify areas within Trust premises that may be used to facilitate use or supply of substances (Dual Diagnosis in Mental Health Inpatient and Day Hospital Settings Department of Health 2006).

Staff should also be aware that all buildings owned, leased or rented and the land it is associated with, and all vehicles (including staff own transport) that is used in conjunction with their duties, is considered trust premises.

If patients are suspected of abusing illicit substances or non-prescribed medication in, or whilst on leave from, inpatient areas, staff can consider using drugs screening where this has been agreed as part of the individual care plan, or where risks are assessed to be significant. (See [Dual Diagnosis CLiP](#) for list of drug screening tests) In these cases, if patients refuse to be tested, this promotes further discussion with consultant psychiatrist and MDT.

Any illicit substances found on Trust property need to be reported via an incident report.



You must never return non-prescribed 'prescription only medication' (including controlled drugs) to patients

4.1.1 If the substance is not illicit

Wherever possible, patients should be encouraged to allow staff to dispose of non-illicit substances, i.e., non-prescribed drugs, volatile solvents, etc. These will be disposed of by staff, after obtaining the written consent of the patient. (Refer to the [Medicine Overarching Framework](#), the [Controlled Drugs Standard Operating Procedure](#) and the [Medicines – Ordering, storage, transfer, security, and disposal procedure](#)). In circumstances where the patient lacks capacity appropriate processes must be followed.

4.1.2 Alcohol

Alcohol and its use are not permitted on Trust premises.

If a service user is found to have alcohol, you must inform them that it is not permitted on Trust premises. This will be removed and given back to carer's / relatives for removal from premises, if possible. If carer's / relatives are unable to remove from the premises appropriate disposal will need to be considered in discussion with the patient. If disposal is agreed patients' consent must be obtained in writing.

If disposal is not agreed patients have the right for such items to be returned to them at the time of their discharge.

If patients are suspected of using alcohol in, or whilst on leave from, inpatient areas, staff can consider using a breathalyser where this has been agreed as part of the individual care plan, or where risks are assessed to be significant. In these cases, if patients refuse, staff could consider this to be a positive result therefore further discussion with the Consultant Psychiatrist should happen to review their care and treatment.



If a patient refuses to hand over alcohol, a search may be undertaken by following the Trust's [Policy for the Searching of Patients, Patients Property, Patient Areas, and Visitors](#).

4.1.3 Patients Own Drugs

Please refer to section 4.1.4 of the [Medicine Overarching Framework](#).

4.1.4 What to do if patients use drugs or alcohol on the ward

Section 5 (4) of the Misuse of Drugs Act 1971 states that it is lawful for a person such as hospital staff to remove illegal drugs from service users provided that as soon as possible after taking possession of the illegal substance they take all such reasonable steps to destroy the illegal substance or hand it over to the police. The procedure to follow is contained within the Trust [Controlled Drugs Standard Operating Procedure](#).

The Trust has a variety of staff members with enhanced knowledge and skills in managing patients with mental health and comorbid substance misuse. These staff members are the first point of access to get advice in managing patients with substance misuse problems on the ward. Wards should actively establish links to substance misuse services and be open to developing processes for involving peers on an in-reach basis.

For all individuals displaying behaviours that challenge the organization will make every attempt to understand their behaviour through behaviour assessment and development of effective intervention as part of a behaviour plan (see [Supporting Behaviours that Challenge policy](#)). On occasion staff may also need to refer to the [Procedure for addressing verbal aggression towards staff by patients, carers, and relatives](#) and /or the [Criminal Incident Reporting Procedure](#). The relationship with local police is essential to support safeguarding of other patients, staff and others, promoting timely management of incidents.

Positive working relationships are promoted with local police, who can help support ward staff in managing patient's behaviours by meeting with patients and discussing misuse/supply of drugs/alcohol within in-patient settings, including behaviours that often coincide such as nonverbal/verbal aggression, impact on other patients, and legal actions that may be taken as a consequence of continued behaviours relating to use of drugs or alcohol on the ward.

Substance/alcohol use is identified and assessed at first point of contact with Trust services (using AUDIT and DUDIT) and patients should be advised as required that the Trust operates a zero-tolerance policy to use on Trust premises. For patients who have misused drugs or alcohol while an in-patient or are at risk of doing so a risk management plan should be agreed. When balancing different alternative strategies, it is important to include short- and long-term risks as well as the impact of substance misuse on other, potentially vulnerable, patients.

The following strategies should be considered:

- Increased level of support for the patient (e.g., involvement of peer worker or motivational work)
- Increased levels of restriction (e.g., use of the Mental Health Act, restriction of leave or visits)

Only if both these strategies have been exhausted or deemed inappropriate transfer (previously known as discharge) from the Trust should be considered, subject to appropriate risk assessment

and following all legal restrictions. Consideration should be given to the [Harm Minimisation \(Clinical Risk Assessment and Management\) Policy](#).

4.1.5 Formulation, stop the line, MDT meeting.

If patients have a history of misusing drugs or alcohol during hospital admission or if their history indicates that they are at risk of doing so, the formulation meeting should involve everybody who can help to assess and reduce this risk. This can include family members, friends, or substance misuse workers, as appropriate. The patient's care plan and the safety summary will need to be updated. An individual response plan should be co-produced with the service user.

A rationale should be provided if service user involvement is not possible, or the service user declined to participate or did not attend. If the service user is not involved in the development of the plan, then it should be documented how the plan has been shared or will be shared with the service user.

4.1.6 Standards for Transfer (previously known as discharge)

NICE guideline NG58 provides standards that need to be considered when patients with dual diagnosis problems move between services. These standards still apply when patients are transferred from the ward after misusing drugs or alcohol:

- All practitioners who have been, or who will be, involved are invited to the multiagency and multidisciplinary meetings and the transfer meeting.
- There is support to meet the person's housing needs.
- The transfer plan includes strategies for ongoing safety or risk management and details of how they can get back in contact with services.
- There are crisis and contingency plans in place if the person's mental or physical health deteriorates (including for risk of suicide or unintentional overdose).
- Providers share information on how to manage challenging or risky situations.

Practitioners must balance patient confidentiality with the need to share information to provide the best care for our service users. (Please see [Trust Sharing Information and Confidentiality policy](#)).

4.1.7 Support for the staff team

At all stages of the process staff team members should be offered supervision/debriefs and support to challenge and manage the patient within the ward in a consistent and coordinated way, including individual support as required.

Following incidents on the ward post incident procedures should be followed including the *Incident reporting and investigating policy* which describes incident response and management process.

4.1.8 Criminal Incident Reporting

The Trust [Criminal incident reporting procedure](#) supports staff in reporting criminal incidents to the police. The relationship with local police is essential to support safeguarding of other patients, staff and others, promoting timely management of incidents.

5 Definitions

Term	Definition
Dual Diagnosis	<ul style="list-style-type: none"> Used for service users with mental health problems and coexisting substance misuse. Although the term Dual Diagnosis has been criticized for different reasons by service users and professionals it is still commonly used in research and national guidelines. The trust will therefore continue to use the term 'Dual Diagnosis' alongside 'Mental Disorder and Coexisting Substance Misuse'.
Drug Misuse	<ul style="list-style-type: none"> Defined as the use of a substance for a purpose not consistent with legal or medical guidelines (WHO, 2006). In the UK, the Advisory Council on the Misuse of Drugs (ACMD) characterises problem drug use as a condition that may cause an individual to experience social, psychological, physical or legal problems related to intoxication and/or regular excessive consumption, and/or dependence (ACMD, 1998). Under these definitions alcohol misuse and smoking would also be classified as drug misuse. As these substances are legal, it is however common to classify them as a separate category.
Dual Diagnosis Practitioners	<ul style="list-style-type: none"> Staff with enhanced levels of knowledge and training in dual diagnosis. The term Dual Diagnosis Practitioners replaces the term Dual Diagnosis Leads that was used in previous policies.
Non-prescribed Prescription Only Medication	<ul style="list-style-type: none"> Any non illegal psychoactive medication or substance that the patient has not obtained via prescription from their GP, psychiatrist or other specialist prescriber. E.g., benzodiazepines (diazepam, lorazepam etc), pregabalin, methadone, buprenorphine, opiate based painkillers, sleeping tablets ("Z" drugs)
Substance/alcohol	<ul style="list-style-type: none"> 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 or any other substance used in a harmful manner or with harmful effects, whatever its quantity.
Volatile substances	<ul style="list-style-type: none"> Include a wide range of glues, gas lighter refills, aerosols, hairsprays, nail polish removers which, when breathed in or sniffed can induce euphoria,

	feelings of being drunk and dizziness. They are highly dangerous and can result in death
Illicit substances controlled by the Misuse of drugs act 1971	<ul style="list-style-type: none"> There are in general three classifications of drugs, Class A, B & C. For further information see http://www.drugscope.org.uk/resources/drugsearch/drugsearchpages/laws
Psychoactive substances (previously known as legal highs)	<ul style="list-style-type: none"> Are substances which produce the same or similar effects to drugs such as cocaine and ecstasy. They are now considered illegal to sell, supply or advertise for “human consumption”. In many cases, MPAs have been designed to mimic class A drugs. The Psychoactive Substances Act came into effect on 26 May 2016. None of these drugs are legal to produce, supply, or import (even for personal use) for human consumption. For further information see Psychoactive Substances Act – Simple Guide

6 Related documents

- Searching of patients, their property, the environment, and visitors’ policy
- Management of coexisting mental illness and Substance misuse (Dual Diagnosis) Policy
- [Dual Diagnosis Clinical Link Pathway \(CLiP\)](#)
- Alcohol Detoxification: Inpatient Clinical Algorithm (see [Dual Diagnosis CLiP](#))
- Patient’s own drugs procedure
- Security procedure
- Medicines Overarching Framework
- Medicines – Ordering, storage, transfer, security, and disposal
- Controlled Drugs Standard Operating Procedures
- Harm Minimisation (Clinical Risk Assessment and management) Policy

7 How this policy will be implemented

This policy will be published on the Trust intranet and included in the Trustwide policy update briefing. Where applicable line managers will ensure staff are made aware of this policy and any procedural changes

7.1 Implementation action plan

Activity	Expected outcome	Timescale	Responsibility	Means of verification/ measurement
Trust webinars	Inform staff of changes to policy	Within 1 month after policy implementation	AMH Specialty Development Manager	Webinar held and then recording posted on Trust intranet
Policy distribution via weekly bulletin	Staff informed	Once policy approved	Policy Team	Included in Bulletin

7.2 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Specialist Level	<p>Specialist Dual Diagnosis knowledge and experience to degree level or equivalent.</p> <p>Specialists will usually work on the consultant level with a significant part of their job role dedicated to substance misuse/dual diagnosis work.</p>	Depending on individual	To be reviewed every 3 years
Dual Diagnosis Practitioners	<p>This level can be achieved via two different routes:</p> <ul style="list-style-type: none"> - Regular attendance and active contribution to local dual diagnosis networks - Completion of enhanced level dual diagnosis or substance misuse training (e.g., RCGP substance misuse module) 	Variable	Evidence of attendance and active contribution to local dual diagnosis networks at least twice per year
All practitioners who regularly work with dual diagnosis patients	Completion of dual diagnosis e-learning package	1 hour	Every 3 years

8 How the implementation of this policy will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Number and skills of staff with enhanced dual diagnosis capabilities	Audited every 2 years. Trustwide Lead for Dual Diagnosis	Executive Clinical Leaders Group
2	Compliance with Clinical Link Pathway (Dual Diagnosis)	Audited every 2 years Trustwide Lead for Dual Diagnosis	Service Improvement and Development Groups

9 References

Department of Health (1999) Mental Health: National Service Framework,
 Department of Health (2002) Mental Health Policy Implementation Guide: Dual Diagnosis Good Practice Guide, London, Department of Health
 Department of Health (2006) Dual Diagnosis in Mental Health Inpatient and Day Hospital Settings, London, Department of Health.
 NHS Information Centre for Health and Clinical Excellence (2009a), Statistics on Drug Misuse, NHS Information Centre, London
 Misuse of Drugs Act 1971
 Misuse of Drugs regulations 2001
 NICE CG 120.
 NICE CG 115.

10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	20 December 2023
Next review date	20 December 2026
This document replaces	CLIN-0029-v4 Management of substance misuse on Trust premises including in inpatient settings
This document was approved by	Executive Clinical Leaders Sub-Group
This document was approved	05 December 2023
This document was ratified by	Management Group
This document was ratified	20 December 2023
An equality analysis was completed on this policy on	05 December 2023
Document type	Public
FOI Clause (Private documents only)	N/A

Change record

Version	Date	Amendment details	Status
v5	20 Dec 2023	<p>Amalgamated Policy</p> <p>The Trust previously had 4 documents relating to Dual Diagnosis –</p> <ul style="list-style-type: none"> • Management of coexisting mental illness and substance misuse (Dual Diagnosis) • Managing substance misuse on Trust premises • Managing substance misuse on Trust premises procedure • Protocol for Management of Substance Misuse in inpatient Settings <p>Work was undertaken to streamline these into 2 Policies:</p>	Ratified

		<p>Management of coexisting mental illness and substance misuse (Dual Diagnosis)</p> <p>Management of substance misuse on Trust premises including in-patient areas – this document</p> <p>All clinical sections from withdrawn documents have been incorporated into the Trust Dual Diagnosis CLiP</p> <p>Updated Managing substance misuse on Trust premises Policy CLIN-0029-v4 to new template</p> <p>Introduction reflects OJTC.</p> <p>Section 2.1 Reference to Management of substances on Trust Premises Protocol changed to Dual Diagnosis CLiP</p> <p>Section 3.2 Roles and Responsibilities updated to reflect Trust structural changes</p> <p>Section 4.1 Box added to highlight that Trust Position Statement should be displayed in in-patient areas</p> <p>Added reference to Dual Diagnosis CLiP in 4th paragraph.</p> <p>Section 4.2 added reference to Overarching Medicines Framework</p> <p>Section 4.1.4 to Section 4.1.8 added into this Policy from Section 4 of withdrawn Protocol for management of Substance Misuse in Inpatient Setting CLIN-0029-002-v1</p> <p>Section 5 Definitions added dual diagnosis, drug misuse and Dual Diagnosis Practitioners amalgamated from previous documents, namely Managing substance misuse on Trust premises, Managing substance misuse on Trust premises procedure, Protocol for Management of Substance Misuse in inpatient Settings</p>	
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Appendix 1 - Equality Impact Assessment Screening Form

Please note: The [Equality Impact Assessment Policy](#) and [Equality Impact Assessment Guidance](#) can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Trustwide
Title	Managing substance misuse on Trust premises including in Inpatient Settings
Type	Policy
Geographical area covered	Trustwide
Aims and objectives	<ul style="list-style-type: none"> • Ensure that all staff comply with legislation and Department of Health guidance governing the use of substances on Trust premises. • Ensure substance/alcohol use is identified and assessed at first point of contact with Trust services (using AUDIT and DUDIT) and that patients are advised as required that the Trust operates a zero-tolerance policy to use on Trust premises. • Ensure staff are adequately trained and feel confident in the management of individuals who bring, or try to bring, drugs or alcohol onto Trust premises (see Dual Diagnosis CLiP) • Ensure the Trust have appropriate arrangements in place to monitor incidents and ensure substances are appropriately destroyed.
Start date of Equality Analysis Screening	11/05/2023
End date of Equality Analysis Screening	07/08/2023

Section 2	Impacts
<p>Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?</p>	<p>This Policy helps the Trust to ensure that all staff comply with legislation and Department of Health guidance governing the use of substances on Trust premises. This Policy benefits service users and carers and ensures that they are not discriminated against due to their mental health needs being perceived as drug or alcohol induced – the policy describes the principles by which staff will work with our service users and carers in a supportive and compassionate, person-centred way. Our staff are able to access training as well as advice and guidance from dual diagnosis practitioners and partner organisations. Our clinical Journey to Change includes a chapter on Dual Diagnosis which recognises the trust ambitions to work with and not exclude people with co-existing substance misuse issues.</p>
<p>Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?</p>	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men and women) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) NO

	<ul style="list-style-type: none"> • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO • Human Rights Implications NO (Human Rights - easy read)
Describe any negative impacts / Human Rights Implications	<p>In patient units receive a wide range of individuals with needs as described above, Dual diagnosis often leads to stigmatisation, not only in general public but also among professionals. Stigmatisation can lead to negative attitudes, poor outcomes and exclusion from getting the same level of care than other people without a comorbid problem.</p> <p>Dual diagnosis often comes with multiple disadvantages (substance misuse, homelessness and criminal justice involvement), over half (55%) had a diagnosed mental health condition.</p> <p>It is recognised that some groups with diverse needs have problems with certain addictions and can experience difficulties in accessing services. Over recent years access to services has been greatly improved e.g., by women only clinics or initiatives that work with Black and Minority Ethnic (BME) or lesbian, gay, bisexual, and transgender community (LGBT) communities, gypsy and traveller groups, we must be aware of the differing needs of these client groups</p> <p>The ageing cohort of heroin users is one of the factors identified as a cause of the rise in drug related deaths, due to deteriorating general health and increased susceptibility to overdose (non-fatal overdose among people who inject drugs in England: 2017 report) and reduced life expectancy.</p>

Those aged over 65 are particularly vulnerable to the effects of drugs and alcohol due to presence of coexisting medical disorders and greater likelihood of drug-drug interactions. Comorbidity can be a key factor, with increased risk with age of suffering from chronic pain, insomnia, bereavement, loneliness, and mood. There is a cohort of older people presenting with alcohol dependency and opiate dependency.

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	NICE guidance, UK guidelines on clinical management, clinical audit, Our Clinical Journey to Change, Research
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	This is an amalgamation of previous Policy, procedure and protocol all of which were produced with engagement from a wide range of stakeholders.
If you answered Yes above, describe the engagement and involvement that has taken place	Focus groups with service users and staff, inpatient wards
If you answered No above, describe future plans that you may have to engage and involve people from different groups	There will be further engagement with partner agencies and peer/service users via the consultation process
Describe any positive impacts / Human Rights Implications	<p>This Policy will ensure that the Trust has appropriate arrangements in place to monitor incidents and ensure substances are appropriately destroyed. In doing so the organisation and its staff/users will operate in a safer environment and when incidence do occur there is appropriate individualised support offered to the patients as well as the staff.</p> <p>The Trust Clinical Journey states that we will work with people with co-existing substance misuse and not exclude anyone from accessing mental health services based on concurrent substance misuse. This Policy support this ambition as it requires that service users:</p> <ul style="list-style-type: none"> • receive care based upon their needs, provided by the service (or services) best placed to meet those needs, • have an appropriate care co-ordinator or lead professional allocated,

	<ul style="list-style-type: none"> • receive care delivered in a collaborative manner from a care plan if multiple providers are involved; and • are cared for by staff in mainstream substance misuse and mental health services who are competent and capable of responding to dual diagnosis needs.
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Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	Yes
Describe any training needs for Trust staff	<p>Service managers - to determine number of dual diagnosis leads as well as their training, development and support needs</p> <p>Specialist level - Specialists will usually work on the consultant level with a significant part of their job role dedicated to substance misuse/dual diagnosis work. and advise dual diagnosis leads.</p> <p>Dual diagnosis leads Advise frontline staff in managing patients with dual diagnosis Staff that have: This level can be achieved via two different routes:</p> <ul style="list-style-type: none"> - Regular attendance and active contribution to local dual diagnosis networks - Completion of enhanced level dual diagnosis or substance misuse training <p>All practitioners who regularly work with dual diagnosis patients completion of dual diagnosis e-learning module every 3 years</p>
Describe any training needs for patients	None

Describe any training needs for contractors or other outside agencies	None
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Appendix 2 – Approval checklist

Title of document being reviewed:	Yes / No / Not applicable	Comments
1. Title		
Is the title clear and unambiguous?	Y	
Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
2. Rationale		
Are reasons for development of the document stated?	Y	
3. Development Process		
Are people involved in the development identified?	Y	
Has relevant expertise has been sought/used?	Y	
Is there evidence of consultation with stakeholders and users?	Y	This is an amalgamation of previous Policy, procedure and protocol all of which were produced with engagement form a wide range of stakeholders.
Have any related documents or documents that are impacted by this change been identified and updated?	Y	
4. Content		
Is the objective of the document clear?	Y	
Is the target population clear and unambiguous?	Y	
Are the intended outcomes described?	Y	
Are the statements clear and unambiguous?	Y	
5. Evidence Base		

Is the type of evidence to support the document identified explicitly?	Y	
Are key references cited?	Y	
Are supporting documents referenced?	Y	
6. Training		
Have training needs been considered?	Y	
Are training needs included in the document?	Y	
7. Implementation and monitoring		
Does the document identify how it will be implemented and monitored?	Y	
8. Equality analysis		
Has an equality analysis been completed for the document?	Y	
Have Equality and Diversity reviewed and approved the equality analysis?	Y	
9. Approval		
Does the document identify which committee/group will approve it?	Y	
10. Publication		
Has the policy been reviewed for harm?	Y	
Does the document identify whether it is private or public?	Y	
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	
11. Accessibility (See intranet accessibility page for more information)		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	y	
Do all pictures and tables have meaningful alternative text?	N/A	

Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	Y	
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Appendix 3 – Trust Position Statement



Tees Esk and Wear Valleys NHS Foundation Trust is committed to protect the welfare of all patients admitted to this ward.

1.	<p>TEWV is committed to:</p> <ul style="list-style-type: none"> Offering all patients an opportunity to discuss their substance misuse issues with their named nurse and a package of care tailored to their needs which are clearly laid out in an intervention plan. Providing safe and effective care to those who use our services as well as a safe environment for staff to work.
2.	<ul style="list-style-type: none"> No alcohol, non-prescribed or illegal substances (this includes psychoactive substances previously referred to as “legal highs”) are to be brought in or used on the ward. Please be aware that prescribed drugs or those bought over the counter can also be harmful if used against medical advice. Our staff may consider any substance, even unidentified, as presenting a possible cause of harm and treat it as a harmful substance.
3.	<ul style="list-style-type: none"> Any patient found to have returned to the ward under the influence of such substances or brought them into the ward will have their future plans discussed with their Consultant and Care Co-ordinator/Key Worker. This may lead to discharge from the hospital.
4.	<ul style="list-style-type: none"> Any visitor found to have brought in such substances (for their own use or for others) or to be observed under the influence of such substances may have their right to visit the ward withdrawn. In the case of illegal drugs, this will be reported to the Police.
5.	<ul style="list-style-type: none"> Any illicit substances found on the ward will be disposed of or handed over to the police. Sniffer dogs may also be requested for planned or random searches of wards if this is felt to be required.
6.	<ul style="list-style-type: none"> Any non – illicit drugs or alcohol found or handed in to staff may be disposed of, subject to any requirement to hand over to the police for evidence preservation.