

STANDING OPERATING PROCEDURE

Subject	Substance Misuse and Patients SOP022
Applicable to	All staff, volunteers, patients, families and carers of Nottinghamshire Hospice
Date issued	24 Jan 2024
Next review date	24 Jan 2027
Lead responsible for Policy	Director of Care
Policy Reviewed by	Director of Care
Notified to	Policy Working Group 10 Jan 2024
Authorised by	Senior Leadership Team Jan 2024
CQC Standard	Safe, Caring, Well-led
Links to other Policies/Procedures	Smoking Policy HR011 Alcohol and Drugs Policy HR016 Safeguarding Adults at Risk Policy and Procedures CS003 Safeguarding Children at Risk Policy and Procedures CS032
Summary	This procedure aims to provide guidance for staff and volunteers on what to do if they suspect or have evidence that patients they are providing a service to, their family or significant others they come into contact with, are misusing substances and when it is appropriate to report this to their line manager.
Target Audience	Others such as agents, consultants and other representatives of Nottinghamshire Hospice are required to comply with the procedure as a condition of appointment.

IMPORTANT NOTICE

Staff should refer to the Hospice website or Policies and Procedures folder on the 'N' drive for the most up to date Policy. If the review date of this document has expired it is still valid for 3 months.

After that staff should seek advice from their clinical lead or manager.

1. Introduction

The Nottinghamshire Hospice is committed to working within the law. It is also committed to ensuring that its staff and volunteers are not exposed to unnecessary risks or harm.

Substance misuse will be considered within this procedure as the illicit use of drugs and the misuse of alcohol.

2. Scope

This procedure is for all staff, volunteers and contracted workers of Nottinghamshire Hospice. It outlines the roles and responsibilities in dealing with reports and incidences relating to substance misuse relating to patients and their families and significant others.

3. Definitions

Alcohol Misuse

Alcohol misuse can be defined as a pattern of alcohol consumption that causes health (including mental health) problems.

It can also lead to challenging behaviours.

Drug Misuse

Drug misuse is the use of a substance for a purpose not consistent with legal or medical guidelines (1.)

This can be:

- prescribed drugs taken in a different way than prescribed or by someone they were not prescribed for
- Over the counter drugs taken against the recommendations of the manufacturer
- Illicitly manufactured drugs

4. Responsibilities

Chief Executive Officer

To ensure that the Policy is made available to staff, volunteers and contractors.

Director of Care (Controlled Drugs Accountable Officer)

To ensure staff, volunteers and contractors are aware of the policy and managers are checking their understanding and compliance.

Managers

To have a clear understanding of this and related policies and respond to staff in line with the procedures detailed below.

Staff and Volunteers

To read this policy and follow it and the procedures outlined.

To raise any issues with managers as soon as possible.

5. Patients Home

If a staff member has evidence or a reasonable belief that drug misuse is happening in a patient's home, they must report this immediately to their line manager.

Similarly, if they have concerns about alcohol abuse (behaviours of anyone in the home, alcohol being used with medication).

The line manager will carry out a risk assessment to identify if, from the evidence presented, staff or patients are at risk from the use and/or presence of substance misuse in the home.

From this assessment the line manager will decide an appropriate course of action in the first instance:

- 1. No further action (unless situation changes)
- 2. Discussion with patient to ascertain more facts

- 3. Immediate withdrawal of staff
- If 3. Occurs the following steps will take place
 - 4. Escalation to Senior Management
 - 5. Incident Form completed
 - Consideration of referral to: Safeguarding Adult/Children Police
 - If a referral is made above, notification must be made to CQC & the Director of Care informed

Managers will make it clear to staff that they must not become involved either directly or indirectly with any illegal drug taking by the patient.

6. Within the Hospice Premises

If a staff member or volunteer has evidence or a reasonable belief that substance misuse is taking place within the Hospice, they must report this immediately to their line manager.

The line manager will carry out a risk assessment to identify if, from the evidence presented, if staff, volunteers or other patients are at risk from the use and/or presence of illegal drugs or alcohol.

From this assessment the line manager will decide an appropriate course of action in the first instance:

- 1. No further action (unless situation changes)
- 2. Discussion with patient to ascertain more facts and resolve the situation
- 3. Requesting the patient to leave if they are using or in possession of illegal substances or alcohol (with support if required)

	If 3. Occurs the following steps will take place	
	4. Escalation to Senior Management	
	5. Incident Form completed	
	6. Consideration of referral to:	
	Safeguarding Adult/Children	
	Police	
	7. If a referral is made above, notification must be made to CQC & the Director of Care informed.	
	Managers will make it clear to staff that they must not become involved either directly or indirectly with any illegal drug taking by the patient.	
	This includes escorting patients who are known to be carrying illegal drugs as this	
	could be seen as aiding and abetting the person to take or transport these drugs	
	by the police.	
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7.	Training	
	Safeguarding Adult and Safeguarding Children mandatory training are provided via	
	Bluestream for all staff.	
8.	Legislation	
	1. Misuse of Dugs Act 1971	
9.	References	
	World Health Organisation (WHO). Lexicon of Alcohol and Drug Terms	
	Published by the World Health Organization. 2006.	
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