

Policy for the Management of Illicit Substances

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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

Review of policy

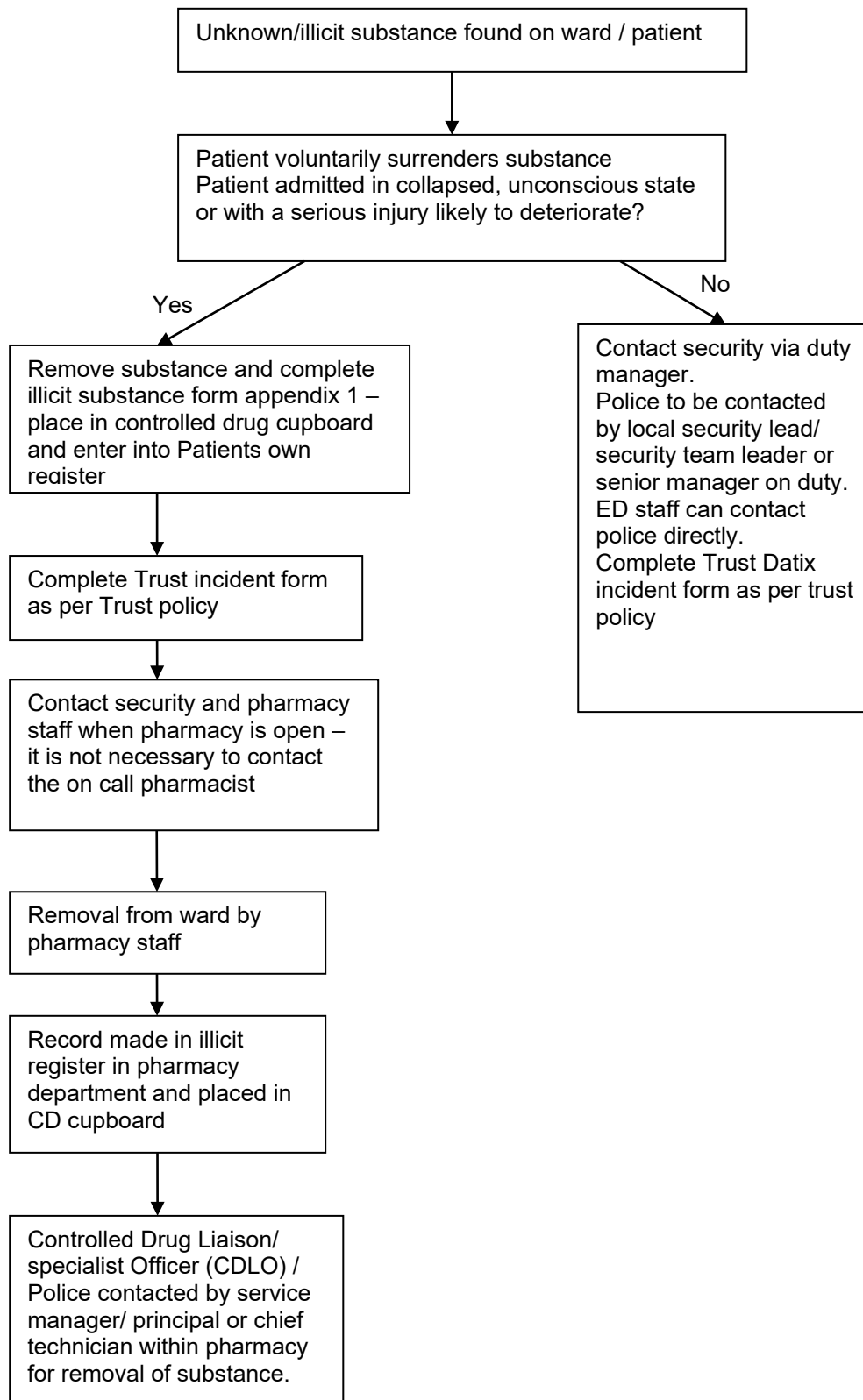
January 2024

- Changes to Local security management specialists to security lead and change of names in policy with contact details
- Change of section 4.4 for the security team

KEY WORDS

Illicit substance, substance of abuse, drug of abuse, Cannabis

Summary flow chart – discovery of a suspected illicit substance



1 INTRODUCTION

- 1.1 Possession of certain controlled substances (illicit substances) is illegal under UK law.
- 1.2 Under no circumstances can a member of Trust staff return any confiscated illicit substances to a patient, carer or relative. This would expose the member of staff vulnerable to prosecution as a supplier of an illicit substance.
- 1.3 The aim of this policy is to provide clear guidance to all staff on the steps that must be followed if a substance is found that is either known to be, or suspected of being, an illicit substance. This includes the paraphernalia which is often brought in with the substance or a schedule 2 or 3 medicine which has not been prescribed for the person whose possession it is now in.
- 1.4 Failure to follow this policy may expose Trust staff to the risk of criminal prosecution for handling or supplying an illegal substance.

2 POLICY SCOPE

- 2.1 This policy applies to all staff that may become aware of illicit or psychoactive substances being on Trust premises

3 DEFINITIONS

- 3.3 For the purposes of this procedure, **an illicit substance is an unregistered or unidentified psychoactive substance not intended for medical purposes schedule 1 Controlled drugs in the Misuse of Drugs Act 1971.**

Cannabis:

Cannabis is a Class B controlled drug under Part I, schedule 2 of the Misuse of Drugs Act 1971. It is also listed as a schedule 1 to the Misuse of Drugs Regulations (MDR) 2001 and therefore regarded as an illicit substance.

From 1 November 2018 cannabis-based products for medicinal use have been moved to schedule 2 MDR2001 and can be legally prescribed by specialist doctors on the Specialist Register of the General Medical Council. Please consult Pharmacy for products which are available within the UK. Currently the only licensed product is Sativex. It and other unlicensed imported products e.g. Bedrocan, Bedrolite will be treated as a Controlled drug. All supplies will be provided by the patient/carer according to their original prescription. Any product that cannot be positively identified as a brand, e.g. by manufacturer or pharmacy label, and may be referred to by the patient as "CBD", must be handled as an illicit product.

Cannabidiol (CBD) is available in two types of product

Epidyolex This is a licensed medicinal cannabidiol product and NOT a controlled drug - it prescribed on the NHS by specialists according to the national commissioning standard

"CBD oils" These are not prescribable on the NHS and often available from health shops. Please see chapter 18 complementary and alternative medicines for information on their use within the hospital.

Psychoactive substance means any substance which:

Is capable of producing a psychoactive effect (stimulating or depressing the person's central nervous system affecting the individuals mental functioning or

emotional state) in a person who consumes it. This applies to substances not for medicinal use or exempted within the 2016 act.

- 3.4 **CD specialist** – is the Controlled Drug specialist attached to the police force. Phone number 0116 2484829.
- 3.5 **Accountable Officer** - the Officer in a health care organisation who is responsible for the safe management of controlled drugs as required by Controlled Drugs (Supervision and Management of Use) Regulations 2006. Within UHL the accountable officer is the Chief Pharmacist.

4 ROLES AND RESPONSIBILITIES

4.1 The executive director responsible for this policy is the Medical Director.

4.2 Clinical Management Group (CMG) senior management teams are responsible for:

- 4.2.1 Ensuring all new and existing staff are made aware of this policy through local induction and other communication methods
- 4.2.2 Ensuring compliance with any associated audit of practice
- 4.2.3 Notifying main pharmacy on site when a suspected illicit substance is removed from an individual and requires disposal.

4.3 Individual Staff

- 4.3.1 All staff to be aware of this policy and be alert to the possibility that someone may be in possession of a suspected illicit substance.
- 4.3.2 To escalate this to the senior nurse on duty for the area (bleep holders, Nurse in Charge or Matron) who is then responsible for:
- explaining to the individual that illicit substances cannot remain on the UHL premises
 - removal from the patient's possession and placing into safe keeping. This should include anything which is suspected as being an illicit substance.
 - informing pharmacy staff that an illicit substance needs disposal
 - contacting security for further advice and support if necessary
- 4.3.3 The above must also be followed if a suspected illicit substance is found on Trust premise.

4.4 Security Team

- 4.4.1 Security officers are responsible for responding when there are disturbances or arguments causing disruption / threats to staff
- 4.4.2 Security Leads are responsible for supporting wards and staff when patients or visitors have brought in what seems to be an illicit substance. This includes providing advice and contacting the police when a criminal act has taken place or is likely to occur, for example intent to supply an illicit substance or theft.

4.4.3 Security Leads are

Kim Hudson kim.hudson@uhl-tr.nhs.uk
Donna White donna.white@uhl-tr.nhs.uk
Ian Hubbard ian.hubbard@uhl-tr.nhs.uk

Security Officer Team Leaders are contactable on ext 16767

4.5 Pharmacy staff

- 4.5.1 Responsible for retrieving a suspected illicit substance from a clinical area, completing relevant documentation including an anonymised entry in the illicit substance register and securing in a controlled drug cupboard until the removal by the Police.
- 4.5.2 General Manager/ Principal or Chief Technician within the pharmacy service are responsible for contacting the police for safe removal and disposal.
- 4.5.3 All records must be kept for 7 years from the date made

4.6 Accountable Officer

- 4.6.1 Responsible for ensuring that this policy is followed and for leading an investigation into incidents which are reported as a result of non-compliance with this policy.

5. POLICY STATEMENTS

- 5.1 The University Hospitals of Leicester NHS Trust (UHL) does not support the possession of illicit substances by persons not authorised to hold them.
- 5.2 An individual may only be in possession of some classes of medication if they belong to specific occupational groups, hold specific professional qualifications or have obtained the medication using a prescription from a Doctor, Dentist or other healthcare professional qualified as a prescriber.
- 5.3 In the event of a patient entering the Trust in the possession of illicit substances, or if any substance thought to be of an illicit nature is found on the ward, the following procedure should be followed:
- 5.4 On no account should its identity be assumed or guessed at as staff are not qualified to make such decisions. It must be referred to as a 'suspected illicit' or 'unidentifiable' substance.
- 5.5 If at anytime a member of staff feels vulnerable / at risk through following this procedure security must be called for assistance.
- 5.6 The Trust has a responsibility to maintain patient confidentiality unless disclosure of an individual patient's information would be in the greater public interest. (see 5.7 & 5.9.13) As a result, suspected illicit substances should be handed to the Police as an ANONYMOUS supply, giving no patient specific information.
- 5.7 The decision to break patient confidentiality should only be made after detailed discussion of the case with Corporate and Legal Affairs, Head of privacy and/ or Local Security Lead.

5.8 Guidance on confidentiality and disclosure to the police for staff is available from their professional body guidance.

5.9 Action by nursing, midwives and medical staff:

5.9.1 When an admitted **patient** is suspected of having an illicit substance on their person the following must happen:

5.9.2 Security need to be contacted at all times to inform them that an individual has been admitted with a suspected illicit substance. This will assist prioritising a request for assistance if needed at a later time.

5.9.3 Contact the Health and Safety services, Local Security Team Leader on extn 16767 if you feel that you require additional assistance or for advice, especially if the quantity brought in is a significant amount.

5.9.4 Warn staff in the area to be vigilant when carrying out their duties with the patient or in the direct locality and to report any concerns to the senior nurse on duty.

5.9.5 With the patient's permission, the suspicious illicit substance must be removed from them. Illicit substances must not remain on the ward in the possession of an individual as this would be illegal. It can remain securely locked away until appropriate removal and disposal is arranged.

5.9.6 Complete the form for the suspected illicit substances (see appendix one) and place the substance in a bag in the controlled drug cupboard with this form.

5.9.7 If the quantity is too great to be placed in a CD cupboard then pharmacy (main site pharmacy department or the CMG clinical team) must be contacted to come immediately to remove during normal hours.

Pharmacy opening hours

Site	Mon-Fri	Sat	Sun
GH	9:00am – 6:00pm	9:00-12:30pm	10:00am -12:30pm
LGH	9:00am – 6:00pm	10:30am -2:00pm	10:30am - 2:00pm
LRI	9:00am – 6:00pm	9:00am -12:30pm	10:00am -12:30pm

5.9.8 Outside hours the substance should be placed in a bag and kept in a locked safe or cupboard where access is restricted to the senior member of staff on that area.

5.9.9 A datix form must be completed by the member of staff who found / removed the illicit substance. An entry **MUST** also be made in the patient's medical notes.

5.9.10 The pharmacy department must be contacted during normal opening hours or as soon as the department is open informing them that a suspected illicit substance has been found and the circumstances ie voluntarily given up or removed from a patient.

5.9.11 Ask the patient if they have any needles or other associated equipment on them. Take a sharps bin to the patient and ask them to place the equipment within the bin. If it is necessary to handle any of the needles found then these must only be done so using appropriate Personal Protective Equipment.

- 5.9.12 If the patient refuses to give permission, the police should be informed via the duty manager or the Local Security Lead. The CD specialist on 0116 2484829 can be called in the first instance. The patient should be made aware that this will happen as it is obviously in their interest to hand over the substance before the police are involved. A Datix form must be completed and a record made in the patient's case notes.
- 5.9.13 The legal obligations and the proposed course of action should, whenever possible be discussed with the patient. It is reasonable to reassure the patient, if appropriate, that their name shall not be given to the police. This is as long as the substance quantity is small and originally intended for personal use outside the Trust premises (for advice contact the security team). The patient, however, should be informed that the police shall be asked to collect the substance. The decision to break patient confidentiality should only be after discussion with Corporate and Legal Affairs, Local Security Lead or Head of Privacy.
- 5.9.14 If a patient is brought into the Trust in a collapsed/ unconscious state or with a serious injury where there is likelihood of deterioration and is found to be in possession of a suspicious substance, the substance must be removed from the patient and placed into safekeeping
- 5.9.15 Following removal of the substance consideration must be given to support for the patient regarding addiction and methods of reducing and stopping use. Referral to the community substance misuse team, Turning Point telephone 0330303600
- 5.9.16 If there are concerns re safeguarding for the patient and relatives please contact the safeguarding team on extn 17703 for advice.

Visitors:

- 5.9.17 If a visitor is found to be in possession of a suspected illicit substance he/ she must be advised of the Trust policy relating to illicit substances and will be asked to voluntarily surrender the illicit substance and the Police will be informed as above.
- 5.9.18 If the visitor refuses to surrender the illicit substance then security must be called to ensure the individual is escorted off the premises.
- 5.9.19 If a visitor or patient is caught supplying an illicit substance Corporate and Legal Affairs or Local Security Lead must be informed immediately and the Police contacted. CD specialist officer is available on 0116 2484829. An incident form must be completed.

5.10 Action by Pharmacy staff

- 5.10.1 A member of pharmacy staff (either a pharmacist or registered pharmacy technician) must collect the substance as soon as possible.
- 5.10.2 A description of the substance must be included on the Form for Illicit substances and in the patient's notes. Do not guess what the substance might be if you don't know.
- 5.10.3 The substance must be placed in a sealed bag.
- 5.10.4 On return to pharmacy the substances must be recorded into a separate register for illicit substances witnessed by a second member of pharmacy staff and the form completed and filed. Patient details are not entered into the register. A sequential number is allocated which is record on Form A

5.10.5 The CD specialist must be called within 48hours to remove the substance. It is important that illicit substances do not remain in pharmacy for any length of time.

5.10.6 On collection the CD specialist / Police Officer shall issue a receipt matching the details recorded in the register and sign the illicit substance register witnessed by a member of the pharmacy staff. Form A must not be handed over to the police as it breaks patient confidentiality

5.10.7 The receipt obtained above from the Police must then be attached to the Form A and filed.

5.11 Contact details

	Removal	Advice / support
In hours (when pharmacy department is open)	<ul style="list-style-type: none"> Remove from patient / visitor Place in CD cupboard or locked safe Contact pharmacy to arrange for removal from ward 	Contact security on site Pharmacy departments CD specialist police officer (0116 2484829) Drugs.Reception@leicestershire.pnn.police.uk
Out of hours	<ul style="list-style-type: none"> Remove from patient / visitor Place in CD cupboard or locked safe Contact pharmacy when next open to arrange for removal from ward. 	Contact security on site

6 EDUCATION AND TRAINING REQUIREMENTS

6.1 It is expected that staff become familiar with the practices expected by reading this policy and would require no additional training.

7. PROCESS FOR MONITORING COMPLIANCE

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements	Lead(s) for acting on recommendations	Change in practice and lessons to be shared
Incidents due to Illicit substances	Medication safety Pharmacist	Datix incident reporting system	Monthly Incident report	Reported to Medicines Optimisation committee	Medicines Optimisation Committee	Within CMGs through Q&S boards
audit of documentation of Illicit substances	Medication safety Pharmacist	Controlled drug pharmacy dept audits	Annual	Reported to Pharmacy Q&S board & medicines optimisation	Accountable officer	Accountable officer

				committee		
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8 EQUALITY IMPACT ASSESSMENT

- 8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

1. Leicestershire Medicines Code (LMC)
2. Misuse of Drugs Act 1971 and amendment order 2008
3. Misuse of Drugs Act Regulations 1985 and 2001
4. Management of Patient Property Policy and Procedures (B24/2007)
5. Chapter 18 of LMC complementary and alternative medicines (E5/2020)
6. Psychoactive substances Act 2016
7. Controlled Drugs (Supervision and Management of Use) Regulations 2006.

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

The updated version of the Policy will be review every 3 years, uploaded and available through INsite Documents and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system

Record number
(pharmacy use only)

FORM FOR SUSPECTED ILLICIT SUBSTANCE

A) Completion on ward:

Patient details:

Name, address & Hospital number

Description of suspected Illicit substance: (form, colour, approx quantity)

Found or removed by:

Name		Witness Name:	
Job Title		Job Title	
signature		signature	
Date & Time		Location :	

B) Completion by Pharmacy staff:

Bag number: _____

1) Collection from ward:

Name		Witness Name	
Job Title		Job Title	
signature		signature	
Date & Time		Ward / dept:	

2) Storage in pharmacy controlled drug cupboard:

Entered into illicit substance register:

Name		Signature	
Witness name		Signature	
Date and time			