

# **The Management of Alcohol and drug Use by Service Users on RCHT Premises Policy**

**V2.0**

**February 2023**

## Summary

A patient is suspected of being a user of drugs or alcohol

Tell the patient about the Trust 'zero tolerance' policy for drug and alcohol use on Trust premises

Ask how can we support the patient adhere to it

If patients are seen or are suspected of consuming alcohol and/or drugs on Trust site please contact RCHT Substance Misuse and Alcohol Liaison Team and We Are With You on:  
We Are With You 01872 254558 - We Are With You out of hours, call 01872 262414  
substance Misuse and Alcohol Liaison 07557215449

Be aware of adequate prescribing for pain relief and substitute prescribing to reduce the risk of substance misuse and self-discharge

Be aware of who might be supplying substances. If people (who are not inpatients) are suspected to be supplying substances they should be asked to immediately. Hospital security should be informed; the police also need to be informed

Consider the development of a care plan. Care plans may contain an agreement not to use substances whilst an inpatient and the consequences of substance use.

When Trust staff become aware of illegal activity or activity contrary to Trust Policy involving drug/alcohol misuse, it is their responsibility to report this information to the most senior manager available immediately and record the incident on DATIX.

Where there is reasonable grounds to suspect that a patient is in possession of an illegal substance, then the most senior professional on duty on the ward, together with another member of staff should discuss the situation with the patient

Staff should request the patient hand over the substance. Staff should wear disposable gloves while having contact with the substance

Where a service user refuses to hand over suspected substances, staff should contact security to request a non-invasive body search (e.g. asking a patient to turn out pockets) and a room search (with consent)

Two members of staff should place the substance in an envelope or bag and record details on the envelope, sign the seal and store in the Controlled Drugs Cupboard

If the service user refuses, staff should contact the police and report the concerns and request attendance

Syringes, needles and other drugs paraphernalia (spoons, filters, etc.) which are found must be disposed of in a sharps bin immediately

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### **Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation**

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust [rch-tr.infogov@nhs.net](mailto:rch-tr.infogov@nhs.net)

## 1. Introduction

- 1.1. The management of co-existing alcohol and drug problems is a significant challenge for healthcare services. The detection, support and provision of appropriate interventions and the provision of a safe environment are key components to support effective care and treatment for inpatients at RCHT.
- 1.2. Some service users will seek out and use alcohol and drugs while on the ward regardless of the support available. They may need agreed care arrangements and ultimately sanctions in order to reduce the risk to themselves or others.
- 1.3. The Trust's underlying philosophy is to view all alcohol and drug problems in terms of possible recovery. We do not know who or when people may enter recovery. Sometimes it is a gradual process; sometimes it may be precipitated by a life event, such as an admission to hospital, which should therefore be viewed as an opportunity to think about making positive changes to alcohol and drug use.
- 1.4. Many service users will want to recommence alcohol and drug use when they leave hospital. This must be acknowledged, and discharge planning may need a pragmatic response. Tolerance to alcohol and drugs can quickly reduce while the person is not using in hospital. Service users should be made aware there may be an increased risk of overdose if use were to recommence at previous levels which were tolerated.
- 1.5. If there are concerns about a member of staff who may be using alcohol and drugs please refer to the staff Substance Misuse Policy. The link for this is <http://doctrinary-rcht-intranet.cornwall.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/HumanResources/AlcoholDrugAndSubstanceMisuse.pdf>
- 1.6. This version supersedes any previous versions of this document.

## 2. Purpose of this Policy/Procedure

- 2.1. The purpose of this policy is to reduce and manage the use of illicit substances (drugs) and alcohol at RCHT. This can be maximised by working collaboratively with service users, rather than being seen as having a purely custodial role. Staff will need to appreciate what triggers use and how difficult it can be not to use while in hospital. The aim of this policy is to work with the service user to support the non-use while an inpatient.
- 2.2. Staff are required to take the action highlighted in this policy if any of the following activities are suspected:
  - Producing or attempting to produce a controlled drug
  - Supplying or attempting to supply or offering to supply a controlled drug
  - Preparing a controlled drug
  - Using a controlled drug

### **3. Scope**

- 3.1. This policy applies to all staff interacting with service users of Royal Cornwall Hospital NHS Trusts. It is particularly pertinent to frontline staff that have contact with patients.
- 3.2. The policy also applies to all visiting staff and staff interacting with service users on honorary contracts.

### **4. Definitions / Glossary**

Drugs – Illicit substances including illegal drugs, psychoactive substances (previously known as legal highs), and medication prescribed for another person or prescribed medication not used in the manner or does prescribed.

### **5. Ownership and Responsibilities**

#### **5.1. Role of the Managers**

Line managers are responsible for:

- Being aware of Trust Policy and Guidelines and ensuring their staff comply with the requirements of this policy

#### **5.2. Role of the Adult Safeguarding Operational Group**

The Adult Safeguarding Operational Group is responsible for:

- Monitoring adherence to this policy, and reviewing incidents relating to this policy or the use of drugs and/or alcohol within RCHT

#### **5.3. Role of Individual Staff Members**

All staff members are responsible for:

- Ensuring they are aware of and follow this policy

#### **5.4. Role of Teams:**

The following teams will support staff in the implementation of this policy and the development of individualised care plans:

- RCHT Safeguarding Services
- We Are With You Hospital Outreach Team (HOT)
- RCHT Substance Misuse and Alcohol Liaison Team

## 6. Standards and Practice

### 6.1. Information for patients and clients

- 6.1.1. When a patient is suspected of being a user of drugs or alcohol, they should be made aware of Trust policy regarding the use of alcohol and drugs while on the ward. Namely, that for the safety of all patients the Trust has a 'zero tolerance' for use on Trust premises. This information should be delivered as collaboratively as possible, for example asking how we can support the patient adhere to it.
- 6.1.2. To maximise collaboration in reducing the risk of use, a series of questions could be asked:
- What do you think the policy might be for using alcohol and drugs while in hospital?
  - Why do you think we have this policy? (Try to elicit risk to mental health, difficulty in assessing mental health when using, contra-indications to prescribed medication, the danger of giving alcohol and drugs to other services)
  - How easy do you think it will be for you to adhere to it?
  - What do you feel might be the consequences if you do not?
  - What might be your main triggers/difficulties?
  - How can we best support you while you are here?
- 6.1.3. Information about impact on mental and physical health should be available. Trust inpatient facilities and the emergency and outpatient departments should have a directory of local services and contacts that can help with drug and alcohol problems.

### 6.2. Assessing for alcohol and drug problems

- 6.2.1. Co-existing alcohol and drug use is common. Between 30-70% who are seen in health and social care settings will have a co-existing problem at some point (SCIE, 2009). Assessment of the service user should be in an informal accepting and professional manner. Explain the reasons for trying to determine their level of use and what will be done with the information.
- 6.2.2. Alcohol and drug testing could be considered if there is uncertainty about the use of drugs. This should be framed as part of our assessment and not to 'catch people out'.
- 6.2.3. There is an increasing misuse of Novel Psycho-active Substances (NPS's), which are also often known as, 'Legal Highs' or 'club drugs'. These are often powerful man-made substances. Many NPS mimic common drug actions, such as stimulants, depressants and/or hallucinogens. These are not easily detected, and their actions are

variable. This can result in disinhibited, restless, and aggressive behaviour, a dissociative state, or increase sedation. They can cause cardiac problems, increased pulse, chest pains or collapse. Seizures and variations in blood sugars have also been reported. If you believe someone may have taken NPS's, increase observation until the effects wear off. It may well result in a medical emergency.

### **6.3. Reducing the risk of use on Trust premises**

- 6.3.1. If patients are seen or are suspected of consuming alcohol on Trust site, please contact the Substance Misuse and Alcohol Liaison Team on 07557215449 for support and advice around prescribing.
- 6.3.2. If patients are seen or are suspected of consuming alcohol and/or drugs on Trust site, please contact the We Are With You Team on 01872 254558 for support and advice (out of hours call 01872 262414).
- 6.3.3. Staff to be aware of adequate prescribing for pain relief to reduce the risk of illicit drug and alcohol misuse and self-discharge.
- 6.3.4. Staff to be aware of supportive medication and/or substitute prescribing to prevent withdrawals and mitigate the risk of illicit use.
- 6.3.5. Staff will need to be aware of who might be supplying substances. If people, who are not inpatients, are suspected to be supplying substances are seen on hospital grounds they should be asked to leave the hospital grounds immediately. Hospital security should be informed; the police also need to be informed.
- 6.3.6. Staff will need to be aware of particularly vulnerable patients, who may find it difficult to refuse substances if offered, and provide education, support, and protection, if appropriate.
- 6.3.7. The role of staff is to balance the needs and clinical risk of the individual against the needs and safety of other patients, visitors, and staff. Support and advice about individualised care planning in order to meet the patient's substance use needs can be accessed from RCHT Safeguarding Services, We Are With You Hospital Outreach Team (HOT) and RCHT Substance Misuse and Alcohol Liaison Team.

### **6.4. The Use of Care Plans**

- 6.4.1. Service users should not be discharged simply because of substance use. These patients need an assessment of their problem, may need an increased dose of their opioid substitute and/or interventions to help them reduce and/or stop their illicit drug use.
- 6.4.2. The implementation of arbitrary, inconsistent sanctions (e.g., leave withheld) can be counterproductive, non-therapeutic, and unhelpful. Sanctions should be carefully considered, only as part of the care plan. Such sanctions may also be meaningless if they are clinically unenforceable. Therefore, if sanctions are to be considered, proceed with caution following an agreed, whole team approach.

- 6.4.3. There is evidence that sanctions may occasionally be useful in providing clear, consistent, and care planned boundaries for the management of a patient's substance use. These should be documented on a care plan template and shared and agreed with the client.

Care plans may contain the following:

- A statement agreeing not to use substances on the ward
- An agreement for staff to routinely search if they have reasonable grounds for suspicion, and when this would occur e.g., following a change of behaviour
- A clear statement of the consequences if the care plan is breached
- The expected level of treatment participation and the benefits of this

- 6.4.4. Factors to consider if a care agreement has been broken.

- Were the terms and consequences clear and agreed beforehand?
- Were the physical and psychological aspects of use addressed by staff, e.g., sufficient substitution dose, detoxification, nature of the illness, management of cravings, pain, insomnia, and anxiety?
- Were the potential environmental pressures addressed beforehand, e.g., boredom, availability of leave, vulnerability of the patient?

- 6.4.5. If it is proven that an individual has been using substances recreationally while an inpatient, then the care team needs to assess the impact on the patient's treatment and clinical risk associated with their substance use. This should include:

- Impact on the individual's mental state, physical complications, and social circumstances
- The frequency, amount, and nature of substance use
- The impact of their behaviour on other patients and staff, including physical or verbal aggression
- The patient's view of their substance use and likelihood of continued use

- 6.4.6. Following a risk assessment, the following decisions can be made:

- Continuation of the current treatment

- Changing the treatment regime to improve clinical effectiveness, such as increasing dose of medication or psychological interventions
  - Implementing sanctions
  - Discharging
- 6.4.7. An example of a care plan is in Appendix 1.
- 6.4.8. The following actions may be required:
- An increase in observation levels
  - More frequent property searches (with consent)
  - Restrictions on visitors who may bring in drugs or alcohol
  - Informing the police
  - Security support
- 6.4.9. The following procedure should be followed:
- 6.4.10. Discuss the appropriateness of implementing a care plan and taking actions with the MDT team caring for the client. Possible restrictions to care should not be used as punishments but must be primarily to improve the safety or effectiveness of treatment for the patient or others on the ward, or to reflect a recognition that treatment is not working.
- 6.4.11. Discuss the care plan with the service user, explaining why it is required.
- 6.4.12. Record within the clinical record the decisions that have been taken, the care plan that has been initiated, and the information given to the service user.
- 6.4.13. If possible and appropriate, and with the patient's consent, pass on the decisions and their rationale regarding the care plan to relatives, friends, visitors, and appropriate staff.
- 6.4.14. If the service user is suspected of a serious transgression of this policy, e.g., giving or selling illegal substances/alcohol to other patients, or has habitually abused and/or seriously breached this policy in some other way, this information should be passed onto the police and the clinical team needs to consider the appropriateness of discharge in light of possible risks.

## **6.5. Discharge**

- 6.5.1. If it is felt that the service user has no intention of complying with the treatment programme and/or the Trust's policy regarding the prevention of illicit substances/alcohol misuse, it would be appropriate at this point for the consultant or senior team, in conjunction with the clinical team and safeguarding services to complete a risk assessment and reappraise the risks and benefits of continuing treatment as an inpatient.
- 6.5.2. If there is no apparent serious threat to the service user, it should be considered whether discharge would be in the best overall interest of the Trust service and the patient.
- 6.5.3. Discharge should be carried out in accordance with a discharge plan, devised by the multi-disciplinary team and must include a risk assessment and community follow up arrangements. The patient's GP must be informed. Consider informing family/carers if appropriate.

## **6.6. Personal Searches and Disposal of Substances**

- 6.6.1. When Trust staff become aware of illegal activity or activity contrary to Trust Policy involving drug/alcohol misuse, it is their responsibility to report this information to the most senior manager available immediately and record the incident on DATIX.
- 6.6.2. Where there are reasonable grounds to suspect that a patient is in possession of an illegal drug or other potentially harmful substance, then the most senior professional on duty on the ward, together with another member of staff should discuss the situation with the patient, explaining their suspicions, but being careful not to make a direct accusation of possession or misuse of an illegal substance or other psychoactive substance.
- 6.6.3. Advise the service user that it is illegal to be in possession of illicit substances, that the Trust does not allow illegal drugs or recreational psychoactive substances on its premises.
- 6.6.4. Inform the service user that their confidentiality cannot be guaranteed in circumstances where an illegal act has occurred as it may be necessary to contact the Police.
- 6.6.5. If staff have reasonable grounds to suspect that a service user is in possession of illicit or harmful substances, request the patient to hand over these items to them for disposal.
- 6.6.6. Staff should wear disposable gloves while having contact with the substance. It is treated as an "unknown" substance, as its identity can only be established following forensic analysis. If staff are uncertain of how to dispose of a particular substance contact the ward pharmacist for advice.

- 6.6.7. Two members of staff should place the item in a bag or envelope with the following details:
- Found by
  - Location
  - Found in possession of
  - Ward
  - Date and time
  - Sign on the seal
- 6.6.8. If the service user surrenders the suspected substance, it must be placed in the controlled drugs (CD) cupboard (or a designated secure area if there is no access to a CD cupboard).
- 6.6.9. This means the staff member has 'legal possession' of the confiscated "unknown" substance and is required to destroy/dispose of the substance providing it takes place within 24 hours (where practicable), and is done in the presence of another member of staff noting the date, quantity (when possible), description, type of substance (when possible), and destruction method. If possible, a pharmacist should be called to the ward to do this.
- 6.6.10. Record details in Controlled Drug Register.
- 6.6.11. Syringes, needles, and other drugs paraphernalia (spoons, filters, etc.), which are found must be disposed of in a sharps bin immediately.
- 6.6.12. Record in the clinical records the action taken, and advice given to the patient, including help and support offered with regard to drug problems or substance/alcohol misuse and dependency.
- 6.6.13. Complete a DATIX.
- 6.6.14. Liaise with the consultant/senior manager to determine whether further action is required. This may require the need to liaise with other agencies, relatives, or carers. Action may include personal and room searches, urine testing, breathalysing, or informing the police if necessary (e.g., if quantities appear to be greater than for personal use).
- 6.6.15. In instances where the police are informed, the attending officer and nurse in charge will sign the controlled drug record and the police will take possession of the substance.
- 6.6.16. The balance between treatment and the pursuit of criminal prosecution should be documented in the care plan. It may be necessary to convene an MDT meeting to determine the most appropriate course of action.

- 6.6.17. Where a service user refuses to hand over suspected substances, staff should contact security to request a non-invasive body search (e.g., asking a patient to turn out pockets) and a room search (with consent).
- 6.6.18. If the service user refuses, staff should contact the police and report the concerns and request attendance.

## 6.7. Police

- 6.7.1. Possession of illicit substances for personal use does not represent a serious crime. When the police are called upon to visit the unit to collect confiscated substances, they may ask for patient details. However, practitioners are not under obligation to report a service user for taking illicit substances.
- 6.7.2. When there is evidence of a service user supplying drugs to others, this does represent a serious crime to the police, and from a service point of view poses a potential threat of serious harm to others. Police involvement should always be sought. Please note: “sharing” is viewed as supplying.

## 7. Dissemination and Implementation

- 7.1. This policy is to be implemented and disseminated through the organisation immediately following ratification and will be published on the organisations intranet site document library. Access to this document is open to all.
- 7.2. This policy document will be held in the public section of the Documents Library with unrestricted access, replacing the previous version which will be archived in accordance with the Trust Information Lifecycle and Corporate Records Management Policy.
- 7.3. This policy will be disseminated through the Safeguarding Adults Operation Group membership, the Senior Nurse, Midwifery and AHP Group, the Matron’s and the Senior Matrons weekly briefing.
- 7.4. Reference to relevant sections from this Policy will be utilised at RCHT Safeguarding Adults mandatory training.

## 8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	The use of drugs and alcohol within RCHT Compliance with this policy The reporting and documentation of incidents The use drug and alcohol care plans
Lead	Substance Misuse and Alcohol Liaison Clinical Lead

<b>Information Category</b>	<b>Detail of process and methodology for monitoring compliance</b>
<b>Tool</b>	The RCHT DATIX system Medical and Nursing Documentation
<b>Frequency</b>	Annually
<b>Reporting arrangements</b>	The completed audit reports will be discussed at the Safeguarding Adult Operational Group
<b>Acting on recommendations and Lead(s)</b>	Where the report indicates sub optimal performance the Chair of the SAOG will nominate a group member to produce an action plan. The SAOG will be responsible for monitoring progress and will undertake subsequent recommendations and further action planning for all deficiencies identified within agreed timetables
<b>Change in practice and lessons to be shared</b>	Required changes to practice identified will be documented in the action plan outcomes. The membership of the SAOG will identify a lead to take each change forward across divisions as appropriate. Lessons will be shared with all relevant parties

## 9. Updating and Review

- 9.1. This policy will be reviewed every three years.
- 9.2. Revisions may be made ahead of the review date when the procedural document requires updating. Where the revisions are significant and the overall policy is changed, the revised document will be taken through the standard consultation, approval and dissemination processes.
- 9.3. Any revision activity will be recorded in the Version Control Table as part of the document control process.

## 10. Equality and Diversity

- 10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Diversity and Human Rights Policy'](#) or the [Equality and Diversity website](#).
- 10.2. Equality Impact Assessment  
  
For the Initial Equality Impact Assessment Screening Form see Appendix 2.

## Appendix 1. Governance Information

Information Category	Detailed Information
<b>Document Title:</b>	The Management of alcohol and Drug use by service Users on RCHT Premises Policy V2.0
<b>This document replaces (exact title of previous version):</b>	The Management of alcohol and Drug use by service Users on RCHT Premises Policy V1.1
<b>Date Issued/Approved:</b>	January 2023
<b>Date Valid From:</b>	February 2023
<b>Date Valid To:</b>	February 2026
<b>Directorate / Department responsible (author/owner):</b>	Toni Edwards, Substance Misuse and Alcohol Liaison Clinical Lead, Hepatology Department
<b>Contact details:</b>	07557 215449
<b>Brief summary of contents:</b>	The purpose of this policy is to reduce and manage the use of illicit substances (drugs) and alcohol whilst at RCHT. This can be maximised by working collaboratively with service users, rather as being seen as having a purely custodial role. Staff will need to appreciate what triggers use and how difficult it can be not to use while in hospital. The aim of this policy is to work with the service user to support the non-use while an inpatient.
<b>Suggested Keywords:</b>	drug, alcohol, Illicit substances, drug misuse, addiction, drug user
<b>Target Audience:</b>	RCHT: Yes CFT: No CIOS ICB: No
<b>Executive Director responsible for Policy:</b>	Deputy Chief Executive and Chief Nursing Officer
<b>Approval route for consultation and ratification:</b>	Adult Safeguarding Operational Group Substance Misuse and Alcohol Liaison Team We Are With You Hospital Outreach Team (HOT) Police
<b>General Manager confirming approval processes:</b>	Roz Davies

Information Category	Detailed Information
<b>Name of Governance Lead confirming approval by specialty and care group management meetings:</b>	Maria Lane
<b>Links to key external standards:</b>	None Required
<b>Related Documents:</b>	None
<b>Training Need Identified?</b>	No
<b>Publication Location (refer to Policy on Policies – Approvals and Ratification):</b>	Internet and Intranet
<b>Document Library Folder/Sub Folder:</b>	Hepatology

### Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
24 Jun 19	V1.0	Initial Issue	Lerryn Hogg Advanced Nurse Practitioner For Mental Health and Complex Cases
4 Oct 19	V1.1	Formatting	Lerryn Hogg Advanced Nurse Practitioner For Mental Health and Complex Cases
26 January 2023	V2.0	Ownership Change and transposed to new template	Toni Edwards, Substance Misuse and Alcohol Liaison Clinical Lead

**All or part of this document can be released under the Freedom of Information Act 2000**

**This document is to be retained for 10 years from the date of expiry.**

**This document is only valid on the day of printing**

### Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the

express permission of the author or their Line Manager.

## Appendix 2. Equality Impact Assessment

### Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity and Inclusion Team  
[rcht.inclusion@nhs.net](mailto:rcht.inclusion@nhs.net)

Information Category	Detailed Information
<b>Name of the strategy / policy / proposal / service function to be assessed:</b>	The Management of alcohol and Drug use by service Users on RCHT Premises Policy V2.0
<b>Directorate and service area:</b>	Specialty Services and Surgery
<b>Is this a new or existing Policy?</b>	Existing
<b>Name of individual completing EIA</b> (Should be completed by an individual with a good understanding of the Service/Policy):	Toni Edwards
<b>Contact details:</b>	07557 215449

Information Category	Detailed Information
<b>1. Policy Aim - Who is the Policy aimed at?</b> (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	The aim of this policy is to support staff to work with the service user to support the non-use of drugs and alcohol while an inpatient
<b>2. Policy Objectives</b>	The purpose of this policy is to reduce and manage the use of illicit substances (drugs) and alcohol whilst at RCHT
<b>3. Policy Intended Outcomes</b>	For staff to work collaboratively with service users, rather as being seen as having a purely custodial role. Staff to appreciate what triggers drug and alcohol use and how difficult it can be not to use while in hospital  To reduce and manage the use of drugs and alcohol by inpatients of RCHT
<b>4. How will you measure each outcome?</b>	Via the RCHT DATIX system Via the Medical and Nursing Documentation

Information Category	Detailed Information
<b>5. Who is intended to benefit from the policy?</b>	Inpatient who misuses drugs and alcohol
<b>6a. Who did you consult with?</b> (Please select Yes or No for each category)	<ul style="list-style-type: none"> <li>• Workforce: Yes</li> <li>• Patients/ visitors: No</li> <li>• Local groups/ system partners: No</li> <li>• External organisations: Yes</li> <li>• Other: No</li> </ul>
<b>6b. Please list the individuals/groups who have been consulted about this policy.</b>	<b>Please record specific names of individuals/ groups:</b> Safeguarding Services We are With You Hospital outreach Team (HOT)
<b>6c. What was the outcome of the consultation?</b>	Approved
<b>6d. Have you used any of the following to assist your assessment?</b>	<b>National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys:</b>

## 7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
<b>Age</b>	No	
<b>Sex</b> (male or female)	No	
<b>Gender reassignment</b> (Transgender, non-binary, gender fluid etc.)	No	
<b>Race</b>	No	
<b>Disability</b> (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
<b>Religion or belief</b>	No	

Protected Characteristic	(Yes or No)	Rationale
<b>Marriage and civil partnership</b>	No	
<b>Pregnancy and maternity</b>	No	
<b>Sexual orientation</b> (e.g. gay, straight, bisexual, lesbian etc.)	No	

**A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.**

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Toni Edwards, Substance Misuse and Alcohol Liaison Clinical Lead.

**If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:**  
[Section 2. Full Equality Analysis](#)