

Procedure for dealing with unauthorised drugs or other unidentified substances

The document sets out the requirements for dealing with unauthorised or illicit drugs or other unidentified substances

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Pennine Acute Hospitals NHS Trust**Procedure for dealing with unauthorised drugs or other
Unidentified substances**

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1. Purpose

This document aims to set out a clear procedure to be followed when dealing with unauthorised drugs or other unidentified substances. This will ensure that staff are aware of and follow all current guidance and relevant legislation so that potential risks are minimised.

2. Scope

The guidance applies to unauthorised drugs, illicit substances or other unidentified substances.

This document should be read in conjunction with the Medicines Policy, the Trust's Single Equality Scheme, the Consent Policy and the Risk Management Policy.

3. Roles and responsibilities

- 3.1 The Medicines Handling Policy Group is the sponsor group for this document. This guidance has been compiled, reviewed and updated by this group with the involvement of nursing, pharmacy and patient representatives. Divisional Nurse Managers, Consultant Medical Staff, Ward Managers and Pharmacy Managers are responsible for the implementation of these guidelines within their teams. Roles and responsibilities of staff involved in the process of dealing with unauthorised drugs or other unidentified substances are described in the following sections of this document.

4. Implementation

The Trust will demonstrate that this document has been issued, read and implemented as follows:

4.1 Dissemination

- 4.1.1 A variety of dissemination methods are in place to make sure that all staff are aware of, have access to and comply with the Trust's Controlled Documents. These are:
- Summary list of all new documents published in the monthly core brief including a brief description of the document and its intended core audience.
 - Inclusion in the weekly bulletin.
 - Inclusion in the monthly Medical Director / Nursing Director Bulletin
 - Via the Chief Pharmacist for cascade to pharmacy staff.
 - Via the Associate Director of Nursing for cascade to Divisional Nurse Managers , ward/dept managers and nursing staff
 - Via Divisional Medical Directors for cascade to Clinical Directors, Consultants and other medical staff.

This guidance will be held on the Document Management System on the Trust intranet which all staff are encouraged to use to gain access to Controlled documents.

4.1 Education and Training

All Divisional Nurse Managers and Ward/Department Managers are responsible for ensuring that relevant staff are familiar with the content of this document and ensure that relevant training is made available as necessary.

- 4.2 Staff should always consult the intranet for the latest version of the document. This document may be printed and filed in ward / departmental areas. However where documents are printed

and filed in this way, managers of those areas are responsible for ensuring that at all times, the current up to date version only is on file.

5. Introduction

- 5.1. Many patients who misuse drugs are treated every year on the Pennine Acute Hospitals NHS Trust premises, either as a direct result of drug misuse or for other reasons. In some cases, the fact that a patient misuses drugs is already known to the medical and nursing staff.
- 5.2. It is acknowledged that there is a risk of illicit substances being used on Trust premises. Therefore, all staff are expected to be vigilant and act accordingly should any illicit substance be located or they are suspicious of substances being brought into the Trust by visitors or patients.
- 5.3. It is an offence to possess illegal drugs in a public place. The publicly accessible parts of a hospital are classified as a public place.
- 5.4. When a member of staff takes possession of the substance, he or she may be placed in a vulnerable position unless it can be demonstrated that the substance was taken for the purpose of delivering it into safe custody or a person lawfully entitled to possess or destroy it. It is therefore important that all actions relating to the taking into safe custody or destruction of suspected substances are fully and correctly documented in the patient's notes and witnessed and the procedures below followed. There will need to be at least two members of staff involved: the senior nurse in charge and the senior doctor on duty. If the senior doctor is not a consultant, he/she should discuss it with the duty consultant. Unless large quantities of drugs are involved, the main aim is to ensure that the drugs are handled and destroyed in a safe and legal manner.
- 5.5. If the quantity is so large that the drug could not be purely for personal use, it could be decided that the greater interest of the public requires identification of the source. This decision should be taken following discussion with the health professionals involved in the patient's care and the hospital's on-call manager.
- 5.6. A clinical incident form must be completed.
- 5.7. Experience has shown that the discovery in the hospital setting of quantities of unauthorised drugs, consistent with the patient's own personal use, rarely leads to a successful prosecution. Furthermore, a heavy-handed response can compromise patient care and cause considerable disruption of ward routines and the waste of much time and effort. The police are well aware of this and do not wish to compromise patient care. They recognise that the delicacy of the circumstances demands a balanced and sensitive approach. Consequently, following discussions with Greater Manchester Police, it is recommended that the decision to contact the police or dispose lawfully of the substance should be taken jointly by the Divisional Nurse Manager/ on-call manager of the site in conjunction with the consultant with clinical responsibility for the patient.

6. Procedure for Dealing with Unauthorised Drugs or other Unidentified Substances

- 6.1 Where a patient is found in possession of an unidentified substance (Appendix I provides a list and description of some unidentified substances), the member of staff should immediately inform the nurse in managerial charge of the ward or department.
- 6.2 The patient found in possession of an unidentified substance should be requested to identify the nature of the substance.
- 6.3 Where a patient confirms that the substance is illegal, or the member of staff suspects it to be, the patient should be advised that possession of an illegal substance is unlawful and be asked to hand over the substance voluntarily for destruction, this should be witnessed by two members of staff. The person concerned cannot be searched.
- 6.4 If the patient refuses they should be asked to make immediate arrangements for the substance to be removed from the hospital premises.
- 6.5 If the patient agrees to hand over the unidentified substance, the ward or departmental nurse manager should place the substance in a sealed envelope which is signed across the seal by two members of staff. The source (patient's initials and hospital number) and a brief description of the contents should be written on the envelope. The envelope must then be placed in the controlled drugs cupboard and recorded at the back of the Controlled Drug record book.
- 6.6 The nurse in charge should contact the consultant in charge of the patient, their manager (or on-call manager) and the Head of Pharmacy or their deputy (or on-call pharmacist) to notify them of the incident.
- 6.7 Where it is agreed by the nurse in charge and the patient's consultant that the quantity of the substance is consistent with personal use, then the substance should be destroyed on the ward as soon as practicable (i.e. as soon as a pharmacist is available). The pharmacist will advise on the method of destruction.
- 6.8. If it cannot be destroyed at ward level, it should be taken back to pharmacy by the pharmacist for appropriate destruction, in the same way as patient's own prescribed controlled drugs are and an entry is made in the Controlled Drugs record book that this action has been taken. This must be signed by the nurse and pharmacist
- 6.9. During the working week the hospital pharmacist and the nurse in charge must destroy the substance(s) on the ward and a record made in the back of the ward's controlled drugs record book with the date and signatures of the pharmacist and nurse. Out of hours this can be left to the next working day.

7. Contacting the Police

- 7.1 If the nurse in charge and consultant in charge of the patient consider the quantity of the substance is greater than is consistent with the patient's own personal use, the Divisional Nurse Manager / service manager / on-call manager, following discussion with the Head of Pharmacy or their deputy, should telephone the police on 0161 872 5050. Reference should be made to the Trust policy on disclosure of personal information to the police.

- 7.2 A police officer will be expected to attend the ward or department. In this instance, they must provide a Section 29 (3) form which has been signed by a Police Inspector. Only minimal information, e.g. name, address and date of birth, should be supplied. Clinical information should not be provided.
- 7.3 The police officer, following their enquiries, will remove the unidentified substance from the ward. The police officer will enter a description of the substance in his / her pocket notebook in the presence of the person handing over the substance and ask them to sign the entry. The officer will sign in the Controlled Drugs record book as evidence of the substance being handed over to the police. This will be witnessed by an authorised member of nursing staff.

8. Patient will not, or is unable to, hand over the substance

- 8.1 If the patient refuses to hand over a substance for destruction, the police should be contacted following consultation with the responsible manager (e.g. Divisional Nurse Manager / nurse manager or on-call manager) and the medical team in charge of the patient.
- 8.2 If the patient is unconscious or unable to voluntarily hand over an unidentified substance, the procedure outlined in 6.5 to 6.9 should be applied.

Under no circumstances can a non-prescribed Schedule 1 controlled drug be returned to a patient on discharge, as the person doing so could be guilty of unlawful supply of a controlled drug.

9. Monitoring Compliance

- 9.1 Overall compliance with this procedure will be monitored on a regular basis (minimum once per year) by nursing and pharmacy staff.
- 9.2 Compliance will also be monitored by means of an analysis of complaints and incidents where there has been a failure to follow procedure.
- 9.3 Action plans to manage improvement in compliance will be developed where necessary.
- 9.4 Key findings will be reported to the Medicines Handling Policy Group

10. Document Review

- 10.1 Document review will be in line with the Trust Policy on Controlled Documents and will be the responsibility of the Medicines Handling Policy Group.

DRUG TYPES

HEROIN

Class A Controlled Drug

Brown or white powder derived from the opium poppy.

Method of Using

Sniffing, smoking (chasing the dragon), injecting.

Signs

Paper wraps, plastic envelopes, syringes, tourniquet, burnt spoons, citric acid.

Effects

Drowsiness and contentment, mental calm, slower breathing and heart rate. Signs of use include contracted pupils, weight loss and track marks on arms and legs.

Dangers

Overdose, HIV/Hepatitis through shared needles, blood infection, abscesses, sores, unknown intake of substances mixed with heroin.

COCAINE

Class A Controlled Drug

Crystalline white powder. Derived from the Coca Plant.

Method of Using

Snorting, tooting or injection.

Signs

Paper wraps, cocaine kits – mirrors, razor blades, snorting tubes.

Effects

Increases alertness, euphoria, increases pulse rate and blood pressure, dilated pupils.

Dangers

Strong drug dependence, hallucinations, agitation, depression, abscesses from repeated injections, damage to membranes in the nose.

CRACK

Class A Controlled Drug

Off white to yellow marble like chip or rock derived from chemically altering cocaine.

Method of Using

Smoked on foil, in a pipe or glass tube.

Signs

Paper wraps, small plastic bags, rock pipes, coke cans used for smoking.

Effects

Extremely strong drug dependence. Agitation, paranoia, hallucination.

Dangers

Compulsive addiction, depression, respiratory or heart failure.

ECSTASY (METHYLENEDIOXYMETHAMPHETA-MINE)

Class A Controlled Drug

Tablet form, usually indented with a variety of different motifs, and occasionally in capsules.

Method of Using

Taken orally.

Signs

Tablets/capsules

Effects

Produces a euphoric state, enhanced sensations, possible hallucinations with high dose levels. Produces a rise in body temperature.

Dangers

Content and purity contained in the tablets not known. Some deaths have occurred as a result of severe heatstroke resulting from the drug, coupled with the high temperatures produced from dancing in clubs. Long-term effects may produce memory loss and birth defects in childbirth.

AMPHETAMINE**Class B Controlled Drug**

Powder usually white, pink or yellow. Also in tablet and capsule form.

Method of Using

Sniffing, swallowing and injecting.

Signs

Paper wraps, syringes.

Effects

Alertness, energy, well-being.

Dangers

Drug dependence, tiredness, mood swings, weight loss.

LSD**(LYSERGIC ACID DIETHYLAMIDE)****Class A Controlled Drug**

Impregnated small squares of paper, capsules, tablets, dropped on sugar cubes.

Method of Using

Taken orally.

Signs

Small squares of blotting paper carrying colourful images.

Effects

Several phases of different and intense experiences lasting up to 12 hours.

Dangers

May cause unpleasant reactions causing depression, anxiety and paranoia. Occasional long-term psychological effects, impaired judgement.

MAGIC MUSHROOMS
(PSILOCYBIN)**Class A Controlled Drug**

(when prepared)

Method of Using

Taken orally, raw, cooked made into tea.

Signs

Small dark mushrooms (Liberty Cap variety) normally dried.

Effects

Mild euphoria and hilarity, relaxation, dependent upon the dose.

Dangers

Panic attacks, misidentification with poisonous mushrooms (Death Cap).

CANNABIS**Class B Controlled Drug (at present)**

(Herbal Oil is currently class A)

Dried herbal mixture, brown/green resin, herbal oil.

Method of Using

Smoking when mixed with tobacco, in pipes and bongs and eaten in cakes.

Signs

Reefers comprising of cigarette papers containing rolled paper. Homemade waterpipes.

Effects

Relaxation, intoxication, larger/stronger doses may cause anxiety and panic attacks.

Dangers

Smoking may lead to respiratory disorders, some people develop depressive/psychological problems.

BENZODIAZEPINES (SLEEPING TABLETS, MINOR TRANQUILLISERS)

Class C Controlled Drug

Prescription only tablets

Method of Using

Taken orally, injected.

Signs

Diazepam, Temazepam and similar tablets.

Effects

Depresses mental alertness and anxiety, induces relaxation and sleep.

Dangers

Drowsiness, dependence, tolerance, overdose if mixed with other drugs and taken in quantity.

NITRATES (POPPERS, AROMAS)

Possession is not currently illegal. Bottled liquid chemicals

Method of Using

Inhaled through the nose from the bottle.

Signs

Small dark bottles, named products, 'Liquid Gold', 'Rush', 'TNT'.

Effects

Instantaneous rush of blood to the brain, quickened heartbeat, dizziness.

Dangers

Nausea, reduced blood pressure. People with heart problems should avoid using this drug.

SOLVENTS (GLUE, GAS, AEROSOLS)

Not illegal to possess, illegal to sell to under 18 year olds. Vapour or gas products, lighter fuel and glue.

Method of Using

Inhaled through mouth or nose from the container or plastic bags.

Signs

Gas, lighter fuel and glue containers, plastic bags.

Effects

Dizziness, euphoria, drowsiness, sickness.

Dangers

Chronic misuse leads to brain, liver and kidney damage. Deaths caused by inflammation of the products on the user, vomiting and choking with plastic bag use.

ANABOLIC STEROIDS

Class C Controlled Drug

Possession not illegal, supply is tablets or liquid form.

Method of Using

Taken orally or injected into a muscle.

Signs

Tablets, phials, multidose bottles, Trade names 'Durabolin' 'Stanozolol' and 'Dianabol'.

Effects

Aggression, increased strength, muscle building, body size.

Dangers

Liver and kidney disorders, mood swings, reproductive and hormonal systems affected.

KETAMINE

Not currently illegal to possess, though may change, illegal to sell. An anaesthetic in white powder, tablet and liquid form.

Method of Using

Sniffed, taken orally, injected.

Signs

In legally produced tablets, phials and multidose bottles (Ketalar), illegal liquid, tablet and powder form.

Effects

Detachment, heightened visual and euphoric feelings.

Dangers

Potential for injury while under the influence due to disorientation, choking, vomiting, psychological problems.

GHB, GBH**(GAMMAHYDROXYBUTRATE)**

Not currently illegal to possess though may change, illegal to sell. Colourless, odourless liquid, powder and capsule form

Method of Using

Taken orally.

Signs

Normally supplied in small bottles, sometimes with homemade labels.

Effects

Euphoria, increased libido leading to sedative effects and in high doses cause vomiting, nausea and loss of consciousness.

Dangers

No reliable way of detecting the strength. Has been used to spike drinks leading to rape.

METHYLAMPHETAMINE

Common Acronyms: Crystal Meths, Tina, Crank, Tweak, Ice

Legal Classification: Class A drug

Description: Rough large yellow crystals or smooth white crystals.

Method of Using.

The drug may be smoked, snorted or injected

Signs

The drug comes usually in small wraps or plastic bags containing coarse crystals of methylamphetamine which may be white or yellow in colour. Drug use may also be associated with paraphernalia such as home made 'meth' pipes.

Effects

Euphoria, increased energy and attentiveness, diarrhoea, nausea, loss of appetite, insomnia, jaw tremor, agitation, compulsive fascination with repetitive tasks, talkativeness, irritability, panic attacks, increased libido, dilated pupils, drug craving, weight loss, tooth decay, psychosis, hallucinations

Dangers

Brain damage, formication, paranoia, rhabdomyolysis