NHS
Humber Teaching
NHS Foundation Trust

Identification of Drug Misuse Policy (N-037)

Version Number:	1.04
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Executive Lead (name and job title):	Hilary Gledhill, Director of Nursing
Name of approving committee:	Quality and Patient Safety Committee
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Minor amendments made prior to full review date above (see appended document control sheet for details)	
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Date EMT as approving body notified for information:	*March 2022*

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1. INTRODUCTION

Drug misuse is defined as the use of a substance for a purpose not consistent with legal or medical guidelines (World Health Organization (WHO) 2006). It has a negative impact on health or functioning and may take the form of drug dependence, or be part of a wider spectrum of problematic or harmful behaviour (Department of Health (DH) 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.

This policy is aimed at detecting drug misuse in services across the Trust so that:

- care plans can adjusted to account for drug misuse (e.g. increased support, changes to medication where necessary, etc.)
- individuals can be offered an opportunity to see a specialist for comprehensive assessment and treatment where indicated and agreed

People who misuse drugs may present with a range of health and social problems other than dependence, which may include (particularly with opioid users):

- physical health problems (for example, thrombosis, abscesses, overdose, hepatitis B and C, HIV and respiratory and cardiac problems)
- mental health problems (for example, depression, anxiety, paranoia and suicidal thoughts)
- social difficulties (for example, relationship problems, financial difficulties, unemployment and homelessness)
- criminal justice problems

Care Quality Commission (CQC) – This policy relates to a number of Care Quality Commission's Essential Standards of Quality and Safety that ensure:

- People who use services are involved in and receive care, treatment and support that respects their right to make or influence decisions
- People who use services have their care, treatment and support needs met
- People who use services receive care, treatment and support where clear procedures are followed in practice, monitored and reviewed

2. SCOPE

So prevalent is drug use that all healthcare professionals, wherever they practice, should be able to identify and carry out a basic assessment of people who use drugs (National Institute for Health and Care Excellence (NICE) 2007).

NICE recommends that mental health and criminal justice settings, routinely ask service users about recent legal and illicit drug use, including type, method of administration, quantity and frequency.

In settings such as primary care, general hospitals and emergency departments, consider asking people about recent drug use if they have symptoms that suggest the possibility of drug misuse, such as:

- acute chest pain in a young person
- acute psychosis
- mood and sleep disorders

3. POLICY STATEMENT

All adult and young people mental health services (e.g. Single Point of Access, Child and Adolescent Mental Health Service (CAMHS), Community Mental Health Teams (CMHTs), Liaison Services, Inpatient Units) and services aligned to criminal justice settings will systematically carry out a basic assessment of attendees drug use.

All other services within the trust will undertake a basic assessment of attendees for drug misuse where an attendee's symptoms, or condition, may indicate the possibility of drug misuse, such as:

- acute chest pain in a young person
- acute psychosis
- mood and sleep disorders
- alcohol use disorder (harmful drinking or alcohol dependence)

People who misuse drugs should be given the same care, respect and privacy as any other person.

4. DUTIES AND RESPONSIBILITIES

Clinical leads and heads of service should oversee the implementation of this policy ensuring that the brief screen for drug misuse tool is integrated into practice in such a way that all mental health services, and those services aligned to criminal justice services systematically enquire about service users' drug use.

Clinical leads and heads of service should identify any training needs of staff to support the full implementation of this policy within their services. The specialist staff should support training of staff from across the Trust where training needs have been identified.

5. PROCEDURES

5.1. Systematic screening (Mental Health and Criminal Justice Services)

- All service users* on assessment and/or admission should be asked about recent legal and illicit drug use, including:
  - type
  - method of administration
  - quantity
  - frequency
- All service users must be made aware that asking them about drug use is a routine part of the care we offer. This is required as drug misuse informs the treatments that we offer and where indicated may influence the medications prescribed.
- The Brief Screen for Drug Misuse has been adapted from an international tool (ASSIST: WHO, 2010) to support services undertake a basic assessment of drug misuse. This tool has been incorporated into mental health assessments across the organisation

5.2. Targeted screening (all other Trust services)

Consider the assessment of drug misuse where a patient attends with:

- acute chest pain in a young person
- acute psychosis
- mood and sleep disorders
- alcohol use disorder (harmful drinking or alcohol dependence)

Where indicated follow systematic screening procedure set out in section 5.1.

* The capacity of each patient to understand, and respond to screening test should be accounted for prior to using brief drug misuse screening tool.

5.3. Screening outcome

The outcome of the brief drug misuse questions must be shared with the service user and reported to all those responsible for their care.

The precise interventions to consider will need to take account of other factors:

- Outcome of mental health and risk assessment
- Age of the service user
- Pregnancy
- Parental responsibility
- Safeguarding advice

This action may require seeking specialist advice, assessment and/or treatment. The outcome of the screening tool should not be used in isolation but health and social care staff should consider:

- All those service users reporting use of a substance once or more over the last year should receive feedback on the risks of use and information on where to access further help and support if needed (Appendix 4)
- All those reporting intravenous (IV) use should receive information on the risks of injecting behaviour (Appendix 5)
- All those reporting monthly or more frequent use should be asked about their drug misuse routinely as part of their care plan
- A health or social care professional should consider seeking a specialist comprehensive assessment of drug misuse where a service user reports; monthly or weekly use of drugs
- A specialist comprehensive assessment of drug misuse should be obtained where drug use is:
  - daily or almost daily
  - less frequent than daily but there are additional specific concerns (i.e. young person, pregnant, high-risk behaviour)
  - involving IV or high risk routes of administration

6. EQUALITY AND DIVERSITY

Where drug misuse is identified in any individual safeguarding issues may need to be considered and discussed with the team to protect the safety of the person or others in their care or immediate social group.

Illegal drugs are not regulated and therefore unknown responses to the use of drugs are likely. Regular use and intoxication is linked to patient safety, safety to others, exploitation and vulnerability.

Screening tests may require adaptation for use in Learning Disabilities; however staff with skills in this specialty will be able to adapt questions with guidance from specialist services.

There is evidence that where patients perceive the reporting of drug misuse as impacting on medico/legal issues (i.e. parenting) results may be less valid. However, staff should only consider other approaches (i.e. specialist assessment and drug toxicology) where the MDT considers the report of drug misuse is incongruent with clinical assessment

Screening tests and procedures have been used internationally and across diverse, age and cultural groups and found to be valid.

7. MENTAL CAPACITY

Clinicians should make every attempt to ascertain an accurate assessment of drug use in all patients at risk of drug misuse, however, where a patient has limited capacity the assessor should seek further information with regards to the potential use of drug from records, other professionals involved in the care of the individual and, where appropriate, the individual's family or carer's. It must be remembered that third party reports of drug use have been found to inaccurate and therefore clinicians should record clearly the source of reported history.

8. IMPLEMENTATION

Screening tools are routinely employed across the organisation and the same principles for drug use should be employed: Introduction of the test explaining that these questions are asked in services where drug use is common and can complicate the care and treatment of the patient. Application of the test should result in advice being tailored to the outcome of the test using the information set out in the appendices.

Screening those who use our services for drug use is a core component of assessment and the use of this tool are straight forward requiring limited training. The results of the screening test must be shared with colleagues and the patient when discussing the care plan. Those patients who screen positively for substance misuse should be considered for comprehensive assessment of their substance misuse. Those who exhibit dependence and withdrawal symptoms may need direct access to treatment which should be considered by the clinical team. Staff should ensure that patients have access to specialist services. Up to date information on available services can be found through NHS Choices if the local service contact details cannot be found.

Each service area should consider the needs of their workforce. Support and training on these approaches can be accessed by local drug services or nurses within the Dual Diagnosis Service.

Training on Substance Misuse in Mental Health is freely available through the National Learning Management System which can be accessed via ESR using your smartcard. Further support and training on these approaches can be accessed by local alcohol service or nurses within the Dual Diagnosis Liaison Service.

9. MONITORING AND AUDIT

Policy adherence will be monitored through the case note audit which monitoring the completion and compliance with defensible documentation and the requirements for aspects of the risk and clinical assessments. The audit tool will be extended to consider the completion of alcohol screening questions. See Identification of Alcohol Misuse Policy N-036.pdf (humber.nhs.uk) and Alcohol Withdrawal Management on Mental Health Inpatient Units Guideline.pdf (humber.nhs.uk)

10. REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS

GLOSSARY

Brief intervention: brief interventions are those with a maximum duration of two sessions, lasting up to an hour each. The main principles include expressing empathy with the service user, not opposing resistance and offering feedback in order to increase the motivation of the service user to make changes to his or her drug use.

Dependence: dependence is defined by the who as a strong desire or sense of compulsion to take a substance, a difficulty in controlling its use, the presence of a physiological withdrawal state, tolerance of the use of the drug, neglect of alternative pleasures and interests and persistent use of the drug, despite harm to oneself and others (WHO, 2006).

Drug misuse/problem drug use: drug misuse is the use of a substance for a purpose not consistent with legal or medical guidelines (who, 2006). The ACMD defines 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; any injection drug use also constitutes misuse (ACMD, 1998).

REFERENCES

Identification of Alcohol Misuse Policy N-036.pdf (humber.nhs.uk)

Alcohol Withdrawal Management on Mental Health Inpatient Units Guideline.pdf (humber.nhs.uk)

Advisory Council on the Misuse of Drugs (ACMD) (1998) Drug Misuse and the Environment. London: Stationery Office

Centre for Substance Abuse Treatment. Detoxification and Substance Abuse Treatment. Rockville (Md): Substance Abuse And Mental Health Services Administration (Us); 2006. (Treatment Improvement Protocol (Tip) Series, No. 45.) Appendix B: Common Drug Intoxication Signs and Withdrawal Symptoms

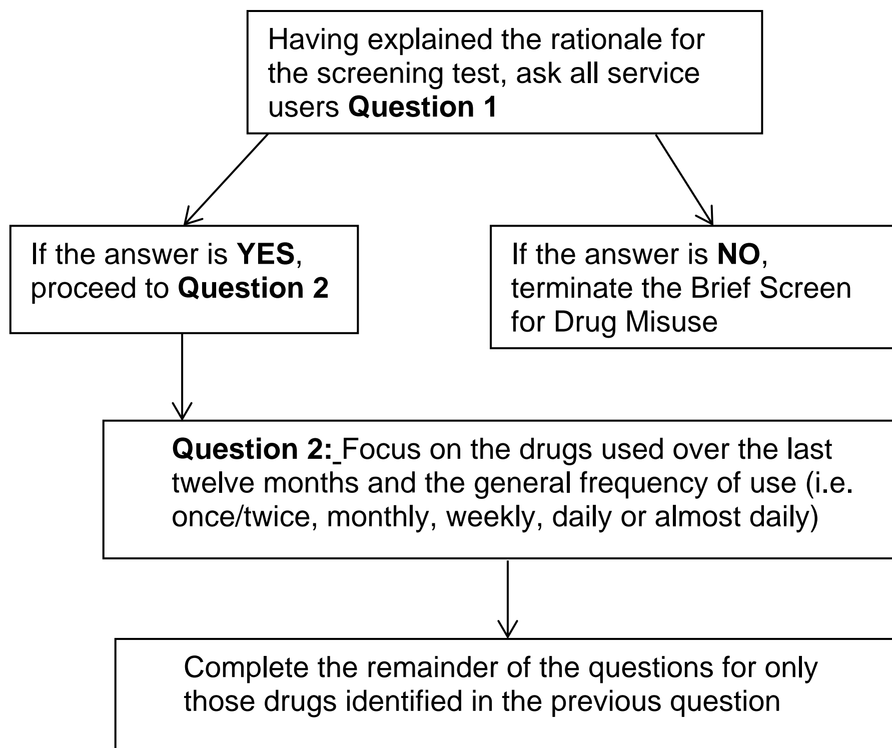
Department Of Health (DH) (2006b) Wired For Health. Drug Use and Misuse – Definitions

National Institute for Health and Care Excellence (NICE) (2007) Drug Misuse: Psychological Interventions Clinical Guideline 51. London. National Institute for Health and Clinical Excellence

World Health Organization (WHO) (2006) Lexicon of Alcohol And Drug Terms. Geneva, The World Health Organization

World Health Organization (WHO) The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Manual For Use In Primary Care. Geneva, World Health Organisation

Appendix 1: Brief Screen for Drug Misuse: Flowchart



Appendix 2: Brief Screen for Drug Misuse

(Adapted from WHO, 2010)

Staff should introduce the issue by stating the following:

I am going to ask you some questions about your experience of using substances over the past twelve months. Some of the substances may be prescribed by a doctor (like sedatives or pain medications).

For this interview, we will not record medications that are used as prescribed by your doctor. However, if you have taken such medications for reasons other than prescription, or taken them more frequently or at higher doses than prescribed, please let me know.

Please be assured that information on such use will be treated as strictly confidential.

Tick the response which applies

1. In the last *twelve months* have you used substances other than those required for medical reasons?	No	Yes
	O	O

No = Go to next section
Yes = Complete Q2a-d and Consider comprehensive assessment of substance misuse

2 (a). Type of substance used in the last twelve months (Tick the response to each substance type) **Substance type/name:**	Never	Once or Twice	Monthly	Weekly	Daily or almost daily
Cannabis (marijuana, pot, grass, hash, etc.)	O	O	O	O	O
Cocaine (coke, crack, etc.)	O	O	O	O	O
Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	O	O	O	O	O
Inhalants (nitrous, glue, petrol, paint thinner, etc.)	O	O	O	O	O
Sedatives or sleeping pills (Valium, Serepax, Rohypnol, etc.)	O	O	O	O	O
Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	O	O	O	O	O
Opioids (heroin, morphine, methadone, codeine, etc.)	O	O	O	O	O

(b). Typical method of substance use in the last twelve months (Tick the response to each substance type)	Not Applicable	Smoked	Nasal	Injection	Oral	Inhaled
Substance type/name:						
Cannabis (marijuana, pot, grass, hash, etc.)	O	O	O	O	O	O
Cocaine (coke, crack, etc.)	O	O	O	O	O	O
Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	O	O	O	O	O	O
Inhalants (nitrous, glue, petrol, paint thinner, etc.)	O	O	O	O	O	O
Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	O	O	O	O	O	O
Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	O	O	O	O	O	O
Opioids (heroin, morphine, methadone, codeine, etc.)	O	O	O	O	O	O
Other – specify:______________________________________	O	O	O	O	O	O

2 (c). Number of days use of substances in the last 28 days (Tick the response to each substance type)	Not Applicable	Days used in the last 28 days
Substance type/name:		
Cannabis (marijuana, pot, grass, hash, etc.)	O	______ days
Cocaine (coke, crack, etc.)	O	______ days
Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	O	______ days
Inhalants (nitrous, glue, petrol, paint thinner, etc.)	O	______ days
Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	O	______ days
Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	O	______ days
Opioids (heroin, morphine, methadone, codeine, etc.)	O	______ days
Other – specify:______________________________________	O	______ days

2 (d). Number of times used on *typical* day of use in the last 28 days (Tick the response to each substance type)	Not Applicable	1 or 2	3 or 4	5 or 6	7, 8 or 9	10 or more
Substance type/name:						
Cannabis (marijuana, pot, grass, hash, etc.)	O	O	O	O	O	O
Cocaine (coke, crack, etc.)	O	O	O	O	O	O
Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	O	O	O	O	O	O
Inhalants (nitrous, glue, petrol, paint thinner, etc.)	O	O	O	O	O	O
Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	O	O	O	O	O	O
Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	O	O	O	O	O	O
Opioids (heroin, morphine, methadone, codeine, etc.)	O	O	O	O	O	O
Other – specify:______________________________________	O	O	O	O	O	O

Appendix 3: Scoring and Feedback from the Brief Screen for Drug Misuse

- The outcome of the brief drug misuse questions must be shared with the service user and reported to all professionals responsible for their care.
- The precise interventions to consider will need to take account of other factors:
  - Outcome of mental health and risk assessment
  - Age of the service user
  - Pregnancy
  - Parental responsibility

  This action may require seeking specialist advice, assessment and/or treatment
- The outcome of the screening tool should not be used in isolation but health and social care staff should consider:
  - All those service users reporting use of a substance once or more over the last year should receive feedback on the risks of use and information on where to access further help and support if needed (Appendix 4)
  - All those reporting intravenous (IV) use should receive information on the risks of injecting behaviour (Appendix 5)
  - All those reporting monthly or more frequent use should be asked about their drug misuse routinely as part of their care plan
  - A health or social care professional should consider seeking a specialist comprehensive assessment of drug misuse where a service user reports; monthly or weekly use of drugs
  - A specialist comprehensive assessment of drug misuse should be obtained where drug use is:
    - daily or almost daily
    - less frequent than daily but there are additional specific concerns (i.e. young person, pregnant, high-risk behaviour)
    - involving IV or high risk routes of administration

Appendix 4: Types of Drugs Used and their Associated Symptoms

Regular use of cannabis is associated with:
- Problems with attention and motivation
- Anxiety, paranoia, panic, depression
- Decreased memory and problem solving ability
- High blood pressure
- Asthma, bronchitis
- Psychosis in those with a personal or family history of schizophrenia
- Heart disease and chronic obstructive airways disease
- Cancers

Regular use of cocaine is associated with:
- Difficulty sleeping, heart racing, headaches, weight loss
- Numbness, tingling, clammy skin, skin scratching or picking
- Accidents and injury, financial problems
- Irrational thoughts
- Mood swings – anxiety, depression, mania
- Aggression and paranoia
- Intense craving, stress from the lifestyle
- Psychosis after repeated use of high doses
- Sudden death from heart problems

Regular use of amphetamine type stimulants is associated with:
- Difficulty sleeping, loss of appetite and weight loss, dehydration
- jaw clenching, headaches, muscle pain
- Mood swings – anxiety, depression, agitation, mania, panic, paranoia
- Tremors, irregular heartbeat, shortness of breath
- Aggressive and violent behaviour
- Psychosis after repeated use of high doses
- Permanent damage to brain cells
- Liver damage, brain haemorrhage, sudden death (ecstasy) in rare situations

Regular use of inhalants is associated with:
- Dizziness and hallucinations, drowsiness, disorientation, blurred vision
- Flu like symptoms, sinusitis, nosebleeds
- Indigestion, stomach ulcers
- Accidents and injury
- Memory loss, confusion, depression, aggression
- Coordination difficulties, slowed reactions, hypoxia
- Delirium, seizures, coma, organ damage (heart, lungs, liver, kidneys)
- Death from heart failure

Regular use of sedatives is associated with:
- Drowsiness, dizziness and confusion
- Difficulty concentrating and remembering things
- Nausea, headaches, unsteady gait
- Sleeping problems
- Anxiety and depression
- Tolerance and dependence after a short period of use
- Severe withdrawal symptoms
- Overdose and death if used with alcohol, opioids or other depressant drugs

Regular use of hallucinogens is associated with:

- Hallucinations (pleasant or unpleasant) – visual, auditory, tactile, olfactory
- Difficulty sleeping
- Nausea and vomiting
- Increased heart rate and blood pressure
- Mood swings
- Anxiety, panic, paranoia
- Flash-backs
- Increase the effects of mental illnesses such as schizophrenia

Regular use of opioids is associated with:

- Itching, nausea and vomiting
- Drowsiness
- Constipation, tooth decay
- Difficulty concentrating and remembering things
- Reduced sexual desire and sexual performance
- Relationship difficulties
- Financial and work problems, violations of law
- Tolerance and dependence, withdrawal symptoms
- Overdose and death from respiratory failure

Appendix 5: Risks of Injecting: Information for Patients

Using substances by injection increases the risk of harm from substance use. This harm can come from:

The substance
- If you inject any drug you are more likely to become dependent.
- If you inject amphetamines or cocaine you are more likely to experience psychosis.
- If you inject heroin or other sedatives you are more likely to overdose.

The injecting behaviour
- If you inject you may damage your skin and veins and get infections.
- You may cause scars, bruises, swelling, abscesses and ulcers.
- Your veins might collapse.
- If you inject into the neck you can cause a stroke.

Sharing of injecting equipment
- If you share injecting equipment (needles and syringes, spoons, filters, etc.) you are more likely to spread blood borne virus infections like Hepatitis B, Hepatitis C and HIV.
- It is safer not to inject
- If you do inject:
    - always use clean equipment (e.g. needles and syringes, spoons, filters, etc.)
    - always use a new needle and syringe
    - don't share equipment with other people
    - clean the preparation area
    - clean your hands
    - clean the injecting site
    - use a different injecting site each time
    - inject slowly
    - put your used needle and syringe in a hard container and dispose of it safely

- If you use stimulant drugs like amphetamines or cocaine the following tips will help you reduce your risk of psychosis:
    - avoid injecting and smoking
    - avoid using on a daily basis
    - If you use depressant drugs like heroin the following tips will help you reduce your risk of overdose
    - avoid using other drugs, especially sedatives or alcohol, on the same day
    - use a small amount and always have a trial "taste" of a new batch
    - have someone with you when you are using
    - avoid injecting in places where no-one can get to you if you do overdose
    - know the telephone numbers of the ambulance service

Appendix 6: Accessing Specialist Comprehensive Assessment

Professionals within mental health teams may possess the competences to carry out a specialist comprehensive assessment. Specialist services are available in each local authority area but different arrangements are in place to access this support. Team leaders should identify the relevant pathway for their service. The Addiction Services based at Baker Street, Hull and at other venues through East Riding can be contacted directly for advice on service users being cared for by Humber Teaching NHS Foundation Trust.

Appendix 7: Unplanned Admissions

Those reporting daily or almost daily drug misuse should be assessed for drug dependence and associated drug withdrawal symptoms (Appendix 8) through a specialist comprehensive assessment of drug misuse.

Appendix 8: Common Drug Intoxication Signs and Withdrawal Symptoms

	Benzodiazepine	**Cocaine**	**Alcohol**	**Heroin**	**Cannabis (marijuana)**
Intoxication					
Action	Sedative	Stimulant	Sedative	Sedative, euphoriant, analgesic	Euphoriant, at high doses may induce hallucinations
Characteristics of intoxication	Drowsy and dizzy ↑dosage: Confusion, Blurred vision, Weakness, Slurred speech, Lack of coordination, Difficulty breathing, coma	↑BP, ↑HR, ↑temp, ↑energy, ↑paranoia, ↓fatigue, ↓appetite, move bowels/urinate	Sedation, ↓respiration Depresses CNS system, can result in coma, death	Drowsiness, “nodding,” euphoria (happy giddiness)	↓BP, ↑HR, ↓intraocular pressure (pressure in the eyes), conjunctival injection (reddening of the eyes)
Withdrawal					
Onset	Depends on action of the drug. May start at10-12 hours up to three days after use	Depends upon type of cocaine used: For crack will begin within hours of last use	24-48 hours after blood alcohol level drops	Within 24 hours of last use	Some debate about this, may be a few days
Duration	Very variable two weeks-months	3-4 days	5-7 days	4-7 days	May last up to several weeks
Characteristics	Anxiety, panic, insomnia, muscle spasms, nausea and/or vomiting, diarrhoea, blurred vision, seizures, hallucinations, short-term memory impairment, weight loss due to a decreased appetite	Sleeplessness or excessive restless sleep, appetite increase, depression, paranoia, decreased energy	↑BP, ↑HR, ↑temp, nausea/vomiting/ diarrhoea, seizures, delirium, death	Nausea, vomiting, diarrhoea, goose bumps, runny nose, teary eyes, yawning	Irritability, appetite disturbance, sleep disturbance, nausea, concentration problems, nystagmus, diarrhoea
Medical/mental health issues	Depression. Increased risk of self harm suicide intoxication and withdrawal, aggression not uncommon	Stroke, cardiovascular collapse, myocardial and other organ infarction, paranoia, violence, severe depression, suicide	Virtually every organ system is affected (e.g. cardiomyopathy, liver disease, oesophageal and rectal varices); foetal alcohol syndrome and other problems with foetus	During withdrawal individual may become dehydrated	

Appendix 9: Document Control Sheet

This document control sheet must be completed in full to provide assurance to the approving committee.

Document Type	N-037 Identification of Drug Misuse Policy		
Document Purpose	This policy is aimed at detecting drug misuse in services across the Trust so that: • care plans can adjusted to account for drug misuse (e.g. increased support, changes to medication where necessary, etc.) • individuals can be offered an opportunity to see a specialist for comprehensive assessment and treatment where indicated and agreed		
Consultation/Peer Review:	Date:	Group/Individual	
List in right hand columns consultation groups and dates	January 2019	Addictions clinical network	
	January 2019	Jason Fawcett, Non-Medical Addictions Prescribing Lead	
	January 2019	Dawn Fawcett, Non-Medical Addictions Prescriber	
Approving Committee:	QPaS Committee	Date of Approval:	February 2017
Ratified at:	Board	Date of Ratification:	February 2017
Training Needs Analysis: *(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)*		Financial Resource Impact	
Equality Impact Assessment undertaken?	Yes [✓]	No [ ]	N/A [ ] Rationale:
Publication and Dissemination	Intranet [✓]	Internet [ ]	Staff Email [✓]
Master version held by:	Author [ ]	HealthAssure [✓]	
Implementation:	*Describe implementation plans below - to be delivered by the Author:*		
	Screening tools are routinely employed across the organisation and the same principles for drug use should be employed: Introduction of the test explaining that these questions are asked in services where drug use is common and can complicate the care and treatment of the patient. Application of the test should result in advice being tailored to the outcome of the test using the information set out in the appendices.		
Monitoring and Compliance:	Policy adherence will be monitored through the case note audit which monitoring the completion and compliance with defensible documentation and the requirements for aspects of the risk and clinical assessments. The audit tool will be extended to consider the completion of alcohol screening questions.		

Document Change History: (please copy from the current version of the document and update with the changes from your latest version)			
Version number/name of procedural document this supersedes	*Type of change, e.g. review/legislation*	*Date*	*Details of change and approving group or executive lead (if done outside of the formal revision process)*
1.00	New policy	January 2017	New policy
1.01	Review	February 2017	Amendments made following January 2017 QPaS
1.02	Review	April 2017	Further amendments made following April 2017 QPaS
1.03	Review	January 2019	Full review undertaken; no changes made Approved at QPaS Group February 2019
1.04	Review	March 2022	Review undertaken with minor changes

			Approved at Addictions clinical network 13 September 2021. Approved at QPaS (10-Mar-22) with the addition of the reference to the Alcohol Misuse Policy

Appendix 9: Equality Impact Assessment (EIA)

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: Identification of Drug Misuse
2. EIA Reviewer (name, job title, base and contact details): Dr Soraya Mayet, Consultant Psychiatrist (Addiction Specialist)
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? Policy

Main Aims of the Document, Process or Service National guidance identifies the need for NHS organisations to routinely screen patients attending mental health and criminal justice services for the presence of drug misuse and provide feedback on these screening tests and where indicted refer the patient for assessment and treatment. This policy supports this process which is aimed at broadening the screening and referral of patients into treatment for drug misuse.
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

Equality Target Group 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed? Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern(Amber) High = significant evidence or concern (Red)	How have you arrived at the equality impact score? a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people Young people Children Early years	Low	Screening tests and procedures have been used in individuals who are below the legal age for use of drugs. Where drug misuse is identified in young people clinical staff should consider and explore safeguarding issues particularly where intoxication is linked to patient safety, exploitation and vulnerability.
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory Physical Learning Mental Health (and including cancer, HIV, multiple sclerosis)	Medium	Screening tests may require adaptation for in Learning Disabilities, however staff with skills in this specialty should be able to adapt questions with guidance from specialist services
Sex	Men/Male Women/Female	Low	
Marriage/Civil Partnership		Low	
Pregnancy/ Maternity		Medium	There is evidence that where patients perceive the reporting

			of drug misuse as impacting on medico/legal issues (i.e. parenting) results may be less valid. Staff should consider other approaches (i.e. specialist assessment, toxicology) where the MDT considers the report of drug misuse is potentially indicated
Race	Colour Nationality Ethnic/national origins	Low	Screening tests as those proposed have been used internationally and amongst diverse cultural groups and found to be valid
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	
Sexual Orientation	Lesbian Gay men Bisexual	Low	
Gender reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	

Summary

Please describe the main points/actions arising from your assessment that supports your decision above Drug screening and identification of the need for brief interventions are a well-established principle of health care. The use of drug screening questions and the brief advice attached to such a procedure is of minimal burden to the patient and staff and is indicated as part of clinical risk assessment and protecting patient safety. This approach also helps with the early identification of more problematic drug misuse problems. Overall there is a low level of impact across Equality and Diversity Groups of this policy.	
EIA Reviewer: Dr Soraya Mayet	
Date completed: September 2021	Signature: S Mayet