

## Management of Service Users who have Dual Diagnosis (comorbidity existing problems related to mental health and substance/alcohol use) Policy

This policy supports staff to give consistent care and treatment  
in accordance with NICE guidance.

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## Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
V 11	April 2020	Introduction p4 change related to suicide policy Change in responsibilities for policy p5 4.1 Addition of inpatient drug worker service p5 5.4

### For further information contact:

PT Nurse Consultant –L Dual Diagnosis

### Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

### Due Regard

LPT will ensure that Due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination;
- LPT complies with current equality legislation;
- Due regard is given to equality in decision making and subsequent processes;
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 6) of this policy

## Definitions that apply to this Policy

SADQ	Severe alcohol withdrawal questionnaire
Audit –	Alcohol scale
Cow-	Opiate withdrawal scale

### 1.0 Purpose of the Policy

This document sets out Leicestershire Partnerships (NHS) Trust's Policy and Guidance for staff on the care and treatment of a patient who has mental health problems (including those with learning disability and mental health problems) and dual diagnosis of substance or alcohol misuse.

### 2.0 Scope

These guidelines are designed for all clinical staff working with client with dual diagnosis and to be used in conjunction with national prescribing guidelines know as the orange guidelines (DOH 2017). The aim is to engage with clients to prevent avoidable deaths through substance misuse, by engaging clients within treatment services and working with clients with both mental health and substance misuse issues in partnership with substance misuse agencies.

### 3.0 Summary and Key Points

The aim of this policy is to ensure staff is able to provide a professional service that maintains high standards of care and treatment in line with NICE Guidelines, ensuring dignity and respect, and enabling effective communication with families and other agencies. This policy should be used in conjunction with the clinical guidelines in the appendices and the following Trust policies found on the Intranet:

- Information Sharing Policy
- Consent to Examination or Treatment Policy
- Confidentiality & Information Sharing with Carers
- Searching of Inpatients and their Property Policy (For all Mental Health and Learning Disability Inpatient Settings)
- Opiate substitute Detoxification Policy

- Naloxone guidance
- Alcohol Detoxification Guidelines

## **4.0. Introduction**

**4.1** Dual Diagnosis is described as mental health and substance misuse, is one of the biggest challenges facing mental health services (Appleby L DOH 2018) with mental health clients having multiple complex issues with a higher risk of relapse and suicide.

“During 2006-2016 there were 909 suicides per year on average by patients who had a history of alcohol or drug misuse, 56% of all patients who died - this percentage was higher in Scotland and Northern Ireland. Only a minority were in contact with specialist substance misuse services” (Appleby DOH 2018)

**4.2** Substance misuse amongst individuals with mental illness has been associated with significantly poorer outcomes including:

- Worsening mental health
- Increased incidents of suicide
- Increased rates of violence
- Increased rates of homicide
- Increased use of in-patient services
- Poor medication adherence
- Homelessness
- Increased risk of HIV, Hepatitis infection
- Poor social outcomes including impact on carers and family
- Contact with the criminal justice system. (DH 2002)

**4.3** Dual diagnosis is defined as the co-existence of mental health and substance misuse problems. This broad definition is intended to be inclusive so that the needs of the wide range of people with co-existing conditions coming into contact with the Trust are considered regardless of the severity of their mental illness and/or their substance misuse problem

## **5.0 Duties within the Organisation**

### **5.1 The Trust Board**

The Trust Board has the responsibility to oversee this policy and for ensure that it is carried out effectively.

### **5.2 Trust Board Sub-committees**

Have the responsibility for ratifying policies and protocols through clinical governance and risk groups.

### **5.3 Nurse Consultant for Dual Diagnosis**

It is the responsibility of the Nurse Consultant for Dual Diagnosis to:

- Develop, monitor and implement the policy and clinical guidance for dual diagnosis

- Supervise Substance Misuse workers for inpatient settings
- Co-ordinate, train and update Dual Diagnosis Link Workers for all services
- Providing resource files electronically to be updated 6 monthly
- Provide clinical care to dual diagnosis clients, training for staff
- Links to local Substance misuse agencies

#### **5.4 Inpatient Substance Misuse Workers**

- Provide clinical advice and care to inpatients with substance misuse issues
- Attend relevant training
- Advise clinical staff on substance misuse issues

#### **5.5 Service Directors and Heads of Service**

Are responsible for:

- Ensuring that policy changes, and new policies and guidance documents, are disseminated to the Managers, and Team Leaders to operationalise
- Monitoring compliance in staff training required for the policy.

#### **5.6 Managers and Team leaders**

Are responsible for:

- Ensuring that there is a clear process for dissemination of this policy
- To ensure that the line manager(s) are clear in their roles and responsibilities in implementing the policy
- Ensuring that there is a process in place to allow staff to be released to meet training needs
- To ensure that each area has an identified link worker for dual diagnosis and have one day a month to carry out their dual diagnosis role.

#### **5.7 All Medical, Nursing and Therapy Staff**

Are responsible for ensuring that:

- Their knowledge and practice is in accordance with the policy and guidance
- Patients are clinically assessed in order to identify any dual diagnosis of substance or alcohol misuse
- They seek advice from the Consultant in Dual Diagnosis or Community Substance Misuse Provider (Turning Point) when required
- Work with substance misusers on relapse prevention and give overdose advice
- Attend dual diagnosis training either face to face or through e-learning
- Ensure care plans incorporate substance misuse even if client declines, it will still need to be risk assessed.

#### **5.8 Dual Diagnosis Link Workers**

Are responsible for:

- Providing first line advice to staff within their service area on patients with a dual diagnosis
- Ensure all new starters in the service are aware of the role of the link worker and where to find the resources
- Signposting patients and their families to other support services
- Carrying out the role of the link worker in accordance with the role description (The role description is held in the Dual Diagnosis Resources found online staff net)
- Role out all information sent from dual diagnosis to their teams. Carry out work

with clients on substance misuse. Spend half a day a month updating staff and developing practice in substance misuse in their area.

## **5.9 Responsibility of Clinical Staff**

### **No Mental Health Service cannot be refused because of substance misuse**

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered.

Consent can be given orally and/ or in writing. Someone could also give non-verbal consent as long as they understand the treatment or care about to take place. Consent must be voluntary and informed and the person consenting must have the capacity to make the decision.

In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following;

- Understand information about the decision
- Remember that information
- Use the information to make the decision
- Communicate the decision

Clinical staff must ensure the process is followed:

### **PROCESS**

First assessment Establish what drugs and/or alcohol the client uses establish risk.

Drugs

Do they need prescribing methadone?

First step ring turning point confirm if client is known to them or being currently prescribed.

Assess for risk of withdrawal used Cows withdrawal scale

Monitor for signs over a three day initial period.

Is there a risk of drug use on the ward?

Alcohol

Check for withdrawal using audit /SADQ tools.

Prescribing for detoxification in line with trust guidelines.

Monitor for withdrawal

Refer onto substance misuse services is essential following detoxification.

## **6.0 Support for carers/families**

**6.1** The families and carers of people with a dual diagnosis can be important partners in care delivery. They will require information and support to help them fulfil this role. Even in situations where service users do not consent to the active involvement of family/carers, Trust staffs still have a responsibility to consider their needs and a carer's assessment should always be offered.

**6.2** Substance misuse issues should be considered in all carer's assessments. Particular attention should be given to the needs of young carers.

**6.3** Carers should be offered information about the range of carers' agencies that can provide them with support (those with a mental health focus and those with a substance misuse focus). Information resources about support agencies are held within the Dual Diagnosis resource folder.

**6.4** Carers should be offered information about substances, their effects and complications, impact on physical and mental health, and potentially dangerous interactions with prescribed medication.

**6.5** Carers can be at risk of harm from service users with dual diagnosis problems and should be made aware of who/which services to contact in case of an emergency.

**6.6** Some carers will have substance use problems of their own. Where appropriate, information about local substance misuse service provision should be offered.

## **7.0 Partnership working and information sharing**

**7.1** Underpinning safe and effective care delivery is robust documentation and information sharing with all partners involved in care/treatment provision. Given the range of agencies likely to be involved sharing information in a timely manner is essential. The Trust electronic patient recording systems provides systems that facilitate information sharing across teams within the Trust.

**7.2** The Trust Information Sharing and Confidentiality Policies should guide practice. It is good practice to obtain written consent from a patient before information is shared unless this is related to Safeguarding issues or the patient poses a significant risk to others.

**7.3** Careful consideration of what information is passed on to which



organisations is required. A minimum requirement would usually be information about the nature of mental health and substance use problems and an assessment of risk.

**7.4** During treatment (when consent has been given), as a minimum, external ‘agencies’ (including carers) should be invited to CPA/ Care Review meetings and given copies of care plans. Partner agencies should always be informed of significant changes in the service users’ circumstances or care plans.

**A list of useful contacts/ services is held within the Ward/Team Dual Diagnosis Resource and this is updated quarterly.**

## 8.0 Training Needs

**8.1** There is a need for training identified within this policy. In accordance with the classification of training outlined in the LPT Trust Learning and Development Strategy this training has been identified as role specific training via the trust wide training needs analysis (Appendix 3).

**8.2** Training must be booked through the Ulearn system. The Ulearn system will identify: who the training applies to, the delivery method, the update frequency, the learning outcomes and a list of available dates and locations where the training can be accessed.

**8.3** A record of the staff training will be recorded on Ulearn for LPT staff and compliance should be monitored at the Directorate Workforce meetings.

**8.4** Clinical Skills training in dual diagnosis is available to all registered clinicians and Health care support workers in LPT. There is also access to eLearning on dual diagnosis provided following the initial face to face training as an update. Specific training is required for all Doctors around prescribing guidance for opiate dependence/withdrawal using department of health drug misuse guidance <https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management-and-alcohol-detoxification-trust-guidance>

## 9.0 Monitoring Compliance and Effectiveness

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
	Assessments of substance misuse to be evidenced	P6 paragraph 5.6 P7 5.9 P8 paragraph	Audit to be carried by Team Managers/Ma	AMH Clinical Governance	annually

## 10.0 Standards/Performance Indicators

This policy links to National Guidance on Homicides and Suicides to reduce deaths, linked to mental health and substance misuse. Confidential Inquiry into Suicide and Homicide by People with Mental Illness, London  
 Department of Health (2016) National Suicide Prevention Strategy for England, DH, London

LPT Suicide prevention policy  
 Nice Guidance on Alcohol CG115 identification of alcohol conditions and treatment.  
 Nice guidance on assisted alcohol withdrawal 2020 detoxification guidance  
 Nice guidance on Co-existing mental health and substance misuse CG120  
 All patients to have assessment on substance misuse, and offer referral and harm minimisation.  
 Nice guidance on opiate withdrawal CG52  
 Nice guidance on Benzodiazepine and z drugs withdrawal 2015  
 CQUIN alcohol to provide assessment and brief interventions

Department of Health Dual diagnosis Good Practice Policy (2017) Better care for people with co-occurring mental health conditions alcohol/drug use conditions Public Health England

Nice guidance on opiate withdrawal CG52  
 Nice guidance on Benzodiazepine and z drugs withdrawal 2015

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
Nice guidance on co existing mental health and substance misuse CG120	Service for dual diagnosis
Nice guidance on alcohol CG115	Guidance implemented detox carried out in line with guidance
CQUIN delivery of brief interventions	Interventions documented

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 Drug Strategy (2017) HM Government  
 Drug Misuse and Dependence UK Guidelines of clinical management 2017

PHE\DOH

Safeguarding hidden harm

Safeguarding Children and Young People: Roles and competencies for Health Care Staff. Intercollegiate document (Royal College of Paediatrics and Child Health, 2010).

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[www.gov.uk/drink-drive-](http://www.gov.uk/drink-drive)  
[https://www.research.manchester.ac.uk/portal/files/77517884/REPORT\\_NCISH\\_2018\\_Report.pdf](https://www.research.manchester.ac.uk/portal/files/77517884/REPORT_NCISH_2018_Report.pdf)  
<https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management>

### **Clinical Guidance for the Care and Treatment of patients with Dual Diagnosis of Mental Health Problems and Coexisting Substance or Alcohol Misuse in Inpatient Services**

#### **1. Preventing Use:**

##### 1.1 Prior to admission

- All patients should be asked about substance use during assessment and for inpatient settings referred to the Substance misuse workers using [Substancemisuse@leicspart.nhs.uk](mailto:Substancemisuse@leicspart.nhs.uk) for community referrals need to be made to turning point LLreferrals@turning-point.co.uk. The assessment should include the alcohol Audit Tool and SADQ and DAST drug Screening Tool (Appendix 2).
- All Patients should have recorded care cluster 16 for dual diagnosis if presenting with psychoses and substance use.
- For Doctors when coding for diagnosis all patients should have secondary ICD substance misuse code for diagnosis if present.
- If a patient discloses substance use, a urine/saliva sample should offered to confirm substances especially if requesting pharmaceutical interventions or detoxification. Prescribing should only take place following advice from the Prescribing Drug Service (turning point).
- All patients should be given the opportunity to talk to their named key worker/ health professional about issues related to substance use as part of their assessment and at any point during their clinical treatment. The patient can be offered referral to substance misuse workers in inpatient settings and follow-up by local drug and alcohol services on discharge. All patients must be offered referral to local substance misuse services.

On discharge all patients to be referred back to turning point, those on methadone turning point prescribe at point of discharge no take out methadone. Ensure turning point know 3 days prior to discharge do not discharge patients on methadone at the weekend as there is no service after 1pm on Saturday.

1.2 All patients should be notified that substance use on Trust premises is not accepted practice. Posters should be clearly displayed explaining substance use is not allowed on Trust premises in all patient areas and advice alongside on where to access help. The Trust has a positive policy of searching to reduce the flow of controlled drugs into the premises. All staff should be aware of the Trust Checking and Searching Policy.

1.3 Any concerns or suspicions of patients being in possession or concerned in the distribution of controlled drugs must be discussed with the Multi-Disciplinary Team (MDT) as soon as possible.

##### 1.4 Key Messages –

Intoxication with any substance is potentially life threatening through direct effects of the substance or through an increased risk of suicide, violence and accidents (Appleby 2016).

1.5 Emergency care can include:

Maintaining airways and circulation, immediate transfer to Acute Physical Health Hospital Services should be arranged if there is a risk of respiratory depression or behavioural disturbance.

1.6 Four main causes of drug related deaths are overdose, suicide, accidents and physical health complications.

1.7 Increased awareness for staff and training in managing intoxication and the importance of taking a thorough history of substance use and toxicology analysis may increase awareness of risks as part of a baseline assessment.

## **2 On admission**

2.1 Routine urine testing is carried out on admission for all new admissions with informed consent (see consent policy) to an acute mental health ward due to the high prevalence of substance misuse in this patient group and check with local substance misuse services for contact or key worker.

2.2 All staff should familiarise themselves with drug/alcohol test screening kits and understand the implications of drug and alcohol use. This is available through the dual diagnosis training.

2.3 Timing of tests should be agreed at admission with the team on duty and carried out by suitably trained staff.

2.4 If a patient provides a positive test for either drug or alcohol a full substance misuse history is to be completed by key worker and the patient asked if they will consent to a referral being made to the substance misuse team or dual diagnosis consultant. Any discussion or referral must be documented in the notes and a care plan for substance use created.

2.5 All registered staff should provide basic motivational and brief intervention work with patients.

2.6 All patients should be informed of the possible dangers of using substances when prescribed medication is being used.

2.7 Establish any links accurately between substances and mental health. This would include noting any change in behaviour once substance is no longer in the patients system.

2.8 All patients with substance misuse issues will have an array of physical health problems and will need to be assessed for physical health issues

## **3 Physical Investigations**

3.1 Before any test, full informed consent should be obtained from the patient.

3.2 Blood screen by the doctor should include:

- Haemoglobin (FBC)
- Creatinine (U+E)
- Liver function tests (GGT)
- Hepatitis C & B with specific informed consent
- Test for HIV antibody with specific informed consent
- Magnesium levels

## **4 Guidance for the use of urine drug screens**

4.1 Drug screen tests are available within the Trust.

There are options available from multi-screen tests both urine and saliva.

- Multi-drug screen test panel (urine/saliva)
- To be used if a full screen is required.
- Multi-drug screen test panel (urine/saliva)
- On admission all patients should be made aware of the drug screening procedure and this is documented in the notes. If regular drug screening is being undertaken

this should be documented in the care plan

- Before using a drug screen is clear of what a positive or negative result will signify.
- Document the therapeutic / treatment gains for the patient having a drug screen.
- If a patient says they have taken a certain drug – does the test still need to be carried out?
- Drug testing should be seen as an opportunity for harm reduction information giving and to assess the patient's level of motivation, otherwise the procedure could be viewed by the patient and the health care professional as punitive.
- If a false positive or negative occurs repeat the test just once then if the result shows the same send the sample to the pathology laboratory. Certain clinical conditions may show a false positive.
- There is cross sensitivity between certain medicines, check with the manufacturer. If a patient requires treatment for drug / alcohol use this should be provided whilst in services via appropriate agencies.
- Search of ward / trust premises as per Trust Search Policy.

## **5 Prior to Leave**

5.1 As a condition of leave, agree frequency of testing and what substances are to be tested.

5.2 Appropriate timing of testing before and after leave. All patients known to use substance should receive information on harm minimisation and Leave protocols should include harm minimisation messages and emphasis on remaining substance free.

5.3 Reduce leave if substance misuse takes place and document within care plan, discuss why use took place and offer brief interventions and relapse prevention. Please refer to the Trust's Leave Policy.

5.4 Doctors and Nurses to provide advice to patients regarding combining substances especially alcohol and benzodiazepines.

5.5 Educate substance users and their families / carers on the risks of overdose and how to respond effectively especially when prior to discharge from hospital following a period of abstinence.

## **6 Dealing with Overdose**

6.1 All services must have training in managing overdose and receive naloxone (opiate antidote) training. This is arranged via Ward request to the Dual Diagnosis Nurse Consultant.

Staff should be able to:

- Call an ambulance and competent preservation of the airway, support breathing and cardiac function as appropriate
- Suitable resuscitation training and equipment should be available
- If there are signs of hyperthermia arrange medical transfer to Accident and Emergency
- Establish (if history available) amount and type of substance used as well as time of last use.
- Ensure the emergency trolley has naloxone and given to all patients on methadone on discharge.

## **7 Managing Intoxication and Driving**

7.1 Assess for intoxication using an Alco meter for alcohol and provide patients with a safe environment to support recovery.

- If a patient asks for discharge whilst intoxicated, levels of intoxication need to be measured using an Alco meter if the patient refuses it must be documented.
- Patients who appear intoxicated should not be discharged until they have been reviewed or no longer intoxicated due to the risk to themselves and others. The patient should be reviewed by the duty doctor and the co-ordinator informed.

7.2 For information regarding the Law in relation to driving and using drugs or alcohol, please refer to the Trust Policy and:-

[www.think.direct.gov.uk/drug-driving](http://www.think.direct.gov.uk/drug-driving)

[www.gov.uk/drink-drive-limit](http://www.gov.uk/drink-drive-limit)

### **8 Management of alcohol withdrawal is required when a patient:**

- Is severely dependent on alcohol and therefore likely to have severe withdrawal symptoms.
- Suffers from a serious or life threatening medical or psychiatric condition e.g. pre-existing epilepsy, impaired liver function (high serum bilirubin, low albumin and impaired clotting) or is at risk of self-harm / suicide or aggression / violence
- Is currently having, or has in the past, had severe withdrawal symptoms or withdrawal complicated by alcohol withdrawal seizures or delirium tremens (DTs)
- Has any evidence of cognitive impairment. Compulsory admission under the Mental Health Act (1983) is not permissible when alcohol dependence is the sole diagnosis. However, in patients with delirium tremens compulsory admission may be appropriate.
- See methadone detoxification policy for prescribing and alcohol detoxification policy.

## **9 Use of Drug dogs**

The use of drug dogs should be restricted to concerns for patients' safety within the ward environment or issues related to dealing on wards by both patients and visitors. Advice to their use should be taken in discussions with the Trust Security Manager/local police officer. Drug dogs should only be requested when there are concerns about dealing within Inpatient units.

## **10 Leave Status**

Patients should be reminded prior to leave that returning intoxicated is not acceptable practice and could lead to a review of their current care. Leave should be reviewed should an individual repeatedly return to the ward intoxicated. Alco meters and drug testing kits should be used to establish if someone is under the influence of illegal substances in order to protect the patient, other patients and staff.

## **11 Disposal of Drugs**



### 11.1 Drug Safes to be used as per Policy and Search Policy

The Trust has established a policy dealing with how the drugs are stored and passed over to the police. ~This is through the use of drug safes in inpatient areas.

The Trust is continuing to ensure robust structures are in place in respect to the supervision of areas of the premises which may attract drugs use and dealing e.g. low light areas, toilets etc. also staff should monitor the activity of patients and visitors for signs of drug use or dealing. Attention should be given to patients returning from smoking breaks outside of the unit.

11.2 The police can provide advice and assistance with all issues in relation to controlled drugs. All incidents of drug dealing should be immediately reported to the police. The banning or excluding visitors suspected of being in possession or concerned in the distribution of controlled drugs should be discussed with the Service Manager and Local Security Management Team.

## **12. Action to be taken if a visitor is suspected of possessing a dangerous or illicit item**

12.1 this policy does not make provision for the searching of visitors. Visitors must be asked not to bring bags on to Trust premises where staffs have concerns about dangerous or illicit substances being brought in.

12.2 All visitors will be discreetly observed whilst on Trust premises. A visitor suspected of carrying or supplying dangerous items will be challenged, and they will be asked to support staff to maintain a safe ward environment.

12.3 A visitor **must not** be searched, although their bags may be searched upon request if the visitor gives their consent. If a visitor refuses for their bags to be searched staff must consider whether it is appropriate for restrictions to be placed on their visits (e.g. observed visit only) or if they should be prohibited from visiting. Consideration must be given to the impact that this may have on the patient, and as withholding visitors is a significant infringement of the patient's rights, the decision must be carefully considered and full agreement of the team must be reached.

12.4 A full record of the seizure of the drugs should be made in the Trust Drug Seizure Log and kept at the premises (along with an entry in the patient records)

## **13. Internal and external joint working arrangements for patients**

13.1 To ensure effective communication within and between each area, regular contact needs to be made with local drug and alcohol partner agencies, and probation. This can be done by contacting each service on patient admission to check if the patient is open to substance services. Arrangements for accessing expert advice in managing the care of this group are through the Nurse Consultant for Dual Diagnosis, Substance Misuse Workers in Inpatient areas and local drug and alcohol services who visit Inpatient services on set days. Additional support is available from substance services via the consultant psychiatrist.

13.2 On occasions there will be differences of opinion regarding which service(s) is best placed to lead the care delivery of an individual and/or the appropriate contribution of specific services to the care package. If, following initial discussion between staff directly involved in a particular case, differences of opinion are not resolved, a multi-professional meeting should be arranged. The meeting should be chaired by the consultant psychiatrist and the patients, carers and staff directly involved with the case, the team managers and consultant psychiatrists of the relevant teams, a social care perspective, as well as substance misuse workers and Nurse Consultant for Dual Diagnosis. The consensus view should be documented and reviewed through the care programme approach.

13.3 In line with CPA guidance (DH 2008), when a Mental Health Team is not going to provide care within the CPA framework for someone with a dual diagnosis the reasons for this will be explained following the assessment on the patient electronic record. Some people with a dual diagnosis have short periods of contact with services but tend not to maintain good contact or engagement despite having needs and being potentially at risk of self-harm, self-neglect, physical health problems, accidents, suicide and violence to others. They are often people with mild to moderate mental health problems who do not meet criteria for secondary mental health care and are unwilling or unable to access substance misuse services. Services need to work together to consider the needs of each individual, ensure that risk is carefully assessed, information shared (including with the person's GP) and a flexible and timely response taken when risk escalates or there are opportunities for engagement.

#### **14. Clinical care - Assessment**

14.1 Assessment of current and recent substance use should be an integral component of mental health assessment (for inpatient wards this should be conducted on admission, or, if this is not possible due to the disturbed mental state of the person, as soon after as is feasible) (DH 2002, 2006, 2008, 2012 2017 AIMS. Nice Alcohol and Drug Guidelines). If the person does not use any drugs or alcohol this should also be recorded.

14.2 Risk assessment must identify the risks associated with mental health, substance use and the interaction of the two, and include risks posed to patients, their family and carers, children, staff (both on Trust premises and in users homes) and others in the wider community. Risk assessment should therefore include determining the potential impact of different types of substance on violence, self-harm, suicide, self-neglect, abuse and exploitation, and accidental injury as well as risks specifically associated with substance use such as withdrawal seizures, delirium tremens, dangerous injecting practices, blood borne viruses, accidental overdose. The potential risks associated with the interaction of prescribed medication and non-prescribed, and/or illicit drugs, and/or alcohol, should be considered. The risk to children with whom the patient is in contact must also be assessed related to safeguarding (Hidden Harm).

14.3 Where initial assessment indicates present or past substance use a substance use history should be taken by the Doctor or qualified nurse. The drug and alcohol history section on the Trust Risk Assessment outlines the main components of such an assessment.

14.4 The impact of substance use on other assessment domains e.g. relationships, accommodation, education/employment, finances, forensic should be considered and, where relevant, documented.

14.5 Substance use, and the lifestyle which may be associated with it, can have a significant impact on physical health (including sexual health). This should be assessed and documented and the appropriate physical investigations conducted e.g. liver function tests, hepatitis B and C testing.

The patient's reasons for, and perceptions of, use and motivation for change should be assessed. This will inform subsequent interventions.

14.6 As well as patients themselves, carers, families and other service providers involved in the person's care should be invited to contribute to the assessment process.

14.7 Assessment is an ongoing process and needs to be reviewed regularly. For those subject to CPA, review of substance use must be part of the CPA process. When a formal diagnosis of mental or behavioural disorder due to substances has been made, in line with ICD10 criteria, and care cluster this should be recorded.

14.8 For in-patients they should be seen by Substance Misuse workers

14.9 Referral should be made to Substance Misuse Services

## **15 Care planning and treatment intervention**

15.1 Care planning must be a collaborative process with the patient and where appropriate, their carers. Substance misuse if identified must be included.

15.2 All patients should be asked about substance use on admission and urine/saliva screened for confirmation of type of substance. A full drug/alcohol history should be taken for all patients entering services.

15.3 All patients who are currently or have recently used substances, and those who have had problems in the past, must have a care plan(s) which addresses substance use. This may include one or more of the following: risk management plan, mental health care plan, physical health care plan, CPA plan, and crisis plan. Patients must be offered a copy of their care plan(s). All patients should be urine screened on admission if there are concerns that drug taking has taken place before e-prescribing. This is to ensure patients are using and for safe prescribing practice to take place.

15.4 Alcohol testing using a breathalyser should be used on ward as part of an admission if there are concerns that the patient maybe intoxicated and may pose a risk to themselves or others.

15.5 Treatment interventions should be matched to the patient's stage of change in line with the cycle of change (Prochaska and DiClemente 1986) and the four staged treatment model (Osher and Kofoed 1989).

15.6 While abstinence from substances would usually be the preferred goal for patients with mental health problems, many will be unwilling or unable to attain this. An approach based on engagement, harm reduction (to the person themselves, those with whom they have contact, and the wider community) and motivational enhancement is therefore an appropriate initial goal (DH 2002, 2006).

15.7 A key component of harm reduction is health education. All clinical staff should be able to offer health education on the potential impact of substances on physical

and mental health (Hughes 2006) in line with best practice guidance (e.g. NICE 2007, Alcohol Effectiveness Review). Each Trust site should have health promotion information. These should be offered to patients and carers and could be used as a basis for discussions during individual work and as a resource in groups.

15.8 Where computers are available for the use of patients, web-sites which provide information, advice and self-help regarding substance use should be bookmarked as 'favourites' so that they can be easily accessed.

These sites should include:

- [www.talktofrank.co.uk](http://www.talktofrank.co.uk);
- [www.dualdiagnosis.co.uk](http://www.dualdiagnosis.co.uk),
- [www.drugscope.co.uk](http://www.drugscope.co.uk)
- Lifeline and alcohol concern.

NHS choices

15.9 All sites should have information available about local substance misuse services, what they offer and their referral criteria. Substance misuse services should have information about local mental health services and how they can be accessed and should be aware of services provided by Local Authorities and voluntary and private organisations.

15.10 when pharmacological interventions are indicated prescribing must be in line with best practice guidance (e.g. NICE substance misuse and psychoses 2011 NICE 2007, NICE guidance (b) c)) and Guidelines on the Clinical Management of Drug Dependence (DH England and the devolved administrations 2017) 2007 Maudsley, as there are likely to be several agencies involved in care delivery. Care plans must clearly document each person/agencies contribution to the overall care plan. This should link to policy on alcohol and substance abuse for patients and visitors.

15.11 For people subject to CPA, substance use must be routinely considered in CPA reviews.

15.12 When patients are being transferred within, or referred on from, Trust services plans must include provision for continued care/treatment of their substance use (for those in mental health services) or their mental health issues (for those in substance services). When patients have provided consent, copies of care plans must be forwarded to partner agencies and carer.

15.13 When people with opiate problems are being discharged from inpatient services they must be informed about the risk of overdose.

15.14 Concerns over prescribing must be discussed with substance misuse service consultant or nurse consultant for dual diagnosis.

15.15 No prescribing should take place until a check with other prescribing services, for example the GP has been carried out to ascertain current prescribing regime.

15.16 Local substance services must be informed with 3 days notice that a patient needs prescribing for on discharge.

15.17 When patients are being discharged from Inpatient wards, a clear plan must be in place to ensure that a 7 day follow up takes place.

15.18 For prescribing of methadone drug services must be given 3 days notice of discharge, to enable them to provide methadone on discharge.

### **Clinical Guidance for the Care and Treatment of patients with Dual Diagnosis of Mental Health Problems and Coexisting Substance or Alcohol Misuse in Community Services**

#### **1. Preventing Use:**

1.1 All patients should be asked about substance misuse in the community to assess for risk and be able to offer referral to Substance Misuse Services.

1.2 Brief interventions should be offered to all patients using substances within the community. Brief interventions are the first point in offering patient an opportunity to reflect and change current practice. Check if patient is open to local Substance Misuse Services

#### **2. Managing People Who Are Intoxicated**

2.1 When conducting home visits or outpatients appointments patient should be asked to refrain from using substances in front of staff and if intoxicated review if the visit/ appointment is appropriate as therapeutic work will be difficult to conduct if the patient is intoxicated. Offer the patient another appointment.

##### 2.2 Key Messages – minimum

Intoxication with any substance is potentially life threatening through direct effects of the substance or through an increased risk of suicide, violence and accidents (Appleby 2016).

##### 2.2 Emergency care can include:

Maintaining airways and circulation, immediate transfer to the Leicester Royal Infirmary hospital should be arranged via ambulance if there is a risk of respiratory depression or behavioural disturbance.

2.3 Four main causes of drug related deaths are overdose, suicide, accidents and physical health complications.

2.4 Good Practice should include taking a thorough history of substance use and toxicology analysis may increase awareness of risks as part of a baseline assessment.

2.5 Increased awareness for staff and training in managing intoxication.

a. Risks associated with administering depot medication / delivering medication if people are likely to be intoxicated as part of a dependency on a substance. Assess for intoxication prior to giving depot medication. If patient intoxicated do not administer and give once patient is no longer under the influence anything from 4 to 24 hours later.

2.6 Crisis Team assessments should include drug/alcohol assessment and all patients should be seen to assess this risk. If intoxicated at the time of assessment a time should be arranged to see the patient when they are no longer intoxicated within a 24 hour period.

2.7 Utilise contingency planning / patient plans of what they would like to happen should they use substances and are admitted to a ward.

### **3. Dealing with Overdose**

All registered staff must have training in managing overdose and receive naloxone training.

This should include:

- Rapid ambulance call and competent preservation of the airway, support breathing and cardiac function as appropriate
- Suitable resuscitation training.

### **4. Management of alcohol withdrawal is required when a patient:**

- Is severely dependent on alcohol and therefore likely to have severe withdrawal symptoms.
- Suffers from a serious or life threatening medical or psychiatric condition e.g. pre-existing epilepsy, impaired liver function (high serum bilirubin, low albumin and impaired clotting) or is at risk of self harm/suicide or aggression/violence
- Is currently having or has in the past had severe withdrawal symptoms or withdrawal complicated by alcohol withdrawal seizures or delirium tremens (DTs)
- Has any evidence of cognitive impairment. Compulsory admission under the Mental Health Act (1983) is not permissible when alcohol dependence is the sole diagnosis. However in patients with delirium tremens compulsory admission may be appropriate.

### **5. Internal and external joint working arrangements**

5.1 To ensure effective communication within and between each area, regular contact needs to be made with local drug and alcohol partner agencies, and probation. This can be done by contacting each service on patient admission to check if the patient is open to substance services. Arrangements for accessing expert advice in managing the care of this group are through the, nurse consultant for dual diagnosis, substance misuse workers and local drug and alcohol services who visit inpatient services on a set day each week. Additional support is available from substance services via the consultant psychiatrist.

5.2 On occasions there will be differences of opinion regarding which service(s) is best placed to lead the care delivery of an individual and/or the appropriate contribution of specific services to the care package. If, following initial discussion between staff directly involved in a particular case, differences of opinion are not resolved, a multi-professional meeting should be arranged. The meeting should be chaired by the consultant psychiatrist and the patients, carers and staff directly involved with the case, the team managers and consultant psychiatrists of the relevant teams, a social care perspective, as well as substance misuse workers and Nurse Consultant for Dual Diagnosis. The consensus view should be documented and reviewed through the care programme approach.

5.3 In line with CPA guidance (DH 2008), when a mental health team is not going to provide care within the CPA framework for someone with a dual diagnosis the reasons for this will be explained following the assessment on the patient electronic record Some people with a dual diagnosis have short periods of contact with services but tend not to maintain this despite having needs and being potentially at risk of self-harm, self-neglect, physical health problems, accidents, suicide and violence to others. They are often people with mild to moderate mental health problems who do not meet criteria for secondary mental health care and are

unwilling or unable to access substance misuse services. Services need to work together to consider the needs of each individual, ensure that risk is carefully assessed, information shared (including with the person's GP) and a flexible and timely response taken when risk escalates or there are opportunities for engagement.

5.4 The Trust expects adherence to the standards set out in the following sections which are recognised as core components of good quality care for people with a dual diagnosis and essential for identifying and managing risk.

## **6 ALL registered staff Clinical care - Assessment**

6.1 Assessment of current and recent substance use should be an integral component of mental health assessment (for inpatient wards this should be conducted on admission, or, if this is not possible due to the disturbed mental state of the person, as soon after as is feasible) (DH 2002, 2006, 2008, 2012 AIMS. Nice Alcohol and Drug Guidelines). If the person does not use any drugs or alcohol this should also be recorded.

6.2 Risk assessment must identify the risks associated with mental health, substance use and the interaction of the two, and include risks posed to patients, their family and carers, children, staff (both on Trust premises and in patients homes) and others in the wider community. Risk assessment should therefore include determining the potential impact of different types of substance on violence, self-harm, suicide, self-neglect, abuse and exploitation, and accidental injury as well as risks specifically associated with substance use such as withdrawal seizures, delirium tremens, dangerous injecting practices, blood borne viruses, accidental overdose. The potential risks associated with the interaction of prescribed medication and non-prescribed, and/or illicit drugs, and/or alcohol, should be considered. The risk to children with whom the patient is in contact must also be assessed related to safeguarding (Hidden Harm).

6.3 Where initial assessment indicates present or past substance use a substance use history should be taken by the Doctor or qualified nurse. The drug and alcohol history section on the Trust Risk Assessment outlines the main components of such an assessment.

6.4 The impact of substance use on other assessment domains e.g. relationships, accommodation, education/employment, finances, forensic should be considered and, where relevant, documented.

6.5 Substance use, and the lifestyle which may be associated with it, can have a significant impact on physical health (including sexual health). This should be assessed and documented and the appropriate physical investigations conducted e.g. liver function tests, hepatitis B and C testing.

The patient's reasons for, and perceptions of, use and motivation for change should be assessed. This will inform subsequent interventions.

6.6 As well as patients themselves, carers, families and other service providers involved in the person's care should be invited to contribute to the assessment process.



6.7 Assessment is an ongoing process and needs to be reviewed regularly. For those subject to CPA, review of substance use must be part of the CPA process. When a formal diagnosis of mental or behavioural disorder due to substances has been made, in line with ICD10 criteria, and care cluster this should be recorded.

6.8 Referral should be made to substance misuse services.

## **7. Care planning and treatment intervention**

7.1 Care planning must be a collaborative process with the patient and where appropriate, their carers. Substance misuse if identified must be included.

7.2 All patients should be asked about substance use on admission and urine/saliva screened for confirmation of type of substance. A full drug/alcohol history should be taken for all patients entering services.

7.3 All patients who are currently or have recently used substances, and those who have had problems in the past, must have a care plan(s) which addresses substance use. This may include one or more of the following: risk management plan, mental health care plan, physical health care plan, CPA plan, and crisis plan. Patients must be offered a copy of their care plan(s). All patients should be urine screened on admission if there are concerns that drug taking has taken place before e-prescribing. This is to ensure patients are using and for safe prescribing practice to take place.

7.4 Treatment interventions should be matched to the patient's stage of change in line with the cycle of change (Prochaska and DiClemente 1986) and the four staged treatment model (Osher and Kofoed 1989).

7.5 While abstinence from substances would usually be the preferred goal for patients with mental health problems many will be unwilling or unable to attain this. An approach based on engagement, harm reduction (to the person themselves, those with whom they have contact, and the wider community) and motivational enhancement is therefore an appropriate initial goal (DH 2002, 2006).

7.6 A key component of harm reduction is health education. All clinical staff should be able to offer health education on the potential impact of substances on physical and mental health (Hughes 2006) in line with best practice guidance (e.g. NICE 2007, Alcohol Effectiveness Review). Each Trust site should have health promotion information. These should be offered to patients and carers and could be used as a basis for discussions during individual work and as a resource in groups.

7.7 Where computers are available for the use of patients, web-sites which provide information, advice and self-help regarding substance use should be bookmarked as 'favourites' so that they can be easily accessed.

These sites should include:

- [www.talktofrank.co.uk](http://www.talktofrank.co.uk);
- [www.dualdiagnosis.co.uk](http://www.dualdiagnosis.co.uk),
- [www.drugscope.co.uk](http://www.drugscope.co.uk)
- Lifeline and alcohol concern.

7.8 All Community Teams should have information available about local substance misuse services, what they offer and their referral criteria. Substance Misuse Services should have information about local mental health services and how they can be accessed and should be aware of services provided by Local Authorities and voluntary and private organisations.

7.9 When pharmacological interventions are indicated prescribing must be in line with best practice guidance (e.g. NICE substance misuse and psychoses 2011 NICE 2007, NICE guidance (b) c)) and Guidelines on the Clinical Management of Drug Dependence (DH England and the devolved administrations 2017) 2007 Audley As there are likely to be several agencies involved in care delivery, care plans must clearly document each person/agencies contribution to the overall care plan. This should link to policy on alcohol and substance abuse for patients and visitors.

7.10 When patients are being transferred within, or referred on from, Trust services plans must include provision for continued care/treatment of their substance use (for those in mental health services) or their mental health issues (for those in substance services). When patients have provided consent, copies of care plans must be forwarded to partner agencies and carers

7.11 Concerns over prescribing must be discussed with Substance Misuse Service consultant or Nurse Consultant for Dual Diagnosis.

7.12 No prescribing should take place until a check with local services has been carried out to ascertain current prescribing regime.

## Alcohol Audit Tool (copies on system One)

This is one unit  
Of alcohol...

...and each of  
these is more  
than one unit



AUDIT	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	0 - 2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you found that you were not able to stop	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

drinking once you had started?						
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

you had been drinking?						
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	



**Scoring:** 0 – 7 Lower risk, 8 – 15 Increasing risk, 16 – 19 higher risk, 20+ possible dependence

### SEVERITY OF ALCOHOL DEPENDENCE QUESTIONNAIRE

(SADQ-C) 1 and DAST drug screen tools available on System One

Signatures for relevant staff to sign	
<p>I confirm that I have read and consider myself to be sufficiently trained in the above Standard Operating Procedure with regards to my individual roles and responsibilities</p> <p>Signature of Trainee ..... Date .....</p>	
<p>I confirm training in the above SOP was delivered as recorded above and that the trainee may be considered sufficiently trained in their roles and responsibilities</p>	

Signature of Trainer ..... Date .....
.
<b>Additional Notes &amp; Signatures</b>
Signature of Trainer (where appropriate)
I confirm training in the above SOP was delivered as recorded above and that the trainee may be considered sufficiently trained in their roles and responsibilities
Signature of Trainer ..... Date .....

[https://www.research.manchester.ac.uk/portal/files/77517884/REPORT\\_NCISH\\_2018\\_Report.p  
df](https://www.research.manchester.ac.uk/portal/files/77517884/REPORT_NCISH_2018_Report.pdf)

## Training Requirements

### Training Needs Analysis

<b>Training topic:</b>	Dual Diagnosis
<b>Type of training:</b> (see study leave policy)	<input type="checkbox"/> Mandatory (must be on mandatory training register) <input checked="" type="checkbox"/> Role specific <input type="checkbox"/> Personal development
<b>Division(s) to which the training is applicable:</b>	<input checked="" type="checkbox"/> Adult Mental Health & Learning Disability Services <input checked="" type="checkbox"/> Community Health Services <input type="checkbox"/> Enabling Services <input checked="" type="checkbox"/> Families Young People Children <input type="checkbox"/> Hosted Services
<b>Staff groups who require the training:</b>	<i>All clinical staff</i>
<b>Regularity of Update requirement:</b>	3 yearly
<b>Who is responsible for delivery of this training?</b>	Training and Development
<b>Have resources been identified?</b>	Yes
<b>Has a training plan been agreed?</b>	Yes
<b>Where will completion of this training be recorded?</b>	<input checked="" type="checkbox"/> ULearn <input type="checkbox"/> Other (please specify)
<b>How is this training going to be monitored?</b>	Yearly audit, each ward department to ensure training completed.

## The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

<b>Shape its services around the needs and preferences of individual patients, their families and their carers</b>	X
<b>Respond to different needs of different sectors of the population</b>	X
<b>Work continuously to improve quality services and to minimise errors</b>	X
<b>Support and value its staff</b>	X
<b>Work together with others to ensure a seamless service for patients</b>	X
<b>Help keep people healthy and work to reduce health inequalities</b>	X
<b>Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance</b>	X



## Stakeholders and Consultation

### Key individuals involved in developing the document

Name	Designation
Claire Armitage	Deputy Head of Nursing AMH
Dr Aria	consultant
Michelle Churchar	Head of Nursing AMH
Dr Kunigiri	Consultant
Helen Perfect	Head of Service AMH
Dr Naik	Consultant
Jaqui Newton	Matron
Louise Short	Team Manager Bradgate
Mark Grigg	Team Manager Herschel Prins
Sue Elcock	Medical Director

## Due Regard Screening Template

<b>Section 1</b>			
<b>Name of activity/proposal</b>	Dual Diagnosis		
<b>Date Screening commenced</b>	April 2020		
<b>Directorate / Service carrying out the assessment</b>	Adult Mental Health		
<b>Name and role of person undertaking this Due Regard (Equality Analysis)</b>	Lois Dugmore		
<b>Give an overview of the aims, objectives and purpose of the proposal:</b>			
<b>AIMS:</b> Provide clinical guidance for staff on dual diagnosis Provide service for dual diagnosis			
<b>OBJECTIVES:</b> Improve clinical outcomes Workforce with skills to work in dual diagnosis			
<b>Section 2</b>			
<b>Protected Characteristic</b>	<b>If the proposal/s have a positive or negative impact please give brief details</b>		
Age	All age policy		
Disability			
Gender reassignment			
Marriage & Civil Partnership			
Pregnancy & Maternity			
Race			
Religion and Belief			
Sex			
Sexual Orientation			
Other equality groups?			
<b>Section 3</b>			
<b>Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.</b>			
Yes		No	
High risk: Complete a full EIA starting click <a href="#">here</a> to proceed to Part B		Low risk: Go to Section 4.	<b>X</b>
<b>Section 4</b>			
<b>If this proposal is low risk please give evidence or justification for how you reached this decision:</b>			
Update of policy issues addressed few changes to current policy			
<b>Signed by reviewer/assessor</b>	L Dugmore	<b>Date</b>	11/05/20
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
<b>Head of Service Signed</b>		<b>Date</b>	

## DATA PRIVACY IMPACT ASSESSMENT SCREENING

<p><b>Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.</b></p> <p><b>The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</b></p>		
<b>Name of Document:</b>	<b>Clinical Guidelines for Dual Diagnosis</b>	
<b>Completed by:</b>	<b>Lois Dugmore</b>	
<b>Job title</b>	<b>Nurse consultant</b>	<b>Date 11/05/20</b>
<b>Screening Questions</b>	<b>Yes / No</b>	<b>Explanatory Note</b>
<b>1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.</b>	No	
<b>2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.</b>	No	
<b>3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?</b>	No	
<b>4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?</b>	<b>No</b>	
<b>5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.</b>	No	
<b>6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?</b>	No	
<b>7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.</b>	No	
<b>8. Will the process require you to contact individuals in ways which they may find intrusive?</b>	<b>No</b>	
<p><b>If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via <a href="mailto:Lpt-dataprivacy@leicspart.secure.nhs.uk">Lpt-dataprivacy@leicspart.secure.nhs.uk</a></b></p> <p><b>In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</b></p>		
<b>Data Privacy approval name:</b>		
<b>Date of approval</b>		

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust