# Illicit Controlled Drugs Procedure

<table>
<thead>
<tr>
<th>Version Number</th>
<th>2</th>
<th>Version Date</th>
<th>August 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author &amp; Title</td>
<td>Ian Cody - Deputy Facilities Manager LSMS Dawn Wintle - Substance Misuse Specialist Nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff/Groups Consulted and agreed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date Approved by Approval group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review Date</td>
<td>August 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Related procedural documents</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. INTRODUCTION

1.1 The Misuse of Drugs Act 1971 (MDA) is the main piece of legislation governing the unlawful possession and supply of controlled drugs. This act, and other supporting legislation, states that it is an offence for an individual to have possession of, or to supply to another, a controlled drug, unless they are specifically permitted to do so by the act or consequential regulations.

1.2 Section 8 of the MDA creates further offences in relation to controlled drugs and their use and supply on premises. It is an offence for the occupier or manager of any premises knowingly to permit or allow the unlawful use or supply of controlled drugs on the premises they occupy or manage. Section 21 imposes the same duty on health bodies and on the directors and managers appointed by health bodies.

1.3 Yeovil District Hospital maintains its commitment to provide the highest standard of health care without making any judgment on the use of controlled drugs by its patients; however, it does not condone usage or possession on its premises.

2. PURPOSE

2.1 This purpose of this document is to provide all staff with the actions required to be taken if a patient or visitor is suspected of being in possession of a controlled drug. Should a member of staff be suspect, this must be reported in accordance with the Trust’s Management of Disciplinary Policy.

2.2 This document will provide staff with the knowledge of what action must be taken within legal boundaries to establish whether a patient or visitor is in possession of a controlled drug.

2.4 It will provide staff with examples of what a controlled drug looks like to support detection.

2.5 Should a member of staff be suspect of being in possession and/or using of a controlled drug, this must be reported in accordance with the Trust’s Management of Disciplinary Policy.

3. APPLICABILITY

3.2 This procedure applies to all staff of Yeovil District Hospital NHS Foundation Trust including contractors who provide a service to the organisation, agency and temporary staff.

3.3 Failure to follow this procedure by staff may result in action under either the Disciplinary or Capability policies. Other persons may be subject to other action by the Trust.
4. DEFINITIONS

4.1. Controlled Drug
For the purposes of this procedure, the term ‘controlled drugs’ refers to those substances defined by the Misuse of Drugs Act (1971), and include the following substances (note that this list is not exhaustive):

**Class A** - Cocaine and crack cocaine, ecstasy, heroin, ketamine, methadone, LSD, methamphetamine (crystal meth), or any class B drug that is prepared for injection (for example amphetamine)

**Class B** - Amphetamine, barbiturates, codeine and cannabis (resin / skunk - herbal), Methylphenidate (Ritalin)

**Class C** - Anabolic steroids

Further guidance and drug classification can be found here: https://www.gov.uk/government/publications/controlled-drugs-list

5. PROCEDURES

5.1. Guidelines for Staff

a) All staff must be aware that they **do not have any right in law to search** an individual (patient or visitor), or their property.

b) Staff can **only** conduct a **voluntary search** of a person with written permission from the individual and with **two staff present**.

c) Staff are **advised not to conduct a search**, even with an individual's permission, to avoid the possibility of a needle stick injury or harm from any associated paraphernalia.

d) Staff **must not remain in possession** of a controlled drug for **longer than is absolutely necessary** to avoid committing an offence of unlawful possession.

5.2. Communication

5.2.1. If there is a suspicion that an individual is in possession of a controlled drug, is known to be using an illegal drug, and/or a suspected substance is found on the premises, the staff member should notify the following:

- Substance Misuse Specialist Nurse (SMCNS) ext.5441
- Local Security Management Specialist (LSMS) ext. 5324
- In Hours – Matron
- Out of Hours - Clinical Site Manager (CSM) ext. 5525
- Ward/Department Manager

5.3. Suspicion of an individual having unlawful possession of a controlled drug on Trust Grounds
5.3.1 If there is a suspicion that an individual has unlawful possession and/or is using such a drug, the staff member should:

- Notify the SMCNS, LSMS, Matron/CSM, and the ward/department manager as soon as practicable
- Notify the local police by telephoning 101
- Take care not to wrongly accuse the individual of possession or use; ensure all communication with the individual takes place with another member of staff present
- If deemed appropriate and safe to do so, consider informing the individual drugs are not to be unlawfully held or used on NHS premises and if such drug is proved or unlawful drugs are found, the police will be notified immediately
- If a search of the individual’s property is deemed necessary, voluntary consent in writing must be obtained from the individual. The individual must be informed that staff have no right in law to conduct the search, that no force can be used and that they can refuse to allow the search. The individual must be told why the search has been requested (i.e. what the suspicion is based on) and what is its objective (i.e. to confirm possession of drugs). If drugs are found, please follow the ‘knowledge of unlawful possession’ (5.4) guidance below
- Offer the individual contact with the Substance Misuse Specialist Nurse, if this is deemed appropriate
- Ensure an incident form is completed via the Safeguard reporting system
- If the individual is a patient, a written record should be placed in their clinical notes.

5.4 Knowledge of an individual having unlawful possession of a controlled drug

5.4.1 If it is confirmed that an individual has unlawful possession, the staff member should:

- Notify the SMCNS, LSMS, Matron/CSM, and the ward/department manager as soon as practicable
- Notify the local police by telephoning 101
- If deemed appropriate and safe to do so, consider informing the individual that they are suspected of committing an offence under the Misuse of Drugs Act 1971 and that drugs are not to be unlawfully held or used on NHS premises
- If the amount of drugs indicates ‘personal use’, ask the person to voluntarily surrender the drug (two members of staff must be present when any drugs are surrendered)
- If the individual is in possession of a large quantity of drugs indicating the intent to supply to someone else, the police must be contacted immediately. No member of staff should discuss the drugs with the individual or request that they are surrendered.
• If drugs are voluntarily surrendered please see annex A for the ‘Procedure should a suspected illicit drug be surrendered by a patient/visitor or is found on Trust premises’

• If the individual refuses to hand over the substance staff must wait for police attendance

• Offer the individual contact with the Substance Misuse Specialist Nurse, if this is deemed appropriate

• Ensure an incident form is completed via the Safeguard reporting system

• If the individual is a patient, a written record should be placed in their clinical notes.

6. IMPLEMENTATION, MONITORING AND EVALUATION

6.1 All incidents related to illicit controlled drugs will be recorded by staff via the Safeguard reporting system; the Trust’s Accountable Officer (AO) for controlled drugs (Chief Pharmacist), the LSMS and SMCNS will be notified automatically of such incidents.

6.2 Any incident related to illicit controlled drugs will be reviewed by the AO, LSMS and SMCNS to ensure correct procedures were followed and to identify improvements (i.e. staff training, procedures and policy)

7. SPECIFIC RESPONSIBILITIES

7.1 The Accountable Officer (AO) for controlled drugs (Chief Pharmacist) is responsible for a range of measures relating to the monitoring of the safe use and management of controlled drugs within the organisation.

7.2 The Local Security Management Specialist (LSMS) is responsible for advising on security in relation to this procedure. The LSMS will work with the police to prevent, deter and identify suspected/known illicit controlled drug users. The LSMS may transport a suspected illicit substance to the local police station if authorised by a police officer to do so.

7.3 The Substance Misuse Specialist Nurse (SMCNS) is responsible for advising appropriate treatment for patients with a dependence of drugs and/or alcohol within the Trust.

7.4 The police are responsible for removing/destroying any suspected illicit substances from the Trust, to respond promptly in cases of suspected/known possession and to report any concerns regarding illicit substance misuse within the Trust to the Accountable Officer and/or LSMS.

8. SOURCES OF REFERENCE

8.1 This section contains the evidence base and details any reference materials used in the development of this procedure:
- The Misuse of Drugs Act (1971)  

- The Misuse of Drugs Regulations (2001)  

- Home Office Controlled Drugs List  
  https://www.gov.uk/government/publications/controlled-drugs-list
Annex A – Procedure should a suspected illicit drug be surrendered by a patient/visitor or is found on Trust premises

If a substance suspected of being an illicit controlled drug is found on Trust premises or surrendered by a patient/visitor to a member of staff, the following steps must be followed:

1. The substance should be placed in a sealed bag or envelope
2. Both staff members must sign across the seal
3. On the bag/envelope record the following:
   - Description on the substance and quantity - don’t try to guess what it is just be descriptive
   - When and where it was found or surrendered
   - The police crime reference number
4. Enter the substance in the Controlled Drug register with the patients name if applicable; if the substance has been found document ‘owner unknown’
5. If the substance is associated to a service user document the surrender of a suspected illicit drug on their patient file stating where the substance is securely located
6. The bag/envelope containing the substance must be locked in a controlled drugs cupboard. Under no circumstances should the substance be disposed of with or without the owner’s consent. If the item is found outside of a clinical area it must be taken to the nearest controlled drugs cupboard – i.e. the nearest ward.
7. The suspected illegal substance should not be sent to pharmacy, and under no circumstances should the substance be returned to the service user unless there is an immediate threat of violence and aggression towards the staff member and the safety of other service users/premises are at risk.

NOTE: Lawful possession of a controlled drug: Providing they are acting in the lawful execution of their duty the following people can have in their possession controlled drugs: Police officers, customs and excise officers, carriers, forensic science laboratory personnel, post office employees and medical/nursing staff in the execution of their duty.