NHSGGC Safe and Secure Handling of Medicines	
Guidance Section 18	
Procedure for dealing with unauthorised drugs or other suspicious substances within NHS inpatient premises	
Approved by: ADTC Safer Use of Medicines Committee	November 23
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18.1 General principles

18.1.1 Many patients who misuse drugs are treated every year in hospitals, either as a direct result of drug misuse or for other reasons. In some cases, the fact that a patient misuses drugs is already known to the medical, nursing / midwifery or pharmacy staff. In others, it is not. Sometimes, a patient may be found to be in possession of suspicious powders, tablets, capsules or other substances for which he or she does not have an adequate explanation. Possession of the substance may be an offence under the Misuse of Drugs Act, 1971 and Regulations made there under.

18.1.2 When a member of staff takes possession of the substance, he or she may be placed in a vulnerable position unless it can be demonstrated that the substance was taken for the purpose of delivering it into the safe custody of a person lawfully entitled to possess it or to destroy it. It is therefore important that all actions relating to the taking into safe custody or for destruction of a small quantity of suspected substances, consistent with the patient's own personal use, are fully and correctly documented and witnessed and that the appropriate procedures followed. The aim is to ensure that the drugs are handled and destroyed in a safe and legal manner.

18.1.3 In the event of large quantities of unauthorised drugs or other substances being found on a patient's person / possession, the Police must be informed and fully assisted in their enquiries. The local Police Station should be contacted directly. Police Officers may attend the ward / clinical area and initiate enquiries. In these circumstances, public interest overrides that of confidentiality.

18.1.4 Experience has shown that the discovery of quantities of unauthorised drugs consistent with the patient's own personal use rarely leads to successful prosecution. Furthermore, a heavy handed response can compromise patient care and cause considerable disruption of ward / clinical area routines and the waste of time and effort. The Police are well aware of this and do not wish to compromise patient care. They recognise that the delicacy of the circumstances demands a balanced and sensitive approach. It is recommended that the decision to contact the Police or dispose lawfully of the

substance should be taken by senior members of the team looking after the patient e.g. involving nursing, medical, management or pharmacy team (as appropriate). (In some clinical areas there will be a local agreement that the Police should always be contacted – local processes should be followed).

18.2 Procedure when a patient is found to be in possession of unauthorised drugs or other suspicious substances

18.2.1 The member of staff finding the substance should immediately inform the Assigned Nurse / Midwife or Manager in Charge of the ward / department / clinical area.

18.2.2 The assigned nurse / midwife or manager in charge should contact the lead nurse / midwife on the hospital site (or other appropriate senior manager), and the consultant in charge of the patient, to inform them of the finding and ask for their input (e.g. if any review of clinical care is required / advice as to contacting local Police).

18.2.3 The person finding the suspicious substance, the lead nurse / midwife for the site (or other appropriate senior manager) and the assigned nurse / midwife or manager in charge should complete the relevant form for removal and destruction of unauthorised drugs or suspicious substances (copies of this are available from hospital pharmacy departments). An entry should also be made in a separate page in the ward / department CD register, headed "Suspicious Substances".

18..2.4 Where it is agreed by the appropriate staff involved (e.g. assigned nurse / midwife or manager in charge / consultant etc.) that the quantity of the substance found is consistent with patient's own personal use, then the hospital pharmacy department should be contacted to request removal of the substance for destruction and appropriate sections of the form and CD register completed. One copy of the form should be filed in the patient's medical notes and one copy retained by the Pharmacy Department. If the patient objects to this course of action, the local Police must be contacted.

18.2.5 If any of the staff involved e.g. lead nurse / midwife or the consultant in charge consider that the quantity of the substance found is greater than is consistent with the patient's own personal use the local Police must be contacted. (In some clinical areas there will be a local agreement that the Police should always be contacted – local processes should be followed).

18.2.6 If the local Police cannot attend within 24 hours, and / or if circumstances require, the suspicious substance and form can be transferred to the hospital pharmacy during working hours to await appropriate disposal.

18.2.7 If the Police attend, ward staff should endeavour to cooperate fully. In some cases, the Police may not need to know the identity of the patient. However, if this information is required it should be disclosed by the lead nurse / midwife or consultant. In the investigation of an alleged criminal offence, confidentiality is unlikely to be a sufficient defence in law against disclosure.

18.2.8 Each case will be treated on its own merits and it is therefore not possible to indicate the precise action the Police will take. However, the patient must not be questioned or removed from the ward or department if it is considered by the consultant in charge of their care to be inappropriate on clinical grounds.

18.2.9 Following enquiries, the Police will remove the suspicious substance either directly from the ward or from the pharmacy. In either case, the form and CD register should be signed by the relevant parties. One copy of the form should be given to the Police, one copy retained by the Pharmacy Department and one copy filed in the patient's medical records.