****

**Substance Misuse and Alcohol Dependence (Client) Policy**

|  |  |
| --- | --- |
| Policy Lead: | [Policy Lead] |
| Version No. | 1 |
| Date of Issue: | [Date of Issue] |
| Date for Review: | [Date of Review] |

CONTENTS

[1. Introduction 3](#_Toc147997633)

[2. Policy Statement 3](#_Toc147997634)

[3. Scope 3](#_Toc147997635)

[4. Procedures 4](#_Toc147997636)

[5. Identification and assessment 6](#_Toc147997637)

[6. Monitoring 10](#_Toc147997638)

[7. Related Policies 10](#_Toc147997639)

[8. Legislation and Guidance 10](#_Toc147997640)

[9. Summary of Review 12](#_Toc147997641)

# Introduction

Substance and alcohol misuse is a complex issue. While the number of people with a serious problem is relatively small, someone's substance misuse and dependency can affect everybody around them.

Substance abuse covers the misuse of a range of mind-altering substances. It can have a severe impact on functioning as well as physical health.

Substance abuse or misuse is formally defined as the continued misuse of any mind-altering substance that severely affects a person’s physical and mental health, social situation and responsibilities.

Drinking alcohol and misusing substances are considered harmful when they lead to physical or mental health problems, such as alcohol/drug-related injury, inflammation of the liver and mental health issues, such as depression or anxiety. In the longer term the person may develop high blood pressure, cirrhosis of the liver, heart disease, some types of cancer or brain damage.

Alcohol dependence and substance misuse can also lead to relationship problems, problems at work, college or school or violence and some drugs can increase the likelihood of a person developing psychoses and requiring long-term specialist support and treatment.

# Policy Statement

[Company Name] has developed this policy to help staff recognise and support clients with substance misuse or alcohol dependence safely.

Alcohol dependence is the most common form of substance misuse, but any drug, including heroin, cocaine, crack and cannabis, fall into this category, as does the misuse of glue and aerosols.

This policy applies to both adults and children but does not apply to adult clients who smoke nicotine or drink excessive amounts of caffeine.

# Scope

This policy and the procedures apply to all [Company Name]’s staff who work with people experiencing substance misuse or alcohol dependence.

Physical care needs relating to drug of alcohol misuse are covered by NICE guideline [CG100], [Overview | Alcohol-use disorders: diagnosis and management of physical complications | Guidance | NICE](https://www.nice.org.uk/guidance/cg100) This should be read in conjunction with this policy to ensure that the physical care needs of clients are met.

The Registered Manager is responsible for ensuring that the principles within this policy are observed.

# Procedures

**Substance Misuse and Alcohol disorders**

Clients with substance misuse and/or alcohol use disorders may have a range of health and social care problems. Misuse is more prevalent in areas characterised by social deprivation, which in turn is associated with poorer health. Many clients with drug or alcohol disorders have lifestyles that are not conducive to good health. Injecting drug users are particularly vulnerable to contracting blood-borne viruses and other infections.

High-quality, cost-effective care, when delivered collectively, should contribute to improving the effectiveness, safety and experience of care for clients with substance misuse or alcohol problems in the following ways:

* preventing clients from dying prematurely
* enhancing quality of life for clients with long-term conditions
* helping clients to recover from episodes of ill health or following injury
* ensuring that clients have a positive experience of care
* treating and caring for clients in a safe environment and protecting them from avoidable harm.

**Building a trusting relationship and providing information**

When working with clients who misuse alcohol or drugs, [Company Name]’s staff should:

* aim to build a trusting relationship and work in a supportive, empathic and non‑judgmental manner
* take into account that stigma and discrimination are often associated with alcohol misuse and that minimising the problem may be part of the client’s presentation
* make sure that discussions take place in settings in which confidentiality, privacy and dignity are respected
* provide information appropriate to their level of understanding about the nature and treatment of alcohol misuse to support choice from a range of evidence-based treatments
* avoid clinical language without explanation
* make sure that comprehensive written information is available in an appropriate language or, for those who cannot use written text, in an accessible format
* provide independent interpreters (that is, someone who is not known to the client) if needed.

**Working with and supporting families and carers**

[Company Name]’s staff should encourage families and carers to be involved in the treatment and care of clients who misuse drugs or alcohol to help support and maintain positive change.

When families and carers are involved in supporting a person, discuss concerns about the impact of alcohol or drug misuse on themselves and other family members, and:

* provide written and verbal information on alcohol or drug misuse and its management, including how families and carers can support the client
* negotiate with the client and their family or carer about the family or carer's involvement in their care and the sharing of information; make sure the client’s, families and carer's right to confidentiality is respected.

When the needs of families and carers of clients who misuse alcohol or other substances have been identified, refer the client to their GP in the first instance. [Company Name] staff can also provide information about, and facilitate, contact with support groups (such as self-help groups specifically focused on addressing the needs of families and carers).

If the families and carers of clients who misuse drugs or alcohol have not benefited, or are not likely to benefit, from guided self-help and/or support groups and continue to have significant problems, refer the client back to their GP.

All staff in contact with parents who misuse drugs or alcohol and who have care of or regular contact with their children, should:

* take account of the impact of the parent's drinking on the parent–child relationship and the child's development, education, mental and physical health, own alcohol use, safety and social network
* be aware of and comply with the requirements of the Children Act (2004)
* refer to the Safeguarding Children Policy and Procedures.

**Assessment and referral of children and young people who misuse drugs or alcohol**

If alcohol or substance misuse is identified as a potential problem, with potential physical, psychological, educational or social consequences, in children and young people, refer the client to their GP. Refer also to the Safeguarding Children Policy and Procedures.

# Identification and assessment

**General principles**

[Company Name] should liaise with the client’s GP to make sure that assessment of risk is identified and is part of any assessment. Assessments should inform the development of the overall care plan, including risk to self, such as unplanned withdrawal, suicidality, and neglect and risk to others.

Staff providing services funded by the NHS who care for people who potentially misuse alcohol should be competent to identify harmful drinking ([high-risk drinking](https://www.nice.org.uk/guidance/ph24/chapter/8-Glossary#harmful-drinking-high-risk-drinking)) and alcohol dependence.

They should be competent to initially assess the need for an intervention or, if they are not competent, they should refer people who misuse alcohol to a service that can provide an assessment of need.

When conducting an initial assessment, as well as assessing alcohol misuse, the severity of dependence and risk, consider the:

* extent of any associated health and social problems
* need for assisted alcohol withdrawal.

Use formal assessment tools where trained to do so to assess the nature and severity of alcohol misuse or refer the client to their GP. Assessments that can be used, include the:

* AUDIT for identification and as a routine outcome measure
* SADQ or LDQ for severity of dependence
* Clinical Institute Withdrawal Assessment of Alcohol Scale, revised (CIWA-Ar) for severity of withdrawal
* APQ for the nature and extent of the problems arising from alcohol misuse.

**General principles for all alcohol and drug misuse interventions**

Interventions appropriate for use by staff should be detailed in the client’s care plan. The intervention should contain the key elements of motivational interviewing including:

* helping people to recognise problems or potential problems related to their drinking
* helping to resolve ambivalence and encourage positive change and belief in the ability to change
* adopting a persuasive and supportive rather than an argumentative and confrontational position.

All people who misuse drugs or alcohol should be offered interventions to promote abstinence or moderate drinking or drug taking as appropriate (see 1.2.2.1–1.2.2.4) and prevent relapse, in community-based settings.

Consider offering interventions if trained to do so, to promote abstinence and prevent relapse as part of an intensive structured community-based intervention for people with moderate and severe dependence who have:

* very limited social support (for example, they are living alone or have very little contact with family or friends) **or**
* complex physical or psychiatric comorbidities **or**
* not responded to initial community-based interventions (see 1.3.1.2).

All interventions for people who misuse alcohol should be delivered by appropriately trained and competent staff and a care plan in place to identify how staff at [Company Name] can support the client with any interventions within their scope of practice.

Pharmacological interventions should be administered by specialist and competent staff.

Psychological interventions should be based on a relevant evidence-based treatment manual, which should guide the structure and duration of the intervention and be delivered by competent and trained staff.

For all people seeking help for alcohol or drug misuse:

* give information on the value and availability of community support networks and self-help groups (for example, Alcoholics Anonymous or SMART Recovery) **and**
* help them to participate in community support networks and self-help groups by encouraging them to go to meetings and arranging support so that they can attend.
* Signpost the person to their GP for further support.

**Care coordination and Community case management**

Care coordination is the routine coordination by any staff involved in the care and treatment of a person who misuses drugs or alcohol.

Case management is a more intensive process concerned with delivering all aspects of care, including assessment, treatment, monitoring and follow-up.

Care coordination should be part of the routine care of all clients and should:

* be provided throughout the whole period of care
* be delivered by appropriately trained and competent staff
* include the coordination of specialist assessment, interventions and monitoring of progress, and coordination with other agencies.

**Interventions for harmful drinking (high-risk drinking) and mild alcohol dependence**

For harmful drinkers ([high-risk drinkers](https://www.nice.org.uk/guidance/ph24/chapter/8-Glossary#harmful-drinking-high-risk-drinking)) and people with mild alcohol dependence, refer the client to their GP for psychological intervention (such as cognitive behavioural therapy, behavioural therapies or social network and environment-based therapies) focused specifically on alcohol-related cognitions, behaviour, problems and social networks.

For harmful drinkers (high-risk drinkers) and people with mild alcohol dependence who have a regular partner who is willing to participate in treatment, offer referral to their GP.

**Drug regimens for assisted withdrawal**

Medications should only be administered if prescribed, by a competent and trained member of staff and in line with [Company Name]’s Medicines Management Policy.

In a community-based assisted withdrawal programme, monitor the client regularly during assisted withdrawal.

**Needle and syringe programmes**

Needle and syringe programmes can reduce transmission of blood-borne viruses and other infections caused by sharing needles. They distribute safe injecting equipment, provide information on health promotion and harm reduction, and they can refer to specialist services.

**Residential Rehabilitation**

Residential rehabilitative treatment is defined in the [National Drug Treatment Monitoring System dataset](http://www.nta.nhs.uk/core-data-set.aspx) as a structured drug treatment setting where residence is a condition of receiving the interventions.

It provides a safe environment, a daily structure, multiple interventions and can support recovery in some people with drug use disorders who have not benefitted from other treatment options. It should be available for anyone meeting the eligibility criteria.

For people to make an informed choice about residential rehabilitative treatment, taking into account personal preferences, it is important they are aware of the NICE eligibility criteria listed in the [NICE clinical guideline 51](http://guidance.nice.org.uk/CG51) which recommends when residential treatment may be considered for people who are seeking abstinence and who have significant comorbid physical, mental health or social, for example, housing problems.

The person should be planning to complete a community, residential or inpatient detoxification programme and not have benefited from previous community-based psychosocial treatment.

The needs of people with children should be considered so that children are appropriately looked after while their parents enter residential rehabilitative treatment.

All information and advice about residential rehabilitation should be culturally appropriate.

It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English.

People with drug use disorders should have access to an interpreter or advocate if needed.

**Wernicke-Korsakoff syndrome**

Follow the recommendations in the NICE guideline on [alcohol-use disorders: diagnosis and management of physical complications](https://www.nice.org.uk/guidance/cg100) on thiamine for people at high risk of developing, or with suspected, Wernicke's encephalopathy.

In addition, offer parenteral thiamine followed by oral thiamine to prevent Wernicke-Korsakoff syndrome in people who are entering planned assisted alcohol withdrawal in specialist inpatient alcohol services or prison settings and who are malnourished or at risk of malnourishment (for example, people who are homeless) or have decompensated liver disease.

For people with Wernicke-Korsakoff syndrome, offer long-term placement in:

* supported independent living for those with mild cognitive impairment
* supported 24-hour care for those with moderate or severe cognitive impairment.

In both settings the environment should be adapted for people with cognitive impairment and support should be provided to help service users maintain abstinence from alcohol.

# Monitoring

Compliance with this policy will be monitored through routine auditing as well as client, family and staff feedback.

# Related Policies

* Falls Policy
* Governance and Risk Policy
* Medicines Management Policy
* Nutrition and Hydration Policy
* Safeguarding Policy

# Legislation and Guidance

**Relevant Legislation**

* Care Act 2014
* Health and Social Care Act 2012

**Guidance**

* NICE  guidance on [methadone and buprenorphine](https://cqccomplianceltd.sharepoint.com/sites/sharedCQC/Shared%20Documents/General/MASTER%20Policies%20and%20Procedures/All%20Policies/3.%20Clinical%20Policies/methadone%20and%20buprenorphine): <https://www.nice.org.uk/guidance/ta114>
* NICE Clinical Guide [CG115] on Alcohol-use disorders: diagnosis, assessment and management of harmful drinking: <https://www.nice.org.uk/guidance/cg115/ifp/chapter/About-this-information>
* [NICE clinical guideline 51](http://guidance.nice.org.uk/CG51) recommendations 1.2.2.1 and 1.2.2.3.
* NICE evidence summary on [opioid dependence: buprenorphine prolonged-release injection (Buvidal)](http://www.nice.org.uk/advice/ES19) at: <https://www.nice.org.uk/advice/es19/evidence/evidence-review-pdf-6666819661v>

# Summary of Review

|  |  |
| --- | --- |
| Version | 1 |
| Last amended | [Date of Issue] |
| Reason for Review |  |
| Were changes made? |  |
| Summary of changes |  |
| Target audience | Care staff, managers |
| Next Review Date | [Date of Review] |