*OP19 Smoking, Alcohol and Drugs*

1. **Policy Statement**
	1. It is the policy of Shared Lives South West to ensure all staff, carers and service users have the opportunity to live and work in a smoke free environment and receive advice and support, where necessary, to achieve this.
2. **Procedure**
	1. South West Shared Lives (SLSW) aims to achieve the best possible standards of health and safety. Understanding legislation and policies relating to smoking, alcohol and drugs is essential in meeting the standards required.
	2. Information and advice about the effects smoking, alcohol and taking drugs have on a person’s health and wellbeing is very well documented. It is therefore important to be aware of what the law states and how this needs to be put into practice to safeguard everyone’s health and safety.
	3. Decision making by, or on behalf of, people supported about Smoking, Alcohol or illegal drugs must be in-line with the Mental Capacity Act.
	4. This policy aims to raise awareness about smoking, alcohol and drugs and how to address these issues in a Shared Lives arrangement and thereby encourage a healthier, safer living and working environment.
3. **Smoking**
	1. Under smoke-free legislation in the United Kingdom smoking is banned in virtually all enclosed public places and workplaces. This legislation recognises the effects of passive smoking on other people and the threat of exposure from cigarette smoke that could have a serious effect on the person’s health and safety.
	2. Although the legislation does not include private dwellings, Shared Lives carers need to be aware of the potential fire hazards and health risks of smoking affecting themselves and service users.
	3. All necessary steps to reduce risk relating to smoking, passive smoking and fire risk will need to be taken into account and recorded in the following;
* The individual’s Plan
* Placement/Respite Agreement
* Health and Safety Checks
* Reviews
* Risk assessments
	1. Where carers and/or service users make a clear choice to smoke, SLSW staff will ensure the match takes full account of arrangements for this.
	2. As part of the matching process it will be necessary from the start to discuss if the Shared Lives carer or the service user is a smoker and how this might affect the Shared Lives arrangement.
	3. It is important that the Shared Lives carer’s and the service user’s choices in whether or not to proceed with the placement are respected.
	4. Things to consider might include:
	+ Agreed safe areas to smoke
	+ Safe disposal of cigarettes
	+ Safety of others
	+ Impact on others
	+ Risk of fire/fire hazard
	+ Smoking in vehicles
	+ Information about support to quit smoking
	1. It should also be recognised that Shared Lives schemes have a general duty of care for their staff (which extends to wherever they are working) and to Shared Lives carers and to people who use Shared Lives arrangements.
	2. It is therefore recommended that during visits by SLSW staff to the carer’s home that smoking should not happen. If smoking does continue, at the SLSW employee’s discretion they may decide that the visit does not continue. This ensures that workers are protected and not exposed to any of the risks associated with passive smoking. All SLSW premises are smoke free and it is the policy of SLSW that workers do not smoke in the homes of carers.
	3. Shared Lives carers also have a duty of care to the people placed with them and it should be recognised that for anyone failing to take reasonable steps to protect the health of anyone in a Shared Lives placement that this could potentially lead to legal action brought by the person affected.
	4. Further details can be found in the general guidance document ‘What you need to know about the new smoke-free law’. This has been distributed to businesses in UK and is also available on the website;

[www.smokefreeengland.co.uk](http://www.smokefreeengland.co.uk)

The following website also provides information for people wishing to give up smoking;

<http://gosmokefree.nhs.uk>

1. **Alcohol**
	1. NHS advises not to drink more than 14 units of alcohol per week on a regular basis.
	2. Understanding the effects alcohol can have on a person’s physical and mental health is very important. In a Shared Lives placement there needs to be a clear understanding for Shared Lives carers, workers and service users about alcohol consumption.
	3. When a person’s consumption of alcohol becomes problematic this could not only be damaging to their health and wellbeing but may also affect their Shared Lives arrangement.
	4. Things to review may include:
* Changes in behaviour caused by drinking alcohol
* Unacceptable levels of alcohol consumption
* Lack of insight in levels of drinking
* Need to supervise levels of drinking
* Risk to physical health
* Risk to mental health
* Patterns of drinking
* Support services and support groups
* Advice from healthcare professionals
* Support for the person to access services
	1. It is important that any concerns about a person’s level of drinking need to be discussed with the Shared Lives worker in order for the situation to be assessed.
	2. It these concerns are found to be justified then it will be necessary to do some or all of the following:
* Review risk assessment and risk management plans
* Review care plans
* Review Placement/Respite Agreement
* Provide appropriate advice and information to the person in a format they can understand
* Provide or access appropriate support to the Shared Lives carer and service user.
* Consideration for MCA and BI decision.
1. **Drugs**
	1. It is important that everyone in a Shared Lives setting has a clear understanding of the dangers of and the legislation about taking non-prescribed drugs.
	2. The government has clear guidelines on the classification of drugs that are illegal and could result in prosecution of the person found to be in possession of or supplying illegal substances.
	3. In a Shared Lives placement some drugs may be prescribed for the person and these may either be supervised by the Shared Lives carer or the person may self-medicate.
	4. If a person in a Shared Lives placement is undergoing a drugs recovery programme which involves controlled drugs such as methadone this will be overseen by an appropriate professional.
	5. It is clearly recognised that working under the influence of alcohol or drugs can seriously affect a person’s performance. Some examples might be:
* Inability to concentrate
* Lack of care and attention
* Drowsiness
* Distracted
* Irritable
* Unable to function
* No sense of danger or risk
* Hyperactivity
	1. Everyone has a duty to ensure that they act responsibly in their role. The expectations of Shared Lives workers, Shared Lives carers and volunteers is that they will comply with guidelines of this policy and carry out their role in a competent and responsible way.
	2. If any concerns are raised concerning the use of illegal drugs in a Shared Lives placement this will need to be reported immediately to the Shared Lives worker and to the police.
	3. The use of illegal drugs by anyone in a Shared Lives placement is viewed as unacceptable behaviour, although Shared Lives South West acknowledges that supported people may choose to possess and use illegal drugs and will be supported to understand the law and the risk this poses to them.
	4. If a Shared Lives worker or volunteer is found to be under the influence of alcohol or illegal drugs in the workplace then this will be subject to investigation and disciplinary proceedings. As part of this process advice and information will be provided to the person about appropriate support services.
	5. If a Shared Lives carer is found to be incapacitated due to alcohol or under the influence of illegal drugs, this will result in alternative arrangements being made for the service user/ users until the matter is investigated.
	6. Depending on the outcome of the investigation it could result in the Shared Lives carer having their approval removed.
1. **Review**
	1. This policy will be reviewed every two years, or earlier if required.
2. **Responsibilities**
	1. The Registered Manager has overall responsibility for the implementation of this policy.