

Notes on the Cymorth Cymru Sample Drugs Policy

The following Sample Drugs Policy is taken from the Cymorth Cymru publication ***Working with drug users - Guidance for accommodation providers and other support services***. This document discusses a range of issues which agencies might consider in developing approaches to managing drug-related issues, and is available in hard copy or PDF format from Cymorth Cymru.

The Sample Policy and accompanying Guidance are intended to be of use to any and all services working with client groups which may include people who use illicit drugs and/or alcohol. This includes services specifically designed to work with drug or alcohol users, such as *wet houses* or other projects with a drug-related specialism, though will also include services which provide more generic, non-specialist support or accommodation, such as:

- homelessness hostels
- refuges
- night shelters
- day centres
- floating support services

The Sample Drugs Policy is intended as a *starting point* or *template* for agencies as they develop or review their approaches to working with drug users. This will involve careful consideration of a service's particular function or remit, its location, the nature of its client group, and so on, and consultation with a range of stakeholders. Please see Guidance referred to above.

Certain generic terminology may need to be amended, and the document may be converted into a house style.

The policy presented recognises that a significant proportion of homeless people (particularly those who sleep rough) are dependent on drugs and/or alcohol, and that homelessness can often create acute and unnecessary drug-related risks to individuals - as well as barriers to treatment or other support. At the same time, on-going drug use can sometimes exclude people from hostels or other accommodation.

Accommodation services have a key role to play in supporting homeless drug users in moving away from risky, excluded lifestyles and addressing the underlying difficulties they are experiencing. The policy that follows promotes a *harm reduction* ethos within accommodation services – that is, it recognises that in order for services to properly support this client group it is important to acknowledge that a proportion of service users may continue to use drugs for some time after admission. Further, projects which explicitly permit certain (though by no means all) drug-related activities may positively benefit in many ways – becoming safer for staff and residents, more inclusive, and better able to respond to local need.

The Sample Policy describes an inclusive approach to drug users which explicitly permits the use of illicit drugs on premises. In doing this, it also makes clear that certain drug-related behaviours are not permissible and will not be tolerated. The approach is designed to promote project safety, client engagement and personal responsibility.

However, it is understood that in some circumstances (such as where a service has a specific rehabilitation function, or as part of a wider local strategy) it may not be appropriate for agencies to operate a policy such as this. In these cases clear amendments reflecting a more prohibitive approach will be necessary, though many other elements of the policy may still apply and provide useful guidance to staff.

The Sample Policy also permits the consumption of alcohol on hostel premises. The benefits of inclusive alcohol policies reflect those of inclusive drugs policies, and in many ways the distinctions between the two are arbitrary. As with illicit drug use, services will need to consider a range of factors in developing the most appropriate approach to alcohol use. Policies must be clear about where drinking is permissible and where it is not, and include appropriate rules around intoxication and behaviour.

The policy is presented in two parts:

- **Outline for residents**
Including a description of the project's ethos and details of Hostel Rules
- **Guidance for staff**
Covering procedures, advice and guidance in implementing the Rules

It may be useful to maintain these as separate documents.

The nature of specific drug-related incidents in accommodation services may vary greatly, as will the support needs, background and other circumstances of individual clients. In many cases project staff and managers need to consider a range of important factors in deciding how best to address a particular issue. The *Guidance for staff* section attempts to assist in this – discussing a range of scenarios and the issues (including legal requirements) which may best inform responses.

Some other points:

- 1 The Policy is generic, and therefore does not refer to projects' specific circumstances, such as relationships with particular local services or the provision of any in-house specialist support, as may be available
- 2 The Policy assumes that residents do not share bedrooms

- 3 The Policy assumes that the project is described as a *hostel*. It refers to a *Logbook*, *Incident Book*, and to various other documents, policies and procedures. This terminology may need to be amended in some cases.
- 4 In addition, some specific local information, such as contact details for local drugs agencies and emergency services, will need to be inserted

As well as policies and procedures covering the areas outlined here, it should be noted that others may also be required, according to local circumstances, particularly with regards to relationships with other providers. For example, joint working between hostel providers and local drugs services, such as needle exchange and prescribing services, may benefit from formalised service level agreements which clarify the relationship between service providers.

Accommodation providers who wish to develop on-site services such as drugs education programmes, needle exchange services or the supply of other paraphernalia, should do so in consultation with their Community Safety Partnership and other local partners.

This work has been informed by the experiences and expertise of a wide range of organisations and individuals working with drug users in Wales and more widely across the UK. We are grateful for the support of everyone involved, though would single out the resources available on the KFx website (www.ixion.demon.co.uk) as having been particularly valuable with regards to developing the Sample Policy.

Further acknowledgments, references and useful contacts are listed in the appendix of the Cymorth publication *Working with drug users - Guidance for accommodation providers and other support services*.

Cymorth Cymru
March 2008

Drugs Policy

Outline for Residents

This policy refers to the use and possession of all drugs, including illicit street drugs, prescribed medication, tobacco and alcohol

Hostel residents who use substances will be treated without discrimination and supported by staff in any efforts to stabilise, reduce or end their substance use.

The organisation **[insert name throughout]** neither condones nor condemns the use of illicit drugs, though acknowledges that some of its residents may be affected by drug-related issues.

The organisation endeavours to provide a safe and supportive environment to all residents, including both drug users and non-users.

The organisation supports the principles of harm reduction, and staff will endeavour to assist all service users in minimising the levels of risk that substance use may present.

The project is committed to providing a safe and welcoming environment to all residents – and all substance-related incidents causing risk, harm or distress to service users or staff will be treated as serious and acted upon accordingly.

All incidents will be responded to with consideration of the following issues:

- The obligation to work within the law
- The duty to provide a safe working environment for all workers and volunteers
- The duty to provide a safe environment for all service users
- The duty to work with and be sensitive to the local community

The project strives to maintain a positive and supportive relationship with the local community.

Drug-related activity in the neighbourhood around the building threatens the security and future of the organisation, and will be regarded with the same seriousness as incidents occurring within the building.

The following rules apply:

- 1 In accordance with the 2007 restrictions on tobacco smoking in Wales, the use of tobacco is restricted to designated bedrooms and prohibited in all communal areas.
- 2 The consumption of alcohol is permitted only in designated areas [*specify*]. The consumption of alcohol in non-designated areas, including external areas in the vicinity of the building, is prohibited.
- 3 The organisation has a legal duty to prohibit the smoking of cannabis and opium. The smoking of these substances will not be tolerated within the hostel or the surrounding area.
- 4 The supply of controlled drugs is prohibited and taken extremely seriously. Reasonable suspicion that drug dealing is taking place in the building or surrounding area may result in the person concerned being evicted and banned from the premises. The police may be informed without notice.
- 5 The use of controlled drugs is not permitted in any communal areas of the hostel, including toilets and bathrooms, and users of these drugs are required to behave responsibly at all times – disposing of used syringes and other equipment appropriately, and considering the welfare of other residents and project staff at all times. Drug use must not cause unease, distress or risk to any staff, visitor or fellow resident.
- 6 The irresponsible use of controlled drugs is strictly prohibited in and around the hostel. Any behaviour which puts fellow residents, staff or the local community at risk, such as drug use in communal areas or the unsafe disposal of needles or other injecting equipment, will be treated extremely seriously and may result in eviction.
- 7 While we do not encourage or condone the use of controlled drugs on site, we will wherever possible continue to work and house people who use drugs on site, provided they do so in a responsible manner.
- 8 We will always take action to address drug use on site, through the provision of education and harm reduction information, when this is appropriate. Residents affected are encouraged to discuss any concerns they have with their key worker or other project staff.
- 9 Residents who inject drugs are encouraged to use sharps bins for the safe disposal of used works.
- 10 All residents are encouraged to raise any concerns they may have about irresponsible drug use or drug-related behaviour with their key worker or other project staff.
- 11 Residents in receipt of medication are encouraged to discuss this with their key worker or other project staff. Staff may be able to assist in the storage of medication.
- 12 Residents in receipt of medication which is a controlled drug, such as methadone, are encouraged to discuss this with project staff. Residents are personally responsible for the safe and responsible storage of medication of this kind, and the project is legally prohibited from storing this medication. However, staff will be able to advise on safe storage.

- 13 Drugs that are left unattended are a risk to others – even if they are prescribed medication. If staff find any drugs in communal or shared areas of the hostel they will be removed. If the drug is an illegal drug it will be destroyed, or in some cases may be presented to the police. If the drug is a prescribed controlled drug it may be handed in to a pharmacy. If the prescribed drug is in its original packaging and labelled with your name it will be returned to you, if possible. In any event, staff will need to discuss the incident with you.
- 14 Anyone whose behaviour is disruptive due to intoxication, or for any other reason, will be challenged and asked to moderate their behaviour. If they fail to do so they may be required to leave communal areas or leave the building for a short time. All incidents of this kind will be followed up by project staff, and severe or persistent disruptive behaviour may result in the resident being required to leave the project.

The primary concern of this project is to ensure the welfare and security of all service users and staff. If any resident has concerns about the health, safety or wellbeing of anyone in or around the building, they are encouraged to inform staff immediately, with no other concerns.

The organisation operates a Confidentiality Policy which prohibits the disclosure of personal information to any other people or organisation without your consent.

However, in circumstances such as a medical emergency or legal obligation, the organisation is not bound by this policy, and will disclose information, as appropriate.

Any breaches of this Drugs Policy may result in disciplinary procedures, such as the issuing of warnings. Serious or persistent breaches may result in the withdrawal of the resident's licence and possible barring from the project.

Any disciplinary measures may be appealed by residents in accordance with the organisation's Appeals Procedure.

The Drugs Policy is there to protect the rights and safety of all service users and staff. If you are not sure if or how these rules apply to you, please discuss this with your key worker or any other member of staff.

Further information and support is available from:

[Please insert contact details of local drugs agencies, primary healthcare services, etc – as appropriate]

Drugs Policy

Guidance for Staff

All staff are expected to work to the Drugs Policy. Where staff are unhappy with an aspect of the Drugs Policy or are unclear about how to deal with any situation, they must raise their concerns with a senior member of staff. Failure to adhere to the policy may be considered a disciplinary issue.

All residents booking into the project will be given a copy of the Drugs Policy – outline for residents, and have it explained to them, together with their License Agreement and copy of Hostel Rules.

All service users presenting with substance use issues will be offered support and advice about local drugs services.

Notices outlining the Hostel Drugs Policy should be prominently displayed in communal areas of the building.

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[Please insert page numbers to final document, as required]

1 About the guidance

This guidance presents good practice on how hostel staff should implement the organisation's drugs policy, and respond to a range of issues which may arise among project residents and visitors.

It intends to educate staff and service users about substance use issues, and ensure that service users are fully informed about suitable support services and treatment options available to them.

2 Terminology

The terms *controlled drug* and *illicit drug* are taken to refer to any substance whose unlawful possession or use is prohibited under the terms of the Misuse of Drugs Act (1971) – including, for example, heroin, cocaine (and crack cocaine), cannabis, LSD, amphetamines, ketamine and ecstasy.

This policy also refers to prescribed medications which are also controlled under the Act, whose possession or use by persons other than those to whom they are prescribed is prohibited. These include, for example, methadone, diazepam, morphine and temazepam.

Although the focus of this policy concerns controlled drugs, the principles may also be applied to the problematic use of drugs such as amyl nitrate, alcohol, qat and other non-controlled substances.

3 Guidance

3.1 Managing intoxication

These guidelines cover good practice with regard to service users being intoxicated whilst in or entering the building, or in the vicinity.

- 1 The health and wellbeing of the resident, fellow residents and staff will take priority in all circumstances. Any disciplinary issues arising from intoxication-related incidents will be addressed with the service user at an appropriate time after the incident.
- 2 The resident should be kept fully informed at all stages of interaction and the actions of staff will be geared towards the welfare of the resident and others.
- 3 If a client behaves in a manner which is unacceptable or unmanageable due to intoxication, staff will respond appropriately – making clear that action taken is in response to the service user's behaviour.

If a person's behaviour is unacceptable, and their condition is not considered to be a risk to themselves or others, they may be required to leave the project for a suitable period.

- 4 Any intoxicated client within the building or local area should be regularly approached and monitored. Their condition should be accurately recorded and if possible it should be ascertained precisely what substance(s) has been taken.
- 5 In the case where residents are considered at risk due to intoxication, they should be made fully aware that they are to be regularly checked on for their own safety.

If staff are particularly concerned, the resident should remain in a suitable area where they can be more effectively monitored until the effects of intoxication have worn off. However, this should not be to the detriment of other service users, and a private area should be used if possible.

- 6 If **any** member of staff believes that a client may be at acute risk an ambulance must be called – see 3.2 Overdose Procedure
- 7 Any instances of intoxication applying to a resident should be recorded in their file and memoed in the hostel Log Book. Information should be handed over and discussed between shifts so that a resident's pattern of behaviour and drug use can be monitored at team level.
- 8 After any incidence of intoxication clients should be approached and encouraged to consider the issues raised. Disciplinary responses may be considered.

This is particularly important when the service user has put themselves or others at risk.

3.2 Overdose procedure

This procedure covers good practice in responding to services users suffering the effects of overdose, however slight.

Any client who is conscious though suspected of overdose must be reassured that staff's priority is their personal wellbeing. If possible, they must be encouraged to provide any relevant information about what they have taken and when they took it, etc. Other clients who may have information must be encouraged to provide it.

- 1 If a client has become unconscious as a result of intoxication an ambulance must be called immediately. Airways must be checked, the client put in the recovery position, and pulse and breathing monitored until the arrival of ambulance.
- 2 Ascertain as much information as possible concerning the type and quantity of substance(s) taken, as well as the manner and time of use.
- 3 The health and wellbeing of the client, fellow clients and staff will take priority over all other issues.
- 4 If the client is partially responsive and **any** member is in doubt about whether medical intervention is required, an ambulance must be called.
- 5 If the client is partially responsive and **all** staff are satisfied that medical intervention is not required, the client must be regularly woken and monitored, and made aware of the risks they

have been exposed to. If the client's condition deteriorates an ambulance must be called immediately.

- 6 The ambulance crew must be informed as fully as possible about the nature of the incident, the client's case history and any other factors (see notes below). If the ambulance crew considers that the client does not require hospital admission, staff will monitor the client, as above.
- 7 If the ambulance crew wish to take the client to hospital but the client does not wish to go, staff will assess the situation and consider options available to them.

Ambulance crews do not have the authority to take a conscious person to hospital against their will. In extreme cases (for example, if the person is considered to pose a serious risk to themselves or others by remaining in the building and/or refusing medical attention) the police may be involved and the person escorted to hospital under Section. In less extreme cases, under guidance from ambulance staff, the client may be monitored as above.

- 8 All such incidents must be accurately recorded in the Incident Book and client's file, and memoed in the Log Book.
- 9 Following any incident or suspected incident of overdose the client must be approached at the earliest opportunity to discuss the situation and possible responses, reiterating the hostel's Drugs Policy and offering informed advice.

As with all substance-related incidents, appropriate disciplinary responses must be considered and information fed back to the staff team and management.

Confidentiality regarding suspected overdose

In the event of a suspected overdose, staff must give all known and relevant information to the ambulance service, regardless of any concerns about possible breaches of client confidentiality. However, all reasonable steps should be taken to prevent confidential information being overheard by other clients.

Risk Assessments regarding suspected overdose

The client's case history must be taken into account when assessing the level of risk he or she may be exposed to. For example, a substance user who has recently been abstinent for a period of time may have a significantly diminished level of tolerance, and therefore may be at particular risk of overdose.

Consider the client's recent state of mind, recent patterns of substance use, previous suspected incidents of overdose, and whether the client is on any prescribed medication or has had their medication changed recently. If an ambulance is required, all of this information must be provided to the ambulance crew.

The quality and potency of some street drugs can vary according to a number of factors. On occasion staff may be informed by clients, police or other agencies that a particularly potent or contaminated supply of a substance is circulating. Staff must ensure that all relevant clients are aware of such warnings, and the information must be borne in mind when assessing risk of overdose.

The combination of particular substances - for example, alcohol and opiates, or amphetamines and cocaine - also present particular risk.

3.3 Sharps policy

This policy covers the discovery of syringes and other drug taking paraphernalia on premises or in the vicinity of the project.

The ready availability of clean works significantly reduces the likelihood and incidence of needle sharing among intravenous drug users, and is therefore a key factor in minimising cross-infection of blood-borne viruses. The use of needle exchange services and sharps bins is to be encouraged.

Although the risk of infection with viruses such as HIV, AIDS and Hepatitis C from discarded sharps is extremely slight, all sharps (and indeed all bodily fluids) must be treated as contaminated and presenting significant risk. Hepatitis B can be active in dry blood for a period of months.

Staff must exercise extreme caution at all times, particularly when handling residents' property – for example, when clearing a room. Particular care must be taken when handling soft objects, such as clothing, mattresses or bedding.

The discovery of sharps can be distressing for both staff and clients, and appropriate support must be provided after such incidents.

- 1 All staff must be offered Hepatitis B vaccinations, and encouraged to have them.
- 2 All clients must be given information about local services providing needle exchange, sharps bins and information about harm minimisation and injecting. Residents known to use drugs intravenously must be encouraged to use these services.
- 3 Any sharps discovered must be disposed of safely
 - Protective gloves must be worn when handling any potentially contaminated object
 - Sharps must be disposed of in a sealed sharps bin
 - Exposed needles must not be carried – bring the bin to the needle
 - If a needle must be left while a bin is fetched, inform anyone in the area of the risk and ask that no-one approach the sharp
- 4 In the event that an unused sealed sharp and/or other drug-taking equipment is found exposed in a resident's room the issue must be raised with the resident at the earliest opportunity.

This also applies to sharps found in communal areas when staff have reasonable grounds to identify the resident responsible.

If the resident is away from the project the item(s) may be held by staff until the resident's return. Used or unsealed works must be disposed of as above, and the resident spoken to.

The primary concern must be the health and safety implications of what has occurred, and the incident must be considered as an opportunity to engage the resident in discussing harm

reduction. The hostel Drugs Policy must be reiterated, together with information about responsible use of sharps bins and other measures.

- 5 Disciplinary responses may also be considered by the staff team – for example, warnings, behaviour contracts or eviction. In deciding on the appropriate response, issues to consider may include:
 - The risk presented to others
 - The resident's response when spoken to
 - Details of the incident – the location and number of sharps found, whether capped or uncapped, etc
 - Whether the resident has been involved in similar issues in the past
 - The resident's wider support needs
 - Whether the resident is new to the project or otherwise not fully familiar with the policies
 - Whether the resident is engaged with support services and how responses may impact on that engagement
 - The views of all staff and management
- 6 If circumstances do not suggest a particular resident as being responsible for discovered sharps, staff will use their discretion in responding to the situation. Options may include raising the matter with all residents who may be responsible, perhaps in writing, and stressing the seriousness of the incident.

Needlestick injury

In the event of any client or member of staff sustaining a needlestick injury (the prick, scratch or puncture by a needle) the following procedure should be followed immediately:

- Squeeze the injury to encourage bleeding for a few minutes, and place under **cold** running water
- Wash and clean the site with iodine or soapy water
- Dry, and apply a plaster or other dressing
- Contact [**named nearest A&E Department**]. Describe the incident and follow their advice

[Address and contact details of nearest A&E Department]

- Retain needle in a safe place for testing
- Anyone not vaccinated against Hepatitis B is strongly advised to report to their GP or an A&E Department for vaccination within 48 hours of a needlestick injury
- The injured person should be provided with information about risk, and offered support, testing and counselling
- Senior staff at the hostel and the organisation's Services Manager should be informed
- The incident must be recorded in the Accident Book and memo-ed in the Log Book

3.4 Encountering use policy

This procedure covers good practice in responding to clients found to be using substances in the building or in its vicinity.

The Drugs Policy makes clear that drug use must not cause unease, distress or risk to other clients. The use of drugs in any communal area is strictly prohibited.

- 1 On encountering the use of a substance in a communal or otherwise prohibited area, staff should make an assessment of the situation and consider whether an immediate response is appropriate and safe – with regards to themselves, the client involved, and other residents.

Other residents in the area should be asked to leave.

Staff must inform colleagues of the situation and consider asking for support, particularly if the situation involves intoxication.

- 2 As soon as possible, the client involved must be asked to desist in their activity and reminded of the hostel Drugs Policy.
- 3 If the client desists as requested, the situation should be followed up as soon as possible as above in Sharps Policy (3.3) – ie, the incident must be discussed with the client concerned, recorded and responded to appropriately.

If the incident involved the use of controlled substances, the client must also be warned that they may have been committing a criminal offence under the Misuse of Drugs Act.

- 4 In the event of the client refusing to desist in substance use they must be cautioned that they are in breach of the terms of their residency and risk disciplinary measures, including the possibility of eviction.

If the incident involves the smoking of cannabis or opium (though not derivatives of opium, such as heroin) the client must be warned that under the terms of the Misuse of Drugs Act the organisation is legally bound to inform the police if they do not desist or leave the building. If staff feel that they have taken all reasonable steps to stop the use of a controlled substance to no avail, and the client refuses to leave the building, hostel management or on-call should be consulted before the police are notified.

- 5 The police should be informed that the client has been asked to leave the building and they have failed to comply with that request. It is not necessary to give details of the reason for asking the person to leave – however, it may not be possible for the police to persuade a person to leave unless they are aware that an offence may have been committed.
- 6 Persistent irresponsible use of substances may lead to the withdrawal of a resident's license.
- 7 Details of incidents of substance use must be logged in the Incident Book and recorded in the client's file, as described in Recording and Monitoring Guidelines, below (3.8).
- 8 If a client is receiving support from an external drugs agency, that agency should be contacted and consulted on how best to respond to the situation. They should be informed of outcomes.

Risk Assessment regarding encountering use

Dealing with any potentially confrontational situation requires the utmost caution, and staff must always give priority to their own safety. Issues of substance use can be highly sensitive, particularly if the person(s) involved is intoxicated or suffering withdrawal symptoms, and must therefore be approached accordingly.

Before approaching a situation staff must consider factors such as where the incident is taking place, its relative isolation; the particular client(s) involved, their recent behaviour and the staff member's relationship with them; who else is on shift, and whether the situation may be better addressed by a colleague, or with their involvement.

The process of administering an intravenous injection is inherently risky. In the event of a client being discovered in the middle of that process, the anxiety caused by interrupting them, perhaps causing them to hurry, could unnecessarily intensify that risk. If encountering someone in this situation, consider giving them the privacy to finish what they are doing and addressing it with them after an appropriate interval.

3.5 Storage of medication

The irresponsible or careless storage of drugs, such as prescribed medication, poses potential risks to both the owner of the drugs and other people in the project.

Under normal circumstances it is the responsibility of the resident to ensure that their medication is stored safely.

- 1 Residents are responsible for the safe and secure storage of any medication they bring into the building. **[Note: Projects are advised to make available lockable cabinets for this purpose].**
- 2 If a resident is concerned about the security of their medication, they may ask hostel staff to store it securely for them. Staff will consider the request on its merits.
- 3 Staff may NOT accept responsibility for the storage of any medication which is a controlled substance – for example, methadone.
- 4 Staff accepting medication must ensure that it is available to the resident concerned at all times while it is in their possession.
- 5 Stored medication must be carefully logged on a separate page in the resident's file. Details should include the name of the medication, the quantity accepted (eg, the number of tablets) and the dose to be taken.

Each time the resident collects a quantity of their medication the record must be updated (number of tablets remaining, etc) and the action signed by both the resident and staff member.

- 6 Staff will not be responsible for the administration of any medication, though may endeavour to assist the resident by reminding them to take their medication regularly.
- 7 Staff will not be responsible for ensuring that a resident has a good supply of medication, though will alert the resident if their supply appears to be getting low.

- 8 In some circumstances, such as on the advice of a resident's GP, or recent incidents in the hostel, staff may request that a resident allows them to store their medication.

The law regarding the storage of controlled drugs

The law is very clear that a person may only take possession of a controlled drug if they are legally authorised to do so, unless it for the purpose of destroying the drug or delivering it to a person who is authorised to hold it.

In the case of medications that are controlled drugs, the persons authorised to take possession include the person to whom the medication is prescribed, a pharmacist, a doctor and the police. Hostel staff would be committing an offence in taking possession of any controlled drug for the purpose of storage under any circumstances.

3.6 Discovery of substances

This section provides guidelines on good practice in responding to the discovery of substances in the hostel.

In practice this is a complicated area. Issues to be considered include:

- Where the drug is discovered
- How much risk may be presented by the nature and location of the drug
- The quantity of the drug involved
- Whether the person responsible is known with certainty
- Whether the person is in the building and available for consultation
- Whether the drug is a controlled drug
- Whether the drug is a prescribed medication.

Staff must consider all of these factors in deciding upon immediate responses to the discovery of a drug. They may also need to consider issues pertaining to the individual concerned, if known.

Hostel management must always be consulted with regards to any drug-related incident.

The following guidelines apply:

- 1 Although it is recognised that some residents may bring drugs onto the premises, it is expected that this is done with a degree of discretion and that controlled substances are not stored in plain view. Controlled drugs discovered in plain view in a resident's room will not be removed by staff, though the resident will be spoken to at the earliest opportunity.
- 2 If the substance is found in a communal areas and is a non-controlled and clearly identifiable drug, such as alcohol, it is advised to remove the substance and store it securely until the matter can be raised with the client responsible, if known.

- 3 As in all drug-related incidents, the matter must be raised with the client responsible. In the case of any drugs or suspected drugs found, the matter must be followed up as described above in the Sharps Policy (3.3), unless overridden by police involvement.
- 4 If the client responsible is not known, the substance should be disposed of and followed up as outlined in Sharps Policy (3.3).
- 5 If the substance found in a communal area is suspected of being a controlled drug, and any client suspected of being responsible is not available, staff should err on the side of caution and presume that the substance is indeed a controlled drug.
The following factors must be considered:
 - The health and safety of all residents and staff
 - The law applying to the removal of any substance from where it has been left may present significant legal considerations for staff, as discussed below
- 6 If the substance is suspected of being a controlled drug in quantities or packaging to warrant suspicion that it is being held with intent to supply, hostel management must be consulted immediately. The police may be informed.
- 7 If the substance found in a communal area is of a quantity implying personal use, it must be removed and dealt with appropriately. Identifiable prescribed medication may be held for the purpose of returning it to the owner, or the substance may be destroyed or presented to a pharmacist or the police.

The designated pharmacy in these instances is:

[Contact details of local pharmacy which agrees to be named in this policy]

The pharmacy must be contacted in advance to ensure that they are open and aware of the situation. The pharmacy may also be used for the safe disposal of non-controlled drugs such as medication left by departing clients.

- 9 Destroying or otherwise disposing of substances is not wholly straightforward (see notes below). The person finding the drug, and taking possession of it, must not pass the substance to any other person but must dispose of the substance or deliver it to an appropriate person themselves.

Destruction or disposal of a substance 'in house' must, if possible, be witnessed by another member of staff, and must be recorded.

- 10 Clients must always be informed as soon as possible of the removal and/or disposal of any substance which may belong to them, and the reasons clearly explained.

Notes regarding the removal of suspected controlled drugs

The identification of controlled drugs can be very difficult. For example, tablets may be kept in unmarked bottles or other containers for any number of reasons, such as the reluctance of an individual to have any medical condition apparent to others due to the identification of their medication.

The removal of a substance from a person's room may have severe and unintended consequences for that person. For example, the withdrawal effects of any drug may cause acute distress and the deprivation of any drug may cause a person to take measures which may expose them or others to risk.

Unsupervised withdrawal from alcohol, benzodiazepines or barbiturates may be life threatening.

The confiscation of substances held for third parties may also present significant risks to a client.

Once a decision has been made to take possession of a suspected controlled drug, it is important that the safety of workers and the organisation is protected, both in terms of prosecution under drugs legislation and from broader accusations of wrongdoing, such as theft.

The law requires only that substances are disposed of as soon as reasonably practical; the law does not stipulate that a witness must be present. However, whenever practical best practice is that the disposal must be witnessed. In any event senior hostel staff should be consulted.

If it is decided that the substance should be presented to police, the police should be notified immediately. Staff should note the name and number of the police officer spoken to. If the police are unable to visit the project the same worker who has taken possession must deliver the substance to a police station as soon as possible.

3.7 Suspected supplying policy

This policy presents good practice in responding to incidents of suspected supplying of controlled substances within the building or environs, including the supplying of prescribed controlled drugs to someone to whom the drugs are not prescribed.

Drug supplying on or around hostel premises puts vulnerable people at risk, particularly, perhaps, those who are former users, non-users, or taking part in treatment programmes.

Drug dealing may also be associated with money-lending, intimidation and other behaviours entirely detrimental to the effective management of homelessness services.

The suspicion that the supply of a controlled drug is occurring is a very sensitive issue and may be legally complex. Technically and legally speaking, the scope of supplying a controlled drug may include the act of operating a traditional drug-dealing enterprise, a person passing a joint to another person, a person 'loaning' a valium they have been prescribed to another person who has mislaid their medication – and everything in between.

The calculated supply of controlled substances is by its very nature often an extremely covert and discrete enterprise, and staff must always be alert to its possibility. If in doubt staff must always err on the side of caution and treat an incident as if it constitutes an act of supply.

- 1 When staff are aware or strongly suspect that supply is taking place they must take steps to prevent it.

Initial responses may vary, depending on the circumstances. In some cases it may be considered appropriate to inform the police immediately. In others it may be felt appropriate to instruct a client that their practice must stop, reminding them of the Hostel Drugs Policy and the offence they may be committing.

- 2 Clients must be reminded that the organisation has a legal duty to prevent the supply of drugs on its premises; that their actions may seriously jeopardise their license and that further suspicions may lead to the police being informed without notice.
- 3 In less certain instances it may be felt appropriate to monitor and record the situation before taking any further action.
- 4 If suspicions are addressed and the intervention is considered successful (ie, staff are satisfied that the suspected supplying has ceased) staff must remain vigilant and monitor the person(s) concerned, responding again if necessary.
- 5 If initial steps to address suspected supplying are unsuccessful (ie, there continue to be firm suspicions that supplying is taking place), further steps must be taken immediately. The police will be informed and their assistance sought.
- 6 If the police are unable to intervene, the client may be served an immediate Notice to Quit and barred from the hostel.

Other responses to actual or suspected drug supplying may vary, as with other breaches of the Drugs Policy, according to the nature of the incident and the circumstances of the individual(s) involved. Responses must be considered by the project manager in consultation with staff and external support agencies, if possible and appropriate.

The law with regards to supplying drugs on premises

Individuals involved in the trade of controlled drugs are committing an offence under the Misuse of Drugs Act (1971).

However, persons 'involved in the management of any premises' (which, in the case of homelessness hostels, is given to include project staff, managers, volunteers, or more senior staff or trustees of an organisation) also have clear legal responsibilities with regards to the supply of drugs on those premises. These persons may not 'permit or suffer' another to supply or attempt to supply a controlled drug on their premises, and must make every reasonable effort to prevent this from occurring – MDA, Section 8(b).

Premises where drug supplying is occurring and which are associated with public disorder or serious nuisance may be closed and sealed by police under the terms of the Anti-social Behaviour Act (2003) (Section 1).

3.8 Recording and monitoring guidelines

The recording of sensitive or potentially incriminating information must be carried out with the utmost care.

Recording of information must be carried out with consideration of the need to protect the rights of service users.

- 1 If a client is unwilling to discuss their drug use or divulge details of it this must be respected unless their behaviour is threatening their License Agreement or there is cause to believe that they are putting themselves, others or the project at risk.
- 2 All concerns must be accurately recorded in the client's file (and Incident Book, as appropriate) with memos in the Log Book.
- 3 If the level or manner of use is considered to present significant risk to themselves or other persons, or if the client's pattern of use has altered suddenly, concerns must be raised with the client as soon as possible.

Concerns must be shared with the broader staff team.

The referral agency, if applicable, and any other relevant agency (for example, a drugs agency or the client's GP) must also be informed and their advice sought.

All information about concerns, interventions and decisions taken must be accurately recorded in the client's file and noted in the Log Book.

- 4 All information recorded should be agreed with the client, when possible and appropriate, and must always be strictly constrained to known factual descriptions. For example, to describe a person as being 'high' or 'gouching' is to use highly loaded and possibly presumptive language. The apparent intoxication of a person does not necessarily indicate that they are intoxicated, and it cannot be assumed with absolute certainty which, if any, substance they have taken. Any speculation or uncertainties must be made explicit.
- 5 Information recorded in the Incident Book should be limited to the following:
 - The date and time of the incident
 - The name of the client involved
 - A reference to the client's file
 - The name(s) of the worker(s) dealing with the incident
 - The name of the worker making the entry
- 6 Full details of the incident and actions taken should be fully recorded in the client's file.
- 7 Entries in the Log or Banned Book should be restricted to the name of the individual and the relevant dates. Details must be recorded in the client's file.

The law regarding record keeping

All records kept by an organisation could be used in a court case, and could become an essential element of either defence or prosecution submissions.

Documents relating to interventions made with a client enjoy a degree of protection under the Police and Criminal Evidence Act (1984), Section 12 of which concerns the protection of personal records, under whose definition client files apply.

Search warrants applying to personal records such as these can be issued by a circuit judge, though not by a magistrate. Search warrants applying to other records, such as log books and incident books, can be issued by a magistrate.

3.9 Staff and the Drugs Policy

- 1 A copy of the Drugs Policy will be stored for reference in the staff office.
- 2 As part of their induction staff will have the Drugs Policy explained to them and will be given a copy.
- 3 Locum and agency staff must be made aware of the Drugs Policy and where they may find it. Locum and agency staff must receive an induction which familiarises them with the Drugs Policy.
- 4 As soon as practical after commencing employment staff should attend a drugs training course. Regular training courses should be held in-house to refresh staff knowledge and ensure consistency in responding to situations. Such training should also develop the skills necessary to deliver the Drugs Policy, such as increasing drugs awareness, dealing with challenging behaviour and keeping up to date with developments in government policy.
- 5 All staff should receive regular supervision, which will include discussion of any drug-related incidents which have occurred and any difficulties experienced in delivering the drugs policy. Supervision will also involve a skills/training review with regards to drugs, and appropriate training will be made available if required.
- 6 All hostel policies are reviewed periodically to ensure that changes in client group, government policy and local needs continue to be effectively addressed. Staff should always feed back to senior staff if they feel any areas of policy, including the drugs policy, are in need of review.

Staff will be involved in reviews of the Drugs Policy.

3.10 Working with police

This section covers the organisation's policy, good practice and legal duties with regards to the police. *[Note that local police representatives were involved in the development of the policy].*

- 1 The organisation's policy is to work fully with the police in carrying out all of its legal duties and other obligations with regards to drug use, and recognises its legal duties to comply with all lawful and reasonable requests.
- 2 Staff will comply with working protocols agreed by the organisation and the police.
- 3 The organisation endeavours to maintain a good and effective working relationship with the police at all times, and recognises that obstructing the police or in any way hampering a police enquiry can lead to prosecution.
- 4 Staff must involve the police in any incidents requiring assistance. Staff will assess whether or not a 'fast' response is required (ie, dialing 999) – for example, in some situations involving violence. In these circumstances staff need to consider carefully whether the situation constitutes an emergency, though if any member of staff feels a fast response is appropriate then 999 must be dialled.
- 5 If a situation occurs which does not require a fast response, staff should usually consult with the project manager, or contact on-call, before contacting the local police station or dialing 101.

[Contact details for local police station]

- 6 Non-urgent enquires may also be made through the local Police Hostel Liaison Officer, as appropriate.

[Contact details for Hostel Liaison Officer]

- 7 As discussed above, all housing providers have a clear legal obligation to prohibit the smoking of cannabis and opium on and around their premises, as well as the supplying of all illicit drugs, and must take reasonable steps to prevent these activities. In the event that these steps are unsuccessful, hostel staff must inform the police and request their assistance.
- 8 Hostel management must always be informed immediately of any police involvement with the scheme, and must always be consulted immediately if staff consider that police involvement may be required.
- 9 Police have the authority to search premises in a variety of circumstances, including, though not exclusive to, the following:
 - They have the consent of the occupier
 - They have an appropriate warrant
 - An arrest has taken place and the arrestee's room needs to be inspected
 - An escaped prisoner is suspected of being on the premises
 - An arrest for public order or some other offences is required
 - There is a suspected need to protect life or prevent serious damage to property
- 10 Any police involvement must be carefully recorded in the Log Book and in clients' files, as appropriate.
- 11 In normal circumstances, police must provide identification before entering the building. Identification must be recorded.

Notes regarding police involvement

In some clear circumstances, as discussed in other parts of this document, organisations are legally obliged to volunteer information to the police – for example, if suspected drug dealing is taking place and reasonable steps to address this have been unsuccessful.

However, in many other circumstances no such obligation exists, and organisations will not be obliged to volunteer information about drug users or suppliers to the police. The police may request that organisations provide such information, but they may not be obliged to do so. Organisations can continue to offer a confidential service up to this point.

In cases where there is no legal obligation to provide information to police, there must always be due consideration given to:

- the needs and protection of the client(s) involved
- the project's ongoing relationship with the client
- concerns of other service users, hostel staff, and the wider community
- the nature of the police request
- the protection of the organisation, and its ongoing relationship with police

The organisation will liaise regularly with the local police to ensure mutual understanding and effective working relations.