



CONTROLLED DRUG AND ALCOHOL POLICY

Introduction

Section 8 of the 1971 Misuse of Drugs Act (MDA), makes it an offence to knowingly “permit or suffer” the supply of controlled drugs of premises. The Act reads as:

Any person or organisation deem to be the “occupier” or “concerned with management of the premises” commits an offence if they “knowingly permit” or allow to take place on those premises any of the following activities:

- Producing (manufacturing) or attempting to produce a controlled drug. Section 8 Misuse of Drugs Act 1971
- Supplying or attempting to supply, or offering to supply, a controlled drug to another person. Section 8 Misuse of Drugs Act 1971
- Permitting use of controlled drugs on premises (“Administering or using a controlled drug, which is unlawfully in any person’s possession at or immediately before the time when it is administered or used.”) Section 38 Criminal Justice and Police Act 2001.

“Knowingly permit” in these circumstances would apply if a person or organisation ignored the obvious or allowed business to carry on, whether or not something had happened.

It is also an offence under the Misuse of Drugs Act 1971:

To incite, or attempt to incite another person to commit an offence under the Act.

To knowingly give false information, if questioned, in relation to an offence under the Act.

In both cases there must be proof that the defendant knew what was going on.

This Act imposes a number of obligations on housing management can staff when carrying out their work; these include preventing activities such as drug dealing and the illegal use of controlled drugs.

Defining Terms

Definition of a 'drug': In a broad sense, a drug is a substance, natural or artificial that by its chemical nature alters human functioning. Different drugs occupy different social and legal positions, and it is important to define what we mean when we talk about drugs. *The Living Room* aims to respond to these different groups of drugs according to the law and the organisation's aim of social inclusion.

This policy covers a wide range of drugs including:

- Illegally held drugs – This is the primary focus of the drugs policy and includes, but is not limited to, heroin, crack cocaine, amphetamines, cannabis, benzodiazepines, dihydrocodeine when held without prescription.
- Prescribed controlled drugs – This includes methadone, benzodiazepines, Naltrexone.
- Other prescribed medication (OPM) and over-the counter (OTC) medication where applicable.
- Other drugs not covered by the Misuse of Drugs Act 1971 including volatile substances (solvents), amyl and butyl nitrates (poppers), Qat, Ketamine.
- Psychoactive substances (previously known as 'Legal Highs')
- Alcohol.

Use of drugs and alcohol

All those involved in *The Living Room* are to be gracious, loving and compassionate seeking to build trust and friendship with each guest. However, at the same time it would be a disservice to our guests, fellow volunteers and church if we are negligent. Furthermore, negligence always leads to problems and shows a lack of organisation and real care for the guests.

Drugs and Alcohol must not be consumed/used on the premises by visitors or volunteers.

- Drinking alcohol whilst on shift is not allowed by visitors or volunteers.
- Alcohol or controlled drugs must not be carried onto the premises by any visitor or volunteer.

Action to be taken if policy is breached

The safety of staff is paramount. No staff member should place himself or herself at risk. All staff should prioritise personal safety issues, conduct risk assessments and work within the legal framework when working within premises or non-centre based and consult their line managers.

- If a guest arrives under the influence of alcohol **and** appears aggressive or threatening then they will be asked to leave. It may be necessary to inform the police of this decision.
- If guests are found drinking on the premises, they may be asked to leave the shelter.
- If guests are found taking drugs on the premises it should be discussed with the person concerned immediately, unless there are real concerns about the personal safety of staff or members of the local community.
- Where this is not the case the behaviour should be discussed in a non-confrontational manner as the earliest available opportunity. Two members of *The Living Room* team should be present.
- The person should be asked to cease the activity immediately. If they do so, then the organisation's obligations under section 8 have been discharged.
- Staff should proceed by informing the service user that they are acting illegally (see the Misuse of Drugs Act (1971)), and staff will highlight the legal risks that this carries for the Service User.
- Staff will inform their line manager at the earliest opportunity of the breaches of drug policy and record the incident and responses initiated.
- Anyone found dealing drugs will be asked to leave the shelter.

- Volunteers who suspect that someone is violating these policies must complete a 'Suspicion of Drug or Alcohol Use' form . This way volunteers the following night can be aware. Volunteers should not 'police' the Night Shelter, but should not be negligent.
- Volunteers arriving to their shift under the influence of drugs or alcohol will be asked to leave and another volunteer will be called to replace them.
- Volunteers found consuming alcohol whilst on shift will be asked to leave and a replacement volunteer will be called. These actions will jeopardise future volunteer placements.

Staff must maintain confidentiality and will not discuss any incident of suspected or actual drug possession or drug taking with other visitors or anyone not directly involved.

Removal of Drugs

Under no Circumstances should staff confiscate drugs directly from a service user or their accommodation.

- If drugs are found at the shelter then they should be placed in a place of safety and taken to the Police station or given to the Police the next day, as per Police Protocol. The Project Co-ordinator should be informed.
- All drug paraphernalia should be disposed of in the yellow sharps bin at The Living Room in accordance with the Health and Safety policy
- If the situation arose whereby the quantity of drugs found suggested that drug dealing was taking place or staff know that supply is taking place, the Management Committee should be informed and the Police notified.

DO NOT RETURN ILLICIT DRUGS TO THE SERVICE USER AS THIS AN BE VIEWED AS SUPPLYING.

Alcohol Disposal

The Living Room staff / volunteers will be responsible for disposing of any alcohol if it is handed to them for disposal or left at *The Living Room*. Due to the need to display

integrity, accountability and transparency *The Living Room* staff / volunteers should record the fact that they have been given alcohol, the date, time, location, quantity and type. They should further record how it was disposed. This can be a very simple process e.g. pouring down a nearby drain and throwing the container into a bin.

Suspicion of Supply and information from third parties

Procedures are to:

- acknowledge the information, and ensure that it is recorded in appropriate places
- advise the complainant that the information will be looked into
- discuss the matter with the accused, in a non-confrontational manner, to establish facts

If these steps support the accusation, then further action will need to be taken, as described above for dealing with supply on premises.

If there is no corroborating information, workers should log the steps taken in looking into the accusation, that there was no evidence to support it, and record any further action taken, such as warnings given; where the complainant subsequently asks why nothing was done, they should not be given additional information, but advised that the matter was looked into, and you will always look into such matters when brought to your attention.

Staffs own suspicions: where no information is received from third parties, but workers are suspicious of behaviours, a similar set of steps could be followed, including challenging, discussion with colleagues.

Staff will often not actually know that supply is taking place in the premises. It is more likely that they suspect supply is taking place, or have information from third parties that supply is taking place. This document aims to make it clear that staff will act on every episode where there is a suspicion that supply is taking place. There is

a risk otherwise that staff could be accused of “turning a blind eye” to supply taking place.

Please note that there is normally no obligation to disclose information to the police concerning an individual’s drug use. However under section 8 (Misuse of Drugs Act 1971) there is an obligation to prevent drug dealing (supply) from taking place.

Good Practice: The Living Room will endeavour to maintain positive, honest relationships with all visitors, and approach the individual regarding concerns about such behaviour. Staff will liaise with their line manager to implement a warning system of sanctions. This must be documented clearly in the clients’ files.

Informing the police of the supplier enables the police to prevent the supply taking place.

Communication of The Living Room Alcohol and Controlled Drugs Guidelines to Guests and Volunteers

Visitors will be clearly advised of the Alcohol & Controlled Drugs Policy before entering the shelter. This policy is contained within the wording of *The Living Room* ‘Visitor Agreement’ that all guests have to sign as a condition of accessing the project. Visitors will be given a copy of this policy in their welcome pack.

Volunteers will be offered training on issues related to drug and alcohol use annually. New volunteers should be informed of the Alcohol and controlled drugs policy before they begin volunteering at *The Living Room*.

If anyone is excluded from *The Living Room* as a result of breaching the policy all Shift leaders will be informed by e-mail or at briefings at your venue at the start of a shift. The Project Coordinator / Management Committee will do this. In particular the church responsible for the following night must be informed with immediate effect.

Equal Opportunities

All service users have a right to be treated with respect, Staff and service users should avoid using language that reinforces negative image of people who use drugs. Terms such as “smack-head”, “junkie”, and “alkie” are derogatory, negative, and perpetuate stigma. Use of such language should be challenged. The individual service user who describes his/herself in such terms should be offered opportunities to explore issues such as self-esteem, and self-image with a relevant support worker.

The use of concepts such as “addict and “addiction” should be used with care, as these can be unhelpful labels that suggest an external controlling force, and a lack of personal responsibility.

Possession and or Use of Legal or Prescribed Drugs:

- No offences are being committed if a service user is using legally bought or prescribed medication.
- It is good practice for staff to be aware of each residents prescribed medication (see Referral Procedure).
- **Staff must not store any medication belonging to residents or give advice on administration of medication under any circumstances. It is illegal to store prescribed controlled drugs for clients. Any concerns should be discussed with your line manager.**

Reporting

Suspicion of use of illegal substances should be recorded using the ‘Suspicion of controlled drug or alcohol use’ reporting form. The purpose of these forms is to document that reasonable action has been taken regarding suspicion of and actual drug use should such action ever need to be proven. The completed forms should therefore be kept and stored securely.

A copy of the completed form should be passed on to the Project Co-ordinator / Management Committee for the clients risk assessment to be amended should the client present in future to stay in *The Living Room*.

Warning

If through investigation a visitor was found to be using illegal substances the warnings procedure should be initiated. When issuing the warning the resident should be notified of the legal position, informed of the organisations obligations and warned that by using illegal drugs on the premises they are putting their future use of the *The Living Room* at risk.

Working with the Visitor

The team should work with service users in the context of their social, psychological and health circumstances.

Partners recognise that different issues are involved in working with those who use drugs recreationally and those who experience problem drug use. Whilst total abstinence is the usual goal of intervention there may be intermediary stages and so the team should work to a harm reduction approach. Improvements to stability and health as well as reduction in drug use should be recognised.

An environment where drug use can be discussed openly with the team should be encouraged and consistent with the overall harm reduction approach. The following assistance will be offered:

- Information on drug related issues generally
- Referral where appropriate to specialist services
- Accommodation where possible aimed specifically at meeting the needs of drug users.

Taking all of this into consideration however there should be a consistent stance that drug use on premises will not be tolerated and the person is putting their future use of *The Living Room* at serious risk if they continue to do so.

PLEASE ENSURE YOU HAVE READ THE POLICE PROTOCOL IN POLICY AND
Appendix A RES PRIOR TO THE COMMENCEMENT OF YOUR SHIFT.

Suspected Drug or Alcohol Use Reporting Form

Date:

Time:

What lead me to suspect illegal drug use:

I investigated it by:

The outcome was that:

I have reported this incident to _____ who is the

Signed: _____ and _____

Action Taken (to be completed by the Project Co-ordinator)

Signed: _____