



# **Substance Use Policy**

# Julian Housing Substance Use Policy substances on Julian Housing premises

## Table of Contents

Section	Page Number	
<b>Section 1</b>	Page 1 - 3	<b>The Policy: Background &amp; Ethos</b>
	Page 4	<b>Possession of Drugs on Julian Housing Premises</b> 1. Possession of illegally held drugs
	Page 5	2. Possession of prescribed controlled drugs
	Page 6	<b>Use of Drugs on Julian Housing Premises</b> 3. Use of illegal substances on Julian Housing premises
	Page 6 - 7	Use of Illegally held controlled drugs
	Page 7	Use of other Illegally held controlled drugs
	Page 8 - 9	Use of legally prescribed drugs
	Page 9	Use of other drugs/ substances
	Page 10	4. Intoxication on premises
	Page 10 - 11	4.a. Intoxication and driving
	Page 11 - 13	5. Supply of controlled drugs
	Page 13	Suspicion of supply
	Page 13 - 14	6. Anti-social behaviour
	Page 15	7. Storage of drugs
	Page 16	Storage of drugs: Other controlled drugs
	Page 17	8. Delivery of prescribed medication
	Page 17 - 18	9. Storage of Drugs: Other medicines
	Page 18 - 21	10. Finding drugs
	Page 21 - 24	11. Injecting equipment and sharp bins
	Page 22	Transporting full sharp bins
	Page 23	Body fluid spills
	Page 23	Suspected overdose
	Page 24 - 25	12. Police involvement
	Page 26	13. Confidentiality
	Page 26	<b>14. Home visits by staff – Outreach Work</b>
	Page 29	Supply and production
	Page 29	Use of substances/ alcohol
	Page 29	Transportation.
	Page 29 – 30	<b>15. Equal Opportunities</b>
	Page 30 - 34	<b>16. Staff code of conduct</b>
<b>Section 2</b>	Page 35 - 37	<b>Resources</b>

# Julian Housing Support Substance Use Policy

## Section 1: The Policy.

**This policy provides a guideline for all aspects of Julian Housing Support Trust Ltd including:**

- staff working in properties where there is an occupancy agreement between the service user and Julian Housing, issued on behalf of the Registered Social Landlord.
- office areas owned/ or rented by Julian Housing
- staff working with service users who are supported in independent accommodation where there is no tenancy agreement between the service users and Julian Housing. This includes working with service users where there is a service level agreement between Julian Housing and a housing provider, i.e. floating support/*Supporting People*

### **Background:**

The primary role of the service is in providing supported housing for people experiencing mental health problems, whilst acknowledging that this may involve working with people who have additional needs around their use of alcohol/ substances. As a result the organisation has an obligation to:

#### **Work within the law**

**Provide a safe arena for all service users and visitors to the service**

**Provide a safe arena for all staff and volunteers**

**Work with and be sensitive to the local community**

In order to fulfil its obligation Julian Housing aims to:

- Inform service users of their rights within the law in relation to their use of alcohol and substances, prescribed or otherwise
- Provide appropriate access to support for service users who have additional needs around their alcohol and substance use, including advice on health and safety issues
- Remain vigilant to the possibilities of breaches in the law that may be taking place on the premises
- Ensure that appropriate measures are taken in order that service users understand and comply with their tenancies in accordance with the law
- Ensure appropriate action is taken in instances where service users are in breach of their tenancies and the law as a result of their substance use
- Ensure that staff working in the community work appropriately within the existing legislation
- That all incidents and follow up action is carefully recorded
- Ensure that appropriate levels of support are available for staff to discuss the application of this policy, e.g. team meetings, handovers, supervision and training

## **Ethos**

Julian Housing recognises that many people use substances as a coping mechanism. As a result it is possible for clients to make changes should they wish to do so through support and the development of alternative coping mechanisms. People's motivation around their substance use should be considered within the context of the 'Cycle of Change Model', Prochaska and Di Clemente – see appendix.

Where clients are not seeking to change, the organisation can offer an ongoing monitoring role with timely interventions at times of crisis or other need. Where clients require more structured specific interventions such as detox, needle exchanges etc., the organisation seeks to engage clients in community-based services such as the Trust Alcohol and Drugs Services and NORCAS.

### **Julian Housing adopts a harm reduction approach to working with clients.**

Central to this ethos is the need to consider the 'behaviour' of clients, not their substance use or alcohol issues per se. How can their behaviour be modified in order to maintain their safety, the safety of others and the safety of the environment? How can we support this process?

## **Drugs Covered By The Policy**

### **This policy covers many drugs including:**

- Illegal Drugs, including but not limited to, heroin, cocaine/ crack, ecstasy, LSD, cannabis and amphetamines.
- Prescribed controlled drugs that are held *without* prescription, for example methadone, Benzodiazepines.
- Other Substances such as Qat and volatile substances such as amyl nitrate and ketamine that are not covered by the legislation outlined below.

The policy is not exhaustive and there will be new drugs emerging on the market, some of which will not be covered by current legislation. Staff will need to clarify their position and the position of the people they support when responding to such issues.

### **What the Law Says:**

- Drug law relating to/ impacting on drug offences include:

**The Misuse of Drugs Acts 1971**

**The Misuse of Drugs Regulations 1985**

**The Intoxicating Substances Act 1985**

**The Medicines Act 1968**

**Criminal Justice and Public Order Act 1988**

**Roads Traffic Act 1988**

**The Drugs Trafficking Offences Act 1986**

**The Crime and Disorder Act 1998**

### **Offences:**

According to Section 8 of the Misuse of Drugs Act (1971), a person commits an offence if, being the occupier or concerned in the management of any premises, they knowingly permit or suffer any of the following activities to take place on those premises:

1. The production of/ or the attempt to produce a controlled drug.
2. The supply or attempt to supply a controlled drug to another.
3. The preparation of opium for smoking.
4. The smoking of cannabis/ cannabis resin or prepared opium.

### **Premises:**

#### **What the Law Says:**

Section 8 of the Misuse of Drugs Act 1971 places obligations on managers of premises to prevent certain activities on those premises.

In the current context, “premises” refers to hostels, residential projects, night-shelters, day-centres and other settings such as drop-ins. Any building within the project grounds would be defined as premises, as would any yards, gardens, front steps, adjoining alleys or out-buildings.

All areas within buildings, including individual resident rooms should, for the sake of caution, be treated as part of the premises.

Other settings such as mobile outreach services operating from a bus may well also constitute “premises”.

#### **Recent additions:**

The powers to close premises included in the **Antisocial Behaviour Act**

**2003** can be triggered by antisocial behaviour associated with a property even if the activity is not taking place in the property. Hence it is important that the policy has regard for activity taking place within the vicinity as well as on the premises.

# Possession of Drugs on Julian Housing Premises

## 1. Possession of Illegally Held Drugs:

**Examples:** Heroin, Cannabis, non-prescribed methadone, cocaine, etc.

**Julian Housing cannot condone people bringing illicit drugs onto any of its premises. If we are aware of this taking place or suspect that this may be happening then we have a duty to respond and my need to take further action, particularly in instances where staff or other service users are being put at risk, or we suspect that drugs may be used on the premises.**

### What the Law Says:

- The service user is committing an offence by being in possession of a controlled drug
- The organisation concerned, in this instance Julian Housing, is not committing an offence even if we know or suspect that an individual is in possession of an unlawfully held controlled drug.
- The organisation must not condone or encourage this behaviour in any way and should always challenge it if they become aware that a service user is in possession of an unlawfully held controlled drug.

### Response:

- If a service user is known or believed to be in illegal possession of controlled drugs they will be reminded that this means that they are committing an offence under the Misuse of Drugs Act (1971), and workers will highlight the legal risks that this carries for the service user.
- Workers will stress that the use of the drug on premises cannot and will not be allowed and may result in action being taken including loss of access to services and possible police involvement.
- Workers will ensure that information about drugs and relevant support agencies is available to the service user, in order that they have the opportunity to look at reducing their drug use or reducing the risk of drug-related harm as appropriate.
- Where the quantity of the drug or other factors suggest that the service user may be supplying drugs; the worker should refer to the section of this policy addressing supply.
- Where factors indicate that the drug is being used on the premises; the worker should proceed as described in the section of this policy addressing use.

## **2. Possession of prescribed controlled drugs**

**Examples:** Methadone, Buprenorphine etc.

**Service Users who are bringing controlled drugs into any Julian Housing premises should inform staff, for the safety of themselves, other service users and Julian Housing staff. Service users are required to keep any controlled drugs or other medication either on their own person or stored somewhere securely. Medication prescribed or otherwise should be kept in its original packaging and with its labels intact. Controlled drugs/ medication should not be given to others to take or look after.**

### **What the Law says:**

- Where clients are in possession of controlled drugs that have been prescribed to them, no offences are being committed

### **Response:**

- Clients should be encouraged to inform staff what drugs they have been prescribed
- Staff should seek service users consent to help liaise with prescribing agencies and pharmacies in order to ensure that medication is being managed appropriately.
- Staff will need to act where they find controlled drugs/ medicines being openly displayed, i.e. left on a coffee table in a communal lounge, or if they know or suspect that supply is taking place, i.e. a service user is selling their prescribed methadone to another resident of the project.

## Use of Drugs on Julian Housing Premises



### **3. Use of Illegal Substances on Julian Housing Premises:**

Julian Housing will not tolerate the use of any drugs on or near the premises that puts staff or service users at risk of harm, prosecution or if it causes distress.

If a worker is concerned that illegal drug activity is taking place on the premises they will need to look into it further. If their suspicions are confirmed then they will need to take further action. In addition it is essential that allegations made by other residents or members of the public are followed up accordingly and that records of action are maintained.

#### **Reclassification of Cannabis 29<sup>th</sup> January 2004:**

Cannabis, whilst reclassified as a Class C drug, remains illegal to possess or supply. There remains a legal obligation to Julian Housing as an organisation to prevent the use of cannabis or supply on premises directly managed by the organisation. Organisations who are not able to demonstrate that they have taken measures to prevent the use/ supply of cannabis on site can be prosecuted and there is a maximum custodial sentence of 14 years attached. Under the ACPO guidelines there are conflicts of interest between service users who use cannabis and are likely to be arrested if they use in public, and housing providers who will be prosecuted if service users use cannabis on the premises.

Julian Housing is developing a 'Joint Working Protocol' with Norfolk Constabulary in relation to the use of cannabis on premises managed by the organisation. At time of writing this protocol has not been agreed.

#### **Use of illegally held controlled drugs:**

[Cannabis and Opium Only](#)

**For Cannabis, please additionally refer to the Cannabis Guidance Document that Julian Housing Operates between Devonshire Place/ Bakery Court and Norfolk Constabulary. Please note that Oak House does not operate this addition to the main policy.**

#### **What the Law Says:**

If workers know that, specifically, cannabis or opium are being smoked on the premises they are obliged under section 8 of the Misuse of Drugs Act to take steps to stop it from happening. Failure to do so would be an offence under this Act.

### **Response:**

Any response should be both reasonable and readily available:

- Residents should be instructed to cease the activity immediately and advised to remove any illegal substances from the premises. (Whilst they may cease their usage of a controlled drug, they will remain in breach of the law by being in possession).
- Residents should be given access to advice and support around their drug use along with information concerning drug related services
- If the activity ceases then the organisation's obligations under Section 8 have been discharged.

### **Follow up procedure:**

- Ensure other staff are aware of this incident and are vigilant for future re-occurrence. This should be done through handovers, team meetings and record keeping.
- If this is the first incident ensure that the individual resident concerned is aware that future incidents could lead to more robust responses from the organisation
- If this is a recurring problem, more robust action will need to be taken, possibly including verbal or written warnings, suspension of services for a period of time, termination of tenancy or contact with police. This will depend on the severity of the incident.
- The nature of the action should be taken in consultation with other team members, senior managers and other agencies as appropriate.
- Breaches of drug policy, responses initiated, and reasons for those responses should be recorded.

### **Health and Safety:**

- Workers should be mindful of their own health and safety and the health and safety of others when responding to any incident.
- Issues to consider are the service users history particularly where there may be indications of violence or there are other people present whose histories may not be known to the organisation. If those present are already intoxicated then the health and safety indicators for risk may be increased. Staff should not attempt to intervene unless they feel satisfied that any risk is sufficiently managed.
- If it is not appropriate to deal with a breach of tenancy immediately then staff should ensure that it is dealt with at the earliest available opportunity with appropriate support if necessary.

### **Use of other Illegally held controlled drugs:**

**Examples:** heroin, cocaine, ecstasy, amphetamine, magic mushrooms (Note recent changes in legislation) or non-prescribed methadone

### **What the Law says:**

- If a person is known to be using illegally held controlled drugs (other than cannabis or opium) on the premises; the person in question is committing an offence of **possession** of controlled drugs under the MDA.
- However, following the Government's decision to postpone the amendment to Section 8(d) of the MDA, the organisation is not committing an offence if substances other than cannabis or opium are used on site.

- The organisation is still required to address their obligations under health and safety and their duty of care; they should also be conscious of their obligations to manage antisocial behaviour.

**Where the use is not presenting a risk to others, responses could include:**

- Reminding the service user that they are committing an offence under the Misuse of Drugs Act (1971), and highlighting the legal risks that this carries for the service user
- Highlighting the health and welfare implications of the drug use
- Reminding the service user that incidents that create risk for staff or other service users will not be tolerated
- Workers should ensure that information about drugs and relevant support agencies is available to the service user, in order that they have the opportunity to look at reducing their drug use or reducing the risk of drug-related harm as appropriate

**The use of drugs in a way that creates risk for other service users cannot be tolerated:**

Examples of this include:

- Using in the presence of other people – e.g. in communal areas, dormitories, shared rooms
- Discarding injecting equipment carelessly,
- Leaving-spilt blood,
- Sharing equipment or paraphernalia.

**In such circumstances the risk-creating behaviour must stop. Options may include increased vigilance, issuing warnings, or suspension of services as appropriate.**

- The nature of the action should be taken in consultation with other team members, senior managers and other agencies as appropriate.
- Breaches of drug policy, responses initiated, and reasons for those responses should be recorded.

**It is important to note that this aspect of the policy relating to the use of drugs other than cannabis and the smoking of prepared opium is reflective of some of the inconsistencies in current legislation which are all subject to change. Julian Housing recognises that possession of these drugs is illegal and in no way approves of or condones the use of such drugs. Julian Housing will always take some action and initiate some response if we are aware that illegal drugs are being held or used on the premises.**

**It is imperative that all residential projects with landlord responsibility keep up to date on changes in legislation that could impact on this aspect of the law.**

**Use of legally prescribed drugs:**

**Examples:** [Methadone](#), [Valium](#), [insulin](#) etc.

**Use of non-prescription medicine:**

**Examples:** [Paracetamol](#), [Night-Nurse](#), [Aspirin](#) etc.

**What the Law says:**

- No offences are being committed if a service user is using any drug that has been legally prescribed to them.

**Responsibility and empowerment are the key issues here:**

- Residents need to take responsibility for the safe keeping and use of their prescription medication and ensure that their use and storage causes no risk to others
- Staff should take an active role in supporting residents to recognise the importance of the safe keeping and use of prescribed medication in terms of their own health, the health of other residents and in terms of the law.

**Areas for concern:**

- Action may need to be taken in accordance with the 'supply' guidelines of this policy if there is evidence that prescription medication is being sold – i.e. DF118s, Valium, Methadone.
- It is a breach of the policy to store/ leave medication in communal areas. Medication should be stored in residents' own rooms preferably in a lockable cupboard and residents' should keep their rooms locked. Medication should be stored in the correct packaging with labels intact.
- Residents should be encouraged to take their medication in their own rooms, thereby reducing the exposure of other residents to such medicines. This may be particularly appropriate if other residents in the project have made attempts to come of substances such as Methadone or Valium

**Use of other Drugs/ Substances**

**Examples:** Qat, solvents, amyl nitrate

**What the Law says:**

- No offence is being committed currently under the Misuse of Drugs Act for possession of these drugs.
- The supply of some of these drugs is an offence however they are not currently controlled under Section 8 of the MDA.

**Response:**

- Staff should be aware that the use of these drugs may present risk to the individual, other service users or staff and therefore this aspect of the policy relates to the behaviour of the individual rather than the use of the substance.
- Staff should take some action if these substances are being used and this could include discussions around the health and safety aspects of their use and harm minimisation.
- Any use that creates risk to others will need to be challenged and more robust action taken.
- Sharing or the supply of any of these drugs will need to be challenged and more robust action taken if this behaviour continues.

## 4. INTOXICATION ON PREMISES – please refer to the Risk Assessment and Management Policy

- The law does not require that residents who are intoxicated should be refused admittance to the premises. It is here that it is useful to make a distinction between drug/ alcohol use and its resultant behaviours.
- If someone is behaving aggressively as a result of substance use then it is this behaviour that constitutes a risk both to themselves and others. Residents should be offered the opportunity to calm down, go to their room, leave the premises etc. Consideration should be given to risk assessment and the appropriate time chosen to address such issues.
- In the event of repeated incidents staff will need to consider a more formal response in line with the tenancy agreement. It is helpful for residents to be aware of how staff will respond to such incidents in advance of any incident occurring. Talking to residents about managing their behaviour when intoxicated may help pre-empt incidents of this nature.
- Clearly consideration needs to be given to the likelihood of intoxication leading to overdose and residents may need to be checked on regularly. In the event of an emergency seek medical attention immediately. Advice should be made available to residents about the risks of overdose and what signs they might need to look out for.
- Incidents will need to be recorded and updated accordingly

### 4.a INTOXICATION AND DRIVING

**Example:** You receive a visit from a client, who has used his or her own vehicle to get to your office. They are evidently under the influence of alcohol from the smell on their breath and the difficulty they experience in walking.

**Government Definition:** a person is guilty of DUI if he or she drives or is in actual physical control of a motor vehicle and is under the influence of alcoholic beverages or any chemical or controlled substance to the extent that his or her mental faculties are impaired or when his or her blood alcohol level (BAC) is above the legal limit for the state.] (DUI Driving Under the Influence)

In the event that you are aware that a Client is intending to use a vehicle whilst under the influence of alcohol/ substances and evidently intoxicated, staff should advise the client that they would be in breach of the law by driving under the influence and that they should desist. There will be occasions when it is difficult to determine if someone is intoxicated and staff can only respond to what they see as indicators.

Staff will need to make the Client aware that if they do not follow the advice not to drive, then staff will have an ethical and legal duty to inform the police at the point at which the Client uses the vehicle whilst intoxicated.

If you are aware that a client regularly uses their own vehicle and may be under the influence of alcohol/ substances the policy suggests writing to them or discussing with them, advising them of the legal issues and clarifying that workers would have a duty to inform the police if they had evidence that a client was in the process of using a vehicle whilst intoxicated.

In the event that a worker knows that a client is using a vehicle whilst intoxicated then they must contact the police immediately and inform them.

With regards to psychiatric medication, it is the responsibility of the GP or the Psychiatrist to inform the DVLA if any medication could impact on the client's ability to function whilst driving. It is the responsibility of the client to notify their GP or Psychiatrist that they intend using a vehicle whilst in receipt of psychiatric medication. The DVLA provides guidance on this.

Staff should ensure that they keep a record of any incidents and the responses that they have made.

## **5. SUPPLY OF CONTROLLED DRUGS:**

Examples: Client giving someone some methadone, one client injecting another with heroin, two people sharing a spliff, a service user selling ecstasy.

**Julian Housing will not tolerate the supply of controlled drugs on the premises. Julian Housing will always act where we know or suspect that supply is taking place. Anyone found supplying or suspected of supplying controlled drugs may be told to leave and be banned from some or all of the premises. Their details may also be passed on to the police.**

### **What the Law says:**

- The supply of controlled drugs taking place on the premises can have serious ramifications for both the clients concerned and for the organisation.

**The client is committing an offence of supply, which could carry heavy penalties on conviction.**

**Where workers are aware that supply of controlled drugs is taking place they are obliged to take reasonable steps readily available to them to stop this supply from taking place. If they fail to do so, they may be committing an offence under S.8 of the MDA.**

### **Response:**

- When workers know that supply is taking place; they should take steps to prevent it. An initial response may be to instruct the person to stop, reminding them of the drug policy and the legal risks that they are taking.

Such a step, if successful, would discharge your responsibility under Section 8. However, workers should be vigilant to ensure that the measure taken has been effective and that there is no reoccurrence of the supply.

- If this measure was ineffective, further steps would need to be taken, such as requiring the person to stop and move off the premises, written warnings, etc. However, if this step is ineffective you will have to take further steps to fulfil your obligations under Section 8.

- Where other measures have not succeeded it may be necessary to involve the police; frequently, the police will have little power to act unless an injunction has been served against the person, or an offence is being committed. It may be necessary to inform the police that there is a person who has been banned for supplying drugs on the premises, and provide the person's name and description.

Such a step could give the grounds that they need to stop, search and possibly remove the person from the area.

**Notes:**

Section 8 of the MDA makes it an offence to knowingly "permit or suffer" supply of controlled drug to take place on premises.

In the case of Crown Vs Wyner and Brock (the Wintercomfort Case), "permit" or "suffer" was interpreted as meaning the same thing. It was taken to mean:

"If the defendants were unwilling to use any reasonable means that were readily available to them to prevent the prohibited activity, then they were permitting the act."

Furthermore, it was directed that if there was a failure to implement these means effectively, then the offence was also committed.

This central issue is highly problematic, and further clarification from court rulings would be useful. The terms "reasonable" and "readily available" are imprecise. A variety of measures were highlighted during the above trial, some of which had been adopted as project policy. They included, but were not limited to:

- Supervision of all areas of the premises,
- Installation of CCTV or mirrors,
- The banning of people who were found supplying or suspected of supplying drugs,
- The display of notices,
- The enforcement of bans by staff,
- The move from open-access to closed-door policies,
- Changes to opening times and numbers on premises,
- Calling the police to remove banned people from premises,
- Passing the names of people known or suspected to be supplying drugs to the police,
- Closure of the project.

This interpretation of what constitutes "reasonable means" highlights the gulf of what may be deemed "reasonable" from a legal point of view and what is reasonable from the point of view of those running a service.

One of the measures proposed as a reasonable and available was that the police should be informed of known or suspected details. Certainly, where other measures to prevent supply have not succeeded, the police could be involved. An unwillingness to take that step could constitute a failure to use a reasonable means available.

At present, the closure of a project, albeit on a temporary basis, could be deemed to be a "reasonable measure readily available" by a Jury. The failure to adopt such a measure if other measures had proved ineffective would, therefore, indicate an unwillingness to use such a "reasonable" step and, as such, be evidence of permitting the prohibited activity.

Agencies facing this situation should contact funders and other agencies to demonstrate that closure or similar measures were neither reasonable nor readily available to them. ,

**Suspicion of Supply:  
Information from third parties:**

**Response:**

- Acknowledge the information, and ensure that it is recorded in appropriate places.
- Advise the informant that the information will be looked into.
- Discuss matters raised with other workers, identify if they share concerns,
- Ensure that staff apply a high level of vigilance,
- Discussing the matter with the accused, in a non-confrontational manner, to establish facts,
- Where applicable, ask to undertake a room-search.
- 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, staff should log the steps taken in looking in to the accusation, that there was no evidence to support it, and record any further action taken, such as warnings given.
- Where the informant subsequently asks why nothing was done, they should not be given additional information, but advised that the matter was looked in to, and you will always look into such matters when brought to your attention.

**Workers own suspicions:**

- Where no information is received from third parties, but staff are suspicious of behaviour, a similar set of steps should be followed, including challenging, discussing with colleagues, increased vigilance and, where appropriate, checking rooms.
- Staff will often not actually know that supply is taking place on the premises. It is more likely that they suspect supply is taking place, or have information from third parties that supply is taking place.
- Residents should make it clear that staff will act on every episode where there is a suspicion that supply is taking place. Otherwise there is a risk that staff could be accused of "turning a blind eye" to supply taking place.

**Notes:**

Try to be calm and non-confrontational.

Try not to get drawn into debate.

Explain that it is the policy to investigate all matters of this nature.

Offer an opportunity for the person to discuss any concerns they may have.

Reiterate the substance use policy of the organisation

Ensure records are updated

## **6. ANTI-SOCIAL BEHAVIOUR:**

**Service users have a responsibility for their behaviour and that of their guests. Antisocial behaviour is not acceptable, and will result in action being taken where service users or their visitors are responsible for antisocial behaviour. This includes antisocial behaviour both on the premises and in the vicinity of the premises.**

**Antisocial behaviour may or may not be drug related. It includes things like leaving drugs paraphernalia in public places, causing disturbance or nuisance to neighbours, noisy, threatening or abusive behaviour, lots of late night visitors or other problems.**

**Where service users or their visitors are responsible for antisocial behaviour Julian Housing will need to take action to stop it and this could include you being excluded or evicted from the service.**

**The police have the power to remove you from your property and seal the property if they and the court think that your property is associated with Class A drugs and nuisance or serious disorder.**

- New powers were created under the Antisocial Behaviour Act 2003. When the Police had grounds to think a premises was associated with the production, use or supply of class A drugs was and the property was associated with disorder or serious nuisance, then the police can issue, after consultation with the local authority, a Closure Notice.
- The New Powers do not negate existing powers under the Crime and Disorder Act 1998 whereby local authorities can apply for an Anti-Social Behaviour Order
- This document would be served on the premises, and would inform those connected with the premises that an application is being made to close the premises, say when and where the closure hearing would take place, and restrict access to the building to the owner of the building or people who normally stay there.
- Once a closure notice has been issued, the Police would seek a Closure Order from the Magistrates Court. The court will issue a Closure Order if they believe that the use or supply of Class A drugs has been taking place, that it has been connected to disorder or serious nuisance, and that without issuing a Closure Order, there is likely to be further nuisance or disorder.

**Response:**

- The organisation should make it clear to service users and residents what could constitute antisocial behaviour and the possible consequences of such behaviour.
- Support and guidance may be necessary to help people manage their own behaviour or that of friends or guests.
- Where persistent anti-social behaviour is a problem, and the property in question is associated with Class A drugs, the police may be able to seek a Closure Order. This would have an impact on other service users.
- Organisations should develop protocols with the police and the local authority to establish how these new closure powers would be used locally.

**Notes:**

Measures to tackle antisocial behaviour are a key aspect of Government policy. The new powers included under Section 1 of The Antisocial Behaviour Act 2003 do highlight the importance of service providers ensuring that their clients do not have a negative impact on the wider community. While it is not very likely that these powers would be used against a hostel, day centre or needle exchange, there is scope to do so, and so organisations will need to respond effectively to episodes of antisocial behaviour, especially when these are drug-related.

## 7. STORAGE OF DRUGS

### Prescribed controlled drugs:

**Examples:** A service user wants staff to look after some methadone.

**Julian Housing cannot store prescribed controlled drugs for service users. It is the responsibility of service users to ensure that any prescribed drugs/ medicines are safely and securely stored**

### What the Law says:

- If workers were to take possession of methadone or another controlled drug in order to store it for a service user; it is likely that they would be committing an offence.
- The MDA makes it an offence to be in possession of a controlled drug unless you have legal authority to be in possession of it.
- Doctors, pharmacists and the police could legitimately be in possession of certain controlled drug, as of course can the person to whom it was prescribed.

**Workers in a hostel or a day centre however do not enjoy this legal authority to possess controlled drugs except in the following circumstances:**

That the worker takes possession of the drug:

*"for the purpose of delivering it into the custody of a person lawfully entitled to take custody of it and that as soon as possible after taking possession of it he took all such steps as were reasonably open to him to deliver it into the custody of such a person."*

[MDA 1971 s. 5(4)(b)]

- In practice this might mean that a worker upon finding what they believe to be an illegal substance or in taking an illegal substance off someone takes it to a pharmacist or police station as soon as reasonably possible. In doing so the worker would need to ensure that they follow good practice guidelines:

- Ensuring that other staff in the organisation are aware of their intentions
- That their intentions are recorded formally
- That a telephone conversation takes place informing the receiving organisation, pharmacist/ police that they are planning to deliver a controlled substance into their possession
- That a receipt is provided from the police/ pharmacist detailing that they have received a controlled substance by the named member of staff from the organisation
- 

### Or that possession is by:

*"a person engaged in conveying the drug to a person authorised by these regulations to have it in his possession."* [Misuse of Drugs Regulations 1973 6(f)]

- This would apply where, for example, a worker went to the pharmacy to collect methadone for a client and then brought it to them as soon as practical afterwards. Again

good practice would advise that this procedure is carefully documented and that other staff in the organisation were made aware that this collection was taking place.

**While there may be times when it appears to be contrary to good practice, it seems workers would be committing an offence if they store methadone or other controlled drugs on behalf of clients.**

**N.B.** For information around the safe storage of prescribed controlled medication including licensing contact the local Pharmacy Inspectorate or Pharmacy at Hellesdon Hospital 01603 421421.

**Response:**

- Residents should have a room with a lockable door or a secure lockable cabinet where they can store their methadone.
- Liaison with pharmacies and prescribers should residents having large quantities of methadone in their possession.
- There may be occasions where staff feel that the vulnerability of a service users and the risk to themselves is so great as to warrant staff taking methadone etc., into their possession. Staff should ensure that every other available step has been explored and that their records detail this. Staff should be aware that if they fail to take action to hand a controlled substance over to the police or other responsible agency as soon as practicable and in lines with good practice they are leaving themselves open to possible prosecution.

## **Storage of Drugs Other Controlled Drugs**

**Example:** Cannabis, LSD, Amphetamines, etc.

**Response:**

- It is illegal for staff to take into their possession any substance that they believe to be a controlled drug unless it is to destroy it or pass it onto the police. If there is a lack of clarity about what the substance is then staff should err on the side of caution. Records should be kept detailing the action that has been taken. If staff members are intending to transport the substance to the police station then they should contact the police in advance and inform them of this intention. If staffs are intending to destroy a substance then, whilst it is not a legal obligation, they should aim to have a witness from the staff team if possible. Staff must ensure that records are updated appropriately.
- Consideration should be given to the quantity of drugs found. If the indication points towards drugs being supplied from the premises then the police will may need to be informed. Tenants should be made aware of this procedure in advance of any incidents taking place i.e. at the assessment/ commencement of tenancy stage.
- There may be incidents whereby staff have concerns that the destruction of a substance could lead to a resident going into withdrawal, i.e. from heroin. In such instances staff should seek support and guidance from the **Trust Alcohol and Drugs Services – (see appendix)** in Norwich. This does not dispense the organisation from its duty within the law.

## 8. DELIVERY OF PRESCRIBED MEDICATION

**Example:** Visit to a service user who requests that staff collect his medication from the pharmacy, as they felt too unwell to go themselves. Half the prescription is available at the pharmacy and is delivered. Staff members return the following day to collect and deliver the remainder. Client doesn't answer the door and staff members are left with the dilemma of what to do with the medication.

### **What the Law says:**

Legislation is unclear; however there are guidelines in the Nursing & Midwifery Council that state staff should 'be certain of the identity of the patient/ client to whom the medicine is to be administered'. Consultation with the Nursing & Midwifery Council advised that this should be taken to mean that medication should at all times be given to the person it is prescribed for. This means that medication should not be given to anyone for whom it isn't prescribed or posted through letterboxes, placed on doorsteps etc.

### **Response:**

Julian Housing workers should not ordinarily involve themselves in the delivery of medication.

In the event that staff members find themselves in a situation of being required to deliver medication, then this should be carried out with a clear rationale, in discussion with a line manager and following the above guidance of the Nursing & Midwifery Council.

In practice this means that if a worker was unable to get a response when delivering medication they should return the medication to the pharmacy at the earliest opportunity. In the event that this is not possible staff should return the medication to the office site and ensure that it is held in a locked cabinet until it can be returned to the pharmacy or the client the following day at the latest. Staff members need to ensure that this is documented in the client's file and that the line manager is aware that the medication has been stored at the office. This will ensure that if a member of staff went off sick colleagues on the team would be aware of the situation.

If the medication is a controlled substance by law please refer to **Section Six** of this policy, 'Storage of Drugs'.

### **Norma Potter and Ben Curran Julian Housing 2006**

Staff members are encouraged to seek out alternatives to delivering client medication, for example arranging with the pharmacy to deliver medication where possible or arranging for a CMHN to be involved.

## 9. STORAGE OF DRUGS

### **Other Medicines**

**Examples:** Prozac, aspirin, antibiotics

### **What the Law says:**

- Workers can look after other medicines such as Prescription Only Medicines and Over the Counter Medicines for service users.

**Response:**

The following reflects good practice however each case should be adjudged on its own merits:

- Ideally, service users should be responsible for storing and taking their own medication.
- Workers should assist this process. To this end, workers will seek to record residents who are prescribed medicines the prescribing instructions and contact details for the prescribers.
- Where staff or service users feel unhappy about keeping possession of their own medication, staff can, where appropriate, store it on behalf of the service users.
- Such storage must not take place in premises where there is not 24-hour staff cover.
- Where medicines are being stored, agencies need to ensure that storage facilities are secure and that accurate records are kept of what is being looked after and for whom.
- Medicines should only be taken from and returned to the person to whom they were prescribed, and not returned to other people such as third parties.
- Where medication is stored, and the service user ceases to use the service, the medication should be returned to a pharmacy and a record kept of this action.
- Taking custody of drugs for a client is not the same as administering them. Whilst workers can remind and encourage service users to take their medication, workers are not in a position to insist that clients take the correct amount at the right time. Nor can workers usually withhold any medication from client.
- Workers have concerns about a service-users well being or safety as regards their medication. These concerns should be addressed firstly to their service user. Their consent should be sought to discuss these concerns with the service-users GP and the pharmacist, if appropriate.

## 10. FINDING DRUGS

**Drugs that are left unattended are a risk to others – even if they are prescribed medicines. If a member of staff finds any substances unattended in communal or shared areas, they will need to remove them.**

**If the drug is an illegal drug it will need to be destroyed or handed over to the police. If it is a prescribed controlled drug it will need to be handed in to a pharmacy. If the identity of the owner is discovered then staff will need to respond. If the drugs/ medication is labelled clearly then it can be returned to its rightful owner.**

**What the Law says:**

- Workers can take possession of a controlled drug for the purpose of destroying it or to deliver it to someone authorised to possess it (e.g. the police.) Workers would be committing an offence of possession and possibly intent to supply if they took possession of a controlled drug for any reason other than to destroy it or pass it on to someone lawfully entitled to have it.

**Drugs found in communal areas:****Prescribed controlled drugs:**

**Examples:** methadone, found in shared lounge

**Response:**

- These should be removed from the communal area.
- Where the drugs are clearly labelled, and the identity of the owner is known and is bona fide then the drugs may legally be returned to the owner. They should be reminded of their responsibilities vis a vis storage of medication.
- Where the identity of owner is unknown, or where medication is unlabelled, the drugs should be returned to a pharmacy for disposal and a written record kept of this action. The worker, prior to setting off should contact the pharmacist and notify them of their intentions.
- Where the identity of the person is not known, all service users should be reminded of drug policy on this area.

**Illicit controlled drugs:**

**Examples:** cannabis, heroin

**Response:**

- These should be removed from the communal area. They should either be destroyed or taken to the police for destruction.
- Service user(s) involved should be challenged as described above.
- Drugs found in communal areas, whether prescribed or otherwise, represent a health hazard to other service users and visitors. The organisation is obliged, under its duty of care to service users, staff and visitors, to address this risk, and so need to remove the drug from the communal area.

**Drugs found in private areas (bedrooms etc):****What the Law says:**

*The Law on this is potentially unclear and, as elsewhere and there is a need to err on the side of caution:*

- In residential settings for adults, where residents have exclusive use of their room under a licence or tenancy agreement, the contents of the resident's room may be treated as their possessions. If the resident keeps drugs in their room, they commit the offence of possession rather than the organisation.

Organisations are under no legal obligation to dispose of substances found in such circumstances however it may be considered best practice to dispose of such substances – *see notes.*

- In a setting such as a residential children's home, where workers can be considered to be acting in loco parentis, workers may potentially be considered to be in possession of controlled drugs if they know that they are in the building, and so should act to ensure their removal and destruction.
- If drugs were found in a place where others would be at risk (e.g. a shared bedroom) then there would be an obligation to act under the Duty of Care that the organisation has to all service users.

**Response:**

Where a service user has moved out, workers should act as if the drug were in a communal area, as described above.

If the service user is expected to return, the following processes could be used:

- Where quantities of drug or packaging suggest supply may be taking place, the police should be involved immediately.
- Users may experience severe ill effects and, in relation to some controlled drugs such as Benzodiazepines or barbiturates, life-threatening withdrawal through uncontrolled and unsupervised withdrawal. The removal and disposal of any substances without the client's knowledge and consent should not take place.
- The room should be secured, to ensure other service users are not put at risk. On their return, the service user should be reminded of policy on storing drugs, and the reasons for this policy.

**Notes:**

- Drugs may be found in private areas such as bedrooms, by cleaners, health and safety inspections, or for other reasons, or after a service user has moved out.
- In some situations, such as on finding a small amount of cannabis, it may be clear to staff that the person is in illegal possession of a controlled drug. In other situations, this may be less clear-cut. A bag of pills could be Valium bought on the street, or could be prescribed drugs, no longer in their original packaging. To remove and dispose of them could constitute theft, and could put the service user at risk of harm.

Even when workers find a bag of something that they think may be heroin or similar, the ramifications of taking the drug and disposing of it can be very damaging. Such action will require the user to go out and get more money to buy more drugs, and may put them at increased risk. It may cause conflict between service users and lead to accusations of theft. And it will almost certainly damage the relationship between workers and service users, and make drug related education work more difficult.

**Visitors:**

The behaviour of any visitors should be treated as the responsibility of the resident concerned and action should be taken especially where there is suspicion or evidence of supply taking place. Residents should be given an opportunity to discuss with staff the relationship they have with their visitors, particularly concern should be given where there is suggestion that they are being exploited i.e. by a drug dealer.

Residents need to recognise their responsibility for what happens within their tenancy and the communal areas and that they may endanger their tenancy if they allow illegal activity to take place. Residents should be offered support and advice in managing issues relating to visitors.

**What the Law says:**

- There is a grey area as to who would be legally responsible for drug-related offences committed by guests whilst on premises. Certainly, when offences took place in communal areas they would be the responsibility of the organisation.
- However, if a guest undertook prohibited activities in a resident's own bedroom, the legal position is less clear:

- It may be that the resident, and only the resident, would be liable under Section 8 of the MDA (1971). However, there is a risk that the organisation could be held responsible
- In the absence of further clarification, organisations should err on the side of caution, and assume that the organisation may be held legally responsibly for the actions of guests.

## 11. INJECTING EQUIPMENT AND SHARP BINS

**Due to the low demand for Sharps bins or injecting equipment Julian Housing does not currently hold any stock, however we would encourage service users to discuss this aspect of their care needs and we would support them in accessing the necessary equipment.**

**Following the provision of Sharps bins or injecting equipment, through another agency such as TADS, any unsafe disposal of sharps would be considered a breach of this policy**

### **What the Law Says:**

- There is no legal requirement for making sharps bins available to service users.
- The distribution of needles and syringes is specifically exempt under MDA.
- There are no restrictions on the possession of such equipment, or of sharps bins.
- Organisations are obliged, under their duty of care and health and safety obligations, to ensure that premises are safe, and that reasonable precautions are taken to prevent foreseeable risk. In environments where the presence of used injecting equipment is a foreseeable risk, steps must be taken to reduce this risk, such as through the provision of sharps bins.

### **Response:**

- Service users requiring sharp bins, needles etc., will be supported to access the services at TADS and to take on board the relevant health and safety procedures.
- No restriction will be placed on people bringing in or storing clean, unopened needles into the building. Injecting drug users who have access to clean needles will be less likely to share, which would put them and others at risk.
- All used needles must be placed in sharps disposal boxes. Any service user who fails to do so, by discarding used needles in or around the building or storing them elsewhere, should be challenged.
  - Initially they should be reminded of the drugs policy, of the risk that they create for all parties concerned, and of the provision available for the safe disposal of needles. Future transgressions may need to result in suspension of services to the individual concerned.
- Details of local needle exchange provision can be provided upon request.
- Service users would be referred to local pharmacies or needle exchanges for clean equipment.

### **Finding needles:**

- Staff should always take care in situations where discarded needles may be encountered, such as when moving mattresses or other soft furniture. Staff should assume a potential risk even if staff members are not aware that premises used by known injectors.
- All staff and ancillary staff should deal with used injecting equipment carefully. The following process should be used:

- The worker should take a small sharps bin to where the needle has been found.
- Using a dustpan and brush or stout gloves they should put the needle in a sharps bin.
- Sharps bins should be checked prior to carrying to ensure that they have not been pierced.
- A pierced sharps bin should be placed in a larger bin prior to transportation.

### **Needlestick Injuries :**

- In the event of a prick, scratch or puncture by a needle, the following procedure should be followed immediately:
  - Remove the needle somewhere safe where it can be retrieved.
  - 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.
  - Those not vaccinated against Hep B should report to their GP or local A&E department for a vaccination within 48 hours – *see note page 23*.
  - A senior worker should be informed and the incident recorded in the Accident Book.
  - Support and counselling should be made available to the injured person.
  - Infection via a Needlestick injury is relatively unlikely as this is an inefficient route for transmission. This is particularly the case for HIV and HCV; however, this does not preclude the need to take care when handling sharps as there are no vaccinations for these viruses.

**Julian Housing will pay for employees wishing to receive Hep B Vaccination through GP Services – please refer to JHS Policy and Guidelines File/ Line Managers.**

### **Transporting full sharps bins:**

#### **What the Law says:**

- It is an offence to transport controlled waste if you are not a registered carrier. Controlled waste is household, commercial or industrial waste. It can be from a house, school, university, hospital, residential or nursing home, shop, office, factory or any other trade or business. It does not have to be hazardous or toxic to be controlled waste.
- Note – this aspect of the policy relates solely to the transportation of waste and not the transportation of substances. Please refer to the section of the policy ‘finding drugs’ for information on the transportation of substances.*

- Failure to register could carry a £5000 fine.
- Failure to meet your duty of care when transporting waste can carry an unlimited fine.
- Sharps bins can be dealt with using the following procedures:
  - Sharps bins should primarily be removed and replaced by arrangement with the local council Environmental Services or the local Needle Exchange Scheme, as appropriate.
  - The organisation will also be registered in the environment agency’s register of waste transporters. This allows the organisation to transport sharps bins or other controlled waste legally.
  - No staff member should transport sharps bins out of the building until they are familiar with the Duty of Care attached to this role. This is as follows:

### **When you have waste:**

- The law says you must stop it escaping from your control. You must store it safely and securely. You must prevent it causing pollution or harming anyone.
- Make it secure. Keep it in a suitable container.
- If you give waste to someone else, check they have authority to take it.
- Describe the waste in writing.
- You must fill in and sign a transfer note for it.
- You must keep a copy of the transfer note.
- To save on paperwork, you can write your description of the waste on the transfer note.
- In order to reduce work in this area, it is desirable that handling of sharps bins be undertaken by needle exchanges.
- However, where no such arrangements exist, or would be impractical, agencies will need to register as a waster carrier.

### **Charities and voluntary organisations do not need to be registered as a waste carrier.**

You must instead be registered in your local environment agency's register of waste transporters. This is free of charge.

Otherwise a charge of £114 for the initial three-year period, and £78 for a further three years applies.

The Duty of Care that applies to the carrying of waste is detailed in the leaflet: "Waste and Your Duty of Care."

Waste: Duty of Care (Product Code 95EP159)

DETR Free Literature: PO Box 236: Wetherby: LS23 7NB

The Registration of Waste Carriers (HO -3/99 - 7k - C- AUVN)

The Environment Agency: Wah Kwong House: 10 Albert Embankment: London: SE1 7SP

### **Body Fluid – Spills**

A spillage kit containing cleaning cloths, bleach, rubber gloves and plastic bags should be kept available and restocked and staff instructed on the safe cleaning of spillages.

### **Suspected Overdose**

It is potentially dangerous and misleading to assume that the client has taken any drugs; there may be other reasons for their symptoms. In all incidents where a service user appears ill or unwell, the following process should be followed:

- The service user should be reassured that the priority is their well being, not taking disciplinary action. They should be encouraged to say if they have used any drugs, and what they are.
- If necessary, an ambulance should be called at this point.
- If any drugs have been taken, they should be retained to pass onto the ambulance.
- Care should be taken in case syringes have been discarded.
- Where possible, staff should try to get relevant information from other service users.

- The situation should be closely monitored.
- If a service user is found unconscious or becomes unconscious or stops breathing call for an ambulance. First aid should be delivered by a trained first-aider.
- The incident should be recorded in the Accident Book and in the client's notes.
- When the client returns, the incident should be discussed, to look at drug-related harm reduction or other services as appropriate.
- Ensure that there is support available for staff/ other service users involved, any incident of this nature can be a traumatic experience and it is important that people get an opportunity to talk through it.

## 12. POLICE INVOLVEMENT

Julian Housing will co-operate with police investigations taking place in accordance with correct procedure:

- Police can search premises with the consent of the occupier.
- Police can obtain a warrant from magistrates to search premises for evidence of certain crimes.
- Police aim to work in conjunction with Local Housing Providers, Organisations and managers wherever possible and foster good working relationships

### What the Law says:

**The Police can enter *without* a search warrant in some situations inclusive of the following:**

- Following an arrest, the police are allowed to search premises the detained person has control over.
- To capture an escaped prisoner.
- To arrest a person for a public order offence or certain arrestable offences.
- To protect life or to stop serious damage to property.
- Other laws give police specific powers to enter premises.

**Obstructing the police or hampering a police enquiry can result in prosecution. Staff should inform Julian Housing managers of police involvement at the earliest available opportunity.**

### Response:

- Julian Housing will endeavour to maintain good, effective relationship with the police at all times. Julian Housing
- Staff will fully cooperate with the police whenever there is a legal obligation to do so.
- In addition, staff will involve the police in any incidents where police assistance is required.
- Staff will need to assess such incidents as to whether they require “fast” or “slow” responses:
  - ‘Fast’ response situations (e.g. serious violence) will mean dialling 999.

- “Slow” response situations (e.g. seeking assistance in disposing of drugs) should involve phoning the Force Control number at Wymondham – **01953 424242** and discuss an appropriate response.
- Concerns about police requests for information or other issues should be referred to senior management, who will discuss the matters with senior police officers.

**Notes:**

Organisations seek to maintain an effective working relationship with the police. It is recognised that working with people who use drugs illegally may create a tension between the organisation, police and service users.

In most circumstances organisations will not be obliged to volunteer information about drug users or suppliers. The police may ask organisations to provide this information, but organisations do not have to do so. They can continue to offer a confidential service up to this point.

The Wintercomfort Trial highlighted another scenario where organisations may find themselves obliged to disclose information to the police about known or suspected dealers. Under Section 8, organisations are obliged to prevent the supply of controlled drugs taking place on the premises. They can do this in a number of ways, ranging from instructing the person to stop the prohibited act, through to applying sanctions including banning the person from the premises. Provided that these measures succeed in preventing the supply-taking place, then organisations have succeeded in discharging their responsibility under Section 8. They do not have to go on and provide details of the person in question to the police, though they may choose to do so.

However, if the measures that the organisation has taken do not succeed in preventing the supply-taking place, then they are still liable under Section 8 and further steps need to be taken. These could include disclosing information about people supplying drugs to the police. This would enable the police to prevent the supply-taking place and thus discharge the responsibility on managers under Section 8.

To recap then, while there is normally no obligation to disclose information to the police, there is an obligation to prevent the supply of drugs taking place under Section 8. This latter obligation may require organisations to voluntarily disclose information to the police about the supply of drugs, if other measures adopted have not prevented the supply of drugs taking place on premises.

Some organisations are adopting policies of voluntarily disclosing information about the supply of drugs to the police. While it is clear to see the pressure on organisations to adopt such practices, they are also likely to do a great deal of damage to relationships between organisations and their clients. Such an approach is clearly appropriate in cases of large-scale dealing for profit on or near premises. It is however a less appropriate response to more typical scenarios regarding users who also sell drugs. There is a need for balance here, between the needs of users and the demands of the police. The voluntary disclosure to the police of all people supplying or suspected of supplying drugs may tip the balance too far the wrong way.

## 13. CONFIDENTIALITY

**Julian Housing offers a service that aims to protect the right to privacy of service users. In most circumstances Julian Housing is unlikely to need to discuss any issues without the consent of service users. There may be occasions however, where a service-user's actions or behaviour represents a serious risk to the safety or well being of other service users, staff, the community or the organisation, and Julian Housing may need to disclose information without getting consent.**

### **Response:**

- Staff should explain the organisation's confidentiality policy to all new service users, and ensure that they understand the policy.
- Staff cannot offer a wholly confidential service; in certain situations, staff may be obliged to discuss matters with external agencies, even if this is against the client's wishes, this would include incidents where there is a serious risk of injury/ death or where there are child protection issues.
- Confidentiality rests with the organisation, not with the individual staff member.
- Service users should be encouraged to give their informed consent to allow workers to share relevant information with other agencies, on a "need to know" basis where such information sharing would benefit the service user.
- Service users should be aware that information relating to them would be disclosed where there is a legal obligation to do so.
- Service users should be aware that information may be disclosed if there is perceived to be a serious risk to the safety or well-being safety or well being of other service users, staff, the community or the organisation.

### **Notes:**

Organisations frequently talk about offering a confidential service, when in fact they cannot and should not describe themselves as such.

In some situations, a policy of confidentiality actually acts to the detriment of service users. To this end, a move towards informed consent, allowing workers to share pertinent information with other agencies, can benefit service users, and should be encouraged.

At the other end of the spectrum, situations may emerge where organisations are obliged to share information about a service user; the desire to maintain a confidential service cannot and should not stand in the way of legal obligations to disclose information.

Given these limitations relating to confidentiality, it is essential that both staff and service users are clear with regards the organisation's policy towards offering a confidential service.

## 14. HOME VISITS BY STAFF – Outreach Work

This aspect of the policy needs to be used in close conjunction with the **Protocol Between Julian Housing and Housing Providers.**

### **Background:**

**Outreach work constitutes a large part of the support offered by Julian Housing throughout Norfolk. Increasingly the residential projects are providing outreach to residents when they move on to supported tenancies. In order to ensure that these visits are productive Julian Housing asks that service users:**

- are not too intoxicated
- don't have visitors during a support visit unless agreed with the support worker. Staff can rearrange appointments if the times agreed are not convenient.
- are not actively using any substances during the visit
- have consideration for the staff member during the visit and behave appropriately.

If service users are using their property to produce or supply controlled drugs, this is a serious criminal offence. Julian Housing may need to take further action, which could include informing the police or speaking with the housing provider. This may depend on the nature of the service level agreement with a housing provider.

Some support workers will also be part of the 'body' which is 'concerned in the management' of a property. The law in this area is not clear and we have had no guidance from housing providers, i.e. Norwich City Council, Broadland Housing etc. as to their expectations on the management of this issue.

Where workers become aware that a property is being used for production or supply, there may well be an offence under Section 8 of the MDA. This will require the organisation to take action to prevent the production or supply continuing.

Where use is taking place on site – even during a visit – the worker would not be committing a criminal offence by remaining present. While many organisations would break off a visit if use takes place, this is a matter of policy not law.

### **Julian Housing's policy on this matter:**

**As the law is currently vague on this issue it would seem prudent to err on the side of caution in order to protect both staff and service users.**

**Julian Housing's Policy states that a member of staff should not be knowingly present whilst a service user is using non-prescribed controlled substances, i.e. heroin, crack, cannabis etc. Where alcohol is concerned staff should not be present whilst a service user is actively consuming alcohol unless agreed with their team that it falls under the remit of that service-user's support plan – see 'Responses' below.**

#### **Notes:**

**Some services such as needle exchanges may have a perceived advantage to remaining present non-prescribed controlled substances, i.e. to talk through harm reduction whilst injecting. It is hard to envisage any such similar role for Julian Housing staff and it is more likely to be of little or no benefit to the visit if service users are actively using.**

**Whilst as staff we may have mixed views about this issue there are clearly other examples of illegal activity that staff would not wish to be present during, i.e. if a service user was to shoplift during a visit. There is also the issue of consistency within a care program, and what approach other**

**services that form part of that package take. In addition it is not always possible to be clear on what risks might be associated with substance use.**

**Whilst this continues to be clouded it remains appropriate for Julian Housing to adopt a clear policy.**

**Should instances arise where staff members perceive a clear need to be present whilst a service user is using non-prescribed controlled substances, they are encouraged to bring this to team meeting and discuss with line managers.**

#### **Responses:**

**Some of the following are general points that would ordinarily apply to health and safety with regards to outreach work. Some are of particular relevance to working with substance use:**

- Solo home visits should not take place until a full risk assessment has taken place.
- Staff should seek to discuss boundaries around substance use during visits, particularly where there is likely to be a breach of policy. It is often easier to discuss these issues at referral/ assessment stage rather than waiting for a situation to occur and responding to it then.
- If on arrival, or at any point during a visit, the staff member feels that it is unsafe or that it is inappropriate to continue the visit, they should leave as soon as practical.
- If the staff member is concerned about the safety or well being of their client or other people in the property, the worker should contact emergency services when it is safe and practical to do so, as appropriate. Other agencies will need to be informed as appropriate and staff should seek the support of team/ management.
- The staff member should not put him or herself at risk during a support visit and should always err on the side of caution.
- where substance use is an indicator for risk to others - staff should routinely under take informal risk assessment with each visit and should not enter a service users property if they have concerns for their own health and safety. Consideration should be given to other measures for ensuring health and safety i.e. the provision of joint visits, timed visits with telephone contact from the office at a pre-arranged time etc.
- On the grounds of health and safety staff should not stay at a service users property if there are other unknown persons present who are under the influence of substances/ alcohol

**Exceptions to this procedure would be where a service user is a risk to themselves through their behaviour, i.e. if a service users was overdosing and it was necessary to carry out emergency interventions. Staff should seek immediate support from the emergency services and back up from their team/ management as appropriate. The need to support a service user in such circumstances should not override the need for staff to manage their own health and safety**

**Health and safety of staff should be paramount in all circumstances – staff can be better placed to offer support if they are in a position of safety themselves.**

## **Supply and Production**

- Workers should not remain in a property if they are aware that production or supply is taking place.
- Workers should only challenge this behaviour if they feel that it is safe and appropriate to do so; it's usually going to be better to leave.
- Further action will need to be taken to prevent the production or supply which may include:
  - Warning letters, enforcement action, police involvement, eviction

## **Use of substances/ alcohol**

- When use is taking place on site; staff should leave and re-arrange an appointment when a service user is not intending to use substances.
- No worker should remain present if they feel that the situation is not safe or they feel uncomfortable with remaining present.

## **Transportation**

In terms of staff transportation this policy recognises that, as part of the routine work of the team staff will often transport service users to local shops, CPA meetings and other community-based resources. Consideration should be given to risk assessment when transporting service users who appear intoxicated, and appointments should be terminated if staff members feel the risks are sufficient.

Whilst it is not always possible for staff to know whether service users are in possession of illegal substances, it is against the policy of the organisation to knowingly transport service users who are in possession of illegal substances unless it is on the grounds of health and safety, i.e. in seeking medical attention for a service user who is intoxicated.

# **15. EQUAL OPPORTUNITIES**

**All service users have a right to be treated with respect, fairness and dignity by both staff and other service users. This organisation will work with people who use drugs and those who do not.**

**The organisation will treat, as a breach of the Equal Opportunities Policy, abusive, threatening or offensive language or behaviour, which discriminates against people who use drugs or alcohol**

### **Response:**

- Staff and service users should avoid using language that reinforces negative images of people who use drugs. Terms such as “smack-head,” “junkie,” or “alkie” are derogatory, negative and stigmatising. The use of such language should be challenged.
- Literature and resources used within the building should not reinforce stereotypes relating to drug users.
- The use of concepts such as “addict” and “addiction” should be used with care, as they can become unhelpful labels. The terms ‘clean’ and ‘dirty’ to describe using and lapsing are inappropriate and should be challenged.

**Notes:**

Many aspects of problematic drug use are linked to issues of low self-esteem, self-image, and social stigma attached to drug use. Creating a safe arena where people can explore their drug use without being labelled or derided is an important element of any support work with people seeking to address their drug use.

## **16. STAFF CODE OF CONDUCT:**

In line with the ethos of the substance use policy in the main, Julian Housing would seek to support staff in resolving any difficulties they might experience with alcohol or substances, however this needs to be balanced with the organisational responsibility to safeguard the well being of the people we work with and the organisations reputation for professionalism.

### **1. Alcohol/ Substance Use and Employment**

#### **1.1 Introduction**

As an employer, Julian Housing Support (JHS) is concerned to ensure the health, safety and welfare of its staff and others who may be affected by the activities of staff.

#### **1.2 Objectives of this Policy**

- To identify and promote good practice and to clarify the expectations of the organisation
- To outline appropriate management action

#### **1.3 Raising Awareness**

Julian Housing will highlight this aspect of the JHS Substance Use Policy to all teams via team meetings and through the provision of the core Substance Use Policy Training provided. It is the responsibility of all JHS Staff to make themselves aware of all aspects of Julian Housings Policies and Procedures

#### **1.4 Good Practice at Work**

- i) The consumption of alcohol by staff whilst at work is considered unacceptable.
- ii) It is not acceptable for the performance of work to be affected by the consumption of alcohol; this includes the use of information systems that hold sensitive data and where error could damage the interest of JHS.
- iii) "Special Occasions" e.g. to mark retirement or other celebrations, at which alcohol may be available and served in moderation, should be authorised by a senior member of staff. A choice of non-alcoholic beverages should be made available for those who have to return to work, drive home or choose not to drink alcohol.
- iv) Staff members should be made aware of the organisational stance with regards to intoxication whilst at work.

- v) Where a staff member experiences concerns about their levels of alcohol use and the impact that this might be having on their work, they are encouraged to seek advice and support from their manager at the earliest opportunity.

### **1.5 Intoxication during working hours**

- i) Staff arriving or returning to work, having consumed alcohol and who are determined by their manager to be incapable of carrying out their duties, at risk to themselves or others, or of bringing the organisation into disrepute, must be interviewed immediately and advised of the seriousness of the situation. In the interests of health and safety the staff member in question should be advised to go home. Where the situation is considered serious the staff member should be advised that the use of the organisation's disciplinary procedures could arise. If a staff member has driven to work, they should be advised against driving home whilst under the influence of alcohol. Failure to comply with this advice would put colleagues/ the manager in the position of having to call the police and advise them that an offence is being committed.

### **1.6 Support to staff members who experience ongoing problems with alcohol.**

- i) Where a member of staff is experiencing ongoing alcohol related problems which are impacting on their performance at work, support will be offered to help them to address the issue. This may include support from occupational therapy and support in accessing counselling. This will be discussed between the staff member and their manager.
- ii) The doctor or occupational health specialist will offer support and advice and where appropriate through the general practitioner, facilitate referral to another agency and monitor progress. Subject to the rules of professional confidentiality the Occupational Health specialist will provide advice and information to the organisation as to the employee's state of fitness in relation to work.
- iii) It is also possible for an employee to choose to seek advice direct from a general practitioner or another outside agency. If this is the case the normal standards of confidentiality will be observed. Where time off work for treatment during the working day is needed, the manager will need to be informed of the proposed absence in the same way as for any other health related issue.
- iv) Exceptionally, where the health problem is considered serious and resulted in a considerable length of absence from work, arrangements for a return to work will be overseen by the Occupational Health specialist working in conjunction with the manager.
- v) Where issues are unresolved sufficiently to allow resumption of normal working arrangements within a \*reasonable period of time, and/or no suitable alternative employment can be found, JHS may consider termination of employment under the Sickness Procedures.

\* A "reasonable period of time" will be judged on the facts of each individual case, the medical advice and the needs of the department appertaining at the time.

## **1.7 Disciplinary aspects in relation to alcohol and employment**

- i) Alcohol dependence is not in itself a disciplinary offence and will be dealt with as any other health problem. The organisational focus is on support and facilitating a return to work where possible. It is also important that the appropriate levels of confidentiality are maintained, as would be the case with any other health issue. However, inappropriate and unacceptable behaviour whilst under the influence of alcohol may warrant disciplinary action being considered.
- ii) Where a manager is satisfied that an incident or ongoing work issues result from or reflects alcohol use, this must be taken into account in determining the appropriate course of action.
- iii) Generally where the manager and employee acknowledge the problem and agree a course of action aimed at resolving the situation, disciplinary action may not be appropriate.
- iv) In more serious cases, disciplinary action including dismissal may be appropriate. However, where an employee acknowledges the problem and agrees to accept appropriate help and/or treatment, this will be taken into account in determining whether, and at what level, disciplinary sanctions are appropriate.

## **2. Substance Use and Employment**

### **2.1 Introduction**

Under the Misuse of Drugs Act 1971, JHS or an individual would be committing a crime if it were to “knowingly permit the production or supply of any controlled drugs, the smoking of cannabis, or certain other activities to take place” on its premises. As such JHS is obliged to respond and this may include disciplinary action or contact with the police, depending on the nature of what has taken place.

In addition, staff members need to be aware that the safe storage of any prescribed, controlled substances, such as diazepam, DF118s, etc. is their own responsibility.

Where the terms manager is used it should be interpreted as being the line manager appropriate to the employee involved.

### **2.2 Objectives of this Policy**

- i) To inform staff about available support from the organisation with regards to substance use related problems.
- ii) To outline appropriate organisational responses where an employee is experiencing substance use problems.

### **2.4 Support of employees experiencing substance use related problem/s**

- i) Substance use in itself is not a disciplinary offence (unless it takes place whilst on the premises and has an adverse effect on the individual’s performance or brings JHS into

disrepute) and in most cases will be dealt with as any other health problem. Whilst acknowledging JHS's overriding responsibility is to ensure the safety of staff and others, the management aim in relation to substance use is support. The appropriate standards of confidentiality will be observed throughout.

- ii) A substance use problem cannot be ignored by the organisation; in certain circumstances, particularly where supply is taking place, to do so would be risking committing an offence in relation to the Misuse of Drugs Act 1971.
- iii) A problem may come to a manager's attention in several ways, for example, directly from the employee concerned, through information supplied by a colleague or other person etc. Staff members who feel they might be experiencing problems of this nature are encouraged to speak to their line manager and access support.
- iv) On becoming aware of a potential problem, the manager will explore possible options for support with the employee. This could include advice about counselling, occupational therapy etc. There may be occasions where a staff member is required to contact occupational therapy and in such cases an employee may be accompanied by a workplace union representative or colleague.
- v) The Occupational Health specialist will:
  - provide support and advice
  - where appropriate, facilitate referral to other agencies
  - monitor progress
  - provide appropriate information and advice to the manager via personnel, subject to the rules of professional confidentiality
- vi) It is possible for an employee to seek advice direct from a General Practitioner, another outside agency or source other than the manager. If this is the case the normal standards of professional confidentiality will be observed. Where time off work during the working day is needed for treatment/counselling, the manager will need to be informed of the absence, the same as for any other health related appointment.
- vii) Where the health problem is considered serious, and has resulted in a considerable length of absence from work, arrangements for a return to work will be overseen by the Occupational Health specialist, working in conjunction with the manager.
- viii) When problems related to substance use are not resolved sufficiently to allow a resumption of normal working arrangements within a \*reasonable period of time, and/or no suitable alternative employment can be found, JHS may consider termination of employment under JHS 's Sickness Procedures.

\*A "reasonable period of time" will be judged on the facts of each individual case, the medical advice and the needs of the department".

## **2.5 Disciplinary aspects in relation to substance use and employment**

- i) Where a manager has reasonable belief, which can be substantiated, that an offence or work problem results from, or reflects, possible substance use, this must be taken into account in determining the appropriate course of action.

- ii) In other than the more serious cases, where the manager and the employee acknowledge the problem and agree a course of action aimed at appropriate help and/or treatment, disciplinary action may be inappropriate. This may well not be the case in the event of any subsequent difficulties in maintaining acceptable standards of performance, and/or conduct in relation to substance use and employment.

## Conclusion

**As stated throughout this document the essential formulae for carrying out an effective drugs policy is –**

**Support –**

Whilst it is essential that our actions fall within the law it is our aim to offer support to residents wherever possible. Whilst many residents may not wish to change their drug/ alcohol use there may be lots of ways in which they can modify their behaviour in order to keep themselves and others safe.

**Respond –**

Always ensure that you have acted. Never ignore drug related incidents.

**Inform –**

Ensure that colleagues are aware of the issues and that the information is shared throughout the team in communication books and at meetings.

**Record –**

Make accurate records of all action – discussions with residents and other agencies, warnings given and all related paperwork. Ensure that any harm minimisation strategies employed are documented.

## Section 2: Resources

### Training/ Information:

- Training is available throughout Julian Housing on Basic Drug Awareness. Additional information is available from a variety of sources. The Internet is excellent for this and the following sites are recommended:

[www.drugscope.org.uk](http://www.drugscope.org.uk)

[www.release.org.uk](http://www.release.org.uk)

[www.alcoholconcern.org.uk](http://www.alcoholconcern.org.uk)

[www.ixion.demon.co.uk](http://www.ixion.demon.co.uk)

Many websites have downloadable information/ factsheets and the Alcohol Concern site has an online support programme that service users can access if they are interested in change. Release offers information on legal issues relating to substance use and is extremely useful for keeping up to date with changes in legislation.

- Training is also available within Julian Housing on the following:

Basic Drug Awareness  
Motivational Interviewing

- There is a wide range of literature and pamphlets available for service users. It is worth considering your audience when purchasing such information as some of the leaflets are aimed at specific target groups i.e. street workers/ under 16s, etc.

- **Lifeline** – a Manchester based project offers some excellent material. Contact:

Lifeline Publications  
101-103 Oldham Street,  
Manchester  
M4 1LW  
Tel: 0161-839 2075  
E-mail: [publications@lifeline.org.uk](mailto:publications@lifeline.org.uk)  
Website: <http://www.lifeline.org.uk>

- **HIT** – also offers excellent material –

Tel: 0870 990 9702  
E-mail: [stuff@hit.org.uk](mailto:stuff@hit.org.uk)  
Website: [www.hit.org.uk](http://www.hit.org.uk)

**There is a wide range of services in Norfolk where people can get help and there is a list of these attached at the back of this policy.**

**Other services include -**

National Drugs Helpline – 0800 776600 Release – 0207 603 8654 Drink Line – 0800 917 8282 Guys Hospital Poison Unit – 0207 955 5000 (Remember that in cases of emergency medical services should be accessed directly)
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### **Service Users:**

**Remember we can't be expected to know everything there is about substance/ alcohol use. Probably the best resource is the service users themselves. Get them to explain the role their use plays in their lives. This can be a therapeutic process for individuals and demonstrates willingness from staff to understand rather than label. Sometimes too much 'expertise' and information can lead us to draw our own conclusions and make assumptions. This is where a service users own experience is invaluable.**

### **Harm Reduction:**

Some of the ethos and approach of Julian Housing falls within the models of Harm Reduction. Whilst Housing Workers do not take on the role of drug/ alcohol practitioners or counsellors the nature of the work often entails that some of the skills used in these fields come into play in the everyday role of supporting our service users, i.e. the use of reflective listening, motivational techniques such as the 'strengths assessment' etc.

Harm reduction can be specific to the use of substances i.e. advice on safer injecting, however it can be equally effective in terms of other aspects of a person's life i.e. going to the gym to work out feelings of anger. Often harm reduction in one area of life can have a domino effect and promote harm reduction in another.

Some of the basic principles of Harm Reduction are complementary to the overall approach of Julian Housing:

- Accepting the person 'where they are' in terms of their readiness to address personal issues such as their substance use.
- Supporting service users to reduce the harm caused by their substance use rather than their substance use per-se.
- The individual has the right to make choices and approaches by staff should be sensitive to this.
- Support should be holistic, recognising that service users may have needs more pressing to them than their substance use.

- Techniques such as Motivational Interviewing can help to reduce resistance. Confrontation does not necessarily lead to change in a person's life.
- Any reduction in harm related to substance/ alcohol use can be viewed as positive.

**It is important to recognise that whilst these approaches may be desirable in the work that we do, they should not override the importance of working within the law.**

**This Policy has adapted and drawn on the work of Kevin Flemen at KFX. For further information please refer to the KFX website at [www.ixion.demon.co.uk](http://www.ixion.demon.co.uk)**