Policy Title	THE MANAGEMENT OF DRUG AND ALCOHOL IN ST PAUL'S SERVICES
Author/Job Title	Jonathan Sutton CEO
Policy Version	1.2
Status	Live 1 Nov 2020
Reference and guidance	A. KFx Consultancy "*Getting it right: How to write a drugs policy*". B. NHS Regional Medicines Optimisation Committee Homely Remedy Template Policy dated Nov 2018.
Consultation Forum	A. Worcester City Council Housing Officer, Cranstoun, Worcestershire County Council Public Health, Maggs Day Centre, CCP Worcester, West Mercia Police. B. Staff consultation on Zoom C. Resident Bailey and Marnell D. Trustees FM and PK E. Telecon FM and JS 27 Aug 2020. F. Legal Advice JS/DDS Oct 2020
Date of Consultation	A. 18 May to 8 June 2020 B. 17 and 18 June 2020 C. 30 June 2020 D. 1 – 17 July 2020
Approving Body	Board of Trustees
Approval Date	8 September 2020
Review Date	No Later than 1 September 2021
Last Amendment Date	9 October 2020
Amended By	Jonathan Sutton
Available on external website	YES
Role responsible for this policy	CEO

Document configuration control

Date of change	Reason for change or amendment	Name of person and job title making change	Document version number
13 May 2020	Document creation	Jonathan Sutton / CEO	Full consultation version
10 June	Following consultations A and B	Jonathan Sutton / CEO	Trustee Consultation
30 June	Following consultation with Residents	Jonathan Sutton / CEO	v1.0
20 July	Following consultation with selected Trustees	Jonathan Sutton / CEO	v1.1
05 Oct 2020	Addition of a policy for searches and key points for residents.	Jonathan Sutton / CEO	v1.2

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THE MANAGEMENT OF
DRUGS AND ALCOHOL IN ST PAUL'S SERVICES
POLICY

INTRODUCTION

1. St Paul's Hostel recognises that the intention to work with people who misuse drugs and alcohol may create tensions between staff and residents, between residents themselves, between St Paul's Hostel and the wider community, and between St Paul's Hostel and the Police. This policy is intended to minimise these tensions and ensure safe and legal provision for all parties.

PURPOSE

2. This policy provides guidance to enable staff at St Paul's Hostel to work and help people to live through homelessness. The policy has been written to provide clear guidance for situations where the legal obligations, under the Misuse of Drugs Act 1971 (MDA 1977), require it or where as an organisation our policy position is unequivocal.

3. It cannot offer a panacea to every situation staff may encounter and where there can be flexibility, allowing staff to take decisions or use their professional judgement, the policy will reflect it. Staff can consult colleagues or managers if they are unsure how to follow the policy. Where staff are in any doubt, they must seek direction and guidance from managers.

PROVENANCE

4. St Paul's Drug and Alcohol policy uses national policy guidance and will be updated as and when national guidance changes. It is deemed a 'cardinal policy' and thus changes to it will require a review of other policies or procedures because these are subsidiary to it. Any changes to subsidiary policies must be consistent with the Drug and Alcohol Policy.

PRINCIPLES

5. The policy is founded on the following principles;

a. Legality. The policy is legal. St Paul's is aware of, and addresses, its legal obligations. The policy does not allow staff or volunteers to follow a course of action that is illegal or puts them at risk of harm. The policy does not prohibit a course of action that may be legally required at some point or be necessary as a matter of good practice and with consideration of proportionality to risks.

b. Alignment. The policy is aligned between Trustees, staff and residents and external parties such as referral agencies and the local police.

c. Orientation. The policy reflects the aim, objectives, approach and culture of St Paul's.

d. Practical. The policy is practical and workable. It does not create unrealistic expectations on staff or residents.

e. Flexible. The policy is flexible enough to allow staff to cope with a wide range of different situations and allow staff to use judgement but does not allow confusion to creep in.

f. Duties. St Paul's has a duty to provide a safe arena for all staff and volunteers, a duty to provide a safe arena for all residents, including residents who are non-users and a duty to work with and be sensitive to the local community.

THE DEVELOPMENT OF THIS POLICY

6. The mission of St Paul's hostel is to *help people live through homelessness*. Homeless people often have a range of needs in addition to a housing need. This can include the misuse of legal drugs and use of illegal drugs. We understand from our work these behaviours often relate to unresolved trauma from child or adulthood.

7. There is a temptation to write rigorous policies that are 'black and white' that leave little room for confusion. While clarity is necessary because it promotes consistency, it is also necessary to allow staff to make professional judgements or decide a particular course of action depending on the situation they encounter and person in front of them. This does not mean staff will be allowed to break the law, put themselves in a position where they might be accused of mismanagement of controlled drugs or interpret the policy as they see fit.

8. In addition to these guiding principles, St Paul's policy has been developed in consultation with residents (both users and non-users) and staff. Fundamentally, it has been informed by our understanding that drugs, alcohol addiction is often self-medication to relieve the shame, fear, and lack of self-worth a person feels caused by underlying trauma.

DRUGS COVERED BY THIS POLICY

9. The term 'drug' covers many different substances, artificial or natural. It includes alcohol, nicotine as well as medicines and controlled drugs such as cannabis and LSD. This policy is primarily concerned with drugs, illicitly held. This includes;

a. Controlled drugs. The most commonly encountered drugs currently controlled under the misuse of drugs legislation under both the MDA 1977 and the Misuse of Drugs Regulations 2001 (MDR). For example methadone, diazepam, fentanyl, diamorphine (heroin) and cannabis.

b. Prescription-only medicines. Such as antibiotics that must be prescribed by a qualified health professional. This may be a GP, hospital doctor, dentist, nurse, pharmacist, optometrist, physiotherapist or podiatrist.

c. General Sales List (GSL) and Over The Counter (OTC) medicines. These are drugs dispensed by a pharmacist OTC, or located on shelves in pharmacies, supermarkets and petrol stations. Popular examples include pain relievers like ibuprofen cough suppressants.

d. Novel psychoactive substances (NPS). These are synthetic drugs which were designed to replicate the effects of illegal substances like cannabis, cocaine and ecstasy whilst remaining legal – hence their previous name 'legal highs'[1]. NPS began to appear in the UK drug scene around 2008/09. They fall into four main categories:

i. Synthetic cannabinoids – these drugs mimic cannabis and are traded under such names as Clockwork Orange, Black Mamba, Spice and Exodus Damnation. They bear no relation to the cannabis plant except that the chemicals which are blended into the base plant matter act on the brain in a similar way to cannabis.

ii. Stimulant-type drugs – these drugs mimic substances such as amphetamine, cocaine and ecstasy and include BZP, mephedrone, MPDV, NRG-1, Benzo Fury, MDAI, ethylphenidate.

iii. 'Downer'/tranquiliser-type drugs – these drugs mimic tranquiliser or anti-anxiety drugs, in particular from the benzodiazepine family and include Etizolam, Pyrazolam and Flubromazepam.

iv. Hallucinogenic drugs – these drugs mimic substances like LSD and include 25i-NBOMe, Bromo-Dragonfly and the more ketamine-like methoxetamine.

e. Tobacco. Tobacco legally purchased.

ORIENTATION AND TOLERANCE

10. Orientation and tolerance are aspects of the policy that must be understood by staff so they are able to explain to residents and visitors. During the consultation of this policy some organisations and residents were unfamiliar with the term and with the freedoms and constraints of the Misuse of Drugs Act.

11. St Paul's organisational culture and approach is orientated towards Psychologically Informed Environment (PIE) and Trauma Informed Care (TIC). These approaches support a level of tolerance towards drug and alcohol use that is "high tolerance". This means we will work with people who have extensive drug-related needs and are still using non-prescribed drugs problematically. This does not mean we do not adhere to the law, interpret the law loosely or turn a blind eye to drug supply but this policy acknowledges and works with ongoing use and allows for, and works with, significant levels of drug activity. Other organisations will have their own culture, orientation and tolerance and consequently their client group, staff training, development, and service interventions might be different to ours.

12. The policy will work within the existing legislation and has scope to manage potential use of drugs and other substance use taking behaviours (e.g injecting on premises) as far as the law allows. Recognising that the residents can include people who are still in active addiction, the policy works pragmatically with possession and intoxication and recognises the possession of drug paraphernalia.

[1] See https://www.drugwise.org.uk/new-psychoactive-substances/

13. It is a fact that there is insufficient accommodation or emergency accommodation places in the County. This resource constraint sometimes requires people with high support needs for drug or alcohol addiction to be placed with those who have low-level recreational use or those pursuing abstinence or are abstinent.

14. St Paul's will endeavour to manage this – the shortage of accommodation and integration of residents at a service-level. The consequence is when we cannot help a person or we consider our services are unsuitable – in other words when we reach *our limits* – we are transparent and we explain. Sometimes when we might have vacancy in our services but cannot house a person who has high or even low needs we explain why. It is not practical to put an exact figure on the number of residents with high needs who can be accommodated. The process by which the balance is maintained is the Service Referral and Service Acceptance process. As the balance of residents change and behaviours alter the opportunity to access our support accommodation can then be offered.

ASSURANCE

15. An agreement has been made with the County Drug and Alcohol treatment provider that until 2023 an annual assurance visit be made. The objectives are;

a. Review this policy.
b. Update procedures such as needle stick injury
c. Check that storage of drugs is in accordance with best practice.

THE PREMISES
THE LAW

16. Section 8 of the MDA 1977 places obligations on managers of premises to prevent certain activities on those premises. "Premises" refer to hostel and night shelters, day centres and other such settings. Adjoining steps, outbuildings alleys or gardens will be included in 'premises'. 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 the policy has regard for activity taking place near as well as on the premises.

POLICY
ST PAUL'S PREMISES

17. St Paul's will take action under this policy when there are concerns about activities within the hostel, including individual rooms and communal rooms and within the boundary of the exterior wall and fence. Where activity is outside of our premises but adjacent and nearby then this will be included within the definition of 'premises'. This includes the public footpath on Tallow Hill – 10 metres either side of the Tallow Hill pedestrian gate - on Midland Road where the public footpath abuts our boundary. The area of the Worcester Mosque car park that is within the walled area and adjacent to St Paul's Hostel, but is not owned by St Paul's Hostel, is a particularly sensitive area. This is also included. The Houses of Multiple Occupation (HMO) owned or managed by St Paul's Hostel, including bedrooms and communal rooms and gardens are deemed to be 'premises'.

PROCEDURES

18. All public complaints regarding drug or drink related activities in the areas covered by the premises should be logged and action is then to be taken by staff. The Company Secretary keeps a log of all complaints, including any from members of the public. These are dealt with according to our complaints policy. Trustees receive a report on complaints regularly.

19. The Tallow Hill pedestrian gate, the entry steps and pavement outside the pedestrian gate must be checked regularly, using CCTV and regular and unannounced visits by staff.

ST PAUL'S STAFF AND VOLUNTEERS

20. Staff and volunteers are expected to work to this policy. Where staff are unhappy with an aspect of the policy, or are unclear how to deal with a situation, they should discuss it with colleagues and their Line Manager. This can be done during daily handover, staff training or during Performance Management sessions. Failure to adhere to this policy may be treated as a serious disciplinary matter.

21. Staff and volunteers are given this policy as part of their induction. Their Line Manager will explicitly explain the drugs policy to them. A copy of the policy is stored on the HR software 'Breathe HR' as a reference for all staff, including relief staff. Breathe HR automatically records when the policy has been read and as such staff are deemed to have understood the policy.

ST PAUL'S RESIDENTS

22. It is important residents know what the rules are and that the rules will be implemented. It is also important that residents know *why the rules exist* and staff must always take the time to explain.

23. This policy protects the rights and safety of residents. If residents do use/mis-use drugs or alcohol, we will still work with them. If residents are unsure what the policy means to them then they are able to discuss it with any member of staff.

24. Residents will have the policy explained to them no later than 36 hours after they arrive. A record is made on Key Work Notes that this has taken place. This will be undertaken by staff in a supportive way so that residents who have low literacy skills understand what the policy is.

25. It is unrealistic to expect all residents to read this policy, therefore during the consultation it was agreed to provide a summary that can be used during Service Acceptance or during the stay. Residents may be asked to sign an agreement, prior to arriving or during their stay that explains that they have had the policy explained to them and that they are prepared to work within the policy.

26. Notices around the hostel and resettlement accommodation will outline key points from the policy. Residents are able to provide feedback on the policy via the anonymous feedback box located in the hostel foyer.

SCREENING AND SEARCHES
THE LAW

27. Staff have no legal powers to search individuals without their consent. Health and safety legislation requires St Paul's Hostel to be managed in a way which does not expose residents or staff to risks to their health and safety and this would include making reasonable rules as a condition of admittance

POLICY – PEOPLE

28. Staff can only search a resident if they give their consent. Consent can be given verbally. When consent to search is not given, if staff have reasonable suspicion a person is concealing drugs or alcohol then they can ask them to empty their pockets or bags. If a person refuses to do this, staff may, refuse access until they do not have reasonable suspicion a person is concealing drugs. In these cases, so that checks and balances are arranged, a manager is to be informed at the earliest opportunity.

POLICY – BEDROOMS

29. Under Health and Safety law St Paul's has a responsibility to make sure bed rooms are safe and this is no danger to other residents. Therefore this would include making reasonable rules in respect of cleanliness and tidiness. In conducting this responsibility staff must be able to access the room. To do this they must check the entry door opens and closes fully and the occupant can exit the room in an emergency, such as a fire. Conducting Health and Safety checks does not extend to aggressive or disciplinary searches. If there is reasonable suspicion a weapon is being concealed then staff must always involve the police.

30. Where staff notice items that gives rises to a suspicion of drug-dealing then this policy provides guidance to inform the police.

TOBACCO
THE LAW

31. Day Centres and some parts of hostels are smoke free premises as part of the Health Act 2006, which came in to force in 2007. Communal interior parts of Hostels will need to be smoke free but smoking could be permitted in suitable designated areas.

32. In the United Kingdom, the use, sale and advertising of e-cigarettes are legal, and e-cigarettes are not covered by laws restricting smoking in public places. However, businesses may choose to ban e-cigarettes as well.

POLICY
TOBACCO

33. Tobacco and e-cigarettes may only be used in designated smoking areas. It should be used with consideration for others. A small supply of tobacco is kept for residents to

provide an incentive for undertaking communal chores. This is controlled and records are kept. The designated areas are;

a. The Stepping Stones Garden.
b. The Kitchen Garden.
c. Courtyard to front of main entrance.

PROCEDURES

34. Ashtrays are provided in designated smoking areas. These are regularly cleaned and emptied.

35. The Service Intervention policy will be used if tobacco is used in non-smoking areas

POSSESSION, USE AND SUPPLY OF ILLICIT DRUGS POLICY

36. St Paul's Hostel neither ignores nor approves of the possession, use or supply of Controlled drugs or Novel Psychoactive Substances (NPS). St Paul's hostel seeks to work with people to promote their well-being and reduce harm. In order to do this, we seek to offer our help and services that are available to people who misuse drugs and alcohol. We seek to avoid excluding drug using clients where possible.

37. St Paul's Hostel does not ignore the possession or use of Controlled drugs or Novel Psychoactive Substance (NPS) within its premises. St Paul's Hostel will always act to address the use of such substances, or intoxication resulting from use. This will include measures to reduce the risk of harm (the 'harm reduction' approach) through the provision of advice, therapeutic support, interventions and referrals to specialist treatment.

38. We will always take robust action where drug activity puts the well-being of the St Paul's community (i.e staff, volunteers, residents and neighbours) at risk of harm. This could include enforcement, such as Service Exit or Service Suspension and involvement of the police.

39. St Paul's Hostel cannot and will not tolerate the supply[2] of Controlled Drugs on our premises or close by our premises. We will always take action to deter and prevent such. Action will also be taken if other substances, such as NPS or prescription only medicines are being supplied on our premises or close by our premises.

VISITORS TO ST PAUL'S ACCOMODATION THE LAW

40. There is a grey area as to who is legally responsible for drug-related offences committed by guests while on premises. When offences take place in communal areas they would be the responsibility of the organisation. However, if a guest undertook prohibited activities in the resident's bedroom, the legal position is less clear. It maybe that only the

[2]Supply is the simple act of passing a controlled drug from one person to another. It does not matter if it was for profit or not. The issue of financial gain is only relevant for the purposes of sentencing. Supply can, therefore, range from passing a joint between friends to large scale supply of crack cocaine for profit.

resident would be liable under Section 8 of the MDA 1971 however there is a risk the organisation could be held responsible.

POLICY
VISITORS TO ST PAUL'S HOSTEL

41. The residents of St Paul's hostel have inherent vulnerabilities. It is for this reason we err on the side of caution and assume St Paul's will be responsible for the actions of guests. Residents can invite visitors into the hostel. All visitors must book in at reception and residents share responsibility for the visitor's behaviour.

42. If the visitor misbehaves, for example commits a drug-related offence, then action will be taken against them and against the person who invited them onto St Paul's premises.

43. Visitors are not normally allowed into residents bedrooms unless on an exceptional basis with the explicit permission of a Service Manager (or duty manager at weekends) for example a non-resident and a former resident can access a bedrooms to help someone moving out or moving in.

POLICY
VISITORS TO ST PAUL'S RESETTLEMENT HOUSES

44. It is assumed residents of resettlement accommodation have a greater degree of self- control and interdependence. They are allowed guests and these guests are allowed in residents bedrooms. Residents still share responsibility for the visitor's behaviour.

45. Resident's guests can stay overnight up to a maximum of 3 nights per week but ONLY with prior permission of a Senior Project Worker (usually who is responsible for the house). This is for reasons of claiming Housing Benefit not a moral judgement. Where a resident's guest or several guests create a disturbance for other residents then action will be taken under the Service Intervention Policy. The action might include no further guests being allowed, restrictions on visiting hours or other interventions that create the conditions for everyone to feel safe.

STAFF VISITS TO PROPERTIES
THE LAW

46. Where visits are made to properties where St Paul's is the landlord the visiting staff are to be considered "concerned in the management" of these properties. Where such staff become aware that a property is being used for the production or supply, there may well be an offence under Section 8 of MDA 1977. This will require St Paul's to take action to prevent the production or supply continuing and will involve the Police.

47. Where use is taking place at a property, even during a visit, the worker would not be committing an offense by remaining present (unless cannabis was involved). While many organisations would break off a visit this is a matter of policy not law.

POLICY
STAFF VISITS TO ST PAUL'S PROPERTIES OR HOME VISITS

48. Staff visits to properties are an important part of the support available. We want these visits to be a useful part of the resettlement journey. Resident must be "fit to participate", based on the judgement of the member of staff, in these visit. This includes;

a. Not being too intoxicated to be 'fit to participate'.

b. Not having visitors during a support visit unless agreed by staff.

c. Not using any substances during the visit.

d. Having consideration for your visitor during the visit and behaving appropriately.

e. Where someone is not "fit to participate" or where the property is being used for production or supply, or if the member of staff feels unsafe or it is otherwise inappropriate to continue the visit, then the member of staff is to break off the visit as soon as practical. The St Paul's policy is to not remain in a property if they are aware that production or supply of controlled drugs is taking place. Workers should only challenge the behaviour if they feel it is safe and appropriate to do so but it is usually better to leave.

f. The incident is to be logged and reported to a member of LMT (or Duty Manager at the weekend) at the earliest opportunity. Further action will need to be taken to prevent the production or supply, which may include warning letters, police action, enforcement action or eviction.

POLICE INVOLVEMENT
THE LAW

49. The Police can search premises in a variety of circumstances, including;

a. When they have the consent of the occupier.

b. With a warrant issued by the courts under a specific Act.

c. Post arrest[3] enter and search any premises where a person was during or immediately before the arrest or any premises owned or controlled by the person arrested. Police can search only for evidence relating to the offence for which they have been arrested, and must have reasonable grounds for believing there is evidence there.

d. Following an arrest, the police are allowed to search premises the detained person occupies or has control over

e. To capture an escaped prisoner

[3] s18 / s32 PACE 1984

f. To arrest someone for a public order offence or certain arrestable offences.

g. To protect life or stop serious damage to property

h. Other laws give the police specific power to enter premises. Obstructing the police or hampering a police enquiry can result in prosecution.

50. In most circumstances, organisations are not obliged to volunteer information to the police about drug users or suppliers. Police may ask for it but the organisation is not obliged to provide it and could continue to provide a confidential service to the resident or client. Under Section 8 of the MDA, organisations are obliged to prevent the supply of controlled drugs taking place on the premises and can do this in a number of ways for example; sanctions, interventions or suspending a person from the premises. Police can prosecute under MDA 1971 (allowing premises to be used) if it is proven that appropriate prevention is not taken under Section 8 of the act.

51. Where these measures succeed in preventing supply taking place then the organisation has discharged it's responsibility under Section 8 and do not have to disclose information to Police but may choose to do so. Where measures do not succeed in preventing supply the organisation is still liable under Section 8 and further steps are to be taken and could include disclosing information to the Police about supplying drugs.

POLICY POSITION
POLICE INVOLVEMENT

52. It is recognised that working with people who use drugs illegally may create tension between the organisation, the staff and residents, and the residents and the police. St Paul's will seek to maintain effective and professional working relationships with the Police. Where the law requires it, or the situation warrants it, St Paul's will ensure that it supports the Police in their work.

53. The St Paul's policy is to;

a. Always support the Police in their work.

b. **Voluntarily supply information** about people who are supplying drugs or where there is suspicion of supply of drugs.

c. If a crime has been or is suspected of been committed then **Police will always be involved**.

d. In situations where the victim of the crime does not want Police involvement then staff will **always inform the Police** so all crimes are recorded appropriately.

PROCEDURES

54. The staff will assess a situation as to whether they require a "fast" or "slow" response from the police;

a. Fast response situations, such as violence will require dialling 999

b. Slow response situations, such as assistance in disposing of drugs, or reporting of suspicion of supply are reported to 111 or e-mail sent to the local Safer Neighbourhood Team.

c. On-line crime reporting through West Mercia Police website should be considered for low level incidents.

55. Records of incidents and those involved are made in the daily handover. These are reviewed by Managers to decide whether additional help and support is needed, whether changes in procedures are needed or if no changes are necessary.

POSSESSION: ILLEGALLY-HELD DRUGS

56. The possession of illegally held drugs. It includes substances such as cannabis, non-prescribed methadone or ecstasy by residents or visitors.

THE LAW

57. There is no offence committed by the management of a premises in regards to the possession of the controlled substances by a resident nonetheless, they are committing an offence under certain circumstances relating to the use / supply of drugs.

58. Section 8 of the MDA 1971 controls the consumption (of certain controlled drugs, namely cannabis and opium), production and supply of controlled drugs on premises. This section creates a criminal liability for occupiers or managers who allow their premises to be used for certain drug-related activities.

59. The law states:

a. Occupiers or managers of premises to be punishable for permitting certain activities to take place there.

b. A person commits an offence if, being the occupier or concerned in the management of any premises, he knowingly permits or suffers any of the following activities to take place on those premises, that is to say;

- Producing or attempting to produce a controlled drug in contravention of section 4(1) of this Act;
- Supplying or attempting to supply a controlled drug to another in contravention of section 4(1) of this Act, or offering to supply a controlled drug to another in contravention of section 4(1);
- Preparing opium for smoking;
- Smoking cannabis, cannabis resin or prepared opium.

60. Therefore, even if the knowledge of possession is not an offence, if the drugs are then knowingly used or supplied on a premises then the owners/managers of the premises do commit criminal offences.

61. The resident or visitor is committing an offence by being in unlawful possession of a controlled drug. St Paul's is not committing an offence even if they know or suspect that the

residents is in possession of a controlled drug. This is a difficult area and one that involves potential controversy. As the law stands, there is no obligation to prevent a person being in possession of a controlled drug. It is unfeasible to enforce a “no drugs on the premises” policy rigidly and would not help those residents who are addicted.

POLICY POSITION
POSSESSION: ILLEGALLY HELD DRUGS

62. St Paul’s does not encourage or ignore the possession of illegally held drugs.

PROCEDURES

63. Staff who become aware that illegal possession is taking place, (or have reasonable suspicion that it is taking place) must remind the resident who is known or believed to be in illegal possession of a controlled drug they are committing an offence under the MDA 1971. The member of staff is to remind them of the legal risks this carries. A record is to be made of the interaction on person’s Key Work Notes and on the daily handover.

64. The resident should be given an opportunity to surrender the drugs to staff or dispose of the drugs, by using the sharps bins or to remove them from the building. Staff should not impose this last option if they consider it would encourage the person to use drugs in a more hazardous location.

65. Staff must ensure that the resident is **always** given the correct information about drugs and the appropriate support agencies that are available to them in order they have the opportunity to reduce the drug use or reduce the risk of drug-related harm. Staff are to offer to facilitate a service referral, for example to drug treatment service and should complete such a referral if the residents wants support. A record is to be made of the interaction and whether a referral was made.

66. In exceptional circumstances, such as when a person is dangerously intoxicated and still has drugs in their possession and where staff have assessed the risk to themselves, for example, from needle stick injuries then staff could consider removing drugs in order to protect life.

67. Where the quantity of drugs or other factors suggest the residents may be supplying drugs the member of staff must undertake actions described in this policy under ‘supply’.

68. Where factors indicated that the drug is being used on the premises, the staff member should proceed as described in this policy under ‘use’.

69. All observations and subsequent actions should be recorded on Key Work Notes and Daily handover. The observations will be reviewed on a daily basis so that the person is given the opportunity to seek help.

USE ON PREMISES

70. Specifically cannabis or opium[4]

THE LAW

71. Where staff know that cannabis (or opium) are being smoked on the premises they are obliged under the MDA 1977 to take steps to stop it happening. Failure to do so would be an offence under the MDA 1977. Unlike most other Controlled Drugs St Paul's is obliged to stop people smoking cannabis or opium on premises. This is due to the vagaries of Section 8 of the MDA 1977. The consequence of this can be surreal situations where St Paul's have more obligations in relation to cannabis smoking or opium on premises than for example, heroin injecting. Organisations are required to use 'reasonable means' to address cannabis smoking on premises. Reasonable means should be proportionate and take into account context, history and gravity. If eviction from accommodation is likely to cause harm to the person or someone else then it is not reasonable.

USE OF CANNABIS OR OPIUM ON PREMISES
POLICY

72. The use of cannabis or opium on premises is not encouraged or condoned. It will be not be tolerated if it is suppled (shared, traded etc) or is harmful to others or puts other residents at risk.

USE ON PREMISES
OTHER ILLEGALLY-HELD CONTROLLED DRUGS

73. For example heroin, cocaine, ecstasy

THE LAW

74. If a person is known to be using illegally held controlled drugs (other than cannabis or opium) on the premises, the person is committing an offence of possession of controlled drugs under the MDA. The organisation is not, however committing an offence under Section 8 of MDA where it is known that drugs other than cannabis or opium are being used.

75. St Paul's is still required to address their obligations under Health and Safety and the duty of care and be conscious of their obligations to manage anti-social behaviour.

POLICY
USE ON PREMISES
OTHER ILLEGALLY-HELD CONTROLLED DRUGS

[4] Opium is dried latex obtained from the seed capsules of the opium poppy Papaver somniferum. Approximately 12 percent of opium is made up of the analgesic alkaloid morphine, which is processed chemically to produce heroin and other synthetic opioids for medicinal use and for illegal drug trade. Opioids are a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine, and many others.

76. St Paul's recognises that possession of these drugs is illegal and does not approve, condone or support the use of drugs. Where drugs are being used, St Paul's will always take some action and initiate some response.

77. St Paul's will not tolerate the use of any drugs on or near the premises that puts staff, volunteers or other residents at risk of harm or prosecution or causes distress.

78. The law requires us to prevent cannabis or opium smoking on the premises and we will use reasonable measures to meet our legal obligations. Where staff know or suspect use is taking place they will always take action. This could range from advice and support to enforcement action. In some circumstance, this may include Service Suspension or Service Exit and involvement of the Police.

PROCEDURES
CANNABIS OR OPIUM

79. The person must be challenged immediately, unless there are concerns about the personal safety of staff. When this is the case, the challenge must take place at the earliest opportunity.

80. The challenge must include an instruction to stop the activity immediately. If the person stops then legal obligations have been discharged.

81. If the person has substances on them then they should be given the opportunity to surrender them or remove them from the premises immediately.

82. Service Intervention Policy to be used.

83. Records are to be kept and a monitoring sheet is to be started.

PROCEDURES
OTHER ILLEGALLY HELD CONTROLLED DRUGS

84. Where the use is not presenting a risk to others, then the response should be driven by safety and must include that staff encountering the user are safe, other residents are safe and the safety of the person using the drug.

85. For example using in the presence of other people for example in communal areas or shared rooms, discarding injecting equipment, leaving blood or sharing equipment or paraphernalia cannot be tolerated.

86. Where staff become aware of use taking place in single bedrooms then they must;

a. Ensure the resident's actions are not putting others at risk.

b. Assess the resident's well being.

c. Offer to facilitate a service referral to specialist treatment

d. Remind the resident they are committing an offence under the MDA and highlight the legal implications and risk this carries

e. Highlight the health and welfare implications of drug use, and explicitly discuss the risks around overdose.

f. Reminding the resident those incidents that create risk for staff or other clients will not be tolerated.

87. If there is concern for the health, well-being or safety of the person using the drug then the emergency services should be used.

PRESCRIBED CONTROLLED DRUGS AND MEDICATION

88. For example, prescribed controlled drugs such as methadone, subutex, diazepam and prescribed medication (non-controlled drugs) such as fluoxetine and antibiotics.

THE LAW

89. Where a resident is in possession of controlled drugs that have been prescribed to them, no offences are being committed.

POLICY POSITION
PRESCRIBED CONTROLLED DRUGS AND MEDICATION

90. Residents who bring prescribed controlled drugs or other prescribed medicines into the building must let staff know, for the safety of staff and other residents.

91. With the residents consent, staff should seek to work with prescribers and pharmacies to ensure residents are not prescribed large amounts of drugs at one time.

92. Dosette boxes are always to be requested from pharmacies as soon as possible. If this is not possible then prescribed drugs must be kept in original packaging, with all labels left intact and legible. Such medication should not be openly displayed, left unattended or given to other residents for safekeeping.

93. Where prescribed medication is found, unattended and can be identified as belonging to a residents, it is to be returned to the resident at the earliest opportunity. Where prescribed medication is found but the label is missing and it cannot be identified as belonging to a resident, it is to be removed and destroyed using a method approved in this policy.

94. If a resident requests to takeback possession of all their medication from safekeeping staff cannot withhold it.

95. Records are to be kept on Key Work notes[5] and a monitoring sheet is to be started.

[5] Food (and drink) “ordinarily consumed as food” (not containing a prohibited ingredient) is listed as a category within the exempted substances in Schedule 1 of the PSA 2016 and therefore items such as chocolate and nutmeg (which do have some psychoactive effect) are excluded from the legislation.
Nitrous Oxide has been recognised by the Advisory Council on the Misuse of Drugs (ACMD) as having psychoactive effects when inhaled. When Nitrous Oxide is used in food preparation (typically as a propellant in whipped cream or other such foodstuffs) it would not be seen as a prohibited ingredient and therefore sale of foods containing Nitrous Oxide would be exempt.

OTHER SUBSTANCES

96. For example Novel Psychoactive Substances (NPS), poppers or solvents

THE LAW

97. The supply of such substances, unless exempt, became an offence under the Psychoactive Substances Act 2016 (PSA). This legislation does not however make them Controlled Drugs under the MDA 1971.

98. Possession of these substances does not become an offence under the Psychoactive Substances Act except in Custodial settings or if there is an intent to supply.

99. Some substances are exempt, such as alcohol, nicotine, caffeine, medicines, (even if being misused) and legitimate foods.

100. The PSA does not add drugs to the list of Controlled Drugs, which is a function of the MDA and would have to be added to the MDA 1977 for this to happen. PSA do not create the same level of obligations for the managers of buildings that the MDA 1977 does. Instead, the PSA makes it an offence to produce or supply any psychoactive substances (except for specific exempt compounds) where it is known or could reasonably be known that the substance is to be used for intoxication – or the supplier is reckless in this regard.

POLICY POSITION
OTHER SUBSTANCES

101. The possession of any substance may represent a hazard to staff or other residents. This includes situations where staff have concerns that drugs are being supplied or where drugs are being openly displayed, left unsupervised or unattended.

102. There is little or no useful research into the short term or long term health risks of NPS use. NPS have widely different strengths and effects meaning behaviour/effect may be harder to predict on individuals.

103. Staff will manage the situation safely for staff and other residents. Staff will be proactive in addressing any supply of NPS on its premises.

104. Where NPS are being used or displayed openly the resident will be warned their behaviour is unacceptable as it poses a risk to other residents. They should be asked to change the way they are behaving to reduce the risk to others.

105. Where drugs are found unattended or abandoned staff will undertake the procedures to remove them.

As Nitrous Oxide could not be said to be “ordinarily consumed as food” in and of itself however its supply would not fall under the “food” exemption and any intentional supply / importation of Nitrous Oxide where the supplier / importer knows or is reckless as to whether the Nitrous Oxide is to be consumed for its psychoactive effects, that person would be guilty of an offence.

106. Records are to be kept.

HOMELY REMEDIES

107. Residents may ask staff for a non-prescription medicine for the treatment of a common minor condition such as coughs, constipation and headache. These are termed "Homely remedies" and can be purchased over the counter. Reference B provides NHS and NICE guidance for the safe administration of Homely remedies in CQC Care Homes. It requires named and trained staff as well as additional risk assessments, administration and audits.

POLICY POSITION

108. The situation in CQC registered Care Homes is different to St Paul's hostel. St Paul's hostel does not provide homely remedies. When a resident requires a non-prescription medicine the staff will advise them to purchase from their own funds, such as Universal Credit. Points from the St Paul's Hostel incentive scheme can be used to purchase homely remedies. As with any purchase using the scheme a receipt must be received following purchase to prevent the scheme being used to buy items that it was not intended. Using the incentive scheme or funding through benefit income does not infer any responsibility on St Paul's Hostel.

STORAGE OF PRESCRIBED CONTROLLED DRUGS

109. For example, a resident ask staff to look after some methadone, buprenorphine or diazepam.

THE LAW

110. If staff were to take possession of methadone or another controlled drug in order to store it for a resident, it is likely that they would be committing an offence. The MDA 1977 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 a certain controlled drugs, as can the person to whom it is prescribed.

111. Staff in hostels or day centres do not have the same legal authority to possess controlled drugs except in the following circumstances;

a. "For the purposes 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 they took all such steps as were reasonably open to them to deliver it into custody of such a person[6]"

b. "a person engaged in conveying the drug to a person authorised by the MDA to have it in his possession[7]"

[6] MDA 1971 s.5(4)(b)
[7] MDA 1971 6(f)

112. The former (a) would apply where a member of staff found a drug or took a drug from someone who was not entitled to it and, as soon as reasonable afterwards took it to the police or a pharmacist. It would not apply where the drug was taken from someone legally entitled to be in possession of it.

113. The latter (b) would apply, for example, where a member of staff went to a pharmacy to collect methadone for a resident and then brought it to them as soon as practical afterwards.

POLICY POSITION

114. St Paul's is;

a. Legal.

b. Not allow staff to follow a course of action that is illegal, puts them at risk of harm or puts them in a position where allegations against them can be made.

c. Reduce the amount of controlled drugs on our premises.

d. Encourage residents to take responsibility for controlled drugs prescribed to them.

e. Reduce the likelihood controlled drugs will be misused by the person they are prescribed, sold or otherwise not consumed by the person they are prescribed.

f. Provide assurance through regular external peer review of this policy.

115. A risk assessment will be undertaken for all residents who have Controlled Drugs (for example Methadone, Buprenorphine and Morphine) to identify the most appropriate management of their medication and to seek resident consent to help them with safe storage. The risk assessment should begin at the Service Referral stage and MUST be completed before Service Acceptance.

116. The risk assessment is to consider;

a. The likelihood the resident will manage medication safely (Risk Likelihood).

b. The impact on other residents if they do not manage the medication safely (Risk Impact).

c. How rapidly the behaviour of the resident could change. (Risk Proximity)

117. A risk assessment template is included in this policy and in Eligibility and Service Access policy and others. Following completion of the risk assessment there may be 'condition of Service Access' that must be agreed by the resident before they are allowed to stay. The options available for storage of medication are;

a. Option A. The medication will be stored by the resident in the designated medication cabinet in the main staff office. It remains the responsibility of the resident to request their medication. This option is used most often but it is not the only option.

b. Option B. Resident's medication to be delivered in 'dosette' boxes and the resident to retain the dosset boxes.

c. Option C. The resident retains their medication in packaging as prescribed.

d. Option D. There are other arrangements as agreed with prescriber such as a supervised daily prescription.

118. For Option A, wooden storage boxes, each with a unique individual lock are available to every resident who has been prescribed controlled drugs. Each box has two keys. Each box must contain a 'medication sheet'. This is used to provide a record medication has been stored, removed and used.

119. One key will be given to the resident who is responsible for safe-keeping. The storage boxes are kept in the designated locked cabinet in the main office. The main office is staffed at all times or will be locked when unstaffed. The designated locked cabinet is to be locked at all times and the key is to kept safe by staff on duty.

120. The spare keys for each storage box are never kept in the main office. They are stored in the management office. Spare keys are only to be used if a key needs replacing and they are only to be used as a temporary measure until the entire lock is replaced. When spare keys are used, a record is to be made on the daily handover briefing including the name of the staff member who used the spare key.

121. The storage boxes are only to be unlocked, opened and the medication accessed by the resident. Staff are not to unlock or administered the medication. Staff members should observe the resident taking the medication so that the relevant agencies can be informed in the case the resident does not swallow the medication or otherwise mismanages it.

122. Prescribed medication is the property of the resident. Staff cannot withhold any medication should the resident request medication to be returned to them.

123. Any concerns of mismanagement should be reported to the prescriber so that alternative arrangements can be put in place. If it is suspected that the prescribed controlled drugs are being distributed to people who are not entitled to be in possession of them then this should be reported to the police.

124. Records are to be kept of any concerns of mismanagement and brought to the attention of managers at the daily handovers. At the weekends, the Duty Manager is to be informed.

125. Residents' who have medication stored under Option A and then request their medication to be returned to them must be managed carefully because it creates additional risks. In these circumstances staff must advise the resident they will be suspended from

Service **immediately**[8] until a risk assessment is completed and alternative storage arrangements are mutually agreed. If after this has been explained the resident still requires their medication to be returned, staff must return it as the person leaves the building.

126. Spare keys are only to be used when a resident has lost the key. The lock and new keys must be replaced, without delay. The spare keys are not to be used to open boxes to check contents without the resident present[9]. They can only be opened without a resident if there is a person is present who has the legal authority to store controlled drugs.

127. The County drugs and alcohol provider will provide regular peer review of our storage policy in order to provide external assurance and improve practice.

OTHER CONTROLLED DRUGS AND NOVEL PSYCHOACTIVE SUBTANCES
THE LAW

128. Returning non-prescribed Controlled Drugs to a resident could be a Supply offence under the MDA 1971. It could be a defence if it took place under duress. Supplying other substances covered by the Psychoactive Substances Act would be an offence under this legislation.

POLICY POSITION
OTHER CONTROLLED DRUGS AND NOVEL PSYCHOACTIVE SUBTANCES

129. Staff cannot and will not look after other substances for residents, including non-prescribed controlled drugs or Novel Psychoactive Substance (previously known as 'legal highs'). Should staff come in to possession of non-prescribed substances for any reason they cannot return them and will not do so. Behaviour which is intended to intimidate staff in to returning such substances is a serious breach of the policy and is likely to result in further action.

PROCEDURES

130. Staff will not take possession of any substances that they think may be non-prescribed control drug or an NPS unless it is to destroy it or pass it on to the police. Staff will not pass such substances back to the resident, unless there are exceptional circumstances such as fears for personal safety.

131. If staff are unsure what the substance is then they should err on the side of caution and assume that it is a controlled drug.

132. Records are to be kept.

[8] Staff must use judgement. In the middle of winter service suspension at 2300 has potentially dangerous implications so suspension could be delayed until the earliest opportunity, for example 0700 the following day. If staff suspend someone for any length of time then the Duty Manager is always informed.

[9] An example is if a resident calls the hostel by telephone asking a Project Worker to check how much mediation they have left. Staff are not to open the storage box in this circumstance but must ask the resident to be present in person.

OTHER MEDICINES

133. Examples such as Prozac, Aspirin or Antibiotics

THE LAW

134. Staff can look after other medicines such as prescription-only medicines and over the counter medicines for the resident.

135. The storage of medications is a vexed question. One school of thought argues that residents should be encouraged to take responsibility for their own medication, and to that end should be encouraged to look after their own medication. Another school of thought argues that in some settings, especially when working with people who have high support needs, staff should be more actively involved in supporting residents with mediation.

136. A risk assessment will be undertaken for all residents who have other drugs to identify the most appropriate management of them and to seek resident consent and support with safe storage. The risk assessment can begin at Service Referral or after Service Acceptance but must be in place within 48 hours of Service Acceptance.

137. The risk assessment is to consider;

a. The likelihood the resident will manage medication safely.
b. The impact on other residents if they do not manage the medication safely.
c. How rapidly the behaviour of the resident may change.

138. Such a process can assist the resident and encourages interaction between staff and residents. It can also reduce the likelihood of accidental or deliberate overdose.

POLICY POSITION
OTHER MEDICINES

139. Service Managers will judge each resident's case on its own merits and will do so as soon as possible and if possible during the Service Referral and Service Acceptance process. Some residents will be best served by storing their own medication while others by being assisted. Where judged by staff and agreed by a manager that residents find it difficult to manage their medication then staff will store medication safely. Where a resident has difficulty with medication they are encouraged to talk to staff about this, so staff can help take medication safely. While staff can store some medication for residents, this is something that staff will only do as a last resort, in exceptional circumstances.

PROCEDURES

140. We want all to be responsible for storing and taking their own medication but where staff or residents feel unhappy about keeping possession of their own medication, staff can where appropriate, store in on behalf of the resident.

141. Staff will seek to record residents who are prescribed medicines, the prescribing instruction, and contact details for the prescriber.

142. Such storage should not take place where there is not 24-hour staff cover, such as in a resettlement property.

143. Where medication is being stored , the storage facilities are secure and accurate records are kept of what is being looked after and for whom

144. Medication 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.

145. Where medication is stored, and the resident ceases to use the service, the medication should be returned to a pharmacy and a record kept of this action.

146. Taking custody of drugs for a client is not the same as administering them. While staff can remind and encourage residents to take their medication, workers are not in a position to insist that residents take the correct amount at the right time. Nor can staff usually withhold any medication from residents.

147. Staff have concerns about a resident's well-being or safety as regard their medication, these concerns should be addressed firstly to the resident. Their consent should be sought to discuss these concerns with the resident's GP, the Drug Treatment provider and the pharmacist, if appropriate.

PRODUCTION OF CONTROLLED DRUGS

148. For example growing cannabis

THE LAW

149. Under Section 8(a) of the MDA, tolerating supply would be a serious criminal offence and so organisations are legally obliged to take steps to address and stop it.

POLICY
PRODUCTION OF CONTROLLED DRUGS

150. St Paul's will not tolerate the production (growing or making) of any controlled drugs on or near our premises. If staff suspect or know this is happening we will always need to take action to make sure it stops. This will always involve the police and could lead to eviction.

PROCEDURES

151. Where any suspicion of production of controlled drugs take place then staff must take immediate action. A manager is always to be informed.
152. It is the manager's responsibility to notify the police where there is production of any controlled drug or the suspicion of production of a controlled drug.

153. Action must be proportionate. For example, a resident in resettlement growing a single cannabis plant may need a different intervention than someone growing 50 plants in a spare room.

SUPPLY OF CONTROLLED DRUGS, NPS, MEDICINES AND OTHER SUBSTANCES

154. For example a resident giving someone some methadone or subutex, one resident injecting another with heroin, two people sharing a spliff, a resident selling or sharing drugs prescribed by a doctor, supplying NPS or sharing medication.

THE LAW

155. The supply of controlled drugs taking place on the premises can have serious ramifications for both residents and St Paul's Hostel. The resident is committing an offence of supply, which could carry heavy penalties on conviction. Where staff 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 taking place. If they fail to do so, they may be committing an offence under Section 8 of the MDA (1977).

156. Supply of NPS does not create the same legal risk for organisations as these substances may not be covered by the MDA (1977). However in order to address risk and reduce chance of supply going unchallenged, staff should treat NPS in the same way as Controlled Drugs.

POLICY
SUPPLY OF CONTROLLED DRUGS, NPS, MEDICINES AND OTHER SUBSTANCES

157. St Paul's will not tolerate the supply of any controlled drugs or NPS in or near our premises. If staff suspect or know this is happening we will always need to take action to make sure it stops. This will always involve the police and could lead to eviction. We will also take action if the supply of other substances, including alcohol, medicine or other intoxicating substances takes place.

PROCEDURES

158. When staff suspect supply is taking place then they should take steps to prevent it there and then if it is safe to do so.
159. If it is not safe to do so, a record of the incident should be made and an intervention, using the Service Intervention Policy, taken when it is safe to do so.
160. When the incident involves a significant level of supply, or it is a recurring issue then the police will be involved.
161. Names of people who are suspected of supply are passed to the Police.
162. If measures using the Service Intervention Policy are unsuccessful then the person will face Service Exit.
163. Records are kept.

POLICY

SUSPICION OF SUPPLY: THIRD PARTY INFORMATION

164. Staff will act when they receive information from a third party about supply of controlled drugs whether on or off the premises.

PROCEDURES

165. Log the information.

166. They are to discuss with other staff to identify whether there are shared concerns or to establish if there is any corroborating information.

167. Staff should discuss the matter with the person accused but only if safe to do so and does not put the third party at risk.

168. If a member of staff takes / confiscates drugs from a resident and then gives it them back then this will constitute supply. There does not need to be any gain (financial or otherwise) for the offence to be complete.

169. Seek permission of the accused to undertake room search or seek permission of a manager to undertake a room search without the permission of the accused. The preference is to have the accused present.

170. There are always two members of staff present for room searches.

171. Where the informant subsequently asks why nothing has been done they should not be given additional information but advised the matter was looked into and St Paul's always looks into such matters when brought to our attention.

172. Records are to be kept.

FINDING DRUGS
THE LAW

173. Staff can take possession of a controlled drug for the purpose of destroying it or to deliver it to someone authorised to possess it (eg the Police). Staff 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.

POLICY POSITION
FINDING DRUGS

174. Drugs that are left unattended are a risk to others – even if they are prescribed medicines. If staff find any substances unattended in communal or share areas they will remove them.

175. If the drug is an illegal drug it will be destroyed or handed in to the police. If it is a prescribed controlled drug it will be handed into a pharmacy. If staff know who the drug belongs to, they will discuss the matter with the person.

176. If there are medicines, in their original packaging and with a name on it, staff will try and return them to the owner if it is safe and appropriate to do so. Otherwise they are likely to be handed in to a pharmacy.

177. If staff are uncertain if a substance is a controlled drug or not they will err on the side of caution and assume that it is a controlled drug, and handle it accordingly.

PROCEDURES

DRUGS FOUND IN COMMUNAL OR SHARED AREAS:
PRESCRIBED CONTROLLED DRUGS

178. For example, Methadone found in the TV room or garden.

179. The drug should be removed from the communal area.

180. Where drugs are clearly labelled, and the identity of the owner is known and is bona-fida then the drugs may be legally be returned to the owner if it is safe and appropriate to do so. They should be reminded of their responsibilities regarding storage of medication.

181. Where the identity of the 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 pharmacy should be asked to collect but in exceptional circumstances where a staff member is to return them then the staff member must contact the pharmacy prior to leaving the hostel.

182. Where the identity of the person is not known then all residents should be reminded of the drugs policy using a letter to every resident and staff reminding residents at weekly community meetings and meal times.

183. All actions must be documented.

DRUGS FOUND IN COMMUNIAL OR SHARED AREAS:
ILLICIT DRUGS

184. For example Cannabis, Heroin found in shared bedroom or garden.

185. Drugs found in communal or shared areas, whether prescribed or otherwise, represent a health hazard to other residents and visitors. St Paul's is obliged, under its duty of care to residents, staff and visitors, to address this risk, and so need to remove the drug from the communal area. For the purposes of this policy "communal" and "shared" include common areas such a TV lounge, the gardens and shared bathrooms. This includes double rooms that are being shared.

186. The drug should be removed from the communal area.

187. They should either be destroyed or taken to the police for destruction.

188. Residents involved must be challenged about their behaviour.

DRUGS FOUND IN A PRIVATE AREA
THE LAW

189. The law is potentially open to interpretation. In residential settings for adults, where residents have exclusive use of their room under a license or tenancy agreement, the contents of the resident's rooms may be treated as their possessions. If residents keeps drugs in their rooms they commit the offence of possession rather than St Paul's. St Paul's is under no legal obligation to dispose of substances found in such settings.

190. If drugs were found in a place where there would be risk to other, for example in a shared bedroom, then St Paul's would have an obligation to act under the duty of care that the organisation has to all residents.

PROCEDURE

191. Staff are to assess the situation and consider the following factors before making a decision;

a. The quantity. Does this indicate supply?
b. The context. Was the resident alone or with others?
c. The reaction. Was the resident honest and open or deceitful or evasive?
d. The risk. How dangerous to others is the situation now and is it likely to become more or less dangerous?

192. The staff should choose one of the following courses of action. A note should always be made on the decision taken;

a. Report the matter to the police, either immediately or later.
b. Ask the resident to remove the substances from the premises immediately.
c. Ask the resident to make the situation safe for themselves – others should leave the room - and staff.
d. Engage the resident in a conversation about their wellbeing and offer to facilitate access to treatment.
e. Arrange to speak to the resident when they are fit to participate or at a more convenient time.

DRUGS (ALCOHOL) FOUND IN COMMUNAL OR SHARED AREAS

193. For example, open or unopened cans or bottles found in corridors or the garden.

194. As acute alcohol withdrawal can be dangerous, it may not always be appropriate to remove and destroy unattended alcohol. Where alcohol is found unattended, ownership is clear, and the balance of risk favours it, then staff should return it to the resident. The resident is to remove it from the premises immediately or dispose of it immediately.

POLICY
DRUGS (ALCOHOL) FOUND IN COMMUNAL OR SHARED AREAS

195. If open alcohol is found unattended in internal communal spaces it will be removed and destroyed. This includes *open alcohol inside hostel – corridors, TV room, quiet room, dining room or bathrooms and the gardens*.

196. If a person is found with unopened or open alcohol in the *area between the front and rear entry gates, the staff car park or the area belonging to Worcester Mosque and public footpath on Tallow Hill 10 metres either side of the Tallow Hill pedestrian entrance* then they are asked to leave the area immediately. If the person is in the area of the Mosque car park then they are to be warned that such behaviour is likely to cause offense to users of the Mosque. Where this is the case, additional sanctions, potentially including Service Exit from St Paul's, will be taken.

PROCEDURES

197. CCTV is to be used to identify the person.
198. Service Intervention policy is to be used.

DRUGS FOUND IN SINGLE OCCUPLIED BEDROOM
ALCOHOL

199. For example open or unopened cans or bottles.

POLICY
DRUGS FOUND IN SINGLE OCCUPIED BEDROOM
ALCOHOL

200. If a person is found with unopened or open alcohol in a single bedroom then the person is to remove it from the premises immediately or dispose of it immediately.

DESTRUCTION AND DISPOSAL
THE LAW

201. A controlled drug may be considered destroyed for the purposes of regulation 26 of the MDA 1971 if it has been "dissipated or denatured to the extent that it is incapable of being retrieved or reconstituted". It is the responsibility of the person carrying out the destruction to ensure this criteria is met. The law requires drugs to be destroyed as reasonably practical and does not require a witness to be present.

POLICY

DESTRUCTION AND DISPOSAL

202. Staff may take possession of controlled drugs and other substances for the purpose of handing them in or destroying them.

203. As a principle the Police or Pharmacist should collect any drugs and drugs should not be destroyed by staff “in house”.

204. Only in exceptional circumstances, with the permission of a senior manager should staff transport drugs for handing in to the Police or Pharmacist. In these, exceptional cases the Pharmacist or Police must be informed that the staff member is bringing them prior to setting off.

205. In exceptional circumstances, where the Police are unable to collect within 24 hours, drugs may be destroyed by staff but this will be in the presence of a Senior Manager (Duty Manager at the weekend). The method of destruction is to place the drugs into the sharp bin located in the staff office or flush the drugs down the lavatory. A record kept of the destruction method and the witness(es).

PROCEDURES

206. Staff members finding suspected illegal drugs should immediately request the presence of another member of staff to witness the process of confiscation and storage;

a. Place the item into an envelope (or similar such as sealable freezer bag) with a label.
b. Seal the envelope
c. Record the date, time and location the item was found on the envelope
d. Describe the item (including estimate of quantity)
e. Sign the envelope on the seal and cover the signature with Sellotape (create a seal that when broken is obvious)
f. Lock away in a secure location.

207. If drugs are found when another member of staff cannot be found to witness, and there is no alternative, then you must try to make sure you are observed by CCTV. This will provide a recording if there are disputes.

208. Large quantities. Where the quantity of drugs found suggests supply may be taking place, the police should be involved immediately. If possible, the drugs should not be touched or moved and the police called to the premises. At weekends or during public holidays the Duty Manager must be notified by 0900 the next day.

209. Handing drugs into the police or to a pharmacist. If the substance is, or appears to be, a medicine it should be handed into a pharmacist and a written record of this kept. This should include the name or the pharmacist. If the substance is, or appears to be, drugs, it should be handed to the Police.

210. It should always be the person who found the drugs who hands them over to the pharmacist or police. Where this is impractical, for example the person has completed a long shift, it is common sense to pass the drugs to another member of staff to pass to the Police. The collar number of the Police Officer should be noted on an auditable record. This is to protect staff from allegations of impropriety.

211. Destroying drugs is not straightforward. Flushing small quantities of drugs away does cause pollution but is a practical way of disposal. Vacuum cleaning may be a solution but substances such as cannabis resin or herbal cannabis may not be so easily disposed in this way.

POLICY
INTOXICATION ON PREMISES

212. Residents who wish to use our services must be 'fit to participate' in the part of the service they need. Behaviour that means a resident is not fit to participate will mean that the service, or part of the service cannot be used.

PROCEDURES

213. Anyone whose behaviour is disruptive, whether due to drugs, alcohol or other causes, will be challenged and the individual will be asked to change their behaviour. If a person refuses to change their behaviour they may be asked to leave communal areas or to leave the building. The emergency services will be called if the intoxication or related behaviour causes significant risk to anybody affected including the resident, other residents, staff, volunteers or members of the public.

INJECTING EQUIPMENT AND SHARPS BINS
THE LAW

214. There is no legal reason not to distribute sharps bins to residents. The distribution of needles and syringes is specifically exempt under the MDA. Amendments to the legislation make is lawful to distribute acids, filter, spoons, swabs and water to injectors. There are no restrictions on the possession of such equipment, or of sharps bins.

215. 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.

POLICY
INJECTING EQUIPMENT AND SHARPS BINS

216. St Paul's will not, routinely, provide needles or other injecting equipment nor store a small amount[10]. If residents need to use needle exchange equipment then this can be kept in their bedroom. Resident will be encouraged to dispose of used needles, keep unused needles stored safely and not leave used or uncapped needles where they present a danger to staff entering their room. Needles and syringes should be sterile and in unopened packaging or in a sharps box. Equipment, which is left open in rooms, represents a health and safety issue and will be removed by staff and placed in a sharps bin.

[10] This policy may, with permission of the Chair of Trustees, be temporarily relaxed in exceptional circumstances. One such circumstances is a pandemic lockdown, when appointments with exchange programmes or drug and alcohol treatment services are reduced. The CEO will take the appropriate advice from experts, this policy maybe relaxed for a limited time.

217. Other injecting paraphernalia including spoons, cookers, acid, water, filters and heat sources can be kept in rooms.

218. Sharps bins are available in the hostel for safe disposal of razor-blades and injecting equipment. Toothbrushes and bandages are not to be disposed of in sharps bins. The unsafe disposal of items such as needles will be treated as a serious breach of drug policy.

219. The provision of sharps bins does not condone drug use but under our duty of care and health and safety obligations these reduce the risks of needle stick injuries to other residents, staff and volunteers. Sharps bins are not provided in the four resettlement or two resettlement flats. If additional accommodation is procured then a decision will be made on a case-by-case basis.

220. Injecting drug users who have access to sterile[11] needles will be less likely to share, which would put them and others at additional risk. No restriction will be placed on people bringing in or storing sterile, unopened needles into the hostel.

PROCEDURES

221. Individual needle bins are preferred and injectors are to be encouraged to obtain these from the County Drug and Alcohol providers.

222. Any residents who discards used needles in or around the hostel or stores them elsewhere (for example bedroom drawers) will be challenged.

223. When a discarded used needle is found then staff are to use CCTV or other means to identify the person who discarded it. The Service Intervention policy is to be followed.

224. Staff will receive training on the safe handling of uncapped needles, using protective gloves, how to remove discarded needles and place them in sharps bins safely.

225. If residents find unsafely discarded equipment, they should not handle it themselves but should instead seek help from a member of staff. Trained staff will deal with small quantities of discarded needles.

226. Residents must be encouraged to wear appropriate footwear in communal areas.

227. Domestic and housekeeping staff must always assume they will encounter needles during their work even if the room or the area they are cleaning are thought not to be used by known injectors.

POLICY
OTHER PARAPHERNALIA

228. For example, the possession of rizzlas, rolling papers, possession of scales, crack pipes and possession of a bong.

[11] Sterile is the preferred term. The use of the term “dirty needles” is outdated and is discouraged.

229. If the paraphernalia suggests supply might be taking place, we will act to stop it.

NEEDLESTICK INJURIES

230. Infection via a needle stick injury is relatively unlikely as this is an inefficient route for transmission, particularly HIV or Hepatitis C (HCV). This does not preclude the need for careful handling, assumption of risks and staff training.

PROCEDURES

231. These procedures were developed after consultation with the drug and alcohol addiction service.

232. Remove the needle and place somewhere safe so it cannot do harm to others. Do not waste time disposing until after washing the injury.

233. Over a sink, squeeze the injury to encourage bleeding for a few minutes and place under tepid running water.

234. Wash and clean the injury with soapy water[12]. Dry and apply a plaster.

235. Report incident to a manager and record in the accident book.

236. Dispose of it the needle safely.

237. Report to A&E as soon as possible and be assessed for the most appropriate course of treatment. This could include Hep B vaccinations, monitoring of liver function and assessment of need for HIV post-exposure prophylaxis.

238. Manager to undertake “incident review” reduce the likelihood of it happening again.

239. Staff member has access to Clinical Supervision and/or external counselling.

TRANSPORTING FULL SHARPS BINS
THE LAW

240. It is an offence to transport controlled waste if not a registered carrier.

POLICY
TRANSPORTING FULL SHARPS BINS

241. St Paul’s staff will not transport full or partially full sharps bins. A registered controlled waste carrier will be used. The Housing Manager is responsible for this contract.

POLICY

INOCULATIONS

242. All staff will be advised during the induction to consult their GP regarding Hep B vaccination.

[12] Previously iodine may have been recommended. Soap and water are the recommended standard.

POLICY
BODY-FLUID SPILLAGES

243. A body-fluid spillage kit containing cleaning cloths, detergent[13], rubber gloves and plastic bags should be kept available, regularly checked and restocked after use. Staff will be instructed on how to use this to keep themselves safe.

POLICY
SUSPECTED OVERDOSE

244. St Paul's primary responsibility is to ensure the safety of residents and therefore any overdoses will be treated as a medical emergency. St Paul's supports making Naloxone available to be used in the event of opiate overdoses. Staff will use Naloxone in line with their training and national guidelines.

245. If any resident becomes unwell after using any drugs, or if any resident is worried that they or someone else may be overdosing then seek help as fast as possible. Residents should be advised to find a member of staff on the premises and staff will then call an ambulance. Where this happens off our premises then residents should call an ambulance.

PROCEDURES

246. Residents will have this policy explained on service acceptance in particularly how St Paul's high tolerance, TIC and PIE orientation will not normally jeopardise them staying.

247. Residents who are deemed at high risk of overdose will be encouraged to keep Naloxone.

248. Sufficient stock of Naloxone is kept on site. This is checked regularly and when necessary replenished.

249. Staff should pass any drugs to the emergency services.

250. Discarded needles should be made safe.

251. All incidents of suspected overdoses must be recorded in the Accident Book and the Residents Key Work Notes.

252. Following the return of the resident harm reduction measures or other services are to be discussed.

253. A manager will lead a review after every suspected overdose on the premises. The purpose is to establish whether procedures worked and if they can be improved. The review will be completed within 5 working days. Learning or changes to policies and procedures will be promulgated to all staff as necessary.

[13] Bleach should not be used. Standardised spillage kits can be purchased.

RECORD KEEPING
THE LAW

254. All records kept by an organisation should be in accordance with the Data Protection Act and GDPR.

255. Records could be used in a court case and could be an essential element of either prosecution or defence submissions.

256. Documents relating to interventions with a resident enjoy a degree of protection under the Police and Criminal Evidence Act (1984). Section 12 of PACE concerns the protection of 'personal records' and defines them thus;

a. Documentary or other accords concerning an individual (whether living or dead) who can be identified from them and relating to;

b. To his/her physical or mental health

c. To spiritual counselling or assistance given or to be given to him/her

d. To Counselling or assistance given, for the purpose of his personal welfare, by any voluntary organisation or by any individual who, by means of his office or occupation has responsibilities for his personal welfare; or by reason of his/her court order, has responsibilities for his/her supervision.

257. Magistrates cannot issue search warrant for such 'excluded' documentation; a circuit judge can issue a warrant.

POLICY
RECORD KEEPING

258. St Paul's privacy policy sets out our responsibilities under GDPR. St Paul's keeps records of drug-related incidents and these will be shared amongst members of staff on a 'need to know' basis. Information may be recorded in a resident's Key Work notes, incident or accident books as necessary.

259. Residents are entitled to see any written information about them kept on file. However, some information may need to be withheld to protect the identify of other residents. Should residents wish to see information they can ask under Subject Access Request. This procedure is contained in the Data Protection Policy.

PROCEDURES

260. This is in accordance with St Paul's Record Keeping policy and Privacy Notice.

261. Records are kept. This includes all incidents including drug-related incidents. This may be shared with the Police, to demonstrate the Drugs and Alcohol policy is being followed. No sensitive information is to be kept in this way.

262. Information on each drug-related incident, including episodes of suspicion and information supplied by Third parties will be recorded.

263. In each record the information is to be limited to;

a. Date and time of the incident

b. The name of the resident(s) involved

c. A reference to resident's key work notes

d. The initials of the staff member dealing with and recording the incident

THE IMPORTANT THINGS RESIDENTS MUST KNOW (IF THEY CANNOT OR WILL NOT READ THE POLICY)

TO BE INCLUDED IN BOOKING IN OF NEW RESIDENTS

WHAT DO WE MEAN BY DRUGS?

- The term ‘drug’ covers many substances and includes;

- Alcohol, nicotine as well as medicines and controlled drugs such as cannabis and LSD. Drug also refers to controlled under the Misuse of Drugs Act 1977 and Misuse of Drugs Regulations 2001. For example diazepam, fentanyl, diamorphine (heroin) and cannabis. The term also covers Novel Psychoactive substances (NPS) such as synthetic cannabinoids (mamba, spice), stimulants, amphetamine, and cocaine and include BZP MDAI. Downer such as benzodiazepine, hallucinogenic drugs such as LSD and ketamine-like methoxamine.

- Tabaco legally purchased.

THE POLICE

- We **always support the Police** in their work.
- **We will voluntarily supply information** about people who are supplying drugs or where there is suspicion of supply of drugs.
- If a crime has been or is suspected of been committed then **Police will always be involved**.
- In situations where the victim of the crime does not want Police involvement then staff will **always inform the Police** so all crimes are recorded appropriately.

ALCOHOL

- No alcohol allowed, whether in an open or a closed can, on the premises of the hostel.
- No alcohol can be stored on the premises. Exceptions can be made with but only with the permission by the local drug and alcohol treatment provider to staff.
- Alcohol that is found on site must be either removed off site by the owner or it will be disposed of by staff.
- If empty alcohol containers are found then CCTV will be used to identify the residents who disposed of them and action may be taken.

DRUGS

- We do not ignore or approve of the possession, use or supply of Controlled Drugs or NPS. We will work with residents to promote well-being and reduce harm. We seek to avoid excluding people who use drugs whenever possible.

- Supply of drugs. This is defined as passing of a controlled drug from one person to another. This includes sharing a cannabis joint, purchase of drugs for someone else, sharing a bag of heroin or the supply of mamba, prescription diazepam, whether stolen, found or purchased on the internet.

- We cannot tolerate the supply of Controlled Drugs or drugs under the Misuse of Drug Regulations 2001 or NPS, in or close by our premises. Where we have reasonable grounds to suspect supply we will always inform the police.

- We allow sterile needs to be stored in bedrooms.

- We will not tolerate uncapped needles or used needles being discarded or left in clothing that is being washed. When we discover an uncapped needle, CCTV will be used to identify the resident who discarded it. Action may them be taken including Service Exit.

- Drug paraphernalia can be kept in bedrooms but if we consider it is being used in the supply of drugs we will involve the police.

SEARCHING AND SCREENING

- Health and safety legislation requires St Paul's Hostel to be managed in a way which does not expose residents or staff to risks to their health and safety and this would include making reasonable rules as a condition of admittance

PEOPLE

- Staff can only search a resident if they give their consent. Consent can be given verbally. When consent to search is not given, if staff have reasonable suspicion a person is concealing drugs or alcohol then they can ask them to empty their pockets or bags. If a person refuses to do this, staff may, refuse access until they do not have reasonable suspicion a person is concealing drugs. In these cases, so that checks and balances are arranged, a manager is to be informed at the earliest opportunity.

BEDROOMS

- Under Health and Safety law St Paul's has a responsibility to make sure bed rooms are safe and there is no danger to other residents. Therefore this would include making reasonable rules in respect of cleanliness and tidiness. In conducting this responsibility staff must be able to access the room. To do this they must check the entry door opens and closes fully and the occupant can exit the room in an emergency, such as a fire. Conducting Health and Safety checks does not extend to aggressive or disciplinary searches. If there is reasonable suspicion a weapon is being concealed or drug supply is taking place then staff will always involve the police.

VISITORS

- Under Health and Safety law St Paul's has a responsibility to ensure the building is safe. Visitors are allowed. They are not to visit residents' bedrooms without expressed permission of service manager.

- Where staff have reasonable suspicion a guest is involved in the supply of drugs then staff may, refuse access to the premises until they do not have reasonable suspicion a person is involved in the supply of drugs.