



Drug Management Protocol

Newcastle Temporary Accommodation



October 2006

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**NEWCASTLE TEMPORARY ACCOMMODATION
DRUGS MANAGEMENT PROTOCOL**

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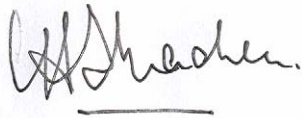
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Foreword

I am pleased to be able to present the new Newcastle Temporary Accommodation Drug Management Protocol. This is the result of a series of discussions amongst many stakeholders about the issues facing supported housing providers today.

In 2002, Newcastle City Council and Northumbria Police published the Drug Management Policy which has gone a long way in helping reduce evictions for drug use in supported accommodation.

The Protocol builds on the previous Policy and takes into account changes in the law, housing practices, and drug treatment developments, as well as changing needs. It will improve access to supported housing, and will enable providers to act confidently when working with drug users. It also lays the foundation for better working relationships between the supported housing sector, the police, and drug treatment providers.



Chris Machell, Acting Chair, Safe Newcastle
October 2006

Newcastle Temporary Accommodation Drugs Management Protocol

How to use this Protocol

This Protocol is designed to be used by staff of housing organisations providing temporary accommodation, drug treatment agencies and other drug sector agencies, and the Police.

The Protocol sets out in detail what each agency is signing up to. Before each main section, you will find a box highlighting the main points of the section.

Other parts of the Protocol are:

- A poster for residents of all supported housing agencies (telling them what the agency is signed up to)
- A more detailed guide for service users
- A leaflet for all service users, to be put in the induction pack
- A poster for staff, detailing actions in each situation they might come across

About Safe Newcastle

Safe Newcastle's vision is:

“To create a safe Newcastle by tackling crime, alcohol, drugs, anti-social behaviour and their impact. By working together we will develop effective, sustainable solutions to local concerns, improve confidence and build stronger communities”.






Safe Newcastle came into existence on 1 April 2005.

This partnership was formed following guidance from Central Government which advised joint working between Crime and Disorder Reduction Partnerships and Drug Action Teams.

Safe Newcastle therefore continues the good work of the Newcastle Community Safety Partnership (the local CDRP) and Newcastle Drug Action Team and this new working relationship provides a more coordinated approach with improved solutions to local concerns.

By working together, the partners in Safe Newcastle have a greater impact on crime, disorder, drugs, alcohol, and anti-social behaviour in the city. It will also mean that resources are used more effectively and services are improved.

The work of Safe Newcastle is led by:

-  Newcastle City Council
-  Newcastle Primary Care Trust
-  Northumbria Police
-  Northumbria Police Authority
-  Tyne and Wear Fire and Rescue Service.

These agencies are known as the Responsible Authorities. The Crime and Disorder Act (1998) states they have to work together to improve community safety in their particular area.

1. Introduction

This Protocol updates the Drugs Management Policy published in October 2002 by Newcastle City Council and Northumbria Police.

The Drug Management Policy for Newcastle Homeless Units was introduced in December 2002, with the aim of reducing the number of evictions of drug users from temporary accommodation, at the same time as ensuring that agencies were able to work in safe and acceptable ways with this client group.

The Policy was launched with 6 launch training events in November and December 2002. A short review was conducted in November 2003. Most agencies indicated in the review that the policy had been effective in reducing evictions, increasing access to treatment, and changing the feeling that there was a culture of total exclusion towards drug users.

Since the policy was introduced, there have been a number of changes which may impact on the way that drug users gain access to supported and general needs housing. These include:

- New provision – drug treatment services, supported housing, and floating support
- Introduction of Your Choice Homes (Choice-Based Lettings scheme) and the establishment of Your Homes Newcastle (Arm's Length Management Organisation)
- HARP (Housing and Returning Prisoners) Protocol
- A greater focus on preventing homelessness and repeat homelessness, including reshaping the Housing Advice Centre to provide homeless options advice for all homeless people
- Changes and clarifications of the law

In addition, we have a greater understanding of the role of housing in helping to reduce and tackle drug problems, and what services can do to work together with this aim in mind.

It has also become clear that the policy, which focuses mainly on what to do when a hostel resident is suspected to have been using or dealing drugs on the premises, needs to be accompanied by advice or policy statements on a range of other issues. Accordingly, the policy has been reviewed through a workshop held in December 2005, and a number of meetings of small working groups looking at different elements of the policy.

The revised document has been retitled as a Protocol, and supported housing and other agencies are asked to sign up to it and agree to work within its

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principles. The Protocol also makes recommendations for drug treatment agencies about working with supported housing, and those agencies are also asked to sign up to the Protocol. For both sets of agencies, the relevant commissioning body (Supporting People Commissioning Body and Safe Newcastle) expects that agencies from which services are commissioned to sign up to and operate within the Protocol.

The Protocol consists of:

- this document (a full set of guidelines for staff and organisations)
- a handy everyday guide for staff
- a leaflet and posters for service users
- a poster outlining the basic rules for residents, for display in all temporary accommodation schemes

In developing this Protocol, agencies in Newcastle are working within a national policy direction promoted by the Home Office, National Treatment Agency, and Homelessness and Housing Support Directorate (Department of Communities and Local Government, formerly Office of the Deputy Prime Minister). A series of documents have noted the importance of stable housing and support in helping drug users to tackle their addictions, and in supporting treatment interventions. These documents are listed in the references in Appendix C of the Protocol.

2. Principles underpinning the Protocol

- We want to work with and help people who use drugs, within the law, but also keep all of our residents as safe as possible
- This means helping people to get the right treatment, quickly and easily
- It also means that we will not evict or exclude drug users just because they use drugs
- But it may mean asking people to leave if they are putting others at risk because they bring illegal drugs into the building, or share or supply their drugs

The organisation recognises that a proportion of our service users will have some involvement in drugs. We neither agree with nor approve of the possession, use, or supply of illegal drugs, and we have to work within the Misuse of Drugs Act 1971 (MDA). This means that we have to try to ensure that, where practicable, the action set out in the following sections is taken when we either suspect or discover that a service user is using drugs on the premises, or when someone may be trying to supply drugs on or near our premises.

It is the aim of all supported housing organisations to work with service users to promote their well-being and reduce harm. It is not a legal requirement that a housing provider asks a service user to leave if they are found using illegal drugs on the premises or are known to be using illegal drugs, but this Protocol explains when the Police should be informed and when it might be appropriate to ask a resident to leave. We will try to offer a service that is accessible to drug users, and we will seek to avoid excluding or evicting drug-using clients wherever possible, and support them to maintain their stay in temporary accommodation. We will also endeavour to work with other agencies, by sharing information about housing and support needs with other agencies, including treatment agencies and others working with our service users.

We also recognise the help that we can offer service users to support treatment interventions, so we will support service users to get into and maintain treatment, and we will ensure that the work we do to provide housing-related support complements the work of treatment agencies.

It is also our aim, as far as possible, to provide a safe arena for our staff to work in.

We also know that we are part of a larger community and we will work to reduce the impact of drug use on the rest of the community, and to provide an environment which is safe for neighbours living in the vicinity of our services.

3. The purpose of the Protocol

- This Protocol aims to guide staff in supported housing organisations, the Police, and drug sector agencies, about how to work with drug users in supported housing
- It guides staff on how to deal with suspecting or finding drug use or supply on or near the premises, working with the Police, and getting in touch with treatment agencies

The Protocol provides guidance for supported housing staff on what to do if they suspect or notice that there is drug use on or near the premises. It also provides guidance about contacting and working with the Police, including neighbourhood police officers working in the local area. It also provides guidance for Police officers about how they are expected to be working with housing staff, and sets out good practice guidance for drug treatment agencies who are working with people living in temporary accommodation.

The Protocol also describes how incidents (whether suspected use of drugs or the actual evidence of use of drugs) are to be recorded, and monitored, both within the organisation and outside to the Police.

The Protocol also provides guidance on making contact with treatment agencies, and what information should be provided for service users about drug use, the law, and the provision of treatment.

Should any member of staff have any difficulty in either understanding or implementing the Protocol then they should speak with a senior member of staff or the Newcastle Criminal Justice Unit. Section 13 explains the role of the Police.

The organisation will use an Incident and Collection Form provided for members of staff to record all events, action taken and any concerns they may have about particular service users. It is important for the best implementation of this Protocol and safeguard of members of staff that this record form is completed when appropriate and kept fully up to date, and copies kept of all forms completed.

4. Drugs covered by the Protocol

- The Protocol covers illegal controlled drugs, Prescribed Controlled drugs, and some issues to do with other medication

The Protocol covers many drugs, including:

- illegal drugs (see Appendix A for definitions of these)
- medicines and prescribed drugs

The Drugs Protocol is primarily concerned with **controlled drugs** which are held illegally. This includes (but is not limited to) heroin, ecstasy, cocaine, crack cocaine, LSD, cannabis, and amphetamines.

The Protocol also deals with **prescribed controlled drugs** held without prescription (eg. methadone) and **medicines** (both prescription and over the counter drugs).

5. Premises covered by the Protocol

- This Protocol covers all premises managed by supported housing organisations
- This includes the grounds and outbuildings

This Protocol is intended to cover **premises which are designated as temporary or supported accommodation**, including hostels, shared houses, blocks of flats, and self-contained flats. It does not cover self-contained accommodation which is not designated as supported housing but where the resident may receive floating support. There is another guidance note for landlords of social and private rented housing, and for staff managing and supporting drug users in settled housing, including those receiving floating support.

Under the Drugs Protocol, the organisation agrees to take action when we have concerns about drug-related activity by service users both on and near the premises. The Protocol covers the whole of the premises under the management of the supported housing organisation, including the grounds, outbuilding and yards. As far as possible, staff should ensure that the building and the surrounding area (including any outbuildings, yards etc.) are closely supervised.

If you know that supply or drug use is taking place in a part of the premises which cannot be effectively supervised, it is suggested that these areas should become inaccessible to service users. For example, if there are people congregating behind a shed and it is thought that drugs are changing hands there, it is advisable to close off access to that area.

If you are made aware of or suspect any drug-related activity in the vicinity of the building (that is, not in the building or grounds managed by the organisation but nearby), these concerns should be logged, and investigated, and reported to the Police.

6. Possession of drugs

- Possession of illegal drugs is a serious matter
- If any resident is thought to be bringing illegal drugs into the building, a note should be made on an Incident and Collection Form, and a senior member of staff informed
- The organisation will warn anyone bringing illegal drugs into the building that this is not acceptable. It will use the Support Plan to help them to address their drug problem.
- A note should be made of any resident bringing a Prescribed Controlled Drug into the building. Treatment agencies will inform supported housing agencies about any major change in residents' prescriptions

The organisation does not condone people bringing **illegal drugs** (see Appendix A for a list of illegal drugs) into the building. Where a member of staff *suspects* that drugs are being brought into the building, they should record their suspicion on the Incident and Collection Form. If they *know* that an individual resident or visitor has brought illegal drugs into the building (i.e. they have evidence), and know who, they should also report this to a senior member of staff, and contact the Newcastle Criminal Justice Unit to pass on this information for intelligence purposes, as well as completing the Incident and Collection Form. The Criminal Justice Unit will decide if further police action is needed at this stage.

If a member of staff is aware that a service user or anyone else is bringing a **Prescribed Controlled drug** on to the premises, then it is still appropriate to record this, either in the organisation's daily log book, or in the person's support plan (or both).

Treatment agencies should if at all possible inform supported housing organisations about any significant change in prescription for a resident of supported housing. This will protect both the resident and others resident in the supported housing; for example, the staff will want to ensure that a resident who changes to a weekly prescription, or whose pick-up is no longer supervised, is keeping the supply for their own use and not sharing it with or selling it to other residents.

For any resident found in possession of an illegal drug, the organisation should address this through their support planning / key working / action planning system, give an appropriate warning, and refer the service user into treatment and any other interventions thought to be appropriate.

7. Storage of drugs

- Supported housing providers should not store any medication
- Illegal drugs will only be kept long enough to hand them over the Police
- Prescribed Controlled Drugs will only be kept long enough to hand them over the Police, if the name of the owner is not known
- The same applies to non-controlled drugs
- Storage facilities will be provided for each resident to store prescribed and other legal medication

It is not considered to be good practice for housing agencies to store any medication for service users, whether this is a prescribed medication, prescribed controlled medication, or a controlled drug. There are two reasons for taking this view:

- a) It is likely that anyone taking possession of a **controlled illegal drug** to store it for a service user would be considered to be committing an offence under the Misuse of Drugs Act 1971 unless they have legal authority to have possession of it – and hostel staff are *not* included in the list of agencies that can have legal possession of controlled drugs. If a member of staff passes the drug onto the service user, they could be seen as guilty of supplying an illegal drug.
- b) Hostel staff (unless the hostel is registered as a care home) are not qualified to administer or dispense **prescribed drugs**, and handing out a drug to a service user could be seen as taking control away from the person who has to take the medication.

Where a drug is held unlawfully, it is permissible for a hostel worker to take the drug in order to stop someone committing an offence or continuing to commit an offence, or to hand it over to the Police, provided this is done as soon as possible and in the proper way. The note explains later how drugs are to be “bagged and tagged” and handed to the Police Drugs Liaison Officer in the way that has been agreed in Newcastle.

Not being able to store medication or drugs for service users should not be a barrier to housing people with drug problems.

It is recommended that all temporary accommodation providers provide either:

- (i) secure lockable cabinets in all bedrooms, or
- (ii) where there are shared bedrooms and 24 hour waking staff, a bank of secure lockable cabinets in the office, with a digital key pad, which only service users can access (it is recommended that a master key list is kept by the organisation but not in the same building)

It is useful to keep a record of the dosage of any drug that a resident tells staff that they are taking, if your organisation feels this is appropriate, and with the agreement of the service user.

Prescribed Controlled Drugs

The only circumstances in which staff can store a Prescribed Controlled Drug is where the identity of the owner is not known, and it is being kept for the purpose of handing it over to the Police or a pharmacist.

Most pharmacies do deliver prescriptions, but if this is not possible, it is permissible for a member of staff to arrange for a nominated worker to collect a prescription from a pharmacy for someone who is not physically able to do this. Good practice would suggest that there is a written agreement made between the pharmacist and the service user, that there are clear written instructions given to member of staff about ensuring that the prescription is collected and given to the service user as soon as possible, that they sign for it, and that the drugs are returned to the pharmacist if they cannot be handed over straightaway. It is also permissible for staff to help a service user to open bottles of medication where they are not physically able to do so otherwise.

Other Controlled drugs eg cannabis, ecstasy

Staff should never take possession of a non-Prescribed Controlled drug unless it is to pass it to the Police. They should never hand it back to the service user. Where staff are not sure what the substance is that they have either found or removed, they should assume that it is a Controlled drug and pass it to the Police. Again, they should never hand it back to the service user. All actions should be recorded on the Incident and Collection Form, bagged and tagged, and the Police informed.

Other medicines e.g. Prozac, aspirin, antibiotics

Service users should be responsible for storing their own medication and should have their own storage facilities (as above).

They should be encouraged to tell staff what medication they have been prescribed and the prescribing instructions and the name and contact details of the prescriber. This protects the individual, other service users, and staff, and staff may also be able to remind the service user to take medication at the right times, if necessary.

8. Finding drugs on the premises

- Residents' rooms will be inspected regularly for health and safety checks - and residents will be informed when they move in that these checks happen regularly
- Other room searches will only be done where there is a strong suspicion of illegal drugs being used in the room
- Drugs left in communal areas will be removed, and given to the Police for disposal if they are illegal drugs
- Prescribed drugs will be given back the owner, or given to the Police if not labelled with the owner's name
- Drugs left in bedrooms and other private areas will be removed if on full view, and will be given to the Police - and residents will be informed as soon as possible that the drug has been given to the Police, and given a warning in line with the house rules and licence or tenancy agreement
- Equipment used for taking illegal drugs will usually be removed and disposed of

(i) **Communal Areas**

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 shared areas, they should remove them. If the drug is or is suspected of being an illegal drug, it should be seized in accordance with the agreed protocol (see page 14 for information about the collection of substances).

If you suspect that the drug is an **illegal Controlled drug**, such as cannabis or heroin, then it should be removed from the communal area and then given to the police for destruction.

If the identity of the drug user is known, then they should be informed in writing that the suspected drug has been given to the police (so long as this will not put the member of staff at any personal risk), a record of this noted on the Incident and Collection Form, and a copy of the letter and form put in the service user's file. The Police Neighbourhood Beat Manager should then be informed that there is a "bagged and tagged" drug to collect, and told the identity of the person who the drug belongs to. The Police may then warn the person. There is no longer any necessity for the Police to arrest the person (a change brought about by the Serious Organised Crime and Police Act 2005). The police officer will

need to weigh up what the offence was, and the situation in which it was committed, and then decide whether it is necessary to arrest them, and whether this action would be in proportion to the offence, in that situation. Police officers should not advise the accommodation provider to evict the service user, though this may be an appropriate decision for the provider to make, if leaving drugs or drug paraphernalia lying around is a repeated occurrence.

If a **Prescribed Controlled drug**, such as methadone, is found in a communal area, then it should be removed from the communal area. Where it is labelled it should be returned to the legal owner as soon as possible, whilst reminding them of their duties regarding storage of drugs. If it is not labelled then it should be passed to the Police Neighbourhood Beat Manager, and bagged and tagged in accordance with the Police protocol (see Section 12).

Where staff are not sure of the identity of the substance they have found, then they should speak with a senior member of staff or with the Police Neighbourhood Beat Manager and should record the matter on the Incident and Collection Form, and bag and tag the drugs. If the substance turns out not to be a controlled drug, it should be returned to the resident, if returned to the organisation by the Police.

(ii) Private areas (bedrooms etc)

Searches of private areas including bedrooms should only take place after giving the service user prior notice, unless a) there is strong suspicion that the person is using illicit drugs in their room, or is supplying drugs, or b) this is a standard health and safety check and all residents are notified that regular visits are made at around this time. Even where there is a suspicion of drug use or supply, staff should not search a person's private possessions, for example by looking in drawers, wardrobes, or suitcases, but you may think it is necessary to call the Police to do this.

If a drug is found in a service user's own room, it should only be removed by supported housing staff if it was on view. If the drug was not on view, but there is a strong suspicion that there are drugs hidden in the room, the member of staff must get advice from the Police before doing a room search. The Police may get a warrant or may do a search if there is an arrest. If a drug is found in a shared room, then the member of staff should inform a senior member of staff before taking any action.

If the service user is expected to return to the premises, and where such large quantities of a substance are found that it is thought that supply may be taking place, the Police should be informed immediately. If you are removing illegal drugs, the service user should always be told afterwards that this has happened.

NB. All matters which involve finding drugs should be recorded on the Incident and Collection Form.

A member of staff who finds a drug and who takes possession of it, should inform the Police Neighbourhood Beat Manager that day or within the course of the next working day and ask that it be collected for destruction, and bagged and tagged. A record should be kept on the Incident and Collection Form, keeping a copy on file (see Appendix B for the form).

The service user should be reminded about any house rules that apply to the use of illegal drugs on the premises, and action should be taken in accordance with these rules. Police officers should not advise the accommodation provider to evict the service user, though this may be an appropriate decision for the provider to make.

A member of staff who needs to travel between different sites of a supported housing organisation and finds drugs at one of the sites should inform the Police immediately any drugs are found, and bag and tag the drugs straightaway. This will ensure that they are protected if they then have to carry the drugs between sites.

(iii) Finding drugs paraphernalia

If you find drug paraphernalia, you are advised to record the finding on the collection form, warn the service user about the use of drugs on the premises, dispose of the drug paraphernalia (see later for safe disposal), and tell the Police Neighbourhood Beat Manager about the incident on their next visit.

9. Supply of controlled drugs on or near the premises

- Where staff *know* that a resident has been supplying drugs, they should tell their manager and the Police immediately, record the incident, and act in line with the house rules
- Police will advise what to do where the supplier is a non-resident
- Where staff *suspect* that a resident has been supplying drugs, they should record, it, tell their manager, and pass the information to the Police

Where you have clear evidence (i.e. staff witnessing an exchange of a Controlled Drug) that supply of controlled drugs is taking place on the organisation's premises by a resident, the process to follow is:

- inform both a senior member of staff and the Police immediately
- record your findings and the evidence on the Incident and Collection Form
- issue the appropriate warning in accordance with your organisation's policy, which could be asking them to leave, if the level of supply warrants this and/or this is a repeated occurrence

If the supplier of the drugs is a non-resident, or it is taking place off the premises but nearby, you should inform both a senior member of staff and the Police, and record the matter on the Incident and Collection Form. The Police will decide what action is to be taken, after evaluating the information received. If the supplier is still on or near the premises, and you think that the supply is still happening, contact the Police on 999. If you want to report that it has happened (or you think it has happened), contact the Newcastle Criminal Justice Unit to pass on this information for the purpose of building up intelligence about drug offences.

Where you merely *suspect* that supply is taking place, either based on information from someone else, or on your observations, you should record the information or observation on the Incident and Collection Form, inform the Newcastle Criminal Justice Unit and a senior member of staff at the earliest opportunity, and discuss with colleagues how further evidence will be sought. The Police will decide what action is to be taken, after evaluating the information received, and will discuss with a senior member of staff what course of action your organisation could take.

10. Use of illegal controlled drugs on the premises

- The law says that staff must take some action if a resident is found using cannabis or opium
- Residents do not have to be asked to leave if they have been found using illegal drugs
- Someone *suspected* of using heroin or other controlled drugs should be given help to get treatment, helped to tackle the problem through the Support Plan, and warned about continued use of drugs on the premises
- Record the incident, and ask the Police for advice
- If a resident is *found* using drugs, the Police must be informed

The main aim of the Drug Management Protocol is to ensure that staff know how to deal with any incidents involving drug use and are able to resolve the problem without a resident having to lose their accommodation, whilst abiding by the law (**Section 8 of the Misuse of Drugs Act 1971**). This does not mean condoning use of illegal drugs on the premises but rather ensuring that adopting strategies and practices to manage the situation.

Under the **Anti-Social Behaviour Act 2003**, a property can be closed down by the Police if there is drug use, production, or supply taking place on the premises, *and* there is disorder or serious nuisance on the premises and this is having a major effect on the overall community. The property could be closed for the length of the Closure Order (up to 6 months).

The implications of both pieces of legislation for supported housing organisations are:

- use of cannabis or opium should not be allowed on the premises - you can be prosecuted for allowing these drugs to be used, and you must take steps to get the resident to stop using these drugs on the premises
- you cannot be prosecuted for allowing use of other drugs such as heroin, cocaine, or crack cocaine on the premises – but the user can be prosecuted for possession
- if anyone does use heroin, cocaine, or crack cocaine on the premises, it is not necessary to ask them to leave but it is important that residents are reminded not to use drugs on the premises, and that this is both breaking the law and breaking the house rules, and could have a bad effect on the community around where they live

- organisations should report their findings to the Police

If you suspect that someone is using drugs other than cannabis or opium on the premises, the steps to be taken are as follows:

- Ensure that they are not using them in the presence of any other residents or in communal areas
- Ensure that they are disposing of any needles safely (provide them with a sharps bin)
- Discuss their drug use with them, and make a referral to a drug treatment agency or to someone who could talk to them about what drug treatment involves - for example, the hostels link social worker from the Drug and Alcohol Social Work Team could call to see them to discuss this – and discuss with them the best ways of minimising the harm from drugs
- Remind the person of your organisation's policy on drug use, and the clause in their licence or tenancy agreement relating to this, and issue a warning that further use on the premises could result in them being asked to leave if there is repeated use of drugs on the premises
- Set out an action plan with the person for action to be taken about their drug problem (by them and by the organisation)
- Remind them that possession of the drug is against the law
- Record the incident on the Incident and Collection Form, and seek the support of the Police if required

If you find someone in the act of using drugs other than cannabis or opium on the premises, make sure they and other residents and staff near them are as safe as they could be, and then **take the action set out above, and inform the Police.**

11. Disposal of drugs and drug-related litter

- Supported housing providers are expected to advise drug users about how to use needles etc safely
- Direct access hostels should supply sharps bins for all residents
- Other supported housing providers will supply sharps bins if they house drug users
- Staff should not dispose of drugs themselves, but must use the 'bag and tag' system and contact the Police to arrange for collection
- Staff must be trained on how to dispose of drug equipment safely

Guidance from the Department of the Environment, Food, and Rural Affairs about drug-related litter (published in 2005) states the following:

Providing sharps boxes or needles for users in itself does not constitute 'knowingly allowing' under section 8 (d).

If a hostel or day centre is allowing other behaviour that involves use or supply of certain controlled drugs, then it is possible that prosecution could result. However, supplying needles alone cannot constitute grounds for charges being brought. **There is no risk of prosecution from simply providing users with sharps nor from providing opportunities to return them safely.**

From: **Tackling drug related litter: Guidance and good practice**, DEFRA, the Chartered Institution of Wastes Management, and Home Office, October 2005

The guidance sets out the role of hostels and other supported housing organisations in relation to drug-related litter as:

to protect residents and housing staff; protect and maintain amenity of housing stock, by reporting needle finds, encouraging responsible disposal, and providing sharps bins where appropriate.

This Protocol therefore contains the following guidance for supported housing organisations in Newcastle:

- all direct access supported housing organisations will provide sharps bins to all residents, including them in the welcome pack for new residents so that no-one is identified as a drug user at the outset but all residents know that it is

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expected that they will dispose safely of any needles they use for any medication, and razors, toothbrushes etc

- other supported housing organisations will provide sharps bins if they expect people using drugs to be part of the client group they work with
- notices about where needle exchange services are to be found will be put up on noticeboards for service users to see, and this information will be mentioned in the induction process for new residents
- each organisation will set out information for staff and service users about how drug-related litter will be dealt with, and staff will be given training on how to dispose of drug-related litter safely
- safe disposal of drug-related paraphernalia means
 - needles and other sharp implements going into approved sharps bins
 - “bongs” and “buckets” and tubes/pipes being put in your dustbins after showing the evidence to the service user (but you may want to ask the Police to collect these)
- Ornamental pipes can only be taken if there is evidence that they have been used for consuming a Controlled drug

Safe Newcastle commissions Lifeline to provide harm minimisation services in Newcastle. Lifeline can help supported housing organisations to develop good harm minimisation work with their residents, including giving guidance on the safe disposal of drug-related litter.

12. Protocol for the collection of substances

⇒ Staff finding drugs on the premises should tell the Police Neighbourhood Beat Manager, 'bag and tag' the drug in a sealed bag, get the incident witnessed if possible, and record the finding

The aim of this procedure is to:

- Protect staff
- Ensure that drugs are collected and disposed of correctly
- Provide a consistent approach from the Police to drug related incidents
- Offer support, liaison and advice around drug issues

On finding a suspicious substance, staff should:

- Inform the Police Neighbourhood Beat Manager
- If appropriate, take possession of the substance (using gloves wherever possible) and place it in the clear plastic bag which will be supplied by Northumbria Police. The bag should then be sealed with a numbered tag and placed in a secure store to await collection. The whole procedure should be witnessed by another member of staff, if one is available.
- Record the details of the incident in the record book provided for this purpose. A suitable witness should countersign the record book, if there is someone available.
- No attempt should be made to identify the substance, but a brief description should be included in the record book. It should also include a brief description of the incident, including where, how and from whom (where appropriate) the substance was taken.
- To provide continuity, the whole procedure should be carried out, where possible, by the member of staff who found or took possession of the substance.
- Drugs paraphernalia and needles should be dealt with according to health and safety guidelines. However, staff may wish to contact the Police Neighbourhood Beat Manager for advice or support in such circumstances.

Newcastle Temporary Accommodation Drugs Management Protocol

- If money or any written materials are found in a room and appear to indicate that the resident is supplying drugs, the advice of the Police should be sought before doing anything with these items (in case it ought to be collected as evidence of supply)
- Staff members should always ensure they are not putting their own health and safety at risk when removing a drug or drug paraphernalia, and supported housing organisations should look carefully at this aspect when carrying out training on the Protocol

The Police Officer In Charge will keep the organisation updated about the outcome of any subsequent enquiries.

13. The role of the Police

Newcastle Command of Northumbria Police works with and supports agencies which come across drug users as part of their work. They are committed to working with different agencies and sectors to develop and implement drug policies, protocols and procedures that help them handle drug related incidents in a manner that is consistent with the law and promotes harm minimisation and access to support. They will provide a consistent response across the whole of the Newcastle Area Command patch.

Newcastle Command delivers this commitment through three main service areas.

A) A Central Point of contact within the Newcastle Criminal Justice Unit that will:

- **provide consistent support and guidance** to partner agencies and police colleagues who are not sure about the best way to handle drug-related incidents within agreed Protocols, *where immediate action is not needed*
- **collect information** with a view to building up intelligence on drug-related policing matters in Newcastle
- **decide if other police officers should get involved** in any incident they have been told about
- **help partner agencies to manage and maintain their systems** for the seizure, recording, and disposal of controlled substances, and **provide Incident and Collection Forms**, and bags and tags
- **act as a central contact point** for all agencies to pass on concerns about how Protocols are being implemented, including any lack of consistency across neighbourhood teams
- **collate Incident and Collection Forms** in order to **compile regular reports** for monitoring and evaluation
- **work with others to further develop Drug Incident Handling Protocols**

The **Newcastle Criminal Justice Unit** is currently based within the West Road Police Station, and can be contacted on: **0191 221 8312 (between 7am and 5pm, Mon-Fri)**.

B) Eight teams of Neighbourhood Beat Police Officers, who will

- **respond to requests to go to partner agencies to deal with incidents**, and to **collect any substances** collected in the bag and tag system
- **collect Incident and Collection Forms**, and **pass them onto the Newcastle Criminal Justice Unit**

- **offer advice about the implementation of Protocols**, and the law and legal framework (but not offering advice about how partner agencies should respond in terms of their own service management)
- **keep in contact with provider agency staff**, meeting them informally on a regular basis, so as to get to know staff, become familiar with each scheme in their patch, and gain an understanding of the sector
- **treat temporary accommodation as a “sensitive site”** – police officers may be focusing on one individual, but there may be other people living in, or using, the same facilities who may or may not be drug users or offenders

Police Neighbourhood Beat Managers primarily work day and evening shifts and messages can be left at other times.

A list of contact numbers for all neighbourhood teams is on the Newcastle Homelessness Forum website, and this will be kept up-to-date at all times:

<http://www.newcastle.gov.uk/nhf> (go to policies and protocols page)

C) Emergency response teams, that will

- **go to a temporary accommodation site to offer Police assistance, or to arrest someone**
- **take an incident report and make sure that the incident is dealt with**, within the appropriate timescale (the Police have a system for assessing how urgently a response is needed)

If you wish to report an incident, or to ask Police officers to come out to a temporary accommodation site to deal with an incident that is happening now, you should always ring the main Police number (08456 043 043). This ensures that the call is logged, and that it will be dealt with as soon as possible.

14. Good practice principles

a) For supported housing providers for referrals into drug treatment

Supported housing providers which accommodate or support people with drug problems are expected to make referrals to drug treatment agencies and to help service users to engage with treatment interventions. Such support can make all the difference to the service user being able to fully engage so that the treatment has the greatest chance of being effective.

Increased liaison between drug treatment providers and supported housing providers will provide a holistic package of care for the service user, and will also ensure that efforts are not duplicated.

What works to engage and retain service users in treatment?

- Identifying whether the service user is already engaged with a care co-ordinator / treatment agency
- Quick referral into treatment (national target waiting times are 2-3 weeks, depending on what type of treatment is needed, but first appointments can often be arranged more quickly)
- Reminding people about appointments and helping them to develop ways of remembering appointments
- Clarifying what will happen in treatment and what will be expected of the client, dealing with concerns and misconceptions
- Accompanying service users to appointments - research has shown that it can be very important at the start to make sure that the service user gets to the initial appointment, and does not drop out in transition between referral and treatment, or between referral sites
- Building up relationships with treatment services and identifying who does outreach work to engage service users - where possible, get providers to come out to see clients for initial contact. Outreach work helps service users who may not be accessing treatment, and who are often at high risk of infections, blood borne infections and drug-related deaths.
- Building up relationships with services to encourage information sharing e.g. phoning the care co-ordinator if the service user cannot get to an appointment
- Being clear what help you are asking for from a treatment provider, and explaining how any information asked for is to be used
- Involving service users in their own care and treatment

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- Sharing relevant information in Support Plans with treatment providers
- Adopting motivational interventions – this is intensive case management including advocacy, monitoring progress, and helping to remove obstacles to effective engagement with treatment

What treatment is available in Newcastle and for whom?

A treatment service directory will be developed and published in 2006. Any information and advice about treatment in Newcastle can be obtained through the ***Use Drugs Use Us*** 24-hour free phone help line on **08000 195 247**.

For under 18s, the new DnA service (Drugs & Alcohol Service for Young People) service can be contacted on freephone number **0800 073 0470 (or text 0762 480 9620)**

What is on offer for workers?

Safe Newcastle Drug Support Unit's Training and Development Officer will help to develop training and commission training packages in line with current best practice guidelines. She also delivers training to workers and service users in the city on:

- Basic drug awareness
 - Conflict management
 - Stronger voices
 - Motivational interviewing
 - Crack Cocaine training
 - Freedom programme
 - Parental substance misuse
 - Basic life support training (e.g. overdoses) for service users in hostels / supported accommodation
 - Newcastle Homeless Unit Drug Management Protocol
 - Managing drug use in supported housing
- and any other training programmes identified as being needed.

To contact the Training and Development Officer, telephone Fiona Richardson on **0191 278 8139** or fiona.s.richardson@newcastle.gov.uk

b) For treatment agencies working with supported housing organisations

Drug treatment agencies provide important services which support both service users living in supported housing, and staff working within those organisations. Important good practice principles for drug treatment agencies in this role are:

- Arranging outreach appointments at supported housing offices, for example where this might engage someone in treatment for the first time
- Letting supported housing providers know when service users do not turn up for appointments
- Sharing information with supported housing providers, for example, when a treatment plan or a regular prescription changes significantly
- Involving supported housing staff in care co-ordination reviews – and asking for any relevant issues from Support Plans to be shared with treatment providers
- Building relationships with supported housing providers, ensuring that staff gain knowledge of who does what in the sector, and building trust between agencies
- Identifying need for additional housing support or alternative housing before a crisis is reached, and contacting appropriate agencies for help

c) For protecting and working within the community

Each supported housing scheme sits within the wider network of supported housing provision in Newcastle, and also within the wider community. Supported housing providers are expected to follow some good practice principles now being set out for all Supporting People-funded schemes working with homeless people, such as:

- attending meetings to discuss barriers to successful rehousing
- working with service users to overcome barriers to access to Your Choice Homes
- helping to prepare service users for independence
- information NHLP (Newcastle Homeless Liaison Project) of any vacancies

In addition, supported housing providers are asked to identify moves needed within the sector, and to be aware of effective ways of working with other providers so as to move people to the most appropriate provision.

Agencies are also asked to consider the effect of any policies or practices on the community surrounding their housing provision, and to engage as appropriate with local police officers, community development or other council staff, and residents' associations.

APPENDICES:

1: Controlled drugs: their Class, Schedule and regulation

2: Substance Collection and Report Form

3: References

Newcastle Temporary Accommodation Drugs Management Policy

Appendix A: Controlled Drugs; their class, schedule and regulation

Schedule	Drugs/Class		Who may possess	Who may supply	Restrictions	
1	Cannabis Mescaline, DMT, Ecstasy Raw Opium	C A	<p>Anyone knowing or believing a substance to be a controlled drug and preventing another from committing or continuing to commit an offence and as soon as practicable was going to destroy it or give it to someone who could lawfully possess it</p> <p>Section 5 Misuse of Drugs Act 1971</p>	Police, Customs Person licensed by Home Office.	<p>Holdings of a home Office Licence granted for research only.</p> <p>Possession and supply are prohibited other than by other Home Office Licence which is granted for educational and research purposes only</p>	
2	Cocaine Dextromoramide Diamorphine (Heroin) Dihydrocodeine, Dipipanone Fentanyl, Methadone, Morphine Pethidine, Phencyclidine	A		<p>Practitioner</p> <p>Pharmacist</p> <p>A person in charge of a hospital or nursing home.</p> <p>A person may possess a Controlled drug for his or her own use or for administration to another, in accordance with the directions of a doctor i.e. when drug has been prescribed by a doctor.</p>	<p>Person engaged in conveying the drug to a person who may lawfully possess it.</p> <p>1 Doctor.</p> <p>1 Pharmacist.</p> <p>1 Police,</p> <p>1 Customs and Excise</p> <p>1 Person in charge of hospital or nursing home.</p> <p>1 The Sister or Acting Sister of a ward, theatre or other department of a hospital or nursing home.</p>	<p>A home office licence is required for import, export, production, supply and possession.</p> <p>Regulations apply relating to the storage, record-keeping and prescribing of these drugs.</p> <p>Possession or supply without authority is a criminal offence</p>
	Amphetamine, Methaqualone Quinalbarbitone Methylamphetamine	B		As above.	<p>1 Person authorised under group authority from the Home Office or with written authority from the Home Office.</p>	<p>These drugs are exempt from the restrictions on import and export. There are no safe custody or record keeping requirements under the Misuse of Drugs Act regulations.</p>
3	Barbiturates (except Quinalbarbitone)	B		In addition, possession without authority in a medicinal form is not an offence.		<p>While authority is required for production and supply, it is not required for possession.</p>
	Buprenorphine, Temazepam Diethylpropion, Mazindol Phentermine	C				<p>While it is illegal to supply these drugs without authority, it is not an offence to possess them.</p>
4	Anabolic steroids, Benzodiazepines (e.g. Diazepam) but not Rohypnol or Temazepam	C				
5	Weak preparations containing small amounts of a controlled drug in a non-recoverable form.				<p>These drugs are exempt from the restrictions on import and export. There are no safe custody or record keeping requirements under the Misuse of Drugs regulations. Authority is required to supply the substances but not to possess them.</p>	



Drug Incident and Substance Collection Form

<p>Details of person to whom the incident relates</p> <p>Name</p> <p>Date of Birth</p> <p>Time and Forcewide incident created</p> <p>Date Time</p> <p>Forcewide Incident Number</p>	<p>Person completing form</p> <p>Name</p> <p>Organisation</p> <p>Signature</p> <p>Time</p> <p>Date</p>
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Witness

.....

.....

Location of incident

.....

Brief description of Substance if applicable

.....

Tag serial Number Time/Date police informed

Brief details of incident

.....

.....

.....

<p>Description of incident (Tick as appropriate)</p> <p>Supply <input type="checkbox"/> Intoxicated <input type="checkbox"/></p> <p>Possession <input type="checkbox"/> Paraphernalia <input type="checkbox"/></p> <p>Suspicious <input type="checkbox"/> Other <input type="checkbox"/></p>	<p>Action taken/Outcome</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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For Police Use Only

<p>Date and time substance/incident form collected</p> <p>Date Time</p> <p>Department</p> <p>O/C</p>	<p>Any other information</p> <p>.....</p> <p>.....</p> <p>.....</p>
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Appendix C: Key references

- **Drug services for homeless people** - Office of the Deputy Prime Minister, Home Office, and the National Treatment Agency, 2002
- **Home Office Crime Reduction Toolkits: Estate and Housing Management, Supported Housing, and Homelessness** - Home Office website (<http://www.drugs.gov.uk/drug-strategy/communities/guidance/>) 2004
- **Housing Support options for people who misuse substances: Guidance for Supporting People commissioners and officers** – ODPM/Drug Strategy Directorate, Home Office, 2005
- **Housing and support provision for substance misusers in the North East - good practice guide, directory and needs statement**, Government Office North East, 2004
- **Providing for the housing needs of Drug Intervention Programme clients – a briefing for those involved in the provision of Throughcare and Aftercare services for drugs and housing need**, ODPM and Home Office, 2004
- **Reducing re-offending by ex-prisoners** - Social Exclusion Unit, ODPM, 2002
- **Reducing Re-offending: National Action Plan**, Home Office, July 2004
- **Safe as Houses: An inclusive approach to housing drug users**, Shelter, 2006
- **Tackling drug use in rented housing: a good practice guide** - Ian Robinson and Kevin Flemen, Home Office/DTLR, 2002
- **Updated Drugs Strategy**, Home Office, 2002
- **Drugs and Housing website:** <http://www.drugsandhousing.co.uk/> - includes a sample drugs policy, and information about storage, disposal, Section 8, and recent reports.

Legislation:

- **Misuse of Drugs Act 1971**
- **Anti Social Behaviour Act 1983**
- **Drug Act 2005**
- **Serious Organised Crime and Police Act 2005**