

Drugs Management Protocol

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1. Introduction

This Protocol updates the Drugs Management Policy published initially in October 2002, subsequently reviewed in 2009 by Newcastle City Council and Northumbria Police and again in 2014

The main aim of the Drug Management Protocol is to ensure that staff working in supported accommodation and in day centres in the city know how to deal with any incidents involving drug use and are able to resolve the problem without a service user being asked to leave, 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 by adopting agreed strategies and practices to manage the situation and support the service user. However it may mean asking people to leave if they are putting other people at risk by bringing drugs in to the building, or share or supply their drugs. It is also to support communication with service users on the 'house rules' of projects in Newcastle so that service users receive a consistent message on their responsibilities as residents.

Since its inception there have been many changes in practice and understanding between the housing and drug treatment sector, resulting in closer working relationships to improve outcomes for clients. Research, policy and guidance have stressed the importance of the need to have stable housing and support to tackle addictions and support individuals to sustain recovery. The intention of this protocol is to be clear about what actions should be considered to prevent the loss of accommodation and how best to support individuals with ongoing substance problems and those in recovery.

2. The purpose of the protocol

The protocol provides guidance on the following

- For supported housing staff on what to do if they suspect drug use on or near the premises
- About contacting and working with the Police, including neighbourhood police officers working in the local area
- On making contact with treatment agencies and what information should be provided form service users about drug use, the law and the provision of treatment
- On how incidents (whether suspected use of drugs or actual evidence of use of drugs) are to be recorded and monitored, both within the organisation and outside to the Police through the use of the Drug Incident and Substance Collection Form

The action set out in the following sections should be taken when you 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 accommodation providers to support service users to promote their well-being and reduce harm which includes working with treatment providers and others involved in a service users care. 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. This Protocol explains when the Police should be informed and when it might be appropriate to ask a service user to leave.

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 in their own organisation.

3. Drugs covered by the Protocol

- **The Protocol covers illicit controlled drugs, Prescribed Controlled drugs, Novel Psychoactive Substances (NPS) and other medication**

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 (e.g. methadone) and **medicines** (both prescription and over the counter drugs).

The Protocol also includes Novel Psychoactive Substances – so called ‘legal highs’, as all unidentified substances should be treated as illegal until proven otherwise. ACPO (Association of Chief Police Officers) Guidance on Policing New Psychoactive Substances (2011) is clear on this issue as they may contain other controlled drugs, and a large number of NPS have already been controlled under the Misuse of Drugs Act 1971 or through a Temporary Class Drug Order such as the TCDO imposed in April 2015 on five compounds related to methylphenidate, a Class B drug, related to a range of stimulant products. Please see the link below in relation to TCDOs.

www.gov.uk/government/uploads/system/uploads/attachment_data/file/98006/temporary-class-drug-factsheet.pdf

The Government have also recently produced the Novel Psychoactive Substances Bill which reflects previous discussions the Home Office has had with the NPS National Policing Working Group and the outcome of the Expert Panel’s report with the intention to ban the products.

The Bill creates new criminal offences to produce, supply, offer to supply, possess with intent to supply, import and export psychoactive substances. As recommended by the NPS Expert Panel, the Bill focuses on the supply of NPS and so does not include a personal possession offence. The maximum sentence, on conviction on indictment, would be seven years’ imprisonment. As at June 2015, the Bill is at the second stage in the House of Lords – to follow progress of the Bill and for more information, see the link below.

<http://services.parliament.uk/bills/2015-16/psychoactivesubstances.html>

4. Premises covered by the Protocol

- **This Protocol covers all premises managed by supported accommodation providers (This includes the grounds and outbuildings)**
- **This Protocol also covers those premises where day services to service users are delivered.**

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 and those services operated as day centres to the homeless. It does not cover self-contained accommodation which is not designated as supported housing but where the resident may receive floating support. 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 it is suspected 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 be made inaccessible to service users.

5. The Role of the Police

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.

In summary, the main role of the Police in relation to the Protocol is to:

- Attend premises to respond to supported housing providers' requests
- take the top copy of Drug Incident and Substance Collection Form (and any bagged and tagged drugs), and dispose of the drugs as required by the Police
- Discuss any action that the housing provider has decided to take with regards to the individual concerned (and not to give advice)
- Provide the supported housing provider with feedback on Police action following the incident, so that the housing provider can act accordingly
- Update police records
- Forward the Drug Incident and Substance Collection Form to the central point identified for this purpose

A. Contacting Emergency Response Teams by ringing 101 (or 999 if there is any danger or risk to life, or a crime is in progress)

Emergency response teams will:

- go to a temporary accommodation site to offer Police assistance, or to arrest someone
- make 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)

B. Contacting Neighbourhood Beat Teams through the main Police number 101

Neighbourhood Beat Managers and teams primarily work day and evening shifts. Messages can be left at other times, for individual officers. If you wish to set up a meeting with one of the members of the local team, you can find up-to-date information on who is in your local Neighbourhood Beat Team through the main Police number

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 Drug Incident and Substance Collection Form, and a senior member of staff informed
- If you know that illegal drugs are being brought into the building, a note should be made on a Drug Incident and Substance Collection Form, and a senior member of staff informed. The Police should be informed that a form has been completed and can be collected on their next visit. The Police will decide if further police action is required at this stage.
- 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 should, where possible, inform supported housing agencies about any major change in residents' prescriptions
- For any resident found in possession of an illegal drug, along with a report to the police, the organisation should address this through their support planning system, give an appropriate warning, and refer the service user in to treatment and any other interventions thought to be appropriate.

Possession of controlled drugs

Where the service user is in pharmacological (substitute prescribing) treatment, the service user is likely to have medication to store at the project. In early treatment stages, or where the service user has not reached a level of stability, they are likely to be on supervised consumption through their agreed Pharmacy. When treatment stability increases, the arrangements for dispensing medication will change and at this point, the service user will have take-home medication, which will therefore need to be stored safely (see section 7). The keyworker from the housing project should endeavor to link with the keyworkers in the pharmacological service to arrange a multi-agency plan, agreed with the service user, with agreements that on any changes to medication dispensing, the service user informs the keyworker at the housing project. Where this relationship works effectively, treatment agencies should if at all possible inform the supported housing keyworker 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. Likewise, where there are significant changes in use or risk for the service user, including overdose, or where the prescription is thought to be diverted or not being used correctly, the prescriber should be informed. This will ensure that there is a review of care and treatment.

This prescribed medication should be recorded in the service users support plan and in any other the relevant recording. If an individual is thought to be bringing diverted prescribed medication to the project, where the prescription drugs are not for them, then this should be dealt with in the same way as illicit drugs.

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 and 'legal highs'**
- **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 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.

Where a service user is chaotic or there are issues within the premises it is also recommended that the housing project manager approach the pharmacological provider to discuss approaches to daily supervised consumption.

- **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 e.g. 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. All actions should be recorded on the Drug Incident and Substance Collection Form, bagged and tagged, and the Police informed.

In relation to NPS, Temporary Class Drug Orders are placed on some categories of NPS but not others. Service users or staff cannot guarantee that NPS products do not contain controlled substances, thus they should be treated as any other controlled substance

- **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**
- **NPS will be treated as any illicit substance due to the fact that it cannot be assured that they are not 'legal' nor outside the controls of the Misuse of Drugs Act.**

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.

All drugs discovered should be bagged and tagged and recorded on the Drug Incident and Substance Collection Form.

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 Drug Incident and Substance Collection Form, and a copy of the letter and form put in the service user's file. The Police 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 decide whether it is necessary in each 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. The service user should be reminded about any house rules that apply to the use of illegal drugs on the premises,

If is a **Prescribed Controlled drug**, such as methadone, then it should be removed and 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, and bagged and tagged in accordance with the Protocol. The service users keyworker, case manager or pharmacological provider (where appropriate) should also be informed as this could initiate a review of their care planning. This should have been discussed with the service user on their admission to the project.

Private areas (bedrooms etc)

Searches of private areas including bedrooms should only take place after giving the service user prior notice, unless

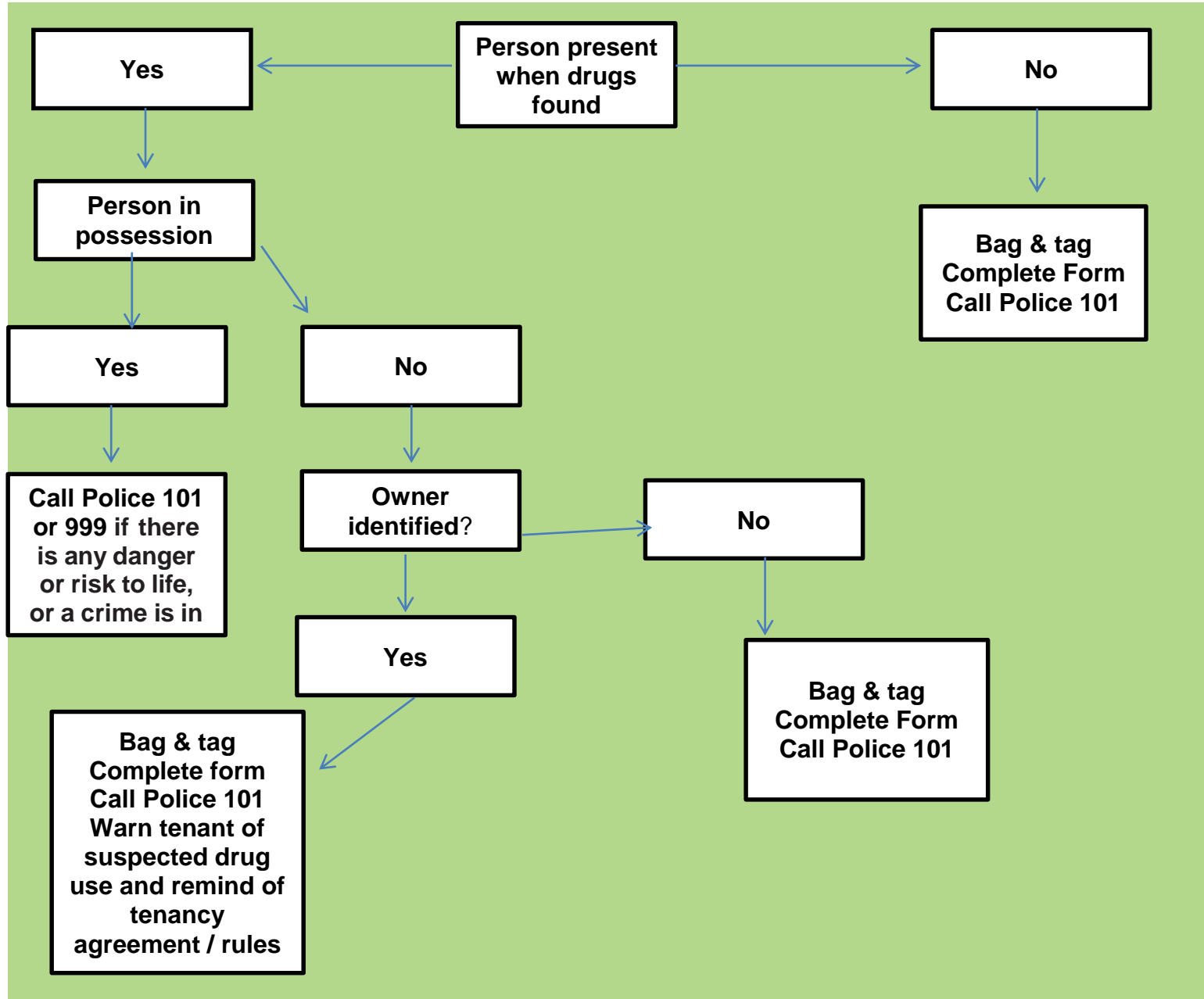
- a) There is strong suspicion that the person is using illicit drugs in their room, or is supplying drugs, or
- b) This is a standard health and safety check and all residents are notified that regular visits are made at around this time.

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 (including NPS) 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. 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.

Process to be followed if drugs found on or near the premises



9. Supply of controlled drugs on or near the premises

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:

- Where staff **know or suspect** that a resident has been supplying drugs, they should tell their manager and the Police immediately, record the incident on the Drug Incident and Substance Collection Form, and act in line with the house rules
- Issue the appropriate warning in accordance with your organisations policy which could be asking them to leave, if the level of supply warrants this and / or this is a repeated occurrence.
- Police will advise what to do where the supplier is a non-resident

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 Drug Incident and Substance 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 Police 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 Drug Incident and Substance Collection Form, inform the Police 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 on the Drug Incident and Substance Collection Form and contact the police, if required**
- **If a resident is *found* using drugs, the Police must be informed**
- **Remind the person that possession of drugs is against the law**
- **Reinforce the terms of the tenancy to the service user**
- **Ensure that needles are disposed of safely (if applicable)**
- **Attempt to engage or re-engage the service user in drug treatment**

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 **Criminal Justice and Immigration Act 2008** amended the Anti-Social Behaviour Act 2003 by adding the possibility that a property can be closed if there is evidence that someone has been involved with anti-social behaviour on the premises within the last 3 months, and that the use of the premises is linked with significant and persistent disorder or persistent serious nuisance to members of the public. This includes use of the premises for violent crimes or prostitution, use as a drinking den, and high levels of noise, for example where people are entering or leaving the premises at all times of the day or night and causing a nuisance to neighbours by doing so.

The implications of these 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: if they are in treatment, feedback any concerns or changes to their use or presentation to their treatment provider. If they are not in treatment, they can access:
 - Lifeline harm reduction service, which is open access, confidential advice and provides harm reduction equipment along with facilitation into treatment
 - Or if they require access to pharmacological interventions, refer to NTW Plummer Court
 - Other services that will also help the individual, are listed on the harm reduction website www.hiwecanhelp.com
- 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 Drug Incident and Substance 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.**

If you find someone who has overdosed, immediately phone 999. An ambulance and the police will attend and the person should be taken to hospital. If they will not go, they will sign a disclaimer form so remind them of their tolerance levels and dangers of going over again if they start to use again. Feed this information back to their treatment provider so that they can be given extra support, if required, and that there is a review of their care. If there is a consistent multi agency plan with the other services involved in their care, this can be taken forward through the agencies involved. If there is not a clear or consistent plan for the service user, a referral to the weekly Common Case Management Group can help facilitate a joint plan to respond to the risk, and support access into treatment and support. The referral is made to the group chair (gemma.waldron@newcastle.gov.uk or in her absence rachael.hope@newcastle.gov.uk)

11. Disposal of drugs and drug-related litter

- **Supported housing providers are expected to advise drug users on safe disposal of drug litter, and about where to access services who can give advice, information and equipment on safely using needles and paraphernalia**
- **Direct access hostels and other supported housing providers should supply sharps bins for all residents**
- **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) 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 supported housing organisations (emergency and non-emergency accommodation) 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 expected that they will dispose safely of any needles they use for any medication, and razors, toothbrushes etc
- 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

Lifeline harm reduction service is commissioned to provide harm reduction services in Newcastle. This includes pharmacy exchange. Lifeline can help supported housing organisations to develop harm reduction work with their residents, including giving guidance on the safe disposal of drug-related litter. You can contact them on 0191 2614719

Where drug related litter is found outside the premises and no one trained on safe disposal is available then this should be reported to Envirocall as a matter of urgency

Email; envirocall@newcastle.gov.uk

Phone; 0191 278 7878 and ask for 'Envirocall'

12. Process for the collection of substances and Drug Incident & Substance Collection forms

- **Staff in supported housing agencies finding drugs on the premises should tell the Police, 'bag and tag' the drug in a sealed bag, get the incident witnessed if possible, and record the finding**
- **Police should collect Drug Incident & Substance Collection Forms, and any substances which have been bagged and tagged, within a few days of being notified about an incident that has taken place or about a substance being placed in a bag for collection**

The aim of this procedure is to:

- Protect supported housing 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:

- If appropriate, take possession of the substance (using gloves wherever possible) and place it in the clear plastic bag which should then be sealed with a numbered tag and placed in a secure store to await collection.
- No attempt should be made to identify the substance, but a brief description should be included on the form. It should also include a brief description of the incident, including where, how and from whom (where appropriate) the substance was taken.
- Drugs paraphernalia and needles should be dealt with according to health and safety guidelines (see Section 11).
- 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

Contact the Police – non emergency

1. **Complete the Drug Incident and Substance Collection Form**
2. **Ring 101. This ensures that the call is logged, and that it will be dealt with as soon as possible.**
3. **Tell the Police that you are ringing to report an incident under the Newcastle Drug Management Protocol. You can ask for your Neighbourhood Beat Team to be notified about your call.**
4. **Give your name, and the name and address of your organisation, and provide contact details and ask for a suspected illegal drug to be collected**
5. **Record the Incident Number you are given by the Police on the Incident & Collection Form.**

13. Good practice principles

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 and be retained with treatment interventions to support their recovery and treatment journey. 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 case manager / treatment agency
- Contacting the lead case manager / key worker to arrange multi agency plan and letting the service user know that the services involved in their care are working together. This helps tackle communication issues
- Quick referral into treatment
- 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
- When noticeable changes in someone's drug use, or where there are concerns, feed this back to the treatment provider. **Always** do this in cases of overdose.
- Accompanying service users to appointments – a proactive approach to referral is useful to make it easier for people to attend
- 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.
- Liaison with the central harm reduction service, Lifeline, around advice, guidance and information around drug use, including how to deal with drug related litter, access to harm reduction service including exchange and provision in supported accommodation.
- Building up relationships with services to encourage information sharing e.g. phoning the key worker 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
- Sharing relevant information in Support Plans with treatment providers
- Adopting motivational interventions –including advocacy, monitoring progress, and helping to remove obstacles to effective engagement with treatment
- Liaison with the Newcastle User and Carer Forum can also help provide buddying approaches to treatment, advocacy or peer mentoring, routes to volunteering and service user involvement. Along with the Recovery Centre, it can also facilitate access to mutual aid groups through buddying, and promotes recovery by those who have been through treatment and homelessness routes and who are on a recovery journey.

What treatment is available in Newcastle and for whom?

For an up to date list of provision in Newcastle, refer to www.hiwecanhelp.com

This is a harm reduction website and also contains useful information on substances.

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 commissioned services working with homeless people, such as:

- attending meetings to discuss barriers to successful rehousing
- working with service users to overcome barriers to access to Tyne and Wear Homes
- helping to prepare service users for independence
- informing Gateway 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.

14. Risk Management

While housing service users affected by substances, there may be occasions when various risk arise. Providers are requested, as through their contracts, to make appropriate referrals for assessment or liaise with the relevant coordinator to ensure that their risk management obligations are met.

Safeguarding Adults

- Refer within 24 hours, through the allocated social worker (if known), Community Health and Social Care Direct on 0191 278 8377, or Out of Hours – 0191 232 8520. Advice can be sought from referral points or Safeguarding Adults Unit: 0191 278 8156

Safeguarding Children

- Refer by telephone, to Initial Response Service on 0191 277 2500 or Out of Hours – 0191 232 8520

Common Case Management Group (and High Risk Complex Needs Panel)

- Where individuals who have multiple and complex needs who struggle to access and sustain both housing services and support services and are at risk of multiple exclusion. The group specifically focuses on those clients who are at risk of: rough sleeping/homelessness; drug and/or alcohol abuse/harm; prolific and priority offending and where this doesn't fit SA criteria. Refer through the chair of the CCMG (gemma.waldron@newcastle.gov.uk or in her absence rachael.hope@newcastle.gov.uk)

Domestic abuse

- Via Protecting Vulnerable People Unit – 101
- In an emergency 999
- For advice: 0800 066 5555
 - For high risk cases, a referral must be made to MARAC. This is usually consent based but if the risk is high, a non-consent referral can be made.
- Complete MARAC checklist
- Complete CADAH Dash if possible
- Refer via agency lead or Northumbria Police

15. Monitoring

The effectiveness of the Protocol will be monitored by the Active Inclusion Newcastle Unit (AINU) using data from the Gateway and information collected from providers. The AINU will also produce a quarterly monitoring report on the number of:

- Bag and tag forms completed and subsequently collected by the Police;
- Number of service users evicted from supported housing where use of drugs is given as a reason;
- Numbers of service users referred to drug support services

Issues with this Protocol can be raised with the Active Inclusion Newcastle Unit (activeinclusion@newcastle.gov.uk) and at the Newcastle Homelessness Prevention Forum. This protocol will be reviewed annually.