Homelessness and drugs

Managing incidents

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DrugScope has been created through the merger of the UK's foremost drug information and policy organisations: the Institute for the Study of Drug Dependence (ISDD) and the Standing Conference on Drug Abuse (SCODA) – two charities with a total of sixty years in the national and international drugs field.

DrugScope is the UK's leading centre of expertise on drugs. Our aim is to inform policy development and reduce drug-related risk. We provide quality drug information, promote effective responses to drug taking, undertake research at local, national and international levels, advise on policy-making, encourage informed debate and speak for our member organisations working on the ground.

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Contents

Definitions used in this document

Drug
In this document, the term 'drug' is used to refer to any psychotropic substance, including illegal drugs and illicit use of prescription drugs. It does not include alcohol, tobacco or volatile substances.

Drug misuse
Drug misuse is drug taking which results in experience of social, psychological, physical or legal problems related to intoxication and/or regular excessive consumption and/or dependence. (Adapted from ACMD 1982, definition of a problem drug user)

Controlled drugs
In the UK controlled drugs are preparations subject to the Misuse of Drugs Regulations 1985. In these regulations drugs are divided into five schedules covering import, export, production, supply, possession, prescribing, and appropriate record keeping. The first schedule deals with drugs such as LSD and cannabis for which medical prescription is not available. The strictest schedules for prescribed drugs are 2 and 3 and these include opioids, stimulants and most barbiturates.

Staff
Staff as referred to in this document include any paid workers and volunteers/unpaid workers at the organisation.

Harm reduction
Is a term that covers activities and services that acknowledge the continued drug misuse of individuals, but seek to minimise the harm that such behaviour causes. (Tackling Drugs to Build a Better Britain,1998).

Drug Action Teams (DAT)
Made up of senior representatives from the police, probation and prison services, education, social services, local authority housing and health authorities. They are locally responsible for implementing the national drugs strategy, in the light of local needs and must agree corporate plans annually with the UK Anti-Drugs Coordinator. (Tackling Drugs to Build a Better Britain, 1998)

Drug Reference Groups (DRG)
Drug Reference Groups were established to provide a source of local expertise to the Drug Action Teams and to harness local communities in action to tackle drug misuse. (Tackling Drugs Together,1995).

Homeless
Homeless people, as referred to in this document relates mainly to rough sleepers or others who are insecurely housed and accessing services such as hostels, day centres and shelters.

Introduction

1.1 Why guidance is needed

Research discussed under trends (see box: Trends in Drug Use) indicates that homelessness and drug use are inextricably entwined. Homelessness agencies are therefore in a crucial position to act as facilitators in offering security and helping homeless people to access a range of services that could increase their quality of life. This document provides homelessness agencies with guidance, which allows them to continue offering support to drug users and manage drug related incidents. Lack of appropriate drug policies can lead to the right help not being available to those in need and/or homelessness agencies working outside of the law.

This document covers adult service provision only. Services that work with those under 18 years old will also need to be acting in line with the Children Act 1989. As such, their policies and procedures may need to be different and will not be covered here. However, services should be aware of child protection issues in cases where service users have children and should know when and how to refer to social services. For information or advice on children's issues contact the Children's Legal Centre (see appendix 1).

1.2 The government's intentions

The Government has acknowledged the need to address the complex interlinked issues of drug use and homelessness in the national drugs strategy 'Tackling Drugs to Build a Better Britain' (1998) and in the Strategy on Rough Sleepers "Coming in from the Cold" (1999). The Government's Social Exclusion Unit (1998) also acknowledges that resettlement for homeless people is more likely to be successful if housing assistance is provided with other interventions such as drug services.

The Advisory Council on the Misuse of Drugs (1998) acknowledges drug misuse as having a central role in homelessness. Although not all homeless people

Trends in drug use

- The British Crime Survey (Ramsey and Partridge, 1999) reported that a third (32%) of the adult population are thought to have used an illegal drug at some point in their life.
- Few people who use drugs develop patterns of drug use that can be described as drug misuse. The number of people seeking help from drug treatment agencies for the six month period ending September 1999, was approximately 30 thousand. (Department of Health, 2000)
- Drug misuse is more prevalent amongst those experiencing disadvantaged circumstances/social exclusion (Smart and Osborne, 1994).
- High rates of drug use (66% and 76%) were also reported in young homeless people in two separate studies looking at five English cities (Carlen, 1996 and DrugScope, 2000).
- Studies from a range of countries conclude that homeless people are likely to be using a wider range of illicit substances and alcohol than the general population (Craig et al, 1996; Smart and Adlaf, 1991).
- Research by Fitzpatrick et al (2000) indicates that homeless drug users are at greater risk in their drug taking patterns and behaviour.

have drug problems, drug misuse can often be a consequence of homelessness or a means of coping with it and may perpetuate the situation.

1.3 Developing a supportive organisational culture

High levels of drug taking amongst homeless people mean that homelessness agencies have an obligation to develop their capacity to work with drug users. Homelessness agencies will need to recognise the realities of drug use and give proper consideration to developing a set of overarching principles, operational policies and procedures, in order to provide a lawful and competent service to drug using homeless people.

1.3.1 Principles

- Homeless drug users deserve an organisational culture that is supportive and able to meet their needs. There is a need for an enabling atmosphere within the organisation that allows service users to discuss their needs and problems and to seek help and information about drugs and any drug problems.
- It follows that there needs to be an agreement amongst staff and management that using drugs does not disqualify a potential service user from accessing the service. Exclusion from services should only be employed as a last resort when the service user does not comply with the drug policy and/or there are risks to the safety of staff or service users.

1.3.2 Drug policy issues

- Organisational policies should respond to drug use, respect the law and reflect good practice.
- A network of services and links should be provided in the local area by developing partnerships with other organisations at both strategic and operational levels.

1.3.3 Procedural issues

- In order for an organisation to be supportive, work within the law and good practice guidance, staff should be competent in implementing the drug policy.
- A training needs analysis should be conducted to identify gaps in skills and competence. All new staff should receive a thorough induction, including an analysis of their training needs, which should be met.
- Tenancy contracts (where they exist) may help to establish and clarify the drug policy and may be an aid to enforcing it.

This document serves to acknowledge these issues and help homelessness agencies respond to drug use and misuse.

Tackling drugs needs a partnership approach

The National Drug Strategy is based upon the premise that drug use is a complex issue and no one agency can hope to deal with it in isolation. The Government has established Drug Action Teams (DAT) in every local area to co-ordinate the local response to drugs. DATs and their Drug Reference Groups (DRG) provide a network of key planners, commissioners, and service providers to inform local Drug Action Team Plans. It is important for homelessness agencies to work within this framework and establish their role in delivering the national drugs strategy and the Government's strategy on homelessness.

2.1 The benefits of partnership work

Developing partnerships provides benefits not only in terms of strategic planning but also on an operational level. Developing external relationships enables access to the range of organisations working on drug and homelessness related issues, both to the organisation and service users.

2.1.1 **Strategic level**

Homelessness organisations should be involved in local strategy and action fora to tackle drug misuse. Becoming a part of a local DRG will be essential in establishing homelessness agencies' position in drug partnership work locally. This provides the opportunity both to understand the local DAT Plan and to participate in it. Homelessness organisations represented on these local fora can encourage close working relationships between these parallel structures and raise the need for joint action on this issue at the local level.

The DAT is responsible for delivering the national drugs strategy at a local level, homelessness agencies participation may be invaluable in meeting performance indicators. For example, the government intends to increase the participation of problem drug misusers, in drug treatment programmes by 66% by 2005 (Tackling Drugs to Build a Better Britain, 1998). By developing the ability to refer service users into drug treatment, homelessness agencies would be both helping drug misusers and contributing to meeting the performance indicators of the national drugs strategy.

2.1.2 **Organisational level**

The DRG and DAT should be involved in assisting in the development of drug policies in homelessness agencies. Having your drug policy agreed by the DAT is desirable, particularly as the local police are high profile members. DATs are advised to agree local drug policies, to ensure local consistency. The drug policy adopted by the homelessness agency should be lawful, compliant with accepted good practice and fit the organisational ethos.

The DAT co-ordinator and DRGs may be able to advise on increasing homelessness agencies' capacity to work with drug users and other organisations, particularly local drug services and the police. The DAT can help to establish a coherent and consistent local response to drug misuse. Homelessness agencies may be able to offer advice and support on issues such as engaging homeless drug users with drug services or helping newly housed individuals to sustain their tenancies.

Links with other services in the housing and drugs fields may also help in developing the ability to manage drug related incidents and the development of drug policies. Drug treatment services have been managing drug related issues since their inception and should be able to inform and advise you. Drug

treatment services will be aware of the issues facing social care agencies and will be working to support drug misusers, as such there are parallels between homelessness agencies and drug treatment services. Establishing a relationship with drug services may provide an opportunity for reciprocal training for staff and gaining advice on everyday issues. Looking upon services as colleagues in the provision of care to a vulnerable section of society may help develop confidence amongst staff. Joined –up service provision will help service users access seamless services.

2.1.3 **Operational level**

At an operational level regular contact with the local network of service providers will benefit not only the organisation but also the service users. It is essential that organisations working with homeless people cultivate a good working relationship with the local police, drug services, housing agencies and the social services department.

Whilst having a named contact within specific organisations helps communication, this relies on two individuals and may not ensure equity when different personnel are involved. Therefore, it is important that good working relationships are backed up by clear, documented and jointly agreed procedures to ensure consistency with all personnel and when staff changes are made. Further, commitments to partnership working made at senior levels need to be followed through by negotiating any barriers at the front-line.

New initiatives to develop effective joint organisational responses to meet the needs of drug misusing homelessness people could be developed. Some examples of possible initiatives are listed below.

- Satellite surgeries where drug service staff can assess drug misusers on the premises of homelessness agencies.
- Agreement on the prioritisation or fast tracking of homeless people for drug treatment.
- Liaison between direct access hostels and housing associations or housing departments in order to develop protocols for moving people on to more secure housing.
- Investigating new joint funding arrangements to provide complementary services.

2.2 Developing a relationship with the police

The police are a vital partner at all three levels; strategic, organisational and operational. As DAT members their role in developing and supporting drug policies will be invaluable. They can advise all homelessness agencies on how to work within the law, in what are sometimes difficult circumstances.

Police are aware through their involvement in DATs and other initiatives of their role in the care and protection of individuals, not just law enforcement. As such they will have some understanding of the work of housing and homelessness agencies and the difficulties inherent within. The police are also involved in several other partnership groups such as community safety and may be able to champion services.

In addition to the police's role within the DAT it may be important that you contact the local crime manager (Head of local CID). Both sectors of the police service should be involved in developing and agreeing on your drug policy and procedures. They can assist with the consultation and agreement on drug policies to ensure consistency across the different sections of the police service. Troubleshooting potential problems, such as when and how to involve the police in managing drug supply on the premises, will help develop amicable solutions.

At an operational level, your project should be in regular contact with the police officer working the patch in which the project is based. Developing a friendly relationship will enhance your working relationship and help ensure that communication is maintained in case of any operational difficulties. The police could be involved in any joint training opportunities where services can benefit from each other's expertise, these sessions are also useful in building cross-organisational links and understanding.

Developing a drug policy

In light of wide spread drug use among homeless people, all homelessness agencies should have a drug policy to clarify the organisational ethos and ensure appropriate staff management of drug related incidents.

3.1 Drug policy ethos

The following should form the ethos of any drug policy:

- Supportive – the drug policy should be supportive and understanding of the needs and problems of the service users.
- Lawful – the drug policy should reflect the agency's determination to work within the law.
- Agreed – the drug policy should be formulated in agreement with the DAT, other relevant local agencies and in line with good practice guidance. Where possible, agreement, or at least consultation, with service users should also be sought.
- Practical – the drug policy should be easy to understand and implement taking into account the reality of operational constraints.

3.2 Consultation and agreement

It is important that the drug policy goes through detailed consultation within the service, including its management committee and service users. External consultation with partners, including the police, should take place throughout the whole process, from brainstorming through to drafting and final adoption of the drug policy. This will help to establish understanding within the local area and result in a feeling of ownership within the service.

The drug policy will need to suit the specific needs of the project, including its setting in the local area and organisational ethos. The drug policy must be fully understood and approved by management committee members and trustees, with their roles and responsibilities clearly explained. It is also important to ensure that the drug policy is consistent with other organisational policies such as the confidentiality policy and the health and safety policy.

3.3 Implementation

Implementation will not occur simply because there is a drug policy in place. The drug policy will need to be a fundamental part of the organisation's procedures and culture. To ensure that staff can use the drug policy, training based on identified needs will be required. Training is also required to activate a new drug policy, to ensure that new staff are inducted, and support any changes to the drug policy. Responsibility should be allocated to a senior member of staff to review the drug policy at regular intervals, at least annually, this will keep it appropriate to a changing climate.

Procedures for identifying clearly when and how agency managers must discuss the drug related operational difficulties with management committee members should be specified in the drug policy. The roles of management committee members in overseeing drug related operational issues should also be fully outlined.

3.4 The structure of a drug policy

Purpose and scope
The purpose of a drug policy is to create a safe and secure environment for service users, staff and management committee. Clarification of which drugs the drug policy covers is also required. It is recommended that all substances are covered, including illegal drugs, alcohol, volatile substances, prescribed medication and over the counter medicines. A decision should be made on whether the drug policy covers staff drug use, or if this will be addressed in other policies.

Implementation of the drug policy
It is good practice to involve service users as well as staff and professional partners in the development of any drug policy, and to highlight service users' rights to question and contribute to drug policy reviews.

Once the drug policy has been finalised it is vital that staff and service users have access to it and understand the implications. The drug policy should set out how service users will be informed of the drug policy. Staff should ensure that all of the drugs policy procedures are implemented consistently and regularly. Staff training needs in implementing the drug policy should be identified and met. Clear recording mechanisms should be in place using an incident book. There should be clear procedures for service users to appeal against decisions and make formal complaints. Both staff and service users should be fully aware of these procedures.

The supply of drugs and managing premises
The drug policy should set out very clear procedures for staff to ensure that Section 8 of the Misuse of Drugs Act 1971 is understood and abided by. This should include regular supervision and monitoring of the premises (as far as is reasonably possible), particularly any key areas where drug use or supply may take place. The drug policy should detail the arrangements for ensuring that matters relating to supply issues are communicated to management committee members and/or trustees and their role in overseeing operational issues clearly defined.

Drug use
Homelessness agencies should work with service users who use drugs, this is possible within the law. Procedures should be established that ensure the agency operates according to good practice and its legal responsibilities, ensuring a safe environment for service users, staff and management committee.

The drug policy should clarify the instances in which the agency commits an offence under Section 8. Agencies will want to ensure that their policies do not give the impression that consumption of any illegal drug on the premises is encouraged.

Homelessness agencies need to be proactive in encouraging service users to engage with drug treatment services. Although, drug treatment should not be a condition of service provision.

Storage of controlled medication
The law in relation to the storage of controlled medication is unclear. There may be provision under the Misuse of Drugs Act 1971 that allows agencies to do this. However, the constraints placed upon an organisation are not clearly defined and may be too onerous. The constraints may include the presence of a medical practitioner on the premises, and/or allowing the service users full 24 hour access to their medication.

As such, it is suggested that if agencies would like to operate a storage policy they should conform to the requirements of the Registered Homes Act 1984, as interpreted by the local Health Authority. Homelessness agencies should contact the local Health Authority Registration and Inspection Unit. Without these controls the agencies' responsibilities and position in law may be compromised, by medication 'leaking' into unauthorised hands, or medication administered to an individual and subsequently causing them harm.

Alternatives to this would be to establish protocols for service users to store their medication in their own room. Liaising with drug services and prescribers to encourage daily rather than weekly dispensing is considered good practice, and may help alleviate this issue.

Finding drugs
The drug policy needs to be very clear on what action staff should take if they find drugs. This should be agreed with the local police and environmental health agency. There is a legal obligation to dispose, handover to the police or destroy any illegal drugs that are found without delay. Controlled medication should either be returned to the person they were prescribed to, or returned to a pharmacist. The drug policy should include the following:

- Under what circumstances controlled drugs would be returned to the individual they were prescribed to.
- Procedures for returning prescribed drugs to a pharmacist.
- When and how illegal drugs should be handed in to the police.
- When the police should be informed of a drug find.
- Procedures for disposing of illegal drugs, when the police are not involved.
- Staff should have any action witnessed and recorded.
- Details of actions to be taken with a service user that is involved with a drug find.

For further details refer to Release (1999) *Room for Drugs*.

Meeting drug users needs

In order to create an organisational culture, which engages and supports drug users with their accommodation problems, it is essential to take a proactive approach to meeting drug related needs. This can be operationalised in a number of ways.

- Staff should be competent to provide drug information.
- Information about the effects of drugs and local drug services, including needle exchange schemes should be available for the service users.
- Some staff should be able to make an initial assessment of drug use and make a referral to an appropriate drug service.
- Clear referral procedures with drug treatment services should be established.
- Strategic partnerships with drug treatment services should be pursued to encourage innovative responses to the drug related needs of homeless people.

Health and safety

The drug policy should contain clear instructions to staff on how to deal with situations which jeopardise the health or safety of anyone on the premises. Chapter six deals with these situations in more detail but they include:

- Safe disposal of injecting equipment
- Situations where staff or other service users may be exposed to others' body fluids including needle stick injury.
- Dealing with (suspected) overdoses and withdrawal
- Intoxication and violence
- First aid procedures

Record keeping

The drug policy should stress the importance of keeping accurate records as a matter of good practice and a legal safeguard to staff.

An incident book should be kept where details of all drug-related events should be recorded including third party information etc. The incident book should include only initials of service users, personal or confidential information relating to service users should be recorded in their personal file. Procedures for ensuring incidents are recorded, communicated and followed up should be established.

There should be a clear recording procedure established for service users and the public. This may be in reference to drug use witnessed or paraphernalia found inside or in the vicinity of the project, or appealing against any sanctions imposed.

Confidentiality

All services should have a confidentiality policy, which is compatible with their other policies, including the drug policy. Usually confidential information should only be passed on to other services on a 'need to know' basis, and with the service users' informed consent. It should also make clear any situations in which confidentiality may be lost without consent. Service users' confidentiality should be lost only where an individual's safety is in jeopardy, where the law states that confidentiality should not be maintained, and where all actions to prevent illegal acts have failed. Examples where confidentiality may be lost include; drug supply, child protection concerns or acts of violence.

Drug related situations in which disclosures of information may be made should be detailed in the drug policy and, agreed with the police in advance. Management committees need to be very clear that they are authorising disclosure under certain defined conditions by adopting the drug policy. The Crime and Disorder Act 1998, allows organisations to share information if it is absolutely necessary in order to prevent crime. Section 115, of the Crime and Disorder Act 1998, only gives power to disclose information, it does not place an obligation to do so. The homelessness agency still needs to consider therefore, if information can be released lawfully and fairly under the Data Protection Act 1998 (see section 5.3 Documentation).

Misuse of Drugs Act 1971 Section 8*

There are a number of different Acts of Parliament concerned with drugs, the most important piece of legislation in this context is the Misuse of Drugs Act 1971. Section 8 of this Act places obligations on occupiers and managers of premises to discourage and prevent drug-related activities thereon. It states:

> A person commits an offence if, being the occupier or concerned in the management of any premises, he knowingly permits or suffers any of the following activities to take place on those premises that is to say:
> (a) producing or attempting to produce a controlled drug
> (b) supplying or attempting to supply a controlled drug to another…or offering to supply a controlled drug to another;
> (c) preparing opium for smoking
> (d) smoking cannabis, cannabis resin or prepared opium.

4.1 Who does it apply to?

Section 8 applies to anyone who is the 'occupier of or concerned in the management of any premises'. This has been interpreted to mean chairs of management committees, trustees, directors, managers, deputy managers, team leaders or anyone who is in charge at a specific time. In addition, individual tenants can be considered occupiers and as such may be held liable for the conduct of their guests. Those 'concerned in the management' should assume until further clarification of the law that they continue to be responsible in this situation as well.

*Much of this chapter is from 'Section 8 Card' (2000) published by Release. We wish to express our thanks for this material.

4.2 Where does it apply?

For organisations working with homeless people, the term 'premises' most commonly refers to hostels, night-shelters, day-centres and probably to mobile outreach services as well. In effect, it refers to any property that belongs to the organisation and it has control over, including front steps, forecourts and out buildings. It does not cover public areas like parks or streets where outreach workers may operate. However outreach workers need to ensure that they are **not** associated with any drug use or supply for their own protection.

4.3 What does it mean?

The legal terms 'knowingly permits or suffers' in the section can be difficult to understand. See below for details:

a 'Knowingly' could mean that you have actual knowledge of a prohibited activity taking place because you have seen it yourself or have reliable information of it. You could be considered to "know" if there were circumstances that would suggest "to a reasonable person" that prohibited activities were taking place.

b 'Permit or suffer' means that you allowed, tolerated and failed to act in preventing the prohibited activity. This could be because you took no action, or that when initial actions were ineffective, you did not take further steps that were "reasonable and readily available". You should seek legal advice as to further action in case of doubt.

4.4 What it does not mean?

It does **not** mean that you are legally responsible for everything that happens on your premises; if you have taken all 'reasonable' steps to be vigilant against prohibited acts and employ 'all reasonable means readily available' to prevent such acts continuing if you become aware of them.

- The organisation is **not** required to take action in relation to possession of controlled drugs on premises.
- The organisation is **not** required to prevent use other than 'smoking cannabis, cannabis resin or prepared opium'.
- The presence of sharps bin on the premises is **not** illegal either. This is in fact a positive step in protecting public health and the adoption of harm reduction measures.

4.5 How to work within the law?

The organisational drug policy should detail how to proceed in relation to staying within the law. The following actions should be routine and part of the initial response to promote a safe environment, and to prevent infringements of the law:

- Explaining to and educating staff and service users about the drug policy.
- The display of notices clarifying organisational drug policy.
- Offering support and information about drug effects, and local service provision, including needle exchange services.
- Offer of assessment and referral to drug treatment services.
- Supervision of communal areas of the premises as far as it is reasonably possible.
- Arranging the lay-out of the building to ensure that the entrance is always observable.
- Consideration should be given to discouraging drug use (covered by Section 8) and drug supply in private rooms, by the use of tenancy agreements/contracts.

The following measures could, if agreed within the organisation, form the next set of actions if you have not succeeded in preventing prohibited drug activity:

- Recording warnings, sanctions and directions to stop supply or use on premises in an incident book, and ensuring that these measures are enforced.
- The banning of people repeatedly breaching the drug policy on use (covered by section 8) or supply.
- Changes to opening times and restricting the number of service users on the premises.
- Reviewing building design and considering changing the use of an area or room.

The following actions should only need to be taken in extreme cases if all else has failed:

- Calling the police to remove banned people from premises.
- The move from open-access to closed-door policies.
- Passing the names of people known or suspected of supplying drugs, to the police.
- Temporary closure of the project.
- Considering alterations to the building.

4.6 Drug supply in context

4.6.1 Legal definition

As the law stands the word 'supply' refers to the transfer of custody and physical control of a controlled drug to another, so as to enable that other to benefit from its use, Fortson (1996).

4.6.2 'Supply'

The reality of the situation is that most drug users share their drugs, 'lend' or exchange one drug for another at sometime, often frequently. Drug users may also buy drugs for themselves and friends, in order to divide them between them and obtain a cheaper supply. Therefore, supply in this context does not necessarily relate to selling a large quantity for financial benefit. However, all of these activities are classified as 'supply' under the law. Some of these activities will be difficult to prevent and may be a frequent occurrence, requiring constant vigilance.

4.6.3 Supply in perspective

The police have a role in the prevention of supply. If you have been able to stop small-scale supplies, as described above, through measures adopted within the organisation, the police may not need to get involved (if agreed with the police in drug policy formulation). If the cessation of supply is not manageable through these measures or supply for individual financial gain is taking place, you are advised to seek outside help, including that of the police.

Managing environments

Having a drug policy and implementing it will not in itself prevent all infringements of the drug policy. However, an organisation that has a fully implemented drug policy, and has a culture of lawfulness and respect for the safety and health of service users and staff, will be better placed to respond to any incidents. Many service users will respond to the organisational culture and respect the drugs policy.

Helping to prevent infringements of the drug policy and knowing how to deal with situations as they arise is vital. Many homelessness agencies will have much experience in working with service users with alcohol problems. As such, they may have operational procedures in place to manage drinking on the premises, intoxication and withdrawal. There may be lessons to be learnt from the management of drinking on the premises that can be applied to managing drugs on the premises. The staff will have transferable skills in this area, which can be used to ensure the service achieves the objectives of offering a supportive environment whilst staying within the law. Homelessness agencies can also seek assistance and guidance from drug services in managing drug use on the premises.

5.1 Preventing infringement of the drug policy

Clear operational policies and vigilance will help ensure that the use and supply of drugs does not go unnoticed and that appropriate action is taken. This may include trying to engage service users in drug treatment. Residential services will be different from day services in their responses, although there will be actions that apply equally to all. The following actions may assist in the management of premises.

5.1.1 All environments

- The ethos of the drug policy should be understood by both staff and services users. That is to ensure that the homelessness agency acts at all times: within the law; to ensure the health and safety of all persons; to support homeless people in addressing their problems, including drug misuse.
- Staff need to be competent in the use of the organisational drug policy. Feeling skilled and confident in assessing situations and making decisions, will help ensure that the drug policy is implemented. Training needs of staff are a priority here and a training needs analysis should be undertaken.
- The drug policy or a summary of it should be on display to the service users. New service users should have the drug policy clearly explained to them (ensuring the language and the medium used is comprehensible), including any possible sanctions if the drug policy is infringed.
- Staff should be competent in responding to drug issues. Staff should be able to impart drug education information. There should be information available to give to service users with regard to the effects of drugs and where to seek help.
- At least some of the staff should be able to make a simple assessment of drug use and make a referral to an appropriate drug service where necessary, as part of the usual assessment process of the organisation. These staff should have contact details, and preferably a named liaison person, of drugs services in the area, including needle exchange.
- Team meetings and staff hand-over should be used to convey information about any incidents, third party information or unusual behaviour. Team action should be decided upon in line with the drug policy.

5.1.2 **Open access services**

- Supervision of the communal parts of the premises especially when it is open to the public is paramount. Service users should not be left unsupervised (except in private rooms) and should be discouraged from loitering around doorways, in courtyards, etc. There should be arrangements in place for staff to cover open access areas.
- Staffing levels should be sufficient to ensure that service users are not left waiting for appointments unsupervised. Similarly during open access sessions, staff who are not engaged in one to one work should always be available.

5.1.3 **Residential services**

- The registration status of the service, and the type of tenancy/contract with the resident may affect these responses.
- Agreement needs to be reached on behaviour that is acceptable in communal areas and in private areas. This can then lead to clear guidance on the use of permanent or temporary exclusion.
- A restriction on numbers of visitors per resident may be required if large numbers are visiting which could make preventing drug supply difficult.
- Restricting times when visitors are permitted into the building.
- Ensuring the residents are aware of their responsibility for the behaviour of their guests, under the tenancy agreement.

5.2 Residential services – other issues

Residential services have a requirement to act within the law as the owner of premises, nevertheless consideration also has to be given that the premises may be someone's home.

Agencies that use tenancy agreements may share the responsibility of Section 8 with the tenant. The agency can use clauses in the tenancy agreement to prohibit activities covered in Section 8, which could result in eviction if infringed.

Residential services that do not issue tenancy agreements but offer accommodation on a temporary or short-term basis, may have total responsibility under Section 8. In this case the homelessness agency may feel that access to individual rooms is required for health and safety reasons, and perhaps to regulate unlawful activity. Contracts could be used to communicate and enforce the law and the drug policy.

In all residential situations there is a need to balance the requirement of the agency with the privacy of residents. The Human Rights Act 1998, in particular Article 8 'Right to Respect for Private and Family Life', will impact upon options open to services.

Each residential service should seek expert legal advice to clarify the situation with regard to Section 8 responsibilities. Information about whether the resident or the agency would be liable, and for which areas of the building, should be sought. Similarly, actions that can be taken in order to prevent infringements of the law need to be documented after legal approval. This is a complex issue and the response will differ according to the type of service offered, the information given above should serve as a guide only.

5.3 Documentation

Documentation should be kept in line with the Data Protection Act 1998. The Act makes a sharp distinction between 'personal data' (name, address, etc.) and 'sensitive' personal data (ethnicity, beliefs, physical or mental health, etc.). 'Personal' data may only be used where **at least one** of the following conditions has been met:

- The individual has given consent
- Use of data is necessary to fulfil a contract with the individual
- Use of data in the manner proposed is a legal obligation
- Use is necessary to protect the 'vital interests' of the individual
- Use of data is necessary to carry out public functions
- Use of data is necessary to pursue the legitimate interests of the data controller or third parties (unless it could prejudice the interests of the individual).

'Sensitive' personal data can **only be used with the explicit consent of the individual** and is subject to far greater care and security.

5.3.1 **Recording incidents**

It is imperative that all incidents, reports and actions are recorded. There should be an incident book, which should not be loose leaf and should be separate from a day or log book. The incident book should be used to ensure that all staff are kept aware of any drug incidents and to monitor any trends.

5.3.2 **Information sharing**

Service users' confidentiality should be kept wherever possible. It should be lost only where an individual's safety is in jeopardy, where the law states that confidentiality should not be maintained, and where all actions to prevent illegal acts have failed. In such cases an explanation as to why confidentiality has been lost should be given to the service user where possible and where it will not impede a criminal investigation.

At times information will be shared with consent, for example to make a referral to a drug treatment service. To ensure that consent has been gained and that information is being shared on a 'need to know' basis, consent forms should be used. These forms should include to whom information is being disclosed, what information is being disclosed, and should be signed by the service user as a record of their consent.

Health and safety

Drug-related incidents may pose health or safety issues to service users and staff. The following examples, specific to drug use, should be covered in staff training and by the drug policy.

6.1 Communicable diseases and blood-borne viruses

Homeless people and drug misusers are at a greater risk of being infected with blood-borne viruses and communicable diseases, than the general population. This can be due to their behaviour patterns, vulnerability and lack of information.

Blood-borne viruses may include, HIV, hepatitis B and hepatitis C, communicable diseases could include tuberculosis. It is therefore essential that staff are trained and competent in the prevention of these infections. The Public Health Department of the local Health Authority can provide advice and information on the prevention of communicable and blood-borne viruses, as well as local training resources.

6.1.1 Needles and syringes

It is important and good practice to have sharps bins on the premises of homelessness projects, regardless of whether the service adopts a drug free or harm reduction philosophy. Sharps bins are specially designed for the safe disposal of sharp objects particularly needles and can be obtained through the local needle exchange service, Environmental Health Department or Health Authority.

The disposal of sharps bins will need to be co-ordinated by the Environmental Health Department as it is considered clinical waste. Alternatively, an arrangement may be possible with the local needle exchange project to collect the bins. The drug policy should include clear procedures for dealing with needle finds. Local needle exchange services may provide advice and training on the disposal of needles and syringes.

The drug policy should also contain a section on the procedure for a needle stick injury. The local Health Authority and Accident and Emergency Unit will need to be consulted to clarify the course of action recommended and any prophylactic treatment that may be available. This situation may change overtime and should be included in the review of the drug policy.

6.2 Overdose and withdrawal

Homelessness agency staff should be competent at recognising the signs and symptoms of overdose and withdrawal, especially those for stimulant and depressant drugs. Information should be readily available on the signs and symptoms of **all** drugs in overdose and withdrawal, as well as first aid training.

The local ambulance service may provide advice and/or training in the management of emergency situations. It will be vital to develop a relationship with the ambulance service to ensure they are aware of your agency and incidents you may encounter.

It is important to remember that overdose of stimulant drugs produces very different symptoms from an overdose of depressant drugs. Many drugs, including alcohol, can be potentially fatal in overdose. Combinations of drugs, and combinations of drugs and alcohol, can exacerbate the effects and increase

the risk from an individual substance. Some local drug services are developing overdose prevention training, primarily in relation to heroin, that your staff or service users may wish to participate in.

Withdrawal can be very stressful for a drug dependent individual. This stress may alter their behaviour and reactions. In addition physical symptoms can be difficult to cope with, and can be life threatening in the case of alcohol and benzodiazepines. If withdrawal is not alleviated by the drug or alcohol users own actions, medical assistance may need to be sought.

6.3 Intoxication

Staff in homelessness agencies may encounter individuals in a state of intoxication, due to drug or alcohol use. The staff should be competent to assess the situation and decide if emergency procedures need to be followed.

Where it is suspected that an intoxicated person is infringing the drug policy, caution needs to be exercised in challenging this behaviour. Staff should be particularly careful in considering their physical safety and should seek assistance. Training in conflict resolution, assertiveness and break-away techniques should be available locally. Break-away techniques may be taught by the local police. The voluntary services bureau or local agency networks may have information about other training resources.

Following any incidence of intoxication, when the service user is not intoxicated, their behaviour should be discussed. The discussion should cover both their conduct on the premises and whether a referral to a drug/alcohol service is recommended.

Recommendations in brief

This chapter provides a summary of the key recommendations of the document. It should be used as a refresher and the main body of the text consulted for further details.

7.1 Consultation and partnership

Throughout this document the underlying message has been that of constructive partnership and sharing of expertise. Agencies should strive to make the best use of the mechanisms of DATs and DRGs and other local fora.

7.1.1 **Develop local drug policy and practice**
Strategic involvement and agreement of the members of the DAT to the local procedures and policies adopted for working with homeless drug users, will result in a coherent and consistent local response. Reluctance to form partnerships may arise from the experience of unequal benefits derived by some organisations. It is therefore imperative that homelessness agencies are clear about their contribution, and what they hope to gain, from the process of consultation and partnership.

7.1.2 **Benefit from each other's competencies in different fields**
Organisations can meet many staff training needs by being involved in a local consortium and sharing training resources. Seeking help from the local ambulance service in developing your emergency procedures; the local drugs service in tackling drug policy infringement; and housing associations in developing drug storage procedures are all examples that not only benefit the individual homelessness agency, but the local network too.

7.1.3 **Gain practical support from each other**
Developing a relationship with a named individual in another organisation will enable frank discussion and the opportunity to exchange advice and information. This can be enormously useful in developing a supportive organisational culture and ensuring that the needs of service users are met.

7.2 Checklist for services

The following is intended to function as an aide-memoire to ensure that the issues referred to in this document have been addressed by homelessness agencies in developing a drug policy.

- Have the organisational ethos and overarching principles in the provision of services to homeless drug users been agreed?
- Are staff and management committee familiar with the law on drugs and the legal requirements?
- Have service users, staff and management been involved in developing an organisational response to drugs and homelessness issues?
- Is there a strategy to meet staff training needs in implementing and/or understanding the issues involved?
- Have links been made with your Local Authority Housing Department, other housing/homelessness services, DAT, DRG, drug treatment services and the police service?
- Is the agency working closely with DAT member organisations at strategic, organisational and operational levels to understand and address local issues and develop, if possible, jointly agreed policies?
- Do staff understand the drug policy and feel confident

in implementing it in all aspects?
- Are service users familiar with your drug policy?
- Are monitoring procedures in place to check that the drug policy is being implemented appropriately?
- Are staff familiar with drug-related health and safety issues and able to make appropriate responses?

7.3 Further support

This document aims to raise awareness among homelessness agencies on issues of law and good practice for managing drug related incidents. The range of services and local arrangements, is such that it cannot address all eventualities. As such homelessness agencies are advised to seek further detailed information where necessary from DrugScope's Homelessness and Drugs Unit.

Useful contacts

Drugscope
Waterbridge House
32–36 Loman Street
London
SE1 0EE
Tel: 020 7928 1211
Website: www.drugscope.org.uk

Release
388 Old Street
London
EC1V 9LT
Tel: 020 7729 9904
Website: www.release.org.uk
www.release-incl.demon.co.uk

Resource Information Service
The Basement
38 Great Pulteney Street
London
W1R 3DE
Tel: 020 7494 2408
Website: www.ris.org.uk
www.homelesspages.org.uk

Local DAT Co-ordinator, number available from UKADCU, DPAS or DrugScope.

United Kingdom Anti Drugs Co-ordination Unit
(UKADCU)
Government Offices
Matthew Parker Street,
SW1H 9NL
Tel: 020 7270 1853
Website: www.cabinet-office.gov.uk

Drug Prevention Advisory Service (DPAS)
Horseferry House
Dean Ryle Street
London, SW1P 2AW
Tel: 020 7217 8631
Website: www.dpas.gov.uk

National Drugs Helpline
Tel: 0800 77 66 00

Homelessness Network
Alliance House
12 Caxton Street
London
SW1H 2HT
Tel: 020 7799 2404

National Homeless Alliance
5–15 Cromer Street
Kings Cross
London
WC1H 8LS
Tel: 020 7713 2840
Website: www.homeless.org

Children's Legal Centre
E-mail: CLC@essex.ac.uk
University of Essex
Wivenhoe Park
Colchester
Essex CO4 3SQ
Tel: 01206 872466 (admin)
01206 873820 (advice line)

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