

# Accommodating Substance Misusers



## The 'Spectrum of Possibility' A Guide for Housing Providers





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## Context and Purpose

Norfolk Drug and Alcohol Partnership recognise the need to respond to the issue of housing people with drug/alcohol problems. It also recognises that it is a complex problem with a wide spectrum of possible responses. Homeless people often have drug/alcohol problems. Crisis research with homeless people (2003) noted that 51% had alcohol problems and 57% had drug problems. The challenge facing agencies providing supported housing is that many people in need of their help are likely to be using drugs/alcohol.

This guide has been developed for providers and commissioners of supported housing services as a framework to use when thinking through the delivery of housing for people with drug/alcohol problems. It also provides benchmarks against which providers working across a broad spectrum can compare themselves. Its ultimate aim is to support housing providers and commissioners looking to make their contribution to increasingly successful outcomes for people with drug/alcohol problems, their families and the wider community.

Drug legislation is not a barrier to providing accommodation to people with drug/alcohol problems. Confusion about the law and fear about dealing with issues can be, and problems can result. Under Section 8 of the Misuse of Drugs Act 1971, supported housing providers have a legal duty to prevent the manufacture and supply of controlled drugs on their premises and its environs. They also have a duty to prevent the smoking of cannabis and prepared opium, in addition to duties linked to recent legislation pertaining to Crack House Closure Orders.

However, at present there is no legal duty for supported housing providers to prevent the possession of drugs or the use of drugs per se, with the noted cannabis and prepared opium exception outlined above. Attempts in recent years to update Section 8 of the Misuse of Drugs Act were abandoned in the light of a range of concerns raised by housing providers and frontline drug workers among others, but legislation is only one aspect of this difficult issue. Housing providers also have to consider their duties of care to service users and staff - and this means robust policies backed with staff training. Primary actions to ensure supported housing maintain their duties and protect people need not be contacting the police or eviction - though this can become necessary.

People at any stage of recovery from substance misuse need appropriate accommodation. Service users need the right support in the right environment at the right time. In practical terms, this means there will be times when some schemes are providing accommodation for people who will be using drugs/alcohol, even, on occasion, those schemes that aim to provide a 'safe house' environment where people are abstinent. Staff need the right skills and support to manage all eventualities.

Zero tolerance as a blanket policy in all types of supported housing would not take into account the day-to-day realities of the lives of service users who will be at different stages in the 'Cycle of Change' which is looked at in detail later on. Nor would it give providers the range of options they need to manage matters within the confines of their scheme.

Many commentators regard blanket zero tolerance policies across the spectrum of accommodation provision as unworkable, fearing that it encourages people to hide drug/alcohol problems, giving a false sense of security to staff and service users and posing risks for all. This is a difficult area requiring us to strike the right balance between agency policy, operational practice and criminal law.

This guide aims to help providers and commissioners find that balance, within the context of:

- **the Cycle of Change**
- **the Spectrum of Support**
- **the Whole Systems Approach**

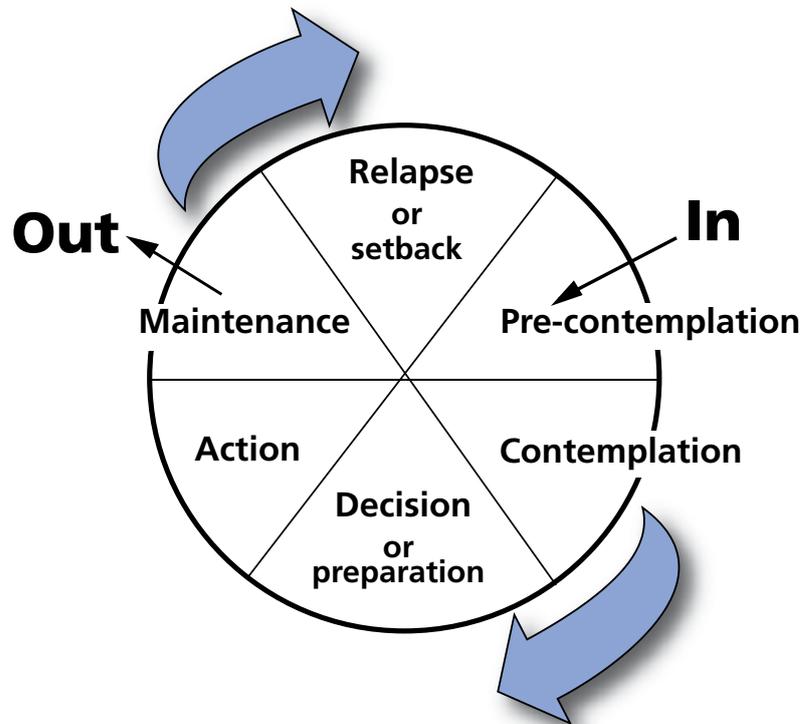
For the purpose of the guide, a definition of someone who has problems with drugs/alcohol is taken as:

“Any person who experiences or causes social, psychological, physical or legal problems relating to their self-administration of drugs and/or alcohol”.

Finally, the appendix contains sample drugs policies, guidance for staff and reference to relevant legislation and useful websites.

## The Cycle of Change

The Cycle of Change model, developed by Prochaska and DiClemente<sup>1</sup>, takes into account the fact that people with drug/alcohol problems go through specific stages of change. These stages must be understood in order for housing to be appropriate. People do not always go through these stages smoothly and can shift rapidly from one to another. Many people go through them several times.



### Pre-contemplators - Those not thinking about change

If someone has not thought about changing, the support emphasis has to be around harm reduction and perhaps building trust. Interventions are likely to be brief and focussed on practical tasks such as finding/maintaining housing rather than interventions around substance misuse.

### Contemplators - Those ambivalent about change

Work for someone contemplating change focuses on weighing up the pros and cons of changing. Workers will promote choices and possibilities without suggesting plans.

### In Decision - Those preparing to change

Work will focus on establishing goals, remaining realistic and identifying pitfalls.

### In Action - Those making a change

Work is varied during this stage. Clear advice can be offered, referrals made and progress monitored. Workers remain positive and encouraging.

### In Maintenance - Those having made a change

In this stage, work is focused on relapse prevention and establishing wider support networks. Feedback about achievements is important.

## In Relapse - Those who have had a setback

In relapse there must be rapid response and reaffirming support/achievements. Workers remain positive and assess whether the person can return to maintenance rapidly or whether they are going through the cycle again.

The right intervention at the right stage is crucial. If someone is in 'pre-contemplation' trying to make plans to change behaviour is a waste of time. If someone in 'decision stage' is not given options they could easily fall back into 'contemplation stage'.

<sup>1</sup> Prochaska J, DiClemente CC. The transtheoretical approach: crossing traditional boundaries of therapy. Homewood Illinois: Dow Jones-Irwin; 1984.

## The Spectrum of Support

This is based on the premise that people are in different stages of change and require different interventions. This needs to be reflected in their supported housing too. A sensible spectrum of support ethos and drug policy is required that meets needs. **A person's recovery from drug/alcohol misuse/dependency and ability to learn to live independently is impaired without a staged approach reflecting the needs of the individual.**



### High Tolerance

'drug free' unlikely  
eg  
Harm Reduction Scheme  
or  
Wet House

no pressure to change?  
(no cannabis)



### Some Tolerance

'drug free' possibility  
eg  
Assessment or Resettlement Projects

rules on drink?  
sharps bins?  
class A meds?



### Limited Tolerance

'drug free' objective  
eg  
Post-Detox Accommodation  
or  
'Safe' House

relapse support?  
specialists?



### Rare Tolerance

'drug free' imperative  
eg  
Therapeutic Community  
or  
Residential Rehab

strong sanctions?



## High Tolerance

**'drug free'  
unlikely**

eg

**Harm  
Reduction  
Scheme**

or

**Wet House**

**no pressure  
to change?  
(no cannabis)**

### Ethos

This housing type understands that some people will continue to use drugs/alcohol on the premises. It works with this fact to ensure harm to the individual is reduced and the public is put at less risk.

### Who is it for?

It is for people who have made many attempts to change their drug/alcohol use but have not been able to. They are likely to be dependent on alcohol or class 'A' drugs. They probably have a range of other issues too (eg mental illness, learning difficulties).

### What kind of housing?

This housing requires high levels of support (24/7). It is likely to be registered care or nursing and highly specialist. It will require support from clinical services. It is likely to be specially commissioned services (eg dual diagnosis).

### Legal considerations

Knowledge of the law and support from local police will be of paramount importance. This housing type will need to demonstrate that they are preventing cannabis (and opium) smoking and all drug dealing, but will not need to prevent the use of other drugs. They will need to know how to legally dispose of any drugs found on the premises.

### Policy

A detailed drug/alcohol policy will be required. Its aim will be for the project to be as flexible as possible whilst working within the law. It will not aim to evict anyone for the use of drugs or alcohol (exception: cannabis/opium). There will be sanctions for supply.

### Cycle of Change

Pre-contemplation: those not thinking about change.

### Interventions

**Do** assess needs/risk, limit damage, build trust and therapeutic relationship, provide health care.

**Don't** persuade, be critical or moralise.



## Some Tolerance

**'drug free' possibility**

eg

**Assessment**

or

**Resettlement Projects**

rules on drink?

sharp bins?

class A meds?

### Ethos

This housing type accepts that people need some encouragement and opportunity to reduce use or become abstinent but may also continue to use drugs/alcohol on the premises.

### Who is it for?

It is for people who are considering and planning to change their behaviour but are still using or in the early stages of change.

### What kind of housing?

This housing will most likely be supported housing funded through the Supporting People Programme and Housing Benefit. It is likely to have a high level of support: often 24 hour. It is likely also to require specialist young people or women's services. Any accommodation aiming to be an assessment hub will fit here.

### Legal considerations

This housing will have to cover a wide range of factors and work closely with local police. It will be unable to store medication for residents.

### Policy

A detailed drug/alcohol policy will be required. Its aim will be to provide people with an environment where change is possible but that will not, as a rule, evict for drug/alcohol use. It will perhaps limit this use to a person's own room and will require sanctions for chaotic use that puts others at risk.

### Cycle of Change

People will actually be at various early stages of change, including contemplation, decision and early action.

### Interventions

#### Contemplation:

**Do** monitor use (use diaries), elicit motivational statements, emphasise choice.

**Don't** suggest strategies, be prescriptive.

#### Decision:

**Do** negotiate realistic goals, agree time-frames.

**Don't** restrict options.

#### Action:

**Do** offer advice, support referrals, reinforce gains, and keep realistic.

**Don't** be negative.



## Limited Tolerance

**'drug free' objective**  
eg  
**Post-Detox Accommodation**  
or  
**'Safe' House**

relapse support?  
specialists?

### Ethos

This housing type recognises that when people make changes they need a more structured environment but still need support if they lapse.

### Who is it for?

It is for people who have changed their behaviour but still need some flexibility to maintain this change. They are not using drugs/alcohol in the main but may still have occasional lapses.

### What kind of housing?

This is likely to be supported housing funded through the Supporting People Programme and Housing Benefit. It is likely to include specialist provision for projects like mother and baby units as well as low level group homes. It will have high to medium levels of support.

### Legal considerations

This type of housing will need careful consideration of the law. It will not be able to store medication.

### Policy

A detailed drug/alcohol policy will be required. Its aim will be to provide a safe and therapeutic place where people can remain free from drug/alcohol use. It will also include flexibility for those who lapse and will give people the opportunity to re-focus on not using. However, ultimately if people relapse they will have to find accommodation elsewhere. Clear lapse and relapse policy will be crucial.

### Cycle of Change

In early maintenance of change.

### Interventions

**Do** support and reinforce change, ensure support networks, relapse prevention.

**Don't** be judgemental of lapses and over emphasise failure.



## Rare Tolerance

**'drug free'  
imperative**

eg

**Therapeutic  
Community**

or

**Residential  
Rehab**

**strong  
sanctions?**

### Ethos

This housing type recognises when people are working to maintain change in a very structured environment they require very clear boundaries. Any use of drugs/alcohol in this environment can put people at risk and can't be tolerated.

### Who is it for?

It is for people who are involved in structured treatment within a residential setting either in the community or in residential rehabilitation. They are abstinent from all drugs/alcohol.

### What kind of housing?

It is likely to be funded places by either private or social care sources. In some cases the Supporting People Programme may consider developing such services but as the exception rather than the rule.

### Legal considerations

As it is based on abstinence there are less legal considerations. Projects will still need to understand how to deal with rare use and disposal of drugs.

### Policy

A drug/alcohol policy will still be required. Its aim will be to ensure all residents understand their responsibilities to remain drug/alcohol free. Any drug/alcohol use could lead to eviction. However, even with a policy that is based on abstinence some scope will still remain for residents to appeal and explain exceptional circumstances. Appeals should be to senior staff.

### Cycle of Change

It is crucial that all residents are at the maintenance stage.

### Interventions

**Do** provide daily focussed support.

**Don't** forget to prepare people for living in the community when they leave where there is less structure.

## Independence

If someone has an independent tenancy they may be receiving community or floating support to help them remain housed. It may be possible to support people in all types of housing and stages of change and the ultimate measure is whether their housing is being maintained. Even in this setting housing support providers will require detailed drug/alcohol policies (eg about what to do if someone uses drugs during a visit).

This support will need to consider these stages to offer appropriate interventions. Some examples to consider are:

### **High tolerance / Not thinking about change**

**Do** provide assertive support to ensure rent payment, perhaps attending post office payment days with service user.

**Don't** rush to refer people to specialist detoxification services.

### **Some tolerance / Thinking about or planning change**

**Do** refer service users to drug/alcohol support agencies, encourage the person to take more responsibility for their tenancy.

**Don't** set unrealistic goals or be too prescriptive about what services to engage with.

### **Limited tolerance / Making changes**

**Do** support changes, provide positive feedback.

**Don't** be too negative or show disappointment about set backs.

### **Rare Tolerance / Maintaining changes**

**Do** feedback positive change, widen support networks, expect more independence and decision making.

**Don't** continue to support if it is no longer necessary.

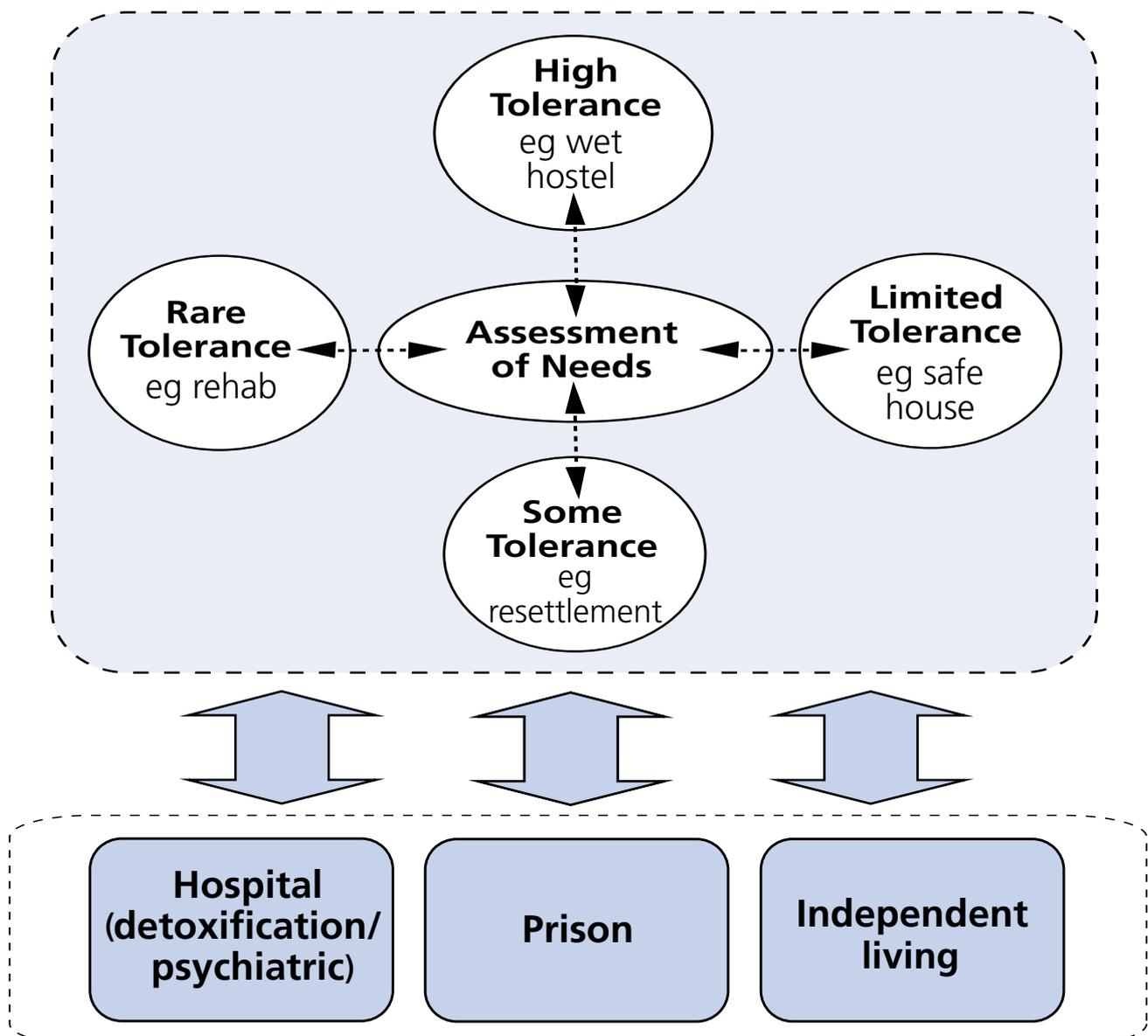
## Whole Systems Approach

For this to work effectively, all aspects of the spectrum of provision are required to be in place at sufficient levels to meet need. It is also important that clear pathways through services are mapped and followed. Assessments against the 'Cycle of Change' will determine which supported housing is most appropriate. People with drug/alcohol problems will require a mixture of specialist and generic support and on occasion other specialist support (eg dual diagnosis). Service providers will need to consider where they fit into the model.

The starting point will be the assessment. Where this is an accommodation project assessment centre this would adopt the 'some tolerance' approach. From this point service users should be able to access specialist services that provide the full spectrum of support. Existing service provision can be mapped against this model to identify gaps.

## Specialist Projects

From specialist/non-specialist assessment hub to specialist projects.



# Appendix

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## Drugs Policy Guidance



## Introduction

This drug policy guidance and the policy frameworks outlined in it do not replace the requirement for agencies to develop their own policies that meet their particular needs. However, they do represent a starting point for services to consider what needs to go into a policy and how they fit into the Norfolk Drug and Alcohol Partnership 'Spectrum of Possibility' guide.

The aim is for agencies to consider what type of housing their service provides and where they fit into the spectrum of need. The policy frameworks can be used to reflect on and perhaps update your current policy.

Developing a drugs policy requires careful consideration. Providers have to balance legislation, health and safety and the need to deliver support to service users. They have to consult with service users, staff and local police. They need to make sure their policies ensure fair access to their services.

These model policies have been developed as guidance within the philosophy of **"written with flexibility; adhered to rigidly"**.



A written set of rules is not enough. Staff need clear guidance on procedures and training in implementing the policy.

This section is split into:

- **staff guidance**
- **sample policies for each housing stage**
- **relevant legislation references**

**This Guidance is for supported accommodation projects. Other approaches and policies will need to be developed for home visits and outreach services.**



### Things to consider

#### Introduction

This section is not a definitive guide to action that should be taken but rather an introduction to the subject, together with some suggestions for responses. The policy should set out the agencies stance on drugs and expectations for and of service users. The type of policy adopted within the spectrum of support influences responses to policy breaches.

This guide provides comprehensive consideration to the issues faced within a drugs policy. Any project will have its own particular needs and will have to decide for itself the approach it takes.

#### Developing a policy

A policy should be developed in consultation. This could be with staff, service users, police and other stakeholders. This approach helps ensure the policy is usable and legal. Support to do this may be required (the Norfolk Drug and Alcohol Action Team (DAAT) can help facilitate this).

#### Purpose

It is important to remember that a primary purpose of having the policy in place is to support people with needs. The people supported have drug/alcohol problems and these issues need to be addressed. The service provider also has a duty to ensure the health and safety of all service users, volunteers and staff, and has an obligation to work within the law. A second purpose of having the policy in place, therefore, is to ensure the right balance is made between these duties.

#### Using the policy

Staff must always adhere to the policy. Not doing this has to be seen as a disciplinary matter. However, staff must have training and be able to consult with senior staff if there are aspects of it that are not clear. All service providers should consider the level of training they need around the policy and drugs/alcohol in general, to ensure their staff are equipped to work with drug/alcohol users. This could include induction, in-house training, outsourced specialist training (this can be sourced through Norfolk DAAT) as well as regular supervision. Locum staff will need an appropriate level of understanding of, and access to, the policy.

#### What drugs?

What counts as a 'drug' or 'intoxicant' is open to some debate. It can include nicotine or coffee. What drugs to cover in a policy is a decision for the project. In general there is a focus on controlled drugs (this includes those illegal to hold without prescription, eg methadone, benzodiazepine, as well as things like heroin and crack). A policy should also

include prescription only or over the counter medication. There are also drugs not covered in the Misuse of Drugs Act. These include solvents and some 'herbal highs'. Some projects may wish to consider alcohol separately but must be reminded it is not the only legal intoxicant.

## The premises

The Misuse of Drugs Act obliges projects to prevent certain activities occurring on their 'premises'. The Anti-social Behaviour Act takes this further by covering activities 'associated with a property'. For these reasons a wide view of what is considered the 'premises' should be taken to include the environs of the property and the surrounding area. Whilst the purpose of the project is not to police premises and seek out activities, in order to prevent them occurring, the service provider should take reasonable steps. This may include regular supervision of the building and surrounding area, restricting access to certain areas, considering CCTV and always responding to complaints from the public about suspected drug related behaviour. Whenever an issue arises, eg suspicion of an area near the project building being used for supply, an action plan should be made.

## Possession

Workers will need to be able to refer to the service provider's policy and see within it what action they need to take. They will always need to assess the risk that is being presented and remind service users of the law about possession of drugs. Workers should always have access to information about specialist support agencies and encourage service users to use them. Staff should be aware that larger amounts of a substance held by a service user may indicate an intention to supply.

## Storage

This is an area often overlooked by agencies, but legislation does apply. Unless the premises is a registered care home and can operate within care standards, projects should not store controlled drugs on behalf of service users. Please note that this guidance does not cover all aspects relating to storage and needs separate examination. The document 'On Storage' (Kfx) is a very useful reference (see p33 for web address).

## Finding drugs in communal areas

Workers can only legally possess a controlled drug for the purpose of preventing its illegal use, destroying it or delivering it to someone authorised to receive it for lawful destruction (eg the police). Where prescribed controlled drugs are found, if it is clearly labelled to whom it is prescribed, then these can be returned (and any other actions taken in line with policy). If it is unclear to whom they belong, they should be taken to a pharmacy for disposal. If taking it to a pharmacy, a record should be made and the pharmacy contacted before the worker takes them. If illegal drugs are found (or workers suspect that the substances are illegal drugs) they should be destroyed or taken to the police. (NB: There is no legal time duration in which a seized substance can be retained in circumstances outlined above. A worker should act expediently to dispose of any substance as soon as practicable.)

## Finding drugs in private areas

Where adult service users exclusively occupy rooms under licence or tenancy, such rooms are their private area and items in their room(s) are their private possessions. Workers should not search rooms (the police would have to follow legal guidelines to do this). Exceptions may occur in 'Children's Homes' where workers have different legal roles and should seek legal advice in this area. Finding drugs or drugs paraphernalia can be seen as indicating use or even supply and workers should act accordingly. Removing some drugs could even put service users at risk of death (eg removing benzodiazepine could result in a fatal withdrawal fit if the service user is dependent on that drug). Where the room has been vacated and drugs are found they should be disposed of or given to police. If the service user returns to the project, policy should be followed, as leaving drugs, not properly stored, causes risks.

## Destroying/disposing of drugs

This causes a number of issues and the project must develop a clear procedure. The person who finds the drugs must follow this procedure and not give them (ie supply them) to another person. If they destroy them this should be witnessed by a senior worker and a record made. If it is not easy to destroy them, then they will have to be handed to police. If a worker is taking substances to the police, the police must be informed that they are doing this before they set off. The find must be recorded and preferably witnessed by another staff member. Advanced police liaison is important. The police should only require the information that the drugs were found at the project and require disposing of. It is important to involve the police straight away, including asking them to visit the project.

## Supplying controlled drugs

This is an important area for a project. Staff should be induction trained to understand what behaviour suggests supply. Workers must always act. They are legally obliged to take 'reasonable means...readily available' to prevent supply. This can include supervising areas, using CCTV, displaying notices, improving security (eg non 'open door' policy), instructing people to stop when there is suspicion (final warning), banning people who are suspected, enforcing these bans and informing the police of bans. Ultimately a project may even need to consider closing if this is an issue. Good liaison with the police is crucial, especially in responding to any concerns they raise. Responses must be proportionate. If actions are not having an effect (eg a person has had more than one warning and continues to demonstrate suspicious behaviour) this can no longer be seen as reasonable or proportionate and different/stronger action must be taken.

## Using drugs

The law obliges projects to prevent cannabis (and opium) being smoked on the premises. The project has to take 'reasonable means ... readily available' as they do for the supply of all controlled drugs. Many workers and service users find this obligation difficult, as there is not the legal obligation to prevent the use of other controlled drugs (including heroin and crack). For this reason any policy must be clearly explained to the service user and how this relates to the law. If service users are found (suspected) to

be smoking cannabis they must be instructed to stop and then actions taken in the policy. If the service user refuses to stop, then workers must not put them at risk and consider whether they can simply follow the drugs policy or whether this amounts to intimidating/threatening behaviour. As with supply, if actions taken are not preventing a service user smoking cannabis, stronger action must be taken. All reoccurring behaviour should be discussed with other staff, including senior staff, before stronger action is taken.

## **Intoxication/anti-social behaviour**

Dealing with intoxication will be individual to each project. This guidance does not cover general threatening or abusive behaviour that may occur when someone is intoxicated. Such behaviour should be dealt with separately from intoxication under the projects' policies of dealing with aggressive or abusive behaviour. Training should be provided for this and projects should always be prepared to call the police if behaviour is serious. It is hoped that intoxication can be managed on a one-to-one basis where individuals learn how they affect others and moderate their behaviour. Actions should be followed in accordance with the drugs policy. It should be remembered that the duty to prevent anti-social behaviour extends beyond the building. If the police/court agrees that the project premises are associated with 'Class A' drugs use, nuisance or serious disorder, they have the power to remove people from the property and seal the property for a lengthy period of time.

## **Sharps bins and injecting equipment**

Disposing of clinical waste safely is important in the prevention of blood borne viruses (BBV). Staff should have at least basic understanding of BBV and needle exchange facilities (and be vaccinated against hepatitis B). Approved sharps bins should be readily available as per drugs policies. If staff find needles, they must dispose of them carefully. They should be aware that any service user might be using needles. Where needles need disposing of, workers should use correct equipment to pick them up (tongs/latex gloves) and place them in a small sharps bin at the site where they are found. The project should make arrangements for correct disposal of such materials. Often the N-DAP funded Needle Exchange Service will be able to collect clinical waste. Projects should also develop needle stick injury procedures. This should be in liaison with local hospital/health centre. A suggested procedure is (KFx 2006):

- remove needle and retain it somewhere safe
- squeeze the injury to encourage bleeding for a few minutes, and place under cold running water
- wash and clean the site with iodine or cold running water if iodine is not available
- dry and apply a plaster or other dressing
- those not vaccinated against Hepatitis B should report to local A&E department for vaccination within 48 hours
- a senior worker should be informed and an entry made into the accident book

- support and counselling should be made available to the injured person
- assessment for prophylaxis treatment made rapidly (where protocol with hospital/health centre exists)

## Record keeping and confidentiality

Records are crucial in order to demonstrate that the project is fulfilling its legal obligations as well as providing consistency within the policy so that all service users are treated fairly. Projects will need to consider how they record incidents. They may wish to have a record just for the policy. This record would have to have clear guidelines on what is recorded. It should only record incidents relating to breaches and actions taken within the drugs policy. All other information should be on the service user's personal file. Equally any record of bans should only contain minimal information. Service users will always be told about the projects confidentiality policy when they first move into the project. How the drugs policy affects confidentiality should be explained, especially where confidentiality has to be breached (eg the project may pass the name of someone to the police who they have evicted for suspicion of supply, if it is deemed necessary). It is always good practice to have another member of staff corroborate all procedures relating to substances, including all recording.

## Working with the police

The police are an integral part of the Norfolk Drug and Alcohol Partnership and delivery of the National Drug Strategy. In Norfolk great efforts are made to work collaboratively to achieve shared aims and objectives. This occurs in housing too. Projects will need to foster positive relationships with local police. This can be a great help to the project to prevent drug related problems. Police have certain powers they can use to search premises and projects need to understand when these powers can be used. In general, projects will not require police involvement but when it is required, especially when police are carrying out their legal duties (eg when a warrant has been obtained), staff will need to cooperate. Projects should consider having senior police officers as advisers on management boards and should always involve them in the development of drugs policy. Advice can be sought from the N-DAP Drug Availability Liaison Officer, who is based within the Constabulary, on matters of policy and procedure on **01953 424018**.

## Staff conduct

Projects should consider developing work related drug policies that cover their own staff, including standards of behaviour and responding to suspicions of use of drugs amongst workers. Projects should also consider what training staff need to ensure they deliver services fairly and within a philosophy of equal opportunities and diversity. Any stigmatising of people with drug/alcohol problems must be avoided if a project is to successfully resettle people. This includes not using derogatory terms or beliefs and challenging them when heard from other service users or staff at other projects. Terms may include 'alcoholic' or 'junkie'. Prejudices may be a belief that drug/alcohol users will 'never change' or are 'a waste of time'.

# Drugs Policy 1



## High Tolerance 'Drug free' unlikely

### Background

#### The project

This is a highly specialised project run by the service provider. It has a high level of support, including nursing or care. It supports people who have long term dependency on alcohol and drugs (such as heroin and crack). Its service users are unlikely to stop using drugs/alcohol and are likely to have other related problems, eg physical and mental health.

#### Purpose

This project does not condone nor approve of drug/alcohol use, possession or supply. However, it works with people who have both long term drug and/or alcohol problems. In order to provide care and support to its service users it aims to prevent exclusion of drug/alcohol users wherever it is possible. It recognises that service users require an environment where workers constructively engage with people who continue to use drugs/alcohol.

The project also has obligations and duties to:

- work within the law
- provide a safe environment for workers, volunteers and service users
- work with the local community

This policy aims to provide the right balance in order to achieve all these aims.

#### Service user rights

All service users have the right to be treated fairly and with respect and dignity. This policy aims to ensure the right supportive environment is provided. If anyone does not understand the policy they are encouraged to ask staff about it and why it is needed. Feedback and involvement is always welcomed.

#### Drugs covered

This policy covers controlled drugs, alcohol and other drugs. It affects all residents. Controlled drugs are those indicated in the Misuse of Drugs Act. It includes illegal drugs (eg cocaine) and drugs used for specialist prescribing (eg methadone). Other drugs (relevant to the policy, but not covered under the Misuse of Drugs Act) include medicines and legal drugs (eg volatile substances, 'legal highs' etc).

#### Premises covered

The policy covers all areas on and near the premises. This project is concerned with how the activities of residents affect its neighbours. On the premises includes all shared and private areas. Near the premises includes anywhere in the vicinity of the building.

## Breaching the policy

The project hopes that by providing the right support the policy will be adhered to. However, there may be times when the policy is breached. If this happens the project will always take action.

### Action

- **An informal talk** about risks and why behaviour is unacceptable (recorded in file notes as a support session).
- **A formal warning** about risks and why behaviour is unacceptable (recorded in file notes as a formal warning).
- **A formal warning meeting** with support and senior staff about risks and why behaviour is unacceptable (recorded on file).

### Strong Action

- **A final warning** about risks and why behaviour is unacceptable, and if behaviour doesn't change, further action will be required (recorded on file and given a set 'shelf life').
- **Notice to quit** and banned from the project (for a set period).
- **Immediate eviction** and banned from the project (for a set period).
- **Informing the police** of behaviour and the project's actions.

## What Happens

### Possession of illegal drugs

(eg cannabis, heroin, non-prescribed methadone)

This project does not condone bringing illegally held drugs onto the premises but recognises that, due to the nature of addiction, for some people with drug dependency this may happen. If it appears that the amount of drugs is large this may be taken to indicate 'supply'. In all such cases the project will consider action.

### Possession of prescribed controlled drugs

(eg methadone, diazepam)

If service users are prescribed controlled drugs they must inform the project. If the project is not informed action will be taken; this can lead to strong action. These drugs must be stored as described in the 'storage of drugs' section. These must not be given to others or this will be seen as 'supply'.

### Storage of prescribed controlled drugs and medicines

(eg methadone, diazepam)

This project will not store drugs for service users. (If the project is a registered care home it can store controlled drugs that are prescribed to the individual; in line with care standards.) Service users must ensure that any prescribed drugs are stored safely in their room or on

their person and in the original packaging. Prescribed medication must not to be taken in communal areas. If by not taking care of medication others are put at risk action will be taken; this can lead to strong action.

### **Finding drugs/alcohol**

**(eg finding drugs in someone's room/ medication in communal areas)**

Unattended or not properly stored drugs/alcohol can put people at risk, especially if left in communal areas. If the drug appears to be illegal, it will be disposed of. If the drug appears to be prescribed, it will be taken to a pharmacy. If it is clear whom it belongs to, (eg packaging with names on) action will be taken; this can lead to strong action. Drugs/alcohol left in communal areas will be seen as a more serious issue. Where it is unknown who has left the drugs/alcohol all service users will be reminded of the risks.

### **Supply of controlled drugs**

**(eg selling cocaine, sharing a joint, giving someone methadone)**

Illegally supplying controlled drugs is a serious criminal offence. This project will never tolerate this and will always take strong action if it is suspected. Anyone suspected of this will immediately receive a final warning. This will be accompanied with increased contact through the support plan. Action can mean immediate eviction and informing the police.

### **Use of controlled drugs on the premises**

This project does not condone the use of drugs. It can't allow any use that causes risks to service users and staff or that puts the project at risk of prosecution. Cannabis is an illegal drug and the project has a legal duty to prevent its use on the premises. Action will always be taken if cannabis is used on the premises; this can lead to strong action.

The project is aware that people who have drug dependency who live at the project may be using other controlled drugs regularly. This project must ensure that use of these other controlled drugs is not putting other service users at risk. If other service users are put at risk action will be taken; this can lead to strong action.

### **Use of alcohol on the premises**

This project will only allow the use of alcohol in designated areas. These areas are agreed at the project (eg one communal room or bedrooms only). If alcohol use occurs in other areas action will be taken; this can lead to strong action. (This only relates to a project where alcohol is allowed within the policy.)

### **Unsafe use of alcohol and drugs**

This project expects service users who have drug/alcohol dependency to use as safely as possible. A 'safe use' support plan will be developed with each service user. If service users are not following this support plan action will be taken. The aim of this action will always be to support safer use.

## **Intoxication on the premises**

This project understands that some service users may be intoxicated on the premises. Action will always be taken but this action will vary. If the person is causing risks or being aggressive action will be taken; this can lead to strong action, including calling the police. However, in general, it will be expected that the project will negotiate reasonable behaviour, such as the service user leaving communal areas or leaving the project. If the intoxication is putting the service user at risk the project will ensure they are attended to and any necessary medical intervention is provided.

## **Sharps bins and injecting equipment**

This project is committed to the safe disposal of razor blades, toothbrushes, injecting equipment and bandages. Sharps bins are provided for this and should be used at all times. If such items are not disposed of safely, this can cause risks to staff and service users. Not disposing of items like this and especially leaving used needles in dangerous places will not be tolerated. Action will be taken. If people are put at immediate risk strong action may be taken immediately.

## **Visitors**

This policy applies to visitors. Visitors are the responsibility of who they are visiting. If the visitor breaches the policy, action will be taken as indicated in each section against the service users who the person is visiting. The visitor will be banned for a set period. If the visitor is suspected of supplying controlled drugs the visitor will be banned for a long period (whatever the project deems as their longest bar, eg 6-12 months) and the police may be informed.

## Drugs Policy 2



### Some Tolerance 'Drug free' possibility

#### Background

##### The project

This is a project that may be specialised or generic. It has a reasonably high level of housing support. It may be an assessment project or a specialist project for a particular group (eg people with drug problems involved in crime).

##### Purpose

This project does not condone nor approve of drug/alcohol use, possession or supply. However, it works with people who are currently using drugs/alcohol. They may be considering plans to change their use or may already be engaging with services to achieve this. In order to provide care and support to its service users it aims to prevent exclusion of drug/alcohol users wherever it is possible. It recognises that service users require an environment where workers constructively engage with people who continue to use drugs/alcohol.

The project also has obligations and duties to:

- work within the law
- provide a safe environment for workers, volunteers and service users
- work with the local community

This policy aims to provide the right balance in order to achieve all these aims.

##### Service user rights

All service users have the right to be treated fairly and with respect and dignity. This policy aims to ensure the right supportive environment is provided. If anyone does not understand the policy they are encouraged to ask staff about it and why it is needed. Feedback and involvement is always welcomed.

##### Drugs covered

This policy covers controlled drugs, alcohol and other drugs. It affects all residents. Controlled drugs are those indicated in the Misuse of Drugs Act. It includes illegal drugs (eg cocaine) and drugs used for specialist prescribing (eg methadone). Other drugs include medicines and legal drugs (eg volatile substances, 'legal highs' etc).

##### Premises covered

The policy covers all areas on and near the premises. This project is concerned with how the activities of residents affect its neighbours. On the premises includes all shared and private areas. Near the premises includes anywhere in the immediate vicinity of the building.

## Breaching the policy

The project hopes that by providing the right support the policy will be adhered to. However, there may be times when the policy is breached. If this happens the project will always take action.

### Action

- **An informal talk** about risks and why behaviour is unacceptable (recorded in file notes as a support session).
- **A formal warning** about risks and why behaviour is unacceptable (recorded in file notes as a formal warning).
- **A formal warning meeting** with support and senior staff about risks and why behaviour is unacceptable (recorded on file).

### Strong Action

- **A final warning** about risks and why behaviour is unacceptable and if behaviour doesn't change further action will be required (recorded on file and given a set 'shelf life').
- **Notice to quit** and banned from the project (for a set period).
- **Immediate eviction** and banned from the project (for a set period).
- **Informing the police** of behaviour and the project's actions.

## What Happens

### Possession of illegal drugs

(eg cannabis, heroin, non-prescribed methadone)

This project does not condone bringing illegally held drugs into the premises but recognises that due to the nature of addiction, for some people with drug dependency this may happen. If it appears that the amount of drugs is large, this may be taken to indicate 'supply'. In all such cases the project will consider action.

### Possession of prescribed controlled drugs

(eg methadone, diazepam)

If service users are taking prescribed controlled drugs they must inform the project. If the project is not informed action will be taken; this can lead to strong action. These drugs must be stored as described in the 'storage of drugs' section. These must not be given to others or this will be seen as 'supply'.

### Storage of prescribed controlled drugs and medicines

(eg staff looking after methadone)

This project will not store drugs for service users. Service users must ensure that any prescribed drugs are stored safely in their room or on their person and in the original

packaging. Prescribed medication must not to be taken in communal areas. If by not taking care of medication others are put at risk, action will be taken; this can lead to strong action.

### **Finding drugs/alcohol**

**(eg finding drugs in someone's room/ medication in communal areas)**

Unattended or not properly stored drugs/alcohol can put people at risk, especially if left in communal areas. If the drug appears to be illegal, it will be disposed of. If the drug appears to be prescribed, it will be taken to a pharmacy. If it is clear whom it belongs to, (eg packaging with names on) action will be taken; this can lead to strong action. Drugs/alcohol left in communal areas will be seen as a more serious issue. Where it is unknown who has left the drugs/alcohol all service users will be reminded of the risks.

### **Supply of controlled drugs**

**(eg selling cocaine, sharing a joint, giving someone methadone)**

Illegally supplying controlled drugs is a serious criminal offence. This project will never tolerate this and will always take strong action if it is suspected. Anyone suspected of this will immediately receive a final warning. This will be accompanied with increased contact through the support plan. Action can mean immediate eviction and informing the police.

### **Use of controlled drugs on the premises**

This project does not condone the use of drugs. It cannot allow any use that causes risks to service users and staff or that puts the project at risk of prosecution. Cannabis is an illegal drug and the project has a legal duty to prevent its use on the premises. Action will always be taken if cannabis is used on the premises, this can lead to strong action.

The project is aware that people who have drug dependency who live at the project may be using other controlled drugs regularly. This project must ensure that use of these other controlled drugs is not putting other service users at risk. If other service users are put at risk action will be taken; this can lead to strong action.

### **Use of alcohol on the premises**

This project will only allow the use of alcohol in designated areas. These areas are agreed at the project (eg one communal room or bedrooms only). If alcohol use occurs in other areas action will be taken; this can lead to strong action. (This only relates to a project where alcohol is allowed within the policy.)

### **Intoxication on the premises**

This project understands that some service users may be intoxicated on the premises. Action will always be taken but this action will vary. If the person is causing risks or being aggressive action will be taken; this can lead to strong action, including calling the police. However, in general it will be expected that the project will negotiate reasonable behaviour, such as the service user leaving communal areas or leaving the project. If the intoxication is putting the service user at risk, the project will ensure they are attended to and any necessary medical intervention is provided.

## Sharps bins and injecting equipment

This project is committed to the safe disposal of razor blades, toothbrushes, injecting equipment and bandages. Sharps bins are provided for this and should be used at all times. If such items are not disposed of safely, this can cause risks to staff and service users. Not disposing of items like this and especially leaving used needles in dangerous places will not be tolerated. Action will be taken. If people are put at immediate risk, strong action may be taken immediately.

## Visitors

This policy applies to visitors. Visitors are the responsibility of who they are visiting. If the visitor breaches the policy, action will be taken as indicated in each section against the service users who the person is visiting. The visitor will be banned for a set period. If the visitor is suspected of supplying controlled drugs the visitor will be banned for a long period (whatever the project deems as their longest bar, eg 6-12 months) and the police may be informed.



## Limited Tolerance 'Drug free' ethos

### Background

#### The project

This is a project that may be a specialised resettlement project for people recovering from drug and/or alcohol problems. It has housing support. It may be described as a 'safe house'. It aims to be drug/alcohol free.

#### Purpose

This project does not condone nor approve of drug/alcohol use, possession or supply. However, it works with people who are currently working at remaining free from drugs/alcohol who may occasionally lapse. They are maintaining change and engaging with services to achieve this. In order to provide care and support to its service users it aims to prevent exclusion of drug/alcohol users, wherever it is possible. It recognises that service users require an environment where workers constructively engage with people who continue to have issues with drugs/alcohol.

The project also has obligations and duties to:

- work within the law
- provide a safe environment for workers, volunteers and service users
- work with the local community

This policy aims to provide the right balance in order to achieve all these aims.

#### Service user rights

All service users have the right to be treated fairly and with respect and dignity. This policy aims to ensure the right supportive environment is provided. If anyone does not understand the policy they are encouraged to ask staff about it and why it is needed. Feedback and involvement is always welcomed.

#### Drugs covered

This policy covers controlled drugs, alcohol and other drugs. It affects all residents. Controlled drugs are those indicated in the Misuse of Drugs Act. It includes illegal drugs (eg cocaine) and drugs used for specialist prescribing (eg methadone). Other drugs include medicines and legal drugs (eg volatile substances, 'legal highs' etc).

#### Premises covered

The policy covers all areas on and near the premises. This project is concerned with how the activities of residents affect its neighbours. Near the premises includes all shared and private areas. Off the premises includes anywhere in the immediate vicinity of the building.

## Breaching the policy

The project hopes that by providing the right support the policy will be adhered to. However, there may be times when the policy is breached. If this happens the project will always take action.

### Action

- **An informal talk** about risks and why behaviour is unacceptable (recorded in file notes as a support session).
- **A formal warning** about risks and why behaviour is unacceptable (recorded in file notes as a formal warning).
- **A formal warning meeting** meeting with support and senior staff about risks and why behaviour is unacceptable (recorded on file).

### Strong Action

- **A final warning** about risks and why behaviour is unacceptable, and if behaviour doesn't change further action will be required (recorded on file and given a set 'shelf life').
- **Notice to quit** and banned from the project (for a set period).
- **Immediate eviction** and banned from the project (for a set period).
- **Informing the police** of behaviour and the project's actions.

## What Happens

### Possession of drugs

(eg cannabis, heroin, 'legal highs')

This project does not condone bringing illegally held drugs into the premises. In order for the project to remain drug free it will not allow the possession of any drugs (unless they are prescribed to the individual). If service users are suspected of possessing drugs action will be taken; this can lead to strong action. They will be required to remove any drugs from the premises or destroy them. If the possession puts others at risk, strong action will be taken. If it appears that the amount of drugs is large, this may be taken to indicate 'supply'.

### Possession of prescribed controlled drugs

(eg methadone, diazepam)

If service users are prescribed controlled drugs they must inform the project. If the project is not informed action will be taken; this can lead to strong action. These drugs must be stored as described in the 'storage of drugs' section. These must not be given to others or this will be seen as 'supply'.

## **Storage of prescribed controlled drugs and medicines** (eg staff looking after methadone)

This project will not store drugs for service users. Service users must ensure that any prescribed drugs are stored safely in their room or on their person and in the original packaging. Prescribed medication must not be taken in communal areas. If by not taking care of medication others are put at risk, action will be taken; this can lead to strong action.

## **Finding drugs/alcohol** (eg finding drugs in someone's room/ medication in communal areas)

Unattended or not properly stored drugs/alcohol can put people at risk, especially if left in communal areas. It will also indicate use. If the drug appears to be illegal, it will be disposed of. If the drug appears to be prescribed, it will be taken to a pharmacy. If it is clear whom it belongs to, (eg packaging with names on) strong action will be taken. Drugs/alcohol left in communal areas will be seen as a more serious issue. Where it is unknown who has left the drugs/alcohol, all service users will be reminded of the risks and the policy.

## **Supply of controlled drugs** (eg selling cocaine, sharing a joint, giving someone methadone)

Illegally supplying controlled drugs is a serious criminal offence. This project will never tolerate this and will always take strong action if it is suspected. Anyone suspected of this will at least receive a final warning. This will be accompanied with increased contact through the support plan. Action can mean immediate eviction and informing the police.

## **Use of drugs on the premises**

In order to develop an environment where people can recover from drug problems this project does not allow the use of any drugs on the premises. Action will always be taken if drugs are used on the premises; this can lead to strong action. Drug use in communal areas will always lead to strong action.

## **Use of alcohol on the premises**

In order to develop an environment where people can recover from alcohol problems this project does not allow the use of alcohol on the premises. If alcohol use occurs, action will be taken; this can lead to strong action. Alcohol use in communal areas will always lead to strong action.

## **Lapse and relapse**

The project realises that on occasions a service user may lapse. This may occur on or off the premises. A lapse is a one-off use of a substance that has been problematic in the past. If a service user lapses, the project expects them to approach staff to discuss it. At this point staff will want to discuss the circumstances of the lapse, what the trigger(s) were and develop a plan to avoid it happening again. Further sessions, to discuss how things have been going for the service user since the lapse, will be booked as part of the ongoing support plan.

The project realises that on occasions a service user may go beyond lapsing and actually relapse. This may occur on or off the premises. A relapse is a return to regular problematic use of drugs/alcohol. If a service user relapses they will no longer be able to stay at the project. Strong action will be taken that will lead to notice to quit or, if use is putting others at risk, immediate eviction.

### **Intoxication on the premises**

This project understands that some service users may be intoxicated on the premises. Action will always be taken but this action will vary. If the person is causing risks or being aggressive, action will be taken; this could be immediate strong action, including calling the police. However, in general, it will be expected that the project will negotiate reasonable behaviour such the service user leaving communal areas or leaving the project. If the intoxication is putting the service user at risk the project will ensure they are attended to and any necessary medical intervention is provided. Consideration will always be made to other service users and their recovery. If intoxication on the premises occurs a number of times or if other service users recovery is put at risk, strong action will be taken.

### **Sharps bins and injecting equipment**

This project is committed to the safe disposal of razor blades, toothbrushes, injecting equipment and bandages. Sharps bins are available in the office for this and should be used at all times. If items are not disposed of safely, this can cause risks to staff and service users. If any equipment is found that suggest drugs are being used on the premises, action will be taken. If people are put at immediate risk strong action will be taken.

### **Visitors**

This policy applies to visitors. Visitors are the responsibility of the service user they are visiting. If the visitor breaches the policy, action will be taken as indicated in each section against the service users who the person is visiting. The visitor will be banned for a set period. If the visitor is suspected of supplying controlled drugs the visitor will be banned for the longest period (whatever the project deems appropriate, eg 6-12 months) and the police may be informed.

### **Drug/alcohol related disruptive behaviour**

This project exists to create an environment where people can recover from drug and alcohol problems. It aims to be drug/alcohol free but recognises the need to support people who may lapse.

The project will always take action against service users whose behaviour puts other service users' recovery at risk; this can lead to strong action. This behaviour includes things like encouraging drug/alcohol use, causing others distress by drugs/alcohol use or having visitors who have drug problems.

# Drugs Policy 4



## Rare Tolerance 'Drug free' imperative

### Background

#### The project

This is a highly specialised rehabilitation project for people currently abstinent from drugs and/or alcohol but who have had problems in the past. It has a high level of support and a structured programme. It has to be drug/alcohol free.

#### Purpose

This project does not condone nor approve of drug/alcohol use, possession or supply. However, it works with people who have had problems with drugs/alcohol in the recent past. They are maintaining change and engaging with services to remain drug/alcohol free. In order to provide care and support to its service users it aims to prevent exclusion of drug/alcohol users wherever it is possible. It recognises that service users require a drug/alcohol free environment where workers constructively engage with people who have had issues with drugs/alcohol in the past.

The project also has obligations and duties to:

- work within the law
- provide a safe environment for workers, volunteers and service users
- work with the local community

This policy aims to provide the right balance in order to achieve all these aims.

#### Service user rights

All service users have the right to be treated fairly and with respect and dignity. This policy aims to ensure the right supportive environment is provided. If anyone does not understand the policy they are encouraged to ask staff about it and why it is needed. Feedback and involvement is always welcomed.

#### Drugs covered

This policy covers controlled drugs, alcohol and other drugs. It affects all residents. Controlled drugs are those indicated in the Misuse of Drugs Act. It includes illegal drugs (eg cocaine) and drugs used for specialist prescribing (eg methadone). Other drugs include medicines and legal drugs (eg volatile substances, 'legal highs' etc).

#### Premises covered

The policy covers all areas on and near the premises. This project is concerned with how the activities of residents affect its neighbours. Near the premises includes all shared and private areas. Off the premises includes anywhere in the immediate vicinity of the building.

## Breaching the policy

The project hopes that by providing the right support the policy will be adhered to. However, there may be times when the policy is breached. If this happens the project will always take action.

### Strong Action

- **A final warning** about risks and why behaviour is unacceptable and, if behaviour doesn't change, further action will be required (recorded on file and given a set 'shelf life').
- **Notice to quit** and banned from the project (for a set period).
- **Immediate eviction** and banned from the project (for a set period).
- **Informing the police** of behaviour and the project's actions.

## What Happens

### Possession of drugs

(eg cannabis, heroin, 'legal highs')

This project does not condone bringing illegally held drugs into the premises. In order for the project to remain drug free it will not allow the possession of any drugs (unless they are prescribed to the individual). If service users are suspected of possessing drugs, strong action will be taken. They will be required to remove any drugs from the premises or destroy them. If the possession puts others at risk the person will be immediately evicted. If it appears that the amount of drugs is large, this may be taken to indicate 'supply'.

### Possession of prescribed controlled drugs

(eg methadone, diazepam)

If service users are prescribed controlled drugs they must inform the project. If the project is not informed action will be taken; this can lead to strong action. These drugs must be stored as described in the 'storage of drugs' section. These must not be given to others or this will be seen as 'supply'.

### Storage of prescribed controlled drugs and medicines

(eg staff looking after methadone)

This project will not store drugs for service users (unless it is a registered care home and then will work to care standards). Service users must ensure that any prescribed drugs are stored safely in their room or on their person and in the original packaging. Prescribed medication must not be taken in communal areas. If by not taking care of medication others are put at risk, strong action will be taken.

### Finding drugs/alcohol

(eg finding drugs in someone's room/ medication in communal areas)

The project will not tolerate finding drugs/alcohol on the premises. If the drug appears to be illegal, it will be disposed of. If the drug appears to be prescribed, it will be taken to

a pharmacy. If it is clear whom it belongs to, (eg packaging with names on) strong action will be taken. If others are put at risk the person will be evicted. Drugs/alcohol left in communal areas will be seen as a more serious issue. Where it is unknown who has left the drugs/alcohol all service users will be reminded of the risks and the policy.

### **Supply of controlled drugs**

**(eg selling cocaine, sharing a joint, giving someone diazepam)**

Illegally supplying controlled drugs is a serious criminal offence. This project will never tolerate this and will always take strong action if it is suspected. Anyone merely suspected of this will be given a final warning. This will be accompanied with increased contact through the support plan. If there is any clear evidence of supply or any suspicion continues, the person will be evicted and the police informed.

### **Use of drugs on or off the premises**

This project does not allow the use of any drugs. Strong action will always be taken if it is suspected that drugs are used. If suspicion continues or there is any clear evidence of use, the person will be evicted. Drug use in communal areas will always lead to eviction.

### **Use of alcohol on or off the premises**

This project does not allow the use of alcohol. Strong action will always be taken if it is suspected that alcohol is used. If suspicion continues or there is any clear evidence of use, the person will be evicted. Alcohol use in communal areas will always lead to eviction.

### **Intoxication on the premises**

This project will not tolerate intoxication on the premises. Strong action will be taken. If the intoxication causes risk or distress to other service user, the person will be evicted.

### **Sharps bins and injecting equipment**

This project is committed to the safe disposal of razor blades, toothbrushes, injecting equipment and bandages. Sharps bins are available in the office for this and should be used at all times. If items are not disposed of safely, this can cause risks to staff and service users. If any equipment is found that suggest drugs are being used, action will be taken as described in the 'use of drugs' section.

### **Visitors**

This policy applies to visitors (a separate visitors policy may be developed that may restrict visiting). Visitors are the responsibility of the service user they are visiting. If the visitor breaches the policy, action will be taken as indicated in each section against the service users who the person is visiting. The visitor will be banned for a set period. If the visitor is suspected of supplying controlled drugs, the visitor will be banned for the longest period (whatever the project deems appropriate, eg 6-12 months) and the police may be informed.

### **Drug/alcohol related disruptive behaviour**

This project exists to create an environment that is drug/alcohol use free. The project will always take strong action against service users whose behaviour puts other service users' recovery at risk. This behaviour includes things like encouraging drug/alcohol use, causing others distress by drugs/alcohol use or having visitors who have drug problems.

# Relevant Legislation



## Further Information 'things to be aware of'

This is a list of relevant legislation. It covers a wide spectrum but is not inclusive of all legislation supported housing projects should consider:

**The Misuse of Drugs Act (1971)**

**The Misuse of Drugs Regulations (1985)**

**The Intoxicating Substances (Supply) Act (1985)**

**The Medicines Act (1968)**

**The Crime and Disorder Act (1998)**

**The Anti-social Behaviour Act (2003)**

**The Drugs Act (2005)**

**The Care Standards Act (2000)**

**Human Rights Act (2001)**

There are many different websites hosted by HM Government Departments that will enable access to the full text of this legislation reference list.

The following websites are also popular with professionals in the substance misuse and housing fields seeking additional information and analysis:

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

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

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

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





If you would like this booklet in large print, audio, Braille, alternative format or in a different language please contact Norfolk Primary Care Trust on 01603 307266 and they will do their best to help.



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

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

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**TACKLING  
DRUGS  
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