

# **ALCOHOL AND DRUGS POLICY**

The consumption of alcohol and illegal drugs is not allowed on the Organisation's premises at any time. Alcohol may only be consumed where this is authorized by the employee's manager. The employee should not report to work whilst under the influence of alcohol or illegal drugs. Breach of this policy may amount to gross misconduct which may result in dismissal.

## **DRUG POLICY**

### ***PURPOSE***

PHOENIX HOUSE recognises that a proportion of our service users will have or have had some involvement in drugs. PHOENIX HOUSE neither condones nor approves of the possession, use or supply of illicit drugs.

However, PHOENIX HOUSE seeks to work with service users to promote their wellbeing and reduce harm. In order to do this it seeks to offer a service that is accessible to drug users, and will seek to avoid excluding drug-using service users where possible.

While wishing to provide an accessible and inclusive service to people who use drugs, PHOENIX HOUSE also recognises that it has other duties and obligations, including:

- An obligation to work within the law
- A duty to provide a safe arena for all support staff and volunteers
- A duty to provide a safe arena for all service users, including non-users
- A duty to work with and be sensitive to the local community

PHOENIX HOUSE recognises that the intention to work with drug users may create tensions between staff and service users, between service users themselves, between the service provider and the wider community and the service provider and the police.

This document is intended to minimise these tensions and ensure safe and legal provision for all parties concerned.

### ***STAFF AND THE DRUGS POLICY***

#### ***PROCEDURES***

- All staff should, as part of their induction, have the drugs policy explained to them. They should be given a copy of the drugs policy.
- Locum staff and agency staff should have the policy available to them while on shift. Wherever possible, locum and agency staff should receive an induction that familiarises them with the drug policy.
- As soon as practical after starting staff should attend a drug training course. Regular training courses should be held in house to refresh staff knowledge and ensure consistency in responding to situations. Such training should also develop the skills

necessary to deliver the drugs policy such as increasing drugs awareness and dealing with difficult and challenging behaviour.

- All staff should receive regular supervision; implementation of the drug policy should be discussed in supervision and difficulties in delivering the drugs policy addressed. Where necessary, further training or skills development should be made available.

## ***SERVICE USERS AND THE DRUGS POLICY***

There is a drug policy to protect the rights and safety of all service users. If a service user does use drugs we may still work with he/she depending on the circumstance.

### ***PROCEDURES***

- All Service Users will have PHOENIX HOUSE drug rules explained to them when they start using the service. It is important that this is done in a clear way and that the service user understands the rules. Some service users may have restricted reading ability, and so may not read the written policy. All service users will also be given a written copy of the rules as part of their induction pack.
- In addition to this, notices outlining key points from the policy will be displayed on posters around the building.
- Service users will be able to give feedback about the drugs policy via anonymous comment forms and through regular house meetings.

## ***DRUGS COVERED BY THE POLICY***

The drug policy covers many drugs, including:

1. Illegal drugs
2. medicines
3. tobacco
4. alcohol

### ***PROCEDURES***

- The policy is primarily concerned with controlled drugs illicitly held. This includes, but is not limited to, heroin, ecstasy, cocaine, LSD, cannabis, and amphetamines. It also includes prescribed controlled drugs such as methadone or benzodiazepines when held without prescription.
- The policy also addresses prescribed Controlled Drugs, Prescription Only Medicines (POMs) and Over the Counter Medicines (OTCs) where applicable.
- The policy also looks at other drugs not covered under the Misuse of Drugs Act including, but not limited to, volatile substances (solvents), amyl and butyl nitrites (poppers) and Qat, tobacco and alcohol.

## ***PREMISES***

PHOENIX HOUSE will take action under the Drug Policy when there are concerns about drug related activity both on and near the premises. This includes the entire building and the area around it.

Drug related activity in the neighbourhood around the building threatens the future of PHOENIX HOUSE and action will always be taken when we become aware of such activity.

## ***PROCEDURES***

- While staff is on the premises they will ensure that the building and the surrounding area is supervised effectively.
- All complaints from the public regarding drug-related activity in the vicinity of the building should be logged. The complaint should be looked into. If this investigation supports the complaint, appropriate action should be taken.

## ***POSSESSION***

### ***ILLEGALLY-HELD DRUGS***

*Examples: Cannabis, non-prescribed methadone, ecstasy:*

PHOENIX HOUSE does not condone people bringing illicit drugs into the building. Where staff knows or suspect that this is happening they will discuss the matter with the service user(s) and the Service Manager and a report must be filed. Further action may be taken if necessary and this could result in the termination of tenancy.

## ***PROCEDURES***

- If a service user is known or believed to be in illegal possession of controlled drugs they will be reminded that this means that they are committing an offence under the Misuse of Drugs Act (1971), and support staff will highlight the legal risks that this carries for the service user.
- Support staff will ensure that information about drugs and relevant support agencies is available to the service users, in order that they have the opportunity to address their drug problem.

### ***PRESCRIBED CONTROLLED DRUGS***

*Examples: Methadone*

If a service user is bringing prescribed controlled drugs into the building support staff should be advised, for the safety of staff and other service users. Service users should always keep drugs either on their own person, or store them somewhere securely. Service users should keep them in their original packaging and with labels intact. Service users must not give them to other people to take or to look after.

## **PROCEDURES FOR BOTH ILLEGALLY-HELD DRUGS AND PRESCRIBED CONTROLLED DRUGS:**

- In some situations, the possession of both illicitly held and prescribed controlled drugs may represent a risk or hazard to other service users or staff. This includes situation where staff have concerns that drugs may be used for supply, or where drugs are being openly displayed. It also includes situations where drugs have been left unsupervised or unattended.

In such situations, staffs needs to act to reduce the risk to other service users. They should take the following steps:

- Where there is concern that there is suspicion of supply, staff should report this immediately to the Service Manager and the appropriate actions taken to uphold legal responsibilities.
- Where controlled drugs are being openly displayed the service user should be warned that their behaviour is unacceptable, as it poses a risk to other service users.
- Should the behaviour continue, further steps must be taken. In the case of prescribed controlled drugs, the service user could be instructed to simply put the drug away.
- Where the drug in question is an illegally held controlled drug, responses may include the service user being asked to hand over the drug for appropriate disposal, or risk having their tenancy terminated.
- Where drugs have been found unattended or abandoned then the necessary steps will be taken to ensure the safety of the service users and staff.

## **STORAGE OF DRUGS**

- Support staff will not take possession of any substances that they think may be a non-prescribed controlled drug unless it is to destroy it or pass it on to the police.
- Support staff will, under no circumstances, pass such substances back to the service user.
- In exceptional circumstances, where there is an urgent Health and Safety concern, support staff may temporarily confiscate and withhold prescribed controlled drugs. This situation must be reviewed, by the Manager of the accommodation within 24 hours.

## **OTHER MEDICINES**

*Example: Prozac, aspirin, antibiotics*

## **PROCEDURES**

- Ideally, service users should be responsible for storing and taking their own medication.

- Support staff should assist this process. To this end, support staff will seek to record service users who are prescribed medicines, the prescribing instructions and contact details for the prescriber.
- Medicines should only be taken from and returned to the person to whom they were prescribed, and not returned to other people such as third parties.
- Taking custody of drugs for a service user is not the same as administering them. Whilst support staff can remind and encourage service users to take their medication, support staff is not in a position to insist that service users take the correct amount at the right time. Nor can support staff usually withhold any medication from service users.
- If support staff has concerns about a service user's wellbeing or safety as regards their medication, these concerns should be addressed firstly to the service user. Their consent should be sought to discuss these concerns with their GP and the pharmacist, if appropriate.

## ***FINDING DRUGS***

Drugs that are left unattended are a risk to others - even if they are prescribed medicines. If staff finds any substances unattended in communal or shared areas, they will remove them.

If the drug is an illegal drug it will be destroyed or handed in to the police or, if it is a prescribed controlled drug it will be handed in to a pharmacy.

If they are medicines, in their original packaging and with a service user's name on it, staff will try to return them to the service user; otherwise they should be taken to the local pharmacy. All actions taken by staff are to be recorded and kept.

Where the identity of the service user leaving the drugs is known, action should also be taken concerning this dangerous breach of the drug policy.

Where the identity of the person is not known, all service users should be reminded of drug policy on this area.

Where a service user has moved out, support staff should act as if the drug were in a communal area and the similar procedures should be followed.

If the resident is expected to return the following processes could be used:

- Where quantities of drug or packaging suggest supply may be taking place, the police should be involved immediately.
- The room should be secured, to ensure other service users are not put at risk. On their return, the service user should be reminded of policy on storing drugs, and the reasons for this policy.

## ***DESTRUCTION AND DISPOSAL***

### ***PROCEDURE***

- Destroying is not wholly straightforward. Flushing small quantities of powders away do cause pollution but is a practical way of dealing with the situation. However, substances such as cannabis resin or herbal cannabis may not be so easy to dispose of in this way, and it may be more practical to take them to the police for disposal.
- The person finding the drug must not pass it on to another worker, but should either destroy it or take it to the police themselves in the company of another support worker or Manager.
- Destruction should take place in the presence of a Team Leader/Manager, who witnesses the process.
- A record should be kept of the incident.

## ***HANDING DRUGS IN TO THE POLICE***

### ***PROCEDURE***

- Where the quantity of drugs found suggests supply may be taking place, the Police should be involved immediately.
- Where a decision is made to take drugs to the police for destruction rather than destroying "in-house" the police should be informed that the workers are coming to the police station prior to setting off.
- Police liaison should be arranged and agreed beforehand allowing the delivery of controlled drugs to the police on a "no questions asked" basis.

## ***RETURNING PRESCRIBED CONTROLLED DRUGS TO A CHEMIST***

- Where the support worker finds prescribed controlled drugs these should be taken to the local pharmacy or dispensing chemist. The support worker should be accompanied and should obtain a receipt for the drugs. The workers, prior to setting off, should contact the pharmacist.

## ***SUPPLY OF CONTROLLED DRUGS***

*Examples: service user giving someone some methadone, one service user injecting another with heroin, two people sharing a spliff, a service user selling ecstasy.*

We will not tolerate the supply of controlled drugs on the premises. We will always act where we know or suspect that supply is taking place.

Anyone found supplying or suspected of supplying controlled drugs may be told to leave and be banned from some or all of the premises.

Their details may also be passed on to the police.

## ***Suspicion of Supply:***

### **Information from third parties**

#### ***PROCEDURES***

- Acknowledge the information, and ensure that it is recorded in the Daybook.
- Advise the informant that the information will be looked into.
- Discuss matters raised with other support staff, identify if they share concerns.
- Ensure that staffs apply a high level of vigilance.
- Discuss the matter with the accused, in a non-confrontational manner, to establish facts.
- Where applicable, ask to undertake a room-search.
- If these steps support the accusation then further action will need to be taken, as described above for dealing with supply on premises.
- If there is no corroborating information, support staff should log the steps taken in looking into the accusation in the Daybook, that there was no evidence to support it, and record any further action taken and any such warnings given in the service user's file.
- Where the informant subsequently asks why nothing was done, they should not be given additional information, but advised that the matter was looked into, and you will always look into such matters when brought to your attention.

#### ***USE ON PREMISES***

The organisation will not tolerate the use of any drugs on or near the premises that puts staff, volunteers or other service user at risk of harm or prosecution or causes distress. Where staff know or suspect use is taking place they will always take action, which in some circumstances may include a service user being asked to leave, and may include the police being involved.

#### ***PROCEDURES***

- Some action must always be taken, and the guiding principle here should be that the action should be both reasonable and readily available.
- Staff is not obliged to act in a way that would put their own safety at risk.
- The following steps could be initiated on discovering someone smoking cannabis or using any other form of illegal drugs in the building:
  - The service user or visitor should be challenged immediately, unless there are real concerns about personal safety. In such a setting, the behaviour should be challenged at the earliest available opportunity.
  - The service user or visitor should be instructed to cease the activity immediately. If they do so, then the organisation's obligations under Section 8 have been discharged. Support staff should proceed by:
    - Ensuring staff are aware of the incident and are vigilant for reoccurrence.

- The police should be notified
- That the person may risk having their tenancy terminated. They may be warned that future transgressions will be dealt with more robustly, if this is the first incident.
- The service user may still be in illegal possession of controlled drugs they will be reminded that this means that they are committing an offence under the Misuse of Drugs Act (1971), and support staff will highlight the legal risks that this carries for the service user.
- Support staff will ensure that information about drugs and relevant support agencies is available to the service user, in order that they have the opportunity to look at addressing their drug use and or addressing the risk of drug-related harm as appropriate.
- If this is a recurring problem, more robust action is taken, possibly including termination of tenancy, or police involvement as appropriate.
- The nature of the action should be taken in consultation with other team members, senior managers and other agencies as appropriate.
- Breaches of drug policy, responses initiated, and reasons for those responses should be recorded.

### ***Use of legally prescribed drugs:***

*Examples: Methadone, Valium, Paroxetine, insulin*

### **PROCEDURES**

The use of prescribed medicines, when taken as per the prescriber's instructions, is to be supported and encouraged. However, such use must not create other risks or distress. To minimise such risk, the following procedures should be adopted:

- The use of legally prescribed drugs is not allowed in shared or communal areas. This is to reduce the exposure of non-users to potentially dangerous drugs such as methadone, the administration of injectable drugs, and reduces the risk of theft or sharing of other drugs.
- Such drugs should, where possible, only be administered in the service user's own room, or in another appropriate part of the building identified for this use. Service user should be aware that non-compliance with these rules will be treated as a breach of the drug policy and sanctions may need to be applied.
- Drugs should only be used in accordance with the prescriber's instructions. Where this does not happen, action will need to be taken. This may include, working with the service user and the prescriber to rectify the situation.



## ***Use of non-prescription medicines and other drugs:***

*Examples: Aspirin, paracetamol, night nurse, Qat, solvents, amyl and butyl nitrites, GHB*

### **PROCEDURES**

- The use of non-prescribed medicines and other drugs are not allowed in shared or communal areas. This is to prevent confusion in relation to drugs being used, and to encourage consistency in the treatment of drug users where possible. The use of these drugs may also present a risk to other service users.
- Such drugs should, where possible, only be administered in the service user's own room, or in another appropriate part of the building identified for this use. Service user should be aware that non-compliance with these rules will be treated as a breach of the drugs policy and sanctions may need to be applied.
- Drugs should only be used in accordance with the manufacturer's instructions. Where this does not happen, action will need to be taken. This may include:
  - Highlighting and explaining the risks to the service user.
  - Working with the service user and other agencies to rectify the situation

Where other drugs, for example, solvents and GHB are being used, Phoenix House will always take some action, and initiate some response.

- Where the use is not presenting a risk to others, responses could include:
  - Highlighting the health and welfare implications of the drug use,
  - Reminding the service user that incident which creates risk for staff or others will not be tolerated.
- Support staff should ensure that information about drugs and relevant support agencies is available to the service user, in order that they have the opportunity to look at addressing their drug use or addressing the risk of drug-related harm as appropriate.
- The use of drugs in a way that creates risk for other service user cannot be tolerated. Examples of this include:
  - Using in the presence of other people - e.g. in communal areas, gardens,
  - Sharing these substances with others,
  - Using flammable drugs in an unsafe way, such as while smoking.
- In such circumstances the risk-creating behaviour must stop. Options may include increased vigilance, issuing warnings, or termination of tenancy as appropriate.
- The nature of the action should be taken in consultation with other team members, senior managers and other agencies as appropriate.
- Breaches of drug policy, responses initiated, and reasons for those responses should be recorded. (See Recording Information).

### ***Use of other drugs: alcohol and tobacco***

Anyone whose behaviour is disruptive, whether due to drugs or not, will be challenged and asked to change his or her behaviour. If they refuse to do so they may be asked to leave communal areas or to leave the building.

### ***PROCEDURES***

- Smoking areas should be identified. These should be "non-essential areas", i.e. not areas that non-smokers are obliged to use such as dining areas or reception areas.

### **INTOXICATION ON PREMISES**

#### **No alcoholic beverages are permitted on the premises**

- A resident displaying disruptive behaviour will initially be taken aside, and a worker will explain why their behaviour is creating disruption. They will be offered the choice of moderating their behaviour, leaving the building and its vicinity for a while, or retiring to their room.
- If the problem persists, the person will be required to leave the building, and will not be readmitted until they agree to moderate their behaviour.
- Should these strategies prove unsuccessful, and a service user continues to display threatening or abusive behaviour and refuses to leave, the police will need to be called.
- Staff should receive training on dealing with difficult and dangerous behaviour.

### ***Finding needles:***

### ***PROCEDURES***

- Staff should always take care in situations where discarded needles may be encountered, such as when moving mattresses or other soft furniture. Support staff should assume that needles will be present even if premises were not thought to be used by known injectors.

All support staff and ancillary staff should deal with used injecting equipment carefully. All sharps are to be disposed of properly.

### ***Needlestick Injuries***

### ***PROCEDURES***

- In the event of a prick, scratch or puncture by a needle, the following procedure should be followed immediately:
  - Squeeze the injury to encourage bleeding for a few minutes, and place under hot running water.
  - Wash and clean the site with iodine or soapy water.

- Dry and apply a plaster or other dressing.
- Those not vaccinated against Hep B should report to their GP or local A&E department for a vaccination within 48 hours.
- A senior worker or a first aider should be informed and the incident recorded in the Accident Book.
- Support and counselling should be made available to the injured person.

## **BODY FLUID - SPILLS**

### ***PROCEDURES***

- A spillage kit containing cleaning cloths, bleach, rubber gloves and plastic bags should be kept available and restocked and staff instructed on the safe cleaning of spillages.

### ***PROCEDURES***

- All staff should be advised during induction to consult their GP regarding Hep B vaccination.

## **SUSPECTED OVERDOSE**

### ***PROCEDURES***

- PHOENIX HOUSE will provide first aid training, and ensure that each shift has one appointed first-aider on shift. This information will be displayed in the office.
- PHOENIX HOUSE will ensure that fully stocked first-aid kits are available; these will also contain Resus-Shields for delivering mouth to mouth.

It is potentially dangerous and misleading to assume that the service user has taken any drugs; there may be other reasons for their symptoms. In all incidents where a service user appears ill or unwell, the following process should be followed:

- The service user should be reassured that the priority is their well being, not taking disciplinary action. They should be encouraged to say if they have used any drugs, are taking medication, or if there is other relevant information.
- If necessary, an ambulance should be called at this point.
- If any drugs have been taken, they should be retained to pass on to the ambulance crew for identification.
- Care should be taken in case syringes have been discarded.
- Where possible, staff should try to get relevant information from other service users, and make a note of this information.
- The situation should be closely monitored.
- If a service user is found unconscious or becomes unconscious or stops breathing, first aid should be delivered by an appointed first-aider.
- An ambulance should be called.
- The incident should be recorded in the Accident Book, Daybook, and in the service user's file.
- When the service user returns, the incident should be discussed, to look at drug-related harm reduction or other services as appropriate.

## **POLICE INVOLVEMENT**

### ***PROCEDURES***

- PHOENIX HOUSE will endeavour to maintain good, effective relationship with the police at all times.
- Staff will fully co-operate with the police whenever there is a legal obligation to do so and in all circumstances involving public protection issues.
- In addition, staff will involve the police in any incidents where police assistance is required. The senior worker on shift will assess such incidents as to whether they require "fast" or "slow" responses.
  - "Fast" response situation (e.g. serious violence) will mean dialling 999.
  - "Slow" response situations (e.g. seeking assistance in disposing of drugs) can involve phoning the local station and speaking to local officers who are familiar with the organisation.
- Concerns about police requests for information or other issues should be referred to senior management, who will discuss the matters with senior police officers.

## **CONFIDENTIALITY**

We offer a service that aims to protect the right to privacy. In most circumstances we will not discuss anything about service users outside this organisation without their consent.

However, where a service user's actions or behaviour represents a serious risk to the safety or well being of other service users, staff, the community or the organisation, we may have to disclose information without getting consent.

### ***PROCEDURES***

- Staff should explain PHOENIX HOUSE confidentiality policy to all new service users, and ensure that they understand the policy.
- Staff cannot offer a wholly confidential service; in certain situations, staff may be obliged to discuss matters with external agencies, even if this is against the service user's wishes.
- Confidentiality rests with the organisation, not with the individual staff member.
- Service users should be encouraged to give their informed consent to allow support staff to share relevant information with other agencies, on a "need to know" basis where such information sharing would benefit the service user.
- Service users should be aware that information relating to them would be disclosed where there is a legal obligation to do so.

- Service users should be aware that information may be disclosed if there is perceived to be a serious risk to the safety or well being of other service users, staff, the community or PHOENIX HOUSE.

## **VISITORS**

If a service user invites visitors into the building, that service user shares responsibility for the visitor's behaviour. If the visitor breaks PHOENIX HOUSE's rules, action will be taken against them, and the person who invited them onto the premises.

If there is a visitor or a guest who is causing any service user a problem, then a member of staff should be informed.

- If visitors are persistently causing a nuisance within the accommodation they should be excluded from the premises.

## **STAFF CODE OF CONDUCT**

### ***PROCEDURES***

- Staff must not use any controlled non-prescribed drug, or alcohol, or non-medical drugs controlled under the Medicines Act during working hours. Such use will constitute a serious disciplinary issue, and may result in dismissal.
- Staff should not work when incapacitated due to the effects of such drugs, or after-effects of such drugs. They are instead required to take annual leave. The use of sick leave in such circumstances will be treated as a serious disciplinary issue.
- Staff who are prescribed controlled drugs (e.g. Methadone or other prescribed drugs) should ensure that their medication is securely stored whilst at work, and should ensure that they do not drive or operate machinery while using such medication.
- Tobacco may be smoked in designated smoking areas.
- If a member of staff develops substance-related problems, PHOENIX HOUSE will seek to assist them in resolving this, and time off for counselling, treatment or other assistance will be made available, in consultation with the Service Manager.
- PHOENIX HOUSE will always seek to provide assistance to staff members in such situation but the offer of such assistance does not preclude termination of employment should it be deemed appropriate.

# **DRUGS POLICY**

## **NOTICE TO SERVICE USER**

PHOENIX HOUSE may work with people who have a history of using drugs and those who do not. In order to do so, the organisation operates a Drug Policy.

The drug policy should have been explained to you when you started living at this accommodation.

You are always welcome to look at the policy, to discuss it with staff, and to see how it affects you.

It is important to highlight the following rules:

**PHOENIX HOUSE does not tolerate the possession or use of non-prescribed, controlled, and illicit drugs on the premises. Where support staff are concerned that such possession or use puts other service user at risk, we will always take action, which may result in you being asked to leave the accommodation.**

**PHOENIX HOUSE will not tolerate the supply of controlled and illicit drugs on these premises. If support staff know or suspect that a service user is involved in supplying drugs, they must prevent this happening. This may involve service user(s) being barred from the premises and may mean that support staff have to involve the Police.**

Phoenix House does not want you to be barred or excluded, so please make sure that you understand the drug policy, and follow the rules for your own safety and the safety of others.