

Responding to drug use in Supporting People funded services

Version: MAY 2007

Contents	Page
1 Introduction	1
2 Agencies to have a drugs policy and a drugs statement	2
3 Admitting people with drugs problems	2
4 Assessment	3
5 Responding to people with acknowledged drug problems	3
6 Confidentiality and recording	3
7 The law	4
8 Residents and tenants <i>using</i> drugs	6
9 Residents or tenants <i>supplying</i> drugs	7
10 Managing cannabis use and supply	8
11 Finding, identifying and taking possession of controlled drugs	9
12 Harm minimisation and infection control	9
13 Responding to emergencies	11
14 Training	11
15 Working with the police	11
16 Police visits and police searches	12
17 Good practice in warning people about drug use	13
18 Drug dealing in victim households (crack houses)	14
19 Arrangement for reporting difficulties and proposing amendments	14
20 Agreement between agencies	14
Appendix 1 Some common events	15
Appendix 2 Contacts	17
Appendix 3 Selected references	21

1 Introduction

- 1.1 Use of drugs in Supporting People funded services presents a number of problems, which can be summarised as:
- **Legal issues.** Using and supplying most drugs are illegal, with greater penalties generally attached to the latter.
 - **Health problems.** Drugs may be addictive or cause physical or mental health problems in the short or longer term.
 - **Management problems.** Drug use can present management problems for staff, even where there is little likelihood of police action or health difficulties.
- 1.2 **This document** offers introductory guidance on responding to drug use in hostels and shared accommodation and in households supported by visiting ("floating support") services funded through the Supporting People system.
- 1.3 **The guidance was written** jointly by Southwark Drug and Alcohol Action Team (DAAT) and Southwark Supporting People, following consultation in 2007 with service providers.

- 1.4 **Revision** may be expected from time to time, particularly following any changes in the law. Agencies should check with Supporting People or the DAAT that they have the latest version of this document.
- 1.5 **While some legal matters are covered** below, the document should not be regarded as professional legal advice, and agencies are advised to consult specialist agencies or a solicitor on legal matters.
- 1.6 **The structure of the document** is indicated in the contents list on page 1. Attention is particularly drawn to the section summarising the law (7, below) and to the guidance on responding to drug use and supply (8, 9 and 10), harm minimisation (12), and working with the police (15, 16). Suggested responses to a selection of common events, together with some key contacts and references, are provided in appendices.
- 1.7 **The guidance is formally agreed** between the agencies listed at the end of this document.

2 Agencies to have a drugs policy and a drugs statement

- 2.1 **Drugs policies.** Agencies should have a document setting out policy and practice guidance on responding to illicit drug use. Some services will need detailed instruction, while for others the guidance may be brief, directing readers elsewhere including to this document.
- 2.2 **Drugs statement.** Some agencies may also need to provide a summary of their drugs policy for people using their service in the form of a leaflet, a poster, or a section in their tenancy, licence or service documents.

3 Admitting people with drugs problems

- 3.1 Agencies should have clear written policies on admitting people known to be using drugs.
- 3.2 Agencies are encouraged to accept drug users, given the wider principle that no class or category of person should be excluded from services without good reason, but it is recognised that services will need specific policies according to their function. The principal options are:
 - **Acceptance.** This will particularly apply to services provided for the general population or directed to populations with a known high prevalence of drug use.
 - **Acceptance subject to capacity,** applying to services where, while one option may be acceptance, there may be periods when the prevalence of drug or other problems among existing tenants or residents make it inadvisable to accept new people presenting similar difficulties.
 - **Exclusion.** This will apply for example to specialist "dry" services for former drug users now receiving treatment and needing to avoid contact with drugs.
- 3.3 **Drug enquiries on admission?** Agencies should be clear whether enquiries about drug use are part of their admission procedure and the reasons for making such enquiries. Specialist drugs services naturally require such an assessment at an early stage. For services supporting people in general housing or its equivalent it may be appropriate to make such an enquiry only when the presence of difficulties becomes apparent, but some agencies may need to ask such a question at the start.

4 Assessment

4.1 Whether a drug problem is known at admission or is newly identified in an existing client, agencies should address drug use as part of their assessment practice. Agencies specialising in drug use or with a high prevalence of drug-using clients will have their own procedures, but non-specialists may want to consider the following headings when gathering information and seeking further advice:

- The amount of each drug used per day or week, expressed by quantity or cost, and the frequency of use;
- The administration route, such as eating, sniffing, smoking or injection;
- When first used, and if regarded as a problem, when this was recognised;
- Legal issues including arrest, imprisonment and offending to support addiction;
- Treatment received before, the agencies concerned, and the outcome;
- Treatment and other contacts now;
- Assistance required now in terms of harm reduction or treatment.

5 Responding to people with acknowledged drug problems

5.1 **Acknowledging drug problems.** Agencies should normally indicate to clients with recognised drug problems that they are aware of the matter and should make it clear where the client stands, for example by saying (in a service not specialising in addictions) that staff will support but not insist on access to treatment, will help with needle disposal, and will treat the matter as confidential but will not expect staff to break the law.

5.2 **Identifying and obtaining services, and cooperating with the lead agency on drug matters.** Clients with drug problems should be offered assistance with finding appropriate services. For non-specialist services, this is likely to involve contact with a limited number of individuals or agencies able to offer initial treatment or advice and make any necessary referrals to further specialist services. For each client with a drugs problem, agencies should make it clear which external agency (or in the case of some specialist agencies, which internal worker) is to take the lead on coordinating action on drugs, and maintain contact according to the external keyworker's advice.

6 Confidentiality and recording

6.1 **Confidentiality.** Agencies may wish to distinguish between the following sources of information and their differing expectations of confidentiality, recognising that a clear separation cannot be made in all circumstances:

- **The client interview**, provided as part of social welfare, social work or counselling practice. With rare exceptions where the client or public are thought to be at serious risk, this should be seen as confidential, on the understanding that such practices are unlikely to be effective without the promise of confidentiality.
- **Observation and other passing contact** occurring as part of general housing management, where, while there will be instances where privacy and discretion should have priority, expectations of confidentiality are generally lower than those attached to interview.

6.2 **Recording.** Agencies are expected to record instances of illicit drug use and of action taken in response to it. Recording should be of a good, clear standard, with facts, hypotheses and opinions properly distinguished, both as a matter of

good practice and because such records may need to be considered in court or other formal investigations. Sensitive (for example incriminating) records should normally be placed in individual files, but although such records will as a rule be considered strictly confidential, there will be instances where such confidentiality will not fully apply.

7 The law

7.1 This section does not offer legal guidance, but provides an introductory summary to the law as it stands now.

7.2 **Misuse of Drugs Act 1971.** This is the main legislation covering drugs. In summary:

- **Drugs ("controlled substances") are categorised** as class A, B and C:
 - *Class A drugs* include: ecstasy, LSD, heroin, cocaine, crack, methamphetamine, magic mushrooms (if prepared for use) and amphetamines (if prepared for injection). Penalties for possession are up to *seven* years in prison, an unlimited fine, or both; penalties for dealing are up to life in prison or an unlimited fine, or both.
 - *Class B drugs* include: amphetamines, methylphenidate (Ritalin) and pholcodine. Penalties for possession are up to *five* years in prison, an unlimited fine, or both; penalties for dealing are up to 14 years in prison or an unlimited fine, or both.
 - *Class C drugs* include: cannabis, tranquilisers, some painkillers, GHB (gamma hydroxybutyrate). Penalties for possession are up to *two* years in prison, an unlimited fine, or both; penalties for dealing are up to 14 years in prison or an unlimited fine, or both.
- **Offences under the Act** include:
 - Possession of a controlled substance unlawfully;
 - Possession of a controlled substance with intent to supply it;
 - Supplying or offering to supply a controlled drug (this applies even where no payment is made);
 - Allowing premises you occupy or manage to be used for the purpose of drug taking. This offence is of evident concern in housing services, and is addressed in paragraph 7.3 and following, and in part 8, below.
- **To enforce the law** the police have special powers to stop, detain and search people on 'reasonable suspicion' that they possess a controlled substance.

7.3 **"Permitting" drug production, supply or use (Section 8 of the Misuse of Drugs Act 1971).** This makes it an offence for an occupier or *anyone concerned in the management of a premises* knowingly to permit or suffer any of the following:

- a) producing or attempting to produce a controlled drug;
- b) supplying or attempting to supply a controlled drug to another or offering to supply a controlled drug to another;
- c) preparing opium for smoking;
- d) smoking cannabis, cannabis resin or prepared opium.¹

¹ Extending this to the consumption of *all* controlled substances was considered by parliament in 2005 but not proceeded with, partly because of the very difficult position this would place some agencies in. Documents from that period are still in circulation, and agencies should look closely at the dates of advisory material to avoid confusion.

7.4 Section 8 of the 1971 Act causes understandable concern for agencies, and clarification may be helpful:

- **Permitting possession by others is not an offence.** Subject to the restrictions below, this gives agencies considerable leeway for discussing and recording drug use and where appropriate ensuring it happens safely.
- **Permitting production or supply is an offence.** Although primarily concerning supply as a business or casual transaction for money, "supply" may also include sharing drugs without payment.
- **Permitting smoking of cannabis or opium is an offence.** Opium (rare anyway) *is not* extended to other opiates such as heroin.
- **Permitting consumption of drugs other than cannabis or opium is not an offence,** though a service may have other good reason to forbid drug use on its premises.
- **Meaning of "knowingly permit".**² "Permit" means *agreeing* that an activity may take place, but also includes *taking no action* on learning about an activity, or taking ineffective action and then failing to take "reasonable and readily available" (see next paragraph) *further* steps. "Knowingly" means *seeing* a prohibited activity happen or being *reliably told about it*, but could also include circumstances where any reasonable person would conclude it was happening, for example if a known past drug dealer has many visitors.
- **"Reasonable" steps** to prevent the use, production or supply of drugs will include instructing people verbally or in writing to end an activity; warning people they may be told to leave if they continue; warning people that the police may be informed; and ending people's housing tenure with or without warning. An escalation in action from warning to withdrawal of services is common, but might not be appropriate in all cases. For example, if drugs are being supplied in an organised way or on a considerable scale, most agencies would consider immediate police contact an appropriate action.

7.5 **Anti Social Behaviour Act, 2003.** Under Part 1 of this Act police, with courts, have the power to close down residential or business premises where there is use, supply or production of Class A drugs *and* serious nuisance or disorder. The process is:

- **Closure Notice** issued by the police. This temporarily limits entry to those with a right to access the premises (in other words, the tenant or owner). Anyone else trying to access the premises will be committing an arrestable offence.
- **Court hearing and Closure Order.** Within 48 hours of the Closure Notice being issued the case must be heard in a magistrate's court to consider whether to make a Closure Order. Parties opposed to making a Closure Order should obtain legal representation immediately.
- **Closure Order.** If a Closure Order is made, the premises will be sealed for at least 3 months and no one will be allowed to enter during that time. Anyone attempting to do so will be arrested.

Note that:

- **The procedure is unlikely to be used for shared accommodation where innocent parties** may be expected to be living, thus excluding most Supporting People funded services.

² Adapted from Release "Section 8 Card" at www.release.org.uk

7.6 **Police Act 1996, Section 89(2): obstructing a police officer.** This offence does not specifically concern drug use, but among several actions covered, the following may have particular relevance:

- **Warning people** that a police search of premises is to occur;
- **Inhibiting execution** of a search warrant.

8 Residents and tenants *using drugs*

8.1 **For people in hostels** and other shared accommodation:

- a) It is *poor practice* to take no action if someone is using drugs on the premises you manage, and an *offence* (7.3) to permit (or take no action on) the smoking of cannabis or opium if you manage premises (such as a hostel) where this is happening. Cannabis is considered in part 10, below.
- b) Staff should have clear instruction on how to respond to people using drugs in hostel or shared accommodation. The appropriate initial response will depend on the nature of the service provided, recognising that some services are provided for people very likely to be using drugs, other services for good reason exclude drug users in all circumstances, and others will encounter drug use from time to time and may want to adopt a case-by-case approach.
- c) The decision as to whether drug use is allowed is also likely to depend on factors such as the general purpose of the service provided, the age and cultural background of the agency's clients, the drugs they wish to use and the risk or otherwise that they present, the impact of drug use and associated behaviour on others, and any adverse outcomes (such as renewed homelessness) should a strict no-drugs policy be adopted.
- d) Where it has been agreed that an individual may use a potentially dangerous drug on the premises, attention should be paid to harm minimisation (part 12) and to safe storage of equipment if any is involved.
- e) It is an offence to provide clients with drug taking equipment ("paraphernalia") or cooperate with drug suppliers, but this does not apply to doctors, pharmacists and some other workers concerned with drug treatment, who are allowed to provide needles, syringes, water, swabs, filters, cookers and citric acid required to maintain hygiene. Few Supporting People funded services are likely to provide such a service, but where they do, attention must be paid to arrangements for doing so (12.8) both in order to maintain safety and to avoid committing an offence.

8.2 **For people in their own tenancies** receiving floating support or equivalent services:

- a) Staff should not generally be expected to carry out their work while a client is intoxicated, openly smoking cannabis or using other drugs, and it will often be appropriate to insist it discontinues while staff are present, and if this is refused, temporarily withdraw. It is recognised however that there will be instances when the presenting need, such as ill health, requires workers to attend despite active drug use. In such instances, consideration should be given to the drug being used and any behavioural difficulties this may generate.
- b) For the more serious drug problems, staff should generally be prepared to make themselves available as a contact for specialist treatment agencies where the situation requires it, and to participate in case conferences or other action as needed.

- c) Workers will not normally inform the police about a householder's drug use and if necessary should make this clear to the client. However:
- d) Where drug use causes nuisance to neighbours or others, there may be grounds for the support worker to act in cooperation with housing managers and sometimes with the police. Examples of appropriate action might include attendance at a case conference, or provision of written comment explaining the tenant's background and current situation. It would be unusual, however, to proceed without clear prior explanation to the client concerned.

9 Residents or tenants *supplying* drugs

9.1 For people in hostels and other shared accommodation:

- a) It is both poor practice and an offence (7.3) to take *no action* if a hostel resident is supplying drugs.
- b) Staff should have clear instruction not to collude in any way with supplying drugs, for example by advising residents to keep it out of sight. Instead:
- c) In deciding on action, agencies should consider the seriousness of the activity, which may be classified as follows:
 - Sharing with a friend with negligible or no financial exchange;
 - Supplying on a small scale to a small group of friends;
 - Supplying on a larger scale within the residential facility;
 - Acting as part of a wider distribution network that may or may not involve the residential facility.
- d) A resident thought to be supplying drugs on a minor scale should be given a clear warning to discontinue this activity. A letter to this effect will often be appropriate, but there will be instances when a verbal warning, with the event recorded in writing, will be sufficient. Following such a warning, staff should consider whether this has been effective. If it has not been effective, further action should be taken, which may include eviction or informing the police or both.
- e) If a resident is thought to be engaged in drug supply on a larger scale, police should normally be informed. Failing to inform police is unlikely to result in prosecution if there is a sound reason for this approach, but managers should record the reason for their decision in a way sufficient to explain the action or lack of it should the case result in court action against them.
- f) When informing the police, evidence such as substances found and behaviour observed should be assembled and reported upon.
- g) If police ask for specific assistance, for example where they believe an individual is actively engaged in the supply of Class A drugs in a locality, agencies should cooperate with requests: see section 15.

9.2 Where people are in their own tenancies and receive floating support or equivalent services, supply of drugs by those individuals is less likely to be brought to the attention of visiting staff. Where it does come to their attention:

- a) Staff should consider the matter on a case by case basis and reach a judgement that balances their responsibilities towards the client (considering matters such as the client's other known problems and possible future disengagement with services should contact be made with police) against their responsibilities towards the wider community and the

law (considering matters such as the danger presented to others by the drug being supplied).

- b) Contact with the police is particularly indicated in the following circumstances:

Exploitation of a vulnerable tenant by drug dealers unconnected with the tenancy (see section 18, below).

Drug dealing on a large scale.

Conversion of premises to drug production, as when lighting equipment for the production of cannabis has been installed.

- c) With vulnerable or hard-to-engage clients, one option will sometimes be to divide responsibility for action, with the housing manager handling control measures including police contact, and the support worker continuing to support the individual in liaison with housing and if necessary with police colleagues.

10 Managing cannabis use and supply

- 10.1 Cannabis in shared accommodation is of particular interest to some services, firstly because of the popularity of the drug and secondly because of its current legal position. It has a "C" classification, with police not normally prosecuting for possession (see 10.5) but prosecution for supply and, potentially, for allowing premises to be used for smoking the drug still an active possibility.
- 10.2 **Action by agencies.** Some agencies will wish to bar all drug users, including those using cannabis, while others will with good reason be reluctant to exclude or remove people on such grounds because of the greater harm that this would entail. Agencies should make it clear to residents they will remove any cannabis found.
- 10.3 **Using cannabis.** In hostels and other shared residential settings staff should instruct residents using cannabis to desist, and record each instance of such instruction. Where use continues, some agencies will prefer to end the person's residence, but many will take the view that such action will result in disproportionate harm. In such cases they should: a) record this view; b) take action where possible to minimise the impact of the drug use, such as restricting it to locations unlikely to come to the attention of other residents; c) keep the matter under review, with the potential sanction of licence or tenancy termination retained.
- 10.4 **Supplying cannabis:** see the paragraphs on supply, section 9.
- 10.5 **Action by police towards users.** The police cannot undertake to give a definitive statement as to when they will and will not take action on cannabis use, depending as it does on the judgement of the attending police officer who may take into account matters such as the age of the offender, their offending history, their present behaviour, the impact of drug use on others, and police or public concern about the prevalence of drug use in the neighbourhood. Likely actions are: a) in straightforward cases, confiscation of any cannabis held, and a verbal caution; b) where there is cause for concern, such as the offender being very young or behaving in a manner causing distress to others, arrest.
- 10.6 **Action by police towards managers of premises.** Police are unlikely to take action against managers of premises where cannabis is being used except where this has been extensive and it is evident that insufficient action has been taken to prevent use.

11 Finding, identifying and taking possession of controlled drugs

- 11.1 **Temporary storage.** If a suspected controlled drug is found or taken from someone, it should be held in a safe place and then as soon as practicable identified, if this is possible, then destroyed or passed to an authorised person (a police officer or a pharmacist).
- 11.2 **Is the substance a controlled drug?** The circumstances in which a substance is found will often suggest the likelihood of it being a controlled drug, or staff may readily recognise the substance. Sources of guidance on recognising drugs are in Appendix 3.
- 11.3 **Has the drug been found in quantities likely to concern the police?** It is often easy to tell if a drug is in quantities for personal use (a few pieces or packets) or is present in a volume or circumstances indicating dealing (a large amount, or in several wraps or packets), but sometimes there will be doubt through limited personal knowledge or because it is a borderline amount. In such circumstances police advice should be sought through your Safer Neighbourhood Team.
- 11.4 **Passing on or destroying the drug.** Following police advice or, if your agency has a good understanding of police and legal requirements concerning the identified drug, following a manager's decision, the substance should be passed on (if it is of interest to the police) or destroyed (if it is not).
- **Passing to an authorised person** is indicated where police may be involved or where there is a need for further advice, as when a suspected substance is found in quantities indicating dealing.
 - **Destruction** is indicated where concern about the drug is low and the amount is small and evidently for personal use. The drug may be destroyed by flushing down a WC.
- 11.5 Events should be recorded in writing, showing the drug found or suspected, the location and circumstances in which it was found, dates and times, people present and consulted, the actions taken and the reasons for taking those actions.

12 Harm minimisation and infection control

- 12.1 **Harm minimisation** refers to measures to reduce the risks that drug use presents to the drug user and others. **Infection control** means measures to reduce or eliminate HIV, hepatitis or other infection caused by the sharing of drug-using equipment such as needles. Most of the following is directed to the more dangerous forms of drug use, but the general principle of harm minimisation applies to all drugs.
- 12.2 **Risk assessment** by agencies is encouraged, identifying what harm may follow from the use of the drug concerned, to the individual and to staff. This may include, for the drug user: overdose; transmission of blood borne infections; and general deterioration in physical or mental health, and for others: various kinds of hard-to-manage behaviour; and where needles are involved, "needlestick" injuries and other infections caused by accidental contact.
- 12.3 **Encouragement not to inject alone.** Injecting drugs sometimes results in overdose due to unexpected variation in the quality of supplies or following unwise changes in the user's consumption, and where there is a risk of this it can be good practice for users to inject together, allowing one to raise the alarm should the other overdose. Agencies should seek advice from specialist services such as needle exchanges for guidance on ensuring this is done safely and that concerns about permitting supply through sharing (potentially unlawful- 7.3 above- but with prosecution most unlikely if done in an ordered way and in the interest of safety) are properly dealt with.

- 12.4 **Needle exchanges and advice about injecting drug users.** Needle exchanges are provided through some drugs services and at selected pharmacies. So-named to stress the importance of safe disposal of used equipment and of reducing harm to the drug user and wider society, these service also offer brief interventions, health monitoring and advice on treatment, and importantly for this guidance, can provide advice and assistance, particularly on matters concerning safety and the supply and disposal of equipment, to agencies less familiar with drug use. The needle exchange scheme is organised by the schemes co-ordinator, listed in Appendix 2. Other services offering needle exchange state this in the description provided by the directory of local services referred to in the same appendix.
- 12.5 **Needle disposal.** If residents are using needles they should be supplied with sealed sharps boxes for safe disposal of needles:
- Needle exchange services can advise on the kinds of boxes needed, how to use them safely, where to obtain them, and how to arrange collection and disposal.
 - The Council's Clinical Waste Service (see Appendix 2) may be appropriate in some circumstances, as when an individual cannot go to a needle exchange, or when needles are found dumped in quantity on an agency's premises.
- 12.6 **Additional precautionary measures** when needles are in use. Even with the preceding measures in place not all drug users use them sensibly or all of the time, and extra care should be taken with locations likely to be used for reckless needle disposal such as paper bins, rubbish bags, spaces behind and under furniture, and gardens and drains. This means:
- **Identification of high risk locations**, clear communication of this to cleaners and others, and frequent inspection of those locations.
 - **Provision of gloves** for cleaners and others attending to high risk areas, and an insistence that they are used.
 - **Provision of forceps** for lifting needles and other items, and an insistence that they remain readily available and are used.
- 12.7 **Action following accidental injury.** If an individual pricks themselves on a needle or has similar reason to be concerned about possible infection:
- If the injury has just occurred they should encourage the injured area to bleed.
 - Arrangements should be made to provide follow up advice, counselling and if appropriate, testing, recognising that if there has been infection it may take some time for this to be detectable.
 - Agencies should seek further guidance through a drugs agency or by consulting written sources. Some of the available written guidance is listed in Appendix 3.
- 12.8 **Safe storage of equipment.** If a drug user uses equipment presenting a danger to others, care should be taken to ensure it is stored safely. This is best done by arranging for the drug user to keep it in their own room, but where there is doubt about safety (access by children, sharing of the room with others, or specific concerns expressed by the client) there may be grounds for storage by staff. In the interest of best practice, and to ensure that the law on the supply of equipment is not broken, this should be done with the advice of a Needle Exchange or other specialist drugs worker, and will need attention to details such as the availability of a safe or other secure container, prevention of access by unauthorised people, recording, and ready availability of staff to allow client access.

13 Responding to emergencies

13.1 Staff should have clear instructions about responding to emergencies and sudden events:

- **Intoxication or aggressive behaviour.** Appropriate guidance will depend on a number of factors including the substance used, the layout of the premises, and the presence of residents likely to be adversely affected by others' behaviour.
- **Overdose.** All staff should know: a) to call an ambulance if an individual is unconscious or seems seriously unwell as a result of drug use; b) to arrange for someone to stay with the individual while help is being obtained; c) in advance of the ambulance arriving to try to identify and if possible provide a sample of the substance taken.
- **Police arrival to make an arrest or search.** Staff should know how to respond to police, particularly if a search is to be made (16).

14 Training

14.1 Agencies should offer training for staff at a standard to match the nature and prevalence of drug problems within their service. For some services all staff will need to be trained to a good standard, whereas in others it may be sufficient for staff to be able to respond to evident emergencies, with specialist knowledge restricted to a few staff or to reasonably accessible contacts elsewhere.

14.2 Some national and local sources of training are listed in Appendix 2.

15 Working with the police

15.1 **Police recognition of the value of residential and other support services.** Most police officers know about and recognise the value of residential and home based services and of their effect on reducing drug use and on public order.

15.2 Agencies are encouraged to make contact with and cooperate with the police, and need some understanding of how police services are provided.

15.3 **Police organisation.** Southwark Police services that may have a relevance to drug use are organised in the following way:

- **Safer Neighbourhood Teams**, of which there are 21, consisting of a Sergeant, two or more Police Constables and two or more Police Community Support Officers. These teams patrol their neighbourhood and deal with crimes and issues of greatest concern locally. They work closely with other departments, and for non-urgent matters will often be your agency's best police contact. Work hours match local need, and a 24 hour service is not offered. Southwark Safer Neighbourhood Teams are listed in Appendix 2.
- **Response Teams**, based in each police station, answer calls for urgent assistance, with priority set according to the details provided to the Central Communications Command Unit (control room).
- **The Community Safety Unit**, based at Walworth Police Station, investigates hate crimes and domestic violence. Contact with this team may sometimes be required given the link between some drug use and domestic violence.
- **The Drugs and Firearms Team** is primarily concerned with serious and organised crime rather than individual drug use, but may have reason to contact your agency from time to time.
- **Partnerships.** The police have a unit within the management team, under the supervision of a Superintendent, responsible for partnership and liaison with the local authority and other agencies. This unit is in good contact with the

DAAT and may be a resource for managers seeking senior advice on police policy and practice.

- 15.4 **Police decisions on action.** An important principle of police practice is the reliance placed on a police constable's judgement when considering the likelihood of prosecution and the requirements of public order.
- **Some offences will always result in arrest** because of their serious nature.
 - **Others offences may or may not result in arrest**, depending on national and local priorities and guidance that may change from time to time, and on the judgement of the police constable dealing with the immediate situation.
 - **It follows that**, excepting more serious offences, the police cannot make absolute statements as to the action that will or will not be taken in a given set of offending circumstances.
- 15.5 **Police contact with agencies on operational matters.** In a similar way, the police cannot make absolute statements as to whether they will or will not contact the managers of services where drugs are thought to be being used or sold.
- Where police do make contact, cooperation is encouraged.
 - Police may draw on the advice of an intermediary, such as the DAAT manager, as a source of confidential advice on this.

16 Police visits and police searches

- 16.1 Agencies should make sure staff know how to act when police arrive, ensuring in particular that they know to confirm that callers are police officers, and understand when and how police may search for drugs or other items.
- 16.2 **Police officers to identify themselves.** If not in uniform, police will identify themselves by showing their badge and warrant card. People sometimes misrepresent themselves as police officers, and staff should know that: a) the **badge** shows the crest of the Metropolitan Police; b) the **warrant card**, which will be next to it, is headed "Metropolitan Police", shows the officer's photograph, name, rank and number, and their signature and that of the Chief Constable.
- 16.3 **Searches may be carried out** in the following situations:
- **Search following an arrest.** If a suspect has been arrested, police may search their home *without* a warrant; neither will written proof of arrest be supplied. In shared accommodation they may search any room occupied solely by the individual *and* common areas such as halls, kitchens, bathrooms and gardens. They may *not* search rooms occupied solely by other people without a warrant or agreement to search.
 - **Search with a warrant.** If someone is suspected of an offence but has *not* been arrested, police will normally obtain a search warrant. This is done by explaining to a magistrate: a) who is suspected; b) where and why a search is necessary. The householder or manager should be shown a copy of the warrant.
 - **Search by agreement.** Police may also search with the *signed* agreement of the householder (in independent accommodation) or of a manager or other member of staff (in shared accommodation). Request should be properly explained and there should be good reason for urgency, for example because interference by suspects is thought to be imminent and a magistrate cannot be contacted in time.
- 16.4 **Action by staff before a search.** Staff should not obstruct a search following arrest or a search authorised by a warrant, but they may reasonably expect police briefly to explain the situation to them. In the case of a search by

agreement, they should make sure they fully understand the reason for the search before signing the agreement form.

16.5 Some common questions:

- **Will agencies be told about imminent searches?** Usually not. Police need to be sure suspects are not warned, intentionally or by mistake, and the police team doing the search may well not know, anyway, that the address has staff attached.
- **When are searches carried out?** This may be at any time, but it is usual to search in the early morning when people are likely to be at home and when a full day remains for court or other follow-on work.
- **Who should be present?** *The suspect may* sometimes be present, but this is not a legal requirement, and there is often good reason for their absence, such as there being too few officers to supervise them safely. *Staff of shared accommodation should* where possible be present so that they can clarify which parts of the building may reasonably be searched according to the rules summarised above, and in particular so that they can attend to the likely concerns of other residents. Police may, however, instruct staff to keep away if they think it necessary on safety or other grounds, and the timing of searches may also make attendance difficult.
- **What about damage?** Police do not pay for repairs unless they have gone to the wrong address by mistake. Agencies should have a system in place for making rapid repairs. Some agencies subject to frequent searches minimise damage and disturbance by loaning keys to the police or by making other arrangements: managers should speak to the police, initially through their Safer Neighbourhood Team, if they want to consider this.

17 Good practice in warning people about drug use

17.1 Each agency will have its own procedures, principles and writing style, but the following initial guidance is offered:

17.2 **Some services will have good reason to end residence immediately** on finding someone using drugs. This rule should be made clear verbally and in writing on admission.

17.3 **For other services, a warning letter considering potential eviction** will be appropriate, again following a clear statement on admission about the service's rules:

- Warning letters should be brief and to the point. A first letter might read, "There was evidence this week that you used illegal drugs at this address. Your licence agreement says this is not allowed. If this happens again we may ask you to leave, and may consider contacting the police. If ending your drug use is difficult you should speak to your keyworker about it."
- At least one written warning is strongly advisable to provide clarity, facilitate consultation with an independent adviser if needed, and provide potential civil or criminal court evidence, but there may also be instances when a verbal warning will be adequate.
- Whether a letter is provided or not, staff should do their best to explain the situation to the client verbally, adopting a concise and clear style.

17.4 **Services accepting active drug users** will need to adopt a different tone:

- A letter might read, "There was evidence this week that you were using drugs in a public part of the building and that you left needles in an unsafe place. You will need to speak to your keyworker about using drugs more safely and in a way that does not affect other residents. I understand that staff are

helping you deal with your drug problem, but I must warn you that you may not remain here if you continue to put others at risk in this way."

18 Drug dealing in victim households (crack houses)

- 18.1 A practice has developed in recent years whereby drug dealers attach themselves to households vulnerable through the tenant's own substance use or other problems, and use it as a base to sell crack cocaine or other drugs. This may be encountered from time to time by Supporting People funded services, particularly those supporting independent housing.
- 18.2 **Independent housing: the Crack House Protocol.** Although the tenant will in some instances be culpable, Southwark recognises that in other cases they will be the victim of others, and the borough has developed a *Crack House Protocol* setting out responses to this problem. This is listed in Appendix 3.
- 18.3 **Shared supported housing.** The crack house protocol is directed to independent tenancies rather than to shared, supported accommodation, and special arrangements, not currently covered by the Protocol, are advisable in the latter case:
- Agencies should in such instances contact Southwark DAAT, Southwark Anti Social Behaviour Unit (SASBU) or the Social Services Substance Misuse Team for advice.
 - Because the appropriate strategy is likely to vary from case to case, and because experience and practice with this problem continues to develop, the probable first action will be to arrange a meeting between the referring agency and experienced staff from one or more of the above services.
 - In preparation for such a meeting the referring agency should provide a written statement describing the problem, the individuals involved or thought to be involved, and any action taken so far.

19 Arrangement for reporting difficulties and proposing amendments

- 19.1 This document will be amended following any major change in policy or law.
- 19.2 It is also recognised that guidance of this nature may not fit every service type, or may lack clarity or contain errors. Suggestions for change or clarification should be passed in the first instance to the DAAT Manager.

20 Agreement between agencies

- 20.1 The following have signed agreement to the principles, standards and procedures set out in the following document prepared by Southwark Drug and Alcohol Action Team and Southwark Supporting People:

Responding to drug use in Supporting People funded services

- 20.2 The signatories understand:
- That implementation of *Responding to drug use in Supporting People funded services* in Southwark is seen as a medium to long term project to ensure that best practice is followed.
 - That responsibility for the project lies jointly with the signature agencies, but that Southwark Drug and Alcohol Action Team, with Southwark Supporting People, undertake to monitor, report upon and maintain standards.
 - That in signing this document, agencies are agreeing to promote interagency cooperation in service delivery.
 - That detail of procedures and guidance may be amended from time to time.

- That this agreement does not concern commissioning of individual services nor any contract between service commissioners and individual provider agencies, and that it does not constitute a legal contract.

Name: Kate Sinar

Manager, Southwark Drug and Alcohol Action Team

Signature: _____

_____ Date

Name:

Manager, Southwark Supporting People

Signature: _____

_____ Date

Name:

Borough Commander, Metropolitan Police Service

Signature: _____

Appendix 1 Some common events

This section, partly based on a consultation with Southwark agencies in 2007, answers some commonly encountered questions, though readers should consult the main body of this guidance, and the references below, for a full explanation of these points. Readers should in particular consider the differing requirements in residential settings (hostels and other shared accommodation) and independent tenancies.

Client observed smoking cannabis in a shared setting such as a hostel. Unlike other drugs it is an offence to take no action on cannabis smoking if you are managing the service, and you should make it clear (see section 10) that doing so is not allowed. However:

Client uses cannabis in a hostel despite several warnings, but their vulnerability on other grounds makes eviction undesirable. Provided you have made the rules clear, minimised the impact of this behaviour on others, and recorded your actions and opinions, prosecution for permitting smoking of cannabis is very unlikely. In most instances, it will be right for the individual to remain.

Client using Class A drug on hostel premises. Your approach will depend on the nature of your service. In some instances (notably, "dry" services for people needing to avoid addictive substances, or services where residents are evidently vulnerable on other grounds) it will be right to evict the user, and you should have made this rule clear on admission. It is not however illegal to allow use of these drugs, and agencies are encouraged to seek solutions that do not result in eviction. Agencies not specialising in drug use should seek advice from drug services, and should construct a plan with those services and with the client aimed at minimising harm, maintaining acceptable behaviour within the premises, and if possible getting treatment.

Client using drugs in an independent tenancy. Staff should in most instances be able to insist drugs are not used in their presence, whatever the legal situation, and to withdraw their services temporarily (in other words, leave) if this is not complied with. There may however be instances where pressing matters such as problems with the client's health mean that they must stay to complete the task.

Client intoxicated and causing a disturbance or anxiety through their behaviour.

It makes sense to have a strategy in place for responding to such events based on your client group, staff resources, and premises layout. Police should be called if control is lost and the situation becomes frightening or dangerous. The most likely outcome will be for the police to calm the situation rather than make an arrest, though arrest is possible if there is a serious breach of the peace.

Clients reports that he or she is selling drugs or otherwise breaking the law. If a client reports in a counselling or casework setting that they are doing something illegal to support their drug use, this will almost always be regarded as confidential to the agency, though the practitioner should discuss it in supervision and explore ways to reduce or stop such activities (or in an expressly drug- or offending-free service, discontinue residence). Exceptions to this, with other action potentially being taken, including informing the police, may be where: a) the offending presents very serious risk to others; b) the behaviour has separately come to attention in a context other than counselling or casework, such as direct observation of criminal activity.

Client shares drugs with another person. This is "supply", whether a payment is made or not, and is against the law, and if it comes to your attention you must point this out. However, this issue may particularly arise where it is agreed people may use drugs together for reasons of greater safety (see 12.3). While prosecution is possible in such circumstances, it is unlikely to be considered in the public interest.

Client observed selling drugs on or near hostel premises. Failure to respond to this is a breach of your duty of care to residents and others, and you should take action. As a minimum you should warn the offender that police will be informed if it recurs, and there will be instances when it will be right to tell the police at once, with staff prepared to act as a witness.

Hostel resident has many visitors: dealing suspected. You should raise this with the person concerned, providing warnings as above.

Drug dealers targeting hostel or other accommodation. Seek advice from the DAAT or from Southwark Anti Social Behaviour Unit (SASBU), both of which have experience of such problems and have good links to the police, local authority housing and other agencies. Early action is likely to involve a meeting to clarify the problem, review the available evidence and consider options for further work.

Police ask for assistance with a client thought to be engaged in selling drugs. Police are unlikely to ask for this without good reason, and cooperation is encouraged. Your response must nevertheless depend on factors including the seriousness of the offence and its effect on others, and on your own relationship with the client including in particular any existing understandings about confidentiality. Section 6, above, provides some guidance.

A substance thought to be a drug is found. Make a note of the substance's appearance and approximate quantity by weight or dimensions, and how and where it was found, then contact the police Safer Neighbourhood Team for advice or, if it has happened before, follow previous advice. Depending on the drug, its quantity and current concerns in the locality, the police may visit, or ask you to take the drug to a police station or elsewhere, or if the level of concern is low, may suggest you destroy it. Follow their advice and make a record of your action.

Needles are found in an unsafe place such as a rubbish bin. Urgently investigate how this occurred. Review the availability of sharps bins, and review the nature and quality of advice given to residents as a group and, for known drug users, individually. Obtain further advice on this from a needle exchange service or from the Needle Exchange Coordinator (Appendix 2) and act on it.

Visitors bring and use drugs on hostel premises. Visitors are not your clients, and it will normally be reasonable to bar them from entry. If a hostel resident is responsible for inviting the visitor, it is proper and usual practice to hold that resident responsible

for guest behaviour. If visitors are not invited by identified people you may need to look at security arrangements or seek further advice from police or others.

Someone says they do not use drugs on arrival at a service, but they do. People who have drug problems often say they do not, expecting rejection, and such misrepresentation ought not in itself to be grounds for eviction unless you have made this clear from the start because of the nature of your service. You will need to reassess, if necessary taking advice from other services. Retention is encouraged but ought not to be insisted upon if drug use or associated behaviour puts others at risk.

A client is reported to be using drugs by family or friends. This is an issue of confidentiality rather than one concerning drugs. Try to get the informant's permission to reveal your source, but if you do not have this, make a private record but do not otherwise proceed unless there is a serious threat to health.

A hostel resident exploits another, and drugs are involved. In most cases it makes sense to respond to the bullying or exploitative behaviour, unacceptable in any situation, rather than to the drug issue.

When giving budgeting advice, a client wishes to include drugs purchases in their budget plan. This is not unreasonable, and may offer opportunities to discuss options to modify drug use, make it safer or obtain treatment.

Rules on drug use are hard to enforce, with clients insisting it is safe, recreational or part of their culture. This is a widespread problem, particularly with the development of newer drugs in recent years, with some seemingly safe and others clearly very dangerous. It is not unreasonable to insist on clear boundaries in shared accommodation, but agencies that do not ban drugs entirely will need increasingly to recognise that "drugs" is no longer a single category and that staff need to receive appropriate training in response to this.

Somebody dies and you think it may be the result of drug use. This is a matter for the police and the coroner. In cooperation with the police, isolate the room the person had been using, identify possible witnesses, assemble all written records and any items found and make these available as required.

Appendix 2 Contacts

a) London Borough of Southwark and NHS services

Southwark Drug and Alcohol Action Team (DAAT) is at: Unit 322 (3rd Floor), Great Guildford Business Square, 30 Great Guildford Street, SE1 0HS Tel: 0207 525 0805
DAAT.team@southwark.gov.uk

Southwark Supporting People is at: Municipal Building, 9 Larcom Street, SE17 1RX
Tel: 020 7525 2944 Fax: 020 7525 0573 supporting.people@southwark.gov.uk

Southwark Social Services Substance Misuse Team is at: Maudsley Hospital, Lower Floor Main Building, Denmark Hill, SE5 8AZ Telephone: 020 7919 2403
Fax: 020 7919 2959.

Needle exchange services in Southwark are as follows:

CDP - Kappa Project, 231 Old Kent Road, Southwark SE1 5LU, 020 7237 7000

Mainliners, 195 New Kent Road, Southwark SE1 4AG, 020 7378 5480

Southwark Bus 020 7378 5480

ABC Chemist, 13 Camberwell Church St, Camberwell SE5 8TR, 020 7703 2489

A R Chemist, 176 Old Kent Road, Bermondsey SE1 5TY, 020 7703 4097

Classic Pharmacy, 55 St George Road, Southwark SE1 6ER, 020 7820 8921

DP Pharmacy, 309 East Street, Old Kent Road SE17 2SX, 020 7703 7843
Duncan's Chemist, 7-8 Camden Square, Peckham SE15 5LW, 020 7701 8641
Foster & Sons, 14 Forest Hill Road, East Dulwich SE22 0RR, 020 8693 1548
Qrystal Pharmacy, 7 Newington Causeway, Southwark SE1 6ED 020 7403 2237
Ridgeway Pharmacy, 251/253 Walworth Road, Walworth SE17 1RL 020 7701 2720
Ropham Chemists, 169 Rye Lane, Peckham SE15 4TL 020 7732 4560
Superdrug Pharmacy, Unit 4 Butterfly Walk, Camberwell SE5 8RW 020 77701 9037
Surdock Pharmacy, 162 Lower Road, Rotherhithe SE16 2UN 020 7237 2512

For more detailed guidance on needle exchange, on managing drug injection on your premises and on matters such as the supply and disposal of sharps boxes and other equipment, and for updates on this list, contact :

Terry Shields, LSL Needle Exchange Co-ordinator, 151 Blackfriars Road,
SE1 8EL 020 3228 9400 Mobile: 07969587127 terry.shields@slam.nhs.uk
Or:

The Outreach Team, Mainliners, 195 New Kent Rd, London SE1 4AG
020 7378 5480 e-mail: info@mainliners.org.uk

Clinical waste disposal. Most injecting drug users use needle exchange services, but Southwark residents may also use the council's clinical waste service. This is without charge, but requires the recommendation of a doctor or nurse. A Clinical Waste Collection Application Form can be found on Southwark's web site.

Where no named individual is involved (for example if needles have been dumped at a dangerous location), the Commercial Waste Service must be used. There is a minimum charge, currently £50.00, for collection from commercial agencies, including housing associations and hostels.

For advice or to arrange services ring LB Southwark's Refuse Service at 020 7525 2000 and ask about "clinical waste".

b) Metropolitan Police in Southwark

Southwark Police stations are listed at www.met.police.uk/southwark and in telephone directories, and all Southwark services and teams can be contacted on 020 7378 1212. Teams of particular interest in a drugs context include:

Response Teams, answering 999 calls and other urgent matters.

The Community Safety Unit, based at Walworth Police Station, responding to hate crimes and domestic violence.

The Drugs and Firearms Team, primarily concerned with serious and organised crime rather than individual drug use.

Partnerships. A team of managers dealing with interagency and policy matters.

Safer Neighbourhood Teams will be your principal contact (sergeants and other managers are correct as at January 2007; check the web site for updates):

Brunswick Park Safer Neighbourhood Team
Camberwell Police Station, 22A Camberwell Church Street, London SE5 8QU
020 8721 2449 07920 233910 BrunswickPark.snt@met.police.uk
Sergeant Ronald-Jay Prado

Camberwell Green Safer Neighbourhood Team
Camberwell Police Station, 22a Camberwell Church Street, Camberwell,
London SE5 8QU
020 8649 3587 07843 065912 CamberwellGreen.snt@met.police.uk
Sergeant David Gwyther

Cathedrals Safer Neighbourhood Team
Walworth Police Station, 12-28 Manor Place, Walworth, London SE17 3RL
020 8721 2801 07766 443043 Cathedrals.SNT@met.police.uk
Sergeant Stephen Dutton

Chaucer Safer Neighbourhood Team
Walworth Police Station, 12-28 Manor Place, London SE17 3RL
Phone: 020 8721 2441 07920 233917 Chaucer.snt@met.police.uk
Sergeant Jon Wilson

College Safer Neighbourhood Team
East Dulwich Police Station, 173-183 Lordship Lane, East Dulwich, SE22 8HA
020 8721 2442 07920 233916 College.snt@met.police.uk
Sergeant Colin Edge

East Dulwich Safer Neighbourhood Team
East Dulwich Police Station, 173-183 Lordship Lane, East Dulwich, SE22 8HA
020 8721 2447 07920 233912 EastDulwich.snt@met.police.uk
Sergeant Paul Orhiere

East Walworth Safer Neighbourhood Team
Walworth Police Station, 12-28 Manor Place, Walworth, London SE17 3RL
020 7232 6258 07766 443004 EastWalworth.SNT@met.police.uk
Sergeant Chris Daly

Faraday Safer Neighbourhood Team
Room 2.08, Walworth Police Station, 12-28 Manor Place, SE17 3RL
020 8649 2042 07843 065911 Faraday.SNT@met.police.uk
Sergeant Mark Stevens

Grange Safer Neighbourhood Team
Rotherhithe Police Station, 99 Lower Road, Rotherhithe, London SE16 2XQ
020 8721 2439 07920 233919 SouthwarkGrange.snt@met.police.uk
Sergeant Steven Landers

Livesey Safer Neighbourhood Team
Rotherhithe Police Station, 99 Lower Road, Rotherhithe, London SE16 2XQ
020 8721 2436 07920 233922 Livesey.snt@met.police.uk
Sergeant John Livermore

Newington Safer Neighbourhood Team
Walworth Police Station, 323 Borough High Street, Walworth, SE1 1JR
020 8721 2437 07920 233921 Newington.snt@met.police.uk
Sergeant Rebecca Cunliffe

Nunhead Safer Neighbourhood Team
Peckham Police Station, 177 Peckham High Street, Peckham, SE15 5SL
020 8721 2445 07920 233914 Nunhead.snt@met.police.uk
Sergeant Jeffrey Jenkinson

Peckham Safer Neighbourhood Team

Peckham Police Station, 177 Peckham High Street, Peckham, SE15 5SL
020 8721 2728 07766 474477 Peckham.snt@met.police.uk
Sergeant Mike Bruget

Peckham Rye Safer Neighbourhood Team

Peckham Police Station, 177 Peckham High Street, Peckham, SE15 5SL
020 8721 2443 07920 233915 PeckhamRye.snt@met.police.uk
Sergeant Sanjay Rai

Riverside Safer Neighbourhood Team

Rotherhithe Police Station, 99 Lower Road, Rotherhithe, London SE16 2XQ
020 8721 2440 07920 233918 Riverside.snt@met.police.uk
Sergeant James Cole

Rotherhithe Safer Neighbourhood Team

Rotherhithe Police Station, 99 Lower Road, Rotherhithe, London, SE16 2XQ
020 8721 2435 07920 233923 Rotherhithe.snt@met.police.uk
Sergeant Al Irvine

South Bermondsey Safer Neighbourhood Team

Rotherhithe Police Station, 99 Lower Road, Rotherhithe, London SE16 2XQ
020 8721 2802 07766 474479 SouthBermondsey.snt@met.police.uk
Sergeant Chris Scott

South Camberwell Safer Neighbourhood Team

Camberwell Police Station, 22A Camberwell Church Street, SE5 8QU
020 8721 2448 07920 233911 SouthCamberwell.snt@met.police.uk
Sergeant Peter Smith

Surrey Docks Safer Neighbourhood Team

Rotherhithe Police Station, 99 Lower Road, Rotherhithe, London SE16 2XQ
020 8649 3588 07843 065913 SurreyDocks.snt@met.police.uk
Sergeant Neil McCluskey

The Lane Safer Neighbourhood Team

Peckham Police Station, 177 Peckham High Street, Peckham, SE15 5SL
020 8721 2769 07766 442999 TheLane.snt@met.police.uk
Sergeant Steven Cox

Village Safer Neighbourhood Team

East Dulwich Police Station, 173-183 Lordship Lane, East Dulwich, SE22 8HA
020 8721 2446 07920 233913 VillageWard.SNT@met.police.uk
Sergeant Stephen Farrant

c) Legal advice

Release, 388 Old Street, EC1V 9LT
Administration: 020 7729 5255; Helpline: 0845 4500 215; Fax: 020 7729 2599
ask@release.org.uk internet: www.release.org.uk

d) Sources of training

Southwark DAAT (above) can advise on sources of training. This will include among others:

Mainliners, 195 New Kent Rd, London SE1 4AG

020 7378 5480 e-mail: info@mainliners.org.uk internet: mainliners.org.uk

HIT UK Ltd, Unit 3, Paramount Business Park, Wilson Road, Liverpool L36 6AW 0870 990 9702 customerservice@hit.org.uk internet: www.hit.org.uk

KFx, 53a Median Road, Hackney, LONDON, E5 OPJ
kevin_flemen@graffiti.net internet: www.ixion.demon.co.uk

e) Other contacts

See Directories (below).

Appendix 3 Selected references

a) Directories

Southwark DAAT publishes a directory of local services that can be downloaded from: <http://www.safersouthwark.org.uk/Category.asp?cat=786> A paper copy can be obtained from Southwark DAAT by emailing daat.team@southwark.gov.uk or by ringing 020 7525 0805. Within the directory, services are classified as: information, advice and support; housing support; harm minimisation and needle exchange; Drug Intervention Programme services for offenders with drug problems; health services; specialist prescribing; GP shared care facilitation; day programmes; counselling; crisis services; dual diagnosis (mental illness and drug use) services; detoxification; and residential care (accessed through Social Services drugs teams).

South London and Maudsley NHS Trust publishes a list of Needle Exchange services, available from the same site.

The National Treatment Agency at: www.nta.nhs.uk/ provides links to various directories including:

- Residential services directory
- Services for young people
- Drug Action Teams
- A database of drug treatment services in England, Wales and Scotland
- The FRANK web site and directory for drug users and families
- The Home Office "Drugs" and "Treatment Works" web sites for professionals and other interested readers.

b) Identifying drugs

A set of cards showing what drugs look like and briefly describing their use, effects and legal status is available from HIT UK Ltd, Unit 3, Paramount Business Park, Wilson Road, Liverpool L36 6AW customerservice@hit.org.uk 0870 990 9702

Similar guidance on identifying drugs is at: www.met.police.uk/drugs/drug_guide.htm

c) Drug use in supported and independent housing

Home Office and DTLR (2002) *Tackling Drug Use in Rented Housing: A Good Practice Guide*. PDF available from <http://www.crimereduction.gov.uk/drugsalcohol/drugsalcohol51.htm>

Flemen, K. (1999) *Room for Drugs: Drug Use on Premises - Guidelines for Direct Access Services*, London, Release Publications

Flemen, K. (2006) *Tenants and Drugs: Guidance for Landlords*, available at: www.ixion.demon.co.uk

Southwark DAAT/Community Safety (2004) *Crack House Protocol*.

The following web address is particularly helpful for finding documents and the agency offers training and other resources on other pages:
www.ixion.demon.co.uk/Resources.htm

d) Health and Safety

Unison (2000) *Needlestick Injuries: A Guide for Local Government Safety Representatives*, available at www.unison.org.uk/acrobat/10840.pdf

Health and Safety Executive (1998) *Occurrences Regulations 1995: Guidance for employers in the healthcare sector, Health Services Sheet No 1*, explains regulations on reporting needlestick injuries.

The Needlestick Forum at [/www.needlestickforum.net/](http://www.needlestickforum.net/) provides guidance and links to further sources of information.