

Lancashire County Council Youth and Community Service

policy and guidelines
for dealing with
drug related incidents

PREFACE

I am delighted to introduce the revised Youth & Community Policy and Guidelines for dealing with drug related incidents. As you will be aware the issue of drug use has been the focus of many government documents and strategies over recent years.

The DFEE and Drugscope have recommended that organisations need to have in place clear policies which provide both workers and those who use the service with clear boundaries with regards to drug use and clarity of responses in dealing with drug related incidents.

This Policy, which has been approved by the County Council, seeks to enable workers to develop clear and consistent approaches across Lancashire.

As a service we have a key role to play in the development and delivery of drug education, information, prevention and harm reduction. Our role is to ensure that young people and communities we work with have access to relevant and appropriate curriculum and information and informed Youth and Community Workers. This Policy will help achieve this.

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County Youth and Community Officer
September 2000

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introduction

This policy document has been prepared to assist and support Youth and Community Workers in dealing with drug related incidents throughout their work in a variety of settings. These incidents are not a common occurrence but if and when presented it is important that workers are aware of their legal position, clear about the actions the County Council may require (Policy) and that there is consistency of practice throughout the Youth and Community Service (Guidelines for Good Practice).

Drug education and work with drug users should either lead to a reduction of those using drugs or a reduction in the associated harm from use. The Government's Ten Year Strategy 'Tackling drugs to Build a Better Britain' (1998) clearly outlines the vision to:

create a healthy and confident society increasingly free from the harm caused by the misuse of drugs.

Drugs, both legal and illegal, are used by a variety of people for a variety of reasons. For some the use is experimental, casual or recreational. For a minority of people the use of drugs becomes problematic. However and for whatever reasons drugs are used there are a number of risks associated with their use. There are the immediate risks to the individual affecting their health and social welfare. Drug use often contributes to tensions in other areas of an individual's life i.e. relationships, families, employment, social contact, behaviour, financial position, criminal record etc.

As a Youth and Community Service we need to be able to recognise and respond to the incidence and nature of drug use in the communities in which we work. This means working within the legal framework, adhering to policy where indicated and developing a range of good practice which enables:

Young people and other members of the community to achieve their full emotional, physical, intellectual, and spiritual potential and in so doing to overcome any personal or social conditions which hinder this achievement.

(Lancashire County Council Youth and Community Service Mission Statement)

These guidelines provide a framework within which Youth and Community Workers should be working. Having clear policy, procedure and practice provides a foundation from which we can deliver the curriculum of the service. Within our methodology and approach to working with those who use drugs we would seek to:

n Recognise a range of drug using behaviours including non-use, experimental, recreational and dependency.

n Recognise and address that all substances, both legal and illegal, pose potential risks and consequences as a result of use to the individual and others.

n Recognise that differing personal backgrounds and individual life experiences affect peoples vulnerabilities to and capacity for dealing with drug use and related harms.

n Contribute to a reduction in the potential harm caused by drug use by providing accurate, clear and balanced information, through a variety of methods, to the groups and communities within which we work.

n Work in a non-judgmental and non-coercive style which aims to minimise the harmful effect of drug use rather than ignore or condemn drug users.

n Adapt and develop projects and curriculum content to respond to the specific and differing needs of race, gender, sexuality, disability, ethnicity.

n Develop a range of responses to dealing with drug related incidents which aims to reduce the harm caused by the drug use itself but also the consequences of any action taken. Too hasty or too limited a response or over reaction about a specific drug incident can often put the persons health and well being at greater risk than the original incident itself.

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drugs and the law

This section gives outline information on the current laws appertaining to drugs

Section 1

drugs and the law

Misuse of Drugs Act 10

Medicines Act 13

Licensing Act 13

Confiscation of Alcohol (Young Persons) Act 14

Children and Young Person Act 14

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drugs and the law

All workers within the Youth and Community Service should be aware of the relevant legislation that applies to the possession, supply or manufacture of controlled substances. This section refers not just to illegal drugs but also the law and Acts concerning alcohol, tobacco, and other drugs.

Different drugs are controlled by different Acts and some are not controlled at all and are legal.

Misuse of Drugs Act 1971 Cocaine/Crack, Opiates (Heroin & Morphine), processed Magic Mushrooms, LSD, Ecstasy, Cannabis, Codeine, Amphetamines, Barbiturates, Tranquillisers, Anabolic Steroids, Methadone

Medicines Act 1986 Ketamine, Anabolic Steroids (it is not illegal to possess steroids for personal use but illegal to supply & Class C penalties apply), Amyl, Butyl and Iso-butyl Nitrite (Poppers), GHB

Licensing Act 1964 Alcohol

Children / Young Persons Act 1963 (am 1968/91) Tobacco

Intoxicating Substances (supply) Act 1985 Solvents

Consumer Protection Act (1987) Section 11 (1) (b) (am 1/10/99) Gas Lighter Refills

Drugs not controlled by the Law Unprepared Magic Mushrooms, Khat, Caffeine

The Misuse of Drugs Act 1971

This Act aims to prevent the non-medical use of certain drugs. Drugs subject to this legislation are known as 'controlled drugs'. The law was revised in 1986 to include Benzodiazepine Tranquillisers, the most frequently prescribed drug in Britain.

There are several major offences listed under the Misuse of Drugs Act. These are:

- n Production
- n Supply or attempt to supply
- n Possession
- n Possession with Intent to Supply
- n Cultivation
- n Opium Offences (i.e. preparation of and smoking of prepared opium)
- n Allowing premises to be used
- n Obstruction, Incitement, Conspiracy, False Information, Assisting Criminal Activity.

Under this Act it is an offence for the 'Occupier' of a premises (i.e. someone who has the authority to exclude persons from the premises) or a person concerned with the management of a premises to knowingly permit (or ignore clear evidence) that persons on the premises are:

- n Producing (manufacturing) or attempting to produce controlled drugs
- n Supplying or attempting to supply or offering to supply a controlled drug
- n Preparing opium for smoking
- n Smoking cannabis, cannabis resin or prepared opium.

The Misuse of Drugs Act lists the drugs which are subject to control and groups them into three categories and five schedules. The classes determine criminal penalties.

Class A drugs

Cocaine/Crack Methadone LSD Opiates (inc. Heroin) Ecstasy (MDMA)
Magic Mushrooms (prepared) Any Class B drug prepared for injection

Possession: Min 6 months and/or up to £5000 fine
 Max 7 years and/or an unlimited fine

Supply: Min 6 months and/or £5000 fine
 Max Life and/or an unlimited fine.

Class B Drugs

Amphetamine Barbiturate Cannabis Codeine Cannabis Resin
NB. Class B drug in injectable form is treated as a Class A drug.

Possession: Min 3 months and/or £2500 fine
 Max 5 years and/or unlimited fine

Supply: Min 6 months and/or up to £5000 fine
 Max 14 years and/or unlimited fine

Class C Drugs

Distalgesic Temazepam Valium Supply of Anabolic Steroids/Tranquillisers

Possession: Min 3 months and/or up to £1000 fine
 Max 2 years and/or unlimited fine

Supply: Min 3 months and/or up to £2500 fine
 Max 5 years and/or unlimited fine

These are the maximum penalties a Crown Court can impose. It is important to realise that maximum sentences will depend on previous offences and other factors. They are not automatic.

Many controlled drugs have medical uses, so the Misuse of Drugs Act places these into five schedules which control their uses.

Schedule 1 These are the most controlled drugs and are not authorised for medical use and Doctors cannot prescribe them. They can only be supplied, possessed or administered with a Home Office licence. Unlicensed possession and supply is an offence. Includes: Raw opium, LSD, Cannabis, Ecstasy.

Schedule 2 These drugs are considered to have medical use and are prescribed to people. The person who is prescribed them can legally possess them. Unlicensed possession and supply is an offence. Includes: Heroin, Morphine, Methadone, Amphetamine, Cocaine, Quinolbarbitone (Barbiturate).

Schedule 3 These drugs are treated much the same as Schedule 2 and are prescribed. Includes: Temazepam, Barbiturates (except quinolbarbitone).

Schedule 4 It is legal to possess these drugs in the form of a medicinal product without a prescription, but it is illegal to supply them. Includes: Benzodiazepines (except Temazepam i.e. Diazepam, Lorazepam, Nitrazepam), Anabolic Steroids.

Schedule 5 Some controlled drugs included in preparations in small quantities can be bought over the counter. These are drugs which are considered to have little risk of illicit use and can be legally possessed. Once purchased they cannot be legally supplied to another person. These drugs include well known cough medicines and mild painkillers.

Medicines Act 1968

The legitimate manufacture and supply of medicines is controlled by the Medicines Agency and governed by the Medicines Act 1968. Medicines are divided into three categories:

n Prescription Only D the most restricted, can only be dispensed by a pharmacist if prescribed by a doctor.

Supply of prescription drugs is an offence without a license.

n Pharmacy Medicines D can be dispensed without a prescription but only by a pharmacist.

n General Sales List D the least restricted, can be dispensed without a prescription by any shop.

Some prescription only medicines are also controlled by the Misuse of Drugs Act (i.e. most anabolic steroids, the tranquilliser Temazepam). Some prescription only medicines (such as other tranquillisers, Ketamine) are not controlled by the Misuse of Drugs Act and so can be legal to possess without a prescription, even where they can only legally be obtained on prescription. Supply from other than pharmaceutical outlets is technically a civil offence against the Medicines Act.

The Licensing Act 1964

The Licensing Act 1964 controls the sale of alcohol. It states that it is an offence to supply alcohol to a young person under the age of 18 in licensed premises. It is also an offence for a young person under the age of 18 to buy, attempt to buy or drink alcohol in licensed premises. A young person over 16 may drink beer, cider, or perry with a meal in licensed premises (restaurant, pub or hotel).

Between the ages of five and sixteen they may only drink in a private place. Children may enter a pub at any age in the company of a person over the age of 18 if the licensee holds a 'children's certificate' but may not drink alcohol. Once aged 14 young people may enter a bar on their own but can only buy soft drinks. Supply to an under five year old is always illegal unless given upon order of a GP in the case of sickness, in urgent cases.

Confiscation of Alcohol (Young Persons) Act 1997

This Act allows a constable to:

1. Confiscate alcohol where they reasonably suspect that a person under 18 is in possession of it while in a public place or a private place to which they have gained unlawful entry.
2. Confiscate alcohol from a person aged 18 or over if they reasonably suspect that the person is likely to pass alcohol to an under 18 on premises as above or that alcohol has recently been consumed by a person under 18 in their company on premises as above.
3. Require the person in possession to state their name and address.
A person refusing to surrender alcohol or state their name and address when required to do so may be arrested without a warrant, and unless there is reasonable excuse, commits an offence.

Children and Young Person Act 1963 (am. 1986/91)

The Children and Young Person's Act 1963 and the Protection of Children (Tobacco) Act 1986 both state that the sale of tobacco products to a young person under the age of sixteen is an offence. It is not an offence to give a cigarette to an under 16 year old. It is not illegal for young people to smoke at any age in private, however, uniformed Police Constables and park keepers can seize all tobacco and cigarette papers from under 16 year olds seen smoking in a street or public place.

The Children Act 1989

This Act relates to children up to the age of 18. The Youth and Community Service has certain responsibilities relating to young people in their care. These include the following:

- n The taking care of reasonable steps to encourage children in their care not to commit crime.
- n That a local authority must investigate where there is reasonable cause to suspect that a young person is likely to suffer "significant harm".

Intoxicating Substances (Supply) Act 1985

Under the Intoxicating Substances Supply Act (1985) it is illegal for a retailer to sell any substance (i.e. solvents) to a young person under the age of 18 years when there is reasonable suspicion that the substance may be used for the purposes of intoxication. Sniffing solvents in a public place is also likely to be considered a Breach of the Peace.

Consumer Protection Act 1985 Section 11(1) (b) am: 99

From October 1st 1999 it became an offence for shops to sell gas lighter refills to young people under the age of 18.

Police and Criminal Evidence Act 1994 (PACE)

PACE provides the police with extended and new powers. In relation to drugs and the Youth and Community Service, the relevant parts of the Act relate to Stop and Search (when out of a centre) and Search on Premises.

Stop and Search

Concerns the searching of a person without first arresting them. Police have the power to stop and search individuals or vehicles in relation to a number of offences including drugs. Before carrying out a search (either an individual or vehicle) the police must have reasonable grounds for suspicion which cannot be based on an individual's clothing, hairstyle, colour or the fact that an individual is known to have other convictions.

Before carrying out the search the officer must inform the individual of:

- n his/her name and police station
- n the purpose of the search
- n the grounds for undertaking the search
- n that they are entitled to a copy of the record of the search.

The Act only requires the person to give their name if they have committed an offence or if the police officer claims to have reasonable suspicion that they may have. The officer should make a written report following the search and the individual is free to go unless they are arrested.

Entering and Searching Premises

PACE outlines powers to enter and search premises in connection with any arrestable offence including drug offences. Police can enter if they have:

- n a valid warrant
- n reasonable suspicion that an offence has been committed and a reasonable suspicion that the suspect is present
- n permission from the person entitled to grant entry

n on and immediately following arrest to search the premises that the person was in at or before arrest to search for evidence relating to the offence.

Before asking consent the officer must:

- n state the purpose of the proposed search
- n tell the person they are not obliged to consent
- n tell a person who is not suspected that they are not under suspicion
- n inform the person that anything seized may be produced in evidence.

The police officer must contain the search to the extent of searching for evidence relating to the offence and only seize items connected to the offence. A record of any goods seized should be given.

2

Policy and Guidelines
for Good Practice

Throughout this section:

P refers to Policy

G refers to Guidelines for Good Practice

Section 2

Policy and Guidelines
for Good Practice

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Policy Statements/Guidelines

1

1.0 Relating to Premises

ÔPremisesÕ is taken to mean any property and Ôland associated withÕ on/in which the Youth and Community Worker is working with groups i.e. LCC property, rented buildings, land associated with buildings (i.e. car parks, fields), residential centres, mobile units, minibuses etc.

1.1 Relating to the use of controlled drugs (those covered by the Misuse of Drugs Act) on the premises

P That premises are not used for the production, supply or attempt to supply of controlled drugs.

P That premises are not used for opium smoking or the smoking of cannabis, cannabis resin or prepared opium.

P That where this occurs the persons seen to be producing, preparing or taking controlled drugs should be asked to stop immediately and / or leave the premises.

P If the person refuses to stop/leave the police should be called to assist in the persons removal. Should the police subsequently request statements from Youth and Community Workers these should be given.

P If a person makes it evident that they are in possession of small amounts of controlled drugs for their own use it is acceptable for a worker to:

1) Personally supervise (with another staff witness present) the destruction of the drugs by the persons in possession and record the incident.

2) A worker can receive the drug from a person in order to destroy it. Both the transfer of the drug to a worker and its destruction should take place in the presence of two workers and recorded.

3) Call the police to remove the substance. The worker does not have to give any information to the police though they must be careful not to obstruct the police or become an accessory to criminal activity.

Under no circumstances should a worker keep the drug in their own possession.

P The police should be contacted immediately if controlled drugs are being supplied / dealt on the premises.

P Any incident of possession, intent to supply or supply should be recorded confidentially and Line Managers informed of the incident and the course of action taken (see Relating to Records 3.0).

P Workers should not search a person even if they suspect them of carrying drugs or alcohol.

P There may be circumstances where a person needs to take a controlled drug on prescription whilst attending a Youth and Community Service project (i.e. Methadone on a residential). In such a situation workers should discuss this with the Line Manager, any appropriate drug services / treatment services and the person concerned to find an appropriate and agreed method of collection, storage and administration. Workers may need to assess programme content in the light of this as some prescribed drugs may restrict full participation in some activity.

G Workers are encouraged to intervene in any drug related incident in ways which will encourage positive communication with those using drugs which potentially offers the opportunity for them to address drug use issues, seek support etc.

G Workers are encouraged to intervene in any drug related incident in ways which will create minimum harm to themselves, other workers and the other people involved in the situation. It is not expected that

workers will put themselves at risk of personal injury. Where assistance is required or a situation is getting out of hand workers should contact the police.

1.2 Relating to other drugs on the premises

Some other drugs are not controlled by the Misuse of Drugs Act or scheduled and thus possession and use of them is not an offence. Drugs in this category include unprepared Magic Mushrooms, Poppers (Amyl, Butyl and Iso-butyl Nitrite), Khat, GHB, Ketamine. But some of these drugs are classed as medicines and come under the Medicines Act and though possession can be legal, under the Medicines Act are an offence to supply.

P Workers should ensure that premises are not used for the consumption of such drugs.

P Where this occurs the person seen to be using such drugs should be asked to stop immediately and / or asked to leave the premises.

P If a person makes it evident that they are in possession of such drugs for their own use the worker can ask them to destroy it in their presence, receive it from that person in order to destroy it or ask the person to leave.

P Where a person is seen to be dealing or supplying such drugs on the premises they should be asked to stop and/or leave the premises.

P Any incident of possession, intent to supply or supply should be recorded confidentially and line managers informed of the incident and course of action taken.

G In dealing with any such incident workers should assess the risk to the individual should they be asked to leave at that point, particularly if they are under the influence of the drug, and act to ensure the safety of that person.

1.3 Relating to alcohol and solvent use on the premises

P There may be occasions when alcohol is consumed on the premises as part of an organised event. Workers should ensure that they operate within the law in relation to the consumption of alcohol on premises. This should take into account legal age limits, appropriateness of event and or setting, local by laws and any licence /requirements which covers the building or event etc.

P Outside particular occasions or events alcohol should not be consumed on premises. Where this happens the person should be required to stop / leave immediately.

P Alcohol should not be consumed in an LCC vehicle or private vehicle on LCC business (Minibus Guidelines).

P Persons consuming solvents on the premises should be required to stop and/ or leave immediately.

G Workers are encouraged to intervene in ways which will create minimum harm to themselves, other workers and other people involved in a situation which could become confrontational and possibly physically violent. It is not expected that workers will put themselves at risk of injury.

G Workers may assess that the person may be at risk if intoxicated and asked to leave the building at that point. Workers should take appropriate action to ensure the safety of that person (i.e. monitoring person within centre/project, calling parent/guardian, First Aid etc.).

1.4 Relating to prescribed drugs/painkillers on premises

P Prescribed drugs should not generally be bought onto the premises unless the person requires them at some point throughout their attendance at a session/project.

P It is acceptable for workers to look after prescribed drugs in a safe place for service users and to hand them back when required. It is good practice, dependent on the age of the user and the drug being used, to oversee the taking of the drugs.

P Workers should not give painkillers to young people.

P Workers should take note of any prescribed drugs which persons are taking when medical information is available i.e. parental / guardian permission forms for trips or residentials.

1.5 Relating to the admission of drug users to premises

P People should not be excluded from Youth and Community Service premises/ projects solely on the grounds that they are known drug users or that they appear to have been taking legal or illegal drugs.

P If a person seeks admission to the premises when they appear to have recently taken drugs an important consideration is the safety of the person concerned. The person may be 'at risk' and may be admitted to the premises rather than turned away provided their entry would not endanger other occupants of the premises, including staff.

G Consider the condition of the individual and assess the risk both to the individual, to staff and other users. The person may require supervision or medical treatment.

G If a person is excluded from the premises as a result of unacceptable behaviour due to drug use or where there has been evidence of possession, this exclusion or ban should generally be of short duration. Longer-term bans should not readily be used and should always be discussed with the Line Manager.

G All staff should be informed of any temporary exclusion.

1.6 Relating to smoking on the premises

The 'Smoking at Work Policy' moves progressively towards a ban on smoking in the workplace as and when resources are available, to allow for the creation of designated smoking areas where necessary. The policy provides for the prohibition of smoking in all the areas below. Please refer to full policy for further details.

P Smoking is not allowed where there are specific health, hygiene or safety hazards or where special safety precautions are required (i.e. designated areas where food is prepared, areas where flammable substances are used, stored, produced etc.). This applies to any person, employee, visitor, client etc.

P All areas of County buildings, normally accessible to the public should be 'No Smoking' zones and include reception areas waiting rooms, corridors, stairways, lifts, toilets, Information Centres, Welfare Rights Centres etc.

P Smoking should not take place in common areas such as photo-copying rooms, first aid rooms, and in restaurants or canteens other than in any designated smoking area. Smoking should not be allowed in meeting/ lecture rooms.

P Smoking should be prohibited in County Council vehicles whilst being used to transport children or clients.

P Individual offices and within specific groups in open plan offices if a ballot of employees shows 75% or more in favour of such prohibition.

P Smoking is not allowed in rest rooms and rest areas.

P Smoking is not permitted in the homes of service users and other Council establishments where care is provided by Social Workers, Home Helps or other County Council employees (unless specifically offered the opportunity to smoke by service users in their own homes, or in County Council establishments in designated smoking areas where this assists social contact with clients).

P Schools and colleges, in respect of teachers and other adults, in areas that are used by pupils/students.

G It is not seen as good practice for workers to give cigarettes to or accept cigarettes from young people or service users.

G Further Guidance for Good Practice is contained in 'Smoking in the Workplace' Information & Guidance for schools. Although written for schools the model could be adapted for Youth & Community Centres & available from Health & Safety Team.

1.7 Relating to entry of police to premises

P Where the police seek entry to the premises, workers should identify themselves, ask for police identity, names, station and numbers and respond in an appropriate and professional manner.

P If the premises are entered for the purposes of arrest and/or search a worker should co-operate and respond in a manner which enables this to happen with as little confrontation as possible and maintain an appropriate professional manner.

P Whilst there is no legal obligation to report an offence or give information to police about an offence workers must ensure that through their actions they do not become an accessory to criminal activity or 'obstruct' the police. 'Obstruct' has a technical meaning i.e. giving false information to the police or preventing arrest by hiding a person or destroying drugs which are the subject of a police search.

P If the police seek entry the worker should make a detailed note of what happened including any items seized which should be signed dated and witnessed. The Line Manager should be informed of action taken.

G If the police require to speak to a person or to search for evidence workers should consider the following:

n Finding space in which conversation can happen in some privacy and with the least disruption possible.

n That they know when and how to support the person in relation to the police and that roles and responsibilities are clear to all concerned.

n Maintain professional boundaries and behaviour.

G If a person is arrested the worker will need to decide what role they can/ may / need to take with that person & if any, and to make this clear. If the person arrested is Under 17 they have the right to an 'Appropriate Adult' & an adult who accompanies a young person to the police station and who has the role of ensuring that the young person knows what is happening, advise the person being questioned, observe whether the interview is being conducted fairly and to facilitate communication. This role has a legal implication. Depending on the level of relationship with the young person and the level of training it may be appropriate for the worker to take this role.

2

2.0 Relating to disposal of syringes

G Workers must act with extreme caution when finding or taking into their possession a syringe. Blood residue in used or dirty needles could be infected with a number of viruses including HIV and Hepatitis B or C. The syringe should be removed to a safe container preferably by the use of tongs whilst at all times taking care not to come into contact with the needle. A purpose made container should always be available.

If not, a used drinks can will serve as a temporary substitute. At the earliest opportunity the container and its contents must be handed in at the nearest point of disposal.

3.0 Relating to Recording drug related incidents

P When working with young people and community groups a worker should maintain records of drug related work and any dealing of drug related incidents. These should be kept in a secure place. Such records are technically the property of Lancashire County Council and can therefore be required by the worker's Line Manager at any time as a basis for reviewing the progress of the work in the context of management supervision.

P In order to protect confidentiality and the consequences which may result if the workers notes were mislaid or stolen, it is recommended that some form of simple coding be used to protect the identity of the persons referred to in the workers records.

4.0 Relating to medical treatment

P Where a person is clearly in need of medical attention as a result of drug use an ambulance should be called and as many helpful details given to the ambulance crew as possible including:

- n Name and address of person (if known)
- n Parental contacts (if known)
- n Details of what happened
- n Any residue of drugs taken.

P Where a young person needs medical attention workers should inform a parent/person with parental responsibility that the young person in question has been/ is being taken to hospital. Workers should be aware of confidentiality and how much and what information they pass on.

P On trips away from projects (i.e. residentials, trips out etc.) workers should ensure that each young person has a signed permission letter giving parental permission for emergency medical treatment should the need arise.

G In the absence of a parent/ person with parental responsibility being available to go with the young person to hospital it is good practice for a worker to accompany the young person in the ambulance until the parent/person with parental responsibility arrives.

5.0 Relating to work in other settings

5.1 Relating to Detached / Outreach / Street Work/Home visiting

P Workers should not put themselves at unreasonable risk. Where workers are in the company of the use of either legal or illegal drugs the worker must assess:

- n The risk to the worker – both legal and physical
- n The risk to the person using the drugs – both legal and physical
- n The nature of the relationship and setting being worked in and therefore appropriate action to be taken.

G In line with the 'Safety of Workers' Document workers should be provided with appropriate equipment to facilitate their own safety and should include:

n a mobile phone with pre-recorded emergency contact numbers or phone card with an emergency contact list

n agreed tracking systems including details of venues to be visited, estimated times of working and log on/ log off arrangements and on-call support

n personal attack alarms or personal screech alarms

n identity cards.

G It is not an offence to be in the company of people using illegal drugs although it is an offence for those people to be in possession of those drugs. Workers should be aware that if police arrest a group with whom they are with on the street for possession/supply then they too may be arrested. It is, therefore, good practice to make workers known to the police prior to the commencement of any detached / outreach work.

5.2 Relating to working in schools

G Schools will have their own policy for dealing with drugs related incidents. Before commencement of any work in schools or with schools (i.e. residential) it is good practice to discuss with the school:

n Whose policy is to be worked to

n Confidentiality and its boundaries

n Procedures re. known use/possession / supply

n Child Protection issues.

G A written agreement with the school will assist to clarify roles and responsibilities.

G When delivering a drug education curriculum in school consideration should be given to identifying a key teacher within the school to support the work being done and with whom the work can be discussed and any concerns can be raised (i.e. materials and content, issues raised through delivery of the work).

6.0 Relating to Confidentiality

Many young people experiment with alcohol and some experiment with other legal and illegal drugs. This may not take place on Youth and Community Service premises but workers may be aware of such activity through the disclosure of young people either through informal conversations, specific projects or through seeking information. These disclosures are enabled by a relationship of trust between workers and young people. This relationship is fundamental to the service. In working around the issue of drug use workers must look to the welfare of those using drugs as the primary consideration but must also take care not to over react to drug use which incurs little apparent risk of harm. Workers should encourage those they work with to make their own choices about how they deal with drug related issues and should support them in any positive decisions they take.

There may be occasions when it becomes clear that the use of drugs has gone beyond experimentation. It is crucial to know how and when to intervene.

P Workers are referred to the Confidentiality Policy of the Youth and Community Service for specific guidance re. the nature and boundaries of confidentiality. These should be made clear to young people using the Service.

P Often a young person may approach a worker for information re. drugs and drug use. Confidentiality should be maintained if a young person approaches the service for simple advice, information about drugs. Young people are entitled to seek such information without the consent of a parent and services are under no legal obligation to inform parents or other agencies that a young person has sought advice. However, young people should be made aware that if, whilst seeking advice and information they indicate they are at

risk of serious harm a worker will have to consider whether it is in the young persons best interests to disclose this information to a third party although this would not happen without their prior knowledge. They should know that if it becomes necessary for health and safety reasons for a worker to speak to a third party, contact may be made without their consent. Depending on the individual and their circumstance this could be to parents or another agency. Workers are referred to the guidance contained in the Confidentiality Policy for good practice in doing this. In the first instance where there is concern for a young person regarding drug use this should be discussed with Line Managers in order for workers to seek appropriate guidance and support and supervision and the young person made aware of this.

P The issue of contacting parents/persons with parental responsibility may emerge as a consideration in some circumstances. Factors which raise this issue may include the age of the young person, drugs being used, regularity of use etc. Workers should support and encourage young people in any decisions they may make to tell parents of any problems they are experiencing. This may include accompanying a young person in meeting the parent(s) and trying to secure their understanding of the issues and positive support for the young person involved. However, for a variety of reasons, some young people find this difficult or refuse to do so. Their views should be respected, unless there are exceptional circumstances which it is deemed necessitate contact. Alternatively a worker may consider that family relationships may be an important contributory factor in the drug use or that contact with the family may not be beneficial to the welfare of the young person concerned. In the first instance the situation should be discussed with Line Managers before any decision to contact parents is taken.

G Within communities there are several agencies who are skilled and equipped in working with those for whom the use of drugs has become problematic or chaotic. It is good practice to build up a knowledge of these services and the range of responses they offer and be able to use them as sources of information and support and, if appropriate, a source of referral.

Outcomes in the light of Policy and Guidelines

Each project should have in place a Unit policy detailing:

- n A statement of acceptable behaviour and procedures relating to drugs/drug use within the project
- n Procedures and practice for dealing with persons in possession, attempt to supply or supplying drugs outlined in this document
- n Procedures for asking someone to leave the premises
- n Clear lines of responsibility in order to deal effectively with difficult situations including:
 - n Aggressive or violent behaviour
 - n Child Protection Procedures
 - n Health & Safety Issues
 - n Media requests and attention to incidents
- n Confidentiality Policy ensuring that workers deal effectively and appropriately with disclosures of drug use and that boundaries around this are clear
- n Process of informing staff and users of the project/premises of the Drug Policy and Guidelines for dealing with Drug Related Incidents
- n Key local support contacts
- n Process of confidentially recording drugs related incidents
- n Process of referral and contact with other appropriate support agencies.

3

Information and reference

This section provides a quick reference point for essential drug facts, procedures and contacts

Section 3

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Thanks go to Camden Youth Service Drug Policy Guidelines which has been used as reference for this section.

INFORMATION & REFERENCE

Drug Facts

When a drug is used by an individual the effects upon that person may vary depending on several factors including:

- n the drug used and the amount
- n the expectations of the user
- n the setting in which the drug is used
- n individual tolerance
- n the way in which the drug is taken (i.e. smoked, swallowed, injected)
- n whether other drugs are being used at the same time
- n the age and gender of the user
- n the body weigh/mass of the user

n amount of food injected at the time of drug use.

It is often difficult to tell if young people are using drugs & whether for the first time or occasionally. Many of the 'signs' and 'symptoms' are just like the normal signs of adolescence and growing up. The following offer

some guidance and changes to a person which may indicate drug use but conclusions should not readily be drawn without observation, knowledge of the young person and evidence!

- n Sudden and regular mood changes
- n Gradual loss of interest in friends, school hobbies
- n Sudden appearance of new friends
- n Unusually tired
- n Bouts of talkable, excitable and overactive behaviour
- n Flushed face and eyes
- n 'Wraps' (square folds of paper) cling film, foil, small plastic bags
- n Money and other object going missing
- n Increased evidence of secretive behaviour and/or lying
- n Cigarette papers
- n Loss of appetite.

The following offers some brief information about drugs, effects and associated risks. More in-depth information is available via leaflets etc, available throughout the Service.

Drugs	Scientific Slang Names	Trade/ How Taken	Effects/Risks
Alcohol	Ethanol, Ethyl Alcohol, booze, alcohol brand names	A swallowed liquid	Relaxation, increased confidence, loss of inhibitions/self control, behaviour becomes clumsy, tiredness, blackouts leading to coma and death. Can lead to dependency and damage to brain, liver and stomach.
Amphetamine	Speed, Whizz, Uppers, Dexedrine, Ritalin, Sulphate	Powder swallowed or dissolved in drink, injected	Stimulation, confidence and energy with alertness. Nervousness, panic, damage to organs, loss of sleep and appetite.
Amyl Nitrite	Poppers, Rush, Liquid Gold	Vapour inhaled through nose	An immediate and short lived effect, including a rush of 'blood', reduction of inhibitions and relaxation of muscles. Headaches, nausea, fainting. Blood pressure reduces, heart rate accelerates.
Anabolic Steroids	Brands such as Dianabol, Decadurabolin, Nandralone	Swallowed as pills or injected	Used to improve physique, muscle bulk and athletic performance. Other effects include increased aggression and sex drive, menstrual abnormalities and deepening voice in women.
Barbiturates	Sleepers, Downers, brands	Generally swallowed	Slows brain activity causing relaxation and sleepiness. Judgement is impaired and high

such as Amytal though some overdose potential leading to death.
are injected

Caffeine Coffee, chocolate, Swallowed A stimulant that increases alertness, delays sleep,
soft drinks, tablets or eaten can cause anxiety and nervousness.

Cannabis Blow, Pot, Draw, Smoked as Relaxation and alters perception, high doses lead
Grass, Weed, cigarette/pipe to hallucination. Short-term memory loss, links with
Hash, Hemp, or added to cancer and reduction in male virility.
Ganja food

Scientific Trade/
Drugs Slang Names How Taken Effects/Risks

Cocaine Coke, Snow, Usually snorted A powerful and short acting drug that increases
Charlie up the nose, alertness, provides feelings of great confidence and
also injected strength. Problems include mental illness, both short
and long-term as well as potential damage to
organs and nasal passages.

Crack Rocks Smoked in Crack has similar though more potent effects
Cocaine pipe/heated which affect the user for a very short time approx 5
on foil, inhaled 15 minutes. Problems same as cocaine.
vapours

Ecstasy Methylendioxy- Swallowed Provide stimulation and empathy, alters sensory
methamphetamine as tablets perception in sight, sound and touch. Nausea,
(MDMA), E, XTC, sweating, raise body temp. may lead to heat-stroke,
Doves coma. Long-term damage to organs.

GHB Gamma Hydroxy Swallowed Can last 12 hours euphoria, relaxation, drowsy.
Butyrate, Liquid E, liquid/tablet Increased sex drive. Muscle spasms, poisoning,
Liquid X cardiac arrest, coma, amnesia.

Heroin Smack, Skag, H, Smoked, sniffed Warm, drowsy, euphoric. Drug causes physical
Brown, Gear, or injected dependency, constipation and overdose leading
Tack, Yack to coma/death. Injecting drug causes dangers
of infection including HIV and Hepatitis.

Ketamine Special K, Green Injected, An anaesthetic used by vets for animals. Out of
powder snorted, body experience, increase energy, flashbacks,
crystal smoked aggression, hallucinations. Affects vision, causes
nausea.

Khat Green leaves, Chewed Increase in confidence, alertness, energy. Loss of
herbs, Horn of appetite, cancer of the mouth, impotence, low sperm
Africa, Arabian Pen count. After: depression, aggression, lethargy.

LSD Lysergic Acid Drug ingested Heightened sensory experience, hallucinations.
Diethylamide Acid, orally Dangers 5 mental illness, paranoia, depression.
Trips, Microdots Immediate problems include panic attacks, dizziness,
disorientation and 6bad trips6, flashbacks or re-living
experiences can occur at any time.

Scientific Trade/
Drugs Slang Names How Taken Effects/Risks

Magic Contain drug Swallowed Altered sensory perceptions with possible

Mushrooms	Psilocybe. Mushies, Liberty Caps, Elf Caps	raw, cooked or brewed into a drink	hallucinations. Nausea and sickness, possible poisoning if wrong type of mushroom taken.
OTC Medicine (over the counter)	Codeine, Paracetamol, Ephedrine, Antihistamine	Swallowed pills, liquid, sprays into nose	Various effects including euphoria and stimulation. Overdose can lead to coma and death, and irreparable damage to organs.
Solvents	Gases, glues, aerosols, Tippex, spirit pens, petrol	Vapours inhaled through mouth/nose	Light headedness and hallucinations. Problems include sudden death, nausea, vomiting, asphyxiation and accidental injury and death.
Tobacco	Cigarettes, cigars, snuff, smokes, fags, ciggies	Generally smoked, snuff snorted	Stimulant & nicotine. Causes alertness, used as a relaxant, causes cancer, heart disease and ulcers, can effect unborn foetus in pregnant women.
Tranquillisers	Valium, Mogodon, Librium	Swallowed as tablet, may be injected	Calms and sedates, reduces anxiety and promotes sleep. Causes lethargy and dependency. Extremely dangerous when mixed with alcohol.

First Aid Procedures

In an emergency situation it is important for Youth and Community Workers to stay calm, calling on the support of colleagues including a qualified First Aider on duty at the project. It is also important that people not directly involved in the incident are moved so appropriate first aid procedures can be carried out. Incident forms must be completed and Line Managers informed.

To telephone emergency services for medical assistance and an ambulance, dial 999. Give clear answers to the questions asked and stay calm.

What immediate information can you gather?

- n What drug was taken? n What quantity?
- n Any clues? n How was the drug taken?
- n How long ago? n Combination of drugs are involved?

Trying to get information from the person's friends may be difficult as they may not want to tell on their friend or incriminate themselves. However, it is vital to inform them that information provided may help save a life. Any information must be passed on the emergency services and will assist with treatment.

What if the person is very drowsy but conscious?

This can occur with sedative type drugs; alcohol, solvents, heroin, tranquillisers. If the person is very drowsy then the worker present should try to quickly ask what has happened or what she/he has taken in case consciousness is lost. If possible, encourage the person to lie in the recovery position and call for medical assistance, arrange for removal to hospital, be prepared to resuscitate. Do not give them tea or coffee & the caffeine in tea and coffee will speed up the dispersal of the drugs.

What if the person is unconscious?

This can occur with sedative type drugs, particularly with combinations of more than one sedative.

- n Put the person into the recovery position.

- n Be prepared to start artificial respiration if breathing stops.
- n Loosen any tight clothing.
- n Keep the person warm to prevent them going into shock.
- n Call an ambulance, safeguarding life overrides reservations about confidentiality.

What if a person appears tense and panicky?

This can occur particularly with hallucinogenics like LSD, magic mushrooms or with higher doses of a stimulant such as amphetamine.

- n Remove the person to a quiet space.
- n Calm the person down and reassure them talking quietly and pointing out that these feelings will gradually disappear.
- n Keep noise and light levels low and constant and be patient – this will normally be enough to subdue the panic and paranoia although this may take some time.

Preventing over breathing – hyperventilation

In this case the person will be breathing very rapidly and/or gasping for breath. They may also feel dizzy and be sick.

- n Explain to them what is happening.
- n Get them to follow you in a slow regular breathing pattern.
- n Encourage the person to re-breathe air for a minute or so by breathing into and from a paper bag.

If in any doubt over a person's welfare, call an ambulance

Call for help – dial 999

National Drugs Contacts

National Drugs Helpline (0800 776600

Ethnic Language Line (0800 9176650

Bengali	Monday	6–10pm
Urdu	Tuesday	6–10pm
Hindu	Friday	6–10pm
Punjabi	Saturday	6–10pm
Cantonese	Sunday	6–10pm

Welsh Daily 11am–11pm (0800 776600

Re-solv (Solvents) Children's Legal Centre
 30a High Street University of Essex
 Staffordshire Wivenhoe Park
 ST15 8AW Colchester Essex CO4 3SQ
 (01785 817885
 Freephone Helpline (0808 8002345 (01206 873820
 (9am–5pm Mon–Fri)

Drugscope YAP (Drugs)
Waterbridge House 226 London Road
32D36 Loman Street Mitcham
London SE1 Surrey
(0207 9281211 (02086 409736

Quitline (Smoking) Drinkline
(0800 002 200 (0800 9178282

Al-Annon Release
24 hr Alcohol Helpline 388 Old Street
(0207 403 0888 London EC1V 9LT
(0207 729 9904

Local Drug Agency Contacts

Drugline
2 Union Court
Union Street
Preston
Lancs
PR1 2HD
Helpline (01772 825492
Office (01772 253840

Lifeline for Parents
101D103 Oldham Street
Manchester
Parent Support Line (0800 716701
Direct Line (0161 8392054

Lifeline SRG
68/70 Darwen Street
Blackburn
Lancs
BB2 2BL
(01254 677493

National Curriculum Key Stages

Drugs Education is now part of the National Curriculum with clearly outlined education aims for young people.

Key Stage 1 5D7 Years

- n Know that all medicines are drugs but not all drugs are medicines.
- n Know that all substances can be harmful if not used properly.
- n Know about different types of medicine and that some people need them to live a normal life.

n Know and understand simple safety rules about medicines, tablets, solvents and household substances.

Key Stage 2 7-11 Years

n Know that all medicines are drugs but not all drugs are medicines.

n Know that there are over-the-counter, prescribed, legal and illegal substances and have some understanding of their effects.

n Know how to make simple choices and exercise basic techniques for resisting pressure from friends and others.

n Know the important and beneficial part drugs have played in society.

Key Stage 3 11-14 Years

n Recognise personal responsibility for decisions on substance use.

n Know the basic facts about substances including their effects and relevant legislation.

n Be aware of myths, misconceptions and stereotypes linked with substance use.

n Develop appropriate techniques for coping with situations in which substance use occurs.

Key Stage 4 14-16 Years

n Explore the historical, cultural, political, social and economic factors relating to the production, distribution and use of drugs world-wide.

n Understand that Britain is a drug using society and recognise the different patterns of all types of drug use and their effects e.g. transmission of HIV infection through shared needles and the detrimental effect on the foetus.

n Recognise that individuals are responsible for choices they make about drug use.

n Be able to analyse safe levels of intake e.g. tobacco use is never safe, limited use of alcohol may be.

n Discuss the role of the media in influencing attitudes towards drugs, particularly smoking and alcohol.

n Be able to communicate effectively and confidently with those who administer medication.

Glossary of Terms

Controlled Drug Drugs whose distribution is either forbidden or limited to medical control by the Misuse of Drugs Act 1977 and 1984.

Dependence The desire to take a drug to feel good or avoid feeling bad. Physical Dependence is to depend on a drug to avoid physical discomfort of withdrawal. Psychological Dependence is a need for stimulation, pleasure or escape.

Depressants Drugs which act on the central nervous system to suppress neural activity in the brain and thus slow down responses e.g. alcohol, sedatives.

Designer Drugs Drugs synthetically designed and produced.

Drug Any chemical substance which alters the way the body functions and/or the individuals emotional state and/or the individuals behaviour.

Harm Reduction An approach to drug education which aims to encourage individuals to reduce harm to themselves caused by drug use.

Hallucinogenic A drug which alters an individuals perceptions and which induces hallucination e.g. Magic Mushrooms, LSD.

Hard Drugs Drugs which are perceived to be "more dangerous" i.e. Heroin, Crack, Cocaine.

Illicit Drugs Substances listed as "controlled" drugs.

Narcotic A commonly used term to refer to any illicit drug. The term refers to chemicals which induce coma, stupor or insensibility to pain i.e. Heroin.

Opiate Drug derived from the opium poppy i.e. morphine, heroin, codeine.

Possession To have about the person (clothing, bags etc.) or persons property (house, car) a drug.

Recreational Drug Use The use of drugs for pleasure or leisure. Often used to describe ecstasy and other dance drugs.

Soft Drugs Drugs which are perceived as "less" dangerous e.g. Cannabis.

Stimulant A drug which acts on the central nervous system to increase neural activity in the brain and thus speed up the body i.e. amphetamines, cocaine, caffeine, tobacco.

Supply To give or sell a drug to another perso/persons.

Further Information & Reading

The following documents have been used as reference materials in the preparation of the Drugs Policy. Workers may find them a useful source of further information.

Standing Conference on Drug Abuse/Children's Legal Centre
"Young People and drugs: policy guidance for drug interventions" (1999)

The Children's Legal Centre
"Working with young people: Legal responsibility and Liability" (1998)

United Kingdom Anti-Drugs Co-ordination Unit
"Tackling drugs to build a better Britain: the government's 10 year strategy for tackling drug misuse" (1998)

DFEE
"Protecting young people: good practice in drug education in schools and the youth service" (1998)

Standing Conference on Drug Abuse

“The Right Choice” guidance for selecting drug materials
for schools” (1998)

Standing Conference on Drug Abuse

“The Right Approach” quality standards in drug education”
(1999)