

**Main/Registered Office: Signposts, 58 Regent Road, Morecambe, LA3 1TE**

**Telephone : (01524) 419021**

**Fax : (01524) 411541**

*Community  
Legal Service*



E-mail: [signpostsmarc@signposts.org.uk](mailto:signpostsmarc@signposts.org.uk)

Website: [www.signposts.org.uk](http://www.signposts.org.uk)

**“Working to Empower the Community”  
in Lancashire and Cumbria**

**Pamela Beswick - Chief Executive Officer**



*Help Point*

## **Drug and Alcohol Policy**

### **Primarily for Work With Young People**

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## PREAMBLE

The **Youth Matters** Green Paper, published by the DfES in July 2005, presents Signposts with a number of key challenges. Among these is the requirement that all young people should be provided with better advice and guidance in order to enable them to make more informed choices about their lives. Another challenge is to ensure that young people with serious problems have improved access to personalised support. The Drug and Alcohol Policy is intended to support workers in their increasingly important dual role as providers of accurate and balanced information and advice for young people and as a first port of call for those who are worried that they may be getting into serious difficulties.

The document therefore addresses the planning and delivery of a high quality and appropriately targeted drug and alcohol curriculum as well as dealing with important practical issues such as confidentiality and managing drug related incidents.

Signposts is one of a range of agencies which will, in the near future, be seeking commissions to deliver programmes of preventative work and, in some instances, direct support services for young people at risk. In order to ensure that the Service is in a strong position to bid successfully for this work staff have to feel secure about the curriculum, management and legal framework within which they operate. This policy document provides that framework.

The Signposts Drug and Alcohol Policy has been developed referring to the Lancashire County Council policies and the Croydon Drug and Alcohol Action Policy which references:

- Surrey County Council Drug Policy
- Manchester Drug Policy
- Standing Conference on Drug Abuse (SCODA) - The Right Response: Managing and Making Policy for Drug Related Incidents in Schools
- Standing Conference on Drug Abuse (SCODA) - The Right Approach: Quality Standards in Drug Education
- BBC educational web-sites

And should be read in conjunction with:

- AMA Safer Working Guidance
- Confidentiality and Child Protection policy
- Smoke, Alcohol and Drug Free policy

Chief Executive  
September 2011

## Policy Summary

- It is the responsibility all workers - as informal educators - to introduce issues relating to drug and alcohol use and its implications into the youth work programme. These programmes should be exciting and challenging, complementing the education that young people receive in school, and from parents/carers. Youth workers and managers should ensure that drug and alcohol education is culturally appropriate, and reflects the diverse attitudes of young people to drug and alcohol use.
- It is the responsibility of all workers to adhere to the confidentiality statement and Signposts child protection procedures. This means that personal disclosures by young people can and should be kept confidential, unless there is a risk of serious harm to the young person or others. If a young person discloses sensitive or personal information about themselves or others and asks for it not to be passed on, the request can be met. In some circumstances this request may be refused because of the worker's professional responsibility in relation to:
  - child protection
  - co-operating with a police investigation
  - referral to external services
  - a situation where a life is in danger
- All workers have a responsibility to make sure that young people are aware of the Signposts confidentiality statement.
- Signposts expects all workers to make decisions about disclosure to the police after careful consideration of the welfare of the young person, child protection guidance, and a risk assessment of significant harm. Workers are not obliged to inform parents of a young person's drug use. In a situation where a young person's drug use has been disclosed by themselves or others, the youth worker must follow the guidelines outlined above in deciding whether or not to breach confidentiality. This will involve an assessment of the harm the young person is exposed to, and a discussion with the young person about the benefits of parental involvement. Confidentiality can only be breached where there is a risk of significant harm.
- **If a youth worker is uncertain of what action to take, discussion with a line manager is essential.**
- Signposts encourages staff to work closely with other specialist agencies. This may be necessary when working with young people around the issue of drugs. However Signposts expects all workers to make decisions about disclosure to other agencies after careful consideration of the welfare of the young person, child protection guidance and a risk assessment of significant harm. It is essential that workers using other services are aware of the confidentiality policies of these services, which may be significantly different to the policy used by Signposts. It is the responsibility of the worker to ensure that these differences are understood by the young person, and to negotiate an agreement that allows both agencies to work together if appropriate.
- It is the responsibility of all Signposts staff to ensure everyone, including young people, are aware that possession, consumption, supply or offer to supply of any illegal drugs or alcohol will not be tolerated on Signposts premises or grounds. All Signposts premises are also non-smoking areas. Drug related incidents include any situations

which are not covered by the confidentiality policy, and are taken further. Such incidents might include:

- Suspicion of drug use, supply or intent to supply on Signposts premises
- Intoxication on Signposts premises
- Drug related medical emergencies
- Incidents involving police intervention

Always complete an Incident Form to enable effective monitoring and review of policy and procedure. This is available on the Signposts website [www.signposts.org.uk](http://www.signposts.org.uk)

## Section 1: Introduction & Background

Signposts accepts the fact that drug use can be part of youth culture, but that for some young people drug use can cause significant damage to themselves, their friends, and families. Young people have the right to be supported in resisting unwanted pressure, and should be given opportunities to access accurate information about drugs, as well as advice and treatment services.

Signposts has decided to adopt these guidelines to enable all workers to work confidently and effectively when tackling the issue of drugs. All youth workers will be expected to ensure that the policy is clearly understood by, and accessible to, young people using their services.

The effectiveness of this policy will be reviewed annually.

### Terminology - Clarifying the Terms

#### Drugs

For the purpose of this document the word drug will be used in its widest sense to mean: **“Any substance which is taken into the body which alters the body functions either emotionally, physically or mentally. This includes tobacco, alcohol, solvents, prescribed and over the counter medicines as well as illicit substances”**. (Surrey County Council Drugs Policy)

#### Drug Use

Drug use is drug taking through which harm may occur, whether through intoxication, breach of rules or the law, or the possibility of future health problems, even though such harm may not be immediately perceptible.

Drug use will require interventions such as management, education, advice and information, and prevention work to reduce the potential for harm. (Standing Conference on Drug Abuse SCODA)

#### Drug Misuse

Drug taking which harms health or functioning. It may take the form of physical or psychological dependence or be part of a wider spectrum of problematic or harmful behaviour. Drug misuse will require a further range of interventions, which may include treatment. (Standing Conference on Drug Abuse SCODA)

### Aim of Policy

This document aims to:

- Be an important practical resource for managers, full and part time workers.
- Make plain the legal, professional, and managerial obligations for workers.
- Enable youth work teams to manage drug related incidents with confidence and in a consistent manner across the service.
- Place drug awareness work in a ‘social education context’. Workers will have access to up to date information, resources, and support from other services and organisations to deliver effective awareness education. This will be delivered via the informal youth work curriculum and in response to disclosures and questions raised by young people.
- Enable managers and youth workers to adapt to changes in youth culture by adopting a pro-active approach to drug education. Education includes preventing drug use, plus harm minimisation advice for those already taking drugs.

- Offer clear guidance to enable Signposts to meet all obligations under relevant legislation including the Health & Safety at Work Act, Misuse of Drugs Act, and the Children's Act. The safety of workers and young people is of paramount importance. It is therefore expected that all staff working with young people ensure their practice meets all necessary requirements.

### **The Role of Signposts:**

The role of Signposts is to work alongside all people, encouraging them to achieve and take a pro-active role within society. As an important element of health and wellbeing, drug and alcohol education is included in the Signposts Curriculum. Naturally, youth workers will have differing views and experiences of drug and alcohol use. Specific guidance on youth workers' personal responsibility in the context of drug education and support is covered throughout this document. The issue of youth workers who have in the past or currently use illegal drugs is covered in Section 5. Whatever their personal attitudes towards drug use, those working for Signposts are first and foremost an educator and an advocate. Workers therefore have a responsibility to ensure that any programme on alcohol and drug use is well balanced, and in line with the Signposts drug policy.

Adolescence is recognised as a time of experimentation and risk taking, which may include drug taking. Young people's involvement with drugs may include using only legal drugs, dabbling in illegal drugs, or having second-hand contact with drug use through friends and family. For a small number, more problematic drug use can occur.

Motivations behind a young person's decision to first experiment with alcohol, tobacco, volatile substances or illegal drugs are complex, but there is increasing evidence that the earlier a young person uses drugs, the greater the chance they will develop a serious drug problem. Signposts acknowledges the role that youth workers have in informal education and expects workers to engage with all groups of young people, regardless of their drug using status. Drug programmes should be designed according to the needs of specific groups of young people, by youth workers in regular contact with the group.

It is the responsibility of all Signposts staff to ensure that young people are aware that possession, consumption, supply or offer to supply of any drugs will not be tolerated on Signposts premises or grounds. All Signposts premises are also non-smoking areas.

Signposts has a responsibility to ensure that appropriate training and support is provided for all staff to enable them to implement this policy.

## Section 2: Drug Education

### Policy Summary...

It is the responsibility of the youth worker – as an informal educator - to introduce issues relating to drug and alcohol use and its implications into the youth work programme. These programmes should be exciting and challenging, complementing the education that young people receive in school and from parents/carers. Youth workers and managers should ensure that drug and alcohol education reflects the diverse attitudes of young people to drug and alcohol use, and is culturally appropriate.

Research shows that certain models of drug education can achieve modest reductions in the consumption of cannabis, alcohol and tobacco, and delay the onset of their use. Drug education can also help to reduce the risks associated with drug use, and help people to quit. Drug education should cover all drugs, focusing where appropriate on drugs of particular significance to young people. These include alcohol, tobacco, cannabis, volatile substances, and class A drugs.

When planning, workers will need to take account of existing knowledge, understanding, and cultural norms, so that programmes are appropriate to the circumstances of the target group. Particular attention should be given to the young people who are most vulnerable to drug misuse, ensuring that their specific needs are addressed. Research suggests that those most at risk include:

- those at risk of exclusion / already excluded from school
- persistent truants
- homeless young people
- looked after young people
- children of parents with drug problems
- those in trouble with law or engaged in criminal behaviour
- those who have been abused or have other mental health problems

Accepting the different views that are held by young people on drugs, Signposts encourages youth work teams to consider and develop two main approaches to drug education, depending on the needs of the young people. They are:

### Primary Prevention:

Primary interventions aim to prevent drug use/misuse from occurring. This involves helping young people to avoid involvement in drugs through education: providing clear unambiguous and accessible information, raising awareness of the effects of drugs, and developing skills to resist drug use or unwanted pressure.

### Secondary Prevention (Harm Minimisation):

This aims to reduce the harm that can result from drug use or misuse. The approach is designed for young people who are currently using drugs or thinking about using drugs. The youth worker will seek to reduce the physical, social and legal harm that is associated with their drug use, and to enable young people to make informed decisions concerning drug use. (The Right Approach – Quality Standards in Drug Education, SCODA 1999)

### Aims of Drug Education

The main aim of drug education is to provide opportunities for young people to develop **knowledge, skills, attitudes** and **understanding** about drugs, and appreciate the benefits of a healthy lifestyle. This should:

- Minimise the number of young people engaging in drug use;

- Delay the age of first use;
- Reduce the harm caused by drugs;
- Enable those who have concerns about drugs to seek help.

Drug education is an important aspect of the Signposts healthy lifestyle curriculum. Workers should make active links between drug education and other curriculum areas, especially sexual health and mental health. In particular drug education should:

- Increase **knowledge and understanding**, clarifying misconceptions about: the short and long-term effects of drugs, laws relating to drugs, the impact of drugs on families, communities, and personal behaviour (e.g. risky sexual behaviour), the prevalence and acceptability of drug use among peers, and the complex moral, social, emotional and political issues surrounding drugs.
- Develop young people's personal and social **skills** to make informed decisions to stay safe and healthy. This includes developing self-awareness and self-esteem, avoiding and managing risk, effective communication, resisting pressure, finding information and advice, devising coping strategies.
- Enable young people to explore their own and other peoples' **attitudes** towards drugs, drug use, and users. This might include challenging stereotypes, and exploring media and social influences.

There are a number of outside agencies who can support Signposts in delivering drug education (see Appendix 2). Involving ex-users in drug education should be considered **very carefully**. Without sensitive handling they may glamorize drug use, or describe experiences which young people find hard to relate to. In some instances they may unwittingly imply that their own drug use represents a 'safe limit' that can be copied. If ex-users are to be involved, it should be because they are skilled in working with young people and not simply by virtue of their status as a former user.

### **What young people want**

When consulted, young people have said they want

- drug education to be interesting and interactive, involving drama, real-life stories and external contributors
- drug education to be taught by people who know what they are talking about
- their views and opinions listened to
- to engage in discussion and debate
- to know the range of effects and risks of drugs and why people use them
- as much information as possible; they do not want to be told just to 'say no'
- to know how to cope with an emergency

(adapted from Drugs Guidance for schools DfEE 0092/2004)

## Section 3: Professional Practice Issues - Confidentiality & Child Protection

### Policy Summary...

It is the responsibility of all workers to adhere to the Signposts Confidentiality Policy which includes child protection and safeguarding vulnerable adults procedures. This means that personal disclosures can and should be kept confidential, unless there is a risk of serious harm to the person or others. If a person discloses sensitive information about their own (or another's) drug use which is not generally known, or which the person asks not to be passed on, the request should be granted. In some circumstances these requests may be refused because of the worker's professional responsibility in relation to:

- child protection or vulnerable adult protection
- co-operating with a police investigation
- referral to external services
- a situation where a life is in danger

All workers have a responsibility to make sure that young people are aware of the Signposts Confidentiality Policy.

The importance of confidentiality cannot be underestimated. A young person seeking help or advice about drugs or substance use is not going to disclose to a trusted worker if they believe that the information will immediately be shared with their parents or the police. So what is the youth worker to do?

It is essential that youth workers involved in drugs education, advice and support, work within the law. It is also necessary to have a clear understanding of the definition of 'significant harm' as this is one of the criteria for breaching confidentiality. 'Significant harm' relates to child protection, and is discussed further below.

The vital ingredient in the development of any successful working relationship between the youth worker and young people is trust. A young person sharing personal issues with a youth worker can often expect that confidentiality will be maintained. However the youth worker knows that this is not always possible and they cannot nor should not promise total confidentiality. The essence of a confidential relationship is openness and agreement about what, if anything, will happen to information disclosed. It is therefore essential that the youth worker ensures that young people are made aware of the confidentiality statement as written in the Signposts Confidentiality Policy available on the Signposts website [www.signposts.org.uk](http://www.signposts.org.uk)

### Signposts Confidentiality Statement

Signposts offer confidentiality to enquirers. All information received will be respected and the rights of the individual will be paramount. Signposts consists of a team of paid staff and volunteers together with substantive workers from other agencies who will be designated as part of the team. Information received by an individual worker can be shared with that team on a need-to-know basis. Confidentiality is to the team and not to the individual. However, workers should be careful to discuss enquiries appropriately in a way that would put the rights of the individual first.

The only exceptions to this may occur if the member of staff believes that the information suggests that there is, or has been, a risk of serious physical, mental or emotional harm for you or for others. In this situation we may consider taking action without your consent, although we would wish to ensure that you are aware of any action we may take, and the

possible outcomes for you and others. Such a decision would only be made after very careful consideration.

If you would like more information or have any questions about this statement or policy please ask one of the workers on your project. If you feel this policy has not been followed in a particular instance please contact the Chief Executive.

**The Children Act (1989), Section 47, states that:**

“The local authority must investigate where there is reasonable cause to suspect that a young person is likely to suffer ‘significant harm’, and that enquiries should be made to safeguard and promote the interests of the young person”.

If the youth worker in the course of their work believes a young person to be ‘at risk of ‘significant harm’, they have the duty and responsibility to report this concern to their line manager immediately so that the procedures within the Signposts Child Protection Policy can be implemented. Discussing the situation with a line manager and/or a specialist drug support agency will help to clarify the risk involved and is the essential first step if a youth worker is uncertain in any situation. Every effort should be made to secure the young person’s agreement to sharing information. Any actions or decisions should be documented at each part of the process.

A confidential relationship can only be maintained after a personal disclosure if the youth worker is confident that the young person is not at risk of “significant harm” (see below for further guidance). Workers need to identify between the following needs:

- Those who just require additional information and education
- Those who could benefit from targeted prevention (including secondary prevention)
- Those who require a more detailed assessment where information will need to be shared to enable this to happen.

In addition to the drug education young people receive through the curriculum, targeted early intervention and support may involve any or all of the following:

- providing targeted information and advice in relation to specific drugs, either in small groups or on a one to one basis
- developing projects to promote self-esteem
- developing strategies for seeking support
- increasing their motivation to address their drug use
- facilitating access to other activities of interest to them

**Assessing “Significant Harm”**

It is clear that not every instance of drug use will place a young person at risk of significant harm, and as stated it should be only in exceptional circumstances that sensitive information is passed on against a young person’s wishes. Even then the youth worker must explain to the young person why this needs to happen. What is crucial is how to assess the likelihood of significant harm to a young person (or others) as a result of any disclosed drug use or drug related activity, and how best to assist them to access other services. It is also important to ensure that the young person stays engaged with the service.

The worker must principally consider the health and safety of the young person when thinking about how to respond to a disclosure. The decision will be informed by the youth worker’s professional judgment, and their knowledge of the young person and their situation.

It is therefore difficult, if not impossible, to define what significant harm might mean in any given situation. The following list of signs for concern should be used by workers to assess situations as they arise. If the answer is yes to any of the signs on the checklist, the youth worker should seek advice from their manager and/or a specialist drug service in line with child protection procedures, informing the young person that they will be doing so. The situation can be discussed without disclosing individual details in the first instance.

### **Signs for Concern**

Does the young person and/or youth worker feel that:

- they rely upon frequent use of drugs or alcohol to function in daily life
- their drug or alcohol use is affecting performance at school, work, or home
- their drug use is causing problems such as conflict at home
- they feel under unwanted pressure to use drugs, or are being coerced to use or procure drugs for others
- they are involved in organised or habitual supply of drugs to others
- they fall into an identified vulnerable group or are experiencing one or more of a number of risk factors (e.g. lack of parental or peer support, being looked after, additional risk behaviours such as risky sexual behaviour, emotional or behavioural problems)
- their drug or alcohol use is out of their control
- their health is suffering as a result of their drug use
- their life could be at risk
- they could be at risk of violence from others if their drug use continues
- they have a previous history of drug misuse
- they are using any Class A drugs or injecting any non-prescribed drugs
- other staff or service users could be exposed to significant danger
- their (or someone else's) drug use is impacting negatively on their behaviour and/or emotional health

A range of additional factors may need exploring to determine the most appropriate response. For example:

- Is this a one-off incident or longer-term situation?
- What quantity of the drug is involved?
- What is the young person's motivation in disclosing to you?
- Is the young person knowledgeable and careful, or reckless as to their own or others' safety?
- How was the drug being used?
- Where does the incident appear on a scale from 'possession of a small quantity' to 'persistent supply for profit'?

### **Access to Information about support services**

There is increasing evidence that the earlier a young person uses drugs, the greater the chance that he or she will develop a serious problem. Workers should therefore actively encourage any young person using drugs regularly to access further support and advice from a specialist agency, even if they are not yet deemed to be currently at risk of "significant harm". Inviting other agencies will help raise awareness of services available and how young people can access them.

All Signposts provisions should ensure that young people have access to up-to-date information on sources of help. This includes local and national help-lines (including

FRANK for illegal drugs, NHS Smoking Helpline for tobacco and Drinkline for alcohol), local youth and community services, and drug services. Information needs to be prominently displayed so that those in need of help but who are reluctant to approach staff can easily access it. Drug education programmes should include details of services and helplines, explaining how they work and developing young people's confidence in using them. Explaining the role of other services may help young people to access other agencies if they are more appropriate.

## **Police and Confidentiality**

### **Policy Summary**

Signposts expects all workers to make decisions about disclosure to the police after careful consideration of the effect on the welfare of the young person, child protection guidance, and a risk assessment of significant harm.

Workers will not automatically be expected to report any personal disclosure of drug use to the police. With the exception of cases of terrorism, there is no general duty in criminal law to disclose information about personal criminal offences, and there is no legal requirement to report a criminal offence to the police<sup>1</sup>. However, failure to disclose information might, in certain circumstances, lead to an allegation of being an accessory to, or aiding and abetting a crime – for example if premises are knowingly being used by young people for drug use. Section 4 discusses how to manage drug related instances in relation to use of premises. Workers should aim to build a trusting partnership with the community police and street wardens in their area. This will clarify roles and mutual expectations before incidents occur. Good links will also need to be made with the Youth Offending Team (YOT) and other relevant youth agencies, which may be able to offer additional advice or support.

### **Scenario 1:**

**A youth worker witnesses a young person taking drugs or has had this information disclosed to them by another young person. Should the worker refer this matter to the police?**

Good practice would be to discuss the issue privately with the young person concerned, with the worker playing a supportive role. If the response is denial, give the young person information on the particular drug involved, where to get help or more information, and also an invitation to come and talk privately if necessary. The young person's attention should be drawn to confidentiality and the centre's policy on drug use/possession/intoxication. An assessment of the risk of harm should be undertaken using the checklist on page 10, and if there is not considered to be a risk, the information can be kept confidential. It might, however, be appropriate to encourage/support the young person to talk to their parents/carers. If there is a need for referral, it would be most appropriate to refer them to a specialist drug support agency in the first instance, rather than the police. However, there may be circumstances where this course of action is taken as a last resort, such as repeated warnings, danger to staff and others, or drug dealing. Discussion with line managers and documenting events is always obligatory.

The Signposts Incident form should be completed. It may also be useful at this time to instigate a programme of drug awareness sessions.

<sup>1</sup> Managing and Making Policy for Drug Related Incidents in Schools - Standing Conference on Drug Abuse 1999

## Parents and Confidentiality

### Policy Summary

Workers are not obliged to inform parents of a young person's drug use. In a situation where a young person's drug use has been disclosed by themselves or others, the worker must follow the guidelines outlined above in deciding whether or not to breach confidentiality. This will involve an assessment of the level of harm the young person is exposed to, and a discussion with the young person about the benefits of parental involvement. Confidentiality can only be breached where there is a risk of significant harm. Where a youth worker is uncertain of what action to take, discussion with a line manager is essential.

The Children's Act states that it is the duty of workers to 'assist in the enhancement and maintenance of effective relationships between parent and child'. The parent of the child can therefore claim that they have a legal and moral right to be involved in the care of a young person if their participation will add to their child's well being.

The Children's Act defines 'parental responsibility' as, 'all rights, duties, powers, responsibilities, and authority which by law a parent of a child has in relation to the child and his property'.

However, workers also have a duty of confidentiality to young people, and are not legally obliged to inform parents of a young person's drug use. In a situation where a young person's drug use has been disclosed by themselves or others, the youth worker must follow the guidelines outlined above in deciding whether or not to breach confidentiality. The worker must assess the impact on the young person of informing the parents of their child's alleged drug use, and be very clear of the potential results of a disclosure. Any decision must be demonstrated to be made in the best interests of the young person. Decisions and discussions with line managers must be documented clearly and accurately at the time of the incident and not retrospectively.

### Scenario 2:

**A young person appears to be on drugs and you are concerned about their safety. Do you contact the young person's parents /carers?**

In this situation, the youth worker may consider contacting the young person's parent/carers. This can be a difficult decision for those involved. Contacting parents will depend on several considerations. For example, how serious the incident is judged to be by the youth work team, and the amount of drugs used. Is this a one off occurrence or have there been other instances? The age and level of maturity of the young person involved should be considered, as well as the safety of the young person with regard to the potential reactions of the parents/carers (i.e., violence, abuse etc). You should use the causes for concern checklist to help make the decision. Naturally, parents would expect to be contacted if their child is involved in a drugs related incident requiring the police or medical services. If the youth work team are seriously considering contacting the young person's parent/guardian they will need to:

- a. Negotiate with the young person concerned. It is better to contact the parents/carers with the young person's permission rather than act without it.
- b. Be very clear as to why the team wish to involve the young person's parent/guardian, as contact with the family may not be beneficial to young person concerned.
- c. Consider whether the young person is at risk.

- d. Seek the support and guidance of the Line Manger or Senior Officer if you consider that the family relationship may be a contributory factor to the young person's drug taking.

If the youth work team decides to contact the family, think very carefully about how you are going to explain the incident. Be prepared that the family member may react with anger and shock. It is very possible that they may have limited knowledge about drugs and, as a result, over react.

Remember that the health and safety of the young person is the dominant factor when deciding whether or not to maintain confidentiality after a disclosure of possession or drug use.

## Partnership Agencies and Confidentiality

### Policy Summary

Signposts expects all workers to make decisions about disclosure to other agencies after careful consideration of the effect on the welfare of the young person, child protection guidance, and a risk assessment of significant harm. However, the Signposts does not expect its workers to work alone on such matters, but encourages its staff to work closely with other specialist agencies. This may be necessary when working with young people around the issue of drugs.

It is essential that Signposts personnel considering using other services are aware of the confidentiality policies of those services. They may be significantly different to the confidentiality policy used by the Signposts. It is the responsibility of the youth worker to ensure that the young person understands these differences, and to negotiate an agreement that allows both agencies to work together if appropriate.

What is not negotiable is the fact that all agencies working with young people around the issue of drugs must abide by child protection procedures. This includes sharing confidential information if there is a risk of significant harm to the young person, or any other adult/young person. For such cases, the youth worker would first seek to get written permission from the young person for the information to be shared. Second, the worker needs to ensure that the young person fully understands why such action is being taken. If consent is not given we may breach confidentiality but must give the young person a written explanation.

### Scenario 3:

**A young person seeks advice from a youth worker concerning their drug use. The worker realises this is not a situation they can handle by themselves but needs the support of a specialist drugs worker or project. What should the youth worker do?**

The youth worker should work through the list of signs for concern with the young person to identify and assess the level of risk involved and the need for further support. They should talk through the types of services available, and assess which may be the most appropriate for further help. These do not necessarily need to be drug specific agencies, and in some situations the general Signposts or youth counselling may be more appropriate. The youth worker can advocate for, and support, the young person to access another service, for example by talking through what the agency offers and how it works, enabling them to phone to make an appointment, or by inviting the agency to visit the club to talk about their service.

The young person should be encouraged to talk to their parent /carer or another supportive adult. The youth worker is well placed to help a young person consider the possible advantages and disadvantages of this.

Confidentiality boundaries will need to be discussed with the young person as part of this process. If they are at risk of significant harm but still do not want to approach another agency, the youth worker will need to explain their role in the child protection process, and may decide to divulge information and make a referral. If the youth worker decides that they will have to break confidentiality, they should discuss with their manager first, and the process should be documented.

## Section 4: Dealing with Drug related Incidents

### Policy Summary...

It is the responsibility of all Signposts staff to ensure that young people are aware that possession, consumption, supply or offer to supply of any illegal drugs or alcohol will not be tolerated on Signposts premises or grounds. All Signposts premises are also non-smoking areas.

Drug related incidents include any situation where the above policy is not adhered to, but do not include personal disclosures of drug use covered by the confidentiality policy. Drug related incidents include:

- Suspicion of drug use, supply or intent to supply on Signposts premises
- Intoxication on Signposts premises
- Drug related medical emergencies
- Incidents involving the police

It is important to remember the following when dealing with drug related incidents:

1. Do not panic!
2. Consider the health and safety of the worker, the young people, and others involved in the incident.
3. Ensure staff are working within all relevant legal and professional guidelines.

Always complete a Signposts Incident Form to enable effective monitoring and review of policy and procedure.

Youth workers report that they are dealing with drug related incidents on a regular basis. Therefore, for their own protection it is essential that the youth work team operate within the boundaries of the current drugs policy and legal framework. Signposts personnel must work within the law at all times. Any response to a drug related incident needs to be handled sensitively, and be in line with this policy. In order to deal with these incidents effectively at a local level, staff teams should also develop their own internal responses, with named people for all workers to contact when further advice or support is needed.

All drug related incidents must be reported on incident report form and sent, as a matter of urgency, to the Chief Executive.

If there has been a need to administer first aid, the worker must immediately complete Signposts Accident Report forms and send them to the main office for further investigation.

### Legal Responsibilities

#### Drugs and the Law - A brief outline

The most important drug laws in the UK are the 'Misuse of Drugs Act' (1971)<sup>2</sup> The Misuse of Drugs Act (1971) and the Medicines Act (1968.) It was the Misuse of Drugs Act that divided controlled drugs into three classes (A, B, C) according to the perceived degree of harm that misuse can cause, with Class A being the most harmful. The law regards dealing drugs, including possession with intent to supply, as a more serious offence than possession for personal use. The following table summarises the Misuse of Drugs Act - see Appendix One for more information about drugs and the law.

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<sup>2</sup> Amended in January 2004

Category	Maximum penalties under the law
<b>Class A</b> - includes Ecstasy, LSD, heroin, cocaine, crack, magic mushrooms, amphetamines (if prepared for injection).	Possession 7 years and/or a fine Supplying/Dealing Life imprisonment plus an unlimited fine Possession with intent to supply Life imprisonment plus an unlimited fine
<b>Class B</b> – includes Amphetamines, Cannabis, Methylphenidate (Ritalin), Pholcodine.	Possession 5 years and/or a fine Supplying/Dealing 14 years and/or a fine Possession with intent to supply 14 years and/or a fine
<b>Class C</b> – includes Tranquilisers, some painkillers, Gamma hydroxybutyrate (GHB), Ketamine.	Possession 2 years and/or a fine Supplying/Dealing 14 years and/or a fine Possession with intent to supply 14 years and/or a fine

#### Scenario 4:

**During a casual conversation with a young man it becomes apparent that he believes that the recent changes to the law allows him to use cannabis whenever and wherever he likes. How do you respond?**

Take this opportunity to provide the young person with information detailing the legal position. It may be worth arranging a workshop on cannabis to be implemented as soon as possible.

#### **Do not be afraid to give the young person the facts:**

- If the young person is caught using cannabis and is under 18, he/she will be arrested. However, youth offenders will continue to be dealt with through the Crime and Disorder Act, which requires offenders to be examined at the police station. This means that persons aged 17 years or under in possession of cannabis for personal use will still be arrested and taken to the local police station for a reprimand or final warning (only if the young person admits the offence). The young person's parent or guardian will be asked to attend (If they are unavailable another appropriate adult will be found). The person will then be dealt with through the Youth Justice System with options of a reprimand, final warning, or a charge. Each case will be judged on its own merit. If this is not the first offence, the young person may be charged and earn a drugs conviction in court. Even with the new changes, it is still possible that a two year custodial sentence for possession could be awarded to them.

If the young person is over 18 the police will usually confiscate the drugs and give them a warning. The young person can be arrested if:

- This is repeat offence
- They were found to be smoking in public
- There has been a threat to order, or cannabis has been consumed near any premises used by children

A young person needs to be made aware that supplying and dealing in cannabis remains a more serious offence than possession. The maximum penalty for supplying or dealing class B drugs is 14 years, plus an unlimited fine. The young person should also be made aware that if they have a drugs conviction obtaining a visa to travel to some countries can be difficult. It can also have an effect on job prospects. A future employer may check whether the applicant has a criminal record. **See Appendix 1 for more information on drugs and the law.**

### **Managing Premises**

Section 8 of the Misuse of Drugs Act (1971) states that any person or organisation considered the 'occupier or concerned with the management of the premises' commits an offence if they 'knowingly permit or allow' any of the following activities:

- A. Producing (manufacturing) or attempting to produce a controlled drug.
- B. Supplying, or attempting to supply, or offering to supply, a controlled drug to another person.
- C. Preparing opium for smoking; smoking cannabis, cannabis resin or prepared opium.

What does this all mean in relation to the worker and their team?

The word "knowingly" means that the youth worker has actual knowledge – witnessed or having received reliable information - that an unlawful/banned activity such as drug taking/drug dealing is taking place on the premises. However, it is also possible to be in the 'know' if there are circumstances in which it is clear that a drug related activity / incident is taking place on the premises.

#### **Scenario 5:**

##### **A youth worker suspects that a group of young people are smoking cannabis in the toilets. What should the worker do?**

If the youth worker suspects that a group of young people are smoking cannabis in the toilets or in any other part of the premises, they must report it to the team leader immediately. The worker in charge must investigate the matter fully and not ignore what might be taking place. Once it is established that some young people are drug taking or dealing on the premises, the team must take action to stop it immediately. To ignore what is taking place is committing an offence. The team's action might include informing the young people that their behaviour must stop, directing them to leave the premises, or discussing the possibility of excluding them from the centre for a period of time. If the culprits continue to smoke cannabis and refuse to leave the centre or its grounds, the team leader has the responsibility to ensure the illegal activity ceases. It may be necessary to call the police and inform them of the situation. You could later consider bringing the young people together for a group session to discuss drugs and remind them of the Signposts drugs policy. It should be made clear that possession, consumption, supply or offer to supply of any illegal drugs or alcohol will not be tolerated on Signposts premises or grounds.

An Incident Form must also be completed

**"Permits"** means that the person deemed to be in charge has allowed the unlawful/banned activity to take place on the premises. This can be as a result of the person in charge (or team) ignoring the situation, or taking action which is so ineffective that the activity continues.

The definition of ‘**premises**’ means buildings, enclosed yards, gardens, sheds, outbuildings, front steps, vehicles (mini buses), boats and marquees.

The phrase “**concerned with the management of the premises**” can include any worker who has the authority to admit or exclude a person from entering the premises or one who has the authority for enforcing the rules on the premises.

#### **Scenario 6:**

##### **The Wintercomfort Case**

The Wintercomfort case set a precedent for prosecuting workers in charge of premises. After a seven week trial in December 1999, two senior managers were sentenced at Cambridge Crown Court to five years and four years in prison respectively for allowing the supply of drugs on hostel premises owned by the charity Wintercomfort. There has been extensive discussion of this case, and the workers involved continue to defend what they see as a miscarriage of justice. However, the trial transcript shows that the Judge’s ruling was based on the fact that, despite a policy clearly stating that no prohibited drugs should be permitted on the premises, each of the service managers on trial was found guilty of knowingly permitting the supply of heroin to take place on the premises. It was alleged that despite the fact that heroin dealing was clearly rife, and each of the managers was aware of it, they did little or nothing to enforce the policy to prevent it happening.

The Judge also made it clear that this case stood on its own particular circumstances and holds no message for similar hostels, except to reinforce the necessity for managers to do all in their power to ensure that the supply of drugs does not take place on their hostel premises.

For more information see [www.cambridgetwo.com](http://www.cambridgetwo.com)

A worker should not take possession of any controlled drug unless it is to destroy it or hand it over to the police. If the intention is to destroy the drug, this must be done immediately or as soon as possible, in the presence of an adult witness. It must be recorded on an Incident form and the worker’s line manager notified. Destruction would usually mean flushing the drugs down the toilet. All Signposts staff must make clear the Signposts’s policy on drug and alcohol use to all those using their provision.

#### **Scenario 7:**

##### **A small group of young people are smoking cannabis just outside the centre but still on council property.**

Since the young people are still on council property the situation cannot go unchallenged. If the young people choose to continue smoking cannabis that is their choice, but they must move well beyond the centre’s boundaries. It is important, however, that the youth workers use the opportunity to give the young people relevant facts concerning their drug taking, and outline the consequences they may face if caught. Issues of young people’s safety also need to be taken into account; are they so stoned that they are likely to get run over? The worker should assess the risk of significant harm when deciding how to deal with the situation and whether to contact a parent/carer. You might have to warn the young people that the police may be called because the workers are responsible for the premises/young people and are potentially breaking the law by allowing possession/dealing to take place. Whatever decision is taken by the team, follow up is necessary with the young person or group involved in the original incident. Following up a drug related incident is not optional – it must be done. It could be a ‘one to one’ discussion

about the young person's/young people's behaviour or an educational programme of activities around substance use and misuse.

All incidents should be well documented on an Incident form

### **To Search or not to Search?**

Signposts considers that it is inappropriate for Signposts personnel to search young people suspected of carrying drugs. If you suspect that young people are in possession of illegal drugs or alcohol and that they are being brought onto the premises you have the right to refuse entry on those grounds without the need for a search.

### **Scenario 8:**

**During a residential week in Devon, you overhear a conversation where one young person asks for a 'wrap'. You believe that some members of the group are in possession of speed. Do you search the young people for the suspected drug?**

If you are on a residential and suspect that drugs are on the premises you may consider giving a time limited amnesty for handing in/destroying the drugs. Clarify that if nothing is handed in then the residential comes to an end and everyone will go home. You could warn the young people that the police may also be called because the workers are responsible for the premises/young people and are potentially breaking the law by allowing possession/dealing to take place.

It is good practice to discuss these issues with young people before the residential, reminding them that the use of alcohol and drugs will not be tolerated and if found will result in the young person/group returning to Croydon. Young people attending the residential must agree in writing that they will abide by these conditions before being allowed to attend.

An incident form must be completed

### **Police Liaison**

The involvement of the police in any aspect of work can have far reaching implications, particularly with regard to relationships with young people. All workers should co-operate with the police when asked to do so; to obstruct them in the process of an investigation is a criminal offence. However, it is the duty of a youth worker to carefully observe and ensure that the rights of young people are upheld in any interaction with the police. You need to clarify what information can and cannot be handed over, and refer to confidentiality guidelines regarding personal disclosures of drug use. Some officers will encourage you to hand over everything regarding that individual; others will require only that which is relevant. Consent from the client is always the preferred option.

Workers should feel able to contact the police to discuss a case and ask for advice without needing to divulge a young person's name. The police will be able to advise in any situation if names are kept anonymous, although they may be obliged to take action if names are divulged. It is good practice for youth workers to develop links with Neighbourhood Police Officers, with whom an informal relationship is useful for guidance and advice.

### **Warning!**

Workers are under no obligation to involve the police in every drug related incident or offence on Signposts property. However, it needs to be emphasised that:

- failure to prevent drug use or drug dealing on premises used for youth work is an offence
- refusal to deal with the situation and implement reasonable steps to prevent the illegal activity is an offence. Workers should constantly consider the possibility that they are intentionally or unintentionally committing an offence by their actions. A youth worker does not commit an offence by not informing the police of drug misuse or possession unless the worker is knowingly and actively aiding and abetting an offence. If you witness the supply of drugs on your premises and you do nothing you are breaking the law.

When dealing with a drug related incident there may be times when Signposts personnel should contact the police. A worker would normally be expected to contact them in the following situations:

- Young people – of any age – are involved in the supplying of drugs on the premises
- Violence occurs that endangers young people and staff
- Misuse of drugs on the premises – depending on the class of drugs and nature of the incident – for example, any situation involving Class A drugs.

This is not an exhaustive list, and each worker must use their professional judgement. The emphasis should be on dealing appropriately with the incident, with follow up liaison with the police. If the situation is an emergency workers should dial 999. In any situation where the youth worker is uncertain of follow up action to take, they should contact their line manager, or the Chief Executive. The School and Community section of the police also have a named officer with a specialist drug remit, who can provide additional advice about policy in situations where there is uncertainty (see Appendix 2).

#### **Scenario 9:**

##### **On searching the toilets you find what you believe to be drugs on the premises. What do you do?**

If you find something that you suspect to be illegal drugs on the premises or have been handed drugs by a young person, you should:

- Destroy them immediately in the presence of an adult witness.
- Take them to the police in the presence of an adult witness.
- Contact the police and ask them to collect them.
- Do not travel anywhere with them on your person unless you are taking them to the police station; you are breaking the law by being in possession.

Good practice would be to make a link with the local police station's youth and community or beat officer and call them for advice. By calling 999 or the station direct you may get a variety of responses, some of which may not be in the worker's, centre's or young person's best interests.

Under no circumstances must Signposts personnel:

- (a) Remove these substances from the building for any reason other than to take them to the Police.
- (b) Return them to the young person.
- (c) Keep them overnight in a filing cabinet or drawer in the centre. If there is no other option but to keep them on Signposts premises (e.g. it is late at night, or no staff are available to go to the police station) you must put them in a sealed labelled bag and lock it

away in a secure safe, taking it to the police at the earliest opportunity. Do this with another adult witness and make sure your manager is informed.

It is also important to note that Signposts policy does not allow you to return alcohol confiscated from a young person, particularly if they are already intoxicated and could be at risk from drinking any more. The alcohol should be locked in a cupboard or disposed of in front of a witness, and the incident documented.

Always document all actions thoroughly and complete an Incident Form

### **Dealing with Drug Use or Intoxicated Young People - To exclude or not to exclude?**

In any situation where youth workers are concerned that a young person is under the influence of drugs or alcohol, they will need to consider:

- Health and Safety issues - the worker must maintain a safe environment for the young person themselves, other users, and staff
- The balance between excluding or maintaining the young person in a safe environment
- The long term impact of exclusion for the young person
- The need for a proactive drug awareness session
- The child protection implications for that young person

#### **Scenario 10:**

**Some young people have moved away from the centre in order to drink alcohol or take drugs. They return to the centre about half an hour later and wish to be re-admitted. Should they be allowed to participate further in the youth work provision?**

This is a difficult one to answer. The youth worker in charge will need to take the following information into consideration before allowing the young person back into the centre or project. To what extent has their behaviour been affected by their drug taking or drinking? Would their presence create a health and safety risk to themselves or others? What message does their re-admittance give to other young people who do not take drugs or drink alcohol? If they were refused entry what would happen to them?

If their demeanour is an amiable one, then readmittance on condition that they participate in a drugs/alcohol awareness workshop would be suitable. If they do not want to cooperate, re-admittance should not be allowed unless they would be in danger by leaving while still drunk or high on drugs. Consideration of their own and staff safety is paramount, and the worker should assess the risk of significant harm when deciding how to deal with the situation and whether to contact a parent/carer. If they are too drunk, collapse, or fall unconscious it must be treated as a medical emergency and parents/guardians should be called. The alcohol should be confiscated and locked away in the presence of a witness. If drugs are found on the young person, refer to guidelines outlined in this document.

All incidents should be well documented on an Incident form. Whatever decision is taken by the team, follow up is necessary with the young person or group involved in the original incident. Following up a drug or alcohol related incident is not optional – it must be done. Follow up could be a 'one to one' discussion on the young person's/young people's behaviour or an educational programme of activities around substance use and misuse.

Note - The same process and issues would apply if the group had been smoking cannabis, with additional reference to the law.

#### **Scenario 11:**

**During a youth club session you see a group of young people sharing out some ecstasy tablets that one of them has brought into the centre for the party they are going to later on. What do you do?**

This is a difficult scenario to deal with. For some, the temptation could be to look the other way, especially if it is obvious that the young people are not going to take the ecstasy tablets on the premises or during the session. However, it is the responsibility of all Signposts staff to ensure that young people are aware that possession, consumption, supply or offer to supply of any illegal drugs or alcohol will not be tolerated on Signposts premises or grounds. There are complex implications for any action taken, and the youth worker should seek immediate advice from a senior manager.

First there are the legal considerations – remember that ecstasy is a Class A drug. This would be considered supply of Class A drugs in the eyes of the law, and the police should ideally be contacted for further advice. This can be done without providing names in the first instance. The young people would also need to be reminded of the drug policy and at the very least asked to leave, with due regard to local procedures that have been agreed at the provision regarding exclusions.

The youth worker must also consider health and safety issues for staff and young people. If the young people are likely to leave having taken, or in possession of, Class A drugs, it is possible that serious harm could result for them, and the drugs should be confiscated (see also Scenario 9 for guidance on disposing of drugs). The youth worker would have to be sure that allowing young people to leave in such a situation without confiscating the drugs would not negate their professional responsibility to prevent harm to young people in their care.

It may later be appropriate to use the checklist on page 10 (Signs for Concern) to promote discussion with the group or young people concerned, and the youth worker should provide information about ecstasy use and misuse.

The final challenge is how to maintain a relationship with the young people in such a situation. The balance is between ensuring the centre is safe for all young people, and maintaining a relationship to enable the provision of secondary drug education. The policy on drug education is to engage all young people regardless of their drug using behaviour. The aim is to enable the young people to agree boundaries of acceptable and non-acceptable behaviour before such situations occur. It is up to the youth worker's professional skills to re-engage the group after such an incident. It may also be useful to liaise with local outreach/detached workers or agencies to enable further outreach work in the area on this topic.

All incidents should be well documented on an Incident form

### **Dealing with Emergency situations**

The procedures for an emergency apply when a person is at immediate risk of harm because:

- They are unconscious
- They are having trouble breathing
- They are seriously confused or disoriented
- They have taken a harmful toxic substance
- They are otherwise at immediate risk of harm.

Your main responsibility is for any young person at immediate risk, but you also need to ensure the well being and safety of others. Put into practice your youth club's first-aid procedures immediately. If in doubt, call for medical help. It is essential that young people understand the need to share any information they have about what a person has taken, rather than withholding it to avoid getting somebody into trouble. They need to know that such information could save a life, and this is a positive element of drug education.

There is no obligation to contact the police in cases where a young person has taken an illegal substance or an overdose. The focus should remain on dealing with the medical emergency and keeping the young person safe. Welfare of the patient takes priority over the legal aspect. However, youth workers should be aware that the emergency services might themselves contact the police if they feel it is necessary.

**Always** assess the situation and, if a medical emergency, send for an ambulance.

**Before assistance arrives:**

**If the person is conscious**

- Ask them what has happened and to identify any drug used
- Collect any drug sample and any vomit for medical analysis
- Do not induce vomiting
- Do not chase or over-excite them if intoxicated from inhaling a volatile substance
- Keep them warm and quiet, under constant observation

**If the person is unconscious**

- Ensure that they can breathe and place in the recovery position
- Do not move them if a fall is likely to have led to a spinal or other serious injury which may not be obvious
- Do not give anything by mouth
- Do not attempt to make them sit or stand
- Do not leave them unattended or in the charge of another young person
- Notify parents/carers

**For needle (sharps) injuries (see Health and Safety Policy)**

- Encourage wound to bleed. Do not suck. Wash with soap and water. Dry and apply waterproof dressing
- If used/dirty needle seek advice from a doctor

When medical help arrives pass on any information available, including any vomit and drug samples. A debriefing session should be held as soon after the incident as possible and the procedures reviewed fully. A team member should be allocated to follow up and discuss the incident with the young person concerned and their parents/carers if appropriate (see section on confidentiality). This is essential. The incident could also be used as a springboard for implementing some related workshops/programmes at the youth project. **(Adapted from: The Right Responses, DrugScope, 1999, and DfES School drug guidance)**

**Scenario 12:**

**A young person is suddenly taken ill during the youth work session. Young people suggest to you that the cause of illness is drug use. What do you do?**

If a young person is taken ill and you are told it is likely to be a result of drug use, find out as much information as you can from the young person's friends. Seek to clarify if the drug

taken is a prescribed or an illegal drug. You need to know what type of drug was taken and how much.

This is a medical emergency and should be treated in the same way as any other. If you call for an ambulance inform the medics of what you 'believe/think/have heard' that the young person has taken. If their behaviour becomes very disturbed or out of control call the Senior Worker on duty along with a qualified first aider. It is important not to leave the young person alone. If the young person becomes agitated and tries to leave the premises try to calm them down.

If there is debate amongst the team about whether to call the emergency services, always err on the side of caution and contact them. Ensure staff know how to deal with 'talking down' issues relating to drugs such as hallucinogens, some types of ecstasy etc.

An Incident form should be completed and sent to the Main Office.

## Section 5: Professional Practice Issues

### Self Disclosure

When issues such as sex and drugs are discussed with young people, the worker can often be asked difficult questions concerning their views and experiences. There are debates within youth work practitioners about whether self disclosure is helpful within discussion, or whether it is unnecessary and unprofessional. Self disclosure can create difficulties for a worker. It can lead to misunderstandings and difficulties maintaining boundaries, and is at times inappropriate when working with young people. It is therefore not recommended or advised. The young person is not there to hear the views and life experiences of the worker. Rather, the worker is there as an advocate and facilitator to listen to and focus on the young person, enabling them to voice and discuss their own opinions, feelings, and concerns.

#### **Scenario 13:**

**During a workshop on drugs, young people ask if you – the youth worker - has ever used drugs.**

A youth worker was asked during a school lesson if they had taken drugs and if they had enjoyed the experience. The youth worker answered honestly. They admitted that they had taken drugs and enjoyed the experience, but clearly recognised that it was wrong and against the law. The young person went home reporting to their parents that a youth worker at school admitted taking drugs - so it was okay for him to do so! The parents contacted the school and made a complaint. Clearly this was not the view the youth worker expressed.

It is essential to set ground rules before embarking on any drug education sessions, and clarify the boundaries of confidentiality. This relates to personal disclosure for workers as well as young people. The youth worker would need to assess in any situation what the benefit would be of sharing personal information, and be clear that it would enhance the young people's education. In most cases, sharing will not be appropriate or particularly useful, and the focus of the work should be about enabling young people themselves to explore issues and dilemmas. Using scenarios and case studies to promote discussion will be the most useful ways of looking at "live" issues, avoiding the need for personal disclosure.

Workers may also hold different views on whether the use of cannabis should be legal or illegal. It is important to remember that workers are employees of the Signposts and are therefore required to work within the law and policies of the organisation.

#### **Scenario 14:**

**A group of young people are standing just outside the door of the centre smoking cigarettes. One worker in the centre feels they should be allowed to do this, and another feels that they should be asked to smoke away from the centre and off the premises.**

The issues to consider in such a scenario include policy guidance, how to balance personal beliefs with youth work, and how to maintain engagement with young people. The overarching ethos of the drug education policy is that the Signposts should engage with all young people regardless of their drug using behaviour. Secondary prevention work focusing on information about smoking would be appropriate for this group. Nevertheless, the Signposts also has a responsibility to all young people using the service, and supporting an environment where smoking is tolerated could give mixed messages to young people. It also allows the older groups often to be seen as role models due to their

smoking or rebellious behaviour, rather than for more positive reasons. Regardless of personal beliefs, it is the law that Signposts premises do not allow smoking, and therefore the young people should be asked to smoke outside the boundaries of the building. There is the need for proactive dissemination of the policy to young people so that they know the boundaries of acceptable behaviour and have some input into, and ownership of, decisions about how to handle such situations.

### **Detached and Outreach Youth Work**

Signposts recognises that there are many young people who do not make use of the building based facilities it provides. The Signposts still has a role to play with these young people. Detached and outreach work provides an alternative approach which complements the existing pattern of centre and project based curriculum delivery. Signposts is committed to delivering high quality youth provision wherever young people meet.

Detached and outreach workers are often at the forefront of work with young people who may be involved with drug and/or alcohol use. Staff will be expected to work within the same boundaries of confidentiality outlined in Section 3. Due to the one-off nature of many contacts, youth workers will need to be more skilled in assessing harm and will need to observe confidentiality in relation to minor drug and alcohol use to maintain contact with individuals and groups at risk. Detached and outreach workers need to be aware of, and able to assess, the legal, health, social, emotional, psychological, and environmental issues relating to drug/alcohol use and their impacts.

Detached and outreach workers will need to be specially trained and supported to deal with these issues. Groups at risk of harm from drug misuse include young people who are excluded from school, truanting, or engaged in criminal behaviour, homeless or looked after young people, children of parents with drug problems, and young people who have been abused or have mental health problems. Detached workers are particularly likely to engage with such young people, and will be expected to use their professional judgement and skills to build relationships. At times this may mean engaging with young people who have been using drugs or alcohol. In this situation it is likely that spending time building a relationship over several sessions is needed to build the foundations for specific drug related education and support at a later stage.

All detached and outreach workers should be confident in conducting a risk assessment. This will include looking for clues of drug use in certain situations or areas, and workers should have a good understanding of what drug paraphernalia looks like. If you feel you need to learn more about this, discuss with your worker in charge or other support agencies. Find out as much information as you can about drug use and young people in the area before you commence street work. This may be done by walking around the area with colleagues, and talking to local shop keepers/residents/local councillors / police / other agencies.

Be aware of indicators that a young person may be using drugs and the possible side effects. Again, if you feel you need more training in this area of work discuss with your line manager.

With your colleague assess the risk associated with any situation where you think drug use is taking place. Do not put yourself in danger by entering, or remaining in, a situation where you feel compromised.

### **Scenario 15:**

**During a detached youth work session you meet a group of young people smoking cannabis. Do you engage with the group or walk away?**

If the group is amiable then engage. You have a ready-made opening for dialogue! It is important to note that relationships with young people can be won and lost on the quality of drugs information given, so workers need to be certain of the facts. Trigger questions might include what type of cannabis they are smoking, what is the easiest to get hold of, what wouldn't they touch and why? Give out cannabis information leaflets and, if possible, information concerning Signposts provision. It is also worth discussing with them changes in the law which mean that although cannabis has been reclassified, more significant penalties are likely to apply for smoking in public (see Appendix 1). The emphasis should be on building a relationship so that the worker has the opportunity to return at a later stage and engage in further discussion or one to one work as appropriate. If the worker is unsure of the reaction of the young people, it may be advisable to wait until another time when they are not actively using drugs to engage in further discussion. Since these are the very young people that we want to work with, avoiding them altogether is unacceptable.

It would usually be appropriate to complete an Incident form to help with monitoring and evaluation of policy and practice and staff support.

### **Personal Behaviour**

Workers are expected to adhere to this policy in terms of their Signposts work and their personal behaviour during work time. Smoking is not permitted in Signposts buildings, and even during outreach or residentials it would not normally be considered appropriate during contact time with young people. Staff wanting support to give up smoking should contact their line manager. Workers should also be familiar with the Signposts Smoke, Alcohol and Drug Free policy.

### **Scenario 16:**

**A group of workers undertaking detached youth work regularly notice a car arriving which young people gather round. The activity is always somewhat furtive, and the workers suspect that the supply of drugs is taking place.**

The expectation is for the youth workers to act in the best interests of the young people involved, and again rests on an assessment of harm likely to result from either taking action or ignoring the situation.

The team would need to discuss this with their manager, but the expectation of the police in such a situation would be that details would be passed on to them. While there is no legal obligation to do this, there may be a moral obligation to do so in order to prevent harm. Even if it is only the supply of cannabis, specific penalties apply in situations where there has been a threat to order, or there is cannabis near any premises used by children (see Appendix 1). If it is the supply of Class A or B drugs, serious harm could result to a young person at some point in the future. It would be appropriate to contact the local Community Police Officer or schools team (see Appendix 2) to seek further advice.

An Incident form should be completed and sent to the youth office.

### **Prescribed Medication**

It is not within the scope of this policy to detail all aspects of personal care and support that may be necessary in the course of youth work with young people, including those with disabilities. However, it is important to remember that any prescribed medication can be

harmful if it is not taken exactly as prescribed, or by the person it is intended for. If young people are taking prescribed medication it is their responsibility to ensure it is kept safe for their personal use while engaged in any Signposts activities.

For residential trips and longer outings, it is the responsibility of the youth worker in charge to ensure that parents sign consent forms and detail any medicines that the young person needs to take with them. The young person needs to take responsibility for ensuring they take their medication, although it is appropriate for the youth worker to support them, checking that it is happening and that the drugs are stored safely.

### **Training**

Signposts is committed to equipping –through training and support – all Signposts staff with the skills to work effectively and confidently with people.

### **Monitoring and Evaluation**

All workers must ensure that any drug related incidents are recorded, noting the steps that were taken to ensure that the drug related activity was stopped. The incident forms will be reviewed regularly and used to monitor and identify recurrent themes or issues of concern. It will also help target training and support for workers.

### **Resource Materials**

Workers should pro-actively seek the best resources available to support the delivery of both education and advice/support work. There is also a wealth of material available to promote discussion and debate in youth media (films, television, magazines, music, and sport.) See Appendix 2 for a list of support agencies.

# Appendix

## Appendix One Drugs and the Law: Summary

### Offences under the Misuse of Drugs Act

- **Possession** - where a person knowingly has custody or control of a controlled drug.
- **Possession with intent to supply another person a controlled drug** – where a person knowingly has custody or control of a controlled drug and intends to supply to others, whether for payment or not. This would include packaging a drug in a way that indicates it is going to be supplied to others or where a person is ‘looking after’ drugs and returns them (or intends to return them) to another person. They can be charged with supply or intent to supply.
- **Supplying another person a controlled drug** - giving or selling drugs to someone else, including friends. The law does not differentiate between giving drugs to friends and supplying for profit. Offences are considered on an individual case basis and the police may be very unlikely to charge someone with supply when passing a cannabis joint for smoking amongst friends. If charged, courts may be likely to consider a lower sentence for supply to friends compared to supply for profit.
- **Allowing premises you occupy or manage to be used for the supply, production or cultivation of a controlled drug.** Also, to allow premises to be used for the smoking of cannabis or opium, or the preparation of opium. It is not illegal for someone to be in possession of a controlled drug if it is found, given, or confiscated, and is not for that person’s own use but to prevent a crime being committed. They should however hold it for as short a time as possible
- **Supplying drug paraphernalia** – includes all equipment to enable the use of a controlled drug in any form with the exception of matches and a tourniquet. This should only be provided by an authorised person or agency.
- Production, cultivation or manufacture of controlled drugs - for young people, this would most commonly be growing cannabis plants.

### The Medicines Act 1968

The Medicines Act divides medicines into three categories

- **General sales medicines**, which can be sold without a prescription by any shop.
- **Pharmacy medicines**, which can be sold without a prescription but only by a pharmacist (also called over-the-counter medicines.)
- **Restricted medicines or prescription - only medicines**, which can only be supplied from a registered pharmacy by or under the supervision of a pharmacist on receipt of a prescription from an appropriate practitioner. An appropriate practitioner is a doctor, dentist, independent nurse prescriber (within the scope of their prescribing practice) or a supplementary prescriber (who can be nurses or pharmacists prescribing within the terms of a clinical management plan for a specific patient).

Possession of some prescription-only medicines, such as Temazepam and Ritalin, is illegal under the Misuse of Drugs Act if no prescription is held.

### The Youth Justice System

In normal circumstances, when a young person aged under 18 has committed a first offence he/she will be given a reprimand. For second offences he/she will be given a final warning. For subsequent offences the young person will usually be prosecuted. A further, and definitely final, warning can only be issued in exceptional circumstances. For serious cases a young person can receive a final warning or be prosecuted for a first offence. In all cases the young person will be referred to the local Youth Offending Team (YOT), which

consists of representatives from probation, education, social services, the health service and the police.

### **Tobacco laws**

Under section 7 of the Children and Young Persons Act 1933 (as amended by the Children and Young Persons Protection from Tobacco Act 1991) it is an offence for a vendor to sell tobacco products to anyone under the age of 16. This offence currently carries a maximum fine of £2500. Children under 16 who purchase tobacco products are not themselves committing an offence. However, police have the power to confiscate tobacco products from under-16s who are found smoking in a public place.

### **Alcohol laws**

It is an offence under the Children and Young Persons Act 1933 to give alcohol to any child under the age of 5, except in a medical emergency. Children over 5 can legally consume alcohol in a private environment, although police have powers to confiscate alcohol from under-18s who are drinking in a public place. At the discretion of the licence holder, children of any age may enter premises licensed to sell alcohol for consumption on those premises, such as a public house. However, only children aged 14 or over may enter the bar area whether they are accompanied by an adult or not. It is illegal for the staff of licensed premises to knowingly sell alcohol to anyone under the age of 18 or allow them to consume alcohol in the bar area of their premises. It is also an offence for a child to buy or attempt to buy alcohol on licensed premises. It is illegal for an adult to purchase alcohol on behalf of a person under 18. However, an exception allows young people aged 16 and 17 accompanied by an adult to consume beer or cider with a meal on licensed premises.

### **The Road Traffic Act 1988**

It is an offence to be in charge of a motor vehicle while 'unfit to drive through drink or drugs.' This includes alcohol, illegal drugs, prescribed medicines and solvents. The legal limit for alcohol levels in the blood while driving is 80 mg of alcohol per 100 ml of blood.

### **Laws relating to volatile substances**

In England and Wales it is an offence to sell solvent products to any person under 18 if the retailer has reason to suspect that the substances will be misused. Butane product sales, such as lighter refills, are further restricted under the Cigarette Lighter Refill (Safety) Regulations 1999, in recognition of the high number of butane-related deaths.

The regulations make it an offence to sell them to people under the age of 18 years, in any circumstances. The penalty is up to 6 months' imprisonment or a £5000 fine.

## Appendix Two - Useful Organisations and Websites

### What Now Website

<http://yps.lancashire.gov.uk/what-now-ebook>

### Drug Education Forum (DEF)

[www.drugeducation.com](http://www.drugeducation.com)

Telephone: +44 (0)207 739 8494 Email: [andrew.brown@mentoruk.org](mailto:andrew.brown@mentoruk.org)

The Drug Education Forum brings together national organisations from health, education, police and voluntary sectors that deliver or support the delivery of drug education.

### DrugScope

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

Tel: 020 7520 7550 Email: [info@drugscope.org.uk](mailto:info@drugscope.org.uk)

Prince Consort House, Suite 204 (2nd Floor), 109/111 Farringdon Road, London EC1R 3BW

This is a centre of expertise on illegal drugs, aiming to inform policy development and reduce drug-related risk. The website includes detailed drug information and access to the Information and Library Service. DrugScope also hosts the Drug Education Practitioners Forum.

### National Tobacco Campaign (Department of Health)

NHS Smoking Helpline: 0800 022 4 332

[www.givingupsmoking.co.uk](http://www.givingupsmoking.co.uk)

### Parents against Drug Abuse (PADA)

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

Tel: 08457 023 867 email [admin@pada.org.uk](mailto:admin@pada.org.uk)

An organisation set up to support parents of drug users. A large percentage of helpline workers have experienced drug use within their own families.

### Children's Legal Centre

[www.childrenslegalcentre.com](http://www.childrenslegalcentre.com)

University of Essex, Wivenhoe Park, Colchester, Essex CO4 3SQ

Tel: 0800 783 2187 Tel: 01206 877910 Email: [clc@essex.ac.uk](mailto:clc@essex.ac.uk)

The Centre operates a free and confidential legal advice and information service covering all aspects of law and policy affecting children and young people.

### Parentline Plus

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

Tel: 0800 800 2222

A charity offering support and information to all parents, including a free-phone helpline, courses for parents, and innovative projects.

### FRANK

24 Hour Helpline: 0800 77 66 00 Email: [frank@talktofrank.com](mailto:frank@talktofrank.com) Text: 82111

[www.talktofrank.com](http://www.talktofrank.com)

FRANK is the national drugs awareness campaign aiming to raise awareness amongst young people of the risks of illegal drugs, and to provide details of sources of information and advice. It also provides support to parents/carers, giving them skills and confidence to communicate with their children about drugs.

### **Children's Rights Alliance for England**

**Tel: 020 7278 8222 Email: [info@crae.org.uk](mailto:info@crae.org.uk) Website: [www.crae.org.uk](http://www.crae.org.uk)**

**94 White Lion Street, London N1 9PF**

This charity aims to improve the circumstances and status of all children in England, predominantly by ensuring the fullest implementation of the UN Convention on the Rights of the Child.

### **QUIT**

**Tel: 0800 00 22 00 Email: [info@quit.org.uk](mailto:info@quit.org.uk) Website: [www.quit.org.uk](http://www.quit.org.uk)**

An independent charity which aims to reduce tobacco-related harm by helping smokers to quit.

### **ADFAM**

**Tel: 020 7553 7640 Email: [admin@adfam.org.uk](mailto:admin@adfam.org.uk)**

**Website: [www.adfam.org.uk](http://www.adfam.org.uk)**

**25 Corsham Street, London, N1 6DR**

Adfam offers information to the families of drug and alcohol users. The website has a database of local family support services.

### **RELEASE**

**Helpline 0845 4500 215 [ask@release.org.uk](mailto:ask@release.org.uk) (open 11am-1pm and 2pm-4pm, Monday-Friday)**

**Tel: +44 (0)20 7324 2989 Email: [ask@release.org.uk](mailto:ask@release.org.uk)**

**124-128 City Road, London, EC1V 2NJ**

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

Provides advice and referrals for drug-related legal problems.

### **National Association for Children of Alcoholics**

**Tel: 0800 358 3456**

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

NACOA provides information, advice and support to children of alcoholics through its free, confidential helpline.

### **Drinkline**

**Tel: 0800 917 8282 (Lines are open 7am-11pm Monday to Thursday and 24 hours Friday, Saturday and Sunday.)**

A free and confidential helpline for anyone who is concerned about their own or someone else's drinking.

### **Alcohol Concern**

**Tel: 020 7264 0510 Email: [contact@alcoholconcern.org.uk](mailto:contact@alcoholconcern.org.uk)**

**64 Leman Street, London, E1 8EU**

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

Works to reduce the incidence of alcohol-related harm, and to increase the range and quality of services available to those with alcohol-related problems.

### **Re-Solv (Society for the Prevention of Solvent and Volatile Substance Abuse)**

**30A High Street, Staffordshire ST15 8AW Tel: 01785 817885**

**Helpline: 01785 817885**

**Email: [information@re-solv.org](mailto:information@re-solv.org)**

**[www.re-solv.org](http://www.re-solv.org)**

A national charity providing information to teachers, professionals, parents, and young people on this issue.

**National Children's Bureau**

**8 Wakley Street, London EC1V 7QE Tel: 020 7843 6000**

**[www.ncb.org.uk](http://www.ncb.org.uk) email [enquiries@ncb.org.uk](mailto:enquiries@ncb.org.uk)**

NCB promotes the interests and well-being of all children and young people across every aspect of their lives.

**National Health Education Group**

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

A membership group, open to professionals whose work has the primary focus of supporting health and/or drugs education with children and young people in formal and informal educational settings. See the website for regional contact details.

**Alcohol Education Resource Directory**

**Tel: 020 7290 1460 Email: [info@portmangroup.org.uk](mailto:info@portmangroup.org.uk)**

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

A directory of resources and contacts for providing alcohol education. This is funded by the Portman Group (an organisation funded by the UK's leading drinks producers.)

**ASH (Action on Smoking and Health)**

**Website: [www.ash.org.uk](http://www.ash.org.uk) Tel: 020 7739 5902 Email: [enquiries@ash.org.uk](mailto:enquiries@ash.org.uk)**

**First Floor, 144-145 Shoreditch High Street, London E1 6JE**

A public health charity campaigning to reduce the health problems caused by tobacco.