

Policy and Procedure on Alcohol, Drug and Substance Misuse

Cambian Dilston College

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1. Monitoring and Review

- 1.1. The Proprietor will undertake a formal review of this policy for the purpose of monitoring and of the efficiency with which the related duties have been discharged, by no later than three years from the date of approval shown above,



or earlier if significant changes to the systems and arrangements take place, or if legislation, regulatory requirements or best practice guidelines so require.

- 1.2. The local content of this document will be subject to continuous monitoring, refinement and audit by the Head of Service.

Signed:

Jeremy Wiles
Group Executive Director – Children’s Services
Date: June 2022

Marie Flatman
Principal
June 2025

2. Terminology

- 2.1. Our aim is to use consistent terminology throughout this policy and all supporting documentation as follows:

'Establishment' or 'Location'	this is a generic term which means the Children’s Home/school/college. Cambian Dilston College is a college.
Individual	means any child under the age of 18 or young adult between the ages of 18 and 25. At Cambian Dilston College we have young people/adults attending and/or residing between the ages of 16 and 25.
Service Head / Head of Service	This is the senior person with overall responsibility for the college. At Cambian Dilston College this is the Principal/Registered Manager who is Marie Flatman for education (Ofsted) Rick Johnson for residential (CQC)
Key Worker	Members of staff that have daily key working responsibilities to support Individuals residing at or attending the Establishment.
Parent, Carer, Guardian	means parent or person with Parental Responsibility
Regulatory Authority	Regulatory Authority is the generic term used in this policy to describe the independent regulatory body responsible for inspecting and regulating services. At Cambian Dilston College this is [Ofsted/DfE/CQC.
Social Worker	This means the worker allocated to the child/family. If there is no allocated worker, the Duty Social Worker or Team Manager is responsible.
Placing Authority	Placing Authority means the local authority/agency responsible for placing the child or commissioning the service
Staff	Means full or part-time employees of Cambian, agency workers, bank workers, contract workers and volunteers.

3. Definitions

Drug:



3.1. Any psychotropic (mind-altering) substance – this covers all legal drugs including alcohol, tobacco and psychoactive substances, all illegal drugs, volatile substances, solvents over-the-counter and prescription medicines including but not exclusive to:

- Alcohol, Cigarettes, Vapes, Tobacco, Aerosols, Gas, Glue, Magic Mushrooms (Amanita), Petrol, Solvents and all controlled substances such as Amphetamines, Barbiturates, Cannabis, Cocaine, Hallucinogens, Hashish and Narcotics.

Drug use:

3.2. Drug taking, through which harm may occur, whether through intoxication, breaches of the law or the possibility of future health problems (though these may not be immediately perceptible).

Drug misuse:

3.3. Drug taking which harms health or functioning – it may take the form of physical addiction or psychological dependence or be part of a wider spectrum of problematic or harmful behaviour.

Drug incident:

3.4. Evidence or suspicion of a specific event involving one or more unauthorised drugs or legal high and requiring immediate action by staff. Actions by staff may include but not be exclusive to reporting incident to the police, making a Safeguarding Referral, Contact with the emergency services for immediate physical or mental intervention, Incident management and disclosure to Next of Kin, nearest relatives or designated caregivers.

4. Legislation

4.1. Children's Homes (England) Regulations 2015

4.2. Drug Act 2006 (see Appendix II)

4.3. Psychoactive Substances Act 2015 (see Appendix II)

5. Principles

5.1. In the management of any drug related incident the safety, physical and mental wellbeing of the young person is the primary consideration.

5.2. Cambian Group has a duty to provide safe environments for all young people and to safeguard and promote their welfare.

5.3. Staff working in partnership with other professionals and those with parental responsibility best promote the safety and wellbeing of young people involved in taking drugs or legal highs.

5.4. Acting to deter or prevent ongoing drug taking, forms a duty of care aimed at providing help, advice and support to children under 18 and vulnerable young adults in our care. The process of reducing drug taking amongst our young people is paramount to all Cambian Group staff.

5.5. Following an incident of drug misuse, equal attention should be paid to the provision of help and support as to the imposition of consequences, as punitive responses often create more problems than they solve.

5.6. Experimentation with drugs or legal highs is not unusual among adolescents and may have no long-term ill effects, but dependent and problematic drug misuse is usually a response to significant social or emotional problems.

5.7. Different young people with different levels of vulnerability and involvement with drug taking will require different levels of support from their careers. After a thorough assessment including the voice of the young person where possible, a care plan and risk assessment will be formulated to reflect the level of support given. These will be



reviewed during multidisciplinary team discussions, key work sessions with the young person and contact with caregivers.

- 5.8. In order to provide safe and effective support for young people involved in drug taking staff require access to information, training and support from their Managers and specialist agencies.
- 5.9. It is not known generally how many young people are using drugs. However, young people will encounter drugs from various sources, one maybe finding their parents or older siblings using drugs, in the neighbourhood or as part of youth culture in terms of experimentation. Our staff will help young people avoid taking drugs and provide them with an understanding and education of the associated risks in both health terms and the law around illegal drug use, manufacture or distribution. We do not condone the possession, use or supply of illegal drugs or legal highs.
- 5.10. Cambian Group does not condone the possession or misuse of drugs, which could be treated as a criminal offence. Cambian recognises its responsibility to comply with the law and, in particular, to co-operate with the appropriate external agencies in any action required to ensure that no criminal activity takes place at the children's homes or any



Cambian property. Drugs that have been confiscated, unless directed by the police to be handed to them for investigatory purposes, will be destroyed by two members of staff on the premises.

- 5.11. Excessive alcohol consumption has become a regular and concerning factor within youth culture and is considered by many young people as an acceptable way to behave.
- 5.12. The early onset of excessive drinking can quickly lead to serious health problems in later life. Young people who experience such difficulties have a right to advice, assistance and support from supporting staff and/or their carers to help manage their potentially problematic behaviour.
- 5.13. The use of alcohol to the point of drunkenness is a concern in itself, but can also lead to other risk related behaviours such as sexual disinhibition, violence and aggression and making unhealthy choices. Alcohol can also affect mental health and can be used as a coping mechanism by the young person to mask their problems or worries.
- 5.14. If young people do have difficulties with alcohol misuse, best outcomes are achieved by responding in a positive, supportive, non-punitive way and by working in partnership with others with an interest in the young person's welfare.
- 5.15. Carers have a responsibility to act as role models for young people and encourage them to develop healthy lifestyles and avoid problems associated with alcohol misuse.

6. Aims and Objectives

- 6.1. To comply with the good practice guidance from Drugscope www.drugscope.org.uk
- 6.2. To make explicit the framework within which drug related incidents will be managed within the homes.
- 6.3. To ensure that young people who take drugs get the help and support they need.
- 6.4. To underpin Cambian Group's zero-tolerance policy in relation to the use of drugs or legal highs
- 6.5. To ensure that a multi- agency approach is taken to young people who have problematic substance misuse issues and those supportive strategies are used to manage substance misuse incidents.
- 6.6. To comply with the expectations of legislation in promoting good health in young people. To clarify expectations in relation to the consumption of alcohol by staff and young people
- 6.7. To ensure that staff are aware of their responsibilities with regard role modelling appropriate behaviours but also in managing concerns about alcohol use and to offer guidance on what to do if a young person is intoxicated.
- 6.8. To educate young people on the dangers associated with underage drinking and binge drinking
- 6.9. To establish good working relationships with local substance misuse and alcohol prevention services in the local area.
- 6.10. To ensure all staff attend Substance Misuse training to help provide strategies on how to minimise and reduce the incidents of young people engaging in this behaviour.

7. Policy

Prevention - Alcohol

- 7.1. It is illegal for young people under the age of 18 to buy or have alcohol sold to them. It is also against the law to provide alcohol to young people under the age of 18 years old.
- 7.2. It is not permitted under any circumstances for staff to drink while on duty (whether within the home or not) and it is not acceptable to allow young people to drink, or possess, alcohol within the home – please refer to Searches policy. Should any young person be found in possession of alcohol, this should be confiscated and disposed of (with a



witness) and the incident fully recorded on an Information Record Sheet, a substance misuse form and where necessary a Room Search Record sheet.

- 7.3. The issue of alcohol use should be part of each young person's placement plan and where this is problematic; a risk management should also be included to support staff to manage the risk. Keyworkers should provide information to young people about the use of alcohol and the problems associated with excessive consumption. This information should be given in a calm, matter of fact way with no attempt to alarm or scare young people and can often be arranged in partnership with the local Looked after Children's Nurse or Alcohol prevention organisation. (See Appendix I)
- 7.4. Should it become evident that a young person has a problem with alcohol misuse the keyworker, in consultation with the young person and his/her social worker and those with parental responsibility, should consider making a referral for specialist help.

Prevention – Drug use

- 7.5. Evidence suggests that looked after young people may be more vulnerable to drug taking because of their early life experiences. Situations, which would make looked after children more susceptible to drug use would include:
- Experience of abuse or neglect
 - Living away from family and friends
 - Experience of domestic violence
 - Victimisation from bullying
 - Involvement with CAMHS for mental health related problems
 - Education problems – school exclusion
 - Loss or bereavement
 - Involvement in criminal/anti-social behaviour
 - History of family involvement in drug taking
 - County Lines Gang exposure
- 7.6. All young people should receive information, guidance advice and support about drug taking through the drug education programme, which appears at several Key Stages as part of the National Curriculum. However, it may be, because of past difficulties at school, that some looked after young people will have missed this vital part of their education and will require additional support such as partnership agencies i.e.Eclipse or Oasis (See Appendix II)
- 7.7. Supportive strategies are most effective when all those with an interest in the young person's welfare work together. Staff should always seek to promote partnership with parents and other agencies in these situations.
- 7.8. The type and level of support offered to young people should be appropriate to their needs and take account of their wishes and feelings. Options for support would include:
- Additional drugs education
 - Befriending schemes
 - Mentoring
 - Counselling
 - Additional monitoring and support
 - Social skills/assertiveness training
 - Referral to specialist agencies
- 7.9. For all young people looked after by Cambian Group the issue of drug use, including the use of psychoactive substances must be discussed at the initial placement meeting and appropriate arrangements incorporated into the



young person's placement plan. All young people with a previous history of drug taking must have a person-centred risk management plan in place that is regularly reviewed.

- 7.10. The placement plan and risk management plan for children and young people should be regularly reviewed in order to ensure that each young person is receiving all the help and support they need to make informed choices about drug taking.
- 7.11. When young people are known or suspected of being involved in drug taking, the staff working with them should remain positive and supportive and encourage them at all times to think about the consequences of their behaviour for their long-term health and wellbeing. Staff will follow the relevant reporting and escalation process to management in the event of a drug or alcohol related incident involving a young person.
- 7.12. All reasonable measures must be used to reduce or prevent children from obtaining drugs or substances, which may harm them. If it is known or suspected that children are obtaining products, which may harm them, whether off the streets, from dealers or traders of any kind, the Manager and Social Worker must be informed and Strategies adopted to reduce or prevent it.
- 7.13. Solvent use is not illegal but it is illegal for a shopkeeper to sell solvents to anyone under 18. Managers must ensure that aerosols, gas, glue and similar substances are only used for the purpose they were designed for; and that all reasonable measures are taken to restrict their use, especially where there are young people who are known to pose a risk to themselves or others if they have access to them

Managing an Incident of Substance Misuse

- 7.14. In the management of any alcohol or drug, related incident the main consideration is for the safety, physical and mental wellbeing of the young person involved.
- 7.15. Drug related incidents might present themselves in one of the following ways: through intoxication or medical emergency; through discovery or through disclosure. Crack and cocaine powder users have died from overdoses, High doses can raise the body's temperature, cause convulsions and respiratory or heart failure. Risk of overdosing increases if crack is mixed with heroin, barbiturates (sedatives) or alcohol.
- 7.16. Cocaine is highly risky for anybody with high blood pressure or a heart condition. Perfectly healthy, young people can have a fit or heart attack after taking too much cocaine and you may not know you've got a pre-existing heart condition.
- 7.17. Using cocaine with other drugs or alcohol (whether with depressant or stimulant substances) can substantially increase risk of side effects.
- 7.18. Alcohol and cocaine together can be particularly dangerous as the substances interact in the body to produce a toxic chemical. The risks further increase if other drugs are taken as well.
- 7.19. Mixing of Alcohol and class A drugs, therefore, constitutes a medical emergency.
- 7.20. The UK Psychoactive Substances Act came into effect on the 26 May 2016, which banned NPS.
- 7.21. This legislation makes it an offence to produce, supply, offer to supply, possess with intent to supply, import or export (including over the internet) any psychoactive substances.
- 7.22. Possession of a psychoactive substance is not an offence, except in a 'custodial institution' such as a prison or young offender's institution. Supplying NPS to someone else, including your friends, or buying them from internet sites



based abroad to be delivered here, can mean you can get a prison sentence and/or a fine. The maximum custodial sentence available in a solemn prosecution under the Psychoactive Substances Act 2016 is 7 years.

- 7.23. The legislation gives powers to law enforcement to act against all suppliers of NPS. There are provisions for civil sanctions, prohibition notices, and prohibition orders to enable the police and local authorities to adopt a proportionate response.
- 7.24. The Act does not replace the Misuse of Drugs Act (1971) so laws around existing illegal (controlled) drugs will remain the same.
- 7.25. Many drugs that were previously sold as legal highs are now controlled under the Misuse of Drugs Act including Mephedrone (Meow Meow) and Spice. Spice has been in the more current news due to incidents of fatalities and the dangers around this drug. All legal high use or suspicion of use should be treated as needing medical assistance.

Alcohol related incidents

- 7.26. If a young person presents in an intoxicated state, staff should quickly attempt to find out the cause of the intoxication (alcohol, or drugs, or a combination of both) and assess the risks to the safety of the young person and/or others within the home.
- 7.27. Staff should remain calm and not over-react and bear in mind that their sole objective at this time is to promote and safeguard the welfare of the intoxicated young person. Staff should not blame or criticise the young person for the condition that they are in.
- 7.28. If the risk assessment suggests that is safe to do so, the young person should be encouraged to rest in order for their bodies to process their intoxication this should be done in consultation with medical advice from NHS Direct or alternative. If the young person complies, his/her condition should be closely monitored to ensure on going safety. Regular physical observations should be carried out and documented with any concerns raised to medical professionals immediately.
- 7.29. If the young person refuses to comply and/or becomes challenging or aggressive, staff should employ the principles of behaviour management and keep the young person under close supervision. If the threat of violence escalates and the young person becomes a source of likely harm to themselves or others, then consideration should be given to involving the police and other emergency services where necessary.
- 7.30. When assessing risk staff should act with caution and be mindful of potential triggers and events. They are required to seek support and guidance from management to support their decision-making in relation to risk assessment. If there is any doubt whatsoever about the safety and welfare of a young person, medical advice should be sought (using NHS helplines, see Appendix I) and in extreme cases consideration given to calling an ambulance.
- 7.31. When the incident is over and the young person has capacity to do so, the key-worker or another designated person should debrief the incident with the young person, using the Cambian Debrief procedure and supporting documents.

This discussion should convey concern for the young person and offer advice and support on how similar situations could be avoided in future. The risk assessment should be updated after this debrief has taken place.

- 7.32. All incidents should be fully and properly recorded and any relevant issues cross-referenced with the young person's placement plan and risk management plan. This should include a review of the need for a referral for specialist services and the need to introduce supervised spending.

Dealing with Medical Emergencies

- 7.33. The procedure for emergency applies when a young person is at immediate risk of harm. A person who is unconscious, having trouble breathing, seriously confused or disoriented or who has taken a harmful toxic substance, should be responded to as an emergency.
- 7.34. Some symptoms from using legal highs may settle after a little time, however, medical help will have to be sought as described below.

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 first aid procedures. If in any doubt, call for medical help.

Always

- Assess the situation
- If a medical emergency, send for medical help and ambulance
- If there is suspicion or a confirmed incident of drug and/or alcohol misuse then medical assistance / guidance should be sought every time.

Before assistance arrives

7.35. If the person is conscious:

- Ask the person what has happened and try to identify what substance has been taken
- Collect any drug sample
- Do not induce vomiting but if the young person has vomited, collect some in a sample pot for medical analysis
- Do not chase or in any way excite the young person as this can simulate the reaction to the substance
- Keep the person under observation, warm and quiet

7.36. If the person is unconscious:

- Ensure that the person can breathe and place in recovery position
- Do not move the person if a fall is suspected. Falls can cause spinal or other serious injury, which may not be obvious by just looking at them.
- Do not give any liquids, medication or food by mouth at this time. Await medical assistance.
- Do not attempt to make the person sit or stand
- Do not leave the person unattended or in the charge of another young person

When medical help arrives:

- Try to provide a timeline of events, which would include: when discovered, time they have been under observations, rough time since they took drugs, time they may have been unconscious any obvious injuries to their body.



- Provide information on: Name, Age, where clinical services are part of the service provide: physical observations such as blood pressure, pulse, respirations and oxygen saturation levels. If any allergies, any diagnosed conditions, frequency, if known, of drug use.
- Pass on any urine, vomit or sputum samples to the medics

Dealing with Intoxication

7.37. If the young person is intoxicated but conscious and not considered to be a medical emergency, the situation should be managed according to the guidance contained in the Alcohol Misuse Policy. In all events of confirmed or suspected substance misuse, medical assistance or guidance should always be sought.

Dealing with discovery

7.38. If a young person is found in possession of a drug, the member of staff should take or confiscate the drug and store it securely. The member of staff should ensure that there is a witness to this action. 101 should be called to inform police, obtain a reference number and to take advice on whether the drug should be destroyed at site or collected by the police.

7.39. The incident should be clearly recorded – including time and place, what happened, who was involved and the outcome. (Substance Related Form)

7.40. The matter should then be reported to the Manager, who in consultation with the Operational Director will decide how to proceed.

7.41. Options for future action could include:

- Disposal of the drug – any Classified substances must be disposed of by the police (witness present and properly recorded) If the latter option is selected the member of staff is under no obligation to inform the police how they came to be in possession of the substance.
- An assessment of the young person's needs with a review of the placement plan/risk management/foster placement agreement plan to ensure appropriate levels of supervision and support are in place. Look at staff training and have information around the drug available in the home so that staff are knowledgeable, around such matters as side effects, risks, and signs and symptoms of taking this drug. Associated risk management plans should reflect this guidance. The homes should utilise any drug and alcohol / substance misuse agencies that are available in the area. As well as focusing on staff development and knowledge, young people should also be educated around substance use, so they are aware of the risks and the law surrounding illegal substances.

7.42. A report to the police for further investigation.

Dealing with disclosure

7.43. If a young person discloses their own involvement in drug taking, they do so presumably because they feel in need of help and support.

7.44. The carer's first response should be to tell the young person they have done the right thing in seeking help.

7.45. The carer should then obtain as full an understanding as possible of the nature of the young person's difficulties and in consultation with the young person him/herself and the Manager should decide how best to proceed with the option of a referral to specialist services.

Involving the police:

7.46. Under the Misuse of Drugs Act 1971, there is no obligation on staff to pass on information to the police about a young person's use of drugs as long as the member of staff does not actively abet the young person or obstruct the police. Best practice however would imply that if a young person is found in possession of a small amount of a controlled Class C drug (enough for personal use), this should be confiscated and the police contacted for guidance. If the incident involves larger quantities of drugs where there is reasonable cause to believe that the young person is



intending to supply it to others or the young person is in possession of any amount of a Class A or Class B drug, it should be confiscated and the matter reported to the police for investigation along with the identity of the young person. In every instance when a young person is found in possession of a controlled drug this will be brought to the attention of the Manager (or on-call Manager if out of hours) who will decide on the appropriate course of action.

Confiscation and Disposal:

7.47. It is legal to confiscate an illegal drug in order to prevent an offence being committed and then to destroy it or hand it to the police. In these circumstances, a witness should be present and the incident properly recorded and signed by both parties. Although legal highs do not contravene misuse of drugs law, it does not mean they are safe to take and as such should still be confiscated. Due to the unknown chemicals in legal highs, it may be necessary to liaise with the police about its safe disposal. (Substance Related Form)

Searching:

7.48. It is not legal to conduct an intimate personal search of a young person even for illegal drugs. It is permissible to search their room or their property if there is reasonable cause to believe they conceal illegal substances or legal highs (see OPS - Room Search Policy).

7.49. If staff believe, a young person has a drug on their person it is possible to ask them to turn out their pockets or bags. If the young person refuses consent, the police should be informed. It is not legal to restrict the person's liberty while awaiting the arrival of the police

7.50. Even with the young person's consent, intimate searches by staff are not permitted. If intimate searches are deemed necessary then these should only be done by the police.

7.51. Any searches should be carried out in the presence of a witness and ideally by a person of the same gender as the young person being searched. If this is not possible and if staff feel that not searching the young person would lead to further risk events then the police should be contacted to assist with the search and provision of the required



gender to carry out the search. Staff should ensure that the young person's right to dignity is respected. Cultural differences must be respected throughout.

Cannabis

7.52. Cannabis is one of the most common substances used by young people. The government reclassified cannabis from Class C to Class B in January 2009. The decision was part of the drug strategy.

7.53. The classification of cannabis means:

- the government will robustly enforce laws on cannabis supply and possession
- police and other agencies will work to shut down cannabis farms and arrest the organised criminals who run them
- the consideration of additional aggravating sentencing factors for those caught supplying cannabis near schools

Young people in possession of cannabis

7.54. A young person found to be in possession of cannabis will be arrested and taken to a police station where they can receive a reprimand, final warning or charge depending on the seriousness of the offence. An on the spot fine can be given of £90 if caught in the possession of cannabis.

7.55. Following one reprimand, any further offence will lead to a final warning or charge. Any further offence following a warning will normally result in criminal charges. After a final warning, the young offender must be referred to a Youth Offending Team to arrange a rehabilitation programme.

7.56. This police enforcement is consistent with the structured framework for early juvenile offending established under the Crime and Disorder Act 1998.

7.57. Cambian Group has a zero-tolerance policy to drugs misuse including the use of cannabis and legal highs

New Psychoactive Substances (NPS)

7.58. Psychoactive substances, incorrectly called legal highs – contain chemical substances, which can have similar effects to illegal drugs (like cocaine, cannabis and ecstasy).

7.59. These so called 'legal highs' have been legal in the past hence the term, however they are currently illegal, the Psychoactive Substances Act 2016 states that none of these drugs are legal to produce and / or supply for human consumption.

7.60. The term legal high is a widely understood term, but are now illegal since the new law came into effect.

7.61. Research into these drugs are in their infancy, their effects on people, potency, or what happens when they are used in collaboration with other substances or alcohol is not clear.

7.62. One type of substance can also be much stronger than another, and this has often led to accidental overdosing.

7.63. Public Health England has issued a national alert to healthcare workers, warning of rising harm from synthetic cannabis use. Synthetic cannabis, commonly known as 'spice', is designed to mimic the effects of herbal cannabis but can cause worrying side effects such as vomiting, seizures, psychosis and, in some cases, death.

8. Standard Forms, Relevant Documents, Letters & References

This policy

8.1. Substance Related Form

Related Cambian Policy



- 8.2. Health Policy
- 8.3. Alcohol Misuse Policy
- 8.4. Smoking Policy
- 8.5. Medication Policy
- 8.6. Police Liaison Policy
- 8.7. Search Policy

Useful Contacts

- 8.8. Home Office: www.gov.uk
- 8.9. Drug Scope: www.drugscope.org.uk
- 8.10. National drug Helpline: www.ndh.org.uk
- 8.11. Release: www.release.org.uk
- 8.12. NCCDP Information Service: nccdinfo@ljohn.ac.uk
- 8.13. Eclypse: www.lifelineproject.co.uk
- 8.14. www.knowcannabis.org.uk
- 8.15. www.addiction.org.uk
- 8.16. FRANK - www.talktofrank.com
- 8.17. www.hit.org.uk
- 8.18. www.alcoholconcern.org.uk
- 8.19. www.stopdrinking.com
- 8.20. www.stopdrinking.direct-net.net
- 8.21. www.drinkaware.co.uk



9. APPENDIX I

Penalties for possession and dealing, under the Misuse of Drugs Act

Class	Drug(s)	Possession:	Dealing:
Class A	Ecstasy, LSD, heroin, cocaine, crack, magic mushrooms, amphetamines (if prepared for injection).	Up to seven years in prison or an unlimited fine or both.	Up to life in prison or an unlimited fine or both.
Class B	Amphetamines, Cannabis, Methylphenidate (Ritalin), Pholcodine.	Up to five years in prison or an unlimited fine or both. An on the spot fine of £90 can be given for possession of cannabis	Up to 14 years in prison or an unlimited fine or both.
Class C	Tranquilisers, some painkillers, Gamma hydroxybutyrate (GHB), Ketamine.	Up to two years in prison or an unlimited fine or both.	Up to 14 years in prison or an unlimited fine or both.
New Psychoactive Substances	<p><u>Synthetic cannabinoids</u> Clockwork Orange, Black Mamba, Spice and Exodus Damnation.</p> <p><u>Stimulant-type drugs</u> BZP, mephedrone, MPDV, NRG-1, Benzo Fury, MDAI, ethylphenidate.</p> <p><u>Downer'/tranquiliser-type drugs</u> Etizolam, Pyrazolam and Flubromazepam</p> <p><u>Hallucinogenic drugs</u> 25i-NBOMe, Bromo-Dragonfly and the more ketamine-like methoxetamine.</p>	The 'legal highs' that were made illegal as class A, B or C drugs under the Misuse of Drugs Act, are still covered by that legislation. All other psychoactive substances not currently covered by the Misuse of Drugs Act will fall under the Psychoactive Substances Act.	It is an offence to produce, supply, offer to supply, possess with intent to supply, import or export psychoactive substances; that is, any substance intended for human consumption that is capable of producing a psychoactive effect. The maximum sentence will be 7 years' imprisonment

10. APPENDIX II - Legal

Drugs Act 2005

10.1. The new act brings about new police powers to test for class A drugs and more

10.2. Aims of Drugs Act

- Increase the effectiveness of the Drug Interventions Programme by getting more offenders into treatment.
- Introduce a new civil order that will run alongside anti-social behaviour orders for adults to tackle drug related anti-social behaviour.
- Enhance police and court powers against drug offenders.
- Clarify existing legislation in respect of magic mushrooms.

10.3. Content of Drugs Act

- Test drug offenders on arrest, rather than on charge.
- Require a person with a positive test to undergo an assessment by a drugs worker.
- Provide for an intervention order to be attached to ASBOs issued to adults whose anti-social behaviour is drug related, requiring them to attend drug counselling.
- Allow a court to remand in police custody for up to a further 192 hours those who swallow drugs in secure packages, to increase the likelihood of the evidence being recovered.
- Allow a court or jury to draw adverse inference where a person refuses without good cause to consent to an intimate body search, x-ray or ultrasound scan.
- Create a new presumption of intent to supply where a defendant is found to be in possession of a certain quantity of controlled drugs.
- Require courts to take account of aggravating factors - such as dealing near a school - when sentencing.
- Amend the Anti-Social Behaviour Act 2003 to give police the power to enter premises, such as a crack house, to issue a closure notice.
- Amend the Misuse of Drugs Act 1971, making fungi containing the drugs Psilocin or Psilocybin (-magic mushroom') a class A drug.
- Repeal section 38 of the Criminal Justice and Police Act 2001.

(Source: www.homeoffice.gov.uk)

Psychoactive Substances Act 2016:

10.4. The act:

- makes it an offence to produce, supply, offer to supply, possess with intent to supply, possess on custodial premises, import or export psychoactive substances; that is, any substance intended for human consumption that is capable of producing a psychoactive effect. The maximum sentence will be 7 years' imprisonment.
- Provides powers to stop and search persons, vehicles and vessels, enter and search premises in accordance with a warrant, and to seize and destroy psychoactive substances.

(source www.gov.uk)

11. APPENDIX III – Government Strategy

Issue

11.1. Between 2011 and 2012, an estimated 8.9% of adults used an illegal drug. For young people aged between 16 and 24, the figure was 19.3%. Although this is the lowest level of drug use since we started collecting figures in 1996, drug misuse continues to have a negative effect on the health, wellbeing and quality of life of too many people.

11.2. It also drains public resources. For example, crimes related to drugs cost the UK £13.3 billion every year.

Preventing young people from becoming drug misusers

11.3. It is important that we encourage young people to live healthy lives and that they know the dangers of misusing drugs. We also need drug services to help young people as soon as possible if they have a problem with drugs.

11.4. We are:

- supporting children in the first years of their life so that we reduce the risk of them engaging in risky behaviour (like misusing drugs) later in life
- providing accurate information on drugs and alcohol through drug education and the FRANK service
- making it easier for head teachers to take action against pupils who are found dealing drugs in school
- through the Business Rates Retention Scheme (which includes what was the Early Intervention Grant), giving £2 billion to local councils, between 2014 and 2015, which they can use to create programmes to help prevent young people misusing drugs in the first place
- helping young people who have problems with drugs by giving them treatment and support, including supporting them in other areas of their life (for example with housing or mental health problems), so that they don't return to drug use as a way of coping with these problems

Background

11.5. In 2010, we published the national drug strategy for England. The strategy sets out our plans for helping people to live a drug free life.

11.6. We publish annual reviews of the strategy reporting on the progress we have made and our priorities for the coming year. The second annual review of the strategy was published in December 2013.

11.7. Positive trends in a number of areas include:

- drug use is at its lowest level since measurement began in 1996, across all age ranges (children and young people as well as adults)
- the number of people completing drug treatment free of dependence is at record levels
- drug-related deaths in England and Wales have fallen over the last 3 years

11.8. Alongside the second annual review, we also published the Drug strategy evaluation framework outlining our planned approach to evaluating the effectiveness and value for money of the 2010 Drug strategy.

Key statistics

11.9. Drug Misuse: Findings from the 2015/16 Crime Survey for England and Wales

KEY FINDINGS

11.10. Around 1 in 12 (8.4%) adults, aged 16 to 59 had taken a drug in the last year. This equated to around 2.7 million people. This level of drug use was similar to the 2014/15 survey (8.6%), but is statistically significantly lower than a



decade ago (10.5% in the 2005/06 survey). The trend in last year drug use among 16 to 59 year olds has been flat for 7 years, since the 2009/10 survey.

- 11.11.** Around 1 in 5 (18.0%) young adults, aged 16 to 24 had taken a drug in the last year. This proportion is more than double that of the wider age group, and equates to around 1.1 million people. This level of drug use was similar to the 2014/15 survey (19.5%), but statistically significantly lower than a decade ago (25.2% in the 2005/06 survey).
- 11.12.** Under 1 in 20 (4.3%) adults, aged 16 to 59 had taken a drug in the last month, while around 1 in 11 (9.1%) young adults aged 16 to 24 had done so. Neither proportion has changed statistically significantly compared with the 2014/15 survey, but both are significantly lower compared with a decade ago, when 6.3 per cent of 16 to 59 year olds had reported taking a drug in the last month and 15.1 per cent of 16 to 24 year olds had done so.
- 11.13.** Over one-third (35.0%) of adults aged 16 to 59 had taken drugs at some point during their lifetime. This is an increase from 30.4 per cent in the 1996 survey, but similar to more recent figures, such as 35.1 per cent a decade ago in the 2005/06 survey. Use of illegal drugs in a person's lifetime is likely to be affected by generational effects.

(source: www.gov.uk)