

Housing Drug Users: Assimilating Reality into Policy and Practice

Substance misuse whether it is alcohol, solvents, illicit or, prescription drugs causes great harm to those individuals involved. One of the key elements of 'harm minimisation' is accommodation. Many hostels provide accommodation for 'drug users' and must have the tools to do this within the law. The VHG event held in December 2001 drew on the expertise on this area of work from St. Mungo's and Kevin Flemen from Release as well as input from Norcas and St. Martin's Housing Trust's Substance Misuse Service. This briefing is a starting point for organisations who currently support or are considering supporting 'drug users' in reviewing or developing their current policy and practice. Please use the RESOURCE section of the briefing for information on consultancy, training and further reading.

Introduction Simon Floyd, Norcas

The convictions of two senior staff of the Wintercomfort Day Centre under the now notorious section 8 of the Misuse of Drugs Act [1971] for 'knowingly' permitting the supply of a class A substance on the premises sent shock waves across the caring professions. The conflict with the law which section 8 can bring service managers into must be fully recognised and understood however it is possible to house and support drug users within the law. This briefing is about the development of policies which do not unnecessarily exclude people from receiving support which minimises the harm their substance misuse causes themselves and others.

Drug use, particularly in the younger population is the norm. The Office of National Statistics tells us that 57% of 16 year olds have tried illicit drugs and a staggering 98% of 17-year-olds have found themselves in drug offer situations. This is a situation that isn't going to go away. Increasing drug use inevitably means more drug problems, not for all but for some, and especially for those who have already had a turbulent background and may find themselves with housing needs. The challenge is for service providers to develop strategies that do not inhibit or exclude but that assimilate reality into the care that is provided.

What is a drug policy and which organisations should have one? (Summary) Kevin Flemen, Release

What is a drug policy?

In its most basic form, a drugs policy is a simple statement of an organisations stance on drugs and drugs use. In practice, most organisations will need to develop something that is more than this simple statement and produce a document that serves the following purposes:

- A statement of the organisations stance on drugs
- A series of rules governing different drug-related scenarios
- Guidance for staff on how to proceed when encountering drug related situations

In effect, a 'drug policy' actually becomes policy and procedures for dealing with drug related incidents.

Who needs a drug policy?

All organisations, large and small, statutory or voluntary, public or private sector, should have a drug policy. For organisations that work with drug users or with young people, the need for a drugs policy should be obvious. For

other organisations, including commercial businesses, it is still useful to develop a drugs policy so that employers and employees are clear how drug-related incidents will be dealt with.

Why have a drug policy?

There is no legal obligation to have a drugs policy. An organisation could, in theory, work perfectly happily without a drug policy. However, in practice, a drugs policy is essential for any organisation that encounters drug-related situations. The policy is important for the following reasons:

Service users:

It ensures that service users are clear what rules exist relating to drugs. They know what actions and behaviour are and not acceptable. In turn they can be clear about the consequences of their actions and start to take responsibility for their behaviour.

Staff

A drug policy ensures staff know when and how they should act and allow staff

to work in a consistent and legal fashion when responding to drugs. In turn this reduces the extent to which personal attitudes influence staff responses to drug-related incidents.

External parties:

The drug policy is also something that external agencies are likely to take an interest in:

- Police, may want to be sure that organisations are working in a legal manner
- Other parties will want to ensure that the safety of staff and service users is being addressed and will see the drug policy as an important aspect of this
- Agencies who refer service users into a service will want to be satisfied that an effective drug policy is in place
- Neighbours will be keen to ensure that the presence of a service working with drug users does not have a negative impact on their own quality of life and will want to know that there is an effective drug policy in place

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Core requirements

Policy is legal:

A drug policy needs to be legal. While this may sound like an obvious point, it is fundamental to developing a good drug policy. The policy should:

- Ensure that the organisation is aware of and addresses its legal obligations

Example: An organisation is legally obliged to stop the supply of controlled drugs taking place on their premises. The drug policy reflects this and ensures that such activities are prohibited.

- Ensure that it does not require workers to follow a course of action that is illegal or could put them at risk of harm.

Example: It would be illegal for staff to distribute equipment other than syringes to clients where they knew that these would be used to prepare or use an illegal drug. A policy that required staff to distribute other equipment such as water or citric acid would be illegal.

- Ensure that it does not prohibit a course of action that may be legally required at some point, or be necessary as a matter of good practice.

Example: Under some circumstances it will be essential to pass information on to third parties such as the police without a clients consent. The drugs policy should not preclude such a course of action.

- Policy agreed between key parties:

The policy should be agreed between key parties – managers and trustees, frontline staff, service users, external parties such as police and the local community.

First steps in developing a drug policy

By Liz Harper, St. Mungo's Housing

STARTING POINT

Identify a person within your organisation to lead this process through a Working Party. The person needs to have:-

- An interest in the subject
- Sufficient breadth of understanding of the organisation to be able to take an overview
- Sufficient seniority or influence to carry the process
- A direct line to a director or CEO

an from there the management committee. (this can be set up for the duration of the project and can stand outside the existing line management structure)

The aims of the organisation where drugs are concerned?

It may be that there are no clear aims. These need to be agreed by the leaders of your organisation before you start your working party.

Key questions that need to be addressed are: -

Are we an organisation that requires abstinence?

Are we an organisation that wishes to work with drug users with harm minimisation as the goal?

A table which may be used as a first step in identifying who needs to be involved in developing a new or existing drugs policy for your organisation and at what stage to involve in the consultation process. This table contains examples explored with delegates:

Who (Stakeholders)	How To Involve	Issues	Action
Trustees	Ratification		
Local community groups	Getting your project known Having a presence Business (commerce)	Can prevent new hostels Can close	Attend meetings to demystify issues around drug use
Housing providers	Inform + share good practice	Difficult to include rough sleepers	Negotiation
Funders	Notification May wish to be involved in developing policy + procedure		
Drug users	Resident meetings Keyworking Booking-in An event	Difficult to engage Suspicion	Ongoing engagement Training staff
Service users residents			
Staff			
Police/social services			
Local drug agencies			

Table provided by Liz Harper of St. Mungo's Housing.

When completing your 'Who?' column it is important to consider all the stakeholders of your organisation in this column - you might need to add to the list above.

Housing Drug Users: Harm minimisation

Harm minimisation

Dan Mobbs, St. Martin's Housing Trust

The following ways of helping can be used even if a person does not want to stop using drugs. Often they will result in reduction or safer practices and be a part of a positive change. This approach is usually referred to as "harm minimisation"; literally meaning the harm that may be caused by using drugs is minimised with support and advice. The definitions are merely a brief outline and do require further information or discussion. Please contact us if you wish to know more about any of these areas.

Assertive Outreach: People may be difficult to engage and may find it difficult to access mainstream services. Using assertive outreach means a worker will go to where a potential client may be, such as day centres, hostels or on the street, and try to engage with them; offering potential services.

Brief Intervention: Research has shown that brief therapies of 1 to 3 sessions can be as useful as long term therapies for people with drug problems. Such therapeutic sessions have clear guidelines on their contents. These guidelines are summarised by the acronym "FRAMES": F-feed back; reflection and summary about the client's situation, R-responsibility; highlighting that the client is responsible for their own change, A-advice; clear and accurate advice is given, M-menu; a choice of strategies are given, E-empathy; the worker must show empathy, S-self-efficacy; the client must be made to feel they are capable of changing.

Housing Support: A person may need practical help in order to maintain their own accommodation to prevent them from becoming homeless. This may be help with budgeting, paying bills, loneliness etc. In Norwich there is the St Martins Housing Trust CAPS team which undertakes this work. Contact on Tel: 01603 666764.

Mental Health Care: Managing someone's mental health is crucial. A person may be using street drugs in order to cope with mental health problems. Accessing mental health services may lead to much greater stability. This may mean ensuring a person has access to a Community Psychiatric Nurse (CPN),

Psychiatrist, Doctor, Social Worker or Support Worker.

Motivational Interviewing: This works using the belief that there are levels of motivation. Different skills are needed depending how motivated a person is. Someone may not feel they have a problem. Another may think they have but are unsure what to do. Another may have a plan to change but have not acted on it. Another may be in the process of change. Another may have changed and are working at maintaining that change. All these people will need different kinds of support. A person may need help to create the motivation they need in order to make the changes they want.

Needle Exchanges: People who inject drugs are at great risk of contracting blood infections (e.g. hepatitis, HIV) if they share or reuse needles. To avoid this clean needles are made freely available. Also safe disposal of used needles is provided to ensure community safety. Day centres, hostels and city councils provide sharps bins for clients use.

Primary Health Care: People who use drugs have far greater health problems than an average person yet are less likely to access health care. Helping people to access health care is obviously essential. Health care itself can provide in a flexible way to ensure that people with chaotic lifestyles can access it easily.

Substitute Prescribing: Stopping using drugs suddenly can be very difficult. Withdrawal from certain drugs can be very painful and in some cases dangerous. So a person can stop using a street drug a different drug can be prescribed to take its place and thus avoid withdrawal: E.g. methadone for heroin. This has many advantages: A person can be more in control of a gradual reduction; which is difficult if relying on street drugs. A person no longer needs to inject drugs so is not at risk from blood infections or damage from injecting. A person will also be in regular contact with health care professionals and so can take much better care of their health.

Supported Housing: A hostel where residents who use drugs are allowed to stay and aren't expected to stop using drugs. They are based on the *harm minimisation* principle. Residents receive a high level of support; social and medical. Health problems related to sleeping rough or spending a lot of time outside in bad weather are thus avoided. The hostel must work within the law. Clear policies and procedures regarding issues around drugs must be in place.

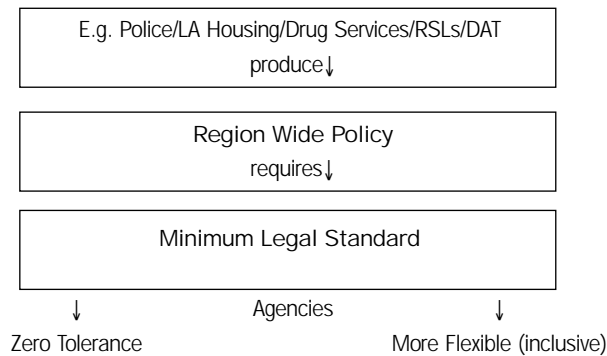
Therapeutic Hospital

Detoxification: If someone is using drugs very heavily they may need a hospital detox. They would be admitted to hospital and put on medication to substitute the drugs or deal with withdrawal symptoms. The medication would be reduced over time in hospital. Often there is an expectation that the person will not use drugs after the detox. A therapeutic detox does not assume this. It gives a person a chance to rest their body and, in a sober state, consider their options. It is also an opportunity to assess mental health state; difficult whilst the person is using drugs.

Therapeutic Relationships: Often people are mistrusting of services or have had bad experiences. Building relationships is important. Such relationships are based on the core conditions of a person centred counselling; a worker must be non-judgemental and accepting, empathic and honest. A worker must have good listening skills.

Regional Policies

Kevin Flemen gave examples of policies that have been developed at regional levels. This provides for a plateau of good practice across participating organisations.



This 'top down' approach should instil confidence that all are signed up to it and are meeting minimum legal standards.

It was clear from discussion that an organisation might produce a policy that met legal standards but couldn't be sure as to how these standards might be interpreted at a local level. The above method of regional policy development should allay this concern. This policy still allows individual projects the scope to build on this policy to meet the needs of their own organisation.

Legislation Update

Reclassification of Cannabis, Changes to Section 8 & misuse of drugs act.

You will probably be aware of impending changes to drugs legislation including the proposed reclassification of cannabis and the much-delayed amendment to Section 8 of the Misuse of Drugs Act 1971. There has been a great deal of confusion surrounding both issues and this short briefing is intended to clarify both.

Cannabis: Cannabis will, in all likelihood move from being a class B drug to a Class C drug. This means that the penalties for possession will be reduced to a maximum of two years in prison for possession. However, the Home Secretary has indicated that he wants the maximum penalty for supply to remain at 14 years.

Police forces will be advised that, in most circumstances they should "confiscate and caution" for simple possession offences, as is currently policy in Lambeth. However, legislation will be drafted so that, in some circumstances, the police will still be able to arrest people for possession of cannabis. This could include public usage, or using in the vicinity of children.

It is important to stress to both workers and clients that these changes are not yet in force. At present, cannabis remains a class B drug: it is illegal to possess and supply it. After it has been reclassified it will remain an illegal drug. It will still be possible to be taken to court, to be convicted and to receive a criminal record and a custodial sentence.

Section 8: The amendment to Section 8 by Clause 38 of the Police and Criminal Justice Act is not yet in force. The Home Office and other Government departments are still trying to draft effective guidance, and there may be some guidance for consultation by the Autumn. In the meantime, organisations remain obliged to stop the production and supply of all controlled drugs and the smoking of cannabis.

Prevention of cannabis smoking will remain a legal obligation even if cannabis is reclassified. So organisations must not turn a blind eye to this activity on premise.

For further details and briefing documents on this and related subjects, please visit www.ixion.demon.co.uk or e-mail kevin_flemen@graffiti.net

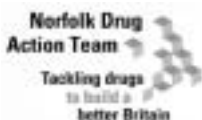
Conclusions

Organisations with a commitment to 'harm minimisation' need a drugs policy which is both realistic and workable and within the law.

To ensure that the policy works – staff need to be involved at the appropriate stages of development and ongoing training should build confidence in carrying out the policy effectively

Regional guidance on best practice can address fears around meeting legal standards and can be worked towards with local Drug Action Teams

produced with the support of:



Resources

Norfolk Directory of Drug & Alcohol Services – To order please fax 01603 307123.

Room for Drugs 'Drug use on Premises: Guidelines for Direct Access Services' Release Inclusion 0207 7295255

Homelessness and drugs: managing incidents (good practice guide) Drugscope 020 7928 1211

Tackling Drug Use in Rented Housing: A good practice guide Release Inclusion 0207 7295255

For information on training courses available both at VHG and 'in-house' please contact Kerry Giles on 01603 617299.

Websites & Contacts

DrugScope

DrugScope is a national drugs charity which helps support the operations of drug agencies through research, library services, and development of quality and best practice advice to DATs and others.

Tel: 020 7928 1211

www.drugscope.org.uk

Release

Release, the national drugs and legal charity, provides a range of services designed to meet the health, welfare and legal needs of drug users, and those who live and work with them. Release provides training for professionals and assists local Drug Action Teams and agencies in developing local strategies to address drug-related problems.

Tel: 020 7729 5255

www.release.org.uk

Norcas

Norcas can provide comprehensive policy development and staff training programmes on the issues raised in this briefing – Contact Simon Floyd on 01603 621116 for more information.

Drug Action Teams in East Anglia:

Drug Action Team Cambridgeshire – 01223 718588

Drug Action Team Norfolk – 01603 307288

Drug Action Team Suffolk – 01473 584392.

Home Office Website

www.homeoffice.gov.uk

KFx

The KFx website is run by Kevin Flemen, former Director of Release and freelance trainer and consultant. The site includes up-to-date briefings on aspects of drugs legislation and policy, guidance notes on good practice and details of training. Regular updates on Section 8, cannabis legislation and other key issues are posted here. www.ixion.demon.co.uk

VHG

1st Floor 36 St. Giles Street
Norwich NR2 1LL
tel: 01603 617299
fax: 01603 621521

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