

Drugs Policy



2004

(2006 comment- this policy will be reviewed linked to youth work being delivered in future via locality teams)



Welcome

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FOREWORD

Somerset County Youth Service works together with a number of agencies to contribute to the Somerset Drug Action Team's (DAT)* Annual Plan which identifies our local contribution to the national drugs strategy - Tackling Drugs to Build a Better Britain.

By 2004 each DAT (this includes all partner organisations) must deliver the five key operational outputs:

Substance misuse education and information to all young people, parents and carers.

Targeted advice and support for vulnerable groups.

All young people with drug related problems receive an appropriate intervention.

All young people assessed as being in need of treatment will be referred onto it.

This policy and practice guideline document makes clear to youth workers what their role is and gives guidance which is appropriate to the wide ranging contexts youth workers operate in. Hopefully, it gives youth workers confidence to address the issues related to drugs education.

All work carried out by the County Youth Service is within the framework of the Services Curriculum Development Matrix (CDM) and therefore clear links are made within this document to Personal and Social Health Education (PSHE) and young people's life skills. Clear associations are also made between learning, safety and appropriate support to young people.

This document is to be read in conjunction with Somerset Education Guidance for the Development Of Drugs Policy In Educational Establishments, 2000 and SUST (Somerset's Substance Use Screening Tool).

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BACKGROUND INFORMATION

The inter-departmental White Paper "Tackling Drugs to Build a Better Britain" highlighted education as one of the cornerstones of the Government's national plan. The Strategy's first aim is:

"Helping young people to resist drug misuse in order to help them fulfill their potential in society".

In the Government's guidance document *Protecting Young People - good practice in drug education in schools and the youth service*, (DfEE 1998), the strategy's aim is interpreted as:

- "Informing young people, parents and those who advise/work with them about the risks and consequences of drug misuse, linked with other substances - including alcohol, tobacco and solvents - where appropriate.
- Teaching young people from the age of five upwards - both in and out of formal education settings - the skills needed to resist pressure to misuse drugs, including a more integrated approach to personal, social and health education in schools.
- Helping to make the misuse of drugs less culturally acceptable to young people, including the use of effective and targeted national and local publicity and information.
- Promoting healthy lifestyles and positive activities not involving drugs and other substance misuse.
- Ensuring that the groups of young people most at risk of developing serious drugs problems receive appropriate and specific interventions.
- Ensuring that young people from all backgrounds, whatever their culture, gender or race, have access to appropriate programmes.
- Building on and disseminating good practice in identifying what works best in prevention and education activity".

Some young people have been identified as being more vulnerable than others. School excludees, truants, children looked after by the local authority, young offenders, young homeless and the children of drug misusing parents are being especially targeted. In the report from the Advisory Council on the Misuse of Drugs, "Drug Misuse and the Environment" (1998), youth services, amongst others, are seen as an appropriate agency to target preventative action on young people who are not attending school. Different levels of intervention are required. Collaborative work between schools, youth services and other agencies is emerging as one of the most effective ways of tackling issues relating to drugs and young people.

Whilst schools are mainly dealing with young people in the context of the prescribed curriculum, Somerset County Youth Service offers informal education through the personal, social and health education programmes.

Both formal and informal education therefore play a vital part in the prevention of the misuse of drugs and in the building up of life skills for young people. Together they can ensure that there is development provision for all young people in their care.

“It is important that the lines of communication are open between LEAs and the schools and youth services so that activities support both the Government’s UK Anti-Drugs Strategy and local strategies, and so that lessons from evaluation are fed into future planning”. *“Protecting Young People”*, DfEE 1998.

All the key agencies working with young people in Somerset have signed up to the use of SUST (Substance Use Screening Tool) to enable a consistent approach to addressing this issue on a 1-1 level with particularly vulnerable young people.

In conclusion, the national strategy requires that, in whatever context they work, teachers and youth workers:

- develop a comprehensive drug education programme for young people appropriate to their knowledge, experience, race and gender;
- draw up written policies and guidelines on drug education support systems;
- ensure that young people have access to appropriate support systems;
- work together to ensure that they are part of a co-ordinated strategy both locally and nationally.

SECTION 2: PRACTICE GUIDELINES FOR STAFF DEALING WITH DRUG-RELATED ISSUES
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2.1 Purpose

“The Youth Service recognises that some young people will have some involvement in drug and alcohol use. The organisation neither condones nor approves of the possession, use or supply of illicit drugs.

However, the Youth Service seeks to work with Young People to promote their well being and reduce harm. In order to do this it seeks to offer a service to Young People who use drugs, and will seek to avoid excluding drug using Young People where possible.

While wishing to provide an accessible and inclusive service the Youth Service recognises that it has other duties and obligations including:

- An obligation to work within the law
- A duty to provide a safe environment for Young People and Staff
- A duty to work with and be sensitive to the local community.

The Youth Service recognises that the intention to work with Young People who use drugs may create tensions between staff and young people, between young people themselves, between the Youth Service and the wider community including parents and the police.

This Policy is intended to minimise these tensions and ensure safe and legal provision for all parties concerned.

This Policy outlines the Youth Services approach to both drug education as well as appropriate responses to drug related incidents. It encourages staff to conduct assessments using the screening tool (SUST) to enable young people with problematic drug use to access treatment.”

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(This section is based on a format devised by The Inclusion Project at Release).

2.2 Staff and the Drugs Policy

"Staff are expected to work to the drugs policy. Where staff are unhappy with an aspect of the policy, or are unclear about how to deal with a situation they should always discuss it with a senior worker or the Duty Officer.

Failure to adhere to this policy will be treated as a serious disciplinary matter."

Procedures:

- All staff should have the policy explained to them as part of their induction. They should know where a copy is available for consultation in their unit.
- As soon as practical after starting, staff should attend a drug training course to ensure consistency in responding to situations.
- All staff should receive regular supervision where implementation of the policy is discussed, difficulties addressed and where necessary further training should be made available.

Notes: It is important that managers ensure that staff understand and implement the drugs policy.

It is important that staff feel that the policy allows them to work effectively. Ideally a process of staff training, consultation and policy development will result in a policy that is both legal and that staff are happy to work with.

2.3 Drugs Covered by the Policy

"The drugs policy covers many drugs, including:

- Illegal drugs
- Alcohol
- Volatile Substances

If you have any involvement with any of these drugs, the policy affects you."

Law:

Drug law is complex and is covered in the Misuse of Drugs Acts (1971) and the Misuse of Drugs Regulations (2001), the Intoxicating Substances (Supply) Act (1985). Other legislation, such as the Criminal Justice and Public Order Acts, the Drug Trafficking Offences Act (1994), the Crime and Disorder Act (1998), the Criminal Justice and Police Act (2001) and Licensing laws all have an impact on drugs offences.

Procedures:

- The policy is primarily concerned with controlled drugs illicitly held. This includes, but is not limited to, heroin, ecstasy, cocaine, LSD, cannabis and amphetamines. It also includes prescribed controlled drugs such as methadone or benzodiazepines (tranquillizers) when held without a prescription.
- The policy also looks at other substances not covered under the Misuse of Drugs Act including but not limited to, volatile substances (solvents), amyl and butyl nitrites (poppers), ketamine and GHB, and alcohol.

Notes: In a broad scientific sense, a drug is a substance, natural or artificial, that by its chemical nature alters structure or function in a living organism. It therefore includes alcohol, nicotine, volatile substances such as glue or gas, and controlled drugs such as cannabis and LSD. Different drugs occupy different legal and social positions and it is important to be clear what we mean when we talk about drugs. This will frequently mean dividing the term "drug" into different groups. The policy and responses will in turn need to respond differently to these different groups.

(See Information on Drugs in Appendix 6).

2.4 Premises

"Staff will take action under the Drug Policy when they have concerns about drug related activity both on and near the premises. This includes the entire building or unit and the area around it. Drug related activity in the neighbourhood around the building/unit threatens the future of the service and staff will always take action when they become aware of such activity."

Law:

Section 8 of the Misuse of Drugs Act 1971 places obligations on managers of premises to prevent certain activities on those premises. Any building within the project grounds would be defined as premises as would any yards, gardens, front steps, adjoining alleys or out-buildings. Other settings such as mobile outreach and minibuses also constitute "premises".

Procedures:

- While staff are on the premises, they will ensure that the building and surrounding area is supervised effectively.
- All complaints from the public regarding drug related activity should be logged and looked into.

Notes:

The policy addresses what takes place on premises, and in the vicinity of the premises. Policy should also address incidents that take place away from premises. While the service may not be legally liable under MDA. For these incidents, the service needs a policy that allows them to respond to local incidents such as dealing taking place near the premises, For further details on S8MDA (1971) see pages 8 and 11.

2.5 Possession

Illegally held drugs: Examples: cannabis, amphetamines, ecstasy, LSD.

"The Youth Service does not condone people bringing drugs or alcohol into their premises. Where staff know or suspect that this is happening, they will discuss this with the people concerned and take further action."

Law:

The young person is committing an offence by being in unlawful possession of a controlled substance. The Service, however is not committing an offence even if they know or suspect that a young person is in possession of a controlled drug. The service must not encourage or condone this behaviour, and should always challenge it when they become aware that it is taking place. However, if the young person then goes on to use controlled drugs or supplies or attempts to supply then the Service runs the risk of committing a criminal offence.

(See p11 for further details).

Procedures:

- If a young person is known or believed to be in illegal possession of a controlled drug they will be reminded that this means that they are committing an offence under the Misuse of Drugs Act (1971) and staff will highlight the legal risks that this carries for the young person.
- Staff will ensure that information about drugs and relevant support agencies is available to the young person, in order that they have the opportunity to look at reducing their drug use or reducing the risk of drug related harm as appropriate.
- Depending on the relationship the worker has with the young person¹, this could be an opportunity to use the screening tool. (SUST).
- In some situations the possession of both illicitly held drugs and alcohol may represent a risk or hazard to other young people or staff.

Notes: This is a difficult area and one that involves no small amount of controversy. But as the law stands there is no obligation to prevent a person being in possession of a controlled drug. This policy does impose restrictions in that no drugs are allowed on premises. The responses available are often only to exclude the person or remove the drugs for handing over to the police or for destruction ~f that is what the police advise.

¹ If the worker has received SUST training

2.6 Storage of Drugs

Example: cannabis, ecstasy.

Law:

Workers can take possession of a controlled drug for the purpose of destroying it or to deliver it to someone authorised to possess it (eg the Police). Workers would be committing an offence of possession and possibly intent to supply if they took possession of a controlled drug for any reason other than to destroy it or pass it on to someone lawfully entitled to have it.

Procedures:

- Staff will not take possession of any substances that they think may be a controlled drug unless it is to pass it on to the police or to destroy it.
- Staff will under no circumstances pass such substances back to the young person.

Notes:

There should be no reason for any worker to take possession of a controlled drug unless it is to hand it in for disposal or to destroy it themselves.

If workers are not clear what the substance is they should err on the side of caution and assume that it is a controlled drug.

See p15 for recording procedures.

2.7 Disposal and Destruction

Procedures:

- The person finding the drug must not pass it on to another worker but should either take it to the police themselves, or destroy it as soon as possible if advised by the police.

Handing Drugs into the Police:

- Where the quantity suggests that supply may be taking place, the police should be involved immediately.
- Where a decision is made to take drugs to the police for destruction the police should be informed that a worker is coming to the police station prior to setting off.
- Police liaison should be agreed allowing the delivery of controlled drugs to the police on a “no questions asked” basis.

- Where the police suggest destruction on the premises, small quantities may be flushed down the toilet.
- Destruction should take place in the presence of a senior worker who witnesses the process.
- a detailed record must be kept of the entire incident.

Notes:

Once a decision has been made to take possession of a suspected controlled substance, it is important that the safety of workers is protected both from prosecution and from accusations of wrongdoing.

2.8 Use on Premises

“The Youth Service will not tolerate the use of any drugs on or near the premises that puts staff or other young people at risk of harm or prosecution or causes distress. Where staff know or suspect use is taking place they will always take action, which in some circumstances may include the young person being asked to leave, and may include the police being involved.”

Use of illegally held controlled drugs:

Law:

Where workers know that controlled drugs are being consumed on the premises they are obliged under Misuse of Drugs Act section 8, to take steps to stop it happening. Failure to do so would be an offence under the Act.

Procedures:

- Some action must always be taken, and the guiding principle here should be that the action should be reasonable.
- Staff are not obliged to act in a way that would put their own safety at risk.
- The following steps could be initiated on discovering someone using controlled drugs in the building.
- The person should be challenged immediately, unless there are real concerns about personal safety. In such a setting the behaviour should be challenged at the earliest available opportunity.
- The person should be instructed to cease the activity immediately. If they do so, then the service's obligations under section 8 have been discharged. If the person continues with the activity then the member of staff should call the police, where appropriate the young person should be advised of this.

Staff should proceed by:

- Ensuring that other staff are aware of the incident and are vigilant for reoccurrence.
- That the young person is warned that future transgressions will be dealt with more severely if this is the first incident.
- The young person may still be in illegal possession of controlled drugs and they will be reminded that this means that they are committing an offence under the Misuse of Drugs Act (1971), and workers will highlight the legal risks that this carries for the young person.
- Workers will ensure that information about drugs and On the Level (the Somerset Young People's Drug Service) is available to the young person to reduce their drug use or minimise the risk of drug related harm as appropriate.
- Depending on the relationship the worker has with the young person¹, this could be an opportunity to use the screening tool (SUST).
- If this is a recurring problem then more robust action may need to be taken in consultation with their line manager or sanctions may be decided by other members of the unit.
- Breaches of drug policy, responses initiated and reasons for those responses should be recorded. [See Recording Information]

¹ If the worker has received SUST training

2.9 Use of Other Drugs:

Examples: Volatile Substances (Solvents).

(amyl and butyl nitrites, GHB, and Ketamine are under review)

Law:

These and other substances are not covered under the Misuse of Drugs Act, but some are covered under other Legislation. The possession or use of these drugs does not constitute an offence.

The supply of some of these drugs is an offence, but, as the drugs are not controlled under the MDA, they do not fall under section 8 of the Act.

Procedures:

- Despite the legal considerations above, the use of these substances may present a risk to other young people, staff or the individual.
- The use of these drugs is not allowed in Youth Service units.
- It is not acceptable to share these substances with others.
- Responses as above for other drugs.

2.10 Use of Alcohol and Tobacco

"No alcohol is allowed on Youth Service premises or on sessions such as residential. All Youth Service provision in premises is now smoke free." [See Smoking Policy]

Law:

No offences are being committed where alcohol or tobacco is being used on premises.

Procedures:

- Smoking areas need to be identified outside of premises, preferably not the front entrance and minimising the impact on the local community.
- Information and advice about alcohol and smoking is available to Young People.
- For an incident involving alcohol, workers will need to conduct a risk assessment and if necessary contact the duty officer and follow their guidance.

Notes: While not illegal, the use of these widely used drugs can and does have an impact on Young People. To minimise these risks and to provide a safe environment staff should ensure that alcohol is not brought onto premises.

2.11 Supply of Controlled Drugs

Examples: Two people sharing a joint, a young person selling amphetamine or ecstasy.

"We will not tolerate the supply of controlled drugs on the premises. We will always act where we know or suspect that supply is taking place.

Anyone found supplying or suspected of supplying controlled drugs may be banned from the premises and their details may also be passed on to the police."

Law:

The supply of controlled drugs taking place on the premises can have serious ramifications for both the young people concerned and the service. The person is committing an offence of supply, which could carry heavy penalties on conviction.

Where workers are aware that supply of controlled drugs is taking place they are obliged to take reasonable steps readily available to them to stop this supply taking place. If they fail to do so, they may be committing an offence under section 8 of the MDA.

Procedures:

- When workers know that supply is taking place, they should take steps to prevent it.
- The worker should consult their line manager or the Duty Officer. (See Appendix 3)
- It may be necessary to inform the police that a young person has been banned for supplying drugs on the premises and provide the person's name and description.
- A detailed record of the entire incident must be kept.

Notes:

Section 8 of the MDA makes it an offence to knowingly "permit or suffer" supply of controlled drugs to take place on premises.

2.12 Suspicion of Supply:

Information from third parties:

Procedures:

- Acknowledge the information, and ensure that it is recorded.
- Advise the informant that the information will be looked into.
- Discuss the matter with a senior worker or line manager/duty officer.
- Raise the matter with co-workers and ensure that a high level of vigilance is maintained.
- Discuss the matter with the accused in a non confrontational manner to establish the facts.

Notes:

Workers will often not actually know that supply is taking place on the premises. It is more likely that they suspect supply is taking place or have information from third parties that supply is taking place. Workers must act on every episode where there is suspicion that supply is taking place.

2.13 Intoxication on Premises:

"Anyone under the influence of alcohol or drugs will not be allowed onto the premises."

Procedures:

- Decide whether it is a medical emergency or not. Someone who is unconscious, having trouble breathing, seriously confused or disoriented or who has taken a harmful toxic substance, should be responded to as a medical emergency.
- In the event of a medical emergency:
- Parents and carers need to be informed immediately.
- Line manager/Duty Officer need to be informed.
- The Incident will need to be recorded

Notes:

See page 25 describing the response for medical emergencies.

2.14 Record Keeping

Law:

All records kept by an organisation could be used in a court case, and could be an essential element of either prosecution or defence submissions. Documents relating to interventions made with a young person enjoy a degree of protection under the Police and Criminal Evidence Act (1984). Section 12 of PACE concerns the protection of “personal records”. Magistrates cannot issue search warrants for such “excluded” documentation; warrants can be issued by a circuit judge.

Procedures:

- An incident book will be maintained. This book will record all incidents including drug-related incidents.
- The incident book should be a bound book, not a loose leaf file.
- Each drug related incident, including episodes of suspicion and third party information, will be recorded in the incident book.
- Information should be recorded as soon as possible after the incident.
- Where SUST is completed it should be filed securely.

2.15 Police Involvement

Law:

Police can search premises in a variety of circumstances including:

- When they have the consent of the occupier
- When a warrant has been obtained
- Following an arrest, the police are allowed to search premises the detained person occupies or has control over
- To capture an escaped prisoner
- To arrest someone for a public order offence or certain arrestable offences
- To protect life or to stop serious damage to property
- Other laws give police specific powers to enter premises.

Obstructing the police or hampering a police enquiry can result in prosecution.

Procedures:

- The Service will endeavour to maintain good, effective relationships with the police at all times.
- Staff will fully co-operate with the police whenever there is a legal obligation to do so.
- In addition, staff will involve the police in any incidents where police assistance is required.
- Concerns about police requests for information or other issues should be referred to line managers or the duty officer.

Notes:

It is recognised that working with young people who use drugs illegally may create a tension between the Service, police and young people. In most circumstances workers will not be obliged to volunteer information about young peoples drug use. However, there is an obligation to prevent the supply of drugs taking place under section 8. This obligation may require workers to disclose information to the police about the supply of drugs, ~f other measures adopted have not prevented the supply of drugs taking place on premises.

2.16 Confidentiality:

“We offer a service that aims to protect a young person’s right to privacy. In most circumstances we will not discuss anything about young people outside this organisation without their consent.

However, where a young person’s actions or behaviour represents a serious risk to the safety or well being of themselves, other young people, staff, or the community, we may have to disclose information without getting consent.”

Procedures:

- Staff cannot offer a wholly confidential service, in certain situations, staff may be obliged to discuss matters with external agencies where there is a legal obligation to do so, even if this is against the young person’s wishes. Eg Child Protection Issues.
- Young people should be encouraged to give their informed consent to allow workers to share relevant information with other agencies, on a “need to know” basis where such information sharing would benefit the young person.
- SUST and any subsequent Tier 2 work can be undertaken without the consent of a parent or carer although young people should always be encouraged to share information with their parents/carers (see SUST for further information).

2.17 Equal Opportunities

“All young people have a right to be treated with respect, fairness and dignity by staff and other young people. This Service will work with young people who use drugs and those who do not. The service will treat as a breach of the Equal Opportunities Policy, abusive, threatening or offensive language or behaviour which discriminates against people who use drugs or alcohol.”

Procedures:

- Staff and young people should avoid using language that reinforces negative images of people who use drugs. The use of such language should be challenged.

Notes:

Many aspects of problematic drug use are linked to issues of low self-esteem, self-image, and social stigma attached to drug use. Creating a safe arena where people can explore their drug use without being labelled or derided is an important element of any support work with people seeking to address their drug use.

2.18 Young People and the Drugs Policy

Procedures:

- Notices outlining key points from the drugs policy will be displayed at the entrance to premises or in mobile units.

Notes:

Young people need to know what the rules are and that the rules will be implemented. It is important that young people not only understand what rules there are but also why those rules exist.

2.19 Staff Code of Conduct

Procedures:

- Staff must not use any controlled non-prescribed drug or alcohol during working hours. Such use will constitute a serious disciplinary issue and may result in dismissal.
- Staff should not work when incapacitated due to the effects or after-effects of such substances.
- Staff should adhere to the Somerset County Council Staff code of Conduct.

SECTION THREE: DRUG EDUCATION POLICY

3.1 The Aims of Prevention and Intervention - Drugs & Young People

Drug education encompasses:

- the acquisition of knowledge
- the development and practice of social skills
- the exploration of attitudes and values

(Within the context of tiers 1 & 2 of Health Advisory Service (HAS) 2002) Tier One

Tier One

These are services for all young people, regardless of their drug using or vulnerability status. This usually covers the provision of drugs education, prevention and information and possible referral to low threshold support services.

Tier Two

These are services aimed at young people who are vulnerable to drug use - probably because they belong to the identified vulnerable categories such as:

- School Excludees
- Children in need who are not in Local Authority care
- Looked after children (those in Local Authority care)
- Young offenders
- Users of Drugs Services
- Young homeless
- Young people involved in prostitution
- Young people of drug using parents
- Young women with drug related problems
- Stimulant users
- Young people with disabilities
- Travellers
- Refugees

These services are usually drug related prevention and targeted information (which for instance might be culturally targeted or might assume a higher level of drugs knowledge than the assumed average for someone of that age range). Plus advice and support for those identified as at risk of developing problems with drug use. SUST should be proactively used with those identified as vulnerable as a means to identify their support needs at Tier 2 and to decide whether a referral to Tier 3 needs to take place.

When planning a programme or an intervention it is important to assess the needs of your group and individuals. Consider desirable learning outcomes and ensure the content is appropriate. For example, avoid trying to impose a drugs programme on young people just because it is your concern. It will be of no value whatsoever to set aims which run contrary to what the young people themselves feel is helpful. Youth workers should therefore negotiate and consult with young people at the stage when issues first arise and whilst a response is being planned. It is vital to involve young people themselves in the process of specifying the nature and content of any programme.

Involvement in the planning and delivery of drug education, in whatever form it takes, may provide increased credibility, increased status for those involved and help develop their organisational and planning skills.

Beware setting aims which are unrealistic, such as stopping young people getting involved with drugs. Evidence shows that some will naturally shy away from any activity which seems risky or which courts disapproval, while others will be more instinctive risk-takers, and may move from alcohol and tobacco use (which tend to come first) to experimenting with cannabis, amphetamine or other illegal drugs, *whatever drug education they receive*.

If the young people are keen to pursue the subject, in any form, try to help them specify what they want to get from any organised sessions. It may emerge that drugs are not a concern on their own but instead form part of another, wider agenda, such as:

- parental attitudes to young people's behaviour
- current concerns in the community
- temptation, risk and responsibility
- personal money management

The aims for this work should be informed by the learning outcomes the young people suggest. However, helpful aims to consider might be:

- to improve self-esteem
- to increase knowledge about drugs (including alcohol and tobacco)
- to help young people: -
 - learn how to make careful, informed decisions
 - recognise personal skills and qualities in themselves and others
 - maintain and develop relationships
 - maintain their own self-confidence
 - develop assertiveness in appropriate situations
 - develop the motivation to succeed

(As shown on the Curriculum Development Matrix)

Others:

- to use SUST as a tool to identify learning outcomes with individuals and enable the worker to agree the Tier 2 that is needed with young people – which could involve any of this list
- to encourage a healthy respect for all substances taken into the body
- to enable young people to take responsibility for their own health
- to enable them to identify sources of help and support
- to provide accurate information in a non-judgmental way
- to help reduce the risks for users who adopt particularly dangerous forms of drug use or misuse
- to encourage and enable those who are misusing or have problems with drugs to seek help
- to promote a non-smoking lifestyle
- to promote understanding of the dangers of injecting drugs
- to encourage challenging but healthy activities and interests
- to help young people cope with the pressures and influences which might lead to misuse of drugs
- to help young people explore their own and each other's attitudes towards drugs and drug issues
- to help young people take responsibility for organising club or group activities
- to help young people who drink alcohol to do so wisely or use low-alcohol or (more) alcohol-free drinks.

3.2 The Law and Youth Work Responsibilities

In this section, good practice is clearly outlined for your information and protection and for the protection of the young people in your care, by upholding their civil rights. The law is very specific and certain phrases and words have been used in this section to ensure that the complexities of the law are clarified. Legal terms have been highlighted by underlining and bold type. Should you require any more detailed information, please contact the Avon and Somerset Constabulary's Drug Strategy Unit, or your local police contact. (See Appendix 2, page 38).

3.2.1 Basic definitions referred to by the Misuse of Drugs Act 1971:

- **Controlled drug:**

Any substance listed in the schedules detailed under the Act. These schedules provide a list of drugs and substances that are controlled by law. The list is constantly being updated, but includes certain anabolic steroids, cannabis, heroin, amphetamine, etc.

- **Possession:**

A person must have knowledge and control of the substance being possessed. More than one person can have possession.

3.2.2 Criminal Offences

Specific relevant drug related offences are detailed below.

- **Possession of a controlled drug**

(Contrary to Section 5, Misuse of Drugs Act 1971)

It is an offence for any person to have a controlled drug in their possession.

- **Possession of a controlled drug with intent to supply it to another**

(Contrary to Section 5, Misuse of Drugs Act 1971)

It is an offence for any person to have a controlled drug in their possession with intent to supply it to another.

- **Supplying controlled drugs**

(Contrary to Section 4, Misuse of Drugs Act 1971)

It is an offence for any person to supply or offer to supply a controlled drug to another.

In addition to these there are offences that can be committed by occupiers or those concerned in the management of **premises** who knowingly permit or allow certain drug related activities to take place on those premises.

- **Allowing Premises to be used**

(Contrary to Section 8, Misuse of Drugs Act 1971)

A person commits an offence if, being the occupier or concerned in the management of any premises, he/she knowingly permits or suffers any of the following activities to take place on those premises:

- Producing or attempting to produce a controlled drug.
- Supplying or attempting to supply a controlled drug, or offering to supply a controlled drug to another.
- Preparing opium for smoking.

This means that if a youth worker knows about a controlled drug being administered or used by a young person on premises for which he/she is

responsible and does nothing to stop it, the worker commits an offence. If any illegal drug is offered for supply to another, the worker responsible for the premises must act to stop it, or he/she commits an offence.

Regardless of legal status of drugs, youth workers are expected not to promote the use of drugs within units/centres.

Note: "Knowledge" has a complex legal meaning, it may include "suspicion" or "reason to suspect" as well as actual knowledge. In cases of doubt, further advice from the duty officer should be sought.

3.2.3 Obstruction

The offence of obstruction involves a positive and actively obstructive act, such as the physical concealment of illegal drugs or of a person who possesses them, or helping such a person to escape eg by creating a diversion or providing means of transport.

3.2.4 The Police and Criminal Evidence Act 1984 allows the police to enter premises with consent in order to: execute a warrant, arrest someone for an offence, search following an arrest, prevent a breach of the peace, or pursue a suspected offender. However, the police cannot demand by right to know who a drug was confiscated from and there is no obligation to pass on this information.

3.2.5 Searching and Personal Safety

If there is a need to search a young person, youth workers should be aware that it is **unlawful** to search any person without their consent. They can however request a person to empty their pockets or handbag or to consent to a search as a condition of them remaining in the building. Search without consent is unlikely to improve levels of trust and **a forceful search of a resistant person without their consent is an assault on that person**. Even with consent, intimate searches are not allowed.

When searching a young person with their consent, it should be done in the following manner:

- gain consent of young person
- the member of staff should be of the same gender as the person being searched
- a second member of staff should be present to witness the search
- the search should be carried out in private
- only outer garments should be searched
- anything found must be recorded and the signature of the young person should be obtained if possible
- Parents/Guardians of under 18s must be informed of the search - whether or not anything is found.

Care should be taken when searching - ask the person to empty their own pockets and bags slowly. This will protect staff from the possibility of being injured by putting their hands into bags and pockets which may contain sharp instruments or offensive weapons. The law relating to searching is very complex. It is therefore advised that individuals are very cautious when considering searching a person. It is very important that one respects differing culture diversity and religious observances.

Any workers outside the County Council premises in what is perceived to be public territory i.e. detached youth workers should not engage in a situation where 'search' would be necessary.

3.3 Seizure and Security of Items Found

3.3.1 **Section 5 of the Misuse of Drugs Act 1971 makes lawful provision for a person, in order to prevent the commission or continuance of an offence, to take possession of a controlled drug and either destroy it as soon as reasonably practicable, or hand it to a police officer for identification and destruction.** However, this Section of the law does **not** make it legal to possess a controlled drug under these circumstances.

3.3.2 **In the event of a suspected controlled drug being found, confiscate it and call the local police officer immediately.** Please note that just because the police are contacted to identify or destroy a suspected drug, does not necessarily mean they will take over the investigation of the incident - unless you wish them to. It is possible to have a confidential discussion with the local police officer. You must act on the advice of the officer.

3.3.3 It is necessary to record ALL items that are seized and the youth worker needs to ensure they are properly secured. This is to guarantee that any **evidence** or personal property is not lost. It is also to protect individuals by ensuring that suspected drugs cannot be tampered with while awaiting collection by the police.

The following procedure should be followed:

- **seize item;** do not taste or sniff the item seized, as this could be dangerous;
- **place in bag envelope and seal;** where there is original packaging the item should be left in it, as this can assist in its identification;
- **record action;** if found on a person - ask them what they believe it to be and record what is said;
- **place in secure location** to await police and/or police advice regarding destruction of the item(s).
- **inform line manager.**

3.3.4 Recording

A record must be made detailing the following information when seizing any item. Record of Drug Situation or Incident Form on page 15 must be used for this purpose. Be sure to include the following information:

- description of item
- time, date and place of seizure
- full details from whom item seized and under what circumstances

- details of member of staff seizing the item
- signatures of witness(es)

3.3.5 Secure Storage

Once seized and documented the item must be locked away in a suitable location that has limited access. It is recommended that a separate lockable container be used for this purpose with access limited to two senior members of staff.

The item must be appropriately stored and not taken home, as the law is very specific regarding the disposal of controlled drugs and handling of them by unauthorised persons. Any storage, no matter how well intentioned, (except while waiting for the police to collect it, once they have already been informed), is technically unlawful possession of a controlled drug.

3.3.6 Inform Line Manager

Inform your line manager/duty officer that suspected items have been seized and/or destroyed.

3.3.7 Identification

In order to establish exactly what a suspected substance is, it would need to be formally identified. The police have drug-testing kits and in certain circumstances, they will forward items to the Forensic Science Laboratories. If formal identification is required, the police can collect items, test them and inform you of the results. To take another's word about the identity of a suspected drug may be a serious error. For example, some blocks that look like cannabis have been found to be heroin. Tablets and powders could be one of a variety of substances. Formal identification is the only sure procedure for finding out what you are dealing with.

3.4 Management of Drug Incidents and Situations

- A medical emergency

Every drug incident or situation which comes to the attention of a youth worker presents an opportunity to engage with an issue of considerable importance for young people, and provide much needed support.

It is vital to try to respond in a way which brings about learning while placing emphasis upon safety. The ground rules of the Unit/Youth Worker should be applied and the laws observed with support and learning in mind. At all times, youth workers must ensure child protection and public legal obligations are followed, and a good relationship with the local police is highly desirable.

The main principle to follow is: **assess circumstances and respond to need.**

- 3.4.1 Drug Incident: Evidence or suspicion of a specific event involving one or more drugs, and requiring immediate action by staff. (Examples include young people intoxicated, young person supplying a controlled drug on the premises).

3.4.2 If a drug incident arises immediate action will be required from the youth worker. The first decision being is it:

A MEDICAL EMERGENCY or A NON-MEDICAL EMERGENCY?

A MEDICAL EMERGENCY

3.4.3 A medical Emergency arises when a person:

- is unconscious
- is having trouble breathing
- is seriously confused or disorientated
- is believed to have taken a harmful, toxic substance
- is otherwise at immediate risk of harm

The medical aspects must be dealt with immediately.

In the event of a medical emergency

- Workers are expected to follow the guidance as outlined in the Drug Situations - Medical Emergencies overleaf.
- Parents/carers need to be informed immediately.
- The Line Manager/Duty Officer will need to be informed.
- The Record of Drug Situation or Incident Form will need to be completed and passed to line manager.

Guidelines and a recording form follow and should be photocopied and used for medical emergencies and serious drug incidents on County Council premises.

MEDICAL EMERGENCIES - GUIDELINES AND RECORDING FORM

DRUG SITUATIONS - MEDICAL EMERGENCIES

The procedures for an emergency apply when a child or young person or others are at immediate risk of harm. A person who is unconscious, having trouble breathing, seriously confused or disorientated or who is believed to have taken a harmful toxic substance, should be responded to as an emergency.

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 Centre's 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 and put into place first aid procedures

BEFORE ASSISTANCE ARRIVES:

If the person is conscious:

- ask the person what has happened and to identify any drug used
- collect any drug sample
- **do not** induce vomiting
- keep the person under observation, warm and quiet

If the person is unconscious:

- AND not breathing start mouth to mouth resuscitation and CPR *if you are trained*, or get your unit first-aider to do so
- If they are breathing, place them in the recovery position
- **do not** move the person if a fall is likely to have led to spinal or other serious injury which may not be obvious
- **do not** give anything by mouth
- **do not** attempt to make the person sit or stand
- **do not** leave the person unattended

WHEN MEDICAL HELP ARRIVES:

- pass on any information available and any drug samples

PLEASE COMPLETE AN EMERGENCY RECORD FORM AS SOON AS YOU HAVE DEALT WITH THE EMERGENCY.

Adapted from The Right Responses, © Standing Conference on Drug Abuse, 1999

Emergency/ toxication	Suspicion OFF premises	Suspicion ON premises	Discovery, OFF premises	Discovery, ON premises	Young Person's disclosure	Parental use	Parent/carer expresses concern
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Tick one or more of these tabs to indicate the category

RECORD OF DRUG SITUATION OR INCIDENT

Name of young person:		Report form completed by:	
Age of Young Person:		Position:	
Date of Incident:		Time of Incident:	am/pm
		Identify where incident took place:	

First Aid Given Yes <input type="checkbox"/> No <input type="checkbox"/>	First Aid given by? _____ _____	Ambulance/Doctor called? <i>(Delete as necessary)</i>
		Called by: _____ ← <input type="checkbox"/> No <input type="checkbox"/> Yes
at time: _____		am/pm

Drug involved (if known): (eg Alcohol, Paracetamol, Ecstasy)	Sample found? (Yes/No) Where retained
Staff involved: (Insert names)	(or) Destroyed at time: _____ am/pm (Witness name)
Parent, carer Informed by: _____ at time <input type="checkbox"/> am/pm	Line Manager Informed: _____ (yes/no)
Duty Officer Informed: _____ (yes/no)	

Brief description of symptoms/situation:

Other action taken: (eg other agency involved or support requested; Police called/consulted; others informed; sanction imposed; GP consulted, SUST completed)

(continue on blank sheet if necessary)

3.5 A Non-Medical Emergency

- 3.5.1 Drug Situation: An event or series of events involving one or more drugs including planned events, which require further careful observation, investigation, monitoring, management, or referral by staff. Drug situations could trigger the use of the screening tool (SUST). (Examples include: drugs found on premises, young person discloses parental drug use, awareness of drug use by young people in a particular area in the community).
- 3.5.2 A drugs situation provides Youth Workers with the opportunity to undertake specific pieces of work with groups of young people and/or provide particular interventions for individuals and groups. SUST is the tool to use for this task with individuals. Section Three offers some guidance in relation to raising the awareness of young people around drugs and tackling harmful use of drugs.
- 3.5.3 Equally a drug situation will require you to assess the situation, assess the risk factors, and act appropriately. In all situations concerning illegal drugs line managers **must** be informed.
- Please see Section 3.6 on Managing Risks for guidance on how to assess risk and respond appropriately.
- 3.5.4 Clear records should be promptly made and securely stored, using the Record of Drug Situation or Incident Form on page 15. It is the responsibility of Area Youth Coordinators to regularly monitor the use of the forms within the areas. Monitoring should include monitoring the prevalence and frequency of drugs situations.
- 3.5.5 The chart overleaf gives guidance on how to respond to particular incident and situations.
- 3.5.6 When police are involved, co-operation should be evident. There will be incidents where youth workers may be required to provide statements to the Police, or be present when young people have been requested to provide statements themselves.
- 3.5.7 If a youth worker is requested to give a statement to the Police, the worker may seek that the statement be provided at the Police Station, rather than in the Unit, or scene of incident because of prevailing work conditions. The Youth Worker will need to inform their Line Manager/Duty Officer before any statement is given.
- 3.5.8 A Youth Worker should not as a general rule sign as witnesses to statements by young people. They can only act as witness to such a statement with the authorisation of the parent or carer of the young person.
- 3.5.9 In incidents of finding drugs on premises, caring for someone under the influence of drugs, being given information about illegal drug taking or supplying and/or the use or supply of drugs on the premises, a youth worker should immediately inform the Senior Youth Worker and/or contact the Duty Officer.

3.6 Managing Risks

In the management of risk Youth Workers will need to assess situations, identify any possible areas of risk and identify measures to be put in place to alleviate the risk.

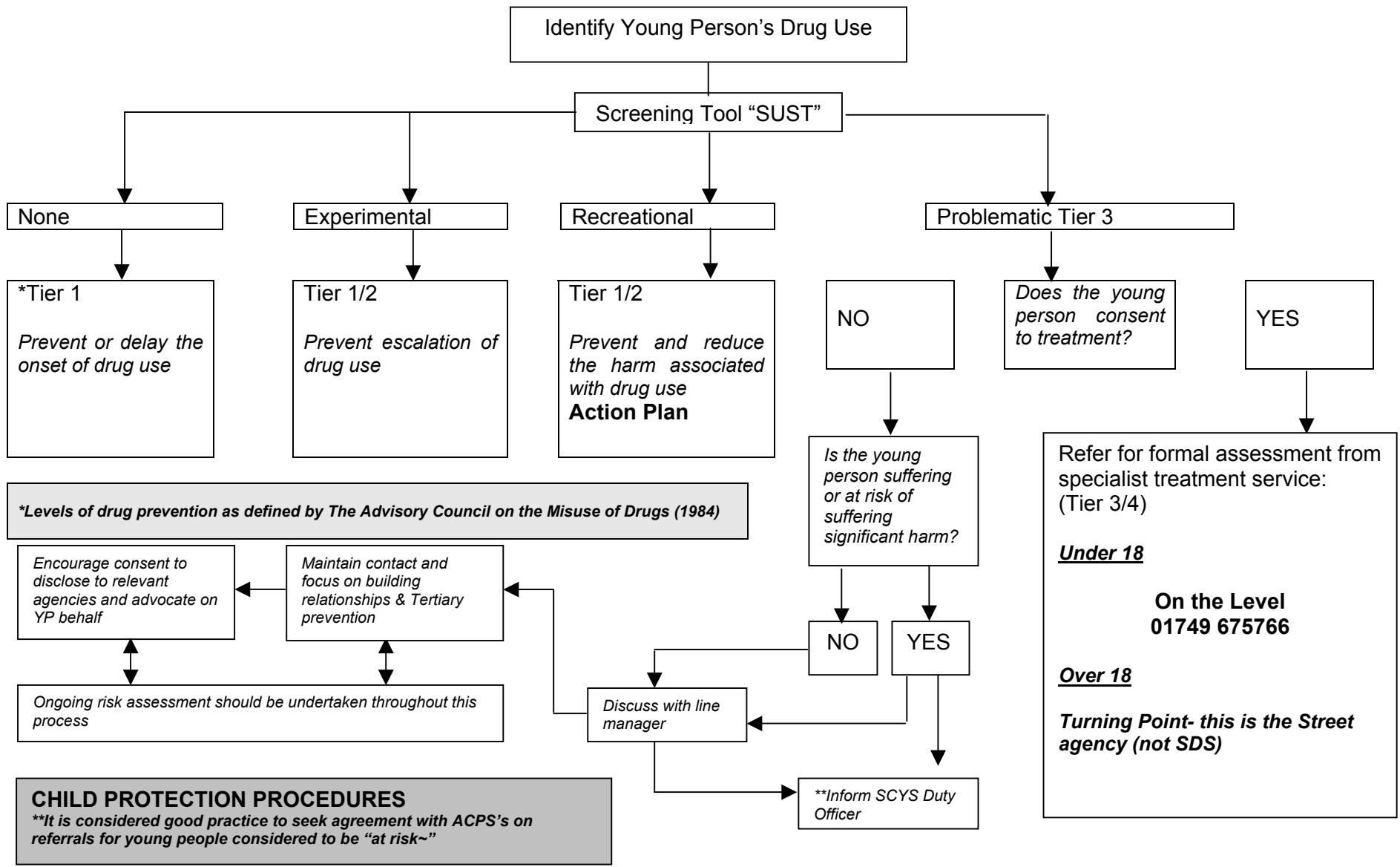
The risk assessment guidance overleaf provide examples to **aid** Youth Workers in carrying out a risk assessment and identifying measures that may need to be put in place.

Risk assessment will need to be undertaken regularly.

Where a group of young people has changed significantly it is good practice to revisit risk assessment. Similarly if the place of work or the Youth Worker has changed the risk assessment will need to be re-visited and undertaken again.

The key is to remember that **risk assessment is ongoing**.

Use SUST (the screening tool) with young people who may appear to be at risk.



SOMERSET COUNTY YOUTH SERVICE

RISK ASSESSMENT (DRUGS)

MANAGING RISKS

Example 1

HAZARD	RISK		CONTROL MEASURES - APPROPRIATE RESPONSES
Drugs are found on Site	To young person/young people	Young person may harm, or have harmed themselves	Consult with person/young people. Do SUST with individual concerned. Discuss roles of staff on future evenings in relation to monitoring of situation
	To other young people and/or the general public	Young people's behaviour may escalate 'out of control'	Ongoing monitoring of the 'mood' of the session, and young people's behaviour. Appropriate support to young people displaying challenging behaviour
	To staff	If illegal, Youth Worker could be held responsible. Centre or Unit could be viewed as a 'haven' for Dealers. There could be other drugs on site.	Contact Duty Officer. Contact with local police station and seek advice. Consult County Youth Service Drug Policy. Plan suitable interventions with young people.

Example 2

HAZARD	RISK		CONTROL MEASURES - APPROPRIATE RESPONSES
<p>Young people under the influence of substances including alcohol</p>	<p>To young person/young people</p>	<p>May have an accident.</p> <p>May undertake 'unsafe' sexual practice.</p> <p>May undertake 'unsafe' activities.</p>	<p>Assess risk. If necessary contact the Duty Officer.</p> <p>Consult Somerset County Youth Service Drug Policy for guidance in responding to medical emergencies and/or undertaking risk assessment.</p> <p>At a later stage use SUST to work with young people in order to ensure they are aware of how to minimise risks.</p> <p>Workers to carry or have easy access to emergency contact numbers.</p>
	<p>To other young people and/or the general public.</p>	<p>Behaviour may endanger others e.g. fighting.</p> <p>Behaviour may pose a threat to others.</p> <p>May injure others.</p>	<p>Isolate the young person/people or remove young person/young people from the environment or close down activity/activities/intervention.</p> <p>Work with young people in reviewing behaviour and responsibility.</p>
	<p>To staff.</p>	<p>Personal injury to staff.</p> <p>Behaviour may pose a threat to staff.</p>	<p>Knowing your young person/young people and confidence in the relationship you have with them.</p> <p>Working as a team.</p> <p>Exclusion of young person from Centre/activity.</p> <p>Worker to carry or have access to emergency contact numbers.</p>

Example 3

HAZARD	RISK		CONTROL MEASURES - APPROPRIATE RESPONSES
Potential to be seen as condoning illegal activities (Drugs)	To young person/young people	Young person misinterprets the role of the youth worker.	Be clear with ground rules. Be clear with young people about the role of the youth worker. Have clear boundaries set. Links with community groups.
	To other young people and/or the general public.	Misinterpretation of role of youth worker.	Be clear about the role of the youth worker. Links with community groups and key contact people.
	To staff	Young person misinterprets the role of the youth worker. May 'damage' or 'heighten' reputation of worker.	Be clear about the role of the youth worker. Have clear boundaries set.

Example 4

HAZARD	RISK		CONTROL MEASURES - APPROPRIATE MEASURES
Used needles are found on site where work with young people is taking place.	To young person/young people	<p>Injury to young person/young people.</p> <p>Fear and possibility of transmission of infection such as Hepatitis C or HIV.</p>	<p>Remove young person/young people from the environment in which the needles are found.</p> <p>Prevent young people's use of the area where needles have been found until they have been cleared.</p> <p>Contact District Council and request immediate clearance of the area.</p> <p>Regularly monitor area.</p>
	To other people and/or the general public.	<p>Injury to young person/young people.</p> <p>Fear and possibility of transmission of infection such as Hepatitis C or HIV.</p>	<p>Remove young person/young people from the environment in which the needles are found.</p> <p>Prevent young people's use of the area where needles have been found until they have been cleared.</p> <p>Contact District Council and request immediate clearance of the area.</p> <p>Alert community of danger ie local schools, nurseries.</p>
	To staff	<p>Injury to young person/young people.</p> <p>Fear and possibility of transmission of infection such as Hepatitis C or HIV.</p>	<p>Contact District Council.</p> <p>Alert other staff, volunteers and/or community groups to the danger.</p>

3.7 Confidentiality and Drugs

3.7.1 The County Youth Service's main priority is the welfare of young people. Relationships are developed and maintained through trust, respect and confidentiality.

- The law allows youth workers to honour young people's rights to confidentiality and confidential information except in limited circumstances. All youth workers must work within the guidelines of Somerset County Council Policy in relation to Child Protection.
- Abuse might include neglect due to parents own harmful use of drugs. If a young person discloses and abuse is suspected, reference should be made to the Somerset County Council Child Protection Handbook practice guidelines and appropriate procedures must be followed. (See tier 2 of HAS)
- If a young person requires more information than a youth worker is able to offer, the young person should be referred to an appropriate agency.*
- When a young person is referred to another agency the youth worker should be available to act as a link point eg giving a contact name and number, offering details about the agency, and maintaining continual support.
- Occasionally, information given in confidence may have to be shared with other colleagues and professionals. A key example of this may be when a youth worker suspects that a young person may be at risk of significant harm or abuse.
- When a youth worker considers there are grounds for breaking confidentiality they must consult with their line manager before taking any further action.
- Wherever possible young people should be made aware of the circumstances by which confidentiality has to be breached before the situation arises and should be fully supported.

It may be appropriate to support the young person to give consent to disclose to third parties including parents or carers

3.7.2 Under the misuse of Drugs Act 1971 there is no obligation to pass on information about a young person's use or possession of drugs to the Police, as long as the Youth Worker does not actively abet an offence or obstruct the Police in their duties or enquiries.

In cases of disclosure about criminal activity, such as offences against the Misuse of Drugs Act, there is no legal obligation to pass information on to the Police. Workers will often need to discuss professional issues with their line manager, though disclosure of names may not be needed.

- * A list of appropriate agencies within Somerset can be found in Appendix 5.
- A screening tool (**SUST**) is available for youth workers to assist in deciding if a tier 3 referral is needed. (See separate SUST document)

Careful judgement will be required in cases where the worker, perhaps in consultation with line manager, believes that he/she has a moral or professional duty to involve another agency either in a consultative or a practical role. Often, it will be appropriate for a worker in receipt of information about drug use to work with the young person, possibly using the screening tool (SUST), providing information, advice, or support as needed, without the need to disclose further.

- 3.7.4 Where Youth Workers are working in conjunction with other agencies clarity will need to be sought regarding the confidentiality policies of those agencies. In all instances County Youth Service staff will be guided by the policies and guidelines of the County Youth Service and County Council.

Careful assessment of young people's safety needs to be taken when working with young people living with parents who are drug users.

3.8 Working with the Media

Sometimes there is media interest if situations arise concerning drug use and young people. No response to media enquiries about drug incidents may be given by any Youth Worker or Somerset County Youth Service Manager without authorisation via the Group Manager Youth Services.

The use of the media to publish and promote initiatives and services would need to go through the usual channels. Local support can be sought from Somerset County Council's Media Officer.

SECTION 4: GUIDANCE FOR DRUG EDUCATION

4.1 Work In Schools and formal settings

It is vital that Youth Workers working in schools and formal settings have clearly defined boundaries within which they can work. Guidance needs to be taken from the County Youth Service Schools Outreach Policy and the Schools Drugs Policy.

Questions to clarify beforehand include:

- Is it clear what additional value the school/organisation believes the Youth Worker can offer?
- What drug education is the school/organisation doing?
- How will your planned input compliment the schools drug education?
- What are their stated aims and do they have a separate Drugs Policy?
- Are the school/organisation's intentions and expectations of you clear and acceptable to you?

4.2 Drug related interventions with young people in detached youth work

Youth workers are uniquely placed to deliver informal drug prevention strategies to tiers 1 and 2 and also act as a 'gateway' to specialist substance misuse treatment services:

"Young people must be able to access advice and in formal support. It may, however, be difficult to engage some young people in services and treatment. They may not recognise their drug use as problematic. Such individuals can become marginalised and this in turn can lead to more harm, because of their drug misuse and other risky behaviour, truancy, or criminal activity. Offering a low threshold intervention may assist these young people to begin to trust services and eventually lead to them engaging in an intervention."

- *Drugs & Young People Policy Guidance. DrugScope. 1999*

Youth workers are able to deliver informal drugs education in a street setting (i.e. often young people will discuss with youth workers their views, ideas, pressures, etc relating to drugs and their use, sometimes testing boundaries and exploring the desire for change in their own lives and/or behaviour). Where appropriate SUST should be used to enable this process.

The flow chart (overleaf) outlines what an appropriate intervention may consist of and indicates the 4 tiers of drug prevention as defined by The Advisory Council on the Misuse of Drugs (1984). *This focus on prevention is the primary role for all youth workers when addressing drug related issues with young people.*

If young people do display problematic substance misuse and need more formal types of intervention, youth workers should refer to specialist treatment services with both the young persons knowledge and consent. SUST should be used to decide whether or not this referral needs to take place which would become part of the SUST action plan. *(Parental consent is not required at this stage — such issues are addressed as part of the formal assessment process and are the responsibility of the specialist treatment service).*

If a referral takes place it would be to 'On the Level' – the agency is Somerset working at Tier 3.

Tier 3

Services for young people who are identified as problem drug users. They would mainly be specialist but non-medical drug services and other specialist services that require multi-disciplinary work.

Tier 4

These are specialist, medical interventions for young people with complex care needs, including residential detoxification and rehabilitation and short term out patient based prescribing.

If a young person does not consent to be referred, the youth worker needs to consider if that young person is considered to be 'at risk' and follow SCYS Child Protection procedures as usual.

Youth workers may continue to provide support for young people throughout the treatment process and it is again worth remembering the importance such low threshold services play in supporting young people who misuse substances:

"Maintaining contact with vulnerable young people is vital. However, they may have little motivation and be chaotic in their attendance at services. If agencies hope to engage these young people, they may have to accept this type of behaviour and help the individual to trust them, before they can provide a formal intervention. Contact and support offered through outreach, detached youth work and drop-in facilities all assist this process and should be recognised as providing a valuable service and link to vulnerable young people."

Drugs & Young People Policy Guidance. DrugScope. 1999

All young people should be able to access relevant information, advice, and support relating to substance misuse issues, and the youth worker is uniquely placed to provide this, as a responsible adult *who is not seen as an authoritative figure* by young people.

Informal drug education can also be explored via group work and discussion using young people friendly resources such as leaflets, games, activity packs, cards, etc. Such resources promote discussion and explore the facts, myths, perceptions and attitudes that young people may hold.

Through such informal educational processes young people are able to identify the risks in their own behaviour and learn from their own experiences. The youth worker can support and encourage young people throughout this process to make informed decisions and reduce any high-risk behaviour.

(This applies not only to detached youth work but all youth work based approaches regardless of the setting in which this work may take place).

Providing such low threshold services to young people is not considered an aspect of 'treatment' provided that:

- The young person is not seen on a routine basis.
- Is not provided with a formal intervention. (Such as care plans, key-working or counselling).
- Contact remains informal.

4.3 Work with Drug Users whose Health and Functioning are Harmed

Work with known drug users must take place in conjunction with appropriate drug agencies. Please see list of agencies in appendix 5..

There are particular issues in relation to working with known drug users. These include the difficulty of working with people in denial or not (yet) willing to embrace change or accept help, misinterpretation of your role by others such as Police and possible threats to personal safety.

Drug education work should be concentrated principally upon supporting young people wishing to explore change.

Youth Workers need to be clear about the boundaries in relation to supporting young people. The role of the Youth Worker is essentially about support. This role can be broadened but only with negotiation with the Group Manager, Youth Services. In some circumstances this may involve work within specific drug treatment services.

A youth worker may continue to support a young person working at Tier 2 after they have engaged in a tier 3/4 treatment service.

Following a specialist treatment intervention young people are often more isolated and vulnerable and in need of worker support than previously when they were using and often surrounded by other users.

All agencies involved should understand this and manage their respective roles and responsibilities appropriately.

4.4 Youth Worker's Roles on Residential

It is important to negotiate and agree the rules of behaviour for both young people and staff before a residential takes place.

Alcohol

The main laws are that purchase of alcohol and its consumption on licensed premises are prohibited under age 18. Consumption, though legal away from licensed premises, should be discouraged. For over 18s, the same care is needed in negotiating boundaries in order to avoid misunderstandings and unwanted outcomes, particularly in unsupervised or mixed-age groups.

Tobacco

Please refer to the County Youth Service Smoking Policy, March 2000, pages 10 -11.

Other Legal Drugs (eg Solvents) (Nitrites are currently under review)

There should be no place for any other drug taking except medicinally, where checks have been carefully made (eg involving parents, GP) as to need.

Illegal Drugs

Illegal drugs should be clearly outlawed in discussion and negotiation of behavioural expectations during preparations for residential.

Foreign Laws

It is not acceptable for illegal drugs to be used even if foreign laws or standards are more lax than UK laws. Where they contravene UK law (eg US law restricts sale of alcohol to those over 21) local laws should be followed.

Residential experiences can provide rich opportunities for discussion and debate about issues of importance, such as the use of drugs. It is important to be aware that examples set by Youth Workers themselves may come under scrutiny. Avoid hypocrisy or double standards.

4.5 Work in Partnership with other Agencies

The Government's strategy *Tackling Drugs to Build a Better Britain* places emphasis on co-operation between agencies. The principal co-ordinating agency within each authority is the Drug Action Team (DAT), a multi-agency group represented by senior officers from statutory agencies, which determines local priorities and strategies.

Outside expertise may be very supportive when planning or delivering drug education. It can be helpful to provide a different perspective and insight into the work of specialists. However, do not presume that because personnel from a drug agency are conversant with drug issues, that they will also be good at drug-related youth work! The relationship Youth Workers have with young people, and the skills necessary for good youth work put Youth Service staff in a strong position to facilitate wide-ranging and pertinent education opportunities. Therefore, before using visitors, it is essential to know what they can offer that Youth Workers cannot, and that there is a need for such input. It is good practice to identify a gap or need which a visitor might help fill and then support the young people themselves in contacting a local agency to negotiate support.

Please see Appendix 5 for referral procedures for agencies.

<p style="text-align: center;">SECTION 5: IMPLEMENTATION AND MONITORING</p>
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5.1 Staff Training

Training and support for all Youth Workers will be offered essentially via the Training and Curriculum Coordinator. Training should include drug awareness and drug education in practice, issues around drug education, and should ensure staff know about the relevant agencies to refer young people to if necessary. The following areas of training will need to be covered:

- drugs and the law
- exploring attitudes to drugs and drug related issues
- dealing with sensitive issues
- developing self-esteem among young people
- referral procedures
- use of the screening tool (**SUST**)

All Youth Workers should be aware of what to do when dealing with drug incidents.

5.2 Local Implementation

Each Area Co ordinator, Senior Youth Worker (Development and Training), Senior Youth Worker (Links and Delivery), JNC2 workers and Workers in Charge will ensure that appropriate arrangements are made to implement this policy within those units, and areas for which they are responsible including those premises not owned by the County Council. This will include monitoring and reviewing the policy at a local level, and ensuring that newcomers (both staff and young people) are aware of it.

A copy of the policy will be available in every unit and given to new employees.

This Policy forms part of the Somerset Education Guidance on Drug Policy Development March 2000 and needs to be read in conjunction with this Guidance.

5.3 Monitoring and Review of the Policy

This Policy will be continuously monitored and reviewed by the County Youth Service Management Team.

**SECTION SIX:
RESOURCES AND GOOD PRACTICE**

- **Experiment 22**

Interactive CD-ROM. Exciting game to develop knowledge, skills and challenge attitudes about drugs. The peer support approach makes this an ideal way to involve young people aged 10 - 18. Publisher: d2 digital by design. Price £39.78 including postage. Telephone: 01942 811078

- **Straight Talking**

Practical group work ideas for helping young people to address issues concerning crime. Publisher: Youth Work. Press Price: £16.95 Telephone: 0116285 3700

- **Youth Pack**

Pack containing structured exercises dealing with emotional health. Publisher: Samaritans. Price: £18.90 including postage. Telephone: 01753 216500
Also available to download from website: <http://www.samaritans.org.uk>

- **SUST**

Somerset's Substance Use Screening Tool. For use only by workers who have been trained to use it. County-wide training available.

Simply Drugs

Drug education package which does not involve much reading and writing. For ages 14 +. £55.00.

Taking Drugs Seriously 3

A manual of harm minimising education on drugs. Containing over 40 group work activities for young people aged 11 +. £55.00

Both of these resources are published by:

Healthwise Educational Services & Publications Unit.

Tel: 0151 2274415 email: esp@healthwise.org.uk

List of National & Local Agencies

Health Promotion Resource and Information Service

Somerset Health Authority

A wide variety of educational material, including leaflets, are available from the Resource Centre. The Centre is open for viewing on :

Tuesday	9.30am - 12.30 pm
Wednesday	9.30am - 12.30 pm
Thursday	1.30 pm - 4.00 pm

Equipment, leaflet and poster catalogues are available on request.

Lifeline Publications

101-103 Oldham Street
Manchester M4 1LW

Tel: 0161 8392075 email: drughelp@lifeline.demon.uk

Website: www.lifeline.demon.co.uk

Agency that produces honest and entertaining information aimed at different groups engaged in drug use as well as young people and parents who do not use drugs but are affected by drug use.

The Portman Group

7 - 10 Chandos Street
Cavendish Square
London W1G 9DQ

Tel: 020 79073700 email: portmangroup@compuserve.com

Website: www.portman-group.org.uk

Agency providing information about alcohol.

Tacade

1 Hulme Place
The Crescent
Salford

Greater Manchester M5 4QA Tel: 161 7458925 email: ho@tacade.demon.co.uk

Website: www.tacade.com

Turning Point

Taunton: 01823 288174
Bridgwater: 01278 447044
Glastonbury: 01458 832225
Yeovil: 01935 432622

Provides a confidential service which provides information, advice and support for anyone concerned about their own or anyone else's drug and alcohol use.

Help Lines

The National Drugs Helpline 0800 77 66 00

ADFAM 0171 928 8900 provides a confidential support & information help line for families & friends of drug users.

Drinkline 0345 32 02 02

What Now? On Line 0800 511111 between 4.00 pm & 10.00 pm Mon - Fri
A free, confidential advice & information line for young people in Somerset.

GUIDANCE FOR DRUG EDUCATION

Supplement

Approaches to Drug Education

Approaches to drug education should be tailored to meet the needs of the young people Youth Workers are in contact with. Youth Workers need to be aware of young people's drug use/misuse:

- Young people in the early stages of experimentation **where harm may occur.**
- Young people experimenting with different drugs, and who are regular users of another/others **where harm may occur.**
- Young people who are regular users **where harm may occur.** (Please see smoking facts, page 5 of the County Youth Service Smoking Policy).
- Young people who are users where **health and functioning are harmed.**

Within the County Youth Service **our primary responsibilities** are summarised below:

- **Information:** 'information giving' in youth work means the provision of factual information without recommendation or assessment. All evaluation, decision choice and action is left to the young person.
- **Advice:** is the provision of information with assessment of its value and suggestions of possible ways forward. Decision, choice and action are left to the young person. If drugs are identified as a key cause of a young person's difficulties, the youth worker may need to work through the issues and be ready to offer advice on appropriate referrals to specialist agencies.
- **Support:** covers provision of practical and emotional help based on a caring relationship allowing the young person to determine his/her own action.
- **Use of Counselling skills:** involves working actively with a young person through an explicit relationship working towards change.
The following approaches are a guide to effective interventions with young people:

'Healthy Youth Centre' Environment

Drug education is encompassed within the Purpose and Values of the County Youth Service. The concept of a 'healthy youth centre' where constructive relationships of mutual respect between young people and adults are apparent, provides a springboard from which to enhance communication, learning and self-esteem. Drug education works best therefore, as part of a wider perspective of social and health education which takes account of a range of issues and concerns currently affecting young people, and in which they express interest.

Youth Workers have opportunities to raise discussion about drugs in a planned way or in response to informal enquiries or comments. In a 'healthy youth centre' environment young people are more likely to approach workers to discuss concerns about drugs. When this occurs, youth workers involved need to be aware of issues of confidentiality.

All youth workers must be aware that their attitude and behaviour with drugs may act as an influential example to the young people they work with. This is particularly crucial to detached and outreach Youth Workers, where a healthy environment is solely that of the values, attitudes and behaviour of the Youth Worker.

Peer Education

One well-established form of youth work practice is peer education. This involves providing information and developing understanding about drugs and the issues raised by their use. to one group of young people, who can then act as a resource for another group, usually the same age or younger. There is some evidence to suggest that young people are more ready to listen and accept what is said by a credible peer.

Support and guidance in developing peer education opportunities for young people is available through the Peer Education Manual, and through the Senior Youth Workers (Development and Participation).

Harm Minimisation

"Youth services demonstrate a variety of approaches to drug education. However, there is some confusion about the appropriate response to young people - harm minimisation programmes are likely to be the most effective". The Contribution of the Youth Service to Drug Education, OFSTED, 1997.

Youth Workers working with young people who are misusing drugs will involve drug education as well as working with young people to tackle the issues within their lives. This may include counselling skills, advocacy, and referral to treatment agencies. The important thing to remember is that the drug misuse is often a symptom of other occurrences/incidences in young people's lives. Any intervention needs therefore to be all encompassing. In other words the drug misusing behaviour is addressed alongside the other issues in this young person's life.

Interventions will involve discussions with other agencies at the least and joined up approaches at the most.

The Curriculum Development Matrix and Curriculum Outcomes from Drug Education

The DCM should be used to assess young people's knowledge, skills and attitudes, and to plot their progression. In consultation with young people, it is important to consider what the planned learning outcomes of any drug education should be. These should be measurable in order to determine the effectiveness of a project or initiative.

The following edited extract from an Essex LEA guidance document is a guide to the sort of information which could form part of a Drug Project/Initiative. At the end of the project/initiative, young people may be able to say:

ALCOHOL	HEALTH ISSUES
<p>I know:</p> <ul style="list-style-type: none"> • Alcoholic drinks contain a drug called ethanol. It is one of the most toxic of the drugs we use in society. • This is a depressant drug; it slows down the working of my brain starting with the parts that control my ability to make judgements. I know that this drug can make me feel confident that I can do things better than I really can. • Alcohol is absorbed through the lining of my stomach into my bloodstream and then directly to my brain. Eating before drinking will slow the process down; 'fizzy drinks' will speed this process up. • Alcoholic drinks are measured in 'units' (10 mg of ethanol). The following drinks all contain 1 unit: <ul style="list-style-type: none"> - ½ pint of ordinary beer or lager - 1 single measure of spirit, eg whisky, vodka - 1 small glass of wine • Alcoholic fruit drinks ('alcohol-pops') can contain high levels of ethanol and can be similar in strength to wine. • Alcohol is sold in bottles or cans with an 'alcohol by volume' (a.b.v.) on the label. This indicates the percentage of ethanol in the product. The higher the a.b.v. the stronger the drink. • Adding a 'mixer' to an alcoholic drink does not change the amount of alcohol present. • Each type of alcoholic drink can come in a variety of strengths (ie a can of strong cider or export lager can be equal to 4 single whiskies in alcohol content). • An adult liver can process one unit of alcohol per hour, but that a young person's liver will process alcohol more slowly. • Coffee (no matter how strong) has no effect whatsoever on the alcohol I have consumed or my ability to make judgements until I am sober again. 	<p>I know:</p> <ul style="list-style-type: none"> • As people use alcohol more regularly their bodies get used to the drug; this is called tolerance. • The more I regularly drink alcohol the less effect it will appear to have on me, as my brain and physical responses adapt to it. • Regularly drinking alcohol does not limit the effect alcohol will have on my ability to make judgements. • Using alcohol regularly increases the long-term risks to my health. • Since alcohol is a drug, it can be misused. The risks include: <ul style="list-style-type: none"> - Making poor judgements - Accidents - Choices I later regret • Overdosing - ranging from being sick or ill through to coma and death. • Although there are drinking limits for alcohol (3 units per day for women and 4 for men), these only apply to fully grown adults and not to young people. Adult bodies react differently to alcohol and the adult liver is larger. The effects on juveniles is at present unknown. • Small amounts of alcohol may only improve the health of men over 40 years and post menopausal women. • Using very small amounts of alcohol, even one unit, can affect my judgement. There are no 'safe limits' for driving, swimming or any other complex task. • There is some evidence that even low levels of alcohol may harm my ability to learn. • Alcohol, even in small amounts, should never be mixed with any other drug. (The drugs can react together with potentially dangerous outcomes). • That if a pregnant woman drinks alcohol it may affect the development of her baby.

SOCIAL ISSUES	LEGAL ISSUES
<p>I know:</p> <ul style="list-style-type: none"> • People have used alcohol in social settings for thousands of years. • Other people's alcohol use can cause me problems, through accidents or aggressive behaviour. • That I cannot judge whether a person who has been drinking alcohol is safe to drive with by the way they look or by their speech. • Individuals and the alcohol industry will try to influence my decisions about alcohol. • In social situations it can be difficult to control my alcohol intake. Drinks I am offered by friends may be stronger than I realise, especially 'punch' at a party. • I should treat anyone who has drunk so much alcohol that they are drowsy or unconscious as a medical emergency. I should lie them on their side, on a blanket and keep them warm. I should quickly get medical help for them. 	<p>I know:</p> <ul style="list-style-type: none"> • It is legal to drink alcohol over the age of five but that legal and healthy are not the same thing. • It is an offence for anyone under 18 to be sold or to purchase alcohol. It is possible for beer or cider to be purchased at 16 "providing it is accompanying a substantial table meal". (Licensing Act 1916). • Driving whilst under the influence of any drug is a very serious offence. It is virtually impossible to judge your own 'safe limits' for driving. It is safest not to consume alcohol if you intend to drive a car or ride a bicycle on the roads. • That if I, or someone else, consumes large amounts of alcohol during an evening they or I may still be affected by alcohol the next day and still be unsafe to do difficult tasks (eg work machinery or be over the legal limit to drive).

This could be replicated for any drug, though in practice projects are unlikely to focus exclusively on any one drug, or include such a volume of information. The following further example addresses cannabis:

CANNABIS	HEALTH ISSUES
<p>I know:</p> <ul style="list-style-type: none"> • Cannabis comes from a plant. • It comes in many forms but the most popular is a small piece of brown substance (similar to part of an 'Oxo' cube) called resin or as part of a plant similar to dried grass. • Cannabis can be smoked, eaten or brewed as a tea. • It comes in different strengths, some (like 'skunk') being so strong they can cause hallucinations. • It can also come as an oil, although this is rare, and is much stronger than the other forms. 	<p>I know:</p> <ul style="list-style-type: none"> • Smoking cannabis carries some of the same risk as tobacco and perhaps more. • Some people become heavy users of cannabis and this can cause serious health problems especially to the throat and lungs. • Persistent use can lead to a lack of motivation and lethargy which can affect my ability to learn. • Cannabis can affect short-term memory. • Getting intoxicated on cannabis can affect my judgement in a similar way to alcohol, but for longer. I therefore run increased risks of having accidents. • Some people can become very distressed or anxious whilst using cannabis. • Cannabis use may cause problems during pregnancy.

SOCIAL ISSUES	LEGAL ISSUES
<p data-bbox="188 264 295 293">I know:</p> <ul data-bbox="188 331 785 907" style="list-style-type: none"> <li data-bbox="188 331 785 427">• Smoking cannabis can change my mood, perhaps for the better but sometimes for the worse. <li data-bbox="188 434 785 501">• Some users become very sleepy, others get a strong desire to eat. <li data-bbox="188 508 785 598">• Some people who use cannabis feel everyone is out to get them (paranoia and anxiety attacks). <li data-bbox="188 604 785 770">• Intoxicated (stoned) people can make poor choices. Getting a lift in a car from someone who has used cannabis (possibly within the last two days) may be risky. <li data-bbox="188 777 785 907">• Cannabis stays in the fatty tissue in my body for a long time. I can therefore test positive for cannabis weeks after I have last used (perhaps in a medical for a job). 	<p data-bbox="812 264 919 293">I know:</p> <ul data-bbox="812 331 1407 770" style="list-style-type: none"> <li data-bbox="812 331 1407 461">• Having or passing cannabis to someone else or allowing my premises to be used for smoking cannabis is a serious offence. <li data-bbox="812 468 1407 598">• Having or passing cannabis oil to someone else or allowing my premises to be used for smoking it is also a serious offence. <li data-bbox="812 604 1407 770">• A criminal record for having, passing or allowing the use of cannabis on my premises has the same implications for career or travel as any other drug conviction.

APPENDIX 2

SOMERSET CHILD PROTECTION POLICY

The Children Act, 1989 places a clear legal responsibility on those who have knowledge or suspicion or evidence of the neglect and abuse of children to disclose that information to the relevant authorities for investigation. For this reason, Somerset Youth Service has a policy and procedures which all workers should be familiar with. Awareness of the procedures involved is very important, both for the young person and for you, as is the knowledge of where to get support and back-up. Some of you will have covered this area through your induction. Each unit has a copy of the Child Protection Handbook and your workplace should hold information about the name and telephone number of the Area Co-ordinator (usually the Area Youth Officer) and the Duty Officer (to be contacted out of office hours, see telephone number below).

Child neglect or abuse is too serious a matter to be ignored or left to chance: if you have any doubts or questions about the procedures, which have been reproduced in the next section you should discuss the matter with your line manager as soon as possible so that you are very clear about your unit's policy.

A youth worker's response should be governed by the approved procedures, which are based on two fundamental principles:

- (a) that the safety of the young person is paramount;
- (b) that the agencies involved have all subscribed to the procedures and will co-operate fully in achieving the safety of children and young people.

In any case where there is suspicion, knowledge, evidence or disclosure of neglect or physical, emotional or sexual abuse, the youth worker should inform the Area Co-ordinator or Duty Officer immediately.
(Telephone 0523-523523. Pager No 852646).

Whilst youth workers may have concerns about issues of confidentiality, they should in no way conspire with an abusive situation which is potentially damaging to the young person. They should therefore make it explicitly clear to the young person that any such disclosure cannot remain confidential and will lead to investigation and possible action. Your role as a youth worker would be to support the young person through this process.

APPENDIX 3

PUBLICATIONS AND GUIDANCE DOCUMENTS

The Contribution of the Youth Service to Drug Education
OFSTED 1997 - report detailing current practice

Protecting Young People: good practice in schools and the youth service
Guidance booklet extending the earlier Circular 4/95. DfEE, 1998.

Drug Abuse Briefing
Acclaimed source of accurate drug information for adults.
DrugScope, 2001
Price £7.50

Guidance on Drug Policy Development
Somerset County Council March 2000

APPENDIX 4

NATIONAL AGENCIES

AA (Alcoholics Anonymous) 01904 644 026
Helpline: 0845 769 7555
www.alcoholics-anonymous.org.uk

Alcohol Concern England
Tel: 020 7922 8663
www.alcoholconcern.org.uk

ADFAM
Waterbridge House
32-36 Loman Street
London SE1 OEE
Helpline Tel: 0207 928 8900

National agency providing support for families of drug users

CHILDREN'S LEGAL CENTRE
University of Essex
Wivenhoe Park
Colchester C04 35Q
Telephone advice: 01206 873820

Drink Line 08009178282

DrugScope
Waterbridge House
32-36 Loman Street
London SE1 OEE
Tel: 02079281211

www.drugscope.org.uk

DrugScope is the national source of current, accurate information about drugs and drug use. Extensive library and search facility.

FA (Families Anonymous) 01179620932

Health Wise, 9 Slater Street, Liverpool, Li 4WB. Tel: 0151 707 2262

Lifeline Drug Information and Advice

Tel: 0161 839 2054

www.lifeline.org.uk

National Drug Help Line (24 hr). Tel: 0800 776600

www.ndh.org.uk

NATIONAL YOUTH AGENCY

17- 23 Albion Street

Leicester LE1 6GD

Tel: 0116 285 6789

Fax: 0116 247 1043

NA (Narcotics Anonymous) 0117 924 0084

RELEASE

388 Old Street

London EC1V 9LT

Tel: 0207 729 9904

www.release.org.uk

Information and advice on drug-related legal issues.

Emergency 24 hour help 020 703 8654

RE-SOLV

30a High Street

Stone

Staffs ST15 8AW

Tel: 0178 5817885

Fax: 0178 581 3205

Helpline: 0808 800 2345

www.re-solv.org

Agency dealing particularly with solvent abuse and related needs

APPENDIX 5

LOCAL DRUG TREATMENT SERVICES

On The Level (18 years and under)

Broad Street House

*1-5 Broad Street
Wells
Somerset. BA5 2DL*

Tel: 01749 675766

Mon-Fri 10am-6pm

Website: www.onthelevel.org.uk

E-Mail: info@onthelevel.org.uk

On The Level provides a dedicated and confidential young people 's substance misuse service for those who are experiencing problematic or dependant substance misuse issues within Somerset.

Turning Point (Over 18 years of age.)

*Taunton Office
45 Station Road, Taunton, TA1 1NZ
Tel: 01823 288174
Opening hours 10-4.30, Mon-Fri (Wed till 8 pm)*

Also at:

*Bridgwater 01278-447044
Glastonbury 01458 832225
Yeovil 01935-432622*

Provides a confidential service of information, advice and support for anyone concerned about their own or anyone else's drug and alcohol use.

The Line

*0800 51 11 11
10am - 10pm daily
text: 07786 51 11 11
E-Mail: www.q2a.co.uk*

A free confidential advice and information line for young people in Somerset.

APPENDIX 6

BASIC INFORMATION ABOUT DRUGS

Youth Workers may feel that they do not know enough about drugs to deliver drug education effectively, or feel that the young people themselves may know more. While this may sometimes be the case, it is easy to over-estimate what young people actually know, especially about alcohol.

It is important to give accurate, up to date and credible information about drugs and there are many good publications and resource packs that can provide the facts. However, drug education is more than just imparting knowledge. Effective personal development is enhanced by providing a positive learning environment where young people can discuss openly with each other issues about drugs and drug use.

The following information should be considered basic background knowledge:

In this document the term 'drug' includes illegal substances, prescription drugs, solvents, tobacco and alcohol. Young people's illegal drug use often takes place alongside alcohol use. Alcohol continues to create major problems in society and for individual health. The term 'drug' should therefore be taken to include alcohol.

*Some drugs have a physical effect on the body (such as relieving pain or affecting the ability to work properly) and others have a psychological effect on the mind, emotions and capability for judgement. In this context, a drug is any substance which has the capacity to change the way the user **thinks, acts or feels**.*

CATEGORIES OF DRUGS

Depressants: e.g. alcohol, tranquillizers, solvents, aerosols, glue, lighter fuel. *These drugs act to suppress the neural activity in the central nervous system.*

Stimulants: e.g. amphetamines, cocaine, ecstasy, tobacco. *These drugs act on the central nervous system to increase neural activity.*

Hallucinogens: e.g. hallucinogenic ('magic') mushrooms, LSD, cannabis. *These drugs distort reality and alter perceptions, sometimes inducing hallucinations.*

Analgesics: e.g. heroin, methadone, opium, codeine.

These drugs reduce physical sensitivity and emotional reaction to pain, discomfort and anxiety.

For detailed information about individual drugs and their effects, Youth Workers are recommended to refer to a reliable source such as Drug Abuse Briefing published by Drug Scope (formerly ISDD). This booklet is regularly updated and provides information about social and legal status, effects and harms associated with short and long term use. It includes many legal and medicinal drugs.

COMMON DRUG TERMINOLOGY

Drug taking

The consumption of any drug.

Drug use

Drug use is drug taking through which harm may occur, whether through intoxication, breach of laws or of school rules, or the possibility of future health problems, although 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.

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 behavior. Drug misuse will require a further range of interventions which may include treatment.

Hard/Soft drugs

Although the terms 'hard' or 'soft' are widely used to describe substances that seem more or less dangerous, it is wise to avoid using these labels. By any measure, alcohol would have to be classified 'hard'. There is no such thing as a 'safe' drug and when a drug is described as 'soft' it gives the impression of its being OK to use. It is more helpful to conclude that all drugs used in particular situations and circumstances are potentially dangerous.

Tolerance

The body can get used to a drug and tolerate its presence. A regular user may have to use more of the drug to gain the same effects. Tolerance does not develop with all drugs.

Dependency

When someone develops dependency on a drug they may feel a compulsion to keep taking it, perhaps to feel better, to avoid the physical discomfort of withdrawal and sometimes to evade or even help them face the often painful realities in their life. Dependency may be physical, psychological, or both.

Problem use

As the word 'addiction' is an often loosely used term, it is more helpful to refer to someone misusing or dependent upon their drug taking as 'a problem drug user'. This implies that their drug use is causing discernible problems, elements of which might be physical, social, legal or psychological.

DIFFERENT TERMS FOR DRUGS

Drugs may not always be given their 'correct' name. The following list contains a few examples of slang terms that young people may use. However, these terms vary from place to place and group to group and may change over time. Young people may not always be sure what drug a street name refers to. Beware using slang terms just to appear streetwise. It is better to be open and check what names local young people use, and what they understand by them, though you may find it helps to use the language they are comfortable with, once you know it.

Cannabis marijuana, spiff hash, ganja, weed, wacky-baccy, pot, blow.

LSD (lysergic acid diethylamide) acid, tabs, microdots, blotters.

Ecstasy (3, 4-methylene-dioxy-methamphetamine or MDMA) love doves, E, disco biscuits, hug drug, smarties, Dennis the Menace.

Amphetamines speed, whiz, pep-pills, uppers, sulphate. Billy.

Cocaine coke, C, Charlie, snow.

Crack (smokeable form of cocaine) stone, rock, wash.

Heroin smack, skag, H, gear, brown, horse, jack, junk

Hallucinogenic Mushrooms magic mushrooms, mushies, liberties.

Barbiturates -- (e.g. Tuinal and Seconal) barbs, downers.

Benzodiazepines - (e.g. Valium, Librium and Temazepam) tranx, mazzies.

Ketamine Special K, vitamin K.

GHB (gammahydroxybutyrate) GBH, Liquid E.

Viagra poke, V.

Alkyl nitrites (amyl, butyl and iso-butyl nitrate) poppers, rush, liquid gold, ram, TNT, stud.

THE MISUSE OF DRUGS ACT

CLASS A	CLASS B	CLASS C
<i>Heroin, methadone, opium, Cocaine, crack, LSD, ecstasy, processed magic mushrooms.</i> <i>Any class B drug which is prepared for injection.</i>	<i>Amphetamines (speed) Barbiturates (if not prescribed) Codeine</i>	<i>Mild amphetamines Tranquillizers (supply) Anabolic steroids (supply) Cannabis (resin and herbal) (Trafficking penalties remain as for class b)</i>

MAXIMUM PENALTIES	MAXIMUM PENALTIES	MAXIMUM PENALTIES^b
<i>Possession: 7 years + fine Trafficking: Life + fine</i>	<i>Possession: 5 years + fine Trafficking: 14 years + fine</i>	<i>Possession: 2 years + fine Trafficking; 5 years + fine</i>

These penalties may be applied in a Crown Court. In a Magistrate's Court the maximum sentence is six months' imprisonment and a £2,000 fine. In both courts, the actual sentence passed will also depend upon the amount of drug involved, previous criminal record, circumstances (e.g. single parent) and the attitude of the magistrate or judge.

DRUGS NOT COVERED BY THE MISUSE OF DRUGS ACT:

Note: some of these are under review as to their legal status.

Magic Mushrooms. *It is not illegal to pick or eat them raw but it is illegal to make them into a preparation such as a tea, or to dry them out.*

Tranquillizers. *It is not illegal to be in possession of them without a prescription, (provided they are in the form of a medicinal product) but it is illegal to give/sell them to other people for non-medicinal use. In this case they are considered Class C drugs.*

Temazepam and Rohyphol tranquillizers are illegal unless prescribed.

Anabolic steroids. *Anabolic steroids are prescription drugs under the 1968 Medicines Act. They can only be sold by a pharmacist working from a registered pharmacy and then only on the presentation of a doctor's prescription. Anabolic steroids are also controlled under Class C of the Misuse of Drugs Act whereby it is illegal to supply the drug, but not illegal to possess them for personal use.*

Alkyl Nitrites (poppers, liquid gold, rush). *It is not illegal to buy, possess or use them. Selling can sometimes be a civil offence against the Medicines Act.*

Alcohol. *Licensing/driving laws apply. It is not an offence for an under 18 year old to be given drink away from licensed premises (unless they are under 5!). Children under 14 are not allowed in bars during licensing hours, unless there are special facilities for them. It is an offence for a licensee knowingly to sell to an under 18 year old. A young person over 16 may have beer, cider or perry with a meal in a licensed restaurant.*

Solvents (glue, gas). *It is not illegal to use most solvents but shopkeepers can be prosecuted if they sell them to an under 18 year old they believe is going to sniff. It is illegal to sell butane gas to an under 18 year old. The police have power to detain a young person in a 'place of safety' or charge a glue sniffer with breach of the peace offences.*

Tobacco. *It is illegal for a shopkeeper to sell to an under 16 year old but it is not illegal for an under 16 year old to purchase or smoke. If a young person under 16 is found smoking in a public place, a uniformed police officer can seize all tobacco and cigarette papers (not pipes or pouches).*

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