



Substance Misuse Procedure

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Approved by: Care and Support Executive Team

Lead Director: Director of Quality and Improvement

In consultation with: Operational teams, Customers

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1. Procedural Context

Substance misuse and addiction is a complex issue that often requires support from services and motivation from customers to create change. Riverside does not condone illegal drug use and will always challenge this behaviour; however, we also recognise the need to engage with people who use drugs and alcohol in a supportive, consistent and positive manner to ensure a safe environment for all.

This procedure defines our approach to working with customers who have issues relating to substance misuse.

All Procedures referred to for Care and Support can be found on the RIC here: [Care and Support - Care and Support Policies and Procedures - All Documents](#)

2. Application

This procedure applies to all Riverside Care and Support services including Supported Housing, Retirement Living and Care services.

All colleagues should read and understand this procedure along with the Naloxone Procedure which provide guidance and support on how to deal with issues relating to substance misuse and potential overdose situations.

3. Duties and Responsibilities

The table below sets out responsibilities for tasks relating to this procedure:

Role	Responsibilities
All Managers	<ul style="list-style-type: none">• Ensuring compliance with this procedure.• Ensuring customers are aware of their responsibilities when they start using Riverside services.• Ensuring processes are in place for new colleagues to be appropriately inducted and all colleagues have access to relevant training.
All colleagues	<ul style="list-style-type: none">• Reading and understanding this procedure.• Working to this procedure to limit the risks of using, possessing and distributing illegal or unknown substances.• Attending mandatory training.• Maintaining the customer's rights to dignity, independence and choice.• Keeping all information about a customer's previous or current drug use and treatment confidential.• Encouraging and supporting customers to achieve positive changes related to their substance misuse through accessing treatment, attending appointments and achieving goals.

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4. Related Legislation and Information

Acts

- **The Medicines Act 1968** – this act regulated the licensing, supply and administration of medicines. Prescription only medicines can only be given in accordance with the directions of an appropriate practitioner. Nothing therefore can be sold as a drug without an appropriate licence.
- **Misuse of Drugs Act 1971** – this act provides the legislative framework for the regulation of “dangerous or otherwise harmful” drugs; the Act applies to the whole of the United Kingdom. This act brought in the Scheduling and Class A, B, & C drug system.
- **The Drug Act 2005** – this act aimed to strengthen the impact of drugs on anti-social behaviour as well as closing certain loopholes from the 1971 act (i.e. Psilocin such as Magic Mushrooms being made a Class A).
- **Psychoactive Substances Act 2016** – this act made it an offence to produce, supply or offer to supply any psychoactive substance if the substance is likely to be used for its psychoactive effects and regardless of its potential for harm. This act is designed to work for any new psychoactive substance (formally known as ‘legal highs’) not defined as a Class A, B, or C, exempted substances (alcohol, nicotine, caffeine, etc.) or medicines.

Definitions

- **Illicit Substance / Controlled Drug** – this is a substance (pill/tablet, powder, plant matter or liquid) suspected of being an illegal drug or non-prescribed medication (as defined by the Misuse of Drugs Act 1971 or The Psychoactive Substances Act 2016).
- **Intoxication** – a person being under the influence of a substance/combination of substances that affects their mental or physical functioning.
- **Substance Misuse** – continued misuse of any mind altering substance that severely affects a person’s physical and mental health, social situation and responsibilities.
- **Overdose** – using a large amount of a substance that produces an adverse physical and/or mental effect that could lead to harm including death.
- **Paraphernalia** – any material used to take drugs. This can include, but not limited to; injecting equipment, knives/spoons, bongs, foil, and more.
- **Supply** – having more of a substance than just for personal use that will be given to others for either free or for a price.

Overview of Drug Classification based on the Misuse of Drugs Act (MDA) 1971

Class Type	Description
Class A	Heroin, cocaine, crack, MDMA ("ecstasy"), methamphetamine, LSD, illicit methadone and psilocybin mushrooms.
Class B	Amphetamine, cannabis, codeine, ketamine, methoxetamine, methylphenidate and Synthetic Cannabinoid Receptor Agonists (known as Spice/Mamba). Any class B drug that is prepared for injections becomes a class A substance.

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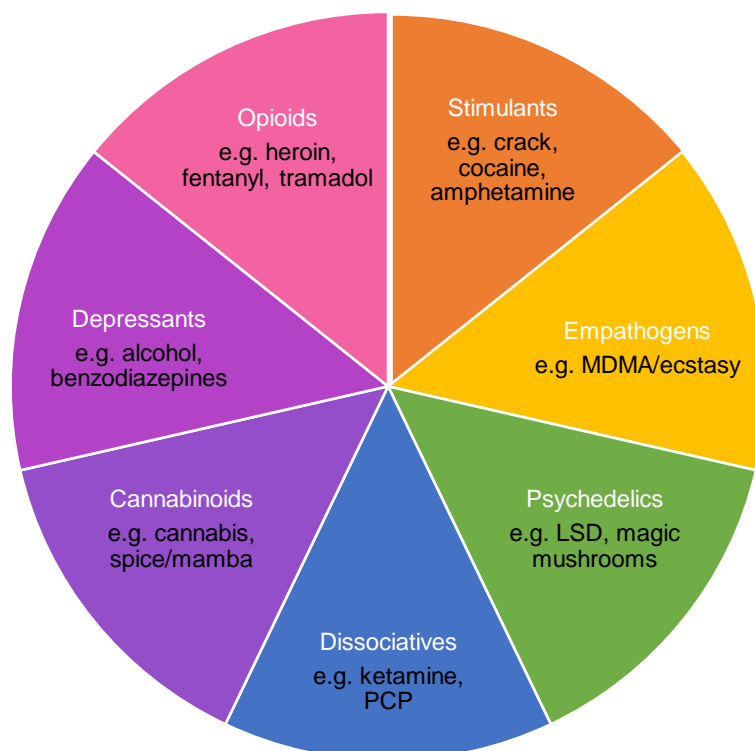
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Class C	GHB, diazepam, flunitrazepam and most other tranquillisers, sleeping tablets, pregabalin and benzodiazepines as well as anabolic steroids.
Psychoactive Substance Act (PSA) 2016	Any other New Psychoactive Substances (previously known as 'legal highs') that has not been categorized as a Class A, B or C. These can include nitrous oxide and misused aerosols, as well as newly identified misused drugs.
Exempt Substances	Alcohol, Nicotine, Caffeine

It can be impossible to differentiate what drug someone has, e.g. a bag of white powder could be a Class A (Cocaine), Class B (Amphetamine), Class C (Powdered Piperazines) or PSA 2016 (any newly developed substance, formally known as 'legal highs').

Our approach should not be to try and figure out what is what, but to assume it could be a Class A and act accordingly

Types of drugs that can be illicitly used



Source: *The Drugs Wheel*

Thinking of drugs via families can help simplify the approximately 700+ drugs that can be misused and will help to deliver effective harm-reduction and support to customers. Please see '**Appendix 1 – Types of Drugs**' for further information on the above families and some key examples.

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5. Other substances

Aerosols (including glues and gases)	These substances are not illegal as they have legitimate use. However, people may misuse them. If you find someone to be using aerosols for intoxication, it is advised to treat it as any other addiction/dependency and offer harm reduction and encourage engagement with the local drug service.
Poppers (amyl or butyl nitrite)	These are not illegal to buy or sell and are not controlled under the Psychoactive Substances Act 2016. As with aerosols, it is advised to treat it as any other addiction/dependency.
Medication (Prescribed & Non-Prescribed)	<p>Medication should always be for the individual's prescribed use only. If you suspect someone to be selling their medication to someone else, this may be a criminal offence. For example, if someone is using methadone without a prescription, they are using a Class A drug and could face punishment accordingly.</p> <p>Riverside could also be prosecuted if colleagues become aware of this behaviour and do nothing. If you suspect this to be happening, follow guidance within this procedure.</p>
Illicit Steroid Use	Anabolic steroids are medicines that are taken to increase muscle mass and improve athletic performance. They are often injected and can impact on an individual's temperament due to the hormone imbalance it provides. Due to the specialisms needed to work with this cohort, it is recommended you refer to your local drug service and needle exchange to ensure the customer gets the appropriate support. Please note that whilst it is an offence to sell, it is not an offence to possess for personal use.
Cannabis-based products prescribed for medical use	<p>In some limited circumstances, Doctors on the General Medical Council's (GMC) specialist register can prescribe cannabis-based products for medicinal use. This will only happen where it is clinically appropriate and in the person's best interests. It is also possible for these specialist Doctors to prescribe cannabis-based products as part of a medical trial. In these cases, cannabis-based products can be prescribed legally as a controlled drug. These products usually come in the form of oils, capsules, tablets or sprays. If customers are prescribed a product in a form that would need to be smoked, schemes would need to consider this in line with the terms of the licence agreement and the rules for good management.</p> <p>Where a customer is prescribed a cannabis-based product, this will be dealt with in line with existing Group and local protocols for medication and controlled drugs – please see <i>Medications Procedure</i>. Teams should ask customers to let them know if they have been, or are going to be, prescribed cannabis-based products, providing confirmation of the form in which this has been prescribed. As with other prescribed medications, customers who are prescribed cannabis-based products should engage in regular reviews with the prescriber and where appropriate, support plans</p>

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	should be updated to detail any support customers may need to manage any new or on-going issues e.g. side effects, dependence.
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Alcohol Use

As alcohol is not an illicit substance, customers are permitted to drink alcohol within their own rooms, although it is banned for consumption in all communal areas.

It is, however, important to remember that alcohol is a depressant drug that can cause harm both in terms of binge use and physical dependency, and is more harmful used in conjunction with illicit substances. This potentially poses a risk to the customer consuming it as well as others in the service.

If services are continually experiencing serious incidents relating to the misuse of alcohol which are causing increased risks to customers and/or colleagues, services are able to place a temporary ban on the consumption of alcohol within the service. Where this is the case services should complete a risk assessment and outline the reasons for doing this. This should be signed off by the relevant Area Manager and a review date identified.

Where services have put a ban in place and customers continue to consume alcohol on the premises, colleagues should firstly explain to them that this is not permitted and offer them the opportunity to rectify this for themselves e.g. disposing of it or taking it off the premises. If they do not do this, colleagues can ask the customer to hand in any alcohol to them and explain that they will dispose of it accordingly. Please note the customer would have to agree to us removing it as we should not do this without consent.

Where we do remove alcohol ourselves, colleagues should then complete the 'Alcohol Removal Recording Sheet' which can be found in '**Appendix 4 – Alcohol Removal Recording Sheet**'. This should be completed and signed off by two members of staff and then saved onto the customer's records on SP Provider.

Where customers hold Tenancy Agreements, including in our Retirement Living properties, customers can consume alcohol in their own property, and we would not place any type of ban on this. Some customers also consume alcohol at communal gatherings, e.g. BBQ's etc, and whilst we should not actively encourage this in our communal areas, it is not a prohibited activity.

Where there are instances of customer's misusing alcohol leading to behaviour which may pose a risk to themselves or others, colleagues should deal with these incidents using the approach and processes set out in the *License and Tenancy Support Procedure*.

When implementing any actions, colleagues should ensure the customer is aware of what we are doing and why, and that any action is an opportunity to support them with their behaviour and look at any ways in which we could reduce future incidents from taking place.

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When to act:



You work in an environment where alcohol is not permitted



You work with under 18s



You are concerned their alcohol use is causing harm

When not to act:



You work in an environment where alcohol is permitted, and it is occurring in acceptable environments

Alcohol can also be used as a tool for grooming, coercion and control. If you are concerned about someone's own alcohol use being problematic (i.e. self-neglect) or someone is providing alcohol to control another person (i.e. cuckooing), then treat as a safeguarding issue and follow the Safeguarding Procedure to ensure the customer gets appropriate support

6. Engagement and Approach

Psychologically Informed Approach

Riverside recognises the need to engage with people who use drugs and alcohol in a supportive, consistent and positive manner to ensure a safe environment for all. Stigmatizing, blaming and being overly punitive to customers who use illicit substances can be counter-productive and may reduce the likelihood of effective recovery from their illicit substance use. Riverside therefore work within the following principles:

Trauma Informed Care and Strengths Based approaches to Support

Our aim is to support customers using the principles of Trauma Informed Care and understanding the widespread impact of trauma and the potential paths for recovery. Being Trauma Informed means we see that the disruptive behaviour is the symptom of a deeper harm, rather than wilful defiance, or disrespect.

Colleagues should aim to understand the underlying causes of behaviour, and address these as well as the behaviour itself, using a strengths-based approach to support to empower the customer to find their own motivation for change, rather than trying to coerce change through punitive measures.

For further information and guidance on these approaches colleagues can visit our '*Positive Psychological Approaches to Support Hub*' which can be found on the RIC here: [Positive Psychological Approaches to Support Hub \(sharepoint.com\)](#)

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This contains:

- **The Riverside Approach to Support Policy** - essential reading for all colleagues working with customers, providing a detailed overview of our chosen approach to working with customers.
- **Strengths Based Approaches** - our Strengths Based Toolkit, available for use by all colleagues, which has been designed by colleagues and gives a great framework for colleagues to use every day.
- **Trauma Informed Care** – a variety of additional resources and information on understanding the principles of Trauma Informed Care and how to adopt these when working with people with histories of Trauma/Multiple traumas.

Colleagues can also book training courses via People Hub on Trauma Informed Care, Coaching for Positive Change and Reflective Practice. Further information can be found in *Section 11 – Training*.

Assessment and Initial Engagement

When first engaging with customers, it is important we ascertain risks in order to maintain safety around substance use, however it is important that we do not use these risks to exclude people from our services. We should use this information to ensure effective support is provided and clear safety plans are utilised. Customers should be encouraged to choose how they are supported, and where agreed, referrals to local drug services should be provided and appropriate support offered to help engagement.

If the individual discloses past use, it is important to ensure this does not impact on them detrimentally moving forward. Discussions should be focused around any behaviour or actions to support the individual’s goals and aspirations.

If you are speaking to a customer about their substance / alcohol use there are various tools to help guide a person-centred conversation and explore options for support, e.g. **‘Appendix 2 – Alcohol Audit’** and **‘Appendix 3 – DAST Screening tool’**.

Harm Reduction

If an individual discloses that they use substances, we should work from a Harm Reduction approach. This concept accepts that people will respond negatively to being told to stop using and instead aims to find safer ways of using, whilst simultaneously focusing on reducing use. This approach does not condone drug use but saves lives, build up trust with customers, and ensures harms are steadily reduced. Examples include:



Always use clean injecting equipment



Avoid mixing drugs (poly drug use)



Use small amounts each time as strengths change

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Avoid using when your mental health is not in a good place



Have regular breaks between using



Ensure you have alternative ways to fill your time

Overdosing

Naloxone is an opioid blocker and is proven to save lives for those that overdose on opioids (such as heroin). It is advised that all Supported services have Naloxone on site as a key harm reduction method for anyone that overdoses on opioids. For further guidance and support please refer to the *Naloxone Procedure*.

Overdosing is when a person has used too much of their drug and is getting an unwanted adverse effect. Some suggested actions for all drug overdoses include:

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Keep the person calm and relaxed



Keep the person conscious by talking to them



Take the person somewhere quiet and safe if safe to do so



Observe and support until symptoms reduce



If you are trained and feel confident to do so, administer naloxone

It is important to make customers aware that if they report an overdose there will be no negative impact on the individual's tenancy, instead we will support them make positive changes to limit repeat situations occurring in the future.

Withdrawal

When a person is coming off the substance, they may be feeling low, down and depressed and/or suicidal. This is a good time to offer support and build safe, supportive and validating relationships, whilst always promoting customer choice:



Be aware when attempting engagement as it may be better to re-arrange any formal meetings



Ensure the person eats, drinks and practices self-care



Mental wellbeing may be at a low. Try and talk to encourage support and contact mental health services if needed



Use as an opportunity to refer to drug services

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Post intoxication / overdose / withdrawal

Riverside does not condone illegal drug use but accepts that drug addiction is a complex matter and requires support from services in ensuring an effective and long-term recovery. Any incident relating to intoxication and overdose is an opportunity to engage positively with the customer. After an incident has occurred, it is important to:

- Check in on their wellbeing. People’s mental health can suffer and may increase depression and suicidal ideation.
- Remind the customer that the service is here to support them make positive changes to limit repeat situations occurring in the future.
- Make referrals to drug services or update drugs worker if the customer is already involved (check in on information sharing agreement prior to doing this).
- Empower the customer to develop a safety plan in conjunction with the service to ensure all actions are identified and implemented to ensure this situation is avoided, where possible, in future.
- If the incident requires further actions, see ‘**Section 12 – Behaviours and Formal Interventions**’.

If customers are in hospital due to an overdose, liaison should continue with the hospital to plan for an effective discharge. The customers risk assessment should be reviewed and updated after any overdose incident.

7. Information for accommodation-based services only

Misuse of Drugs Act (MDA) 1971 – Section 8

The offence under the Act most relevant to Riverside colleagues is section 8 which could potentially hold colleagues criminally liable for ignoring or failing to act upon discovery / suspicion of the production and supply of controlled substances or use of cannabis or opium on the Premises.

In 2000, there was an amendment to this act to replace the word ‘knowingly’ permits with ‘wilfully’ permit which accepts that we can only act if there is clear evidence and resources to act upon this behaviour. Therefore, all actions we take need to be clearly recorded and discussed with a manager immediately.

Where colleagues suspect that drugs are being used on the premises, they are obliged, under the MDA section 8, to take steps, as set out in the *License and Tenancy Support Procedure*, not to ‘suffer or permit’ the use or supply of drugs. Failure to act would be an offence under the MDA.

Colleagues should ensure that where we take actions and interventions, we continue to adopt the principles set out in ‘*Section 6 – Engagement and Approach*’ and aim to understand the underlying cause of the behaviour as well as providing appropriate support interventions to address these.

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Colleagues should explain to the customer that our primary goal is to support them with their substance use and help them to make changes to reduce their use and minimise any harm being caused to them.

If you feel threatened or worry for your or others safety, do not challenge and instead speak to a manager immediately and call the Police if you are concerned about anyone's safety and wellbeing.

Where you suspect individuals are supplying drugs this should be reported to the police. Any agreed protocols for Police liaison that may be in place should also be followed, and all drug related incidents communicated with the Police appropriately.

If the customer ceases to use, then our obligations under Section 8 have been discharged. Use this as an opportunity to support the customer in accessing support.

Following such incidents, it is imperative that all actions taken are logged on SP Provider.

Sharps Disposal

All colleagues should familiarise themselves with how to dispose of sharps safely. In schemes where the safe removal of sharps is necessary colleagues should have received practical instruction on how to remove sharps safely and Personal Protective Equipment (PPE) should be used when doing this.

All colleagues responsible for removing sharps are encouraged to have the Hepatitis B vaccine as well as maintaining any necessary boosters. They should ensure that sharps are always removed and deposited in approved sharps bin using forceps with specialist rubber gloves being worn. If a colleague is not trained in removing sharps, one person should stand guard or close off the area whilst a colleague who is trained to remove the sharps arrives.

Sharps can include needles, syringes, glass, knives (discoloured from heating of the drugs), spoons (discoloured from heating of the drugs), safety pins, razors, foil, swabs, filters.

If you are working with someone who is known to use injecting equipment, advise them to utilise the needle exchange at the local drug service and for them to have a sharps bin in their room/accommodation to ensure safe storage at all times.

Needlestick Injury

There could be the potential that a poorly disposed needle could lead to a needlestick injury in colleagues or customers. If this occurs, the person should attend A&E immediately with your line manager being informed. Immediately after the injury, it is also advisable to limit the chance of getting a blood borne virus through the following actions:

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Encourage bleeding of the infected area by squeezing (DO NOT SUCK)



If possible, wash the area with soap and water.



If eyes / mouth are involved rinse with tap water for 1-2 minutes.



Go to the nearest A&E immediately who will assess risk and provide appropriate treatment.

A customer who does not dispose of used needles/syringes safely will be subject to further actions. For further information see '**Section 12 – Behaviours and Formal Interventions**'.

8. Information for all services

Possession of controlled drugs

Although we should use all available powers to support someone who uses illicit drugs, we must ensure we are working within the law and not putting ourselves or anyone else at undue risk. If a customer discloses to you or you suspect that they are in possession of an illicit drug we should immediately challenge them, **if it is safe to do so**, explaining that this behaviour is not acceptable and puts everyone at increased risk. The following procedure must be followed:



Inform them that they are committing an offense and that we must act upon this



If brought into a service: Ask them to take the substance off site immediately to dispose of it



Remind them of the dangers if they consume the substance onsite, e.g. *intoxication, overdose, impact on others and possible formal actions*



Update SP Provider and complete an incident log on SAW-IT

Supply / Belief of Supply

A manager must be informed of all incidents of supply. A log on SAW-IT should be completed, and the Police called. When you know or suspect that supply is taking place, steps must be taken to prevent it such as contacting the police and following their advice/instruction.

This information must be recorded on SP Provider and regular discussions held with the Service Manager on appropriate next steps. Be vigilant to ensure that the above measures have been effective and that there is no reoccurrence of the supply. Continue to be guided by the Police and ensure all risks and incidents are routinely logged.

This can also be an opportunity to engage positively with the individual if they are looking to supply/sell for their own addiction.

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Suspicion of Supply

Where information comes from third parties' colleagues should:



Acknowledge the information, and ensure that it is recorded, and advise the informant that this will be taken seriously



Discuss matters with other colleagues, identify if they share concerns



Ensure that colleagues apply a high level of vigilance.



After discussions with a manager: Discuss the matter with the individual, in a non-confrontational manner, to establish facts.



If there is no justification, log that the above steps have taken place, there was no evidence to support it, and record any further action taken



If the third party asks for feedback, reassure that the matter was investigated, and you will always investigate such matters when brought to your attention.

Colleague's own suspicions

Where colleagues are suspicious of behaviour, a similar set of steps should be followed, including challenging, discussing with colleagues, increased vigilance and, where appropriate in accommodation-based services, consider how to effectively manage the health and safety of the customer's room. Suspicions of use may lead to how we work with customers moving forward, i.e. no further lone working.

Finding Drugs

When drugs are found unattended in communal or private areas, colleagues can take possession of a controlled drug for the purpose of delivering it to someone authorised to possess such as the Police or the person to whom it was prescribed.

Drugs found in communal areas (both residential and community services, but not in private accommodation)

- Any drug not clearly prescribed to an individual must never be returned.
- Prescribed drugs should be returned to a pharmacy for disposal if the owner is not known. A written receipt must be obtained. Inform the pharmacy prior to setting off.
- If the identity of the customer who left the prescribed drugs is known they should be returned to them with discussions around safety planning and support to help reduce the likelihood of this happening again.
- Where the identity of the person is not known, customers must be informed that an item has been found and we are working to ensure safety for all. This should be a transparent approach based on continued safety and not on accusations.

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Drugs found in private areas (bedrooms etc.)

Where a customer has moved out, act as if the drug were in a communal area, as described above. For all other incidents:

- Where quantities of drug or packaging suggest supply may be taking place, the Police must be involved immediately.
- If prescribed drugs are found not in secure containers, colleagues should support the customer in either using a locked storage box if they have one or getting one if they do.

If any drugs are found in communal or private areas that is suspected to be illegal, the drug should be immediately locked away in a staff area (such as in a locked cabinet) and the Service Manager informed. A log should be placed on SAW-IT, and then the Police called for instruction on how they wish this to be disposed of/picked up. Any response from the Police needs to be clearly recorded and their advice followed.

Drugs found in private homes

Colleagues do not have the authority to remove any suspected illicit substances from an individual's home. If you suspect illicit substance misuse to be occurring, immediately speak to your line manager, log the information on SP Provider, consider a log on SAW-IT and consider how this influences future engagement, *e.g. no further home visits, meeting only at an external venue.*

9. Information for Young People's Services

Children using illicit substances should be considered a safeguarding issue and treated within safeguarding procedures. Some young person specific risks to consider include:



Child Sexual Exploitation:
This is where a child is provided with alcohol and drugs by older people to be exploited sexually. This behaviour is often hidden by the young person believing they are in a relationship



County Lines/Gangs: This is when sophisticated crime networks use children to move drugs around the country from cities to smaller towns and areas



Family drug use: Normalized drug use in the family can negatively impact on children both in terms of getting their emotional and physical needs met and themselves using drugs

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County Lines

County lines is a form of criminal exploitation where illegal drugs are transported from one area to another, often across police and Local Authority boundaries, usually by children / vulnerable people who are coerced into it by criminal gangs.

Colleagues should be aware of some of the risks associated with this and signs to look out for if a Young Person or any other vulnerable customer may be involved in County Lines. For further information and guidance which outlines some of the risks, as well as how to recognise and respond to County Lines please refer to this good practice resource from the NSPCC website: [Protecting children from county lines | NSPCC Learning](#)

Where colleagues suspect or are aware of individuals involved in County Lines, they must share/report any relevant information with the relevant authorities, e.g. Safeguarding Teams or the Police.

If you feel any of the above is occurring, immediately speak to a manager and consider a safeguarding referral. If you feel there is an immediate risk, call the Police immediately for support.

10. Destroying Drugs

The Police should ideally pick up and destroy all illicit drugs. However where the police have advised us to destroy drugs in-house this should be done in accordance with police instruction and the Service Manager informed. Colleagues should then complete the 'Drug Removal Recording Sheet' which can be found in '**Appendix 5 – Drug Removal Recording Sheet**'. This should be completed and signed off by two colleagues and then saved onto the customer's records on SP Provider and a log created on SAW-IT.

If there is a need to transport any drugs to a pharmacy, Service Managers must provide a letter for any colleagues transporting the drugs, the Police must be informed before departing and a receipt for the drugs must be obtained.

Record Keeping

All colleagues should record all drug-related incidents, as soon as possible, including supply and suspicion of supply as an incident using SAW-IT and a note added to SP Provider including:

- Date and time of the incident.
- The name of the customer(s) involved.
- Details of any action taken, including next steps (and how support will be provided).

Information and guidance about the SAW-IT system can be found on the RIC here: [Riverside \(effective-software.com\)](#)

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11. Training

All colleagues who directly engage with customers at any level must work towards achieving appropriate competence. Requirements for training will be based on the individual colleagues' job description, however all colleagues will have access to core training available via Learning Zone.

Specific services may identify and source local training where appropriate. Individual services may often require specific and targeted training to meet the needs of their service. Where this is the case Service Managers should liaise with the training provider to ensure key topics are covered. Guidance for this can be found in '**Appendix 6 – Drug Training Considerations**'.

12. Behaviours and Formal Interventions

Actions and interventions undertaken by Riverside based on illicit substance misuse **are not punishments**. They are part of a recovery focused, person-centred approach and should be used to help support customers modify their behaviour.

When implementing these, colleagues should follow the approach and processes set out in the *License and Tenancy Support Procedure*, and ensure the customer is aware of what we intend to do and that any intervention is an opportunity to support them with their behaviour.

All actions taken (verbal or written) should be:

- Logged on SP Provider and all risks and goals updated accordingly.
- Shared with all colleagues to ensure a consistent and ongoing approach.

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Appendix 1 – Types of Drugs



Appendix 1 - Types
of Drugs

Appendix 2 – Alcohol Audit



Appendix 2 -
Alcohol Audit

Appendix 3 – DAST Screening Tool



Appendix 3 - DAST
Screening Tool

Appendix 4 – Alcohol Removal Recording Sheet



Appendix 4 -
Alcohol Removal Re

Appendix 5 – Drug Removal Recording Sheet



Appendix 5 - Drug
Removal Recording

Appendix 6 – Drug Training Considerations



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Training Considerat

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Approval Date	Reference	Owner	Review Date
27.09.23	Version 4.0	Head of Quality and Improvement	27.09.26

Version	Date	Changes Made	By Who	Authorised
3.1	23.06.22	<p>Section 5 – Other Substances</p> <p>Alcohol Use Further information added around alcohol use and guidance for colleagues on what to do when colleagues are consuming alcohol in an Accommodation Based Service where alcohol is not permitted.</p> <p>Further information added in relation to prescribed cannabis-based products. Reference to Medication Policy also added.</p> <p>Appendix 4 – Alcohol Removal Recording Sheet added for colleagues to complete where there has been a need to remove and dispose of alcohol.</p>	Mark McKean / Jade Rawlinson	Simon Allcock
3.2	24.08.22	<p>Section 5 – Other Substances</p> <p>Alcohol Use Updated section to outline that alcohol is not an illicit substance, and customers are permitted to drink alcohol within their own rooms, although it is banned for consumption in all communal areas. Additional information added to explain that if services are continually experiencing serious incidents relating to the misuse of alcohol which are causing increased risks to customers and/or colleagues, services are able to place a temporary ban on the consumption of alcohol within the service. Where this is the case services should complete a risk assessment and outline the reasons for doing this. This should be signed off by the relevant Area Manager and a review date identified.</p> <p>Section 6 – Engagement and Approach</p> <p>Updated section to focus more on our Psychologically Informed Approach to support including Trauma Informed Care, Strengths Based Approaches as well as Harm Reduction and how colleagues can use these to support customers.</p> <p>Section 7 – Information for accommodation based services only</p> <p>Misuse of Drugs Act (MDA) 1971 – Section 8 Updated section to focus more on understanding the underlying cause of the behaviour and providing</p>	Mark McKean	Simon Allcock

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		<p>support interventions to address these. Added information on what to do if there is a suspicion of supply taking place.</p> <p>Destroying Drugs</p> <p>Additional information added outlining what to do where there is a need to destroy drugs found. Appendix 5 – Drug Removal Recording Sheet added for colleagues to complete where there has been a need to remove and dispose of drugs.</p> <p>Section 12 – Behaviours and Formal Interventions</p> <p>Updated section signposting colleagues to use the approaches and processes as set out in our License and Tenancy Support Procedure, where there is a need to undertake any actions / interventions and ensuring customers are aware of what we intend to do and that any intervention is an opportunity to support them with their behaviour.</p>		
4.0	31.08.23	<p>Section 9 – Information for Young People’s Services</p> <p>Additional section added with specific information for Young People’s services as well as information on County Lines; how to recognise the signs and how to respond/report, including links to further guidance and information.</p> <p>Section 11 – Destroying Drugs</p> <p>Moved information relevant to destroying drugs into standalone section to improve clarity.</p>		

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