DRUGS
POLICY & PROCEDURE

Effective from:
18 August 2025

APPLICATION OF THIS DOCUMENT

The aim of YMCA St. Paul's Group (the Charity) is to enable people to thrive. We work with people who have a range of support needs and this includes those who use legal and illegal drugs.

The Charity does not condone the possession or use of illegal drugs, however, we seek to work with people to promote their wellbeing, reduce harm and manage risk.

This document covers how we seek to offer a service that is accessible to drug users and aims to avoid excluding drug-using clients where possible whilst minimising possible tensions and ensuring safe and legal provision for all parties concerned.

Where staff drug use/ possession is suspected, the staff code of conduct and disciplinary policies and procedures should be followed.

This document applies to all legal entities within the Group.

1. Objective

1.1 Whilst wishing to provide an accessible and inclusive service to people who use drugs, the organisation also recognises that it has other duties and obligations including:

- An obligation to work within the law
- A duty to provide a safe arena for all staff and volunteers
- A duty to provide a safe arena for all customers, including non-users
- A duty to work with and be sensitive to the local community

1.2 The organisation recognises that the intention to work with drug users may create tensions between staff and customers, between customers themselves, between the service and the wider community and the service and the police. However, we will always take the appropriate action should an individual be suspected of using or supplying drugs in any service.

2. Policy Statement

2.1 This document defines the law surrounding drug use and how staff and managers are legally required to respond when drug use or supply is suspected or known. It also covers the responsibilities of employees (paid or voluntary), and the actions employees are expected to take while working with customers.

2.2 It applies to all staff and managers who come into contact with customers or work in YMCA St Paul's Group premises.

2.3 This document should also be read in conjunction with the Support Pathway Policy and Procedure and the Anti-Social Behaviour Policy and Procedure.

3. Equity Impact Statement

3.1 The policy ensures that within the confines of the Misuse of Drugs Act (MDA), customers who have used, continue to use, or are at risk of using substances are provided with information, support and access to specialist services by trained and informed staff, the opportunity to

minimise risk to themselves and others, seek treatment and work towards reduction or abstinence.

3.2 Implicit in the policy is recognition that groups, for example women, those who are LGBT, or from BME groups, may prefer to seek support of specialist agencies or practitioners that understand their experience. Staff will be proactive in ensuring this information is provided by conducting ongoing research and liaison.

4. Resources and Definitions

4.1 Key Legislation considered:

- Misuse of Drugs Act 1971 (MDA 1971)
- Misuse of Drugs Regulations 2001
- Anti-social Behaviour Act 2003
- Psychoactive Substances Act 2016
- Data Protection Act 2018

4.2 Law in relation to drug production and supply in or near a service:

Section 8 of the Misuse of Drugs Act (1971) places obligations on managers of premises to prevent the production or supply of controlled drugs on their premises. Where YMCA St Paul's Group employees believe or are aware this may be taking place, they are obliged under the law to take reasonable steps to stop this, while ensuring their safety and that of others. This will include alerting a manager and calling the police. It could also include action to remove a licence to occupy or eviction action. If employees fail to do so they may be committing an offence under section 8.

"Premises" refer to places where YMCA St Paul's Group operates a service. This includes hostels, night shelters, youth centres, gyms and other settings such as drop-ins or mobile outreach services; this also includes gardens, front steps, car parks, adjoining alleys, mobile units or sheds. All areas within buildings, including individual residents' rooms are to be treated as part of the premises.

The powers to close premises included in the Anti-social Behaviour Act (2003) can be triggered by anti-social behaviour associated with a property even if the activity is not taking place in the property.

4.3 Law in relation to possession or use:

The person is committing an offence by being in unlawful possession of a controlled drug. YMCA St Paul's Group is not committing an offence even if they know or suspect that someone is in possession of a controlled drug. The Charity does not encourage or condone illegal drug possession or use, and employees will challenge it constructively when they become aware that it is taking place.

Section 5 of MDA 1971 prohibits possession unless "to destroy the drug or deliver it into the custody of a person lawfully entitled to take custody of it". This allows employees to deliver small amounts of drugs to pharmacists, doctors or police officers if it is safe to do so.

Section 8 of MDA 1971 relates to the smoking of cannabis and opium, where action must be taken to address this.

4.4 **Law in relation to drug paraphernalia:**

Section 9 of MDA 1971 refers to drug paraphernalia. Harm reduction exemptions such as clean needles and syringes are not open to prosecution, but the provision of foil and pipes could be. Employees must consult with local drug agencies for advice about storage of paraphernalia, and treatment pathways.

4.5 **Drugs covered by this policy**:

Drugs covered by this policy include, but are not limited to, heroin, ecstasy, cocaine, cannabis, crack, amphetamines, methadone, diazepam, KHAT, nitrous oxide (laughing gas), GHB (Gamma hydroxybutyrate) or Novel Psychoactive Substances (NPS). It is illegal for people to be in possession of schedule 2 and 3 drugs without having been prescribed by a doctor. For a full list of controlled drugs please see this website:
https://bnf.nice.org.uk/guidance/controlled-drugs-and-drug-dependence.html

4.6 **Data sharing:**

Information can be disclosed to the police for the purposes of prevention and detection of unlawful acts.

Safety and reducing risk of harm take priority over data protection in all cases. Data recording and sharing with third parties in other circumstances should be done in line with the data protection policy.

5. Good Practice Expectations

5.1 **Expectations of staff (paid and voluntary)**

a. Staff are expected to work in line with the drugs policy.

b. Staff are expected to attend training, supervisions and develop and keep their knowledge and practices on this subject matter up to date.

c. Staff will engage with people when they appear under the influence of substances only when it is useful and safe to do so.

d. Staff will not put themselves or others at risk, including breathing in of substances, danger of sharps related injury or at risk from someone who is substance affected.

e. If anyone is presenting as unwell in relation to drug or alcohol use, their health & wellbeing is primary and action to reduce risk of harm is to be taken such as calling emergency services.

f. Staff will work in line with the staff code of conduct policy; this includes maintaining professional boundaries and a safety-first approach to drug use.

g. Immediate response is to focus on the safety of all people.

h. Staff must record all actions professionally; please see record keeping section below.

i. Staff are expected to inform the police if there is evidence of supply or production of drugs.

j. Housing staff should ensure all residents have up to date needs, risk assessments and support planning in place to address all known or suspected drug involvement.

k. If employees are unclear how to deal with a situation, they must discuss it with a senior colleague or manager. Failure to adhere to this policy will be treated as a serious disciplinary matter.

5.2 **Record Keeping**

a. YMCA St Paul's Group has an obligation to keep records about drug related incidents.

b. Information is to be recorded on INFORM, including on customer files & incident reports or other service specific record keeping mechanisms.

c. Records should be factual, and suspicions should only be recorded as long as it is made clear that they are not substantiated.

d. Be aware that under data protection legislation people may request records about themselves through a Subject Access Request.

e. Information to include: date; time; facts; actions taken; those who were involved and any witnesses;

5.3 **Staff Induction and Training**

a. The drug policy and its application in the place of work forms part of staff induction. Managers must be confident that staff understand the policy, communicate any policy updates and provide refreshers.

b. Locum and agency staff must have the policy available to them while on shift. Wherever possible, locum and agency staff should receive an induction that familiarises them with the drug policy.

c. Staff will be supported to be mindful of previous trauma that someone may have experienced. This could include the staff themselves.

d. Staff will encourage people to take personal responsibility in relation to their drug use, health and wellbeing and safety of themselves and others.

e. Staff are expected to engage with customers, in particular residents and youth service attendees about drug use, to complete needs and risk assessments and risk management plans, including discussions around drug use and to raise concerns around change in behaviour or health due to drug use.

f. Staff must attend appropriate training regarding drug use which includes their obligations under the law, how to engage effectively with people using drugs and how to stay safe.

g. In services where it is considered necessary, employees will be inducted in how to safely handle injecting equipment and how to use PPE correctly.

h. If appropriate, employees can attend Naloxone training. Please see Overdose and Naloxone section below.

i. All employees will receive regular supervision. The drug policy and safety can be discussed here, at team meetings and in other appropriate forums.
j. In some circumstances it may be necessary to take disciplinary action such as when there has been a serious failure to follow the drug policy and related procedures.

5.4 **Service User Inductions**

a. People using YMCA St Paul's Group services will be supported to understand the drug policy and procedure in relation to the context of the service they are accessing (i.e. housing, youth service, etc). It is important that this is done in a clear way and that everyone understands the rules.

b. People using services will be encouraged to take personal responsibility in relation to safety and their drug use.

c. All people residing in our housing services will be risk assessed on arrival and thereafter on a regular basis to ensure they can be best supported. Past or current drug use should not impact them detrimentally moving forward and discussions should be focused around behaviour or actions to support the individual's goals and aspirations. Residents are also to sign as having read and understood the drugs policy during their induction. An easy read version will also be made available.

d. People using our services will be able to give feedback and comments about the drugs policy via staff, comment forms and through regular meetings.

e. Staff will provide up to date information on drugs services to people who need it.

f. We will not apply sanctions to those storing sterile clean equipment in their rooms in line with Section 9 of the DMA 1971.

g. We require people to safely dispose of used equipment and inform us if they require support with this.

5.5 **Preventative Actions**

a. Harm reduction interventions such as sharps bins and information about safety and support to be considered and provided as needed.

b. Good relationships with drug and treatment agencies to be formed, with service level agreements and information sharing as needed.

c. Good relationships with local safer neighbourhood police teams to be formed to ensure an understanding of the service and the ethos regarding drug use. A memorandum of understanding could be agreed where appropriate.

d. Staff to encourage people to take personal responsibility in terms of harm reduction and actively promote engagement with relevant support agencies.

6. Procedures to be followed when drug use, possession, supply or production is suspected or confirmed

6.1 16 & 17 year old residents & Youth Service Attendees under the age of 18

a. These service user groups are regarded as a child or young person and therefore are at greater risk where drugs are involved.

b. It is against the law to buy alcohol, cigarettes or vapes under the age of 18.

c. There is no safe limit for children and young people using alcohol and all substance use carries substantial risks.

d. It is therefore especially important to raise awareness of drugs and their impact with this client group.

e. For young residents, where risk assessments identify substance use this will need to be considered as an issue of actual or potential significant harm and should be deemed a safeguarding concern and appropriate action taken, involving social services.

6.2 When service users seem to be under the influence of drugs

a. YMCA St Paul's Group has an obligation to provide a safe environment for people working, volunteering or receiving a service.

b. Safety of all people, including the person under the influence of drugs and the wider public is the primary concern. This may mean that it is not appropriate to ask someone to leave a building such as a hostel because they may pose a risk to themselves or others.

c. The emergency services are to be contacted if the person appears to be losing consciousness or has lost consciousness, is vomiting or appears unwell.

d. If someone is displaying disruptive behaviour then staff can use their skills in de-escalating the situation, if it is safe to do so. This could include asking someone to consider their actions, distraction or removing them from a communal area or group.

e. Staff must address the behaviour and its impact with the person as soon as it is useful to do so. Staff should refer to the Anti-Social Behaviour policy which also sets out possible sanctions.

f. An incident log using the Anti-Social Behaviour report function should be completed, including as much factual detail as possible.

g. For residents, a risk assessment should be completed and risk management plan agreed.

6.3 Service User Overdoses and Naloxone

a. YMCA St Paul's Group prioritises safety. Everyone who is in contact with services needs to be reassured that they can alert staff or medical assistance as soon as possible if they or someone they are with become unwell after using drugs.

b. Naloxone is administered when someone is suspected to be suffering from a drug overdose. It is not a controlled drug and there is no risk of criminality associated with carrying or administering naloxone.

c. People known to drug support services and may be at risk of overdose are likely to be encouraged to keep Naloxone.

d. YMCA staff can carry Naloxone on their person in the course of their duties where it is deemed appropriate by their team's situational risk assessment.

e. Services who work with people who may be at risk of overdose must request spare Naloxone from their local drugs services and request Naloxone training from the local drugs service for everyone who may be a first responder.

f. Each service must have fully stocked first aid kits which are monitored regularly.

g. If someone becomes unwell, staff or others responding to a drug related incident must risk-assess the area so they will not be at risk from discarded needles or other items.

h. Staff to call the ambulance and keep the operator on the phone to follow their instructions.

i. All incidents of suspected or confirmed drug overdoses are to be recorded via the safeguarding report function.

j. If the person affected is a resident or youth service attendee, once they are able to do so, the incident is to be discussed with them and harm reduction explored.

k. Please refer to *Naloxone in Homelessness Services* from Homeless Link.

6.4 **Service User possession of illegal drugs**

a. If a service user is known or believed to be in illegal possession of controlled drugs they will be reminded, if safe to do so, that this means that they are committing an offence under the MDA 1971, and workers will highlight the legal risks.

b. If the drugs have been brought into the service: ask them to take the substance off site immediately to dispose of it.

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

d. An incident log, using the Anti-Social Behaviour reporting form, should be completed including as much factual detail as possible.

e. Review the risk assessment should the person be a resident and agree a risk management plan.

f. Meet with the person to address the concern and offer support as well as suitable substance misuse agencies.

g. Where the quantity of the drug or other factors suggest that someone may be producing or supplying drugs, staff are to proceed as described in the relevant section below.

h. This procedure will also apply in the case of possession of a controlled, prescribed drug by someone other than the named recipient.

6.5 **Service user possession of prescribed controlled drugs and medication**

a. People engaging with YMCA St Paul's Group are to be encouraged to inform staff what controlled drugs or other medication they have been prescribed.

b. Staff and services cannot store prescribed items or medication. This must be the responsibility of the person prescribed the drug.

c. Residents must keep drugs or prescribed medication stored securely in their own room.

6.6 **Finding Drugs**

6.6.1 **Drugs found in communal areas**

a. If employees, volunteers or others find substances which may be drugs in a communal, shared or public area, they should remove it as it could pose a risk to others.

b. The drugs should immediately be locked away in a staff area such as in a locked cabinet in the presence of another staff member where possible.

c. The manager should be informed and an incident report made. Where possible a discussion with the manager should take into consideration the quantity and classification of the drug. Then, if necessary, the Police are to be called for instruction on how they wish this to be disposed of/picked up.

d. Any response from the Police needs to be clearly recorded within the Incident Report and their advice followed.

e. Destruction should not be completed alone, and a record should be kept of all action taken on the Incident Report.

6.6.2 **Drugs found in private areas (resident rooms & flats)**

a. The resident is liable for prosecution for possession of drugs in a room they have exclusive use of under a license or tenancy agreement.

b. Where it is safe to do so, the person should be asked to remove the drugs from the premises immediately. If the person refuses, then the Police should be contacted.

c. If the resident is not present in the room, the resident is to be contacted as soon as possible and informed of the find and requested to return to the premises to remove the drugs.

d. Staff are not to remove drugs from the room, however, if required photographic evidence can be taken.

e. Staff cannot store drugs for collection by the police that have been found in private areas, as this is not legally safe.

f. Staff must record this as an incident and inform their manager.

g. Staff should carry out a risk assessment with the resident and agree a risk management plan.

h. Where a person has moved out, act as if the drug were in a communal area, as described above.

6.7 **Service Users using drugs (in private and communal areas, including external grounds)**

a. YMCA St Paul's Group is obliged to challenge the smoking of cannabis and opium in services under Section 8 of the MDA 1971.

b. Health or wellbeing consequences are to be addressed as a matter of priority. This could include checking the person is well, ventilating a room or calling for an ambulance.

c. Use of drugs which creates risk to others will not be tolerated, this could include sharing equipment, spilling body fluids, discarding injecting equipment carelessly.

d. Staff will discuss the situation with the person immediately if safe and useful to do so.

e. Staff will take action to reduce immediate risk, this will include the use of PPE such as sharps gloves, sharps boxes, aprons or sleeve covers to prevent contamination.

f. Staff to record the incident using the Anti-Social Behaviour report function.

6.8 **Service Users involved in the production of illegal drugs**

a. If staff become aware or are suspicious that production of drugs appears to be taking place, then they must contact the police. This needs to be recorded as an incident and the manager informed.

6.9 **Supply of drugs**

a. YMCA St Paul's Group will always take action where we know or suspect supply is taking place (this could be one of our services users being the one supplying it or supplied by someone else and the transaction taking place on our premises). This will include contacting the police and may include ending someone's tenure with us if they are a resident.

b. Staff are to seek advice from the police on timescale of when to address this with those concerned.

c. Staff will discuss with their manager actions to be taken in the longer term in relation to the people involved. This will include reflection on the context, police involvement, seriousness and history of each situation.

d. Each incident must be recorded via the Anti-Social Behaviour report function.

6.10 **Complaints about suspicion of production or supply**

a. Staff should acknowledge any information and ensure that it is recorded as an Anti-Social Behaviour incident (rather than a complaint, unless the person is complaining about us not dealing with an earlier report about the same situation in which case it should also be logged and dealt with as a complaint).

b. Advise the person who gave the information that it will be investigated. However, advise them that you may be unable to give them any updates if named individuals are involved.

c. Discuss matters raised with staff and managers and record.

d. Review the relevant risk assessments and risk mitigation plans such as building patrols and CCTV. Add relevant information to the incident/ complaint record (as applicable).

e. Advise the person that they could also go to the police and that it is YMCA St Paul's Group policy to inform the police if there is evidence of production or supply.

6.11 **Building management in relation to drug use - on or near YMCA premises**

a. While staff are on the premises, they will ensure that the building and the surrounding area is supervised effectively. This includes regular patrols of the internal and external vicinity of the premises.

b. Where there are insufficient staff to monitor the whole building, access to non-essential areas could be restricted or monitored.

c. Hot spots where supply or other activities could take place are to be checked regularly and recorded.

d. All complaints from the public regarding drug-related activity in the vicinity of the building are to be logged following the Anti-Social Behaviour policy and be investigated. If this investigation supports the complaint, appropriate action is to be taken.

e. If drug related behaviour is seen or suspected, staff are to assess if it is safe to approach. If safe, staff will ensure that any risks be reduced.

f. If safety is a concern, especially lone working then the police are to be called.

g. Anyone who engages in drug related activity on or near a service is to be spoken to soon after the incident to reduce the likelihood and harm in the future.

6.12 **Good practice in relation to drug paraphernalia**

a. It is lawful to make sharps bins available to people who use intravenously.

b. Some services may have supplies of clean needle kits provided by statutory or commissioned services that they provide their service users with. The service user should inform the service of this arrangement.

c. Staff must not remove drug paraphernalia from individual rooms unless it creates significant risk. If staff do this, then a full incident report must be created and the paraphernalia stored safely, with two staff present where possible.

d. If paraphernalia indicates drug production or supply then the police are to be called.

e. All used drug paraphernalia including injecting equipment is to be disposed of responsibly and safely. Staff must take action to reduce the risk while keeping themselves safe.

6.13 **Risk from used needles and Personal Protective Equipment (PPE)**

a. Staff need to be cautious of needle-stick injuries to themselves or others.

b. In high-risk services staff must wear appropriate footwear that covers their whole foot.

c. Regular inspections of hotspots to take place including public bathrooms and garden areas.

d. All staff in housing, housekeeping and maintenance to be inducted in how to handle injecting equipment and how to use PPE correctly.

e. Managers must have a system in place to check PPE is in good working order.

f. Staff are to use PPE when moving high-risk items such as mattresses, bin bags or soft furnishings.

g. Where identified the services' risk mitigation plan, PPE to be available and to include;

- Sharps boxes
- Needle proof gloves for clearing bedding, undergrowth etc
- Mirrors and safe hand grabbing device for clearing inaccessible areas
- Body fluid spills kit as below.

6.14 **Finding sharps**

a. Staff are to take an unused sharps box to where the needle has been found. Using PPE, they put the needle in the sharps box. Using the needle proof gloves and grabbers. Needles do not need to be re-sheathed.

b. Check sharps bins before moving them to ensure that they have not been pierced. A pierced sharps box can be placed in a larger sharps box prior to transportation.

c. For larger quantities of discards or where there is concern about hidden hazards, specifically trained employees/agencies could be commissioned by the manager.

6.15 **Dealing with a needle-stick injury**

a. Remove the needle and make safe as above.

b. Over a sink, squeeze the injury to encourage bleeding for a few minutes, and place under warm running water.

c. Wash and clean the site with soapy water.

d. Dry and apply a plaster or other dressing.

e. The person is advised to present to A&E within 48 hours and will be assessed for the most appropriate course of treatment. This could include hepatitis B vaccinations, monitoring of liver function and assessment of need for HIV post-exposure prophylaxis.

f. A manager to be informed and the incident recorded.

g. Support and counselling to be made available to the injured person.

h. A review will take place of how the injury took place and remedial measures required to prevent it recurring.

6.16 **Body fluid spills**

a. A spillage kit containing disposable cleaning cloths, disinfectant, superabsorbent powder, rubber gloves, disposable plastic apron and sleeves and biohazard bags to be available in all services. Employees to be inducted in how to use it.

References

For a list of controlled drugs	https://bnf.nice.org.uk/guidance/controlled-drugs-and-drug-dependence.html
Misuse of Drugs Act 1971	http://www.legislation.gov.uk/ukpga/1971/38/contents
Misuse of Drugs Regulations 2001	http://www.legislation.gov.uk/uksi/2001/3998/contents/made
Anti-social Behaviour Act 2003	http://www.legislation.gov.uk/ukpga/2003/38/contents
Psychoactive Substances Act 2016	http://www.legislation.gov.uk/ukpga/2016/2/contents
Data Protection Act 2018	http://www.legislation.gov.uk/ukpga/2018/12/contents
Naloxone in homelessness services	Naloxone in homelessness services | Homeless Link
	Widening the availability of naloxone - GOV.UK (www.gov.uk)