

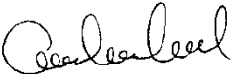


POLICY No. 31

DRUG AND ALCOHOL

Applies to all Alabaré homes, services, departments & shops

This policy has been written in line with our mission and values to enable Alabaré to deliver our vision of a society where everyone has a fulfilling life.

Chief Executive  (Andrew Lord)

Policy History		
Date	Action	
1		Board of Trustees
26 th April 2012	Reviewed	Board of Trustees
August 2014	Re-written	Karen Bell HR Manager / OMT
December 2015	Reviewed and Changes made	Janet Herring, Care and Support Director
December 2015	Reviewed	EMT
8 th January 2016	New Policy Approved	Quality and Audit Committee
July 2019	Policy Revised	Sue Gumbleton based on Sample Policy provided by Kevin Flemen, KFX Training
September 2019	Reviewed by	Governance and Quality Committee
September 2022	Next Review Date	
September 2023	Reviewed	Quality Committee
September 2025	Next Review Date	Quality Committee
August 2025	Policy Re written	Naomi Webb, Head of Service (Homelessness), Hannah Shucksmith (Crisis and Urgent Pathway Project Officer), frontline staff and Service Users.
September 2028	To be reviewed	Quality Committee

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1.0 POLICY FOUNDATIONS – PURPOSE, ETHOS & AIMS

1.1 Purpose

The purpose of this policy is to set out Alabaré’s approach to managing and supporting Service Users who may use drugs or alcohol. It outlines our commitment to promoting health, wellbeing, safety, and independence, while reducing harm, and explains the standards and boundaries necessary to maintain a safe and respectful environment for all. This policy supports Alabaré’s mission and values and is designed to ensure consistency, fairness, and legal compliance across all services. Staff will read this policy in conjunction with:

- 3. Equality and Diversity
- 14. Confidentiality
- 16. Code of Conduct
- 32. Behaviour Management
- 36. Complaints
- 37. Housing Management

1.2 Scope

This policy applies to all Alabaré homes, services, departments, and shops. It covers all individuals supported by Alabaré in any capacity, including those in accommodation-based services, floating support, drop-in centres, and outreach programmes. Throughout this document, the term ‘Service Users’ refers to all individuals supported by Alabaré in any capacity. Within our services, we may use other terms such as clients, residents, or guests; however, for consistency and compliance, the term ‘Service Users’ will be used throughout.

This policy does not apply to staff drug and alcohol use, which is addressed separately in Alabaré’s Code of Conduct.

1.3 Context and Who We Support

At Alabaré, we support individuals facing a wide range of life challenges, including (but not limited to) homelessness, mental health difficulties, and learning disabilities. We understand that some of our Service Users may use substances – legal or illegal – such as drugs or alcohol. For some, this may be part of an ongoing recovery journey, while for others, substance use may still be a significant concern. Our Service Users include:

- Individuals with ongoing, high-risk substance use
- Individuals with a history of substance use who are not currently using at high-risk levels
- Individuals with low or managed substance use
- Individuals in active recovery or post-rehabilitation

1.4 Understanding the Wider Context

We recognise that substance use often has roots in complex life experiences, including trauma. There can be an intersection between substance use and the reasons someone is receiving our support, and the experience of needing our services can itself be a contributing factor. While the possession, supply, or unsafe use of illicit drugs, New Psychoactive Substances (NPS), or alcohol is not permitted in most services for safety reasons, some designated services operate a ‘wet model’ where alcohol use is allowed within agreed boundaries. In all cases, our approach is non-judgemental and focused on wellbeing, and in alignment with our core organisational values of care, compassion, honesty, and respect.

1.5 Our Commitment to Service Users

We are committed to working alongside Service Users to safely and respectfully uphold and promote their health, rights, and independence, while reducing harm. We offer an accessible,

supportive and compassionate environment for all, regardless of their stage in the recovery journey. Where there is a genuine commitment to positive change, we will offer encouragement, guidance, and practical support – whether an individual is currently using substances, in recovery, or considering change. Our approach includes but is not limited to:

- Harm reduction
- Advice
- Support
- Signposting
- Treatment Interventions

1.6 Organisational Responsibilities

We also recognise our responsibility to:

- Operate in full compliance with the law.
- Maintain a safe, respectful, and inclusive environment for staff, volunteers, visiting professionals, and all Service Users.
- Safeguard the wellbeing of everyone in our services, including those who do not use drugs and/or alcohol.
- Work in partnership with, and remain responsive to, the needs of the local community.

1.7 Prohibited Substances and Behaviours

The possession or use of illicit drugs, New Psychoactive Substances (NPS) is not permitted onsite. Excessive alcohol use is discouraged across all services. However, alcohol may be permitted in wet model services. Managed Alcohol Programs may also be implemented in dry houses with commissioner approval, where appropriate. Where such use or intoxication occurs, we will respond with care and professionalism, prioritising safety and wellbeing for all.

1.8 Zero Tolerance on Supply

The supply of controlled drugs on site is strictly prohibited. Alabaré has a zero-tolerance approach to drug dealing and will take immediate and appropriate action to prevent and address any such activity.

1.9 Consideration for Others in Shared Environments

We also recognise the impact that drug and alcohol use can have on others in shared living environments, such as our homes. Out of respect for fellow Service Users and to maintain a safe and supportive community, we ask everyone to be mindful of their actions and how they affect others. We recognise that supporting individuals who use drugs or alcohol can sometimes lead to tensions between staff and Service Users, among Service Users themselves, and between the organisation, the wider community, and the police. This policy is designed to help navigate those challenges by promoting safety, reducing harm, and ensuring that our services are delivered in a way that is legal, respectful, and inclusive for all.

2.0 SUBSTANCE DEFINITIONS & LEGAL FRAMEWORK

2.1 This Drug and Alcohol Policy applies to all substances - both legal and illegal - that may affect the safety, health, or wellbeing of Service Users, staff, or visitors within Alabaré's services. This includes controlled drugs, prescription medicines, alcohol, and other psychoactive substances. This ensures compliance with relevant UK legislation, meets funders' requirements, and reflects Alabaré's harm reduction approach, prioritising safety, dignity, and support for all individuals.

2.2 Categories of Substances Covered

This policy applies to:

- Illicit drugs

- Prescription-only medicines (POMs)
- Alcohol
- New Psychoactive Substances (NPS)
- Other potentially harmful substances – including volatile substances, glues, gases, and aerosols.

2.3 Definition of a Drug

A drug is legally defined as a controlled substance if it appears in Schedule 2 of the Misuse of Drugs Act 1971. Substances are categorised by their potential harm and associated penalties:

- **Class A:** Most harmful (e.g., heroin, cocaine, ecstasy)
- **Class B:** Moderate harm (e.g., cannabis, ketamine)
- **Class C:** Lower harm but still potentially dangerous (e.g., benzodiazepines, anabolic steroids)

2.4 Controlled Drugs (Illegal Possession or Use) – Classes & Associated Penalties

This policy specifically addresses the illegal possession or use of controlled drugs, which are classified under the Misuse of Drugs Act 1971 as:

- **Class A:** heroin, cocaine, ecstasy, methadone, LSD
 - Possession: up to 7 years' imprisonment
 - Supply/Production: life imprisonment
- **Class B:** cannabis, amphetamines, ketamine, codeine (above specified strengths)
 - Possession: up to 5 years' imprisonment
 - Supply/Production: up to 14 years' imprisonment
- **Class C:** benzodiazepines, pregabalin, gabapentin, anabolic steroids
 - Possession: up to 2 years' imprisonment
 - Supply/Production: up to 14 years' imprisonment

Possession of prescribed controlled drugs (e.g., methadone, pregabalin, benzodiazepines) without a valid prescription is also prohibited and considered a criminal offence under the Misuse of Drugs Act 1971.

2.5 Medicines

This policy also applies to the use and management of:

- Prescribed controlled drugs
- Prescription-only medicines (POMs)
- Over-the-counter medicines (OTCs) where use presents health or safety risks.

2.6 Substances Not Regulated as Controlled Drugs

Certain substances not regulated under the Misuse of Drugs Act are also included due to their potential harm, including:

- Volatile substances (e.g. solvents, glues, gases, aerosols)
- Amyl and butyl nitrites ('poppers')
- New Psychoactive Substances
- Tobacco
- Alcohol

2.7 Definition of a Psychoactive Compound

A psychoactive substance is any compound that affects brain function, altering perception, mood, or behaviour. This includes legal substances such as alcohol and nicotine, as well as illegal or controlled drugs. While not all psychoactive substances cause dependence, they may impact mental health and overall wellbeing.

2.8 Relevant UK Legislation

This policy is informed by and complies with the following legislation:

- **Misuse of Drugs Act 1971** – controls and classifies harmful substances
- **Misuse of Drugs Regulations 2001** – lawful use of controlled drugs
- **Psychoactive Substances Act 2016** – prohibits supply of non-controlled psychoactive substances
- **Medicines Act 1968 & Human Medicines Regulations 2012** – regulation of medicines
- **Drug Trafficking Act 1994** – tackles proceeds of drug-related crime
- **Road Traffic Act 1988 (amended 2015)** – drug-driving offences
- **Drugs Act 2005** – enforcement and testing powers
- **Antisocial Behaviour, Crime and Policing Act 2014** – addresses drug-related nuisance
- **Licensing Act 2003** – regulates alcohol and some medicines
- **Criminal Justice and Public Order Act 1994** – addresses public disorder linked to drug use

3.0 STAFF RESPONSIBILITIES & IMPLEMENTATION

3.1 Following this policy and its related appendices is essential to maintaining a safe and professional environment. Any failure to comply will be taken seriously and may result in proportionate disciplinary action.

3.2 All Staff

- Will understand this policy and have a practical knowledge of its content. If they need clarification or support, they should always seek guidance.
- All Staff will comply with the law and always follow the organisation's Drug and Alcohol Policy. If they are unsure about how to handle a situation or if they have concerns about any part of the policy, they will speak to their line manager for advice.
- Staff will promptly report breaches of this policy. In risk-tolerant environments, reporting should be guided by harm reduction principles and contextual understanding, with support from line managers to ensure proportionate responses.
- Will undertake drug and alcohol related training in relation to their role.

3.3 Line Managers

Line Managers will ensure that all staff understand and apply the Drug and Alcohol Policy effectively. This includes:

- Explaining the policy during staff induction (All staff will read and confirm their understanding of the policy and procedures via the My Learning Cloud training portal.)
- Making the policy accessible to relief staff, volunteers, and agency workers while on shift. Where possible, these staff will receive an induction to familiarise them with the policy.
- Ensuring all relevant staff complete a drug awareness training course as soon as possible after starting. Regular refresher training will be provided to update knowledge, ensure consistent practice, and build confidence in handling drug and alcohol-related situations. Training covers drug awareness, managing challenging behaviour, and correct policy application. Staff are encouraged to share their knowledge and experiences to support learning across the team.
- Providing regular supervision to all staff. Supervision sessions will include discussions on implementing the Drug and Alcohol Policy and addressing any difficulties. Additional training or skills development will be arranged if needed.
- Taking disciplinary action, when necessary, particularly in cases of serious breaches of this policy. While disciplinary action may be necessary for serious breaches, this policy also promotes flexible boundaries. Managers should assess each situation individually and apply proportionate responses.

4.0 SERVICE USER ENGAGEMENT AND EXPECTATIONS

4.1 This section sets out how Alabaré engages with Service Users regarding substance use and recovery, and the expectations we hold to ensure safety, dignity and fairness for all. It applies to every Service User, regardless of whether they currently use substances, are in recovery, or are considering making changes.

4.2 It is essential that every Service User is aware of, and understands, the expectations in their home or service, along with the reasons behind them. These expectations are in place to protect everyone's wellbeing and to create a safe, respectful, and supportive living environment.

4.3 Clear and consistent boundaries are vital. They help to ensure that everyone knows what is expected of them, that rules are applied fairly, and that individuals feel respected and valued. This also supports a culture of accountability, where everyone plays a role in maintaining a positive community.

4.4 Introducing this Policy to Service Users

All Service Users will be introduced to Alabaré's Drug and Alcohol Policy in a clear, accessible, and supportive manner. This will include:

- An explanation of the rules around substance uses within services.
- The reasons these rules are in place, including safety, legal compliance, and respect for others.
- Information on available support services and how to access them, including signposting.

This policy will be discussed during the assessment process. This ensures transparency about expectations from the outset and helps determine readiness for support. Early discussion of the policy helps reduce disengagement, supports positive outcomes, and ensures that services are used effectively in line with funders' key performance indicators (KPIs).

4.5 Induction and Support Agreements

During induction, individuals with addiction issues will be invited to sign a Recovery Support Agreement (see Appendix A), confirming their understanding of the expectations and their commitment to work towards agreed goals. Expectations around substance use will also be outlined in house induction booklets. To ensure accessibility:

- Easy-read versions of the policy (see Appendix B) will be provided, particularly for those with limited literacy.
- In residential settings, written house rules will be included in induction packs for reference.
- For those whose first language is not English, translations of the easy-read policy will be provided via Language Line.

4.6 Service User Feedback and Involvement

Alabaré actively encourages Service Users to share feedback on the Drug and Alcohol Policy. This can be done through:

- Anonymous comment forms.
- Resident house meetings.
- Direct conversations with staff.

We recognise that involving Service Users in shaping house rules and behavioural responses builds trust, ownership, and a sense of fairness. Creating space for open dialogue helps individuals feel heard and respected, which is essential for a safe and empowering environment.

4.7 Engagement Expectations

Service Users are expected to actively engage with the support offered and show a willingness to work towards positive change (see Appendix A). Engagement may include, for example:

- Taking part in keywork sessions.
- Developing harm reduction plans.
- Accessing specialist treatment or recovery services.

These expectations will be made clear during assessment, ensuring that individuals understand the need to fully utilise the support available to begin or progress in their recovery journey.

4.8 We understand that recovery is not a straight path and may involve setbacks. Alabaré remains committed to supporting everyone at their own pace, with dignity and respect. Our recovery services are available to anyone who is actively seeking to reduce or stop their substance use, regardless of where they are starting from.

5.0 RISK-INFORMED SUPPORT LEVELS

5.1 We adopt a risk-informed approach to supporting Service Users with substance use needs. This ensures that responses are consistent, person-centred, and tailored to the individual's level of risk and recovery stage. By matching support to individual needs, staff can make informed decisions about placements and support plans, reduce unplanned exits, and help Service Users engage meaningfully with their recovery journey. This approach is grounded in trauma-informed and harm reduction best practice, recognising the complexities of substance use and the importance of flexible, compassionate support in maintaining safe and inclusive environments and promoting positive outcomes.

5.2 The following table outlines the four levels of support we provide, describing typical Service User profiles, key characteristics, and practical actions that guide our delivery of support.

RISK-INFORMED SUPPORT LEVEL	SERVICE USER PROFILE	KEY CHARACTERISTICS	PRACTICAL ACTIONS
High Support – Risk-Accepting Environment	For individuals with ongoing, high-risk substance use.	<ul style="list-style-type: none">• Active use of non-prescribed drugs (including Class A) and/or entrenched alcohol dependency.• High tolerance for ongoing use, with a focus on harm reduction and engagement.	<ul style="list-style-type: none">• Provide on-site harm reduction resources (e.g. needle exchange, naloxone, safe disposal bins).• Build strong, non-judgmental relationships to maintain engagement.• Offer regular keywork sessions focused on safety planning and motivation for change.• Collaborate with drug and alcohol services for in-reach support.

			<ul style="list-style-type: none"> • Train staff in overdose response and trauma-informed care. • Use flexible boundaries to avoid unplanned discharges.
Moderate Support – Risk-Tolerant Environment	For individuals with a history of substance use but not currently using at high-risk levels.	<ul style="list-style-type: none"> • Some tolerance for substance use, but not for injecting or frequent Class A use on-site. • Focus on stability, early intervention, and preventing escalation. 	<ul style="list-style-type: none"> • Conduct regular risk assessments and update support plans accordingly. • Use early warning systems (e.g. increased absences, changes in behaviour) to trigger support. • Offer brief interventions and motivational interviewing. • Set clear expectations around on-site use and consequences. • Facilitate access to community-based recovery or harm reduction services. • Provide peer support or lived experience mentoring.
Low Support (Variant A) – Risk-Aware Environment	For individuals with low or managed substance use.	<ul style="list-style-type: none"> • Not abstinence-based, but substance use is expected to be minimal and off-site. • Focus on maintaining stability and preventing relapse. 	<ul style="list-style-type: none"> • Include substance use discussions in regular support planning. • Offer relapse prevention tools and coping strategies. • Encourage participation in structured daytime activities or employment. • Monitor for signs of increased risk and escalate support if needed.

			<ul style="list-style-type: none"> • Provide information on local recovery groups and harm reduction services. • Maintain a calm, consistent response to minor incidents.
Low Support (Variant B) – Recovery-Focused, Risk-Minimising Environment	For individuals in active recovery or post-rehabilitation.	<ul style="list-style-type: none"> • Abstinence-based environment with clear expectations. • Residents are typically in structured recovery or post-treatment. 	<ul style="list-style-type: none"> • Implement clear house rules and agreements around substance-free living. • Facilitate access to mutual aid groups (e.g. AA, NA) and recovery networks. • Provide relapse prevention planning and crisis support. • Offer structured routines and meaningful activities. • Train staff in recovery coaching and trauma-informed approaches. • Use positive reinforcement to celebrate milestones and progress.

6.0 PREMISES AND LEGAL RESPONSIBILITIES REGARDING CONTROLLED SUBSTANCES

This section sets out Alabaré’s legal duties under the Misuse of Drugs Act 1971 and its approach to managing drug or alcohol activity on or near its premises, including properties under its tenancies or licences.

6.1 The Law Regarding Premises

Under Section 8 of the Misuse of Drugs Act 1971, it is a criminal offence for anyone involved in managing premises to knowingly permit the production, supply, or use of controlled drugs on those premises. This places a legal responsibility on Alabaré to ensure premises are not used for such activities.

Recent Amendments – Misuse of Drugs Act 1971 (Amendment) (No. 2) Order 2024

Effective from 15 January 2025, this amendment expanded the list of controlled substances to include:

- 22 new substances, including synthetic opioids (such as nitasenes), benzodiazepine analogues, and xylazine

- Of these, 15 substances have been classified as Class A drugs

Implications: The use, supply, or production of these newly controlled substances on any premises managed by Alabaré may now constitute an offence under Section 8 of the Act. Both staff and Service Users should be aware that such activities could lead to serious legal consequences, including enforcement action by the police or other authorities.

6.2 Our response to Drug / Alcohol Activity on Alabaré Premises & Surrounding Areas

6.2.1 Alabaré will act under this Drug and Alcohol Policy when there are concerns about substance related activity occurring on or near our premises, including any areas surrounding the building. This policy also applies to locations where alcohol is prohibited (e.g. 'dry' or 'damp' models).

6.2.2 Where activity in the vicinity - though not directly on our premises - is negatively affecting others, we will report these concerns to the police or other relevant authorities.

6.2.3 For Service Users receiving floating housing support and living independently in the community, the property covered by an Alabaré tenancy or licence is considered part of our premises. We will take appropriate action if there are concerns about drug-related activity either within or near these properties. Service Users should be aware that such activity may place their tenancy or licence at risk.

7.0 POSSESSION & SUPPLY OF CONTROLLED SUBSTANCES

This section sets out Alabaré's position on illicit drug possession and supply. It applies to all services, regardless of the service model.

7.1 Alabaré's Position on Drug Possession & Supply

7.1.1 Possession

Alabaré does not condone the possession or use of illicit drugs within any of its premises. If staff have knowledge or reasonable suspicion that a Service User has brought controlled substances onto the premises, they will engage with the individual to address these concerns in a supportive and constructive manner. Further action will be taken where such behaviour poses a risk to the safety of staff or other Service Users or causes distress within the community.

Any credible information relating to suspected drug dealing or supply will be promptly reported to the police.

Under the Misuse of Drugs Act 1971, possession of a controlled drug by a Service User constitutes a criminal offence. Alabaré and its staff do not commit an offence by being aware of or suspecting possession, provided they do not permit, facilitate, or encourage such activity on the premises.

Alabaré will neither encourage nor tolerate the possession or use of illicit drugs and will consistently challenge such behaviour whenever identified. Any necessary disciplinary or safeguarding action will be taken in accordance with the Alabaré Housing Management Policy.

7.1.2 Supply

We will not tolerate the supply of controlled drugs or New Psychoactive Compounds on the premises. Supply of drugs on site creates a serious risk for residents and staff and is something we will take action to stop. We will always act where we know or suspect that supply is taking place. We may take a range of different actions depending on the severity of the incident, or the continual suspicion we could end up having to evict, and/or call the police.

7.2 Prescribed Cannabis Use

Cannabis is classified as a Class B drug under UK law. However, when prescribed by a qualified healthcare professional, it is treated as legitimate medication. Staff will distinguish between illicit use and prescribed use and manage it through appropriate procedures.

Given the communal environment of Alabaré's services and the potential impact on other residents and staff, any prescribed cannabis use will be disclosed to staff and managed through appropriate procedures (see Appendix C).

The use of prescribed cannabis will be reflected in the individual's risk assessment, management, and support plan. This ensures that the individual's medical needs are met while safeguarding the wellbeing, safety, and comfort of others within the service.

8.0 PRESCRIBED MEDICATION MANAGEMENT

This section sets out how Alabaré manages prescribed controlled drugs and other high-risk medications to reduce harm, ensure safety, and maintain compliance with legal requirements.

8.1 Prescribed Controlled Drugs and Medication

Appendix: Benzos, pregabalin, Opioids.

Where a Service User is prescribed controlled medication for a condition, it is recommended that Alabaré staff liaise with the individual and their healthcare providers to arrange regular collection of medication, either daily or weekly depending on the prescribed dosage. This approach ensures that the Service User has access only to the correct prescribed amount at any given time, thereby minimising the risk of stockpiling, sharing, or accidental overdose.

8.2 Risks and Management of High-Risk Prescribed Medications

Benzodiazepines present a significant risk of physical dependence. Abrupt cessation without appropriate medical supervision can lead to severe withdrawal symptoms, including increased anxiety, seizures, and, in rare cases, fatal outcomes. Additionally, withdrawal may worsen pre-existing mental health conditions, highlighting the critical importance of professional medical oversight.

Staff will proactively encourage Service Users to engage with healthcare professionals to develop safe, structured reduction or tapering plans. Any known or suspected use of benzodiazepines, including attempts to reduce dosage without medical advice, will be clearly recorded within the individual's risk assessment and management plan. This ensures vigilant monitoring and appropriate support, thereby minimising harm to both the Service User and others within the service.

Other prescribed medications such as pregabalin, opioids (including methadone and buprenorphine), and similar substances also carry risks of dependence, misuse, and overdose. These medications should always be taken exactly as prescribed. Staff should support Service Users in adhering to their medication plans and encourage open communication regarding any challenges or concerns related to their use.

Regular medication reviews with healthcare providers are important to assess effectiveness, side effects, and the ongoing need for prescribed drugs. Staff should encourage Service Users to attend these reviews and ensure any updates to medication or treatment plans are reflected in risk assessments and support plans.

If there is suspicion or evidence of medication misuse (e.g., sharing, selling, or using outside prescribed instructions), staff should address this promptly through risk management processes and engage relevant professionals. Misuse will be managed with a focus on safety, support, and harm reduction, with consequences aligned with organisational policies.

8.3 Safe Storage and Administration

The storage and administration of prescribed medication will vary depending on the nature of the service provided:

- **CQC-Registered Services:** In these settings, staff may be responsible for administering medication in line with contractual obligations, regulatory standards, and best practice guidelines.
- **Non-Registered or Independent Living Services:** In some services, Service Users are expected to manage and administer their own medication independently.
- **External Healthcare Support:** Where Service Users are unable to self-administer medication and the service is not registered to administer medicines, qualified external healthcare teams may visit the site to provide this support.

In all cases, medication storage will comply with legal and safety requirements and best practice to prevent misuse, accidental harm, or loss.

9.0 SPECIFIC SUBSTANCE GUIDANCE

9.1 Other Substances (New Psychoactive Substances, Poppers, Solvents)

New psychoactive substances (NPS) are drugs which were designed to replicate the effects of illegal substances like cannabis, cocaine and ecstasy whilst remaining legal, hence their previous name 'legal highs'. NPS began to appear in the UK drug scene around 2008/09. They fall into four main categories:

- **Synthetic cannabinoids:** They bear no relation to the cannabis plant except that the chemicals which are blended into the base plant matter act on the brain in a similar way to cannabis.
- **Stimulant-type drugs:** These drugs mimic substances such as amphetamine, cocaine and ecstasy and include BZP, mephedrone, MPDV, NRG-1, Benzo Fury, MDAI, ethylphenidate.
- **'Downer'/tranquiliser-type drugs:** these drugs mimic tranquiliser or anti-anxiety drugs, in particular from the benzodiazepine family and include Etizolam, Pyrazolam and Flubromazepam.
- **Hallucinogenic drugs:**– these drugs mimic substances like LSD and include 25i-NBOMe, Bromo-Dragonfly and the more ketamine-like methoxetamine.

Effects of NPS

The effects of NPS vary significantly from drug to drug and, compared to more traditional drugs, we have relatively little information on them. However, there is a growing body of evidence to demonstrate the potential short and long-term harms associated with their use. There have been hospitalisations and deaths linked to NPS. Reported harms during intoxication and come down include:

- Overdose and temporary psychotic states and unpredictable behaviours
- Attendance at A&E and some hospital admissions

- Sudden increase in body temperature, heart rate, coma and risk to internal organs (PMA)
- Hallucination and vomiting
- Confusion leading to aggression and violence
- Intense comedown that can cause users to feel suicidal
- Use is also associated with longer term health issues such as an increase in mental health issues including psychosis, paranoia, anxiety, 'psychiatric complications and depression. Physical and psychological dependency happening quite rapidly after a relatively short intense period of use (weeks).

10.0 ALCOHOL USE WITHIN SERVICES

10.1 Dry, Damp and Wet Models

Alcohol use on site will vary depending on the type of service provided. Our services are generally categorised into three models: 'dry', 'damp', or 'wet', as defined in the table below.

Model	Alcohol Use Policy	Additional Notes
Dry Model	No alcohol use allowed on or off site*	Used in our Recovery House
Damp Model	Alcohol use allowed off site but not on site*	Re-entry may depend on intoxication level and associated behaviour
Wet Model	Alcohol use permitted on site	Typically for Learning Disability houses. Use is at Manager's discretion, especially for dependent drinkers

**Where a Managed Alcohol Program is clinically indicated and approved by commissioners, exceptions may be made and the service reclassified accordingly.*

10.2 Alcohol Storage

10.2.1 In our wet model services, Service Users may keep alcohol in their personal or communal fridges/cupboards etc. Staff will encourage Service Users to consume alcohol responsibly. There may be instances, at the manager's discretion, when alcohol is kept in the staff office securely, e.g. ahead of a pre-arranged party.

10.2.2 Alcohol will not be stored on site nor by staff in any dry or damp model service.

10.3 Managed Alcohol Program

For those living with significant alcohol addiction and where there is a risk of fitting or other alcohol related physical risks the delivery of a managed alcohol program should be considered as part of the individual risk management plan (See appendix D). This should be delivered in partnership with the substances misuse commissioner and specialist addiction support services within your area. If this has yet to be implemented permissions should be sought from service commissioners if the service is a dry house. Please seek guidance from your service manager.

11.0 HARM REDUCTION

Our approach to substance use is non-judgemental and focused on reducing harm to individuals and the wider community. We aim to support safety, dignity, and wellbeing through practical measures and partnership working.

11.1 Drug and Alcohol Management in Drop-In and Non-Accommodation Services

Alabaré's drop-in centres, outreach programmes, and off-site activities offer vital support to individuals who may not reside in our accommodation services. These services are designed to be inclusive, low-barrier, and recovery-informed, providing harm reduction, emotional support, and practical assistance.

To maintain safety and uphold our values, the following principles apply to drug and alcohol management in these settings:

Expectations and Boundaries

- No consumption of drugs or alcohol is permitted during any Alabaré-led activity, including workshops, trips, and drop - in sessions.
- Individuals will not be actively under the influence of substances in a way that impairs their ability to engage safely or respectfully.
- Staff will assess each situation individually, considering the safety of the person, others present, and staff.

11.2 Single Homelessness Drop-In Services

In recognition of the complex needs of individuals experiencing single homelessness, some flexibility is permitted regarding presentation under the influence. If a person is not actively consuming substances and poses no immediate risk, staff may allow participation with appropriate monitoring. This decision will be based on a risk assessment and the individual's behaviour, coherence, and ability to engage safely. Within our Single Homelessness Drop-In Services, we offer NX Machines and Nalaxone, as detailed below.

11.2.1 NX Machines

Alabaré's Single Homeless Services in Wiltshire collaborate with Public Health to provide NX machines - automated dispensers offering clean injecting equipment.

These machines provide discreet, low-barrier access to sterile supplies, helping to prevent the spread of blood-borne infections such as HIV and hepatitis C. They are especially valuable for individuals who may not engage with traditional services. While many Service Users are on their own recovery journeys, the use of NX machines reflects our commitment to safety, dignity, and public health without requiring full abstinence (see Appendix E).

Use of NX machines is monitored in partnership with Public Health, and their placement is carefully considered to ensure safety and discretion. Staff in relevant services are trained to support Service Users in accessing these resources appropriately.

11.2.2 Nalaxone

Naloxone (see Appendix F) is a life-saving medication that reverses opioid overdoses. Staff in relevant services are trained to administer naloxone and encourage Service Users to carry naloxone pens or nasal sprays. This intervention helps prevent drug-related deaths, particularly where individuals may use alone. Promoting naloxone use supports harm reduction and empowers Service Users on their recovery journey without the necessity of full abstinence.

11.3 Mental Health Drop-In Services

Due to the nature of mental health support and the potential impact of substance use on psychological wellbeing and group dynamics, individuals will not be under the influence when

attending drop-in sessions. This ensures a safe, therapeutic environment for all participants. If someone presents under the influence, they will be asked to return when they are no longer affected.

11.4 Safety and Inclusion

- Staff will use non-judgemental engagement to support individuals in accessing help, even if they are struggling with substance use.
- Harm reduction resources (e.g. naloxone, information on local services) will be available where appropriate.
- Participation in off-site activities will be subject to risk assessment, with clear expectations communicated in advance.

This approach ensures that Alabaré's community-based services remain safe, inclusive, and responsive to the needs of individuals at all stages of their recovery journey.

11.5 Staff that need to visit clients home must ensure that a risk assessments are completed if the client is known to use drugs or alcohol. A strict contract must be drawn up to ensure that any drugs paraphernalia is safely stored when staff visit

12.0 MONITORING AND EVALUATION

12.1 Heads of Service are responsible for the ongoing monitoring of all incidents, safeguarding concerns, and complaints involving drugs and alcohol across their areas of responsibility. This includes reviewing incident reports, safeguarding referrals, and any feedback relating to substance use issues within services.

12.2 All relevant data will be systematically recorded, analysed, and reviewed to identify patterns, emerging risks, and areas requiring improvement. This includes tracking the frequency, nature, and outcomes of incidents and complaints related to drug and alcohol use.

12.3 Insights gained from monitoring will be used to inform updates to policies, procedures, and training programmes. Staff practice will be reviewed and enhanced accordingly to improve safety, service quality, and compliance with legal and funding requirements.

12.4 Good practice examples and successful interventions identified through monitoring will be disseminated across the organisation. This will foster consistent and effective approaches to managing drug and alcohol-related issues.

13.0 POLICY REVIEW

We will regularly reviewing this Drugs and Alcohol Policy and its associated processes to ensure they remain effective, relevant, and compliant with current legislation, statutory guidance, and best practice standards. As a minimum standard, this policy will undergo a full review every three years to maintain currency and effectiveness. However, earlier reviews may be undertaken as required to reflect evolving legal frameworks or operational needs. In addition to scheduled reviews, the policy will be reviewed and updated in response to:

- The introduction of new or amended legislation affecting drug and alcohol management.
- Changes in statutory guidance or regulatory requirements.
- Significant organisational changes, emerging risks, or lessons learned from incidents, complaints, or audits.

14.0 APPENDICES

- Appendix A: Recovery Support Agreement
- Appendix B: Easy Read Policy
- Appendix C: Prescribed Cannabis Procedures
- Appendix D: Managed Alcohol Program Guidance
- Appendix E: NX Machine Use
- Appendix F: Naloxone Guidance