

Cannabis update

Cannabis has been reclassified from a Class B to Class C drug and in January the Government launched a £1million information campaign, to educate the public about what this means. Andy Hayman, Norfolk's Chief Constable has written to all DAAT colleagues outlining the changes and indicating what approach Norfolk Constabulary will take in the context of national guidance from the Association of Chief Police Officers, which is also reproduced here.

As you may be aware, the law in respect of the classification of cannabis under the Misuse of Drugs Act will change on the 29th January 2004 and guidelines have been issued by the Association of Chief Police Officers (ACPO) as to how offences of possession of cannabis should be dealt with.

The purpose of this letter is to outline the changes and indicate the approach Norfolk Constabulary will take in the context of the national guidance. It is being circulated to all key agencies that comprise the Drug Action Team, and to Norfolk schools via the Local Education Authority. In addition, we will involve the media to inform the general public, reinforced through the Norfolk Constabulary Website.

From the 29th January 2004 cannabis will be reclassified from a Class B to a Class C drug as defined by Schedule 2 of the Misuse of Drugs Act 1971. However, it is important to emphasise that cannabis remains illegal. Under current legislation, cannabis possession would not then ordinarily be an arrestable offence. However, the law is being amended from this date so that cannabis possession will continue to be specified as an arrestable offence.

A policing priority of Norfolk Constabulary is to focus on disrupting the supply of Class A drugs to our communities. Therefore the presumption should be against using this power of arrest for simple possession offences but there will be circumstances when it is appropriate to arrest for possession of cannabis. This is very much left to the discretion of officers, who will be expected to take into account the prevailing circumstances in deciding whether to arrest or not. It will be our policy to work to the ACPO guidance, a copy of which is enclosed for your information.

Issues for Schools

I am conscious that in schools that operate a sixth form, pupils could be rising 19 years of age. You will note from the guidance that the manner in which officers deal with cannabis possession offences will be dependent, inter-alia, upon age. Adults (18 years of age and over) found to be in possession of cannabis for personal use will normally be given a

street caution, whereas young offenders (aged 17 years and under) will be arrested and within the youth justice framework be given a reprimand, final warning or charged. Therefore, there is the potential that pupils from the same school could be dealt with differently dependent on their age at the time of the incident.

However, this is likely to be the case for incidents that occur outside of school hours and away from school premises. Incidents that occur on school premises necessitating the attendance of the Police are still likely to result in arrest under the ACPO guidance (paragraph 2.6).

Given that cannabis remains an illegal drug after 29th January 2004, then schools may take the view that their Drugs Policy beyond this date can remain broadly in line with existing practice. I am sure, however, that head teachers would wish to ensure that the responses outlined in their policy remain proportionate to any incident.

The Constabulary acknowledges that the school is often best placed to manage low level drug related incidents through its drug, behaviour or discipline policies, without involving the Police. I would very much support this position, but would wish to reassure you that we remain committed to responding where enforcement is deemed to be the correct course of action by the school.

The content of this letter has been shared with Dr Bryan Slater, Director of Education.

Summary

Our policy is intended to reduce the amount of time devoted to policing the possession of cannabis, which although potentially harmful to an individual's health, is not considered to cause damage to society on the scale of heroin, cocaine and crack cocaine.

Our approach should allow for effective policing while ensuring a proportionate response to this offence.

I would hope that the Constabulary, through the Drug Action Team, will continually monitor our application of these new procedures. I would very much welcome any feedback you may have after 29th January 2004.

INTRAN training courses in 2004

In Norfolk, more than 70 languages other than English are spoken. In addition, some 15,000 deaf people are living in the area. INTRAN is a multi-agency organisation that provides professional interpreters for Norfolk residents who depend on interpreters and also for you.

If you have ever had to work with someone who has difficulty expressing themselves in spoken English you will know that the experience can be confusing, stressful, and professionally inappropriate for both you and that person. Through INTRAN, you will be able to access the kind of interpreter you need quickly and efficiently.

INTRAN training courses explain the service in detail and how to use it. Staff who work for any INTRAN member organisations are welcome to participate in one of the 2004 training courses (includes NHS, County Council, District Councils, Housing Associations, Drugs and Alcohol agencies, ConneXions, Norfolk Probation and Constabulary.) Information about INTRAN, the services available and how to book interpreters can also be found on their website

www.itsupport.com/intran



Please contact the event co-ordinator at the numbers given below they will be able to book a place for you. The sessions are approximately 2 hours' long.

Wednesday 10
March 9.30-11.30
12-2pm 2.30-4.30pm

Norfolk and Norwich University Hospital
NHS Trust, Colney Lane, Norwich, NR4
7UY. (Please note that you will have to
pay for your car park, or ask your own
organisation to pay for it, as agreed by
each agency)

Hasan Cagirtgan, Human Resources
HASAN.CAGIRTGAN@nnuh.nhs.uk

Wednesday 5 May
2004 9.30-11.30
12-2pm 2.30-4.30pm

Breckland District Council,
Please note training is at the Anglia
Rooms in Committee Suite at The
Guildhall, Dereham, Norfolk NR19 1EE.

Judith Bennett 01362-656221
Judith.Bennett@breckland.gov.uk

7 May 2004
9.30-11.30 12-2pm
2.30-4.30pm

Queen Elizabeth Hospital, Kings Lynn
and Wisbech Hospital NHS Trust,
Gayton Road, King's Lynn, Norfolk,
PE30 4ET.

Bev Rixon, Gwyneth Wilson secretary,
Director of Nursing and Service
Quality Tel : 01553-613741
Gwyneth.wilson@klshosp.anglox.nhs.uk

Equipment for hire

Norfolk Drug & Alcohol Action Team has training and presentation equipment for short-term hire available to all DAAT partners. Equipment available: Portable hearing loop, overhead projector, whiteboard/flipchart, data projector – this can be used with computer for Powerpoint presentations, video and television and is suitable for use in large training rooms or small halls, floor projection screen.

Arrangements for hire and any required instructions for the use of the equipment can be agreed by contacting the DAAT Administrator on 01603 677561.



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CANNABIS ENFORCEMENT GUIDANCE

Introduction

The purpose of this paper is to issue guidance to officers dealing with simple offences of possession of cannabis by adult offenders when the drug is reclassified from Class B to Class C of Schedule 2 of the Misuse of Drugs Act 1971.

Arrest

A consequence of transferring cannabis from Class B to Class C is that under current legislation cannabis possession would ordinarily not be an arrestable offence under Section 24 of PACE 1984. However, the law is being amended in Parliament so that it will continue to be defined as an arrestable offence, but the presumption should be against using this power for simple possession offences.

There will be circumstances where it is appropriate to arrest for possession of cannabis. This is very much left to the discretion of officers who will be expected to take into account the prevailing circumstances in deciding whether to arrest or not. An officer may consider arrest in the following situations:

Beyond simple possession of cannabis

The smoking of cannabis in public view is not in the spirit of re-classification. Such flagrant ignorance of the law has the potential of undermining the illegal status of possession of a controlled drug. A similar undermining could occur where, on a local basis, a police officer is aware of a person who is repeatedly dealt with for

possession of cannabis.

A police officer may arrest

Where a person is smoking cannabis in public view Where locally a person is known to be repeatedly dealt with for possession of cannabis.

Youth Offenders

The Crime and Disorder Act provides a statutory framework for Youth Offenders to be dealt with in a different way to adult offenders using the options of a reprimand, final warning and charge. Youth offenders will continue to be dealt with through the Crime and Disorder Act provisions and not this Cannabis Enforcement Guidance. The Crime and Disorder Act legislation requires offenders to be dealt with at the police station which, in practice, means that police officers should arrest persons aged 17 years or under who are in possession of cannabis for personal use.

Locally Identified Policing Problem

There may be circumstances such as a fear of public disorder associated with the use of cannabis which are causing a local policing problem that cannot be effectively dealt with by other powers.

Officers may arrest

Persons who are in possession of cannabis under circumstances that are causing a locally identified policing problem.

Protect Young People

There may be occasions where the possession of cannabis may create a risk to young people. However, this guidance is subordinate to any partnership agreement or memorandum of understanding within education establishments. There may be occasions where the possession of cannabis may create a risk to young people.

Officers may arrest

Persons in possession of cannabis inside or in the vicinity of premises frequented by young persons, e.g. schools, youth clubs, play areas.

Offenders under 10 years

When children under the age of 10 years are found in possession of cannabis, this should be considered an "at risk" incident prompting the appropriate referrals to other agencies through the child protection team.

Vulnerable persons

The term "vulnerable person" includes a person who may be mentally disordered or otherwise mentally vulnerable, or mentally incapable of understanding the significance of questions or replies. They should be dealt with within the terms of this strategy by being arrested, their own personal welfare and interests being paramount. Final disposal will be within the ACPO Case Disposal Guidelines. All case disposal options, including Formal Warning, are available for consideration by the custody officer.



Young People's Integrated Substance Misuse Conference

The tier 1 strategy document 'Young People Drugs and Alcohol: What should I do?' and the two young people's specialist services **T²** and **Impact** were formally launched at our one-day conference, chaired by Tim Byles, on Friday the 28th November.

A hundred people attended the event representing agencies that included social services, schools, health and voluntary organisations. Workers from both **T²** and **Impact** ran discussion groups in the afternoon. These aimed to encourage discussion around the implementation of the tier 1 strategy, links with **T²** and **Impact** and training needs identified during the day.

The key themes that emerged from the groups were:

- The need for clear pathways and referral routes, for young people

who have identified substance related needs.

- The importance of networking and the benefits of building closer working relationships between agencies.

- The need for training to help workers to approach the subject of drugs and alcohol with young people.

The conference was very well received and feedback from the people attending showed that it achieved its aim of promoting increased knowledge of the work of the DAAT in relation to young people, the tier 1 strategy document, **T²** and **Impact**.

Our thanks also to the organisations that set up displays about their work and services. Over 400 information leaflets were distributed during the day.



Richard Price speaking at the conference

Note: Young people's substance misuse services and initiatives are developed in accordance with the tiered approach outlined in the Health Advisory Report, The Substance of Young Needs Review 2001, for more information on this please contact

Anne-Louise Schofield at the DAAT, telephone 01603 677563 or email anne-louise.schofield.dat@norfolk.gov.uk



In this issue:

- The work of the Homeless Outreach Team
- CDRP Update
- Hebron House

- Drug & Alcohol education in Norfolk Schools
- Equipment for hire
- Training Bursury Scheme
- INTRAN Training Courses
- Cannabis Update



Successful visit by other Drug Action Teams

In October, other DAT team members in the Eastern Region spent a day with the Norfolk DAAT and visited the Young people's services **T²** and **Impact**.

The day started with an introduction to the DAAT team and a presentation about what we are achieving in Norfolk. This was followed by a visit to Richmond House where Derek Hewis and Rick Andrews, the managers of **T²** and **Impact**, outlined the work of their services to the visitors. **T²** and

Impact team members joined the group and helped answer questions and enabled the visitors to gain a better insight into their work.

Xany Oliver, Strategy Manager for Norfolk DAAT said:

"It was a very successful day and helped us to forge closer links between ourselves and DAT colleagues working in other parts of the Eastern Region, to share good practice and promote the new young people's services that we have developed in Norfolk"



The Homeless Outreach Team



The Homeless Outreach Team (the team) is a DAAT commissioned service, provided by NORCAS. It works across Norfolk with people who are homeless or vulnerably housed, taking an assertive outreach approach, offering potential services to people in hostels or on the street. They go out at night and see people in car parks and on the street and work with people who are homeless and have chaotic lifestyles until they are more stable and in their own accommodation.

Some referrals come from other agencies and the team works well with clinical drug agencies and hostels, but the main emphasis is on working with people who have little or no support and clients are mostly self-referrals or referrals from direct access hostels. Because the team is small, five dedicated substance misuse workers, plus a manager and a part-time administrator, there is often more demand for services than they can support. A waiting list would be inappropriate and in busy periods (which is now most of the time) they have to raise the access threshold, seeing only the most

vulnerable. By Christmas caseloads were between 40 and 50. The team will be reducing this to more workable levels in the New Year. The team also provides support and training to other agencies on how to house and support people with drug and alcohol problems, outlining good practice within a legal framework.

Each client receives an assessment and care plan unless it is just a very brief contact. Most of the support they are likely to need is provided from within the team, including: advice and support on drugs and alcohol reduction, harm minimisation; housing/benefits; needle exchange; advocacy; informal counselling; referral and liaison with other services and crisis intervention. The team also gives practical help when needed, such as setting up bills or finding someone a mattress.

Dan Mobbs, the team's manager said: "Our workers come from diverse backgrounds, counselling, psychology, nursing and advice work and most have worked in the substance misuse field for many years. The team's knowledge and experience, particularly in housing, benefits and debt advice, is huge, which is crucial to this work."

Dan continues: "One of our biggest challenges is finding people accommodation. We would like to see facilities for people who are beginning to address their drug

problems, who are currently excluded from almost all hostels because they are drug users. Government guidance is ignored and providers are often unwilling to house someone who has drug problems, even if they are on substitute medication and supported by the team. Having said this we have worked with some very receptive organisations since expanding across Norfolk. It is just a shame that there aren't more."

A new development is the "Through-Care Worker" funded through the Norwich CDRP, offering intensive support to people who are in clinical treatment but have housing problems. It looks at the whole person, arranging education, training and activities for individuals to prevent a return to drug use. This has been very successful because this post keeps a small client-load (12) and is able to give time to each individual. Looking ahead Dan would like to expand the service: "There is a need to develop specialist drug and alcohol housing support services and also better prison resettlement services," he said, "we have a large client base, are well respected by clients and other agencies and we have the experience and expertise to support people in the community. I believe there is a great deal of potential for us to offer excellent services but obviously this depends on greater investment in our Outreach Team."

The Hebron Trust

In a quiet suburban road on the outskirts of Norwich, The Hebron Trust, a Christian charity, provides residential rehabilitation for women, some with young children, who want to recover from drug and alcohol addiction.

DAATnews spoke to Margaret Whittaker, a member of the Hebron team. She explained how Hebron works: "All of our staff and volunteers are Christians but no demands are made on residents. On the basis that we are all spiritual beings and that meditation is a healthy activity, prayer is part of our daily activities. We follow a modified "Minnesota" 12-step recovery model, majoring heavily on 1 to 1 counselling and teaching about the nature of addiction. Our client relationships are based on honesty, which equally applies to our staff as they accompany each person through a particular phase of their journey to recovery. Whilst the road to recovery gets underway at the Trust, full recovery can take much longer and there is a huge need for good after care."

This need is partly addressed through funding by Norfolk DAAT of a full time Resettlement Worker at Hebron, Cheryl Brown, who operates mainly in the Norwich area. Cheryl works with ex-residents who have stayed in the area, or with tenants who have substance misuse problems and are referred by Norwich City Council. Many former Hebron residents opt to settle in Norfolk, where they feel supported and at a distance from their previous lives, which may have influenced their addiction.

With a case load of 14 or 15 clients at any one time, the worker has face to face contact with each of them for two or three hours every week. She works closely with the Bure Centre and NORCAS, supporting clients with tenancy issues, helping them to deal with rent, community charge and other bills and to develop life skills like budgeting, shopping and cooking and how to deal with health professionals such as GPs and hospital staff.

With the clients referred by Norwich City Council Cheryl focuses on harm reduction and helping women work towards abstinence and the Trust believes there is great potential for expanding this area of work. Said Margaret: "Through signposting, facilitating, advocacy and empowerment, Cheryl helps the women to stand alone and move forward."

If you would like more information about the work of The Hebron Trust please contact them at Hebron House, 12 Stanley Avenue, Norwich, NR7 0BE, telephone Norwich 01603 439905, or visit their website at www.hebrontrust.com

A Short History

Bill and Norma Gordon established the Hebron Trust in 1985. Bill, a psychiatric nurse and Norma, a midwife, became aware of growing drug problems in Norwich. Bill researched disease models and spent time in America. On his return he and Norma became involved in the "Life for the World Trust". The first residents, two men and two women, lived with the Gordons as a kind of extended family. But it was soon decided to establish a women only facility as there were few facilities available for women on their own.



Clients come to Hebron from all over the UK, funded by their local authority. They will stay with the charity for anything up to 6 or 7 months. The main unit, Hebron House has eight beds, which expands to ten in 2004 and Bethany Lodge, a separate unit just around the corner, which cares specifically for women with children. It has 4 adult and 6 child beds. The Hebron recovery programme is highly structured. For the first eight weeks clients have regular one to one sessions and only go out with a member of staff. During this time they have no post, no family contact (unless related to children) and they do not have direct access to their money. This is for their safety and to create some emotional space. At the end of phase one, a self assessment is carried out, looking at what they have learnt, about themselves, their lives and what they want in the future. Phase two allows limited freedoms and some outside contact and more support to deal with aspects of addiction. Phase three, which can last as long as three months helps women to plan their exit from Hebron, go on a visit home and make plans for the future. They are encouraged to look at the outside world, enrol for short training courses or voluntary work. They must also join NA or AA. This phase also includes a good deal of written work, reflecting on what they have learnt at Hebron. The women also assess future counselling needs, so they can plan ahead for when they leave.

Reprint for "Drug and Alcohol Services in Norfolk"

The 2nd edition of the "Drug and Alcohol Services in Norfolk" booklet has proved to be very popular. The complete stock of 7,000 copies were requested in the first nine months.

To meet demand, the DAAT Communication and Information Group decided to reprint it immediately. The 3rd fully revised edition is due to go to print and will be available in mid to late February.

The booklet aims to provide information about local organisations and the services they offer and covers:

- Local Drug and Alcohol Services
- Young People's Services
- Local Self-help Organisations
- National Organisations
- Needle and Syringe Exchange Scheme Outlets

If you would like to order copies of the booklet please contact the Health Information Leaflet Services on 01603 307208 or order from the on-line catalogue by visiting www.hebron.nhs.uk.

Drug and alcohol education in Healthy Norfolk Schools

The Healthy Norfolk Schools Programme is open to all Norfolk schools. It is a voluntary programme and provides a focus for ongoing school improvements through commitment to the health and well-being of the whole school community.

Schools identify their own targets, linked to their school improvement plan, but follow the Healthy Schools process, based on a whole school approach. It takes an holistic view of health, encompassing physical and mental health, in the belief that a healthy school continually seeks to strengthen its capacity as a healthy setting for living, learning and working.

Drug and alcohol education forms part of the programme and here are examples of some of the innovative work that is taking place in some of our primary schools.

The Matthew Project has offered 50 schools across Norfolk an assembly aimed at 10 -12 year olds, to raise issues of alcohol and peer influence.

Seven schools are currently involved in an action research investigating drug education in their own schools. Their findings will inform teaching in their own school but will also be very useful in supporting similar schools in different parts of Norfolk.

The DAAT, Norfolk Constabulary and Healthy Schools are currently carrying out focus groups with parents/carers to investigate the information they need in order to talk to their children about drugs. Healthy Norfolk Schools have developed a website, linked to Norfolk's LEA site, www.norfolkesinet.org.uk

It gives guidance to schools about the Healthy Norfolk Schools programme and is due to go live in January 2004.

For further information on drug and alcohol education in primary schools please contact Anna Sims, Primary Drugs Education Development Worker, Tel:01603 307444 or email anna.sims@norfolk.nhs.uk.

Training Bursary scheme

The Norfolk Drug and Alcohol Action Team run a bursary scheme. It provides training funding and is open to anybody working in the substance field in Norfolk and applications are invited from all areas of substance service providers.

Its purpose is to "support people in developing skills of direct and immediate importance to their work in substance misuse services," although it is not a means of funding activities which are primarily within the scope of normal professional development.

Since the bursary began earlier this year a number of people have applied and the scheme has paid out over £6000. If you would like to apply to the Bursary scheme please contact Mike Hutchinson at the DAAT on 01603 677562, or michael.hutchinson.dat@norfolk.gov.uk for an application pack

CDRP Update - Great Yarmouth

The Great Yarmouth Drug and Alcohol group is working very well. This group has been running for some time and was well established before other DARGs were formed across the County. Their membership is drawn from all areas across the community agenda and their new chair is Carol Doe,

who is the Great Yarmouth PCT representative.

A DARG planning day was held on January 20th 2004, and was a good opportunity for a number of CDRP and Drug and Alcohol Action Team issues to be discussed. This included an analysis of the needs assessment recently completed by

the University of East Anglia and a project planning discussion in the afternoon.

Feedback from this day will contribute towards the Building Safer Communities Plan which needs to be completed for Government Office by March 2004