

**Drugs Policy**

**Date Created:**

**Date of last review: NB Policies should be reviewed annually.**

**Expected Standards**

There are 4 licensing objectives of equal importance:

* The prevention of crime and disorder
* Public safety
* The prevention of public nuisance
* The protection of children from harm

This policy relates to the use of illegal drugs or other harmful substances on the premises.

Its purpose is to:

1. Comply with the Misuse of Drugs Act 1971 by ensuring that [Name of the premises] does not knowingly permit the use or supply of controlled drugs on its premises.
2. Provide a safe working environment for staff and customers.
3. Minimise and deter drug use at the venue.
4. Prevent drug dealing in the premises.
5. Safeguard customers who have used drugs or misused other substances.
6. Support customers seeking help regarding their own or others’ drug use.

*(Optional edit as required)*

 *The policy will be communicated to customers by:*

* *Posting a copy on the [name of premises] website.*
* *Raising awareness of the policy at entrances to the venue and, when appropriate, on tickets.*
* *Publicising on the website that there will be a zero policy in smoking cannabis anywhere in the smoking area and those caught by staff/security will be escorted off the premises.*

The possession of illegal drugs is a criminal offence and as such is viewed very seriously by [Insert company name]. We do not permit any employee or customer to take, use, possess, sell or be under the influence of any controlled substance whilst on Company premises. Any staff member breaching this may be subject to disciplinary procedures; customers may be subject to ejection, bans and potentially be reported to the police.

If not confronted head on, drug use on licensed premises will not go away, in fact it is likely to increase as the premises will develop a reputation of somewhere where drug use is tolerated; **we do not want to develop that reputation.**

We are also aware that “turning a blind eye” could be construed as “permitting”; again this will not be tolerated on these premises.

**The Misuse of Drugs Act 1971** splits controlled drugs into three Classes defined by the amount of harm that have the potential to cause. **They are categorised as follows:**

* **CLASS A:** Which includes Cocaine, Crack Cocaine, Heroin, Ecstasy, Cannabis Oil and LSD
* **CLASS B:** Which includes Cannabis, Cannabis Resin and Amphetamine
* **CLASS C:** These generally include prescription drugs which are abused such as Diazepam and Steroids. Possession of Nitrous Oxide (“Noz”, “NO2” or “Balloons”) with intention to inhale is a criminal offence.

**In addition to the classification of controlled drugs, the 1971 Act also creates the offences with the main ones being:**

* **Possession**: Also known **as personal use** where the individual has a small amount of a controlled drug on their person.
* **Possession with Intent to Supply**: This is where an individual has a controlled drug in their possession and the reason for this is to supply it to another.
* **Supply**: This is where a person supplies or offers to supply a controlled drug to another person.

Possibly the most important part of the Act which directly affects licensed premises is Section 8 of the 1971 Act. This creates an offence to **“Knowingly permit or suffer any drug-related activity on the premises”**. Activity in this instance will relate to any of the above offences. The burden here is on the licensee and staff of the premises to prevent the use of controlled drugs on their premises.

**Psychoactive Substances Act 2016** Consideration will also be given to preventing the use of so-called “legal highs” in contravention of this legislation items such as Spice, Mephedrone, and Slavia (not an exhaustive list) will be treated in the same way as any illegal drug under the Misuse of Drugs Act.

All staff members and managers have a duty to support this policy to make sure that people coming into our venue feel safe and are able to enjoy themselves in a drug free environment.

**All employees** are expected to remain vigilant for any signs or symptoms of drug use and act accordingly.

**Venue Physical countermeasures**

[May include (not an exhaustive list):]

* Clear signage on a ‘Zero Tolerance Policy’ to be placed in key areas, e.g. at the entrance, toilets etc.
* Strategic positioning of mirrors to cover secluded areas
* Strategic lighting levels in key areas
* Security staff patrol plans
* High-vis presence of staff ‘front of house’
* High levels of housekeeping, e.g. clearing and wiping tables, general maintenance
* Having toilet cisterns etc. behind panelling
* Frequent staff visits to toilets
* Toilet attendants (who can be trusted)
* All security staff to be in High-Viz both outside *and* inside
* Use of ID-Scan devices at the point of entry
* Arrangements with Police for ‘high-viz walkthroughs’ at peak times
* Deployment of passive drug dogs
* Drug screening wipes as a condition of entry

Specifically, all employees should remain vigilant for:

**High-risk areas**

Security staff and all staff will regularly monitor key areas within the premises for suspicious activity. These have been identified as follows [insert venue-specific areas of concern, this could include areas such as Toilets, Gardens, smoking areas, secluded alcoves etc consider asking the Police to assist make a ‘drugs map’ to identify such areas]

**Equipment used in Drug Taking**

Drug takers use a variety of different materials when taking drugs. Some of the things to look out for include:

* Wraps – the folded paper, foil, small button bags, or clingfilm that drugs are sold in
* Torn, unlit cigarettes
* Torn up beer mats, packets of Rizlas – used for rolling joints, roaches
* Foam stuffing taken from seats/bits of foam left around
* Payment with tightly rolled banknotes or notes that have been tightly rolled
* Traces of blood or powder on banknotes
* Drinking straws left in toilets
* Tinfoil or spoons, especially if they are burnt, scorched or covered in soot
* Syringes – used for injecting drugs
* Tightly rolled banknotes or drinking straws
* Traces of white powder on any surface
* Silver coloured metal cylinders and balloons

**Typical Symptoms/Signs of Possible Drug Use**

The signs and symptoms of drug use can vary depending on the type of drug but can include:

* Acting ‘drunk’
* Acting in an erratic, excited, aggressive or silly nature
* Having a ‘nothing can stop me’ high
* Having bloodshot eyes
* Unnaturally dopey, vacant staring, sleepy euphoria, dancing
* Very dilated pupils
* “Jawing”

Also, be on the lookout for:

* The excessive drinking of water or soft drinks unless someone is the designated driver.
* Traces of white marks or powder around nostrils
* The distinctive ‘herbal’ smell of cannabis smoke

**Signs of Drug Dealing**

These can include

* A person “holding court”, with a succession of “visitors” who only stay with him/her for a short time
* A person making frequent visits to the toilet, garden or car park followed by a different person/people each time
* People exchanging small packages or cash, often in a secretive manner, but may be quite open (to avoid suspicion)
* Furtive, conspiratorial behaviour — huddling in corners and whispering
* Conversation includes frequent references to drugs (slang names)
* **Remember: dealers are not identifiable by appearance, they often look highly respectable. They are not always male.**

**Staff procedure and responsibilities:**

**Searching -** see Customer Search Policy

**Drugs seized or found on premises [Check the agreement with your local police licensing team or BBN scheme and insert here if one is in place]**

Where items suspected of being illegal drugs are found on an individual following a voluntary search, and the amount of drugs found on a person be a small quantity which could be construed as ‘for personal use’ then it is acceptable for the drugs to be seized and deposited in the [insert location of where drugs are to be stored e.g. drugs safe or office safe etc] as per the below procedure and the person may be refused entry, there will be no need for the Police to be called.

**However,** should the amount of any drugs found amount to more than ‘simple possession’ (i.e. possession with intent to supply) or if it is suspected that the subject is a drugs dealer, then in those circumstances the expectation is that the Police will be called and the items handed over to the attending officer as part of an evidential package. This should be done at the same time as the individual is handed over to the Police, having agreed to remain at the premises. A written statement documenting the search and the subsequent handover will be required to provide continuity of the evidence chain.

Where items are located inside the premises and a person is NOT identified and there is no prospect of doing so, we the management of the premises have a process in place that has been agreed with the Police and must be followed at all times.

*Example of local procedure could be:*

*The process in place is that the person who finds the item is required to place the items in a sealable bag or envelope and seal it. Once sealed that person will sign across the seal and this will be counter signed by the duty manager. The staff member will then be required to fill out the drug register before depositing the package in the [insert location of where drugs are to be stored e.g. drugs safe or office safe etc]. Once deposited in this safe, the item(s) must only be removed by a Police Officer who will be required to sign the register to confirm that it has been removed. This will need to be counter-signed by a manager at the premises. The completed drugs register will be retained on the premises for at least 6 months after the completion date for auditing purposes.*

*Where drugs are placed in the safe at any time, it is the expectation of the Police that where drugs are deposited in the safe, a call is made to the control room of the local policing area to arrange collection. Such a call should be made as soon as is practical and an incident log created and flagged for the attention of the Licensing Officer. Where the venue is busy and this occurs on a weekend or public holiday, this call MUST be placed no later than the first working day after the drugs are found and deposited.*

Failing to adhere to this may amount to a staff member or manager committing an offence of unlawful possession as outlined above.

The defence to this is knowing or suspecting it to be a controlled drug, he took possession of it for the purpose of delivering it into the custody of a person lawfully entitled to take custody of it and that as soon as possible after taking possession of it he took all such steps as were reasonably open to him to deliver it into the custody of such a person.

**Confiscation of Drugs**

If any drug or other controlled substance is found during customer searches or general management of the venue, the substance should, wherever possible, be confiscated and [insert internal advice].

Internal advice should include:

* advice on internal drug handling
* advice on record-keeping (best practice is to keep a confiscation record folder with details of name of the staff member who confiscated the drugs, date, time, any details of the person the drugs were confiscated from, a copy of any CCTV evidence, details of what was confiscated and any photos as proof
* advice on reporting to your local police team
* advice on communicating with customers
* advice on communicating with the person whose drugs have been confiscated.
* advice on confiscation
* advice on storage (i.e. self-sealing evidence bag, handover, placement in a safe or lockable metal cabinet).

**People/customers**

[Insert venue-specific guidance on what staff members should do if they suspect someone is]:

* on drugs
* in possession of drugs
* supplying drugs
* if they find drugs on the premises

This should include:

* First-line customer care including provision of water to dehydrated customers
* Duty of care not to serve alcohol to intoxicated customers (drugs or alcohol)
* Care for those suffering ill effects
* Incident reporting
* Observation of possible problems
* Observation and maintaining mood
* Customer information
* Information delivery
* Availability of water
* When to call Paramedics

**Door Security procedure and responsibilities.**

[Insert venue-specific guidance on what staff members should do if they suspect someone is]:

* on drugs
* in possession of drugs
* supplying drugs
* if they find drugs on the premises

This should include:

* Door searches
* Confiscation of drugs
* Refusal of entry to the venue
* Incident reporting
* Observation of possible problems

**Cleaning staff procedures and responsibilities.**

[Insert venue-specific guidance on what cleaning staff should do if they suspect someone is]:

* on drugs
* in possession of drugs
* supplying drugs
* if they find drugs on the premises

This should include:

* Checking toilets and other areas during opening hours and when cleaning after closure.
* Observation of possible problems

**Duty-supervisor procedure and responsibilities:**

[Insert venue-specific guidance on what duty supervisors should do if a staff member reports that they suspect someone is]:

* on drugs
* in possession of drugs
* supplying drugs
* if they find drugs on the premises

**Management procedure and responsibilities.**

[Insert venue-specific guidance for duty supervisors or managers on what they should do with any found or confiscated drugs].

These should include:

* Liaison with Licensing Authorities
* Ensuring overall safety of the venue and operation of the drugs policy
* Decision-making at incidents
* Incident reporting
* Observation of possible problems
* Placement and upkeep of Zero Tolerance and Search messages
* Provision of training for all staff, including door staff, on drug awareness
* Oversight of the search policy
* Management of Incident Book
* Upkeep and management of CCTV

**Please sign this document to acknowledge that you have understood your responsibilities in regard to the drug policy.**

Date: …………………………………………………………………

Trainer’s Name: ……………………………………………... Trainer’s Signature: …………………………………….

Trainee’s Name: …………………………………………….. Trainee’s Signature: ……………………………………