

**DESIGNING
OUT DRUGS
CRIME IN
LICENSED
PREMISES**

[A guide for licensees, managers and staff]



HERTFORDSHIRE
CONSTABULARY

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**BOROUGH OF
BROXBOURNE**
www.broxbourne.gov.uk

INTRODUCTION:

The use of illegal drugs on licensed premises is a problem that can affect many licensees. It impacts on the health and safety of customers and staff and the law places certain obligations on owners and managers to deal with drug related issues. If ignored, the use of illegal drugs can compromise the reputation of the company or establishment involved and deter potential business.

THIS BOOKLET IS INTENDED FOR USE BY:

- Licensees, Managers and staff.
- Licensing and council staff working with licensed premises.

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TERMINOLOGY

The United Nations office on drugs and crime defines a drug as 'any substance that people take to change either the way they feel, think, or behave'. This therefore includes

- All illegal drugs (those controlled under The Misuse of Drugs Act 1971)
- All legal drugs, including tobacco, alcohol, volatile substances, (those giving off a gas or vapour which can be inhaled), ketamine, khat and alkyl nitrites (known as 'poppers')
- All prescription and over-the counter medicines.

'Paraphernalia' refers to drug related litter such as needles, syringes, pipes, tinfoil etc.

THE LAW

YOUR RESPONSIBILITIES

The Misuse of Drugs Act 1971 is the main legislation covering drugs and categorises drugs as class A, B and C. These drugs are termed 'controlled substances' and class drugs are those considered to be the most harmful.

The Misuse of Drugs Act states that is an offence to:

- Possess a controlled substance unlawfully
- Possess a controlled substance with intent to supply it
- Supply or offer to supply a controlled drug (even where no charge is made for the drug)
- Allow premises you occupy or manage to be used for the purpose of drug taking

Drug trafficking attracts serious punishment, including life imprisonment for class a offences.

To enforce this law, the police have special powers to stop, detain and search people on 'reasonable suspicion' that they are in possession of a controlled drug.

The Anti-Social Behaviour Act 2003 – creates powers to enable the police to close, for a period of up to 6 months, premises (including licensed premises) where there is evidence of the sale, use or production of class a drugs, and where there is also related serious nuisance or disorder.

Health and Safety at Work Act 1974 – places a duty on employers to protect the health, safety and welfare of both staff and those who may be affected by their undertaking.

This is underpinned by the Management of Health and Safety at Work Regulation 1999, which requires an employer to carry out a risk assessment and where there are five or more staff, record the findings. With respect to drug use, this should cover areas such as violence to staff, how to decrease the risk of injury, (e.g. needle-stick injury), what to do if a needle or other drugs paraphernalia is found and what to do if injury occurs.

Under the Environment Protection Act 1990 (Duty of Care) 'sharps' (needles) and blood contaminated products are classified as clinical waste and must therefore be disposed of using a registered clinical waste carrier. This responsibility lies with the occupier of the premises.

COMMONLY USED DRUGS

AMPHETAMINE – CLASS B (CLASS A IF PREPARED FOR INJECTION)

Amphetamine can come in a tablet or capsule form, but usually as a coarse, off white or pinkish powder wrapped in squares of glossy paper or self-sealed plastic bags. It may be mixed with other substances. Amphetamine 'base' is a pinkish –grey putty-like substance.

Nicknames: Speed, whizz, billy, uppers, sulphate & base.

Usage: Can be sniffed, dropped in drinks or swallowed (bombing) by wrapping it in a piece of paper such as cigarette paper. It is sometimes injected.

Effects: Can make people feel more alert and confident. Some may feel very anxious and restless as the effects wear off. Can cause disruption of sleep and diet. Heavy use can cause mental health problems from depression to paranoia.

CANNABIS – CLASS B

Cannabis resin is made by compressing the sticky coating from the flowering tops of the cannabis plant. Herbal cannabis comes from the dried or leafy parts of the plant. Cannabis can also come as oil.

Nicknames: Dope, grass, hash, blow, weed, skunk, puff, draw, pot, ganga, solids & green.

Usage: Generally smoked in a cigarette (joint). The resin or oil can be mixed with tobacco, but herbal cannabis may be smoked on its own. Can also be smoked in a pipe, brewed into a drink, or put into food. Smoking produces a distinctive sweet, herbal smell.

Effects: May make the user feel relaxed, talkative or giggly. May lower inhibitions. Disorientation, anxiousness, lack of concentration, forgetfulness, hunger, and psychological dependence can occur. Reflexes slow and accidents are more likely. Can make users paranoid and anxious, depending on their mood and situation.

COCAINE – CLASS A

Cocaine is a white crystalline powder.

Nicknames: Coke, Charlie, snow, c & toot.

Usage: Most commonly snorted or sniffed using a rolled up bank note or tube from a smooth hard surface such as a mirror or toilet lid, or from the back of the hand. It can also be dissolved and injected.

Effects: A strong stimulant drug with short lived effects of up to 30 minutes. Users often feel more alert, physically strong and confident. High doses may make people feel very anxious or depressed. Lack of energy may follow.

CRACK COCAINE- CLASS A

Crack is a form of cocaine which has been processed to allow it to be more easily smoked. It appears as yellow, pinkish or waxy white 'rocks' or granules similar to dried milk.

Nicknames: Rock, wash, stone, freebase.

Usage: Generally smoked by means of a water pipe. Home-made pipes are more likely to be found at street level made from soft drinks cans, plastic and glass bottles and aluminium foil.

Effects: A strong stimulant drug with short lived effects of up to 10 minutes. The effects are similar to cocaine but more intense and do not last as long.

ECSTASY – CLASS A

Ecstasy is usually found in the form of a tablet or pill but can also come as a capsule. These are produced in a variety of colours, shapes and sizes. Most pills have a small motif embossed on one side. It is often mixed with other substances. Very rarely it is found in powder form.

Nicknames: E, disco biscuits, doves, pills, jacks, xtc, echoes, hug drug, fantasy.

Usage: Usually taken orally.

Effects: Can make people feel energetic for a number of hours. The initial rush is often followed by feelings of calmness and closeness to others. High doses may lead to panic and anxiety. Danger of overheating and dehydration if partaking in strenuous physical activity, such as dancing.

HEROIN- CLASS A

Heroin is a powder which varies in colour from white to brown. Generally contains other adulterants.

Nicknames: H, horse, skag, smack, brown, gear, heaven, junk.

Usage: Can be smoked by placing the powder onto metal foil and heating it to produce a smoke which is then inhaled through a rolled up bank note or tube. Can also be prepared for injection by mixing with other substances and heating in a spoon.

Effects: Can slow mental and physical functioning. Euphoria and feelings of warmth and detachment are common. Tends to block out physical and emotional pain. The effects can last several hours.

HALLUCINOGENICS – CLASS A

Magic Mushrooms – Most common is liberty cap (Psilocybe) – small, tan and bruise blue.

LSD – Squares of blotting type paper (approx., 8mm square) impregnated with solution.

Nicknames: Magic Mushrooms – mushies, magic's, shrooms, LSD - acid, trip and tabs.

Usage: Magic Mushrooms – Eaten raw, dried for use in cooking or infused for drinking. LSD – taken orally.

Effects: Distortion of the senses. Effects are known as a 'trip' and can last up to 12 hours depending on dosage and user's psychological state. A 'trip' cannot be stopped. A bad experience can be frightening. Panic and paranoia may follow.

SOLVENTS AND VOLATILE SUBSTANCES- NOT CLASSIFIED

Aerosols and other products which give off vapours or are gases at normal temperatures e.g., hairspray, deodorants and air fresheners, butane gas, glues, thinners and correction fluids, some paints, cleaners, surgical spirit and petrol.

Nicknames: Sniffing, doing gas, biffing, huffing.

Usage: May be directly inhaled through the mouth or nose or inhaled from a plastic or paper bag. Liquids such as petrol may be put on a rag and the fumes inhaled. Aerosols can also be squirted directly into the mouth and throat area.

Effects: Similar to alcohol – dizziness, slurring of speech, giggling and inability to think straight. Users may hallucinate. Effects are short lived, usually less than 45 minutes. Long term abuse may cause weight loss, depression, fatigue, forgetfulness, inability to concentrate and permanent damage to liver, heart and kidneys.

The LAW states it is an offence under the Cigarette Lighter Refill (Safety) Regulations 1999 to sell butane gas lighter refills to under 18's. It is an offence under the Intoxicating Substances (Supply) Act 1985 to supply under 18's

BEHAVIOURS TO WATCH FOR

Both managers and staff need to be aware of behaviours which may indicate that drugs are being used or dealt on the premises.

- Customers making frequent trips in and out of the premises, particularly if with different people.
- Customers who arrive sober but quickly show signs of impairment inconsistent with their alcohol use. This may be caused by mixing drugs and alcohol. Although rare, it is also important to consider this in the context of possible 'drink spiking'. Try to ensure that a customer who is clearly impaired leaves the premises with the friends they arrived with. If you have real concerns, call the Police. Preserve the glass or bottles the victim was drinking from as evidence in case further investigation is required.
- Frequent visits to the toilets which may indicate customers taking or dealing drugs out of sight of staff.

For further information on drugs and the signs of drug use go to:

www.talktofrank.com –Helpline
www.herts.police.uk

SOME SIGNS OF DRUG USE

- Torn – up beer mats/cigarette packets/bits of cardboard left on tables or in ashtrays.
- Roaches (home-made filter tips from cannabis cigarettes)
- Empty packets made of folded paper, card or foil
- Needles, syringes, swabs, spoons, candles, pieces of burned tinfoil, filters removed from cigarettes, lemon juice or citric acid sachets
- Traces of powder on flat hard surfaces
- Strong, sickly sweet, smoky smells, or an ammonia-like smell.
- Blood or blood stained items
- Payment with tightly rolled banknotes or notes that have been tightly rolled.
- Traces of blood or powder on banknotes.
- Solvent paraphernalia e.g. aerosol cans, lighter refills

DRUG – ASSISTED SEXUAL ASSAULT – 'DATE RAPE'

In a significant proportion of attacks, robberies, muggings, rape and sexual assault cases the victim (male or female) is found to have been drinking alcohol before the assault rather than being incapacitated by other substances.

Reports published in 2005 and 2006 following separate studies by the Forensic Science Service (FSS) and the Association of Chief Police Officers on alleged drug assisted sexual assault, found that some offenders facilitate sexual assault by administering drugs, including alcohol, to victims, and some commit opportunistic assaults after the victim has become intoxicated following their own use of drugs and/or alcohol. However, it was found that the 'spiking' of drinks with so –called 'Date Rape' drugs such as Rohypnol or GHB was very rare.

Licenseses and the general public are therefore recommended to be alert to the potential of this type of offence. The FSS suggested that advice be given regarding the consumption of alcohol (e.g. drinking steadily and not drinking on an empty stomach), as well as the dangers of illicit drug use; following such advice could help decrease the number of cases of alleged drug facilitated sexual assault as fewer people would find themselves in a vulnerable situation.

To date there has been no independent study on the effectiveness of drug 'spiking' test kits and anti-tampering bottle stoppers. Some tests can give false results and only detect certain drugs. Bottle stoppers have limited use, are expensive, and do not address issues around alcohol consumption. Alcohol is the most common 'Date Rape' drug.

If you are considering promoting issues regarding alcohol, personal safety and/or drink spiking, advice and guidance is available from the Hertfordshire Drug Education Forum. (See – 'Where to go for information and advice').

HEALTH ISSUES

Needle stick injuries can expose workers to a number of blood borne pathogens that can cause serious or fatal infections, the most serious being Hepatitis B virus (HBV) Hepatitis C virus (HCV), and the Human immunodeficiency virus (HIV) – the virus that causes AIDS.

HBV vaccine has proved highly effective in preventing infection in workers exposed to HBV. However, no vaccine exists to prevent HCV or HIV infection. It should also be noted that most discarded needles are left in conditions unfavourable for the survival of viruses over long periods of time.

First aid and advice for dealing with needle stick injuries:

- Encourage bleeding and wash the wound with warm running water with soap – don't suck.
- Seek medical assistance
- Counselling of staff should be offered

Incidents of needle stick injuries where illness requiring medical treatment occurs should be reported under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.

Employers should report work related accidents, diseases and dangerous occurrences to the Incident contact centre on 0845 300 9923 or their local authority between Monday – Friday 8:30 – 5:00pm.

UNIVERSAL PRECAUTIONS

This is the term given to describe precautions taken by staff to limit the risk of spread of infectious diseases. Although blood borne viruses can be transmitted in different ways all blood and suspect fluids should be regarded as infectious and treated accordingly.

Staff should always use universal precautions when in contact with suspected body fluids or during routine cleaning.

- Cover any sores, cuts, bitten nails, warts etc with waterproof dressings and/or gloves.
- Take precautions to prevent puncture wounds, cuts and abrasions.
- Wear stout protective gloves and, where appropriate, use tongs or other tools when handling:
- Sharp objectives (needles, syringes, knives)
- Suspected drug paraphernalia
- Blood and body fluids directly or items soiled by such fluids
- Other objects or fluids of unknown origin
- Handle all sharp objects with extreme care and never bend or break a sharp object.
- Dispose of discarded needles and syringes ('sharps') in designated sharps containers provided by licensed clinical waste operators. Never dispose of sharps with general waste.
- Clear up spillages of blood and other body fluids promptly and disinfect surfaces.
- Protect the eyes and mouth using a visor, goggles or safety spectacles and a mask whenever splashing is a possibility.

When carrying out cleaning:

- Always wear stout protective gloves and wash your hands after their removal.
- Consider ventilation as some cleaning products and spillage can react to produce harmful fumes. Wear a protective mask where necessary.
- Clean all hard surfaces with appropriate product or detergent.
- Clean mops and buckets after use.

STEPS TO TAKE TO PREVENT DRUG USE AND DRUG DEALING ON YOUR PREMISES

Design and Layout:

When planning the design and construction of licensed premises, extensions or changes to the premises there are a number of general principles and practices that should be considered:

- Access Control
- Lines of Sight
- Lighting
- Signage
- Toilet Areas – Construction Materials
- Toilet Areas – Fixtures and Fittings

Hertfordshire Constabulary offer an advisory service for designing out crime through the offices of the local Crime Prevent Officer or the Constabulary's Architectural Liaison Officer. Contact details can be found on the www.herts.police.uk website – click on 'Contact Us' to search for your local contacts.

Access Control:

- Consider employing security staff where appropriate.
- Refuse service to anyone suspected of participating in the sale or use of illegal drugs on the licensed premises. Eject the person and contact the police.
- Provide training for your staff on how to deal with challenging situations. Contact your local council licensing officer to find out more about 'ServeWise' training.
- Research has shown that where problems have occurred in toilets, either due to drug use or the handling of stolen goods, the use

of an entry key or token system that has to be obtained from a member of staff can be helpful in preventing this.

Lines of Sight:

- Avoid alcoves or recessed areas. Secluded parts can become a magnet for drug users and dealers wishing to operate unseen.
- With a clear view all round, staff should quickly be able to assess for possible problems.

Lighting:

- Suitably designed lighting should be provided to avoid dark corners or areas throughout the premises.
- Parking areas and outside service areas to be well lit and managed.
- Some organisations recommend placing fluorescent lighting in toilets to deter intravenous drug use. This style of lighting is a means of preventing injecting behaviour. It has not been proven as a deterrent to drug users and may have a negative affect leading to poor injecting practice and medical complications. It also has the added disadvantage of making the toilets look dark, unwelcoming to lawful users, and suggesting that there is an established drug problem.

Signage:

- Consider the use of signage in the premises stating the management's stance on drug use in the premises; e.g. 'Drug use will not be tolerated on these premises and anyone

suspected or found to be using drugs will be asked to leave and police may be informed'.

- Consider erecting signs in toilets informing customers that facilities are regularly checked for cleanliness and security. A 'visited/checked' chart on a wall will help to show that staff visits are carried out.

Toilet Areas – Construction Materials

- Avoid the use of easily moveable ceiling, wall tiles or panelling as the void areas behind can be used to conceal drugs or discarded drug.
- Ventilation covers should be robust with fine mesh covering, securely fitted to prevent the space being used for disposal purposes.
- Flooring should be concrete, tiled or smooth industrial quality linoleum covered. Avoid the use of carpet or carpet tiles due to hygiene and cleaning problems.
- Avoid flat smooth areas that can easily be used as a worktop to divide and prepare drugs, or used as a platform for sniffing.
- Improvements can be made to flat surfaces within toilets by applying a rougher surface coating to these areas.
- Consider the use of graffiti and vandal resistant materials, such as stainless steel, laminates and plastics.

Toilet Areas – Fixtures and Fittings

- All toilet cisterns should be secured and hidden behind panelling. This

prevents people using the flat surfaces for the preparation of drugs or for administering them and using the cistern for the disposal of syringes or other drug paraphernalia.

- Toilet roll dispensers, towel holders and drying machines can be purchased with smooth rounded surfaces to prevent drug preparation.
- Many companies now manufacture washbasins and urinals with sloping tops and sides, again with a view to making it difficult to use as a platform to operate from.
- Avoid placing chairs or benches in toilet areas that encourage users to remain longer than necessary.
- The style of cubicle door locks should be considered. Research shows that the less secure, flimsy locks are better on cubicle doors as drug users are made to feel more vulnerable under these conditions.
- Toilet seat lids can be removed, but this may leave the toilets feeling 'seedier' as a result. Suitably shaped lids could be considered as a preventive measure.
- Toilet cubicles should be constructed to allow for a minimum 200mm space from the floor with a reduced top height. This measure discourages drug taking and helps with staff checks.

Good Practice:

- Create and enforce a strict house policy that clearly states your establishments 'zero-tolerance' level towards illegal drugs.

- Let people know what you will do if you are aware that they are using drugs on your premises.
- Avoid events or bands that might attract a pro-drug audience.
- Discourage any drug references via your dress code.
- Check your premises every night after closing for hidden drugs, weapons or drugs paraphernalia, especially in toilet areas.
- Well – managed premises where staffs take an active interest are less likely to attract drug use.
- Ensure that the employer's risk assessment covers the following:
 - Safe system for handling 'sharps' and other paraphernalia
 - Dealing with accidental contact
 - The provision of personal protective equipment
 - A suitable arrangement for disposal
 - Training for staff
- Make prompt contact with your local police if you have reason to suspect drug dealing or use on the premises. Ask for their advice. See also section 'What to do if you find

WHAT TO DO IF YOU FIND ILLEGAL DRUGS ON YOUR PREMISES

If you discover suspected illegal drugs on the premises, make prompt contact with the police.

The law permits the management or staff to take temporary possession of a substance suspected of being an illegal drug for the purposes of preventing an offence from being committed or continued in relation to that drug, providing that all reasonable steps are taken to destroy the drug or deliver it to a person lawfully entitled to take custody of it without delay.

In taking temporary possession and disposing of suspected illegal drugs you are advised to:

- Ensure all seizures/finds are witnessed and corroborated by a second member of staff. This protects the integrity of staff against any possible allegations.
- Seal the substance in a plastic bag. Mark this with the date and time of the seizure/find and details of the witness present. Managers may request self-sealing evidence bags from the police for use in the event of their finding suspected illegal drugs.
- Store the substance in a secure location with limited access by two senior members of staff.
- Notify the police without delay so that the substance can be collected, stored or disposed of as determined by evidential requirements.
- Record full details of the incident, including the police incident reference number.

Reporting drugs-related intelligence:

Licenses and staff working in licensed premises are encouraged to forward information and intelligence on drugs related crime and anti-social behaviour to the police. Alternatively, information can be reported anonymously via Crimestoppers.

See 'Where to go for information and advice' for contact details.

WHERE TO GO FOR INFORMATION AND ADVICE

Hertfordshire contacts:

Hertfordshire Constabulary

To contact your local Community Team Police Officers, Licensing Officer, Crime Prevention Officer, or the Force Architectural Liaison Officer, phone the Herts Constabulary Non-emergency number **101** or go to **www.herts.police.uk** and click on 'Contact Us' to search for your local contacts.

Spectrum Drug and Alcohol Service Hertfordshire **0800 652 3169**

Hertfordshire Drug Education Forum **01438 845111**

District Council Licensing OFFICER – VIA GENERAL ENQUIRIES:

BROXBOURNE **01992 785555**

DACORUM **01442 228000**

EAST HERTS **01279 655261**

HERTSMERE **020 8207 2277**

NORTH HERTS **01462 474000**

ST ALBANS **01727 866100**

STEVENAGE **01438 242242**

THREE RIVERS **01923 776611**

WATFORD **01923 226400**

WELWYN/HATFIELD **01707 357000**

NATIONAL CONTACTS

FRANK- THE NATIONAL DRUGS INFORMATION HELPLINE

WWW.TALKTOFRANK.COM OR **0800 77 66 00**

FOR COMPREHENSIVE INFORMATION AND GUIDANCE ON DESIGNING OUT CRIME IN LICENSED PREMISES, GO TO THE ASSOCIATION OF CHIEF POLICE OFFICERS

CRIME PREVENTION INITIATIVE SITE AT **WWW.SECUREDBYDESIGN.COM**

NHS DIRECT – **WWW.NHSDIRECT.NHS.UK** OR NHS **111**

CRIMESTOPPERS – **0800 555 111**

ALL CALLS ARE FREE AND THEY WONT ASK YOUR NAME.