



Substance misuse and the workplace



A training pack

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INTRODUCTION

- Introduction
- Substance misuse in the workplace
- A workplace policy
- Drug screening and testing

INTRODUCTION

This training pack, developed by the Home Office, provides support for Drug Action Team (DAT)-nominated business trainers who are delivering training to companies on the basic issues surrounding substance misuse within the workplace.

ABOUT THIS TRAINING PACK

Not all organisations are the same – they have differing needs and capabilities. In many instances a human resources department or an occupational health unit would have responsibility for implementing a programme of drug and alcohol awareness in the workplace. However, not all organisations have these departments.

This training package has been developed with this in mind. It is produced for specified staff, who will deliver it within an organisation to their fellow workers. Staff who will deliver this material do not need to be experts in alcohol and drugs, as the pack is designed to facilitate learning in an easy-to-use and understandable format.

This training pack offers readily useable, flexible material that can be mixed and matched to meet the needs of a variety of target audiences. It is not a fixed training programme but a flexible tool. It is modular in style, with each section covering stated clear aims and objectives. Timings for the delivery of each session are given as a guide.

SUBSTANCE MISUSE IN THE WORKPLACE

Substance misuse is a serious problem in our society today. The increasingly widespread availability of alcohol and illegal drugs can lead to experimental, recreational and dependent use, which in turn may affect an individual's working life. Given the seriousness of this, companies need to understand the potential impact of drugs and alcohol to their bottom line and be aware that employees misusing drugs or alcohol are a danger not only to themselves but often also to their colleagues.

Successfully tackling drug and alcohol misuse can benefit any organisation and their employees by:

- creating a more productive environment
- reducing risks and accidents
- reducing the cost of absenteeism
- enhancing the public perception of the organisation
- contributing to society's efforts to combat substance misuse.

Tackling substance misuse in the workplace can be a daunting and often complex process. One way of overcoming this is to encourage employers to have a robust drug and alcohol workplace policy that clearly outlines a company's rules and procedures for dealing with substance misuse.

A WORKPLACE POLICY

Principally, a workplace policy helps employers fulfil their legal duty of care, to safeguard the health, safety and welfare of employees under the Health & Safety at Work Act 1974. (If an employer knowingly allows an employee under the influence of excess drugs or alcohol to continue working and this places the employees or others at risk, they could be prosecuted.) Similarly, under this Act, employees are required to take reasonable care of themselves and others who could be affected by what they do.

However, a workplace policy does also have many other benefits.

- It provides a clear understanding of a company's rules on drugs and alcohol.
- Staff and managers are trained to spot the signs and symptoms of drug or alcohol misuse. They can help identify a problem at an early stage to minimise risks to health and safety.
- It gives a clear understanding of a business's rules and procedures on drugs and alcohol and gives a clear definition of both employee and employer responsibilities.
- The necessary procedures are in place should a problem arise.
- Trained managers or key staff have the skills to deal with problems when they arise.
- It provides a service that both protects your employees and protects your business.
- It creates a culture whereby employees are willing to acknowledge that they or a colleague have a problem.

It is important to stress that a workplace policy should aim to support affected employees rather than punish them. An employee with a substance misuse problem should be treated as if they have a health problem rather than as an immediate case for disciplinary action or dismissal. Disciplinary action may eventually be necessary, but should not be regarded as the first resort.

DRUG SCREENING AND TESTING

Workplace screening and testing for drugs and alcohol is a sensitive issue. There is no legal requirement to carry out testing. There are also some major concerns over human rights issues. To make a decision on whether to introduce testing you need to consider the legal and ethical implications.

It's important to understand that drug screening and testing is not an essential element in a workplace policy. A policy can be effective without testing. However, some roles may be so safety-critical that testing is needed.

Testing provides a scientific approach to the detection of alcohol and drugs but the implementation of drug screening and testing is a sensitive issue because of the many employment implications. The question of whether or not to have a screening policy, including the practical, legal and industrial relations implications, should be fully discussed with workforce representatives.

Local circumstances should be taken into account, such as the prevalence of drug abuse in the social group, locality from where employees are recruited, the nature of the job (including the potential for accidents and disasters) and other factors such as existing personnel management or medical practices in the company.

Screening is likely to be justified only where it can be seen as part of the occupational health responsibilities of a company and where it is designed to prevent risks to others from the actions of the drug misuser. There is a simple acronym (JAPAN) which aids the recording of the reasoning behind the policy to have drug testing (see page 4.3).

THE IMPACT

- Introduction to the problem
- The evidence of the scale of drug and alcohol misuse in the workplace
- The benefits of dealing with the issues

THE IMPACT

AIM:

To understand the potential scale of drug and alcohol misuse in the workplace

OBJECTIVES:

By the end of the sessions, delegates will be able to:

- state how drug and alcohol misuse affects the workplace
- state the benefits of tackling drug and alcohol misuse in the workplace

SESSION ONE:

Introduction to the problem

SESSION TWO:

The evidence of the scale of drug and alcohol misuse in the workplace

SESSION THREE:

The benefits of dealing with the issues

DURATION – 70 minutes

INTRODUCTION TO THE PROBLEM

SESSION ONE:

Introduction to the problem

METHOD:

Introduce the session using trainer's notes

RESOURCES:

Trainer's notes

TIMING:

5 minutes

INTRODUCTION TO THE PROBLEM

Looking at rates of substance misuse across the whole population in the UK, it is inevitable that in any workforce, no matter how large or small, there will be a proportion of individuals with a drug or alcohol problem.

Drugs and alcohol affect not only the misusers themselves but also the organisations they work for, their co-workers and customers.

There are no stereotypical misusers and they are as likely to be found in the boardroom as on the shopfloor, in the office or in the sales force.

So what is the true impact?

EVIDENCE OF THE SCALE OF MISUSE

SESSION TWO:

The evidence of the scale of drug and alcohol misuse in the workplace

METHOD:

‘How does drug misuse affect the organisation?’ – boardblast

Discuss any comments where necessary. Issue Handout 1 ‘Workplace facts’

RESOURCES:

Flipchart/pens
Handout 1

TIMING:

10 minutes

HOW DOES DRUG MISUSE AFFECT THE ORGANISATION?

BOARDBLAST

- Deterioration in quantity and quality of work
- Absenteeism
- Accidents
- Bad behaviour/poor discipline
- Poor judgement
- Bad decision-making
- Increased risk of theft or fraud (to support drug habit)
- Deterioration in public perception of the organisation
- Increased insurance costs

Retain information from boardblast for Session three

Let's look at some figures

Then issue Handout 1

WORKPLACE FACTS

A member of staff under the influence of drink or drugs will only achieve 67% of their work potential.

(Substance Abuse Survey, IPD, 1998)

Drug-using employees are three times more likely to require sick leave or benefits.

(Jackson, Drug and Alcohol Policies, 1999)

Almost 17 million working days are lost each year due to alcohol misuse alone.

(Alcohol Strategy, Department of Health, 2004)

It is estimated that 25% of people seeking help for drug problems are in work.

(British Crime Survey, Home Office, Health and Safety Monitor, 1992)

The estimated cost of drug and alcohol misuse in terms of crime, absenteeism at work and sickness is in excess of £20 billion.

(Godfrey, Eaton, McDougall and Culyer, The Economic and Social Costs of Class A Drug Use in England and Wales, HORS 249, 2000)

40% of the workforce under 40 years of age have experimented with illicit drugs.

(DrugScope, 1998)

THE BENEFITS OF DEALING WITH THE ISSUES

SESSION THREE:

The benefits of dealing with the issues

METHOD:

Divide the group into two (depending on size of group)

Explain to each group that you, the trainer, are the most senior person in their organisation and that so far you have not been very keen to discuss drug and alcohol problems in the workplace, which are not there. You believe that you should not go looking for a problem if there isn't one.

Ask each group to prepare a presentation to try and persuade you to see the benefits of tackling drug and alcohol misuse and the implications of not addressing the issue

The presentation can be in whatever format the group wishes (flipchart presentation, roleplay etc)

Check all areas covered referring back to boardblast in Session two ('How does drug misuse affect the organisation?')

RESOURCES:

Flipchart paper/pens
Handout 1 from Session two

TIMING:

Introduction to session	5 minutes
Preparation for presentation	20 minutes
Presentations and feedback	15 minutes each
Total timing	55 minutes (if two groups)

DRUGS AWARENESS

- Introduction using quiz
- Definitions and what drugs look like
- Detailed look at alcohol
- Alcohol in the workplace
- Knowledge check

DRUGS AWARENESS

AIM:

To provide a basic knowledge of alcohol and the most commonly misused drugs, their effects, street names and legal status

OBJECTIVES:

By the end of the sessions, delegates will be able to:

- state the most commonly used drugs, including their street names and legal status
- describe the effects of misusing drugs and alcohol

SESSION ONE:

Introduction using quiz

SESSION TWO:

Definitions and what drugs look like

SESSION THREE:

Detailed look at alcohol

SESSION FOUR:

Alcohol in the workplace

SESSION FIVE:

Knowledge check

DURATION – 115 minutes

INTRODUCTION USING QUIZ

SESSION ONE:

Introduction using quiz

METHOD:

Issue Handout 2 'Drugs awareness quiz' to the group

There is a trainer's copy of the quiz (with answers) –
Handout 3

Ask the group to complete the quiz – they can work in
pairs if they prefer

Run through the answers allowing time for comments

Explain that there will be an in-depth explanation to
some of the questions during the following session.
Ensure that copies of the answers are made available
at the end of the session

RESOURCES:

Handout 2

Handout 3

TIMING:

Complete quiz 5 minutes

Answers to quiz 15 minutes

Total timing 20 minutes

DRUGS AWARENESS QUIZ – TRAINER'S COPY

TRUE OR FALSE

- 1 *Illegal/controlled drugs are divided by the Misuse of Drugs Act 1971 into three classes A, B, C according to their toxic effect, prevalence of misuse and perceived danger to society. Which class do you think the following drugs fall into?*
- | | |
|-------------------------------|---------------|
| <i>Cannabis is Class C</i> | True or False |
| <i>Heroin is Class A</i> | True or False |
| <i>Ecstasy is Class B</i> | True or False |
| <i>Amphetamine is Class C</i> | True or False |
- 2 *The following constitute the offence of 'supplying an illegal drug'*
- | | |
|--------------------------------|---------------|
| <i>Sharing an illegal drug</i> | True or False |
| <i>Selling to another</i> | True or False |
| <i>Giving to another</i> | True or False |
| <i>Buying for another</i> | True or False |
- 3 *Anabolic steroids mimic the effects of the natural male hormone testosterone*
- True or False
- They have two main effects; androgenic (ie increase in facial hair and deepening of the voice) and anabolic (ie the build-up of muscles etc)
- 4 *Cannabis is by far the most widely used illegal drug in the UK*
- True or False
- 1996 British Crime Survey found that over twice as many people reported that they had taken cannabis than any other drug
- 5 *Cannabis can be grown lawfully in England and Wales*
- True or False
- Cannabis can be grown lawfully by farmers under a Home Office licence. The cannabis grown has a very low active ingredient. It is used for animal bedding and the manufacture of paper
- 6 *Milk powder, glucose and caffeine are frequently used to 'cut' (mix) cocaine and amphetamines*
- True or False
- They can also be cut with other substances such as chalk, talc or sugar
- 7 *Crack can appear in various forms from yellow, pinkish or waxy white rocks, similar to chips of broken porcelain, to white granules similar to dried milk*
- True or False
- Rocks usually vary from the size of raisins to granules
- 8 *Flashbacks (re-experiencing a trip/hallucination) from LSD use can occur a week, month or years after the original trip*
- True or False
- The effects of a trip can vary dramatically and are heavily influenced by the user's psychological state. Some find the experience very enjoyable, some very frightening (panic and paranoia may follow). A trip can last anything up to 8–12 hours. It is particularly dangerous for people who are depressed
- 9 *Once cooked, boiled, dried or prepared in any way, magic mushrooms become a Class A drug*
- True or False
- It is not illegal to possess or eat them in their raw state. However, distinguishing hallucinogenic mushrooms from their poisonous cousins is a complex skill

DEFINITIONS AND WHAT DRUGS LOOK LIKE**SESSION TWO:**

Definitions and what drugs look like

METHOD:

Ask delegates to write down on a piece of paper three illicit drugs they believe are prevalent in the area where they live/work. Ask delegates to read out and trainer to put the names of drugs on a flipchart. Use the list to deliver information on the drugs using the relevant trainer's notes

Write the name of a drug on the top sheet of a flipchart and attach to wall area for everyone to see. Suggested names of the drugs to include:

- heroin
- cannabis
- ecstasy
- crack
- LSD
- alcohol.

Ask delegates to write on each sheet something about the named drug – this should be something they believe to be true. When everyone has written comments (they may write more than one thing on each sheet), read through the comments discussing the issues raised and correcting misconceptions using trainer's notes.

Issue Handout 4 'Most commonly misused substances in the UK'

Issue Handout 5 'Street prices'

RESOURCES:

Flipchart/pens

Trainer's notes

Handout 4

Handout 5

TIMING:

Maximum 1 hour

DEFINITIONS

DRUG	Any substance which affects the way in which the body functions physically, emotionally or mentally and includes tobacco, alcohol, solvents, over-the-counter and prescribed medicines as well as illicit substances
DRUG USE	Drug-taking by a person that does not cause any perceived immediate harm, even though it may carry some risk of harm
DRUG MISUSE	Drug use that harms health or social functioning – either dependent use (physical or psychological) or use as part of a wider spectrum of problematic or harmful behaviour
DEPENDENCE	A compulsion to continue taking a drug in order to feel good or to avoid feeling bad
TOLERANCE	When a substance is used on a regular basis, a ‘tolerance’ can develop when the body becomes accustomed to it. This usually means that higher doses are needed to maintain the same effect
PARAPHERNALIA	The equipment used for drug-taking, eg foil, needles etc
STIMULANTS	Drugs which increase the activity to those regions of the brain which make us more awake, more alert and more confident <i>Cocaine, caffeine, amphetamine and nicotine are all stimulants</i>
DEPRESSANTS	The general effect of depressants is to depress or slow down the activity of the nervous system. They do this by preventing messages being passed to the brain <i>Alcohol, tranquillisers, solvents and sleeping tablets are all depressants</i>
PAINKILLERS	These reduce a person’s sensitivity to pain and cause sleepiness. Typically a sense of wellbeing is produced and pain, anxiety and depression disappear <i>Heroin, morphine and codeine are all painkillers</i>
HALLUCINOGENS	Hallucinogens change the way the brain interprets the information it gets from the sense organs. Colours may seem brighter, objects may seem larger or smaller and sound may appear purer and louder <i>LSD, magic mushrooms, ecstasy and cannabis are all hallucinogens</i>

HEROIN

STREET NAMES

Smack, Brown, Scag, Horse, H, Gear, Junk, Stag, Jack

CATEGORY Painkiller

HOW TAKEN Injected, snorted, smoked (this is known as 'chasing the dragon')

EFFECTS

- Heroin is a sedative drug that depresses the nervous system
- It slows down body functioning and can help block out both physical and emotional pain
- Gives a feeling of warmth, safety, relaxation and detachment from reality
- Effects start quickly and can last for several hours
- High doses can lead to drowsiness and sedation
- With regular use, tolerance develops so that more is needed to get the same effect. Physical dependence can also result from regular use
- Physical effects of long-term use may include chronic constipation, irregular periods for women and decreased resistance to infection

FACTS

- Heroin is an opiate derived from the opium poppy
- Street heroin is usually an off-white or brown powder
- Often 'cut' with adulterants – glucose, talc, gravy powder, brick dust, curry powder
- Traceable for 24–48 hours in urine

LEGAL STATUS

Class A

COCAINE

STREET NAMES

Dust, Coke, Charlie, Snow, C

CATEGORY Stimulant

HOW TAKEN Snorted, injected

EFFECTS

- A strong, short-acting stimulant with effects lasting up to 30 minutes
- The user may feel more alert, confident, talkative and energetic with a general feeling of wellbeing
- Users may feel physically stronger, with an indifference to pain and fatigue
- Irritability and aggressiveness are frequently associated with its use
- Physical effects include a dry mouth, sweating, loss of appetite, increased heart and pulse rate, insomnia and exhaustion
- Eyes become sensitive to light and pupils dilate
- Long-term or regular use may result in depression, insomnia, paranoia, violent mood swings, exhaustion and feeling run down
- Neither tolerance nor heroin-like withdrawal symptoms occur with regular use of cocaine but strong psychological dependence can occur
- Repeated snorting of cocaine damages the nasal membrane
- Psychological dependence may occur and a state similar to paranoid psychosis may develop

FACTS

- Imported mainly from South America
- A weekend user may snort 1/4 gram, while regular users may consume 1–2 grams a day
- A gram of cocaine can make 10–20 lines for snorting, depending on its strength
- On the street, cocaine is often mixed (cut) with other substances – baby milk, glucose or caffeine etc
- Cocaine was an ingredient in Coca-Cola until 1904
- Detectable in the urine for up to three days

LEGAL STATUS

Class A

CRACK

STREET NAMES

Stone, Freebase, Rock, Wash

CATEGORY Stimulant

HOW TAKEN Smoked, injected

- EFFECTS**
- The effects of crack are more intense than cocaine but shorter-lived, lasting for approximately 10–20 minutes
 - Users feel exhilarated, wide awake and confident
 - An intense euphoria, elation and a great surge of energy
 - An incredible sense of wellbeing and power
 - It can kill all feelings of pain, tiredness and hunger
 - The initial short-lived euphoria is followed by a severe ‘comedown’ involving anxiety, depression, irritability and extreme paranoia
 - The comedown can make users irritable and aggressive and can last for days
 - High doses of crack can raise the body’s temperature and can cause convulsions, chest pains and respiratory arrest
 - Users may take heroin to dull the craving caused by the use of crack

FACTS

- Crack is cocaine that has been chemically treated and comes in the form of crystals that look like small rocks. Some of the ‘pieces’ look like grains of sand, but can be up to 2cm across. They vary in colour from pale yellow or pink, to white.
- It is generally smoked in a pipe, plastic bottle or in foil. The crack is heated in the pipe until it vaporises, and the fumes are then inhaled
- At street level, pipes are more likely to be homemade, made out of soft drink cans or bottles and aluminium foil
- Crack gets its name from the cracking sound it makes when being burnt
- Crack dissolves easily in water so it can also be injected

LEGAL STATUS

Class A

MDMA (ECSTASY)

STREET NAMES

E, XTC, Doves, Disco biscuits, Echoes, Scooby-Doos, Mitsubishiis

CATEGORY Stimulant

HOW TAKEN Swallowed

- EFFECTS**
- The effects start to take place after 20–40 minutes and can last 3–6 hours
 - There is an initial rush which is often followed by a feeling of calmness, closeness to others and empathy
 - Users may experience a greater awareness of surroundings, sounds and greater appreciation of music
 - Sometimes users can feel disorientated, anxious, panicky, confused or nauseous
 - Physical signs include dilated pupils, jaw tightening, sweating, loss of appetite, increases in blood pressure and heart rate
 - When the drug wears off users may feel moody, depressed and tired. They may require long periods of sleep to recover and this comedown may last for up to 3–4 days
 - Regular use may lead to sleep problems, dietary disorders, feelings of depression and anxiety
 - Long-term effects of heavy, long-term use are not clear but may include mental health problems, chronic depression and sustained memory loss

FACTS

- MDMA = Methylenedioxyamphetamine
- Many tablets sold as ecstasy are in fact amphetamines
- Commonly used in the club culture
- Risk of overheating and dehydration if users dance energetically without taking breaks or drinking enough fluids
- Detectable in the urine for 2–4 days

LEGAL STATUS

Class A

LSD

STREET NAMES

Trips, Tabs, Acid, Dots, Blotters, Microdots

CATEGORY Hallucinogenic

HOW TAKEN Impregnated paper is chewed and dissolved on the tongue

EFFECTS

- An hallucinogenic drug which causes the senses to be distorted – colours, sounds and sights can be enhanced
- The effects of the drugs start after about 30 minutes and can last for 8 to 12 hours
- The effects vary greatly depending on many factors including the dosage used, how the user is feeling, and the environment
- Unpleasant or frightening experiences can occur
- LSD may trigger underlying mental health problems and lead to delusions, paranoia and schizophrenia-like states

FACTS

- LSD = Lysergic Acid Diethylamide
- Bad trips can be terrifying and these are more likely to occur if the user is feeling anxious, nervous or uncomfortable
- Once a trip has started it cannot be stopped
- One dose may produce a mild trip, with 3-4 inducing a full-blown hallucinogenic experience

LEGAL STATUS

Class A

MAGIC MUSHROOMS

STREET NAMES

Liberties, Mushies, Liberty Caps

CATEGORY Hallucinogenic

HOW TAKEN Eaten raw or dried, cooked in food or brewed in tea

EFFECTS

- Similar to the effects of LSD but the trip is milder and shorter-lived
- Effects start after about 30 minutes and can last up to 6 hours depending on how many were taken
- Many users feel more confident, talkative and relaxed
- Others may feel sick, have stomach pains and diarrhoea
- Bad trips can occur leaving the user feeling anxious, frightened and paranoid
- The biggest problem is eating the wrong mushrooms as this can cause serious illness or fatal poisoning
- Physical dependence and withdrawal symptoms do not result with regular use

FACTS

- There are several types of wild mushrooms which grow in the UK which have hallucinogenic properties
- The amount of active chemical in each mushroom is determined by its size and age. How it is picked and stored can also make a difference
- 20–30 mushrooms are usually regarded as a full dose
- It is not illegal to possess or eat mushrooms in their raw state

LEGAL STATUS

Not illegal in raw state, but Class A once dried or processed in any way

AMPHETAMINES

STREET NAMES

Uppers, Billy, Whizz, Speed, Sulphate (Sulph), Amp

CATEGORY

Stimulant

HOW TAKEN

Sniffed/snorted, swallowed, injected

EFFECTS

- The effects of a single dose usually last for 4–6 hours
- Users may experience an increase in alertness, confidence, stamina and energy
- An appetite suppressant
- Regular heavy use may cause severe depression, panic attacks and feelings of delirium
- As the effects of the drug wear off, energy levels drop and users may feel irritable, restless and aggressive
- Feelings of lethargy, tiredness and depression may last for a couple of days (this is known as the ‘comedown’) – these feelings usually disappear once the body has eliminated the drug from the body

FACTS

- Amphetamines usually come in the form of a white powder, though they are sometimes yellow or pink. They can also come in tablet form
- Amphetamines are commonly sold in a wrap
- Purity at street level is very low, at around 3% to 6%
- Adulterants frequently include paracetamol, caffeine, glucose, dried baby milk and talc
- Amphetamines were used to help fatigued soldiers in the Second World War
- Detectable in the urine for up to 4 days

LEGAL STATUS

Class B (Class A if prepared for injection)

CANNABIS

STREET NAMES

Pot, Weed, Dope, Puff, Hash, Marijuana, Grass, Blow, Ganja

CATEGORY Hallucinogenic

HOW TAKEN Herb or resin is crumbled and mixed with tobacco which is rolled up in a spliff or joint to smoke

Can also be swallowed, drunk, cooked in food or smoked in a pipe

EFFECTS

- The effects of cannabis vary and depend on a number of factors – the strength of the drug, how much is used, the mood of the user, expectations
- Users may experience a pleasant state of relaxation, become talkative or giggly
- Some users find that cannabis makes them anxious, panicky or paranoid
- Effects start within a few minutes and can last for up to an hour with low doses and several hours with high doses
- No physical dependence associated with cannabis use (psychological dependence can occur)
- Whilst under the influence of cannabis the user may experience difficulty in performing tasks which require manual dexterity or concentration – driving, operating machinery etc
- May bring on a craving for food – often referred to as the ‘munchies’

FACTS

- Cannabis grows wild in many parts of the world and is cultivated in the UK – under strict Home Office licence – for many purposes including the manufacture of rope, paper and animal bedding
- Cannabis is the most widely used illegal drug in the UK
- Cannabis may be detected in the urine for up to 30 days
- Three main forms available – herbal, resin and oil
- Different forms of cannabis come from different parts of the plant and have different strengths; resin is scraped from the plant and pressed into a block; herbal is the dried plant leaf and is the weakest form; oil which is a thick brown/black oil (rarely seen in the UK)
- Usually sold in 1/8ths (ounce) on the streets which will make 14–16 joints (on average)
- Cannabis was reclassified on 29 January 2004
- Cannabis is still illegal and remains controlled under the Misuse of Drugs Act 1971. Possessing it remains a criminal offence, but the maximum penalties are reduced from 5 years’ to 2 years’ imprisonment

LEGAL STATUS

Class C

PRESCRIPTION DRUGS

STREET NAMES

Valium, Altiran, Mogadon, Rohypnol, Jellies, Moggies, Temazepam, Wobblies, Mazzies

CATEGORY Stimulants, depressants, painkillers

HOW TAKEN Orally, inhaled, injected

EFFECTS

- Various effects depending on which drug is prescribed
- Can calm and slow down the user, relieve tension etc
- Physical and mental functioning is impaired
- Larger doses may make the user feel lethargic, drowsy, forgetful and sleepy
- Tolerance develops with frequently repeated doses

FACTS

- Uses include to treat depression, anxiety, insomnia, and a wide variety of medical conditions
- Fatal overdoses can occur especially when mixed with alcohol

LEGAL STATUS

Under the Misuse of Drugs Act 1971 they are not illegal to possess without prescription but Class C penalties apply if supplied to another (temazepam and Rohypnol are exceptions)

Under the Medicines Act 1968 they can only be supplied with a doctor's prescription

STEROIDS (ANABOLIC)

STREET NAMES

Various trade names

CATEGORY Stimulant

HOW TAKEN Swallowed as tablets, injected

EFFECTS

- Can build body weight and increase muscle size
- Can make users more aggressive and competitive, making them train harder and recover quicker from strenuous exercise
- The term 'roid rage' is connected to steroid use as it is said that regular users may become physically violent
- Multiple combination use and use at much higher doses than would normally be prescribed may result in liver abnormalities, hypertension, stunted growth in young people, changes to male and female reproductive systems, sleep disorders, depression etc
- There are also signs of psychiatric and psychological problems with the use of steroids

FACTS

- Anabolic steroids have limited medical use in the UK
- Often associated with body-builders, athletes and with people whose body image is important to them and their work, eg door staff, security guards etc
- Many steroid users do not regard themselves as being high-risk drug misusers even if they are injecting

LEGAL STATUS

Class C

POPPERS OR NITRATES

STREET NAMES

Rush, Gold, Ram, TNT, Thrust

CATEGORY Stimulant

HOW TAKEN Vapours inhaled through nose/mouth

EFFECTS

- When sniffed a brief but intense 'head-rush' as it causes the heart to beat quicker and blood rushes to the brain
- The drug is fast acting, but short lived – approximately 2–3 minutes
- Excessive use can cause pounding headaches, vomiting, nausea and dizziness
- Can be dangerous for anyone with high blood pressure, a heart condition or glaucoma

FACTS

- It is an offence to sell but can be bought from some sex shops, clubs and record shops
- Poppers are highly flammable and if they come into contact with the skin, they can cause a rash
- Some people use poppers to enhance the effects of other drugs
- People often use poppers to enhance sexual pleasure

LEGAL STATUS

Amyl nitrate is a prescription-only medicine. Possession is not illegal but supply can be an offence

OTC (OVER-THE-COUNTER)

STREET NAMES

Night Nurse, Paracetamol, Antihistamines, Aspirin

HOW TAKEN Swallowed in liquid or tablet form

- EFFECTS**
- There is a whole variety of effects associated with the misuse of OTC
 - The effects will depend on which drug has been taken, how much was taken and what, if anything, was mixed with it
 - An estimated 50,000 people have developed serious, often life-threatening health problems through misusing OTC
 - At least 2,000 deaths a year are caused by aspirin, non-steroidal anti-inflammatory drugs

- FACTS**
- All are safe to use if the instructions are followed properly
 - In the UK we spend £1.5 billion each year on OTC

LEGAL STATUS

Not illegal. Can be openly purchased

TOBACCO

CATEGORY Stimulant

HOW TAKEN Smoked (can be chewed)

EFFECTS

- Pulse rate and blood pressure increase
- First-time users may feel sick or dizzy
- Can suppress appetite
- Nicotine can stain teeth and fingers
- Users may develop a poor sense of smell
- Nicotine is one of the most addictive chemicals known
- Risk of heart disease, lung cancer, circulatory problems, bronchitis and ulcers

FACTS

- Over 100,000 people die each year due to smoking-related illnesses

LEGAL STATUS

It is not illegal to possess, supply or sell. It is illegal to sell knowingly to anyone who is or appears to be under 16 years old

VOLATILE SUBSTANCES OR SOLVENTS

STREET NAMES

Various trade names

CATEGORY Depressant

HOW TAKEN Sniffed or taken orally

EFFECTS

- Inhalation causes the drug to take effect very rapidly so the user obtains a euphoric rush
- For some the depressant effects of solvents are similar to a high dose of alcohol – loss of co-ordination, disorientation, dizziness, slurred speech and feeling sick
- The effects are short-lived, usually about 45 minutes
- With long-term use users may suffer weight loss, depression and develop liver and kidney problems. These usually stop once the misuse has discontinued

FACTS

- Accidental death or injury can be caused when the user is under the influence of volatile substances – choking on vomit, suffocation, loss of consciousness
- Aerosols and butane gas sprayed directly into the throat can cause the airways to freeze resulting in death by suffocation
- Using a plastic bag to sniff glues in a confined environment or placed directly over the head can also cause suffocation
- The average home contains over 30 sniffable products

LEGAL STATUS

Not illegal to possess but it is illegal to sell solvents to under 18s or to people buying them for someone who is under 18 or if you suspect the product is intended for misuse

The Cigarette Lighter Refill (Safety) Regulations 1999 makes it an offence for retailers to supply cigarette lighter refills containing butane to anyone under 18

ALCOHOL

STREET NAMES

Various trade names

CATEGORY Depressant

HOW TAKEN Swallowed

EFFECTS

- Effects begin within 5–10 minutes and can last for several hours
- Alcohol suppresses the nervous system and slows down the body functions
- Small amounts make user feel relaxed and less inhibited
- Large amounts can lead to double vision, loss of balance, vomiting and sometimes unconsciousness

FACTS See trainer's notes (2.26–2.31)

LEGAL STATUS

Not illegal. Can only be sold by premises with a licence and is subject to restrictions on age

MOST COMMONLY MISUSED SUBSTANCES IN THE UK

Name	How usually taken	Effects sought	Harmful effects include	Legal status
Heroin (smack, horse, H, scag, brown, gear, junk, stag, jack)	Injected, snorted or smoked	Drowsiness, sense of warmth and wellbeing	Physical dependence, tolerance, overdose can lead to coma and even death. Sharing injecting equipment brings risk of HIV and hepatitis infection	Class A
Cocaine (charlie, coke, dust, C, snow)	Snorted or injected	Sense of wellbeing, alertness and confidence	Dependence, restlessness, paranoia, damage to nasal membranes	Class A
Crack (freebase, rock, wash, stone)	Smokeable form of cocaine, injected	Similar to those of cocaine but initial feelings are much more intense	As for cocaine but because of the intensity of its effects, crack use can be extremely hard to control, damage to lungs	Class A
Ecstasy/ MDMA (E, XTC, doves, disco biscuits, echoes, Scooby-Doos, Mitsubishis)	Swallowed, usually in tablet form	Alert and energetic but with a calmness and sense of wellbeing towards others. Heightened sense of sound and colour	Possible nausea and panic, overheating and dehydration if dancing. Use has been linked with liver and kidney problems. Long-term effects not clear but may include mental illness and depression	Class A
LSD (acid, trips, tabs, dots, blotters, microdots)	Swallowed on tiny squares of paper	Hallucinations, including distorted or mixed-up sense of vision, hearing and time	There is no way of stopping a bad trip which may be a very frightening experience. Increased risk of long-term mental health problems	Class A
Magic Mushrooms (liberties, mushies, liberty caps)	Eaten raw or dried, cooked in food or brewed in tea	Similar effects to those of LSD but the trip is often milder and shorter	As for LSD with the additional risk of sickness and poisoning	Not illegal in raw state but Class A once dried or processed in any way
Amphetamines (speed, whizz, uppers, billy, sulph, amp)	In powder form, dissolved in drinks, swallowed, injected, snorted	Stimulates the nervous system, wakefulness, feeling of energy and confidence	Insomnia, mood swings, irritability, panic. The comedown can be severe and last for several days	Class B Class A if prepared for injection
Cannabis (hash, dope, grass, blow, weed, puff, pot, marijuana, ganja)	Rolled with tobacco into a spliff, joint or reefer and smoked. Smoked in a pipe or eaten	Relaxed, talkative, heightened sense of sound and colour	Impaired co-ordination and increased risk of accidents. Poor concentration, anxiety, depression, increased risk of respiratory diseases including lung cancer	Class C
Prescription drugs (tranquillisers) (Valium, Rohypnol, Mogadon, Altiva, temazepam, jellies, moggies, wobblies, mazzies)	Swallowed as tablets or capsules, injected	Prescribed for the relief of anxiety and to treat insomnia. High doses cause drowsiness	Dependency and tolerance, increased risk of accidents, overdose can be fatal. Severe withdrawal symptoms	Available only on prescription (Medicines Act 1968). Supply is illegal (Class C penalties apply) but apart from temazepam, not illegal to possess without a prescription
Anabolic steroids (various trade names)	Injected or swallowed as tablets	With exercise can help build up muscle. Helps user recover from strenuous exercise	Risks for men: erection problems, breast growth, sterility, acne, increased chance of liver failure For women: Growth of facial hair, deepening of voice, shrinking breasts. Possible stillbirths and miscarriage	Class C
Poppers (alkyl nitrates with names such as ram, thrust, gold, rush, TNT)	Vapours from small bottle of liquid are breathed in through mouth or nose	Brief intense head-rush caused by sudden surge of blood through the brain	Nausea and headaches, fainting, loss of balance, skin problems around nose and mouth. Particularly dangerous for those with glaucoma, anaemia, breathing or heart problems	Not illegal to possess but supply without a prescription is illegal and can be an offence
Solvents (including glues, lighter fuels, aerosols)	Sniffed or breathed into the lungs	Short-lived effects similar to being drunk. Thick-headed, dizziness, possible hallucinations	Nausea, blackouts, increased risk of accidents. Risk of suffocation	Not illegal to possess but illegal for shopkeepers to sell solvents to anyone under 18 if they suspect they are intended for misuse

STREET PRICES

The prices of illegal drugs on the streets will vary depending on several factors:

location, availability, supply and demand

AMPHETAMINE	£7 to £15 per gram
CANNABIS	£7 to £15 1/8th ounce
COCAINE	£40 to £100 per gram
CRACK	£10 to £20 per rock
ECSTASY	£6 to £20 per tablet
HEROIN	£50 to £80 per gram
LSD	£3 to £5 per tab
MAGIC MUSHROOMS	No street price as they grow wild
NITRATES/POPPERS	£3 to £6 per bottle
SOLVENTS	widely available at little or no cost
ANABOLIC STEROIDS	£20 per 100 tablets
PRESCRIPTION	£1 to £5 per tablet

Indicative costs as of August 2002

DETAILED LOOK AT ALCOHOL**SESSION THREE:**

Detailed look at alcohol

METHOD:

Introduce session using trainer's notes

Issue Handout 6 'Alcohol quiz' to the group

There is a trainer's copy of the quiz (with answers) –
Handout 7

Issue Handout 8 'Alcohol: the facts' and read through
handout with group

Explain that alcohol is a legal substance and OK in
moderation. But what is moderation?

Issue Handout 9 'Sensible drinking guidelines'.
Discuss issues raised by the group

RESOURCES:

Trainer's notes

Handout 6

Handout 7

Handout 8

Handout 9

TIMING:

10 minutes

ALCOHOL

The majority of the adult population in the UK have experienced the effects of drinking alcohol.

The misuse of alcohol may take many forms ranging from binge drinking to dependent drinking.

Despite the immediate effects of alcohol, often making people more relaxed and happy, alcohol is in fact a depressant drug. It affects mental and physical responses and can lead to slurred speech, loss of concentration, blurred vision and loss of balance.

Although these effects are short term, being under the influence of alcohol puts you at a higher risk of:

- injury through accidents (lack of co-ordination, concentration etc)
- aggressive behaviour
- lack of judgement.

We will shortly look at some facts about alcohol to put into context how alcohol affects us all, personally, socially and financially.

There are recommended safe benchmarks for drinking based on units and we will shortly explore what units are, and what is the recommended unit intake.

ALCOHOL QUIZ

- 1 The average number of days lost through sickness is 8.5 days per year per employee. What is the average number lost by problem drinkers?
 - a) 28 days
 - b) 54 days
 - c) 96 days

- 2 One in 25 people in Britain is dependent on alcohol. What percentage of these are in employment?
 - a) 15%
 - b) 50%
 - c) 75%

- 3 Which of the following areas of the body can be damaged as a result of excessive drinking?
 - a) the mouth
 - b) the stomach and small intestines
 - c) the nervous system
 - d) the liver
 - e) all

- 4 The faster alcohol is consumed, the faster the liver works to break it down
 - a) true
 - b) false

- 5 Two glasses of wine will affect a woman more than a man of equal weight
 - a) true
 - b) false

- 6 The direct action of alcohol on the brain is that of a
 - a) stimulant
 - b) depressant
 - c) neither

- 7 It is dangerous to drink alcohol when taking prescribed drugs
 - a) true
 - b) false

- 8 The percentage of the adult population of England and Wales who are believed to consume alcohol (those who do not describe themselves as teetotal)
 - a) 50%
 - b) 80%
 - c) 90%

ALCOHOL QUIZ – TRAINER'S COPY

- 1 *The average number of days lost through sickness is 8.5 days per year per employee. What is the average number lost by problem drinkers? (Alcohol Concern)*
- a) 28 days
 - b) 54 days
 - c) **96 days**
- 2 *One in 25 people in Britain is dependent on alcohol. What percentage of these are in employment? (The Office of National Statistics 1995)*
- a) 15%
 - b) 50%
 - c) **75%**
- 3 *Which of the following areas of the body can be damaged as a result of excessive drinking?*
- a) the mouth
 - b) the stomach and small intestines
 - c) the nervous system
 - d) the liver
 - e) **all**
- 4 *The faster alcohol is consumed, the faster the liver works to break it down*
- a) true
 - b) **false**
- 5 *Two glasses of wine will affect a woman more than a man of equal weight*
- a) **true**
 - b) false
- 6 *The direct action of alcohol on the brain is that of a*
- a) stimulant
 - b) **depressant**
 - c) neither
- 7 *It is dangerous to drink alcohol when taking prescribed drugs*
- a) **true**
 - b) false
- 8 *The percentage of the adult population of England and Wales who are believed to consume alcohol (those who do not describe themselves as teetotal) (Alcohol Concern)*
- a) 50%
 - b) 80%
 - c) **90%**

ALCOHOL: THE FACTS

- 95% of the UK population drink alcohol (*ONS 1998*)
- Long-term risks include liver damage, cancers, coronary heart disease
- Alcohol-related problems cost the NHS around £3 billion per year (*Royal Society of Physicians Feb. 2001*)
- Alcohol is linked to 1 in 4 men being admitted to hospital (*Alcohol Concern*)
- Approximately 33,000 deaths per year are connected to alcohol (*Alcohol Concern*)
- Crime related to alcohol use costs the Government around £50 million per year (*British Crime Survey*)
- Up to 14 million working days per year are lost because of alcohol (*Alcohol Concern*)
- Half the adults admitted to hospital with head injuries are drunk. Research has shown that alcohol affects the judgement of drivers before the blood level reaches the legal drink-drive limit. The cost of a fatal road accident is around £950,000 – this includes the services of the police, health service, coroner etc (*Alcohol Concern*)
- 3 units of alcohol reduce work performance by 11% (*Alcohol Concern*)
- 46% of UK firms report problems of alcohol misuse amongst employees due to absenteeism and poor work performance (*Alcohol Concern 2000*)

SENSIBLE DRINKING GUIDELINES

Sensible drinking guidelines look at units of alcohol consumed on a daily basis.

MEN 3-4 UNITS PER DAY

WOMEN 2-3 UNITS PER DAY

One unit of alcohol is 10ml of pure alcohol.

These daily benchmarks apply whether you drink every day, once or twice a week or occasionally. It is advisable to have at least one alcohol-free day per week.

Drinks generally have their unit value printed on the label, but often there will be a % number followed by ABV (Alcohol by Volume) – the higher the ABV, the stronger the drink.

One unit of alcohol is equal to:

- half a pint of normal strength beer, lager or cider (3-4% ABV)
- a small glass of wine (9% ABV)
- a pub measure of spirits.

Within a few minutes of drinking, alcohol is absorbed into the bloodstream. Its effects can last for several hours. On average, it takes the body one hour to process one unit of alcohol, though it is possible to detect alcohol in a person's bloodstream up to 18 hours after they have stopped drinking.

There is an increased risk to your health if you regularly drink above these benchmarks – UNITS SHOULD NOT BE STORED UP FOR THE WEEKEND !!!

There are exceptions to these guidelines, however.

- Young people – their bodies are immature so the alcohol has a stronger effect.
- People at work operating machinery, driving etc – reaction is slowed, co-ordination is affected.
- People on medication or with certain medical conditions – alcohol should not be mixed with drugs.

- Swimmers or participants in sport.
- During pregnancy or whilst trying to get pregnant.

No amount of black coffee will sober you up.

If you drink above the suggested daily limits, on any one day, take an alcohol-free day to allow the body to recover.

There may be health benefits from drinking small amounts of alcohol (between 1 and 2 units per day). Small amounts of alcohol may protect against coronary heart disease. However, this benefit only applies to men over 40 and women past the menopause and it is not possible to 'bank' these benefits beforehand!

ALCOHOL IN THE WORKPLACE**SESSION FOUR:**

Alcohol in the workplace

METHOD:

Ask the following questions of the delegates, recording answers on the flipchart

- Why do people drink alcohol?
- When might alcohol impact on the workplace?
For example jobs that include driving

When all answers have been noted, reinforce the fact that alcohol has the potential to impact on all areas of business

RESOURCES:

Flipchart/pens

Trainer's notes

TIMING:

10 minutes

ALCOHOL IN THE WORKPLACE

QUESTION 1

Why do people drink alcohol?

- Stress
- Social/pleasure
- Work culture
- To aid sleep
- Habit/dependence
- Dutch courage
- Peer pressure
- Relaxation/calm down
- To get drunk

QUESTION 2

When might alcohol impact on the workplace?

- Jobs that include driving
- Operating machinery
- Business lunches
- Entertaining clients
- Foreign travel
- Safety-critical jobs
- Security-critical jobs
- Functions
- Closing deals
- Networking

KNOWLEDGE CHECK**SESSION FIVE:**

Knowledge check

METHOD:

Give delegates Handout 10 and ask them to complete the knowledge check

Provide Handout 11 and discuss relevant points raised by each answer

RESOURCES:

Handout 10

Handout 11

TIMING:

Complete knowledge check	5 minutes
Provide answers and feedback	10 minutes
Total timing	15 minutes

KNOWLEDGE CHECK

1. Can cannabis be grown lawfully in England and Wales?
2. The faster alcohol is consumed, the faster the liver works to break it down.
True or false?
3. How can you tell the difference between ecstasy and Paracetamol?
4. What drug is referred to as a 'Mitsubishi'?
5. Two glasses of wine will affect a woman more than a man of equal weight.
True or false?
6. Which drug gives you a rash around the nose and mouth?
7. Flashbacks are caused by which drug?
8. What drug is referred to as 'Liberties'?
9. The direct action of alcohol is that of a
 - a) stimulant
 - b) depressant
 - c) neither
10. Which drug would you need a mirror and a razor blade for?

KNOWLEDGE CHECK – TRAINER’S COPY

1. *Can cannabis be grown lawfully in England and Wales?*
Cannabis can be grown but only under strict Home Office licence. The cannabis grown has a very low active ingredient. It is used in the manufacture of paper and for animal bedding.
2. *The faster alcohol is consumed, the faster the liver works to break it down.*
False. Generally speaking the liver works at the rate of breaking down one unit of alcohol per hour, no matter how much alcohol is consumed.
3. *How can you tell the difference between ecstasy and Paracetamol?*
There is no easy way to tell! Ecstasy tablets often have designs on them such as doves, birds, dollar signs or Playboy bunnies. Unfortunately they also come as plain tablets which can only be identified by analysis.
4. *What drug is referred to as a ‘Mitsubishi’?*
Ecstasy.
5. *Two glasses of wine will affect a woman more than a man of equal weight.*
True. Men have a higher water content in their bodies and metabolise alcohol differently from women.
6. *Which drug gives you a rash around the nose and mouth?*
This is one of the signs of solvent abuse. Generally glue-sniffing, particularly industrial type adhesives, gives a white mark around the mouth and nose which is often accompanied by spots and/or a red rash.
7. *Flashbacks are caused by which drug?*
LSD. A flashback is a return to a previous trip which can occur without warning, weeks, months or even years after the drug was taken.
8. *What drug is referred to as ‘Liberties’?*
Magic mushrooms.
9. *The direct action of alcohol on the brain is that of a **depressant**.*
Alcohol depresses the brain and the central nervous system.
10. *Which drug would you need a mirror and a razor blade for?*
These are generally items used by a cocaine user. The cocaine powder is ‘cut’ into lines which are sniffed (snorted) through a rolled-up banknote or other tube. However, mirrors and razor blades are also used to subdivide larger amounts for street deals for almost any drug which comes in powder form – the advantage of the mirror is that it is non-porous and none of the drug is lost.

LEGISLATION

- Introduction to legislation
- Key sections of criminal law (specifically the Misuse of Drugs Act 1971)
- Scenarios as an assessment of learning

LEGISLATION

AIM:

To understand key criminal and health and safety legislation as it relates to the workplace

OBJECTIVES:

By the end of the sessions, delegates will be able to:

- describe the legislation relevant to drugs and alcohol misuse in the workplace
- describe relevant health and safety legislation at work

SESSION ONE:

Introduction to legislation

SESSION TWO:

Key sections of criminal law (specifically the Misuse of Drugs Act 1971)

SESSION THREE:

Scenarios as an assessment of learning

DURATION – 75 minutes

INTRODUCTION TO LEGISLATION

SESSION ONE:

Introduction to legislation

METHOD:

Introduce legislation module by discussing the aims and objectives of the module. Also use trainer's notes (didactic presentation)

Refer to the relevant pieces of legislation and read through titles, suggesting some offences which may be committed by employer/employees

RESOURCES:

Trainer's notes

TIMING:

5 minutes

INTRODUCTION TO LEGISLATION

There are several pieces of legislation that are relevant to drug and alcohol misuse in the workplace.

If you are an employer you could be breaking the law if you allow drug-related activities in your workplace and you fail to act.

It is important to know the implications to employers and employees should drug and alcohol misuse be disregarded in the workplace, particularly where safety is involved.

The courts have made it clear that employers have certain obligations towards their employees with drug or alcohol problems. To dismiss an employee as soon as a drinking problem comes to notice will almost always be deemed to be unfair. Employers have both common-law and statutory duties towards their other employees, members of the general public and other people's employees who are working on their premises.

Managers or colleagues who cover up for an employee with a drug or alcohol problem may be contributing to important breaches of their employer's statutory and common-law obligations. There is also the question of personal liability under Sections 7, 8, 36 and 37 of the Health and Safety at Work Act 1974.

The ACAS advisory booklet on discipline at work suggest to employers that 'consideration should be given to introducing measures to help employees, regardless of status or seniority, who are suffering from alcohol or drug problems'.

In May 1989 The Department of Employment took the thinking a stage further by publishing *Alcohol in the Workplace – a guide for employers*. This publication does not have the force of the law but would probably be taken into account by an Industrial Tribunal in deciding whether an employer acted reasonably in dismissing an employee with a drug or alcohol problem.

The following pages constitute the key sections of health and safety at work legislation in the UK.

THE HEALTH AND SAFETY AT WORK ACT 1974

This statute imposes a standard of care on employers to employees in the workplace. It makes it the duty of every employer to provide and maintain a safe and healthy working environment. Failure to deal with an employee who is under the influence of drugs or alcohol who may constitute a risk to other employees could leave a business open to prosecution. This statute also imposes a civil duty of care on employers to ensure the health and safety of their employees.

THE DATA PROTECTION ACT 1998

All health and medical information is sensitive personal data under the terms of this statute. All information surrounding possible drug or alcohol misuse must be handled securely and confidentially and abuse of this information is a criminal offence.

THE RAILWAYS AND TRANSPORT SAFETY ACT 2003

This statute imposes a prescribed blood alcohol limit for safety-critical personnel in the transport sector, for example aircraft crew, air traffic controllers and maintenance engineers. It provides broad powers to test suspected offenders.

THE TRANSPORT AND WORKS ACT 1992

This statute makes it a criminal offence for specified jobs on railways, tramways and other guided transport to be undertaken by those unfit through drugs or alcohol. Employers will become liable unless they have taken proper precautions to prevent offences being committed.

MANAGEMENT OF HEALTH AND SAFETY AT WORK REGULATIONS 1992

These regulations place a duty on employers to carry out assessments so as to ensure the health, safety and welfare of their employees.

PROVISION AND USE OF WORK EQUIPMENT REGULATIONS 1998

These regulations require employers to assess any risk created as a result of using work equipment in the conditions that exist in their business and particularly in relation to the special needs of young workers.

THE EMPLOYMENT RIGHTS ACT 1996

This statute gives an employee the right not to be unfairly dismissed. This claim might apply where an employer dismisses an employee in relation to a drug or alcohol offence either in inappropriate circumstances or following a defective procedure. Rights may also arise if an employer seeks to force an employee to undertake a drug or alcohol test in unreasonable circumstances.

THE HUMAN RIGHTS ACT 1998

This statute imposes a right to respect of home, correspondence and private life, and has been termed a right to privacy. This will impose restrictions on the manner in which an employer can interfere with or pry into an employee's private life and may create free-standing rights enforceable against an employer. Emerging case law suggests that this will not prevent proportionate drug testing if there are justifiable safety reasons for testing.

KEY SECTIONS OF CRIMINAL LAW**SESSION TWO:**

Key sections of criminal law (specifically Misuse of Drugs Act 1971)

METHOD:

Introduce the Misuse of Drugs Act 1971 using trainer's notes

Using Handouts 12–16, read through each element of the law

Read through trainer's notes on the reclassification of cannabis

RESOURCES:

Trainer's notes
Handouts 12–16

TIMING:

Trainer's introduction	5 minutes
Total timing	15 minutes

CRIMINAL LAW: MISUSE OF DRUGS ACT 1971

The principal legislation in the UK for restricting the use of psychoactive drugs is the Misuse of Drugs Act 1971.

The Act aims to prevent the misuse of substances likely to result in substantial harm to individuals and society.

The Act places strict restrictions upon the possession, supply, production, import and export of any controlled substance.

It is important to understand the basic meaning of some of the terms used in the legislation and how the legislation may affect the workplace.

The Act divides controlled drugs into three classes, A, B and C, according to their toxic effect, prevalence of misuse and their perceived danger to society.

The penalties for offences involving controlled drugs depend on the classification of the drug. Penalties for an offence which involve a Class A drug are more severe than those involving a Class C drug.

Penalties also vary between the offences, ie supply carries a more serious penalty than possession.

MAXIMUM PENALTIES

OFFENCE	CLASS A	CLASS B	CLASS C
Possession	7 years	5 years and/or fine	2 years and/or fine
Possession with Intent to Supply	14 years	14 years	5 years and/or fine
Supply	Life	14 years	5 years and/or fine
Unlawful Production	Life	14 years	5 years and/or fine
Import/Export	Life	14 years	5 years
Controlled drugs on premises	14 years	14 years	5 years and/or fine

NB. All of these are subject to change at any time

WHY ARE DRUGS CLASSIFIED AS A, B OR C?

The Misuse of Drugs Act 1971 places drugs into one of three categories, A, B or C, for the purposes of control. Classification broadly reflects the risks and harm caused by the misuse of the controlled drug in question, and is reflected in penalty levels for drug offences.

POSSESSION

'It is an offence for a person unlawfully to have a controlled drug in his possession'

A PERSON IS IN POSSESSION OF A CONTROLLED DRUG:

If they have it on them, ie in their pocket, wallet etc.

If they have control over it, ie they have it in their locker, car etc.

If the drug is in the custody of another, ie a friend (more than one person can be in possession of the same drug).

There may be occasions when you may become in possession of a controlled drug. For example, you may find a substance which you believe is a controlled drug or you take a drug from someone. In these instances you may have a defence to the offence of possession.

THE DEFENCE:

You took the drug from someone to stop them from committing or continuing to commit that offence and as soon as reasonably practical, you destroy it or hand it to a police officer.

OR

You found the drug unattended (ie not attributed to anyone) and as soon as reasonably practicable, handed it to a police officer.

NB. In this situation you cannot destroy it.

It is important to be aware of your organisation's procedures for dealing with suspected substances.

It is important however to remember the following:

- the Environment Act no longer permits you to flush drugs into the water system (ie down the toilet)
- if a person is taken ill, the medical services will need to know what drug has been taken (destroying drugs may hinder treatment).

Sometimes disciplinary measures against the person who had the drugs may be prevented if the evidence is destroyed.

POSSESSION WITH INTENT TO SUPPLY

'It is an offence for a person to have a controlled drug in his possession, whether lawfully or not, with intent to supply it unlawfully to another'

Having proved possession of a controlled drug, all that needs to be proved is an intention to supply it unlawfully to another.

If an individual has in their possession a quantity of controlled drugs they may be committing this offence as 'more than personal use' would be looked at, although there is no definition of the amount which constitutes personal use.

It may be that the individual has the intention of supplying drugs.

SUPPLY

'It is an offence unlawfully to: supply a controlled drug; be concerned in the supply; offer to supply; be concerned in the making of an offer to supply'

Supply does not necessarily require payment to be made, but there has to be some gain or benefit.

Therefore, if an individual was sharing a controlled drug with his/her colleagues this may still constitute supply as the gain or benefit factor would be in the using of the drug.

It is also worth noting that for offering and being concerned in the offer to supply, it does not need to be proved that the substance was a controlled drug. For example, an individual may offer to supply amphetamine tablets knowing that they are Paracetamol. The offence of supply may still be committed.

CONTROLLED DRUGS ON PREMISES

'It is an offence if, being the occupier or concerned in the management of any premises, you knowingly permit or suffer any of the following to take place on those premises:

- *Unlawfully producing or attempting to produce a controlled drug*
- *Unlawfully supplying, attempting to supply, or offering to supply a controlled drug unlawfully to another*
- *Preparing opium for smoking*
- *Administering or using a controlled drug which is unlawfully in any person's possession at or immediately before the time it is administered or used'*

An **occupier** could be a householder or tenant for both residential or commercial premises.

Concerned in the management means being involved in the management of activities of the premises. This could include anyone who has management responsibilities for premises, company directors etc.

Although there is no legislation which describes **premises**, it has included land with or without buildings, ie car parks etc.

This part of the legislation has the strongest bearing on organisations because it states that those who have management responsibility for premises are required by law not to ignore drug issues within the workplace. If they do choose to ignore them they could be prosecuted.

THE RECLASSIFICATION OF CANNABIS

WHY HAS THE GOVERNMENT RECLASSIFIED CANNABIS?

Cannabis is now classified as a Class C drug. When it was classified as a Class B drug, the Advisory Council on the Misuse of Drugs advised that although it is harmful, it is not as harmful as other Class B drugs, such as amphetamines.

Reclassification brings the law into line with this assessment, and will enable the Government to give a more credible message to young people about the relative dangers of drugs.

The change will enable the Government to focus more effectively on Class A drugs – hard drugs such as heroin and crack/cocaine which cause the most harm – and on getting people into treatment.

WHAT IS THE LEGAL EFFECT OF RECLASSIFICATION?

Cannabis, as a Class C drug, remains controlled under the Misuse of Drugs Act 1971; and possessing it remains a criminal offence, but the maximum penalties for possession are reduced from 5 years' to 2 years' imprisonment. Maximum penalties for supplying and dealing in cannabis stay at 14 years' imprisonment.

WHAT LAWS HAVE CHANGED IN CONNECTION WITH THE RECLASSIFICATION OF CANNABIS?

There are two changes.

- Retaining the power of arrest for cannabis possession offences (under guidance being issued by the police, there is a presumption against this power being used, unless there are specific aggravating factors). (Read ACPO police guidance)
- Increasing the maximum penalty for supply and dealing in Class C drugs from 5 years' to 14 years' imprisonment. This means that, on reclassification, the maximum penalty for trafficking cannabis remains 14 years' imprisonment, and the courts continue to be able to impose substantial sentences for serious dealing offences.

WILL THE RECLASSIFICATION OF CANNABIS ENCOURAGE GREATER USE?

There is no reason why it should. It remains an illegal drug and criminal sanctions continue to apply. In particular, the Government intends to take a tough line with dealers. It is backing up reclassification with an education campaign aimed at young people, to make it clear how the law will operate in practice and to dissuade them from experimenting with cannabis.

The Advisory Council report on cannabis indicates that: ‘In attempting to analyse the likely impact on prevalence of reclassification, there is very little relevant domestic learning to draw on. But it is possible to look at the experience of other countries, albeit in circumstances where civil penalties have replaced criminal sanctions. In particular, the experiences in Australia, the Netherlands and the United States are illustrative. In each of these countries a reduction in the penalties for using cannabis has not led to a significant increase in use.’

DOES RECLASSIFICATION MEAN PEOPLE ARE ABLE TO SMOKE OPENLY?

No. Those who smoke openly in public face possible arrest and prosecution.

For more information about how the power of arrest will be applied, read the ACPO police guidance.

WHAT ARE THE HARMFUL EFFECTS OF CANNABIS?

The **acute effects** include damage to people’s ability to learn and carry out many tasks, including operating machinery and driving vehicles. Acute cannabis intoxication can also lead to panic attacks, paranoia and confused feelings.

The **chronic effects** include damage to mental functioning and in particular to learning difficulties, which in prolonged and heavy users may not necessarily be reversible. A cannabis dependence syndrome has been identified in heavy users and the drug can exacerbate schizophrenia in people who are already affected. Smoking cannabis over a long period of time can lead to respiratory diseases, including lung cancer.

SCENARIOS AS AN ASSESSMENT OF LEARNING**SESSION THREE:**

Scenarios as an assessment of learning

METHOD:

Divide the group into five groups or pairs and issue each with Handout 17 'Scenarios'. Ask them to discuss each scenario and be prepared to discuss their findings with the rest of the groups

Reassemble the group and ask each group/pair to feed back from one scenario only. Discuss findings and agree on final outcome

Issue Handout 18 'Scenarios – trainer's copy'

RESOURCES:

Handout 17

Handout 18

TIMING:

Scenario discussion in pairs/small groups	30 minutes
Feedback from scenarios	25 minutes
Total timing	55 minutes

SCENARIOS

For the following scenarios, decide:

1. what the legal position would be
 2. what offence is being committed
 3. what action if any you would take
1. You know that a colleague frequently smokes cannabis at lunchtime in the local park. You don't want to tell on your colleague but you think that his supervisor should know as he has to drive a fork-lift truck on occasions
 2. A member of staff is thought to be selling amphetamine tablets in the car park after work. As they are no longer at work, as it is after 5pm, do you have any responsibility?
 3. A member of staff is found with cocaine in her possession. Has the supervisor any lawful authority to seize it? If so, what should they do with the drug?
 4. A member of staff frequently comes to work with alcohol on their breath. They admit that they enjoy a few pints but deny that they get hangovers. As their manager what do you do?
 5. A member of staff is seen to give another member of staff a bottle of Valium, which had been prescribed to them by their GP. They give them the whole bottle, which contains about 15 tablets, as they no longer require them

SCENARIOS – TRAINERS' COPY

1. *You know that a colleague frequently smokes cannabis at lunchtime in the local park. You don't want to tell on your colleague but you think that his supervisor should know as he has to drive a fork-lift truck on occasions*
 - The colleague would be in possession of a controlled drug
 - Health and Safety at Work Act 1974 – 'injure themselves or constitute a danger to others' whilst under the influence
 - Management of Health and Safety at Work regulations
 - Road Traffic Act – if driving in public place
 - Consider Employee Assistance Programmes

2. *A member of staff is thought to be selling amphetamine tablets in the car park after work. As they are no longer at work, as it is after 5 pm, do you have any responsibility?*
 - May be supplying a controlled drug
 - Controlled drugs on premises – allowing the supply of a controlled drug on premises (albeit the car park and after working hours)
 - Health and Safety at Work – 'maintaining a safe place of work'
 - Gather evidence
 - May consider contact with police

3. *A member of staff is found with cocaine in her possession. Has the supervisor any lawful authority to seize it? If so, what should they do with the drug?*
 - Member of staff in possession of a controlled drug
 - Check contract of employment for searching and seizing
 - Follow procedures for handling substances – check procedures for seizing, securing, storing and disposing
 - May take possession – defence to possession would be available

4. *A member of staff frequently comes to work with alcohol on their breath. They admit that they enjoy a few pints but deny that they get hangovers. As their manager what do you do?*
 - Health and Safety at Work – ‘constitute a danger to others’
 - Management of Health and Safety at Work – may still be under the influence of alcohol
 - Refer to policy re discipline
 - Consider Employee Assistance Programmes
 - Awareness training for all staff

5. *A member of staff is seen to give another member of staff a bottle of Valium, which had been prescribed to them by their GP. They give them the whole bottle, which contains about 15 tablets, as they no longer require them*
 - Health and Safety at Work – ‘constitute a danger to others’
 - Not an offence to possess Valium without a prescription but it is an offence to supply it. Therefore the member of staff giving the Valium would be breaking the law
 - Awareness training – to include legal elements