



Alcohol and drug-related problems

Guidance Note

Introduction

The following guidance note should be read in conjunction with CultureNL's Alcohol and Drug-related Problems Policy.

It provides further explanation on the assistance that can be provided along with further advice for employees and managers.

CultureNL recognises that alcohol and drug related problems are primarily areas of health and social concern and can have an adverse effect on employment.

All managers have a responsibility for the welfare of their workforce, however the relevant Human Resources section can provide advice and assistance to managers in addressing alcohol and drug related issues.

Application of the Policy

The policy will be applied fairly and uniformly throughout CultureNL.

The policy applies to all CultureNL employees, irrespective of the position they hold. It is complementary to other CultureNL policies, including discipline and grievance, harassment, absence management and is applied in conjunction with CultureNL's occupational health provider.

The objectives of the policy will be achieved by:

- Keeping all employees informed through an ongoing programme of awareness.
- Underpinning this ongoing programme of awareness will be periodic campaigns to highlight alcohol and drug-related misuse linked to CultureNL's continuing commitment to the aims and ethos of the Scotland's Health at Work Scheme (SHAW) and the delivery of education on sensible drinking and counselling support.
- Arranging for advice and counselling for any employee with an alcohol/drug problem, where appropriate.
- Publicising the policy continuously in CultureNL workplaces.
- Preserving employment for those employees who co-operate with a recommended programme of recovery and sustain an acceptable level of attendance and work performance.

Definition –

It is recognised and accepted that alcohol and drug problems are health problems and can be defined in general terms as “the continuous or intermittent use of alcohol and/or drugs leading to dependence or harm”.

In the work context alcohol/drug misuse can be practically defined as a behavioural problem which can affect the performance of an employee at work.

The policy does not apply to employees who, occasionally drink and due to the influence of alcohol behave in a manner contrary to the normal standard of safety or commits a serious breach of CultureNL's safety and/or conduct rules. Such instances will be dealt with in accordance with normal disciplinary procedures.

The list of indicators below can be signs and symptoms of other disorders or problems but with regard to misuse of alcohol or drugs they can include –

- Lower productivity
- Accidents at work or a breach of health and safety requirements
- Increased employee turnover
- Increased absenteeism
- Low employee morale
- Increased stress levels
- Bullying
- Damage to the reputation of CultureNL

Early identification will lead to a quicker recovery. CultureNL hopes that employees who suspect or know they have a problem will come forward voluntarily and seek help and guidance.

Poor Performance –

A problem with alcohol or drug misuse could manifest itself as poor performance. It is recommended that accurate records of poor performance are maintained in all circumstances. At an early stage the line manager should speak to the individual asking for the reasons for the poor performance.

This discussion may identify any underlying causes such as work or personal problems, leading to alcohol or drug abuse, which is ultimately resulting in poor performance. This discussion can be carried out on an informal basis at which time the offer of assistance should be made. In addition, an action plan should be agreed so that both parties are aware of their responsibilities. Regular meetings should also be arranged in order to monitor the progress of the action plan and discuss any further problems if they arise.

However, if the employee does not agree with their manager's assessment or denies any problem, the manager will have to decide on what, if any, appropriate action is necessary based on the information available.

Misconduct –

Any form of misconduct has to be investigated. The investigation may or may not

lead to disciplinary action, depending on the findings.

Any mitigating circumstances raised by the individual relating to alcohol or drug misuse will also have to be considered. This could include possible referral to the CultureNL's occupational health provider and/or the Time for Talking Counselling Service.

If it is found that the misconduct relates to alcohol or drug misuse, and the investigation finds reason to continue into disciplinary action, the fact that alcohol or drug misuse is involved will not necessarily stop the disciplinary procedure.

The disciplining officer has a number of options to consider –

- To take disciplinary action, following which the individual will undergo counselling. This could be a condition of the disciplinary decision.
- To take disciplinary action but postpone the action pending the individual's attendance at counselling. During this time the individual will receive support and adhere to the recommended recovery programme. Normal disciplinary time limits will apply.
- To refer the individual for counselling and take no disciplinary action.
- To take no action at all.

Gross Misconduct –

As with any misconduct, gross misconduct has to be investigated. Any mitigating circumstances raised by the individual relating to alcohol or drug misuse will also have to be considered.

Part of the investigation could include a medical opinion obtained from the CultureNL's occupational health provider if this is felt reasonable in all the circumstances.

An alcohol or drug problem may be taken into account when determining disciplinary action under this heading.

Employee Assistance –

As neither management nor trade union representatives are qualified to diagnose alcohol or drug misuse CultureNL uses an external agency for this work.

Referrals will be made to the Time for Talking Counselling service, based in Glasgow, who will assess the nature and extent of any problem and where appropriate, recommend a recovery programme. A telephone helpline is also

available.

Time for Talking provides a professional confidential counselling service to which employees are referred in the strictest confidence. The service is independent of management and trade union influence and operates completely outwith the work environment. The service can also act as a link with other agencies which deal with alcohol/drugs misuse.

Conditions of Service Considerations

Terms of Referral to Time for Talking counselling service –

In all cases, the encouragement to seek and accept treatment is on the clear understanding that:

- Employees comply with the recommended programme of recovery.
- Employees undertaking a recognised recovery programme must observe total abstinence during working hours.
- Employees exhibit no signs of being under the influence of alcohol or drugs when reporting for duty or during working hours.
- A sustained improvement in work performance, commitment and behaviour is demonstrated, e.g. timekeeping, attendance, work performance/conduct.
- The necessary time off with pay will be granted to employees to attend counselling sessions at the external agency.

An appointment can be arranged either as a self-referral by the individual or referral by the line manager. However, if assistance is sought as a result of a disciplinary hearing, the referral will be made by the line manager.

Face to face counselling or telephone counselling is available. For advice and information call the Time for Talking helpline – 0800 970 3980.

Confidentiality –

The confidential nature of any records of employees with alcohol or drug related problems will be strictly preserved. In the case of counselling referrals made during any disciplinary procedures, the referring manager will be kept informed of the employee's progress.

Frequently Asked Questions

Q. I suspect someone is 'under the influence of alcohol or drugs'. How can I confirm this?

A. If the work performance or conduct at work of an employee is affected or

impaired, and in the opinion of the manager this is due to alcohol or drugs, the manager is entitled to confront the individual to explore the possible reasons for this reduction in performance / conduct.

Q. If I suspect that they are 'under the influence of alcohol or drugs' can I send them home / refer to occupational health / refer for counselling?

A. If you are considering sending the employee home then the outcome will depend on a number of things. You will need to take account of health and safety considerations in the first instance along with the duties of the post held by the employee. If in your opinion the employee is incapable of carrying out his/her duties to an acceptable standard, or there is a health and safety risk either to the employee or colleagues, then you may send the employee home and discuss further on their return to work.

Referral to occupational health or to the Employee Counselling Service may be considered following a return to work interview, or when reviewing, with the employee, their work record or performance. However, before options are considered the employee must be given every chance to explain any personal circumstances which they feel may be relevant.

Q. I held disciplinary action pending the completion of a recommended programme of recovery. However, I suspect the employee is drinking but I have no proof. What do I do?

A. This will depend on the terms of the agreed programme of recovery. If the terms of the programme state that 100% abstinence is expected, then you can challenge the employee. However, if you have no real proof other than suspicions, it will be difficult to take further.

Q. I have an employee who is performing acceptably at work but smells of alcohol. What can I do?

A. You can raise this with the employee, but if he/she is performing their duties to an acceptable standard and there are no problems with conduct, then you can take no further action.

Q. I think an employee is bringing alcohol/drugs to work; can I search their bag/locker etc?

A. This can only be done with the explicit permission of the individual.

Q. An employee was convicted of a drink/drugs related offence that occurred outside of work. Should I discipline them?

A. You will have to speak to the employee initially to confirm the details of the conviction. Any action taken will depend on the duties of the post and the nature of the offence. For example, if it is essential that the employee holds a valid driving licence and is subsequently disqualified from driving as a result of the offence, then potentially you can suspend with pay pending an investigation. Disqualification from driving is a potentially fair reason for dismissal. However, before you take this step consider whether it is possible to adjust the duties of the post for the period of the disqualification thus allowing employment to continue.

You have to act reasonably in all the circumstances, taking account of health and safety considerations, the need for the duties of the post to be carried out effectively and also the reputation of CultureNL.

Appendix 1

Alcohol Issues Information and Advice

For most adults, it's fine to enjoy a drink. At the same time, we all have to look after our health and well-being and CultureNL actively encourages this through its participation in the 'Scotland's Health at Work Scheme (SHAW). This Appendix to the Guidance Note on CultureNL's Alcohol and Drug-related Problems Policy is intended to provide important guidance and information of the dangers of alcohol misuse. There are a number of useful sources where you may access electronically valuable information and advice and the following web sites are a few of those available:

- www.drinkaware.co.uk
- www.alcoholics-anonymous.org.uk
- www.alcohol-focus-scotland.org.uk
- www.alcoholconcern.org.uk
- www.turning-point.co.uk
- www.al-anonuk.org.uk

Question 1

What happens to alcohol in your body?

Answer

Alcohol is absorbed into your body through the stomach and small intestine. Food slows down the rate of absorption – that's why alcohol affects you more quickly on an empty stomach. Your body can't store alcohol, so it has to get rid of it -mostly via the liver.

Your body's ability to process alcohol depends on various things, like your age, weight, sex and metabolism. Your body breaks down alcohol at a rate of about one unit per hour – and there's no way you can speed this up!

Question 2

What affects the concentration of alcohol in your body?

Answer

The amount of alcohol in the blood is known as the blood alcohol concentration or BAC. Your BAC depends on how much you've drunk and how quickly you drank it. Other important factors affecting BAC are:

Your size and weight

If you're small, your blood alcohol volume is obviously less than that of someone who is larger. So the same amount of alcohol will probably affect you more.

Your gender

Alcohol tends to affect women more than men. Women are often of smaller stature and have proportionately less body water and more body fat. That's why, drink for drink, women tend to have higher concentrations of alcohol in their blood than men.

Your water level

If you're dehydrated, alcohol will have a greater effect than if your body's water volume is normal. That's why drinking alcohol in summer or after exercise may affect you more.

Your food -the amount you've eaten and your metabolism

If you drink alcohol on an empty stomach it will be absorbed more quickly than if you have had something to eat. If there's food in your stomach, alcohol absorption will be slower and reach your brain and the rest of your body more slowly.

Question 3

What makes you feel drunk?

Answer

Alcohol is a type of drug. It affects the nerves that pass messages around the body by slowing them down. And the more people drink the greater the effect. The reason people often get more lively when they've had a drink is that alcohol affects parts of the brain responsible for self-control.

Reactions also slow down, and people may become uncoordinated or unsteady on their feet. Speech, behaviour, vision and judgement may be affected.

This can also lead to people becoming involved in situations which leave them more vulnerable than would normally be the case.

Question 4

Can heavy drinking lead to serious health problems?

Answer

Heavy drinking, can lead to serious health problems, including:

- Alcohol dependence or alcoholism
- Sexual difficulties, including impotence
- Cirrhosis of the liver
- Pancreatitis
- Stomach disorders, such as ulcers
- Mood changes
- Brain damage
- Certain types of cancer Even getting drunk occasionally can have serious consequences. It impairs your judgement and can increase risky behaviour, which could result in:
 - Injuries and accidents
 - Unsafe sex, which could result in sexually transmitted infections and unplanned pregnancies
 - Getting into trouble with the police

Even relatively moderate amounts of alcohol can be harmful sometimes. For instance, when you're pregnant, driving, taking some medications, or doing sports or activities needing judgement and co-ordination.

Question 5

Does drinking to excess affect my appearance?

Answer

Alcohol can affect your appearance in a number of ways, including: Weight gain Alcohol is high in calories (a pint of beer or a couple of glasses of wine are about the same as a bar of chocolate.) it also stimulates your appetite while reducing your self-control, so you're more likely to binge eat if you binge drink.

Dry skin Alcohol dehydrates your body and skin, because it blocks the release of anti-diuretic hormones, so the kidneys get rid of too much water.

Broken veins Alcohol dilates blood vessels near the surface of the skin, causing ugly red capillaries or veins, especially around the nose and cheeks.

Bloodshot eyes Alcohol can inflame and enlarge the small blood vessels on the surface of the eyes.

Bad smell The liver metabolises most alcohol, but 5-10% is excreted straight through the urine, breath and sweat.

Physical Injury Heavy drinking can lead to involvement in accidents or incidents that could lead to serious injury (e.g. road traffic accidents and fights).

Question 6

What can I do if I suspect an employee has a drink problem?

Answer

Employees with a drink problem should have the same rights to confidentiality and support as they would if they had any other medical or psychological condition.

Question 7

What if they won't admit that they have a problem?

Answer

It may be very difficult for people to admit to themselves or others that they have a problem. They may feel there is a stigma attached to alcohol misuse and they may well fear reprisals if they admit to alcohol dependency. Whilst your freedom to act may be limited if it becomes clear that an employee has broken any rules at work, you should let employees know that you will, as far as possible, treat alcohol misuse as a health issue rather than an immediate cause for dismissal or disciplinary action.

Question 8

What is a hangover?

Answer

A hangover is simply nature's way of telling you that you've overdone it and your body needs time to recover.

Question 9

What is tolerance?

Answer

People who drink regularly become less affected by alcohol as their bodies get used to it. This is called developing a tolerance to alcohol.

Although people who've developed high tolerance may not feel drunk, they still run a serious risk of damaging their health.

Question 10

Is it advisable not to consume alcohol while you're pregnant?

Answer

For women, consuming too much alcohol when pregnant can harm the unborn baby. In fact, lots of women don't consume alcohol at all when they're pregnant. If you're pregnant or trying to conceive, you should – ideally – avoid alcohol. If you choose to consume alcohol, the UK Government's advice is to drink no more than one or two units, just once or twice a week.

Men need to watch their alcohol intake too. Alcohol lowers the sperm count; and heavy alcohol consumption often causes temporary impotence.

What is Foetal Alcohol Syndrome? Foetal Alcohol Syndrome (FAS) is the name given to a range of symptoms in babies whose mother's drank alcohol when pregnant. They include facial deformities, poor growth and mental health problems.

Can you consume alcohol when you're breastfeeding? The occasional drink of alcohol – one to two units no more than once or twice a week – probably won't do any harm. Any more than this isn't good, as it can make the baby so sleepy that it won't take enough milk.

Alcohol clears from a mother's milk at the rate of around one unit every two hours.

Question 11

Do 18-24 year old men and women consume more alcohol than other groups?

Answer

The UK Government advises that most men can consume alcohol up to three to four units a day without harming their health. Remember to avoid alcohol completely if you're driving, doing sports, working at a height or operating machinery.

18 to 24 year old males drink the most and have the highest risk of alcohol -related injuries and accidents.

It's also the age and gender group most likely to be traffic casualties.

The UK has some of the toughest penalties on drink driving in the world. If you're caught over the limit you face an automatic ban of 12 months and a possible fine of up to £5,000 and/or six months in prison and if you kill someone while driving over the limit, you may be sentenced to anything up to 14 years in prison.

Binge drinking There's no absolute agreement on the definition of a "binge" but many researchers define it as having eight or more units in one session – for men and six or more units in one session -for women. For most men the risk of harm begins to rise at three to four units or more and for women the figure is two or three units or more.

There's been a lot of media coverage about binge drinking recently. Here are some of the facts about young men's and young women's drinking.

- 36% of men and 27 % of women aged 18-24 get 'very drunk' at least once a month.
- 32% of men and 27 % of women aged 18 -24 get 'very drunk' and/or have a hangover several times a month.
- 18% of men and 6 % of women aged 18-24 get 'very drunk' and/or have a hangover at least once a week

Question 12

How many units of alcohol can I safely drink?

Answer

It's the strength and size of a drink that determines how many units it contains. It's not as simple as one drink. As stated before there are variations in the maximum levels of recommended units between males and females.

If you are worried about your drinking take the FAST test for Males and Females by using the unit calculator and clicking on to www.drinkaware.co.uk Click *His* if your male and *Hers* if your female. Click on the drinks to find out how many units you've had.....one click for each drink.

CultureNL undertakes as part of its continuing review of policy and guidance to regularly check that the unit calculator included in this document is 'active'.

If you can't find a particular drink or the serving size isn't listed you can work out the unit content by multiplying the volume in ml by the abv and dividing the result by 100. Please note that 'ml' stands for 'millilitre' and 'abv' stands for 'alcohol by volume'.

Question 13

Can you tell me something about the Time For Talking counselling service?

Answer

For employees experiencing personal or work related problems CultureNL has a contract with the Time for Talking and they in turn provide a confidential, professional and, most importantly, an independent counselling service for our employees. The service is provided at no cost to employees who have the choice of either face to face counselling or telephone counselling, there is even an out of hours helpline available.

Employees may arrange for independent and discrete face to face counselling from a professionally qualified Counsellor by telephoning **0800 9703980**, or if they prefer they may make arrangements through the link Human Resources team.

Question 14

Can you advise me where I can get more information or help on alcohol misuse?

Answer

You may telephone the following Helpline numbers:

- **Alcoholics Anonymous (Scotland)** -0845 -769 -7555 (24 hrs) for those with alcohol dependence problems, and family and friends of problem drinkers.
- **Al-Anon Family Groups** -020 -7403 -0888 -offers support for families and friends of problem drinkers, whether the drinker is still drinking or not.
- **Alateen** -020 -7403 -0888 -is a part of Al-Anon and aimed at young people aged 12 to 20 who have been affected by someone else's drinking, usually that of a parent.
- **NHS Lanarkshire Connected Directory** -You can use this Directory to contact agencies in Lanarkshire which provide services for people concerned about their own or others use of drugs (legal, illegal or prescribed), alcohol or solvents. It is split into three main sections : Substance Services (coded yellow) ; Sexual Health Services (coded red) and Related Services (coded grey). It lists help services available on a town by town basis, Lanarkshire -wide Services: National Organisations, and Residential Services.

I hope that this information is of assistance to you, or to someone you know to be in need of support and assistance with a related health or lifestyle concern.

Appendix 2

Misuse Of Drugs Information and Advice

The misuse of drugs (legal, illegal or prescribed) is regrettably widespread within Society. However, the information included within this appendix is from a perspective of problem recognition and support within the workplace.

We all have to look after our health and well-being and CultureNL actively encourages this through its participation in the Scotland's Health at Work Scheme (SHAW).

The material contained in this appendix is taken from the HSE Guidance Document **Drug Misuse At Work (Leaflet INDG91) (rev 2)** and the full version can be accessed on the HSE web site or on Metis (Health and Safety). Other useful information on 'classified drugs' has been taken from the source www.knowthescore.co.uk and is included at page 26 -Drugs A -Z.

Summary of the Legal Position

The employer has a general duty under the Health and Safety at Work Act 1974 to ensure, so far as reasonably practicable, the health, safety and welfare at work of all employees. There is also a duty under the Management of Health and Safety at Work Regulations 1999, to assess the risks to the health and safety of employees. If you knowingly allow an employee under the influence of drug misuse to continue working and their behaviour places the employee or others at risk, then the employer could be prosecuted. Individual employees are also required to take reasonable care of themselves or others who could be affected by what they do at work.

The Transport and Works Act 1992 and the Road Traffic Act 1988 dealing respectively with guided transport systems, and with motor vehicles on a road make it a criminal offence for the operator or driver to be in charge if unfit through alcohol or drugs. The employer, or operator of the transport system, would also be guilty of an offence unless they had shown all due diligence in trying to prevent such an offence being committed.

The principal legislation in the UK for controlling the misuse of drugs is the Misuse of Drugs Act 1971. Nearly all drugs with misuse and/or dependence liability are covered by it. Production, supply and possession of these controlled drugs is unlawful except in certain circumstances (e.g. prescribed by G.P.). If you knowingly permit the production or supply of any controlled drugs, the smoking of cannabis or certain other activities to take place on your premises you could be committing an offence.

The following are answers to a range of questions and general information selected from the HSE Guidance Document **Drug Misuse at Work) Leaflet INDG91 (rev2)** and also which could be helpful to you in the context of the workplace. Where necessary, it should be read in conjunction with specific advice and procedures contained in the CultureNL Alcohol and Drug-related Problems Policy.

Question 1

What is drug misuse?

Answer

'Drug misuse' refers to the **use** of illegal drugs and the **misuse**, whether deliberate or unintentional, of prescribed drugs and substances such as solvents. Drug misuse can harm the misuser both physically and mentally and, through the misuser's actions, other people and the environment. Simultaneous use of alcohol and drugs is particularly dangerous.

Question 2

Is it my concern?

Answer

Drug misuse can be a serious problem not only for the misuser but also for the business where they work and, sometimes, for their co-workers. The possession of some drugs is illegal, exposing the misuser to the risk of criminal charges as well as causing harmful effects to their health. You could be breaking the law if you knowingly allow drug-related activities in your workplace and you fail to act.

It is just as important to know the implications to both employees and business of not tackling drug misuse, particularly where safety is involved.

Successfully tackling drug misuse can benefit both the business and employees.

For example by:

- saving on the cost of recruiting and training new employees to replace those whose employment might be terminated because of untreated drug misuse;
- reducing the cost of absenteeism or impaired productivity;
- creating a more productive environment by offering support to those employees who declare a drug-related problem, can improve employee morale;
- reducing the risk of accidents caused by impaired judgement;
- enhancing the public perception of your organisation as a responsible employer;
- contributing to society's efforts to combat drug misuse.

Question 3

Who is at risk?

Answer

All kinds of people are involved in drug misuse -they do not conform to any stereotype. A lot of people who are involved in drug misuse are in work.

Question 4

Taking drugs -what are the signs?

Answer

As a Manager in a Service of CultureNL, to tackle drug misuse at work effectively, you may want to examine your own knowledge about types of drugs available and harmful effects they can have on the misuser and the service delivered by your Service. So your first task will probably be to gather information to raise your awareness and that of managers or supervisors. The complete HSE source can be found at hse.gov.uk

Drugs can affect the brain and the body in a number of ways. They can alter the way a person thinks, perceives and feels, and this can lead to either impaired judgement or concentration. Drug misuse can also bring about the neglect of general health and wellbeing. This may adversely influence performance at work, even when the misuse takes place outside the workplace.

Signs of drug misuse which you might look for include:

- sudden mood changes;
- unusual irritability or aggression;
- a tendency to become confused;
- abnormal fluctuations in concentration and energy;
- impaired job performance;
- poor time-keeping;
- increased short-term sickness absence;
- a deterioration in relationships with colleagues, customers or management;
- dishonesty and theft (arising from the need to maintain an expensive habit).

Remember: all the signs shown above may be caused by other factors, such as stress, and should be regarded only as indications that an employee *may* be misusing drugs.

Question 5

What are 'classified drugs'?

Answer

The Misuse of Drugs Act 1971 lists the drugs that are subject to control and classifies them into three categories -A; B; and C according to their relative harmfulness when misused.

You will find details of the 'classified drugs' at page 26 -Drugs A-Z that has been taken from the web site www.knowthescore.co.uk.

The penalties for offences involving controlled drugs depend on the classification of the drug. Penalties for misuse of Class A drugs are more severe than those for Class B drugs which in turn are more severe than the penalties for Class C drugs.

The Act also distinguishes, in terms of the penalties that may be imposed, between the offences of possession and drug trafficking or supplying, with the latter attracting higher penalties. It is possible that in certain circumstances charges may be brought against an employer or an employee under either this Act or the Health and Safety at Work Act, or both. It would be up to the courts to decide on the circumstances of each case.

Question 6

What can I do if I suspect an employee has a drug problem?

Answer

Employees with a drug problem should have the same rights to confidentiality and support as they would if they had any other medical or psychological condition.

Question 7

What if they won't admit that they have a problem?

It may be very difficult for people to admit to themselves or others that they have a drug problem. They may feel there is a stigma attached to drug misuse and they may well fear reprisals if they admit to taking illegal drugs. Whilst your freedom to act may be limited if it becomes clear that an employee has broken the law at work, you should let employees know that you will, as far as possible, treat drug misuse as a health issue rather than an immediate cause for dismissal or disciplinary action.

Question 8

Should I dismiss them?

Answer

Disciplinary action may be taken as a last resort. You could be judged (by an industrial tribunal) to have unfairly dismissed employees whose work problems are related to drug misuse if you have made no attempt to help them. However, you may need to temporarily move them to another job if their normal work is safety-critical.

Question 9

Should I allow them time off to get help?

Answer

The cost of recruiting and training a replacement may be greater than the cost of allowing someone time off to get expert help.

Question 10

Who else can help them?

Answer

If an employee is misusing drugs, you should encourage them to seek help from your organisation's occupational physician or nurse (if you have one), their GP or a specialist drug agency.

In taking action, you need to ensure that you have the support of other managers and gain the support of others. When you have gathered together your information and consulted relevant people you will be ready to take action.

Question 11

Can you tell me some of the common 'street names' for drugs?

Answers

These are included for your information in a glossary of street / trade names and Drugs A-Z in page 26 to follow. It also provides you with information on how to recognise the drug, immediate effects, associated risks, short term and long term effects as well as its legal status.

Question 12

Can you tell me something about the Time for Talking Counselling Service?

Answer

For employees experiencing personal or work related problems CultureNL has a contract with the Time for Talking Counselling Service and they in turn provide a confidential, professional and, most importantly, an independent counselling service for our employees. The service is provided at no cost to employees who have the choice of either face to face counselling or telephone counselling, there is even an out of hours helpline available.

Employees may arrange for independent and discrete face to face counselling from a professionally qualified Counsellor by telephoning **0800 970 3980**, or if they prefer they may make arrangements through Human Resources. The telephone number for face to face counselling and for the helpline is **0800 970 3980**, or you may obtain further information on their website www.timefortalking.co.uk.

Question 13

Are there any other agencies in Lanarkshire where I can access information and assistance on personal problems in relation to drugs, alcohol or substance misuse?

Answer

- **NHS Lanarkshire Connected Directory** -You can use this Directory to contact other agencies in Lanarkshire which provide services for people concerned about their own or others use of drugs (legal, illegal or prescribed), alcohol or solvents. It is split into three main sections : Substance Services (coded yellow) ; Sexual Health Services (coded red) and Related Services (coded grey). It lists help services available on a town by town basis, Lanarkshire -wide Services: National Organisations, and Residential Services. We hope that this information is of assistance to you, or to someone you know to be in need of support and assistance with a related health or lifestyle concern.

Drugs A-Z

- 2CB – (stimulant/hallucinogen)
- Alcohol (Depressant)
- Alkyl nitrites (Stimulant) amyl nitrite, butyl nitrite
- Amphetamines (Stimulant)
- Anabolic Steroids
- Cannabis (Hallucinogen)
- Cocaine and crack (Stimulant)
- Ecstasy (Stimulant/Hallucinogen)
- Gamma hydroxybutyrate
- Heroin (Depressant)
- Khat – (stimulant)
- Ketamine (Hallucinogen)
- LSD (Hallucinogen)
- Magic Mushrooms (Hallucinogen)
- Methadone (Depressant)
- Methamphetamine – (stimulant/hallucinogen)
- Nicotine (Stimulant/depressant)
- PMA -(stimulant/hallucinogen)
- Solvents (Depressant) glues, gases, aerosols
- Tranquillisers (Depressant) diazepam, nitrazepam, temazepam

2CB

Also known as: Bromo, Nexus, CB **What it looks like and how it's taken:** Comes as a white powder or tiny pills. Normally swallowed but can also be smoked or snorted. **Immediate effects:** At low doses the effects are very similar to that of ecstasy. At higher doses the user experiences effects similar to that of LSD and ecstasy Users are very aware of colours, sounds and smells. The effects usually last for 2-4 hours. **Risks: Short term:** The drug can cause hallucinations similar to that of LSD. Taking 2CB can induce panic attacks. **Long term:** Regular use may lead to feelings of anxiety, disorientation and extreme tiredness. Users may become prone to depression and in some cases individuals may experience psychotic syndromes, visual illusions and depersonalisation. **Legal status:** Class A

Alcohol (Depressant)

Also known as: Booze **What it looks like and how it's taken:** Drunk as 'alcopops', spirits, beers and wines.

Immediate effects: Enters the bloodstream within 30 minutes and then travels straight to the brain. Reduces inhibitions and increases sense of relaxation. Each unit takes an hour for the body to process. **Risks: Short term:** Hangover including dehydration, headache, nausea and depression. Intoxication can lead to aggressive/irrational behaviour and accidents. **Long term:** Regular heavy drinking can cause stomach disorders, cancer of mouth, throat and gullet, liver cirrhosis, brain damage, high blood pressure, problems with the nervous system, sexual and mental health problems, and family and work problems. **Legal status:** It's illegal to

sell alcohol to anyone under 18 years old.

Alkyl nitrites (Stimulant) amyl nitrite, butyl nitrite

Also known as: Poppers; Brand names include TNT, Liquid Gold **What it looks like and how it's taken:** Clear yellow liquid, smells sweet when it's fresh and 'sweaty' when it's not. Vapour is breathed in through nose or mouth from a small bottle or tube. **Immediate effects:** Almost instant 'head rush' with flushed face and neck. Lasts 2 –5 minutes. **Risks: Short term:** Headaches, nausea, and bulging eyes. If spilled it can burn the skin and may be fatal if swallowed. People with anaemia, glaucoma and breathing or heart problems are most at risk. **Long term:** Regular use can lead to tolerance (greater amount needed to produce same effect) and an increase in risks listed above. **Legal status:** Amyl nitrite is a prescription-only medicine. Possession is not illegal but supply through sex shops and clubs can be an offence under the Medicines Act.

Amphetamines (Stimulant)

Also known as: Speed, whizz **What it looks like and how it's taken:** Grey or white powder that is snorted, swallowed, smoked, injected or dissolved in drink. Tablets are swallowed. **Immediate effects:** For 3 or 4 hours users feel excited, confident, alert and full of energy. **Immediate effects:** Reduces appetite and ability to sleep. **Risks: Short term:** Some users may feel tense and anxious while using and afterwards many feel very tired and depressed. The drug can cause sudden death from heart attack or stroke. **Long term:** Frequent high doses can cause panic, hallucination and weight loss. Heavy long-term use places strain on the heart and can cause mental illness. Amphetamines are addictive. **Legal status:** Class B or Class A if prepared for injection

Associated paraphernalia: *Possibly Needles and Syringes.*

Anabolic Steroids

Also known as: Users call them roids. Trade names include Sustanon 250, Deca-Durabolin, Dianabol, Anavar, Stanozolol. **What it looks like and how it's taken:** Steroids come in liquid or tablet form. The tablets are swallowed and the liquid is usually injected. **Immediate effects:** Sports enthusiasts claim steroids make them able to train harder and can help build muscle mass. The drug can also make users feel more aggressive. **Risks: Short term:** Taking steroids can mean normally calm people can becoming aggressive or even violent. If you're young, anabolic steroids can affect the natural development of the body. If you're male, you can get erection problems, grow breasts, become sterile and develop acne. It can also make your testicles shrink. If you're female, you can get extra facial hair, a deep voice, shrinking breasts and an increased risk of menstrual problems. Injecting any drug can cause vein damage, ulcers and gangrene. Dirty or shared needles and other injecting works can also help the spread of HIV and hepatitis. **Long term:** Long term usage can lead to paranoia, confusion and sleep problems. You could also experience

dramatic mood swings and suffer long-term depression. Steroid use can lead to increased blood pressure and increases the likelihood of liver failure, stroke or a heart attack. **Legal status:** If possessed without a prescription or supplied illegally, classified as Class C.

Cannabis (Hallucinogen)

Also known as: Hash, dope, blow, draw, grass **What it looks like and how it's taken:** Comes as solid lump 'resin'; leaves, stalks and seeds called 'grass'; or sticky dark oil. Can be smoked or cooked and eaten with food. **Immediate effects:** Users feel relaxed and may have sharper sense of colours and sounds. Some feel urge to eat. If taken in food, effects can be stronger and harder to control. **Risks:** Short-term: Impairs ability to concentrate and conduct complex tasks. Can lead to tiredness and lack of motivation. **Long term:** Regular heavy use can lead to development or worsening of mental health problems including paranoia. Smoked with tobacco, it increases health risks associated with tobacco use and can lead to nicotine addiction. Very heavy use can lead to withdrawal symptoms. **Legal status:** All Cannabis, including Oil, Resin and Grass are Class C.

Associated paraphernalia: *Rolling papers such as Rizla, pipes, bongs.*

Cocaine and crack (Stimulant)

Also known as: Cocaine: coke, charlie, snow. Crack: rocks **What it looks like and how it's taken:** Cocaine is a white powder that is snorted or dissolved and injected. Crack, a stronger version, comes as rocks or stones and is smoked or injected. **Immediate effects:** Cocaine acts fast and lasts about 30 minutes. Users feel confident, strong and alert, and may be left craving more. Crack acts faster. More intense effects last about 10 minutes. **Risks:** Short term: Some users may feel tense and anxious while using and afterwards many feel very tired and depressed. It can also cause convulsions, chest pain and sudden death from heart attack or stroke. Sniffing can damage the inside of the nose. Smoking crack can cause breathing problems and lung damage. **Long term:** Frequent use can lead to paranoia, hallucinations, aggression and weight loss. Cocaine and especially crack cocaine are highly addictive. Chronic use also causes severe damage to heart and circulation, brain damage and severe mental health problems. **Legal status:** Class A

Associated paraphernalia: *Razors, mirrors, something to snort through (sometimes specially made for the purpose), glass pipe, needles and syringes.*

Ecstasy (Stimulant/Hallucinogen)

Also known as: 'E' mitsubishi, diamonds, euros (MDMA is the chemical name) **What it looks like and how it's taken:** Tablets of different shapes, sizes and colours -often with a designer logo. Taken by swallowing the tablet. **Immediate effects:** Within 20 minutes to one hour, increases energy and sense of well being. Sounds, colours and emotions more intense. Lasts up to 6 hours. **Risks:** Short term: Use can lead to overheating and dehydration if users dance without taking breaks or

sipping non-alcoholic fluids. This can be fatal. Drinking a pint of liquid every hour and eating a salty snack from time to time are advised. Users can feel tired and depressed for a few days after use. **Long term:** Ecstasy use has been linked to mental health problems, and liver, kidney and brain damage. **Legal status:** Class A

Gamma hydroxybutyrate

Also known as: GHB, GBH, gabba, liquid ecstasy **What it looks like and how it's taken:** Comes in small bottles. Colourless, odourless liquid. Sometimes in capsule form. Liquid and capsules can be swallowed. **Immediate effects:** Varies greatly in strength. Effects of small doses similar to alcohol. Larger doses said to have similar effects to ecstasy.

Risks: Short term: Larger doses can cause drowsiness, sickness, disorientation, convulsions, coma and breathing difficulties. GHB has been linked to drug-assisted sexual assault ('date rape') when mixed with alcohol. **Long term:** Long term effects are not well understood. **Legal status:** Class C

Heroin (Depressant)

Also known as: Smack, scag, H, junk, gear **What it looks like and how it's taken:** Brownish-white powder. Some heroin comes in a brown/black form that looks like hard toffee. Smoked, dissolved or injected. **Immediate effects:** Slows the brain, heart rate and breathing. Small doses bring a sense of warmth and well being; larger doses make users drowsy and relaxed, and free from worry and pain. **Risks:** Short term: There is a real risk of drug overdose, possibly leading to coma or death, particularly when mixed with other drugs. **Long term:** Heroin is highly addictive and larger and more frequent doses may be needed to feel 'normal'. Injecting can damage veins; sharing needles can spread hepatitis and HIV. **Legal status:** Class A

Associated paraphernalia: *Needles, syringes, spoon, lighter or candle.*

Khat

Also known as: Quat, Qat, Qaadka, Chat. **What it looks like and how it's taken:** Khat is a leaf which is chewed over a number of hours. **Immediate effects:** Acts as a stimulant and can make users feel more alert and talkative. Users often report a feeling of calm. It also acts as an appetite suppressant. **Risks:** Short term: It can increase feelings of anxiety and aggression. Some users find it makes them very irritable, in some cases extremely angry and even violent. Anyone suffering from pre-existing mental health problems should avoid using Khat. **Long term:** Frequent users may develop insomnia, heart problems and sexual problems like impotence. **Legal status:** Khat is not an illegal drug in the United Kingdom. It can be used or traded without penalty. It is however, illegal in many other countries including the United States. Khat contains the substances Cathine and Cathinone which become Class C drugs when prepared for use.

Ketamine (Hallucinogen)

Also known as: K, Special K, Vitamin K, ket. **What it looks like and how it's taken:** Usually comes in the form of a white powder (sometimes in tablet form, sold as ecstasy) or a liquid. Can be swallowed, inhaled or injected. **Immediate effects:** A powerful anaesthetic used on humans and animals, it can produce 'out of body' experiences, numbness and hallucinations. **Risks:** Short term: Can cause problems with vision, loss of co-ordination, and frightening hallucinations that require assistance and reassurance from others. It's particularly dangerous if used in combination with depressants such as alcohol or heroin. It can make some mental health problems worse. **Long term:** Prolonged use can cause disorientation and detachment from reality but the long-term effects are not well understood. **Legal status:** Possession is not controlled by misuse of drugs legislation, but sale or supply is illegal under the Medicines Act.

LSD (Hallucinogen)

Also known as: Acid **What it looks like and how it's taken:** Comes in small squares of paper, often printed with designs, or as tiny tablets called microdots and dots. Tablets are swallowed. It is a myth that LSD can be absorbed through the skin from transfers. **Immediate effects:** Hallucination—the 'trip'. Starts within an hour and can last 8 – 12 hours. Surroundings seem different. Colours brighter, sounds new, movement and time may seem to speed up or slow down. **Risks:** Short term: Trips cannot be controlled, changed or stopped. A bad trip can be terrifying, which requires help and reassurance from others. Mental health problems can be triggered and existing conditions made worse. **Long term:** Users may have 'flashbacks' where they relive a trip without taking the drug again. **Legal status:** Class A

Magic Mushrooms (Hallucinogen)

Also known as: Shrooms, mushies **What it looks like and how it's taken:** Grow wild throughout Scotland in the autumn and are eaten raw, dried, cooked in food, or stewed into a tea. **Immediate effects:** Similar to LSD but the trip is usually milder and shorter, often lasting about 4 hours. **Risks:** Short term: Stomach pains, sickness and diarrhoea. Poisoning by eating wrong kind of mushroom by mistake. Can complicate mental illnesses. **Legal status:** Class A

Methadone (Depressant)

Also known as: meth, linctus **What it looks like and how it's taken:** Comes as a green, amber or blue mixture liquid, or as white tablets. Usually swallowed. **Immediate effects:** Effects similar to heroin, although less intense but longer acting. **Risks:** Short term: Drug overdose, possibly leading to coma or death, if taken by someone not used to the drug. Methadone should only be taken as part of a prescribed and supervised programme to treat addiction to opiate drugs, especially heroin. **Long term:** Methadone can be addictive, and it should never be given or sold to someone else. **Legal status:** If possessed without a prescription or supplied illegally, classified as Class A.

Methamphetamine

Also known as: Crazy Medicine, Ice, Zip, Meth, Yaba, Go-Fast, Cristy, Christal, Tina, Chalk, Crank, Shabu, Glass. **What it looks like and how it's taken:** Methamphetamine usually takes the form of a white odourless and bitter-tasting crystalline powder, readily soluble in water or alcohol. It can be smoked, injected intravenously, snorted or digested orally. It is known as Ice when in a crystal-like rock form and Yaba when in tablet form, usually red, orange but sometimes green. Methamphetamine is still relatively rare in Scotland but has been passed off in clubs as ecstasy. **Immediate effects:** Immediately after smoking or injecting, users experience a rush that lasts only a few minutes. Small amounts of methamphetamine can produce euphoria, wakefulness, increased physical activity, decreased appetite and increased respiration. The user may also experience powerful hallucinations. **Risks:** Short term: The drug can cause disturbing hallucinations and make the user extremely paranoid. One of the nastier and most common hallucinations is 'speed bugs' or 'crank bugs' where users think bugs are crawling under their skin and go frantic trying to get them out. **Long term:** Regular use is linked to lung and kidney disorders. Coming off the drug can lead to severe depression and suicidal urges. **Legal status:** Methamphetamine is a form of amphetamine and currently sits within Class B, unless prepared for injection when it becomes Class A.

Nicotine (Stimulant/depressant)

Also known as: (Contained in tobacco) fags, ciggy **What it looks like and how it's taken:** Cigarettes, pipes, cigars, loose tobacco, chewing tobacco. Is smoked or chewed.

Immediate effects: Acts fast, first increasing alertness then producing a sense of relaxation. **Risks:** Short term: Nicotine addiction can develop quite rapidly and regular smokers often feel anxious and irritable if unable to smoke. Smoking can restrict growth in young people. **Long term:** Other chemicals in tobacco cause lung cancer and stomach diseases, heart disease, circulation problems, wrinkled skin and premature ageing. **Legal status:** It is illegal for retailers to sell tobacco to anyone under 16.

Associated paraphernalia: *rolling papers, filters.*

PMA

Also known as: Chicken Yellow, Chicken Fever, Double Stacked, Mitsubishi Turbo, Red Mitsubishi, Killer. **What it looks like and how it's taken:** Usually a white tablet, which is unusually thick, compared to ecstasy, hence the name 'Double-Stacked'. PMA is swallowed. **Immediate effects:** Users report experiencing similar effects to ecstasy although effects last substantially stronger. **Risks:** Short term: PMA affects the body's temperature control and as it is stronger than Ecstasy the risk of overheating is much greater. Users require immediate help if they feel their temperature soaring on the dance floor and anyone with a heart condition, blood

pressure problems, epilepsy or asthma can have a very dangerous reaction to the drug. Frequent use can also bring on paranoia and depression. **Long term:** As PMA is a relatively new drug, long term risks have not yet been established but it is thought they are likely to be similar to those associated with Ecstasy. **Legal status:** Class A.

Solvents (Depressant) glues, gases, aerosols

What it looks like and how it's taken: Butane gas cigarette lighter refills, disposable cigarette lighters, aerosol sprays (hairsprays, air fresheners), whipped cream cans and glue tins or tubes. Sniffed or breathed in through a cloth or sleeve. Gas may be squirted straight into the back of the throat. **Immediate effects:** Similar to being very drunk. Users feel dizzy, giggly and light-headed. Some hallucinate. Effects last from a few minutes to 30 minutes. **Risks:** Short term: Hangover for a day or two. Nausea, vomiting, blackouts, bad cough, spots/sores around mouth, persistent cold and heart problems. Inhaling with a plastic bag can cause suffocation. It is extremely dangerous to squirt gas into the mouth as this can cause sudden death. Never chase anyone sniffing solvents as their heart may suddenly stop beating.

Long term: Damage to brain, liver, kidneys, nervous system, lungs and reproductive organs. **Legal status:** It is illegal for retailers to sell butane gas refills to anyone under 18. Also illegal for solvents to be supplied to people of any age in the knowledge that they are to be abused.

Associated paraphernalia: *plastic bag*

Tranquillisers (Depressant) diazepam, nitrazepam, temazepam

Also known as: Jellies, tranx, benzos. Brand names include: Valium, Librium, Mogadon **What it looks like and how it's taken:** Tablets or capsules. Can be swallowed or injected. **Immediate effects:** Relieves anxiety and tension. Calms users and slows them down. High doses can make users drowsy and forgetful. **Risks:** Short term: Dangerous mixed with alcohol or other drugs. **Long term:** Regular use can damage short term memory and reduce energy. Almost all tranquillisers are addictive. Withdrawal symptoms include depression, insomnia and panic attacks. **Legal status:** If possessed without a prescription or supplied illegally, classified as Class C.

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