

ALCOHOL AND DRUG POLICY

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CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

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Name: Kath Griffin			
Title: Director of Human Resources			
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1. INTRODUCTION

City Hospitals Sunderland NHS Foundation Trust (“the Trust”) aspires to deliver its vision of *‘Excellence in Health, Putting People First’*, through the highest standards of corporate behaviour and clinical competence. It also aims to ensure safe, fair and equitable procedures are applied to all organisational transactions, including relationships with patients, public, staff, stakeholders and the use of public resources.

Alcohol and substance misuse can affect performance and judgment and therefore put at risk the health, safety and welfare of patients, staff, the public and the individuals themselves. Consequently, alcohol and/or drugs/other illegal substances may not be consumed in the following circumstances:

- Prior to coming on duty; (staff should remember that it takes approximately one hour for one unit of alcohol to work its way out of the body - this is only a guide and does not take into consideration body mass, age or height etc of individuals, which all need to be taken into consideration).
- During meal/rest breaks; (Including functions during working hours);
- During any “sleep in” duties;
- During working hours, including on-call periods.

2. PURPOSE AND SCOPE

The purpose of this policy is:

- To prevent drug and alcohol problems by raising awareness of their effects and the impact they can have on both the workplace and the person affected.
- To promote the general well-being of all staff, and recognise that the use of alcohol or drugs can not only affect an employees health, attendance, work performance and working relationships but may also affect other employees, patients and members of the public.
- To facilitate the early identification of problems and to encourage support to staff to seek advice, help and assistance voluntarily and in confidence before their work performance and health are affected. Appendix 4 provides list of relevant sources of support and help for staff.
- To provide a framework, procedure and practical guidance, to ensure a fair and consistent approach with regard to equality and diversity so that employees do not receive less favourable treatment on the grounds of any protected characteristic.
- To ensure that no one reports for work when the use of a drug or alcohol would negatively affect his or her work performance or put patient and/or staff safety at risk.
- To ensure the possession, use, or distribution of drugs for non medical purposes is strictly prohibited and may attract action under the Trust’s Disciplinary Procedure.
- To ensure the image and reputation of the Trust is maintained.
- To comply with and support relevant legislation

This policy does not provide for the pre-employment or random testing of an individual, or following an incident, to protect the rights of staff under the Human Rights Act, Civil Liberties Act and the Data Protection Act.

This policy applies to all employees, LET doctors, locum appointments, volunteers, agency workers, honorary placements, private contractors and their staff, work placements, research staff, cadets, students, volunteers and apprentices.

A Quick Reference Guide to this policy is provided at Appendix 1.

3. DUTIES

3.1 Board of Directors

The Board of Directors is responsible for approving a framework to support the workforce in ensuring a safe and healthy workplace free from the influences of alcohol or drug misuse whilst compliant with all relevant legislation, guidelines and best practice standards.

3.2 Chief Executive

The Chief Executive has ultimate responsibility for ensuring that the workforce is competent, capable and adopts safe working practices free from the influences of alcohol, substance abuse, illegal drugs or suffering the effects of abusing prescribed and/or over the counter medicines.

3.3 Director of Human Resources

The Director of Human Resources is the nominated Director lead for the management of this policy and is directly responsible to the Chief Executive for facilitating the implementation following consultation with the staff side representatives.

3.4 Divisional General Managers/Heads of Service

Divisional General Manager/Heads of Service are responsible for ensuring that Line Managers raise awareness and implement this policy encouraging individuals to take action to remedy any problems they have.

3.5 Line Managers are responsible for:

- Ensuring their employees are aware of this policy and that they take action to address any problems, in accordance with it.
- Addressing the early signs/symptoms of alcohol or drugs misuse/ensuring early intervention in accordance with this policy.
- Ensuring employees are aware of the support available to them and how to access it.
- Investigating suspected breaches of the policy in line with the procedure below.
- Supporting those employees with an identified dependency with reasonable time off to attend treatment and/or rehabilitation as necessary.
- Ensuring that patient care and/or the safety of staff/the public is not put at risk.

- Ensuring employee confidentiality is maintained as appropriate.

3.6 Employees (and other individuals to whom this policy applies) are responsible for:

- Familiarising themselves with the policy and complying with its provisions.
- Not consuming alcohol or drugs at any time while at work including during rest or meal breaks spent at or away from work premises. Exceptions apply to drugs prescribed for the individual or 'over-the-counter' medicines used for their intended purpose (in accordance with the instructions given by the prescriber, pharmacist or manufacturer) and where the safety of the individual or others with whom they come into contact is not compromised.
- Informing their manager immediately should they be prescribed medication or plan to take 'over-the-counter' medicines that may cause side effects and impair their ability to undertake their duties safely and effectively. This is particularly important if they occupy a post where it is not only their own personal safety but those of others that could be jeopardised.
- Informing their manager immediately should they experience side effects as a result of taking prescribed or 'over-the-counter' medicines that impair their ability to perform their duties safely and satisfactorily.
Note: Employees are not obliged to disclose the actual medical condition being treated nor the medication – simply the impact/side effects.
- Seeking help, support and treatment where they know or suspect, they have a dependency problem e.g. from their GP, Occupational Health, the North East Council on Addiction, Alcoholics Anonymous, or 'Turning Point', which is based in the Emergency Care Department and provides confidential self referral/other drug and alcohol services to help individuals regain control of their lives.
- Discussing rehabilitation with their manager where they have a dependency problem, so that the necessary time off, and/or appropriate adaptations to duties or working patterns can be considered.
- Reporting any observation/concern about a colleague whom they suspect has an alcohol/drugs problem to their line manager, to protect the safety of patients, staff and the public.

3.7 Occupational Health

Occupational Health is responsible for:

- Maintaining employee confidentiality except in circumstances where there is an identified risk to life or limb of patients, staff, the public, or damage to Trust property/equipment.
- Supporting staff as appropriate where a dependency problem is diagnosed.
- Liaising with and referring to appropriate agencies for help and keeping managers informed of the employee's fitness for work.
- Supporting managers with an employee's return to work following sickness absence or rehabilitation and advising on appropriate adjustments that may be necessary.

3.8 Human Resources

Human Resources is responsible for:

- Advising managers in the implementation and any breaches of the policy.
- Maintain employee confidentiality except where there is an identified risk to life or limb of patients, staff, the public, or damage to Trust property/equipment.

4. DEFINITIONS

4.1 Drugs(s)

For the purposes of this policy the term drug(s) includes:

- Alcohol;
- Substances covered by the Misuse of Drugs Act 1971;
- Prescribed and “over the counter” medication;
- Solvents and any other substances.

While it is acknowledged that nicotine and caffeine are also drugs, these are not included in this policy.

4.2 Misuse

The term misuse is defined as using alcohol and/or drugs: -

- In a way that affects an individual’s ability to do his/her job effectively;
- In a way that is illegal;
- In a way that damages the reputation, or credibility, of the Trust;
- Whether deliberately or unintentionally.

See Appendix 2 for list of most commonly misused substances in the UK.

Inappropriate use

Where use may aggravate an existing condition or situation, or is done in potentially dangerous or inappropriate circumstances.

Habitual use

Where an individual becomes dependent to the extent that the desire for the effects become a dominant concern in their life to the detriment of other aspects of their life.

Excessive use

Where use can lead to short or long term physical and mental impairment, illness, or antisocial behaviour.

4.3 Trust Premises

The term Trust “premises” includes vehicles, lockers, and car parks owned or leased property used by employees or patient homes, where the employee undertakes domiciliary visits.

4.4 Individual

The term “individual” includes employees, contractors, LET doctors, volunteers, students, agency workers, apprentices and staff from other organisations working on the Trust’s premises.

4.5 Illegal Drugs

Illegal drugs, also known as 'controlled drugs', are divided into three different categories, or classes. These classes (A, B and C) carry different levels of penalty for possession and dealing.

The Misuse of Drugs Act 1971 is the main piece of legislation covering drugs and their categorisation. Penalties for possession and dealing are shown in the table below.

		Possession	Dealing
Class A	Ecstasy, LSD, heroin, cocaine, crack, magic mushrooms, amphetamines (if prepared for injection).	Up to seven years in prison or an unlimited fine or both.	Up to life in prison or an unlimited fine or both.
Class B	Amphetamines, Cannabis, Methylphenidate (Ritalin), Pholcodine.	Up to five years in prison or an unlimited fine or both.	Up to 14 years in prison or an unlimited fine or both.
Class C	Tranquilisers, some painkillers, Gamma hydroxybutyrate (GHB), Ketamine.	Up to two years in prison or an unlimited fine or both.	Up to 14 years in prison or an unlimited fine or both.

5. THE LEGAL POSITION

5.1 The Trust has a general duty under the Health and Safety at Work etc Act 1974 to ensure, as far as is reasonably practicable, the health, safety and welfare of employees. If the Trust knowingly allows an employee under the influence of excess alcohol, drugs or other substance to continue working and this places the employee or others at risk, then the Trust could be prosecuted. Similarly, employees are also required to take reasonable care of themselves and others who could be affected by what they do.

6. WARNING SIGNS

6.1 Managers and staff should identify characteristics and changes in the behaviour of their colleagues, which may indicate problems of alcohol or substance misuse, so that appropriate help and support can be offered.

6.2 However these characteristics and changes in behaviour could be associated with other conditions and in all cases, if a manager or colleague suspects that an employee has a problem of alcohol or substance misuse, advice should be sought from Human Resources, and/or Occupational Health.

6.3 The warning signs listed below may indicate that a problem of alcohol or substance misuse exists (N.B. this list is not exhaustive):

- absenteeism or poor time keeping;
- excessive sick leave;
- frequent injuries/accidents at work (may include, careless handling of equipment, using unsafe equipment and being a safety risk to others);
- poor work performance (may include, mistakes and errors in judgment, spasmodic work patterns or continual disappearance from work stations, inability to concentrate to complete a task, unexpected poor work quality, improbable

excuses for poor performance, unreliability and unpredictability, fatigue and poor coordination, poor memory, complaints and problems from other employees, patients and other visitors, etc);

- personality changes (may include, fluctuations in mood, irritability (possible violence) and loss of energy; deterioration in relationships with colleagues, over-sensitivity, and tendency to blame others, reluctance to accept responsibility and sudden change in behaviour patterns, etc);
- deteriorating physical appearance;
- smelling of alcohol/cannabis;
- theft / borrowing of money to support addiction;
- hand tremor;
- blurry eyes.

Appendix 4 provides a list of relevant sources of support for staff.

7. PROCEDURE

- 7.1 The procedure outlined below and in the flowchart in Appendix 3 should be used only in relation to Trust employees. Managers who have concerns about individuals who are not Trust employees and alcohol, drug or substance misuse (e.g. students), should discuss these with their Divisional HR Manager who will contact the relevant external organisation and agree an appropriate course of action.

Alcohol, drug or substance misuse can affect performance in several ways and it will therefore not be appropriate to deal with every situation in the same way. There may be an immediate situation requiring resolution or an ongoing performance or attendance issue to be managed. For example:

- An incident may occur as a result of a member of staff being under the influence of alcohol, drugs or other substances. In such circumstances the Trust Disciplinary Procedure should be used.
- A pattern of regular absences may emerge or a complaint may be received about a member of staff which indicates there may be an alcohol, drug or substance misuse problem. This policy should be used.
- Performance may gradually deteriorate over a period of time. This policy or the Trust Capability Procedure should be used.

- 7.2 Where a manager suspects that an employee has an alcohol, drug or substance related problem, they should discuss the matter with them at the earliest opportunity. Where the employee admits to having such a problem, the manager should arrange a referral to Occupational Health, using the process for referrals contained within the Attendance Management Policy. The referral and reasons for it should be discussed with the employee at the meeting. Where the employee denies having a problem, the manager should deal with any concerns/issues in accordance with the Disciplinary Procedure including referral to Occupational Health where appropriate.

- 7.3 If such a problem is admitted, the manager should also advise the employee about what help and support can be provided (see Appendix 4 – Sources of Help).

In such circumstances, every opportunity will be provided for the affected employee to seek help, advice and, where appropriate, treatment from Occupational Health and from a recognised external agency.

- 7.4 If an employee needs to be absent from work to undergo a programme of treatment, the absence will be regarded as normal sickness absence and sick pay will be paid in accordance with normal terms and conditions of service. The line manager must carry out a risk assessment to determine if the employee is able to continue working during the treatment period, either in their own or an alternative post. Where it is agreed that the employee can continue working, reasonable time off with pay will be granted to allow them to attend appointments.
- 7.5 Following a period of treatment, the employee will either return to work or, if there has been no absence, continue working in their own or an alternative post. Where it may prove detrimental for the service or the employee for them to remain in or return to their existing post, suitable alternative employment may be sought in accordance with the Trust's Redeployment Procedure. Depending on the circumstances, this may be for a temporary period, at the end of which they will return to their original post.
- 7.6 A return to work plan must be drawn up for all employees returning to work following absence for treatment, in conjunction with Occupational Health and taking into account advice from any external agencies who may have been involved in the care and treatment of the affected employee. Flexible return to work options should be considered, such as an initial period of reduced hours or part time working or phased return, to allow the returning employee time to settle back into work and to avoid stressful environments, which could cause a relapse.
- 7.7 As part of the return to work, the manager will hold regular meetings with the employee to monitor their work performance, behaviour and progress. This will be done in conjunction with regular appointments with Occupational Health, to ensure the employee is fully supported in their role.
- 7.8 If the employee is to remain at work during their treatment, the manager should hold regular meetings with them during their period of treatment in conjunction with regular appointments with Occupational Health, to ensure they are fully supported and progress is monitored.
- 7.9 When the manager has reviewed the situation and the individual has responded to treatment and improved work performance has been maintained, it is essential to continue to monitor progress and maintain any support provided to the employee, as relapses may well occur. Provided the ongoing trend in the employee's performance and behaviour is favourable, such relapses will normally be tolerated a maximum of two times. Formal disciplinary action during the treatment period should be reserved for serious under-performance or serious incidents such as would normally attract formal disciplinary action.
- 7.10 Unfortunately, there may be cases where, despite every effort to provide support and guidance, an employee is unable to recover sufficiently to resume their work activities, relapses become a regular occurrence, it becomes obvious that the employee will be unable to manage their problem in the foreseeable future or the situation becomes unmanageable. In such cases, the Disciplinary or Capability Procedure should be invoked and their continuing employment with the Trust

considered. In this respect, timescales for improvement should be set, however each case will be assessed on its merits and timescales set accordingly, with input from Occupational Health to ensure they are realistic and potentially achievable.

- 7.11 Where, due to the use or possession of alcohol, drugs or other substances, a registered healthcare professional breaches their Professional Code of Conduct, this will be reported to the appropriate professional body.

8. MISCONDUCT

- 8.1 If, whilst under the influence of alcohol, drugs or other substances at work, an employee behaves in a way which could be regarded as gross misconduct, e.g. carrying out an assault, behaving indecently, causing malicious damage to property or threatening in any way the health and safety of a patient, a member of staff or the public then, irrespective of whether support may also be appropriate for an underlying problem, disciplinary action will be taken, which could result in their dismissal.
- 8.2 Where deemed necessary, the manager in consultation with Human Resources may suspend the employee from work, pending further investigation. As suspension is a neutral act, the employee will receive their normal pay during the suspension.

9. CRIMINAL ACTIVITY

- 9.1 The possession of illegal drugs (See Section 4) with the intent to deal is a criminal offence and will be reported by the Trust to the police. If as the result of an internal or police investigation, there is evidence that illegal drugs are/have been on Trust premises, or in the possession of Trust staff whilst on duty, or that drug misuse threatens patient and/or staff/public safety, then the matter will be dealt with as potential gross misconduct in accordance with the Disciplinary Procedure.

10. RIGHT TO BE ACCOMPANIED

- 10.1 Employees have the right to be accompanied by an accredited trade union/professional body representative or a work colleague, at any informal or formal meetings held in accordance with this policy.

11. UNFIT FOR WORK

- 11.1 Should an individual attend work appearing to be under the influence of alcohol, drugs or some other substance, then they should be escorted by their manager to the A&E Department for assessment. On being admitted to A&E, their care and

treatment will be respected in accordance with normal patient protocols. Thereafter the procedure outlined in this policy will be applied.

12. RECORD KEEPING

- 12.1 Line managers are responsible for maintaining comprehensive and transparent records of any action taken under this policy and retaining them on the employee's personal file.
- 12.2 Records will be treated as strictly confidential and kept in accordance with the Data Protection Act 1998, which gives employees the right to request and have access to certain data.

13. MONITORING COMPLIANCE

Requirement	Frequency	Person Responsible	Reporting To	Action Plan	Monitored By
Duties still current and appropriate	3 years or during any policy update	Author	Sponsor	Author	Sponsor
Monitoring the action taken in response to policy breaches.	Quarterly via Workforce Report	Sponsor	Executive Committee	Sponsor	Executive Committee

14. DISSEMINATION, IMPLEMENTATION AND TRAINING

Dissemination

- To Managers via email and through Senior Manager Forum
- Intranet
- Team Brief
- HR Directorate Briefings
- ILM Level 3 Course
- HR Road Shows/Workshops

Training

Information about this and other Human Resources Policies is included in Induction Packs and referenced during Trust Induction. Managers and Heads of Department should ensure that new staff are aware of the Trust's policy on alcohol and drugs and ensure that such staff read it as part of their departmental induction.

15. CONSULTATION, REVIEW AND APPROVAL/RATIFICATION

Consultation/Approval

- Human Resources Strategy Group

- Joint Consultative Group
- Executive Committee

Ratification

- Policy Committee

16. REFERENCES

Talk to Frank - <http://www.talktofrank.com/atoz.aspx>

Turning Point - <http://www.turning-point.co.uk/Pages/home.aspx>

Alcoholics Anonymous - <http://www.aa.org/?Media=PlayFlash>

North East Council on Addiction (NECA) - <http://www.neca.co.uk/>

Health and Safety Executive - <http://www.hse.gov.uk/alcoholdrugs/index.htm>

17. ASSOCIATED POLICIES

The Management of Health and Safety at Work Policy

Attendance Management Policy

Disciplinary Procedure

Capability Procedure

Risk Management Strategy

Health & Safety Policy

Grievance Policy and Procedure

Staff Wellbeing Policy

Special Leave Policy

ALCOHOL AND DRUG POLICY

QUICK REFERENCE GUIDE

This Policy is designed to assist and support both employees and managers where an employee has, or is suspected of having, an alcohol, drug or substance related problem.

For quick reference the guide below is a summary of actions required.

This does not remove the need for managers, staff and others involved in the process, to be aware of and follow the detail of this policy.

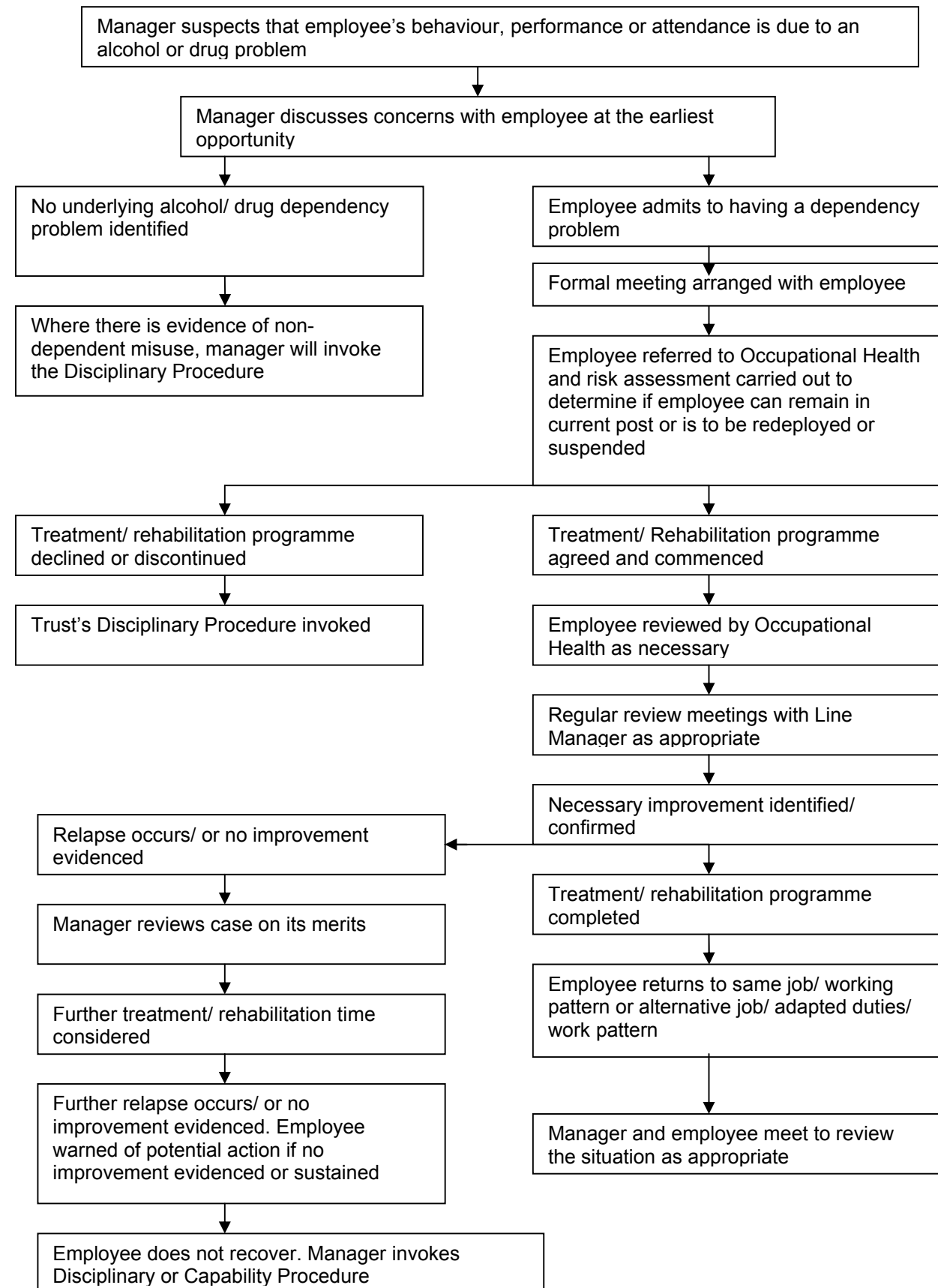
1. Whilst the health and safety of patients, staff and the public must be paramount, where an employee admits to having a problem with alcohol, drugs or substance misuse, a supportive approach will be taken to help them recover and return to work wherever possible.
2. Any employee who either admits to or who is suspected of having, a problem with alcohol, drug or substance misuse must be referred to Occupational Health as soon as possible so that the appropriate support and action can be taken with reference to any problem.
3. There will be a distinction between an employee who admits to having such a problem and who engages in a programme of treatment to try to recover and return to work, and misconduct involving alcohol, drugs or other substances. The latter will be dealt with under the Trust Disciplinary Procedure.

MOST COMMONLY MISUSED SUBSTANCES IN THE UK

Name (street/trade names)	How usually taken	Effects sought	Harmful effects	Legal status
Heroin (smack, horse, gear, H, junk, brown, stag, scag, jack)	Injected, snorted or smoked.	Drowsiness, sense of warmth and well-being.	Physical dependence, tolerance, overdose can lead to coma and even death. Risk of HIV or hepatitis infection	Class A
Cocaine (coke, charlie, snow, C)	Snorted in powder form, injected.	Sense of well-being, alertness and confidence.	Dependence, restlessness, paranoia, damage to nasal membranes	Class A
Crack (freebase, rock, wash, stone)	Smokable form of cocaine.	Similar to those of snorted cocaine but initial feelings are much more intense.	As for cocaine but, because of intensity, hard to control, damage to lungs	Class A
Ecstasy (E, XTC, doves, disco biscuits, echoes, scooby doos) Chemical name: MDMA	Swallowed, usually in tablet form.	Alert and energetic but with calmness and a sense of well-being towards others. Heightened sense of sound and colour.	Nausea and panic, overheating and dehydration if dancing, can be fatal. Link to liver/kidney problems and may include mental illness and depression	Class A
LSD (acid, trips, tabs, dots, blotters, microdots)	Swallowed on tiny square of paper.	Hallucinations, including distorted or mixed-up sense of vision, hearing and time. An LSD <i>trip</i> can last as long as 8-12 hours.	No way of stopping bad trip. Increase risk of accidents can trigger long term mental health problems	Class A
Magic mushrooms (shrooms, mushies)	Eaten raw or dried, cooked in food or brewed in a tea.	Similar effects to those of LSD but the trip is often milder and shorter.	As for LSD plus risk of sickness and poisoning	Not illegal in raw state but Class A once processed
Cannabis (hash, dope, grass, blow, ganja, weed, shit, puff, marijuana)	Rolled with tobacco into a spliff, joint or reefer and smoked, smoked in a pipe or eaten.	Relaxed, talkative state, heightened sense of sound and colour.	Impaired co ordination, increased risk of accidents, poor concentration, anxiety, depression, respiratory disease	Class B
Barbiturates (barbs, downers)	Swallowed as tablets or capsules, injected - ampules.	Calm and relaxed state, larger doses produce a drunken effect.	Dependency and tolerance, overdose can lead to coma and death. Severe withdrawal symptoms	Class B
Amphetamines (speed, whizz, uppers, billy, sulph, amp)	In powder form, dissolved in drinks, injected, sniffed/ snorted.	Stimulates the nervous system, wakefulness, feeling of energy and confidence.	Insomnia, mood swings, irritability, panic. The comedown can be severe and last for days	Class B
Tranquillizers (brand names include: Valium, Altivan, Mogadon (moggies), Temazepam (wobblies, mazzies, jellies))	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	Class C Available on prescription. Not illegal to have but illegal to supply
Anabolic steroids (many trade names)	Injected or swallowed as tablets.	With exercise can help build up muscle. However, there is some	Erection problems, risk of heart attack or liver problems. For women, development of male	Class C

		debate about whether drug improves muscle power and athletic performance.	characteristics. Injecting risks of HIV/Hepatitis. Can make some users feel paranoid, irritable, aggressive or even violent, and it can induce mood swings.	
Poppers (alkyl nitrates, including amyl nitrate with trade names such as Ram, TNT, Thrust)	Vapours from small bottle of liquid are breathed in through mouth or nose.	Brief and intense head rush caused by sudden surge of blood through the brain.	Nausea/headache fainting loss of balance. Skin problems around nose/mouth. More dangerous for those with glaucoma, anaemia breathing or heart problems	Not illegal to possess but supply without a prescription is illegal and may be offence
Solvents (including lighter gas refills, aerosols, glues). Some painter thinners and correcting fluids.	Sniffed or breathed into the lungs.	Short-lived effects similar to being drunk, thick-headed, dizziness, possible hallucinations.	Nausea, blackouts and increased risk of accidents. Fatal heart problems can cause instant death.	Not illegal to possess but cannot be sold to under 18's if suspected misuse.

MANAGEMENT OF EMPLOYEE ALCOHOL / DRUG PROBLEMS



SOURCES OF HELP

FirstAssist Counselling Services for Staff (a free and confidential service for all staff provided by the Trust)

Telephone:

Occupational Health Department

Telephone:

Drinkline www.drinkaware.co.uk

Government funded free service, providing advice to the alcohol drinker or anyone concerned about the alcohol drinker. Includes database of local support services.

Helpline: 0800 917 8282

Talk to Frank www.talktofrank.com

Government funded free service providing advice to drug users or any one concerned about drug users. Includes database of local support services.

Helpline: 0800 776600

Alcoholics Anonymous www.alcoholics-anonymous.org.uk

Self-help group for people who want a new way of life without alcohol

Helpline: 0845 769 7555

Narcotics Anonymous www.ukna.org

Self-help group for people who want to stop using drugs.

Helpline: 0845 373 3366

Sick Doctors Trust www.sick-doctors-trust.co.uk

Provides help and treatment for doctors suffering from addiction to alcohol or other drugs.

Helpline: 0870 444 5163

The Doctors Supportline

Independent, confidential and anonymous support line for doctors, part funded by the Department of Health and staffed by volunteer doctors. Provides help and support for doctors suffering from burnout, depression, anxiety, work or family problems

Helpline: 0870 765 0001

Doctors Support Network www.doctorssupport.org

Confidential support group for doctors with health issues including stress, burnout, anxiety, depression, manic depression, psychoses and eating disorders.

Helpline: 0870 321 0642

British Medical Association Counselling Service and Doctors for Doctors

See BMA website for details www.bma.org/doctorsfordoctors

A telephone counselling service offered by the British Medical Association to its members.

Helpline: 08459 200 169

British Doctors' and Dentists' Group www.bddg.org

A mutual support group for doctors and dentists who are recovering, or wish to recover, from addiction to, or dependency on, alcohol or other drugs.