

Substance Misuse at Work (Alcohol, Drugs and Solvents)

Date	Version
April 2018	V2

Purpose

University Hospitals Plymouth NHS Trust is committed to promoting a healthy working environment and to supporting good health amongst its employees in order to deliver high-quality patient care. This SOP clarifies how the Trust will manage instances of alcohol, drugs and other substance misuse (including legal highs) and dependencies within the workforce and identifies the Trust's approach to managing this issue through:

- Making clear its expectations with regard to fitness and performance at work.
- Acknowledging that substance dependency can be an indicator of other medical problems and offering support and where possible treatment to maintain health and safety of both the workforce and the public.

Who should read this document?

All staff including those employed on a fixed term contract through agencies, students, volunteers and contractors.

Key messages

- All employees have a responsibility to report to work fit for their normal duties.
- The Trust recognises alcohol and drugs dependency as a condition which can be an indicator of other underlying medical problems and which may affect an employee's capability to carry out their job. The Trust will make the same provisions for staff health and wellbeing support and medical treatment as for any other condition.
- If you have any concerns that the health and safety of colleagues, patients or visitors may be at risk, or that a criminal offence may occur, you **must** take immediate action.
- University Hospitals Plymouth has clear legal responsibilities and obligations regarding substance misuse.

Accountabilities

Production	Occupational Health and Wellbeing Lead
Review and Feedback	JSNC
Ratification	Head of HR Operations
Dissemination	Occupational Health and Wellbeing
Compliance	Occupational Health and Wellbeing Lead

Links to other policies and procedures

Supporting Staff Policy & Sickness Absence Policy

Version History

1	January 2013	First draft in support of Supporting Staff Policy
2	April 2018	Revision includes Referral to Regulatory Bodies, strengthening of support to staff and update of Director of People job title

Last Approval	Due for Review
April 2018	April 2023

University Hospitals Plymouth NHS Trust is committed to creating a fully inclusive and accessible service.

Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff.

We will treat people with dignity and respect, actively promote equality and diversity, and eliminate all forms of discrimination regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/ maternity.

An electronic version of this document is available on the Trust Documents Network Share Folder (G:\TrustDocuments). Larger text, Braille and Audio versions can be made available upon request.

Standard Operating Procedures and Administrative Procedure Notes are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

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Standard Operating Procedure (SOP)

Substance Misuse at Work (Alcohol, Drugs, Legal Highs and Solvents)

1 Purpose and Scope

The purpose of this SOP is to support the safe delivery of care to our patients and to eliminate the impact of substance misuse on work performance and capability. We aim to do this by:

- Raising awareness and understanding of substance misuse issues amongst the workforce.
- Providing guidance and information to managers and staff on appropriate action to take if there are concerns.
- Providing support and assistance to employees who are seeking help.

This operating procedure refers to the misuse of substances that continually, repeatedly, or intermittently adversely affect the employee's work performance, their health and safety and/or the health and safety of colleagues/others in the workplace.

In addition to the above, misuse includes:

- Inappropriate use, where use may aggravate an existing condition or situation, or is undertaken in potentially dangerous or inappropriate circumstances.
- Habitual use where the individual becomes dependent on the effects of the substance to the extent that the desire for these effects becomes a dominant concern in their lives, to the detriment of other aspects of their lives.
- Excessive use which can lead to physical and mental illness or antisocial behaviour.

All employees have a responsibility to report to work fit for their normal duties.

Regulatory background

Health and Safety at Work Act 1974

Under the Health and Safety at Work Act 1974 employers have a duty to ensure the health, safety and welfare of their employees. They must ensure that employees do not injure themselves or endanger the public or colleagues. Similarly, employees are required to take reasonable care of themselves and others who could be affected by their actions at work. Knowingly allowing an employee to continue working if affected by alcohol, drugs or substances, when their behaviour places their own safety or the safety of colleagues, patients or visitors at risk, could make the employer liable to prosecution.

Uncontrolled behaviour for any reason is a risk to health and safety. Those acting under the influence of alcohol, drugs or others substances, could themselves be committing offences under the Health and Safety Legislation.

Misuse of Drugs Act 1971

This is the main legislation covering drugs and categorises drugs as Class A, B or C. Drugs are termed as controlled substances with Class A drugs being those considered to be the most harmful.

Offences under the Act include:

- Possession of a controlled substance unlawfully;
- Possession of a controlled substance with intent to supply it;
- Supplying or offering to supply a controlled drug (even where no charge is made for the drug) and
- Allowing premises you occupy or manage to be used unlawfully for the purpose of producing or supplying controlled drugs.

Drug trafficking (supply) attracts serious punishment including life imprisonment for Class A offences.

Under common law it is an offence to 'aid and abet', the commission of an offence under the Misuse of Drugs Act. Certain medical preparations containing low concentrations of controlled drugs (for example, Kaolin & Morphine, codeine linctus) and many prescription-only tranquillisers have been exempted from the 'offence of unlawful possession.'

Road Traffic Act 1988

The Road Traffic Act 1988 makes it illegal for any person to drive or attempt to drive a motor vehicle while unfit to drive through the use of a substance. This includes prescribed and over-the-counter medication, as well as illegal drugs and alcohol. This law will apply to Trust employees using a motor vehicle as part of their job.

Key Duties

The Trust Board is responsible for ensuring that suitable procedures are implemented which:

- Protect and maintain the safety and wellbeing of employees, patients, visitors and others from risks arising from impaired professional competence of employees; and
- Ensure that the Trust fulfils its legal obligations and complies with its statutory duty under Health and Safety and other relevant legislation.

Responsibility for delivering the above will be delegated to the Director of People.

Managers

Managers at all levels in the organisation are responsible for ensuring that:

- Staff reporting to them understand and comply with this SOP.
- They promote an environment in which individual employees suffering from substance misuse feel confident to request professional help and support, thus removing the tendency to conceal and deny problems.

- They offer assistance and encouragement to employees who are suspected of, or who are known by colleagues to have a substance misuse problem and to refer them to the appropriate agencies for help and support.
- Where a manager has reasonable cause to believe that someone is misusing substances and that person refuses appropriate support, they should report this to their line manager or a senior member of the Human Resources Department.
- They take appropriate management action to ensure that any actual or potential performance or safety consequences of substance misuse are avoided as far as reasonably practical.
- They respond appropriately to concerns expressed regarding an employee's behaviour/performance.
- They maintain confidentiality with regard to information received and with regard to the support of employees suffering substance misuse.
- If they suspect a member of staff is taking hospital medicines for personal use, they must contact the Chief Pharmacist for further advice on how to investigate this. In addition, they must seek advice from the Executive Director responsible for health and safety if they have evidence of unlawful activity in relation to possession and supply of controlled drugs.

The Medical Director has responsibility for putting in place and making known the Trust's procedures for doctors to report their concerns about the conduct, performance or health of medical colleagues.

Responsibilities are defined in the document **Leadership and Management for all doctors** – GMC (2012).

Occupational Health and Wellbeing (OH&WB) are responsible for:

- Alerting and educating all employees to the risks associated with alcohol, drugs and other substance misuse.
- Offering support to staff and support and guidelines to managers and individuals to assist them in dealing with issues which arise from substance misuse in the work place.
- Evaluation and monitoring of compliance with and effectiveness of this SOP.

The Human Resources Department is responsible for supporting managers in dealing with issues which arise from substance misuse in the work place.

The On-Call Manager is responsible for

- Ensuring that appropriate action is taken to facilitate the health and safety of the member of staff, other staff members on duty, the patients and the environment.
- Making the decision to report to the police if criminal activity has been identified. Further guidance is given below.

The Chief Pharmacist is responsible for providing professional advice in relation to misuse or misappropriation of medicines.

Staff

- All employees are responsible for ensuring that they are familiar with this SOP, associated policies and procedures and their responsibilities in terms of Health and Safety, legal and ethical issues at work.
- All staff members have a duty of care for their colleagues and patients. Staff with genuine concerns about any colleague must report those concerns to their line manager or a senior member of the Human Resources Department.

Seeking help for yourself

Employees worried about the effects of alcohol, drugs or other substances on their health, wellbeing and/or working life, have several options open to them if they wish to seek help as detailed in Appendix B. Employees who take up the offer of help and treatment will receive the advice, assistance and support they require, as far as is reasonably practicable.

Employees may seek internal advice and assistance from:

- **Their Line Manager.** Any enquiries will be kept confidential, as far as reasonably practicable, although it may be necessary to seek expert professional advice in dealing with these issues, this will not happen without the employee's knowledge.
- **A Senior Member of the Human Resources Department.** Enquiries will be kept confidential. However, if work related issues arise, it may be that the relevant manager will need to be involved in discussions about how work is structured, any required leave and time off arrangements. This will not happen without the employee's knowledge.
- **The Occupational Health and Wellbeing Department** provides confidential advice, and may be able to assist with further assessment and support. The Occupational Health and Wellbeing Department does not give specialist counselling or medical treatment related to substance misuse, but may be in a position to make an 'onward referral' if required, or signpost to alternative specialist services.

Employees who take up the offer of help will be advised that, if necessary, they will be granted time off to undertake treatment and counselling.

Colleagues worried about another employee

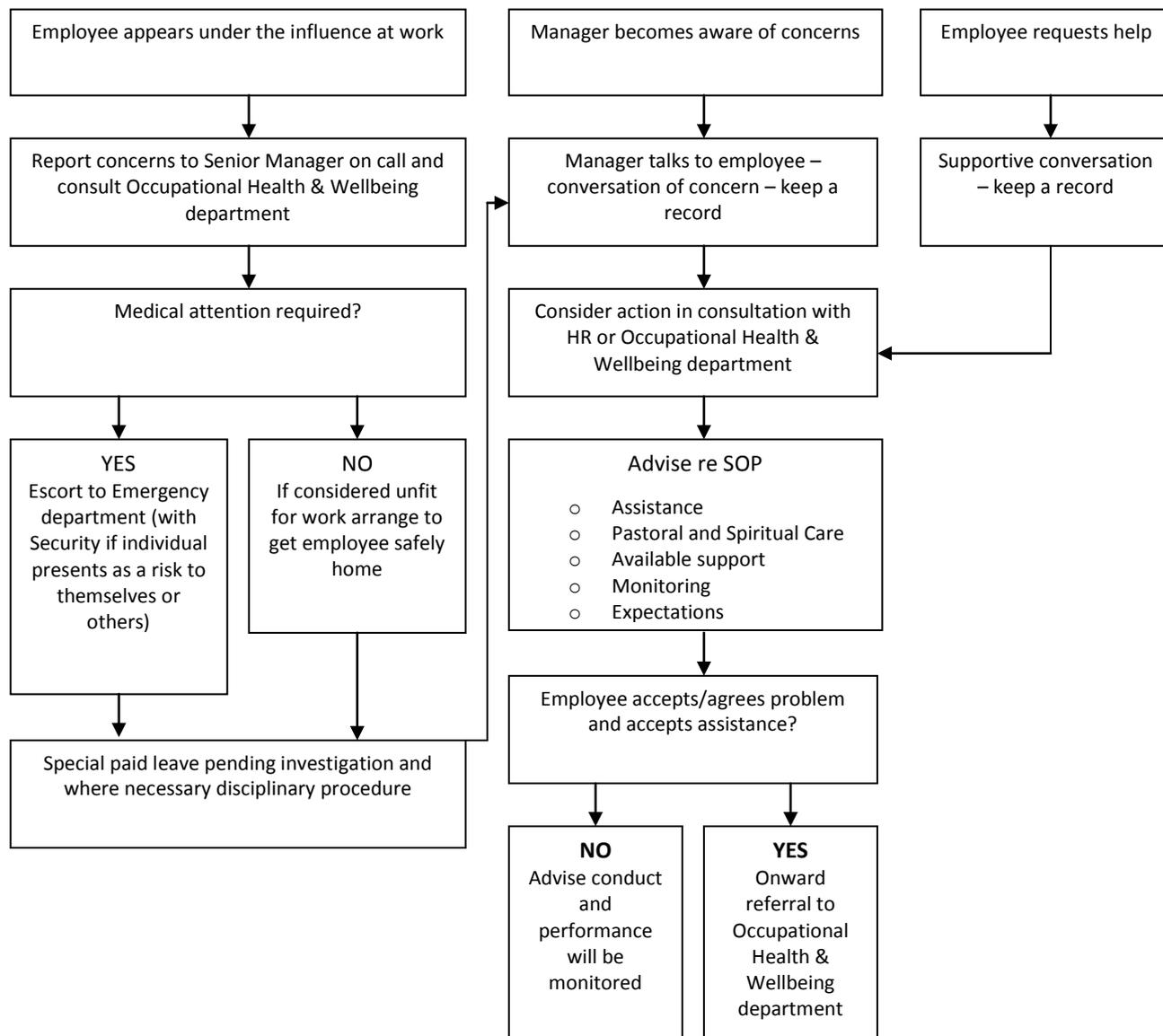
Employees may be concerned about the consequences at work of a colleague's suspected or known misuse of alcohol, drugs or other substances. If another employee's actions or behaviour compromise health and safety, this must be brought to the attention of their line manager or a senior member of the Human Resources Department. The names of members of staff who raise concerns of suspected alcohol, drug or other substance misuse amongst their colleagues will be kept confidential, as far as reasonably practical.

Managers who become aware that substance misuse is a problem

There are several ways in which managers may become aware that an employee is misusing alcohol, drugs or other substances e.g. concerns from another employee, a request for help from the individual concerned, observation by the manager, complaint from a patient or performance and/or attendance concerns.

Managers have a duty of care towards those for whom they are responsible at work. This includes safeguarding the health, wellbeing and safety of those in the workplace, as well as supporting employees at work. Guidance notes for managers on some of the signs of possible misuse of alcohol, drugs or other substances can be found in Appendix A.

A summary of the action to be taken is detailed below:



Managers approached by an employee requesting help

Meet with the member of staff privately, offering them the opportunity to have someone else of their choosing to be present for support. Try to gauge the nature and scale of the problem. Discuss with the employee the support options available and how to access them (Appendix B).

Advise and assist the employee to contact the Occupational Health and Wellbeing Department or a senior member of the HR department as soon as possible. This will ensure that confidential, professional and medical advice is sought as soon as possible.

You may need to consider, in consultation with a senior member of the HR department and the Occupational Health and Wellbeing Department, the temporary reallocation of duties, or even suspension from work until further medical or other expert advice can be obtained.

Make a note of the conversation and the advice you have given, ensuring that you date and sign the record and store it in the employee's personal file.

If you have any concerns that the health and safety of colleagues, patients or visitors may be at risk, or that a criminal offence may occur, you **must** take immediate action.

Further information on drug misuse can be found in Appendix C.

Action to take when an employee has arrived on duty unfit for work

Where any employee suspects that another employee has arrived on duty unfit due to the effects of alcohol or drugs, the matter should be immediately referred to the appropriate senior manager on duty or On-Call Manager. The Occupational Health and Wellbeing Department and a senior member of the HR department should be consulted as soon as possible, in order to clarify the next step in the management of the issue.

If the employee requires medical attention e.g. as a result of any injury sustained whilst intoxicated, escort them to the Emergency Department (contact Security if they pose a risk to themselves or others). Members of staff treated in the ED are entitled to the same confidentiality as any member of the public. No information about the employee as a patient can be provided to management without the appropriate consent.

If it is considered that the employee is unfit to continue his/her work and may be at 'risk' or place others at 'risk', the employee will not be allowed to continue working. They should be placed on Special Paid leave and arrangements made to get them home safely.

A full investigation will be carried out into the incident and where necessary the Performance & Conduct procedure invoked. Any employee with an alcohol or drug related problem is entitled to have a trade union representative or work place colleague (not acting in a legal capacity) present at any or all stages of the procedure (in line with the Performance & Conduct procedure).

If the result of the investigation reveals that the employee does have an alcohol/drug misuse problem, they should be referred to the Occupational Health and Wellbeing Department, who can offer an initial assessment and assist with the provision of professional and medical advice in a confidential setting. The Occupational Health & Wellbeing referral form can be accessed by clicking on this link [Referral Form](#).

The employee should be assured of confidentiality and support from the Trust in the same way they would be if they had a medical or psychological condition. With the consent of the employee, any person who needs to know of their condition will be advised.

If the employee denies that they have a problem and refuses help they should be made aware that their performance, conduct and attendance at work will be monitored in the future and managed in accordance with Trust policy.

Employees should be aware that further performance, conduct or attendance issues will be dealt with under the Performance & Conduct process.

A written record of the interview must be kept in the employee's personal file.

Suspected Misappropriation of hospital medications

Hospital medications, including simple analgesia **must not** be used for personal use. Staff who are found to have used hospital medicines for personal use will be subject to the Trust's Performance & Conduct Procedure. This is also classed as theft and may be subject to criminal investigation and proceedings. Theft of medicines is a serious criminal offence and will be reported to the Police.

Fraudulent misappropriation of any medicines by staff will also not be tolerated and the matter will be reported to the NHS Counter Fraud.

If a line manager suspects a member of staff is taking hospital medicines for personal use or misappropriating medicines, they must contact the Chief Pharmacist and senior manager on call for advice on how to investigate the matter, including action to be taken with regard to contacting Trust Security staff and / or the Police. Further advice on immediate suspension and investigation must be sought from a senior member of the HR department. A full investigation will be carried out into the incident and where necessary the Performance & Conduct procedure invoked.

Signs that might indicate abuse or diversion of medicines include changes in an individual's behaviour (such as lack of concentration, regular unexplained absences from the work area) or other changes such as loss of stock, inappropriate, excessive ordering or loss of prescriptions.

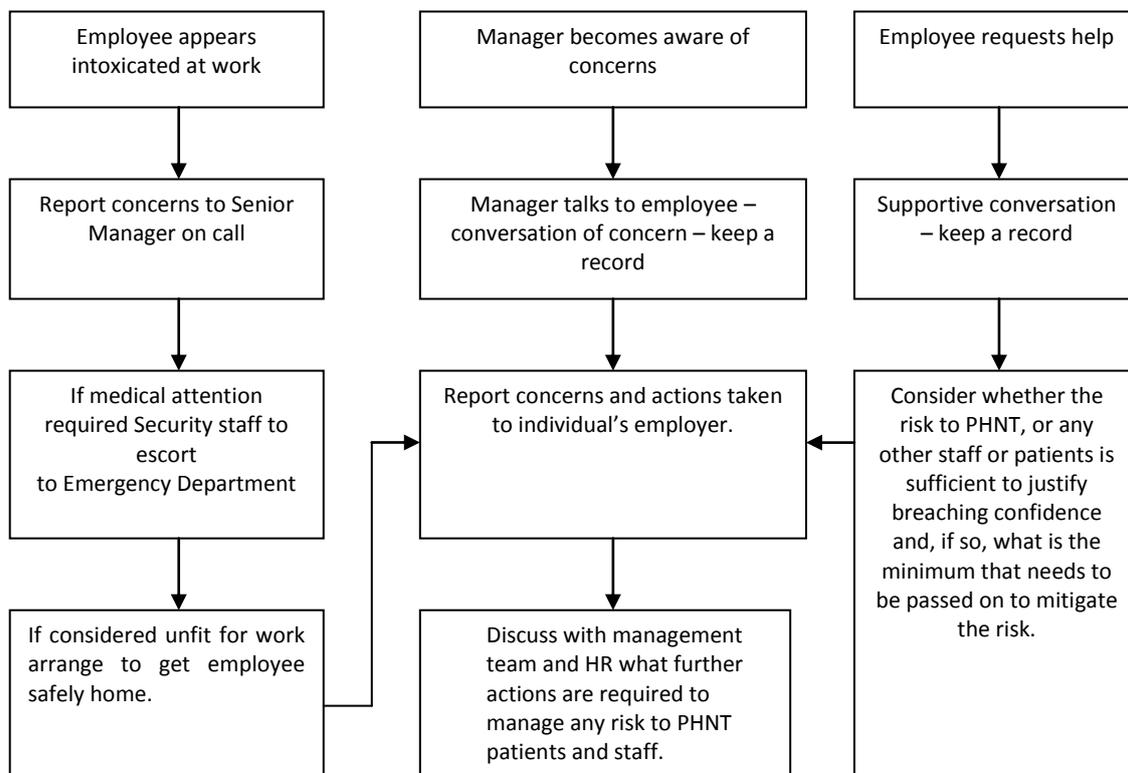
Guidance on when to initiate conduct / performance procedure and referral to professional or regulatory bodies

The Trust will offer personal support to employees with a substance misuse problem, via the Occupational Health and Wellbeing Department. Line Managers and HR also have an important role in supporting staff, as appropriate. In general, where an employee seeks help on their own initiative the presumption will be that conduct / performance procedures will not normally be invoked. Where problems become apparent because of an incident, theft of medicines or because others have reported work concerns it is likely that a conduct / performance procedure will be undertaken, although the individual's level of engagement with support services would also be considered.

Referral to a Regulatory Body (i.e. GMC, NMC etc) will be made in cases, such as; criminal activity i.e. theft or misappropriation of drugs from the Trust; failure to engage with support and treatment; failure to co-operate with monitoring; or evidence of on-going risk to patient safety despite treatment. Fear of regulatory action should not prevent employees from self-reporting substance misuse problems as referral would not be automatic in such cases.

Staff employed by other organisations

It is important to note that under this circumstance the Trust still has the same duty of care for the individual, colleagues and others. All actions taken must rest on the obligation to meet this duty.



The immediate management under this SOP remains the same for employees of PHNT or those self employed or employed by other agencies.

Under legal, ethical and health and safety obligations it is PHNT’s policy to report concerns to employing agencies. Staff should be made aware of this before contacting the employing agency.

Occupational Health and Wellbeing will not provide therapeutic intervention for non PHNT staff unless specifically contracted to so.

Monitoring and assurance

The Occupational Health and Wellbeing Clinical Lead will undertake an annual audit of this procedure, by reviewing the following outcome measures:

- Referrals to OH&WB as a result of this SOP – to include repeat referrals.
- Analysis of sickness absence / disciplinary data.
- Analysis of feedback from staff accessing assistance from OH&WB in terms of experience and effectiveness of the service provided.
- Analysis of feedback from managers in terms of guidance and support in dealing with suspected substance misuse by an employee.

The outcome of the audit including recommendations and an action plan to address any arising issues will be presented to the HR and OD and Health TRW.SHW.SOP.782.2 Substance Misuse at Work Standard Operating Procedure

and Safety Committees. Progress in delivery of agreed actions will be monitored by the HR and OD Committee in accordance with the severity of the issues arising.

3 Document ratification

The design and process of review and revision of this procedural document will comply with the Trust's formal policy on policy and procedural documents.

The review period for this policy document is set as five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be approved by the Human Resources and Organisational Development Committee and ratified by the Director of People.

Non-significant amendments to this policy document may be made, under delegated authority from the Director of People by the nominated author. These must be ratified by the Director of People and should be reported, retrospectively, to the Human Resources and Organisational Development Committee.

Significant reviews and revisions to this document will include a consultation with the JSNC. For non-significant amendments, informal consultation will be restricted to named groups or grades that are directly affected by the proposed changes.

Dissemination and implementation

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with the Trust's formal policy on policy and procedural documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Director of People and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

4 Reference material

Health and Safety at Work Act 1974

Road Traffic Act 1988

Misuse of Drugs Act 1971

Department of Health regulations and guidelines: **Taking alcohol and other drugs out of the NHS workplace**

Other Governmental regulations and guidelines:

HSC (98)165

Working Together – Securing a Quality Workforce for the NHS

NHS Executive 1998

Professional group rules, regulations and guidelines:

Leadership and management for all doctors – GMC published January 2012 accessed http://www.gmc-uk.org/static/documents/content/leadership_and_management_for_all_doctors_FINAL.pdf

Counter Fraud Policy

Trust Security Policy

It must be noted that some of these signs may be caused by other factors, such as stress or a medical disorder and should only be regarded as indications that an individual may be misusing alcohol, drugs or other substances.

Alcohol, drugs and other substances affect the brain and the body in many different ways. This can influence a person's behaviour and performance at work, even if the misuse takes place outside of the workplace.

Changes in personality

- Sudden mood changes
- A tendency to become confused
- Unusual irritability or aggression
- Abnormal fluctuations in concentration and energy
- Deterioration/fluctuations in relationships with colleagues
- Dishonesty and theft
- Insular behaviour

Sickness and absence

- Frequent and unexplained absence
- Excessive sick leave
- Frequent Monday and/or Friday absence
- Leaving work early, or arriving at work late, on a regular basis
- Frequent extended breaks

Work performance

- Unreliability and unpredictability
- Poor performance
- Difficulty in concentration
- Memory lapses
- Frequent mistakes
- Poor time-keeping and failure to meet deadlines

Accidents

- Increase in frequency of accidents

Physical signs

- Smelling of alcohol
- Obvious signs of intoxication e.g. slurred speech, dilated/constricted pupils, glazed eyes, staggering
- Hand tremors
- Facial flushing
- General neglect of appearance
- Sudden weight gain/loss
- Needle marks

Physical Evidence of Drug Misuse

- Scorched tinfoil, tinfoil tubes and matchbox covers
- Syringes, needles, needle caps
- Scorched spoons
- Small mirror, razor, straws
- Twists or squares of paper (for holding powder)

Internal Sources of Help and Advice	Contact Number
Your Line Manager	
HR Team	01752 437253 or internal 37253
Occupational Health and Wellbeing Department	01752 437222 or internal 37222
Union Office L09	Internal: 39276
Department of Pastoral and Spiritual Care	0845 155 8172 or internal 52313
External Sources of Help and Advice	Contact Details
Your GP	
Alcohol Concern	Waterbridge House, 32-36 Loman Street, London. SE1 0EE. Tel: 0207 928 7377
Alcoholics Anonymous	Tel: 01752 791111
BMA 24hr Stress Counselling for Doctors	Tel: 08459 200169
DrugScope	Prince Consort House, Suite 204 (2nd Floor), 109/111 Farringdon Road, London. EC1R 3BW. Tel: 020 7520 7550
Narcotics Anonymous	202 City Road, London. EC1V 2PH. Tel: 020 7251 4007 Fax: 020 7251 4006
National Drugs Helpline Talk to FRANK	Free, confidential, 24 hours a day Tel: 0800 776600
Sick Doctors Trust	The Belfry, Blackstone, Henfield West Sussex. BN5 9TE. Tel (Helpline): 0870 4445163 (24hrs)
The Harbour Centre	Alcohol and Drug Advisor Service 9/10 Ermington Terrace, Mutley, Plymouth. Tel: 01752 434343

Name (street/trade names include):	How usually taken:	Effects sought:	Harmful effects include:	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. Sharing injecting equipment brings 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 the intensity of its effects, crack use can be extremely 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 a calmness and a sense of well-being towards others. Heightened sense of sound and colour.	Possible nausea and panic, overheating and dehydration if dancing, which can be fatal. Use has been linked to 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 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.	There is no way of stopping a bad trip which may be a very frightening experience. Increased risk of accidents can trigger off long-term mental 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, with the additional risk of sickness and poisoning.	Not illegal in raw state but Class A once dried or processed in any way.
Cannabis (hash, dope, grass, blow, ganja, weed, 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 and increased risk of accidents, poor concentration, anxiety, depression, increased risk of respiratory diseases including lung cancer.	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 or even 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 (hangover) can be severe and last for several 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 only on prescription (Medicines Act). Supply is illegal but, apart from Temazepam, not illegal to possess without a prescription. (Misuse of Drugs Act 1971 and associated Regulations).
Anabolic steroids (many trade names)	Injected or swallowed as tablets.	With exercise can help to build up muscle. However, there is some debate about whether drug improves muscle power and athletic performance.	For men: erection problems, risk of heart attack or liver problems. For women: development of male characteristics. Injecting equipment brings risk of HIV or hepatitis infection.	Class C
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 and headaches, fainting, loss of balance, skin problems around the mouth and nose, particularly dangerous for those with glaucoma, anaemia, breathing or heart problems.	Not illegal to possess but supply without prescription is illegal and can be an 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, increased risk of accidents. Fatal heart problems can cause instant death.	Not illegal to possess but it is illegal for a shopkeeper to sell solvents to anyone under 18, if they suspect they are intended for misuse.

<p>Legal Highs (New Psychoactive substances (NPS), Plant Food, Bath Salts, Mephedrone (meow meow), BZP, GBL and Naphyrone)</p>	<p>Snorted, swallowed or injected</p>	<p>Sense of well-being, alertness and confidence.</p> <p>Relaxed, talkative state, heightened sense of sound and colour.</p>	<p>Main effects fall into 3 categories:-</p> <ol style="list-style-type: none"> 1. Stimulant 'legal highs': Feeling energised, physically active, fast thinking, very chatty & euphoric. Can lead to overconfidence and lack of inhibition and feelings of anxiety, panic, confusion, paranoia and can cause psychosis. 2. 'Downer' or sedative 'legal highs': Relaxed or sleepy, reduced concentration, forgetfulness and slowing of reactions. 3. Psychedelic or hallucinogenic 'legal highs': Altered perceptions, hallucinations, and feelings of euphoria, warmth, enlightenment and being detached from the world around. Can also cause confusion and panic. Some Legal Highs create strong dissociative effects, making you feel like your mind and body are separated. 	<p>Substances which are used like illegal drugs and produce similar effects, which are marketed as legal substances, but are not controlled under the Misuse of Drugs Act, and so legal to possess or to use.</p>
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