



**SDF**  
Scottish Drugs  
Forum

Informing  
Supporting  
Representing  
Leading

# Drugs awareness in construction

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A national resource of expertise on drug issues

[www.sdf.org.uk](http://www.sdf.org.uk)

[www.scottishdrugservices.com](http://www.scottishdrugservices.com)

- SDF is Scotland's national resource of expertise on drugs and related issues.
- SDF is an umbrella organisation representing the drugs field in Scotland
- SDF is funded by a range of bodies (including the Government, NHS , Local Authorities, academic institutions and charitable trusts.)
- SDF works with policy makers, service planners and commissioners, service managers and staff as well as people who use or have used services to ensure service quality and evidence-based policy and practice.

# Drug trends

- Purity is up across all drugs, esp cocaine
- Far more prescription drug use in the mix
- Street 'valium' now contains far more etizolam
- Poly drug use is the new normal
- NPS is mainly an adulterant, rather than bought for itself

# Legal highs – a brief history

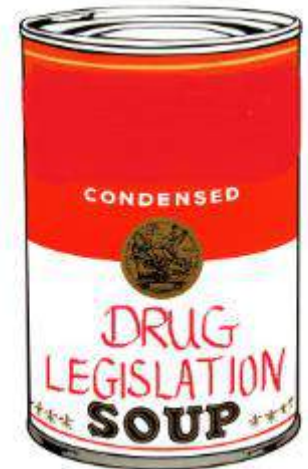
- ‘Legal highs’ were increasingly common and a wide range of substances were commonly in use
- The Psychoactive Substances Act 2016 effectively killed demand
- Rare to see them in use in their own right anymore (except benzos, mephedrone and synthetic cannabinoids)

# Legal situation – a quick summary

- There have been a few changes
- So a quick summary for more information is given on the next few slides

# Drug Legislation

- Misuse of Drugs Act 1971
- Psychoactive Substances Act 2016
- Medicines Act



# Misuse of Drugs Act 1971

## Focuses on harm

Drug Class	Drugs	Possession	Supply
Class A	Heroin, Methadone (no prescription), Cocaine, MDMA/Ecstasy, any class prepared for injection	Up to 7 years and/or fine	Up to life and/or fine
Class B	Cannabis (THC), Amphetamine, Ketamine, Mephedrone	Up to 5 years and/or fine	Up to 14 years and/or fine
Class C	GHB/GBL, Diazepam (no prescription), Khat, Tranquilisers	Up to 2 years and/or fine	Up to 14 years and/or fine

# Psychoactive Substances Act

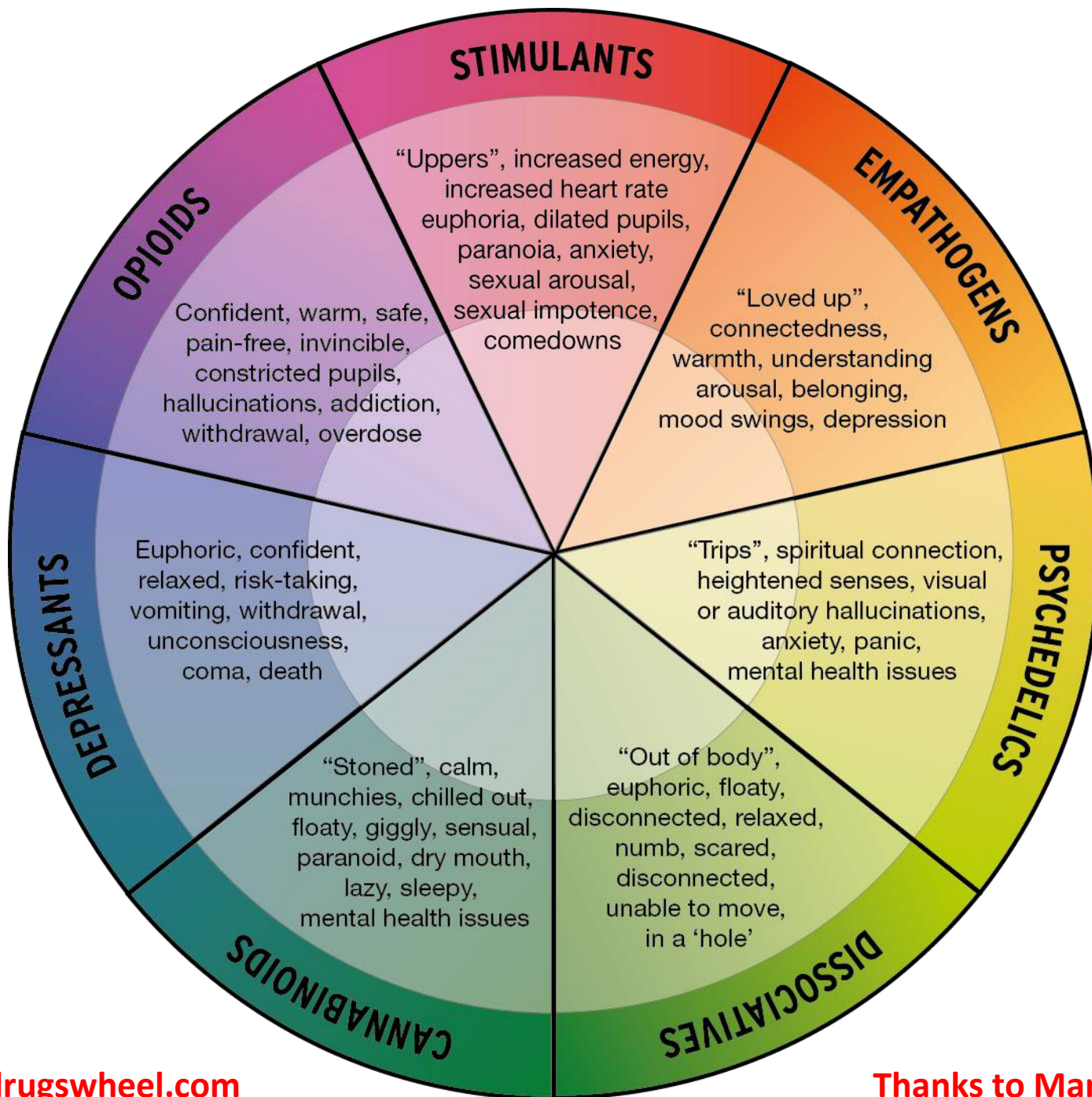
## Focuses on psychoactivity

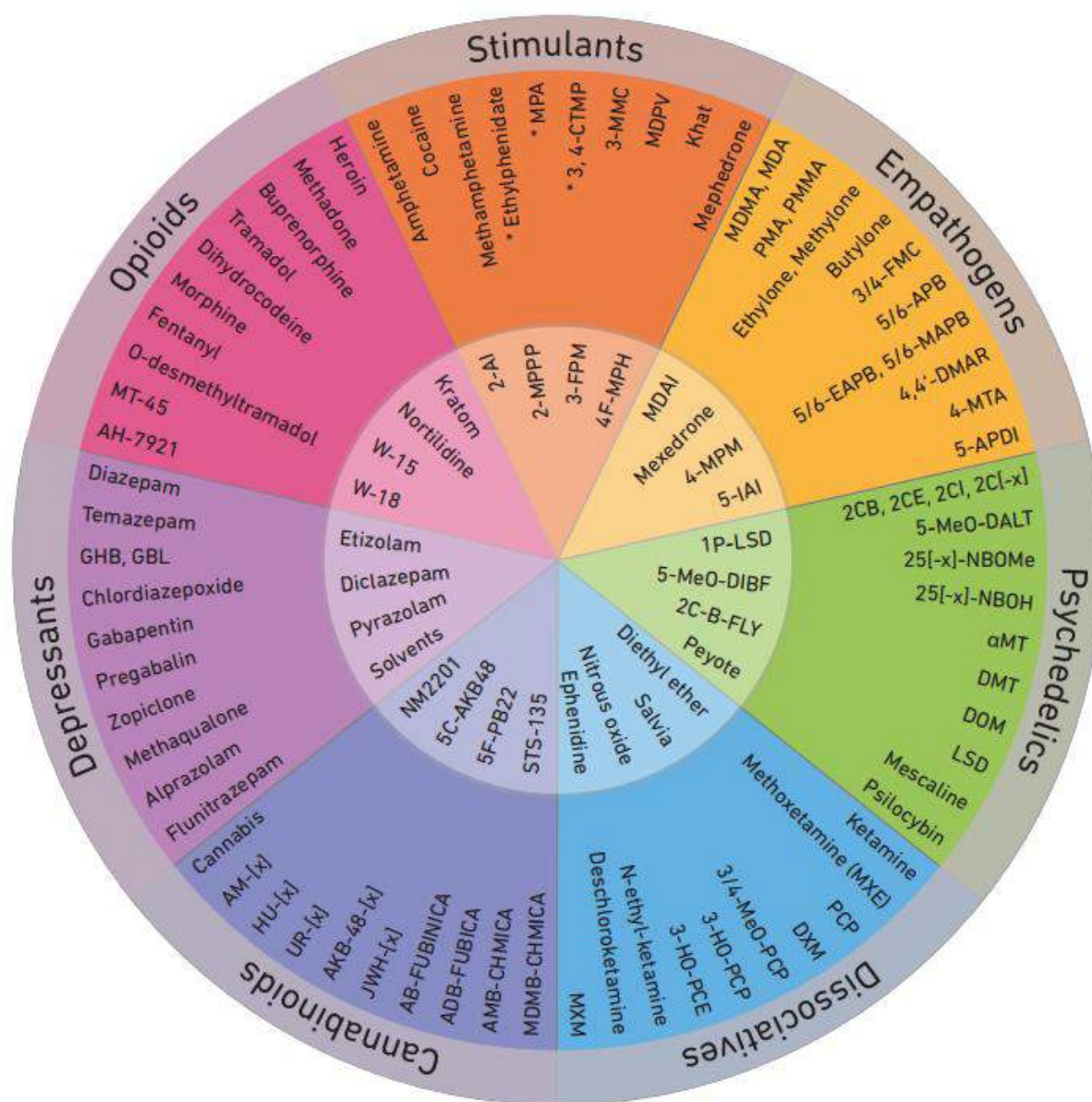
Offence	Summary	Indictment
Possession	Not an offence	Not an offence
Possession in a custodial institution	Up to 12 months and/or a fine	Up to 2 years and/or a fine
Possession with intent to supply	Up to 12 months and/or a fine	Up to 7 years and/or a fine
Supply/offer to supply	Up to 12 months and/or a fine	Up to 7 years and/or a fine
Production	Up to 12 months and/or a fine	Up to 7 years and/or a fine
Importation/exportation	Up to 12 months and/or a fine	Up to 7 years and/or a fine
Failure to comply with prohibition or premises notice	Up to 12 months and/or a fine	Up to 2 years and/or a fine



# What issues do drugs cause in the construction setting?

- Examples from group

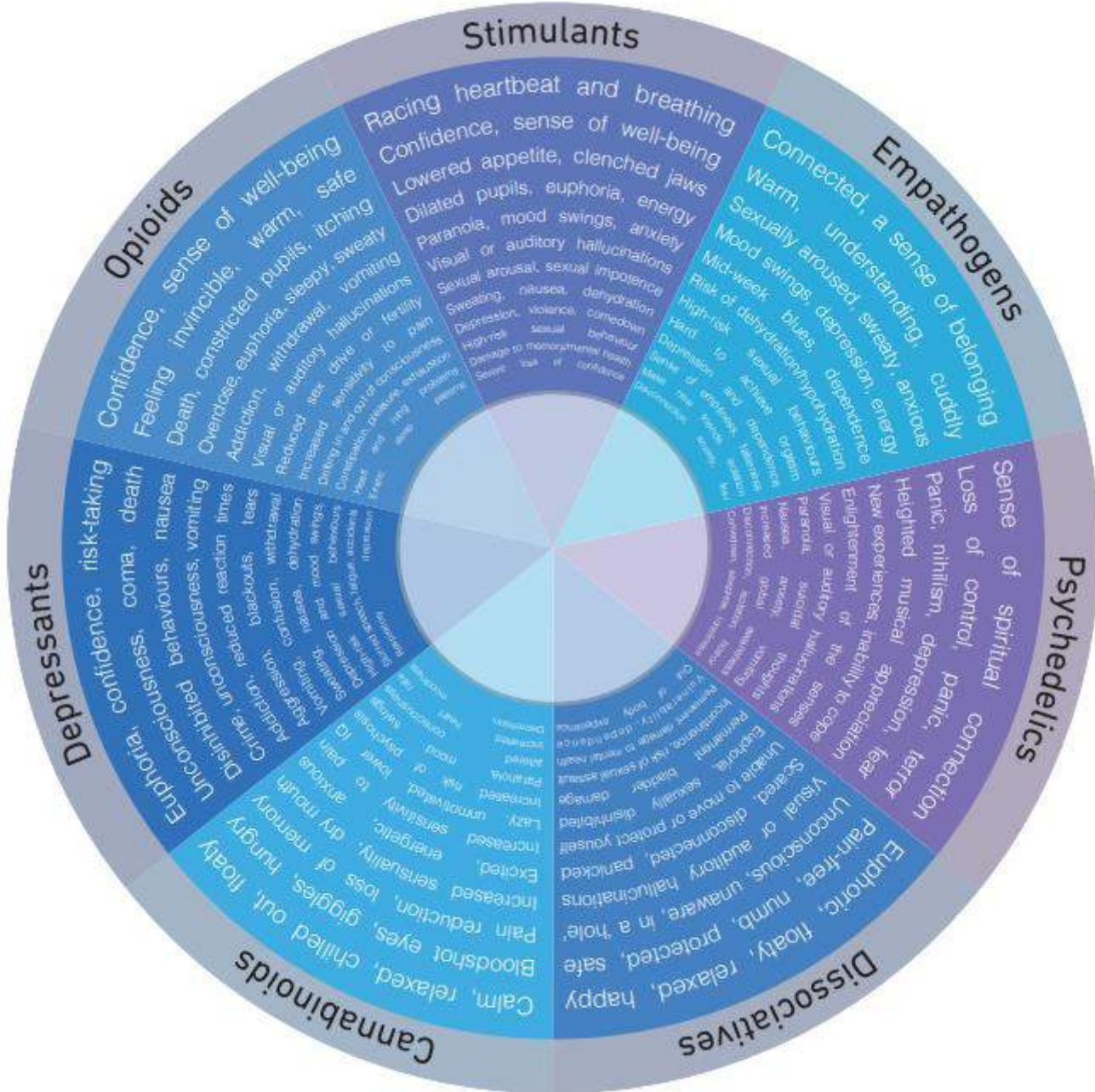




**Outer ring:** Controlled under the Misuse of Drugs Act 1971 or The Human Medicines Regulations 2012

**Inner ring:** Controlled under the Psychoactive Substances Act 2016

\* Temporary Class Drug Order



# Knowing what is being used

- From drug trends
  - Far more prescription drug use in the mix
  - Poly drug use is the new normal
- Interactions and combinations of effects may be unrecognisable
- Some drugs have paradoxical effects

# Implications

- Recognising what has been used is often impossible
- Effects might not correlate with what people believe they have used (through interactions and/or adulterants and/or other prescribed drugs and/or medical conditions or other effects)
- Apparent intoxication tells us little about what someone might have used and knowing what someone has used tells us little about their intoxication

# Testing

- Testing measures the concentration of substances rather than the intoxication
- This works well with alcohol, however, far less well with other drugs
  - See for example the huge difficulties that states who have legalised cannabis have had with regulating drugged driving
- Also only detects what is being tested for, so some (novel) substances won't be picked up

# Testing (cont)

- What drugs do we test for?
  - Licit/illicit/prescription etc
- What do we do about drugs that *can* cause issues, but not always?
  - For example, insulin, antihistamines, propranolol
- What do the results tell us about safety?



# Talking point

- If someone is unsafe on a construction site, what difference does the cause make?
- Which elements of our policy are about stigma and which are about safety?

# How do we manage drugs in the workplace?

- Define outcomes & keep them discrete
  - (Safety, reputation etc)
- Develop a policy framework that enables us to reach these outcomes
- This framework must empower staff to effectively risk assess in real time and suggest pathways/support staff to resolve
- First aid should be based on symptomatic presentation and/or naloxone

# Other services

- SDF can offer detailed training on a range of subjects
- SDF can offer support on policy development
- SDF can offer naloxone training free of charge
- Feel free to get in touch:
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- 0141 221 1175