

Informing Supporting Representing Leading

#### Drugs awareness in construction Richard Bloodworth Workforce Development Programme Manager richardb@sdf.org.uk

A national resource of expertise on drug issues

www.sdf.org.uk 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 aldulterant, rather than bought for itself



- '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)



- 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





#### 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



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



• Examples from group

#### STIMULANTS

"Uppers", increased energy,

increased heart rate euphoria, dilated pupils, paranoia, anxiety, sexual arousal.

comedowns

0910105 sexual impotence, Confident, warm, safe, pain-free, invincible, constricted pupils, hallucinations, addiction, withdrawal, overdose

Euphoric, confident, relaxed, risk-taking, vomiting, withdrawal, unconsciousness, coma, death

> "Stoned", calm, munchies, chilled out, floaty, giggly, sensual, paranoid, dry mouth, lazy, sleepy, mental health issues SCIONIBANNAD

EMPRIHOGENS "Loved up", connectedness. warmth, understanding arousal, belonging, mood swings, depression

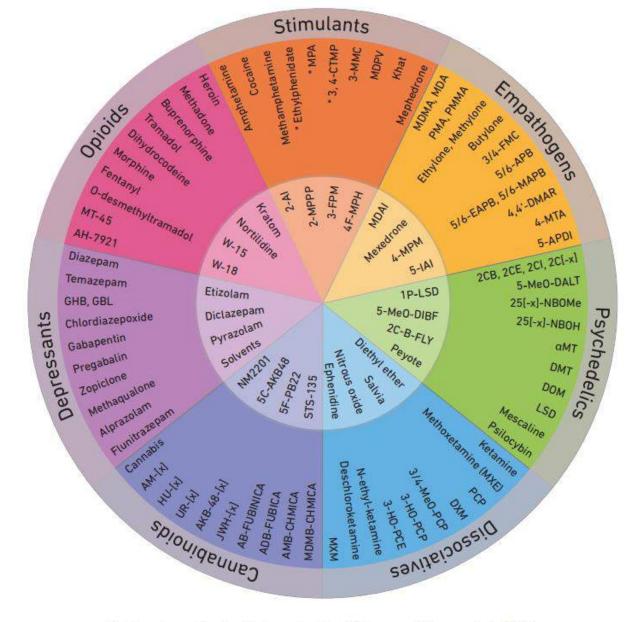
**PSYCHEDELICS** "Trips", spiritual connection, heightened senses, visual or auditory hallucinations, anxiety, panic, mental health issues

"Out of body". euphoric, floaty, disconnected, relaxed, numb, scared, disconnected. unable to move, SAVITAIDORE

www.thedrugswheel.com

DEPRESSANTS

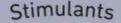
Thanks to Mark Adley



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



Stimulants Racing heartbeat and breathing confidence, sense of well-being confidence, sense of well-being mod swings, anxies mod swings, anxi

# Depressants

A Contraction of the safe confidence, risk-taking Euphoria, coma, d. Universitied behaviours, r Unconsciousness.

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B Constant and streams

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Program

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- 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, propanolol

• 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?

# **CHow 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:
- richardb@sdf.org.uk
- 0141 221 1175