


## Substance Use Policy and Guidance for Staff

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If developed in partnership with another agency, ratification details of the relevant agency	
Policy in-line with national guidelines:	

Signed on behalf of the Trust: .....

  
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Signed on behalf of Staff Side: .....

  
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## Version Control Page

<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Comments</b>
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2.0	Jan 2006	Nephat Chege Amanda Wilkie	Policy updated.
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4.0	April 2013	Rachel King, HR Business Partner	Changed Trust signature Renumbering of paragraphs Section 5 (changes to job titles), addition to section 8.2, removal of original section 12 (Self-Referral), updated contact details in Appendix 1 and Appendix 4 (added to drug list)
5.0	March 2016	Rachel King, HR Project Lead	Policy Reviewed Policy in new template Changed from SCF to JCNP Policy changed to Substance Use Appendix 1 – updated contact information
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## **1 Introduction**

Cambridgeshire and Peterborough NHS Foundation Trust (hereafter referred to as 'the Trust' or 'CPFT') is committed to promoting the wellbeing of all its employees and recognises that dependence or misuse of alcohol and drugs cannot only affect their health but impact on attendance, work performance and relationships with colleagues.

## **2 Purpose**

The purpose of this policy is to:

- a. Provide guidance for employees in dealing with alcohol and drug problems within the Trust
- b. Provide a framework whereby people who are experiencing alcohol or drug problems may have access to early support and treatment, with a view to an early recovery and reduction in the effects of their condition on their work performance, capability and health and safety
- c. Enable all employees to identify problems of alcohol or drugs within the workplace
- d. Encourage employees with alcohol or drug related problems to seek assistance to overcome problems. Whilst alcohol or drug abuse does not excuse poor work performance, they should be treated as habits that require intervention and therefore a possible mitigating factor when investigating poor performance.
- e. Provide a framework through which employees who are suspected of being under the influence of alcohol or drugs are dealt with sensitively and consistently
- f. Ensure that employees who raise concerns about colleagues displaying signs of being under the influence of alcohol or drugs are supported by the Trust.

## **3 Scope**

This policy applies to all Trust employees and any agency or contract staff whilst they are working for the Trust.

## **4 Definitions**

- 4.1 The term 'substance misuse' relates to all illegal drugs (controlled by the Misuse of Drugs Act 1971); all legal drugs, including alcohol, tobacco, volatile substances (those giving off a gas vapour that can be inhaled), ketamine, khat and amyl nitrates (known as poppers); and all over-the-counter and prescriptive medicines. Illegal drugs are divided into three classes: Class A includes cocaine and morphine, Class B includes amphetamines, cannabis and barbiturates, and Class C includes valium, tranquillisers and anabolic steroids.
- 4.2 Substance misuse is defined as the habitual or intermittent use of alcohol or any drug or other substance which causes detriment to an individual's health, social functioning or study/work performance. It can often impair the safety of themselves or others and affect attendance, time keeping, efficiency or conduct. Misuse also includes the possession, use or supply of illegal drugs.
- 4.3 The misuse of alcohol, in the context of this policy, is defined as inappropriate drinking which results in any of the following effects:
  - a. Lateness and absenteeism
  - b. Loss of productivity and poor performance
  - c. Health and safety concerns
  - d. Bad behaviour or poor discipline
  - e. Adverse effects on team morale and morale of colleagues
  - f. Adverse effects on the Trust's image and customer relations

- g. Affecting the employee's physical and psychological health, which can cause social, economic and domestic problems
- h. Adverse effects on the ability of the staff to safely carrying out their duties within the Trust
- i. Health and safety hazards to the individual employees, their colleagues, patients/clients and visitors.

4.4 The misuse of drugs, in the context of this policy, is defined as the deliberate misuse of prescribed drugs, the use of illegal drugs and the deliberate misuse of substances such as solvents, glue, lighter fuel which results in any of the effects specified above.

4.5 Information on drugs can be found in Appendix 4.

## **5 Duties**

### **5.1 Chief Executive**

As accountable officer, the Chief Executive has overall responsibility to ensure that appropriate employment procedures are in place, and for the implementation of this policy, delegated to the appropriate Lead Director(s).

### **5.2 Director of People & Business Development**

The Director of People & Business Development has delegated responsibility for ensuring that arrangements are in place to promote and protect the wellbeing of all Trust employees, including any agency or contract employees which are working for CPFT.

### **5.3 Associate Director – People Services**

The Associate Director of People Services has overarching responsibility for the implementation, development, monitoring and review of this policy. This includes ensuring that appropriate and adequate arrangements are in place to:

- a. provide advice and assistance on the implementation of the policy
- b. refer employees for assistance where appropriate
- c. advise on the appropriateness or otherwise of the use of the capability and disciplinary procedures.

### **5.4 Joint Consultation & Negotiation Partnership (JCNP)**

The JCNP is responsible for the development, monitoring and review of this policy.

### **5.4 Line Manager**

The responsibility of Line Managers is to:

- a. set a good example through the application of the policy
- b. be familiar with the policy and procedures
- c. ensure that employees understand what is expected of them with regard to not consuming alcohol or drugs at work, maintaining high standards of work performance and recognising responsibilities for colleagues
- d. be alert to and monitor changes in work performance and attendance, sickness and accident patterns
- e. refer employees for assistance as appropriate
- f. identify any aspects of the work situation which could be contributing to alcohol misuse and change them if appropriate
- g. intervene as early as possible where there are signs of problems
- h. evaluate the effectiveness of the policy in their own department
- i. use disciplinary measures only when appropriate to do so

#### **5.4 Occupational Health Service**

The responsibility of the Occupational Health Service is to:

- a. provide advice and guidance on how best to help an individual who has a problem with behaviour or work performance which might be related to alcohol misuse
- b. provide assessment of employees referred for help
- c. respond to referrals from managers or Human Resources
- d. provide an impartial, confidential service to employees which may include counselling, assessment, and referral to another agency
- e. support educational initiatives to promote sensible drinking.

#### **5.5 Employee**

The responsibilities of the Employee are to:

- a. be aware of alcohol and drugs and their effect on work, health and safety
- b. immediately report any suspicions of a member of staff being unfit for duty to the manager on duty
- c. urge colleagues to seek help if they have a problem with their drinking
- d. go for help if worried about their own drinking, from Managers, Human Resources, Staff Side, Occupational Health or an outside Agency
- e. be familiar with the policy and procedures
- f. use alcohol and other drug responsibly.

### **6 General Principles**

The Trust requires that all employees must be free from any influence of alcohol or drugs during working hours, or while on call. Alcohol consumption or taking illegal drugs is not permitted on Trust premises or during working hours.

Being unfit for duty due to intoxication from alcohol or drugs can be considered gross misconduct under the Trust's Disciplinary Procedure and employees identified as being under the influence of alcohol or drugs may be subject to disciplinary procedures. Ultimately a decision would be made whether an individual is fit to practice in their role.

Guidance on the recognition of staff with an alcohol/drug related problem is attached as Appendix 2.

### **7 Unfit for Duty**

Suspicions of an employee being under the influence of alcohol or drugs during working hours should be reported immediately to the manager on duty.

Managers receiving such reports or suspecting an employee to be unfit for duty through the effect of alcohol or drugs should:

- a. Speak to the individual privately and ensure they are accompanied by a witness
- b. Inform the individual of their concern that the employee is unfit for duty and their reasons for this belief
- c. Make notes of the discussion.

If the manager considers the employee to be unfit for duty, the employee should be sent home for the duration of the shift, on paid leave. Any witnesses should be asked to make a written statement as soon as possible following the incident.

The manager should consider referring the employee to the Occupational Health Department.

**Note:** Line managers require 'reasonable belief' that the individual is under the influence of drugs or alcohol to warrant appropriate action being taken.

## **8 Isolated Incidents of Alcohol & Drug Misuse**

All employees must be fit to commence their duties and must remain so throughout their working day. If an employee is unfit or becomes unfit, in the line manager's opinion, because of drunkenness, drugs or substance abuse, they will not be allowed to commence work or will be sent home to recover. On their return to work, they will be subject to a return to work interview which may, according to the circumstances, result in an informal warning or formal disciplinary action, including, where appropriate, dismissal in line with the Trust's disciplinary policy and procedures. If it is felt that the individual's state is not alcohol or drugs related and they need medical attention, then they should be taken to a first aider, a casualty unit or their General Practitioner depending on the circumstances.

Some acts of misconduct while under the influence of alcohol and drugs may be so serious that they must be considered as acts of gross misconduct rendering the employee liable to dismissal. This will include, for example, endangering the health and safety of themselves, colleagues or other persons or being under the influence of alcohol when publically representing the Trust. It will also include being found to be illegally in possession of, supplying or taking a controlled drug at work or outside work if that has a bearing on their suitability to continue in post.

## **9 Monitoring Compliance**

Employees who have an alcohol or drug problem, or who suspect they may have a problem, are encouraged to seek help either by discussing the matter confidentially with their immediate manager, Occupational Health through the Human Resources Department or their General Practitioner. Line managers who suspect or who receive reports that an employee is having an alcohol or drug problem should discuss the situation with the employee in the first instance, and advise them to seek advice through the above sources.

Colleagues who are concerned that an employee may have an alcohol problem should approach the individual's line manager.

Appendix 2 gives details of signs of alcohol and drug abuse and guidance on handling this discussion with the employee. Also additional support and guidance will be available from your Human Resources team.

Requests for assistance will be treated in strict confidence. If it appears that the use of alcohol or drugs is affecting performance or conduct, it may be necessary to remove the employee from their workplace for a period of time.

Managers should refer to the Trust's Capability Procedure with regards to setting performance objectives. A decision on how to manage each case should be considered individually.

Every effort will be made to ensure the employee returns to his/her job on completion of the rehabilitation programme. In cases where the employee is not considered fit

to return to the same job or where doing so may undermine recovery, efforts will be made to find suitable alternative employment.

If, after returning to employment during or following the rehabilitation programme there is a recurrence of the alcohol or drug problem each individual case will be considered on its merits at that time. A further opportunity may be given to commence an additional rehabilitation programme if appropriate.

## **10 The Law on Drugs & Alcohol at Work**

Under the Misuse of Drugs Act 1971, the term 'misuse' covers the supply, possession and use of illegal drugs and the misuse, whether deliberate or unintentional, of prescribed drugs and substances such as solvents. Supply or possession of an illegal drug is unlawful. It is an offence for an employer, an occupier of premises or persons concerned in the management of premises to allow the supply, use or production of drugs to take place on their premises. The penalties for offences involving controlled drugs depend on the classification of the drug.

The Health and Safety at Work Act 1974 places a duty on employers to ensure, as far as is reasonably practicable, the health, safety and welfare at work of staff, students and other users of its premises.

The Road Traffic Act 1988 states that a person is guilty of an offence if driving or attempting to drive a motor vehicle in a public place while unfit through drink or drugs.

## **11 Denial of Alcohol & Drug Problems**

Where an employee denies an alcohol or drug problem, which is affecting their performance or conduct, the Trust's capability or disciplinary procedure may be invoked in consultation with Human Resources and Occupational Health.

If appropriate, an employee will be directed to seek treatment prior to or rather than disciplinary action or as a recommendation from a disciplinary panel.

## **12 Acknowledgement of Alcohol & Drug Problems**

Where an employee chooses to reveal an alcohol or drug problem he/she can be referred to Occupational Health who may liaise with other health professionals to initiate appropriate interventions.

## **13 Treatment & Rehabilitation**

If a programme of rehabilitation is introduced, then the employee can take sick leave whilst being helped and will therefore be entitled to the benefits that accrue.

Employees referred to Occupational Health with alcohol or drug problems can be referred to a specialist service for treatment / rehabilitation. The Occupational Health Department and other related organisations would support this programme.

Occupational Health will liaise with managers as appropriate and managers should inform Occupational Health of any signs of relapse.

Time off for treatment, agreed by Occupational Health in discussion with the line manager, will be covered by the Trust's Sickness and Absence Policy and Procedure and occupational sick pay scheme.

**14 Return to Work**

It is advised that, following a period of sick leave for reasons of treatment or rehabilitation for alcohol or drug abuse, that line managers should hold a return to work interview and refer to by the Trust's Sickness and Absence Policy and Procedure for guidance.

**15 Where to go for help & support**

Appendix 1 lists the various sources of help and agencies for referral.

**16 Monitoring & Review**

This policy will be formally reviewed within 3 years of its agreement unless an earlier review is required, for example, due to changes in legislation or following case management reviews. Compliance with this policy will be monitored by the Human Resources Team.

**17 Links to Other Documents**

- a. Disciplinary Policy
- b. Sickness Absence & Employee Wellbeing Policy and Procedure

**18 References and Acknowledgements**

- a. Misuse of Drugs Act 1971
- b. The Health & Safety at Work Act 1974
- c. The Road Traffic Act 1988

## **Appendix 1 – Where to go for Help and Support**

### **Where to go for Help and Support**

#### **Drug issues:**

Narcotics Anonymous  
Tel: 0300 999 1212  
[www.ukna.org](http://www.ukna.org)

Release  
Tel: 020 7324 2989  
[www.release.org.uk](http://www.release.org.uk)

Aspire Drug Treatment, Peterborough  
96 Bridge Street, Peterborough, PE1 1DY  
Hours: Mon-Fri 9am to 5pm, Thursday 9am-8pm  
Tel: 01733 895624 and 24hr Freephone is 0800 111 4354  
E-mail: [peterboroughaspire@cri.org.uk](mailto:peterboroughaspire@cri.org.uk)

DrugFam  
Tel: 0300 888 3853

#### **Alcohol issues:**

Alcoholics Anonymous  
Tel: 0800 9177 650  
[www.alcoholics-anonymous.org.uk](http://www.alcoholics-anonymous.org.uk)

Drinkline  
Tel: 0300 123 1110, Weekdays 9am-8pm and Weekends 11am-4pm  
[www.nhs.uk/Livewell/alcohol/Pages/Alcoholsupport.aspx](http://www.nhs.uk/Livewell/alcohol/Pages/Alcoholsupport.aspx)

Drinksense  
Tel: 01733 551575  
169 London Road, Peterborough, PE2 9DS  
[www.drinksense.org](http://www.drinksense.org)

Alcohol Concern  
[www.alcoholconcern.co.uk](http://www.alcoholconcern.co.uk)

Addaction  
Mill House, Brookfields Hospital, 351 Mill Road, Cambridge, CB1 3DF  
Tel: 01223 723020

#### **Young People Support:**

FRANK  
Tel: 0300 123 6600  
Text: 82111  
[www.talktofrank.com](http://www.talktofrank.com)

Re-Solv  
Tel: 01785 810762  
[www.re-solv.org](http://www.re-solv.org)

Centre 33  
**Free counselling for anyone between the ages of 13-25**  
**Locations in Cambridge, Ely, Huntingdon, St. Neots and Wisbech**  
**For more info please visit [www.centre33.org.uk](http://www.centre33.org.uk)**  
Tel: 01223 316488  
E-Mail: [help@centre33.org.uk](mailto:help@centre33.org.uk)

**Families and Carers Support:**

Families Anonymous  
Tel: 0845 1200 660  
[www.famanon.org.uk](http://www.famanon.org.uk)

Al-Anon Family Groups  
Tel: 020 7403 0888  
[www.al-anonuk.org.uk](http://www.al-anonuk.org.uk)

Drink and Drug Sense Children, Young People and Families Service  
Tel: 01733 567998

**General Support:**

The Samaritans:  
Tel: 08457 90 90 90

Cruse Bereavement Care:  
Tel: 0844 477 9400

## Appendix 2 – Recognising Staff with a Drug or Alcohol Problem

### Recognition

Recognising the existence of a drug or drink problem and making efforts to affect a remedy is a shared responsibility, involving the employee and management with a trade union or staff association where appropriate. The key factor involved in the initiation and effectiveness of any remedial action lies with the willingness of the individual to accept that they have a problem, to be referred for treatment and to continue receiving treatment. The Trust's response to the employee with an alcohol or drug problem will be governed by the employee demonstrating appropriate motivation.

### Identifying the problem

Alcohol or drug problems may come to light because:

- a. The employee may choose to seek help on a voluntary basis. They can ask for confidential help from Occupational Health or may refer themselves or be referred to an outside agency.
- b. The employee's colleagues and/or Supervisor/Manager may identify a pattern of deteriorating work performance or obvious signs of a pattern of problems associated with the use of alcohol or drugs.
- c. The employee may be subject to disciplinary procedures where the use of alcohol or drugs is identified as an underlying cause.
- d. No single characteristic exists to identify problem drinkers/drug users, but the following characteristics, especially when occurring in combination, or as a pattern over a period of time may indicate the presence of problems related to the use of alcohol or drugs:

### Absenteeism

- a. Frequent and unexplained absences
- b. Excessive sick leave, especially for stomach upsets, diarrhoea, flu, etc.
- c. Frequent Monday and/or Friday absences and adjacent to days off and rest days
- d. Excessive lateness, e.g. Monday mornings, after meal breaks
- e. Leaving work early
- f. Frequent trips to the cloakroom, etc.

### High Accident Rate

- a. Frequent injuries/accidents at work and elsewhere
- b. Careless handling of equipment

### Poor Work Performance

- a. Fluctuations in productivity
- b. Unreliability and unpredictability
- c. Difficulty in concentration
- d. Memory slips
- e. Mistakes and errors of judgement
- f. Telling lies about performance
- g. Improbable excuses for poor work
- h. Reluctance to accept responsibility
- i. Concentration on short-term, routine tasks only

### Changes in Character

- a. Fluctuating relationships with other colleagues
- b. Irritability
- c. Mood swings

- d. Lethargy
- e. Tendency to blame others
- f. Changes in attitude to authority
- g. Over sensitivity to criticism
- h. Shunning company

#### Other Signs

- a. Smelling of alcohol
- b. Under the influence of alcohol at work
- c. Facial flushes
- d. Blurry eyes
- e. Hand tremor
- f. Unkempt appearance
- g. Frequent borrowing of money

NB: It must be stressed that almost any employee could exhibit some of the above characteristics occasionally. It is a pattern of such problems over a period of time that requires further investigation. Equally it is not advisable to wait until an employee has exhibited a wide range of problems before taking action.

### **Appendix 3 – Interviewing the Employee**

It is good management practice to highlight to staff, on an informal basis, and at an early stage, concerns regarding work performance and to try to ascertain reasons for any identified deterioration in work patterns or production.

It is advisable to discuss the situation with the Human Resources Department and to follow the below guidelines when arranging and conducting any subsequent formal interviews:

- a. Ensure that the employee is fully aware in advance of the purpose of the meeting and that they may be represented at the interview by a recognised trade union representative or work colleague.
- b. Explain the purpose of the interview
- c. Keep the focus of the interview strictly on the issue of work performance and the possible reasons for its deterioration
- d. Present the employee with documented facts of the poor work performance
- e. After agreeing the facts concerning work performance, ask the employee whether there are any factors at work or in his or her personal life which may be contributing to the situation, including health matters, e.g. diet, sleep or drink; social matters, e.g. financial, personal problems
- f. Remind them that they do not have to reveal any personal factors if they do not wish to do so, but explain that there are services available to help.

If drugs or alcohol are identified as a factor, ensure that the employee knows what the Policy says in these cases.

If other health/personal problems are identified, arrange to refer the employee to the Occupational Health Department in accordance with the Trust's Capability Procedure.

Explain fully the consequences of failing to improve work performance. Set some objectives and a time scale for monitoring and review. The option of alternative employment may be pursued if the job is contributing to the problems identified.

#### **Achieving an Improvement in Work Performance**

So long as the employee co-operates with management's attempts to facilitate treatment and counselling, the employee should be given reasonable time to demonstrate improved work performance. If treatment involves prolonged loss of time from work, this will be regarded as sick leave if the employee provides appropriate sick notes in accordance with the Trust's sick leave procedure.

On-going reviews may be appropriate and any recurrence of poor work performance should be treated on its own merits and an opportunity for further treatment may be considered.

## Appendix 4 – Definition of Drugs: The Misuse of Drugs Act 1971

The laws controlling drug use are complicated. The Misuse of Drugs Act 1971 (hereafter referred to as “the Act”) regulates what are termed controlled drugs. It divides drugs into three classes as follows:

**Class A:** These include, cocaine and crack (a form of cocaine), ecstasy, heroin, LSD, methadone, methamphetamine (crystal meth), magic mushrooms containing ester of psilocin and any Class B drug which is injected.

**Class B:** These include amphetamine (not methamphetamine), barbiturates, codeine and cannabis.

**Class C:** These include anabolic steroids and minor tranquillisers.

Class A drugs are treated by the Law as the most dangerous. Offences under the Act can include:

- a. Possession of a controlled drug
- b. Possession with intent to supply another person
- c. Production, cultivation or manufacture of controlled drugs
- d. Supplying another person with a controlled drug
- e. Offering to supply another person with a controlled drug
- f. Import or export of controlled drugs
- g. Allowing premises you occupy or manage to be used for the consumption of certain controlled drugs (smoking of cannabis or opium but not use of other controlled drugs) or supply or production of any controlled drug.

NB Certain controlled drugs such as amphetamines, barbiturates, methadone, minor tranquillisers and occasionally heroin can be obtained through a legitimate doctor's prescription. In such cases their possession is not illegal. The law is even more complicated by the fact that some drugs are covered by other laws, are not covered at all or treated in an exceptional way under the Act.

**Alcohol** is not illegal for an over 5-year old to consume away from licensed premises. It is an offence for a vendor to knowingly sell to an under 18-year old. A 14-year old can go into a pub alone but not consume alcohol. A 16-year old can buy and consume beer, port, cider or perry (but not spirits) in a pub if having a meal in an area set aside for this purpose. In some areas there are by-laws restricting drinking of alcohol on the streets at any age. Police also have powers to confiscate alcohol from under 18s who drink in public places.

**Anabolic Steroids** are controlled under the Act as Class C drugs but their legal status is complicated. In most situations the possession offence is waived meaning that people who possess or use steroids without a prescription are unlikely to be prosecuted. However, in some areas of the UK police have successfully prosecuted people for possession of steroids when the steroids have not been in the form of a medicinal product. It is always an offence to sell or supply steroids to another person. People can also be prosecuted for possession with intent to supply if they have large quantities of steroids without a prescription for them.

**Cocaine** (coke, freebase, crack) is a powerful stimulant, with short-lived effects – which means that they temporarily speed up the way your mind and body work, but the effects

are short-lived. Both 'freebase' cocaine (powder cocaine that's been prepared for smoking) and 'crack' cocaine (a 'rock' like form of cocaine) can be smoked. This means that they reach the brain very quickly, while snorted powder cocaine gets to the brain more slowly.

**Crystal methamphetamine** (crystal meth) is a powerful stimulant that, even in small doses, can cause insomnia, increased physical activity and decreased appetite. It is a member of the amphetamine family of drugs that also includes speed. Crystal meth usually comes in ice-like crystal chunks or in a coarse powdered form. It's made from a highly volatile combination of substances, which can include household cleaning products. It can be smoked, eaten, snorted or injected and the effects can last anywhere from two to 20 hours.

**Ecstasy (also known by its chemical name, MDMA)** takes about half an hour to kick in and tend to last between 3 to 6 hours, followed by a gradual comedown. Short-term risks of ecstasy can include feeling anxious or getting panic attacks, and developing confused episodes, paranoia or even psychosis.

**GHB** (gammahydroxybutyrate) is a colourless, odourless liquid which comes in a small bottle and has sedative and euphoric effects. It is controlled under the Act so possession is an offence.

**Heroin (also known as Smack, Skag, Horse, H, Gear, Brown)**

Heroin is a drug made from morphine, which is extracted from the opium poppy. Opium has been around for many hundreds of years and was originally used to treat pain, sleeplessness and diarrhoea. When morphine is made into heroin to be used as a medicine, it's called diamorphine, and is stronger than morphine or opium. Like many drugs made from opium (called opiates), heroin is a very strong painkiller. 'Street' heroin sold as 'brown' is sometimes now used by clubbers as a chill out drug after a big night out.

**Ketamine** usually comes as a powder. The initial rush is usually followed by feelings of dissociation and an anaesthetic type experience. It is commonly used as an animal tranquilliser and for surgery on animals. As of 1 January 2006, Ketamine is a Class C Drug under the Act.

**Khat** is a plant that is grown in eastern Africa and the Arabian peninsula. Chewing the leaves has a stimulant effect. Some Khat is imported to the UK and sold in greengrocers, specialist health food shops and some 'head' shops. The Khat plant (the main form in which khat is sold) is not covered under the Act and possession or supply is not an offence.

**Magic mushrooms** are now a Class A Drug under the Drugs Act 2005. " fungus (of any kind) which contains psilocin or an ester of psilocin". This does not include Fly Agaric which is still legal.

**Minor Tranquillisers** (librium, valium etc) are controlled under the Act as Class C drugs but the possession offence is waived so that it is not illegal to possess or use them without a prescription. It is an offence to sell or supply them to another person. The exception is temazepam and rohypnol tranquillisers for which it is illegal to be in possession of without a prescription.

**Poppers** (liquid gold, amyl or butyl nitrite) are not covered by the Act and are not illegal to possess or buy. They are often sold in joke and sex shops but also in some pubs, clubs, tobacconists and sometimes music or clothes shops used by young people. Though not fully tested in court, the Medicines Control Agency has stated that poppers is regarded by them as a medicine and so falls under the Medicines Act 1968. This allows only licensed outlets, such as chemists, to sell the drug.

**Solvents** (aerosols, gases, glues etc.) are not illegal to possess, use or buy at any age. In England and Wales, it is an offence for a shopkeeper to sell them to an under 18-year old if they know they are to be used for intoxicating purposes. The Government has extended this legislation to make it illegal for shopkeepers to sell lighter fuel (butane) to under-18s whether or not they know it will be used for intoxicating purposes. This law came into force on 1 October 1999, although it was not an 'extension' to the Intoxicating Substances Supply Act, but an amendment to the Consumer Protection Act.

**Tobacco** It is not an offence for people of any age to use cigarettes or other tobacco products. It is an offence for a vendor to sell tobacco products to someone they know to be under 18 years of age. Since 1 July 2007, smoking in public places has been banned in the UK.