

University of Brighton Drug and Alcohol Policy

Student Services

October 2005 (revised June 2017)

This document can be found online at <https://www.brighton.ac.uk/current-students/my-studies/student-policies-and-regulations/index.aspx>

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DRUG AND ALCOHOL POLICY STATEMENT

The University of Brighton is committed to promoting a safe and supportive environment in which to learn and work.

In order to do so, it will:

- encourage and support mutual respect within the whole of the university community
- work with staff and students to create an understanding of acceptable behaviour
- assist students and staff to make informed decisions about drug and alcohol use
- promote a community which is supportive and which recognises different attitudes towards drugs and alcohol use
- recognise the link between responsible behaviour and an enjoyable learning experience and seek to promote a social environment from which all may benefit
- take very seriously its legal responsibility for the health, safety and welfare of its students, staff and visitors and aim to provide a safe, healthy and high quality learning environment
- recognise that staff with responsibilities for teaching and the support and welfare of students and those who manage others have additional responsibilities to promote, to be alert to indicators of drug or alcohol misuse and to take appropriate action when necessary
- provide guidance and information to staff and students to help them develop the confidence to know what action to take if they are concerned about drug and alcohol misuse, the health and safety of fellow students, of staff members, or of themselves
- deliver alternative and complementary activities/social space that are non-alcohol related and have an intention to be inclusive to the whole student community

DRUG AND ALCOHOL POLICY

Introduction

This policy sets out the approach the University will normally take when the consumption of drugs and/or alcohol affects the performance of its students. Each case will be considered on its merits.

The university is committed to offering guidance and early assistance with the primary concern being to help the individual whose performance and/or behaviour is affected. This is achieved through the promotion of a safe and supportive environment in which to learn and work. In conjunction with health promotion activities and the mental wellbeing policy, the overarching premise is one of support and education, focusing on boundaries of acceptable and responsible behaviour.

Alongside the policy, procedures and information have been produced to enable students to make informed decisions about appropriate levels of drug and alcohol use, and to help staff work with students who need support in relation to drug and alcohol use to arrive at the most satisfactory outcome for the individual and for the university.

The use of drugs and alcohol is common in our society, and with that in mind the policy is set within the context of national strategies. The Government's Alcohol Strategy (2012) aims to reduce the harm and cost that alcohol misuse causes to society. In addition, the most recent Drug Strategy (2010) aims to reduce the harm that all illegal drugs cause to society.

Support is available to students through Student Services or the Students' Union. If students declare that they have dependency problems, their cases will be treated sympathetically and in confidence.

Students who have or develop drug- or alcohol-related problems may cause harm to themselves and to others. The misuse of drugs and alcohol (substance misuse) often affects their performance, conduct and relationships both on their course and at home. It can also have consequences for future career choices.

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The university has a legal responsibility for the health, safety and welfare of its students, staff and visitors and aims to provide a safe, healthy and high quality learning environment. This includes addressing the risks posed by substance misuse, informing students of their responsibilities and codes of conduct and providing help and advice on request. All students have a legal responsibility to take reasonable care for their own safety and for that of others.

Who is covered by the policy?

This policy relates to all students, including occasional students at University of Brighton during hours undertaking work or study and when undertaking activities on behalf of the university or attending University-related social events.

It applies to students in circumstances where there is a safety risk to themselves or others, or where their conduct or quality of work affects others or the reputation of the university (such as students on university-organised work placement, working in laboratories on research projects or as members of university sports teams). It applies whether students are on university premises or elsewhere on university business or study activities, including premises managed on behalf of the university by a third party (such as halls of residence).

In certain situations individuals may be subject to disciplinary action, be asked to leave and/or be reported to the police. The university does not wish to criminalise its students or visitors, but it has a legitimate interest in protecting those at the university and its own reputation from the likely consequences of substance misuse.

Aims of the policy

The purpose of the policy is to:

- Promote health and safety and wellbeing by providing information, advice and support
- Inform students about drug and alcohol use and misuse
- Provide advice on the support options available
- Enable individuals with drug- and alcohol-related issues to seek help
- Offer guidelines to all students and staff regarding their responsibilities and the required code of conduct
- Explain how misuse may lead to disciplinary or legal action

What do we mean by misuse?

Substance misuse is understood to be drug taking that causes harm to the individual, their significant others or the wider community. The harm to individuals can be social, psychological, physical or legal. It includes problematic use of both legal (including alcohol, tobacco, volatile substances, so called “legal highs/club drugs/ Novel Psychoactive Substances) and illegal drugs (controlled by the Misuses of Drugs Act, 1971), as well as the misuse of over-the-counter and prescriptive medicines.

Illegal drugs are divided into three classes: Class A includes cocaine, LSD and morphine, Class B includes amphetamines, codeine, cannabis and barbiturates, and Class C includes anabolic steroids, ketamine, and benzodiazepines.

The class into which a drug is placed affects the maximum penalty for an offence involving the drug. For example, Class A drugs attract the most severe penalty as they are considered likely to cause the most serious harm. Drugs controlled under the Misuse of Drugs Act are illegal to have, produce, give away or sell.

Not all drugs are illegal, but that doesn't mean they aren't harmful.

The legal position

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 (page 14 - for a description of Class A, B and C drugs).

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.

Under licensing laws it is illegal to sell alcohol to someone who is inebriated.

Code of conduct

A code of conduct has been developed for student guidance. It describes the legal health and safety obligations and provides guidelines for behaviour. What constitutes misuse will depend on many factors, but it is expected that all students will take personal responsibility for ensuring that it does not affect work or study performance. A breach of this code may result in disciplinary action. The code states that:

- Supply, possession or use of illegal drugs is forbidden.
- Prescription drugs are only to be used as prescribed. Students should notify their tutor if they are taking prescription medicine that could affect their ability to work or study safely.
- No one should undertake university-related business or represent the university while unfit through drink or drugs.
- Substance misuse resulting in risk to the safety of others is likely to lead to misconduct or serious misconduct under student disciplinary procedures. Examples of situations where this might occur include clinical work with patients, using machinery or hazardous substances, driving, sports activities or any other activities identified as hazardous on a risk assessment.

- Students undertaking activities identified as hazardous on a risk assessment and who are taking prescribed drugs must consult their doctor as to whether the drug(s) could affect safety (eg cause drowsiness or affect judgment or co-ordination). If so, they must inform their tutor or other person responsible for health and safety in the area and refrain from the safety-critical activities.
- Where applicable, students must comply with any statutory registration requirements, professional codes of ethics and accreditation provisions with reference to substance use (eg in clinical work involving contact with patients, or in work in schools).
- Caution must be exercised where services, including official hospitality, to students, staff or visitors are involved, or where work or study involves using information systems that hold sensitive data and where error could damage the interests of individuals or the university.
- Students are strongly advised not to compromise their own safety by working with or being reliant upon (e.g. as a car or bus passenger) someone who has consumed alcohol or drugs.
- Students are strongly advised that a disruption of academic activity due to substance misuse will be investigated by the school concerned.
- Pressure should not be applied to encourage others to drink alcohol, take drugs or misuse substances. This includes disrespectful or exclusive behaviour and spiking drinks.
- It is illegal to serve alcohol to someone who is already intoxicated.

Confidentiality and data protection

It is the intention for cases to be handled with care and consideration and, wherever possible, dealt with confidentially. However, there are times whereby risk has to be considered either in relation to the individual concerned or, someone else. In these exceptional cases information may need to be passed to a third party. Personal information will be processed securely in accordance with the Data Protection Act 1998. It may be used by the relevant university managers to consider and plan any support needed and to manage the study relationship.

Appendix A - Guidance

All students should be able to:

- Access this policy and supporting documents.
- Seek help, ideally at an early stage, if they suspect or know they have a problem. Within the university, help is available from tutors, Student Services and the Students' Union. There are also a number of useful contacts nationally and, at a local level – see page 31 onwards
- Encourage other students to seek help if they have a problem.
- Access information about the effects of misuse on other people and on the quality of their own study/work.
- Alert an appropriate senior member of staff to any problems they see developing within the university, particularly where legal or health and safety obligations are paramount.
- Co-operate with any investigation of suspected misuse.
- Seek help or advice if they have been asked, or if they seek help voluntarily, to co-operate fully with the support and advice offered.

Student Support Guidance Tutors (SSGTs), Tutors, Head of School and Managers should:

- Be aware of the policy, procedures, services available and referral processes for dealing with substance misuse problems, and ensure that students within their area are informed of the policy and understand their roles and responsibilities. This information should be included in induction.
- Ensure that students are aware of the policy and the support available to them
- Be aware of the signs of substance misuse and be prepared to refer as appropriate in accordance with university policy, guidelines and advice.
- Having considered the nature of activities undertaken by students, identify work/locations/tasks with high accident risk and define and implement a “dry role” policy
- Provide students with support and adjustment to facilitate recovery as far as reasonable practical following advice from Student Services and other relevant organisations/services i.e. GP.

Managers and Head of School should ensure that:

- There is no misuse of, or pressure to misuse, alcohol or drugs during university social functions or presentations. Provision of alcohol on these occasions should be moderate and plenty of non-alcoholic drinks should be available
- Publicity for social events does not focus on alcohol or encourage its misuse
- Where relevant, ensure systems for notification of third parties (for instance, an NHS Trust, a regulatory body or the police; please note this is not an exhaustive

list) of their concerns relating to a student's alcohol or substance dependency issue, where they have reasonable grounds to think the person may pose a safety risk to others or if there is a legal requirement. In these cases the Head of Department/Senior Tutor/Postgraduate Tutor will normally notify the student before proceeding.

Student Union should:

- Offer information and advice concerning the services available to students who are experiencing substance misuse problems
- Contribute to encouraging and promoting a sensible approach to drinking and prevention of drug misuse
- Support and offer educational events, awareness campaigns and activities that promote health and wellbeing in conjunction with other departments
- Ensure that student related policies reflect appropriate attitudes to substance misuse
- Encourage a positive approach to health and wellbeing through sport and recreation networks and other activities
- Apply the requirements as stated by licensing laws.

Health and Safety Department should:

- Investigate accidents and incidents for signs of substance misuse and liaise with the relevant departments
- Monitor risk assessments and working practices so that risks from substance misuse are included where appropriate, particularly in high risk or hazardous areas
- Contribute to the development and facilitation of awareness-raising activities.

Student Services - Counselling should:

- Act as a confidential self-referral facility for students
- Develop and publish information for students that relates to substance misuse support (see pages 31 onwards)
- Observe the procedures and codes of the university, and also be bound by and responsible to the detailed codes, the ethics and practice of its professional body, BACP (or equivalent)
- Maintain professional and confidentiality boundaries, making these clear to clients and operating them in relation to clients' rights under the Data Protection Act
- Have in place systems of referral to other agencies
- Run an appointments system which minimises waiting times and includes friendly, courteous and consistent reception
- Provide suitable premises with a degree of seclusion and privacy
- Develop awareness of the counselling service, and medical services

- Monitor students' needs and outcomes, and report back to the university in annual and other reports.

Staff in halls of residence should:

- Inform residents about the assistance available within the university and externally
- Provide pastoral support to student residents and maintain discipline and good order
- Where appropriate, direct residents with substance misuse related problems to particular support services
- Liaise and communicate with other supporting bodies and agencies, including, at times, police liaison
- Report and/or investigate substance misuse, particularly where legal or health and safety obligations are paramount
- Apply the requirements as stated in licensing laws.

Appendix B - Procedure for dealing with substance misuse problems

General

The university aims to provide a safe living and social environment for its students.

Early intervention can increase the likelihood of a positive outcome.

All dependency cases will be treated sympathetically, for example being considerate about attending appointments

All information about the case will be handled confidentially and securely in accordance with the Data Protection Act.

In most cases, a factual and evidence-based record of actions and advice should be kept, including dates and names of individuals involved.

If students permit drug and substance misuse by someone else in their residential accommodation, they are committing a criminal offence under s8 of the Misuse of Drugs Act 1971:

s8 " Occupiers etc. of certain premises to be punishable for permitting certain activities to take place there.

A person commits an offence, if being the occupier or concerned in the activities to take place on those premises, that is to say:

- (a) producing or attempting to produce a controlled drug in contravention of section 4(1) of this Act*
- (b) supplying or attempting to supply a controlled drug to another in contravention of section 4(1) of this Act, or offering to supply a controlled drug to another in contravention of section 4(1)*
- (c) preparing opium for smoking*
- (d) smoking cannabis, cannabis resin or prepared opium"*

This applies specifically to students who are living in university-owned halls of residence, or university managed housing, including those halls managed on behalf of the university by a third party.

The university's powers are limited by law (for example, the university cannot carry out a personal search).

Self-referral

Students may decide to seek help voluntarily from their GP, Pavilions Drugs and Alcohol services (Brighton) STAR (CRI, Eastbourne and Hastings) (see contacts from page 31).

Similarly, if a member of the university believes that a student has a problem, they should encourage the student concerned to seek advice or help.

Action to take when there is a safety risk

If because of a misuse problem (or for any other reason) a student acts in such a way as to endanger him/herself and/or others, the university will take corrective action to prevent injury/ damage or other serious risk. In this situation a dependency issue may be taken into account, but it will not automatically exempt the student concerned from the normal consequences of his/her serious misconduct.

The manager/member of staff must immediately remove the student from the area of risk, interview them to investigate the situation and advise them of the consequences of their behaviour. The following steps are suggested:

- Try to obtain a second witness
- Do NOT attempt to tackle the situation alone
- Do NOT confiscate any materials or equipment
- PROMPTLY (on the same or the next working day) report the matter to the Substance Misuse Reporting Officer (Halls of Residence) and/or your line manager responsible for the area where the incident took place.

If they are heavily under the influence of alcohol or drugs, they may need to be observed or referred to their doctor or emergency services; or they should be sent or accompanied home and arrangements made for an interview at the earliest opportunity.

If there were any witnesses, their statements must be taken as soon as possible, and an incident report should be completed.

The incident should be reported to the Head of School and to the Student Liaison Manager, Martin Barr: M.Barr@brighton.ac.uk if the student is living in halls or university managed accommodation.

Students who witness substance misuse are encouraged to refer the matter to a member of staff, night security officer/residential adviser. Guidance can also be accessed through the University Police Officer, Lee Cook: L.cook2@brighton.ac.uk Tel: 07947722924.

Action to take in cases of possession or supply of illegal drugs

Possession or supply of illegal drugs is a criminal offence. The Head of School and/or Community Liaison Officer: K.Mannall@brighton.ac.uk must be notified immediately. The university will report to the police all incidents involving the supply or taking of illegal drugs on the premises as required by the Misuse of Drugs Act 1971 and may decide to take action, whether or not the authorities decide to prosecute. This is because the university retains the right to maintain discipline and to take disciplinary action where there is a clear breach of university rules due to substance misuse.

Action to take in cases of suspected misuse in university owned or managed accommodation (Stage 1)

Where the report is about a student **suspected** of being in **personal** possession of drugs or is about a student allegedly being engaged in substance misuse, and it is the **first report** about that person, the Reporting Officer will interview the student concerned to investigate the situation and advise them of the consequences of their

actions. A letter confirming the discussion and issuing a first written warning should be sent to the student concerned within 7 days of the incident occurring.

In university accommodation suspicion of substance misuse is often revealed when a visit to a student flat or room is triggered by the need to check smoke detection alarms that have been activated. The use or possession may not be seen, but a smell might, for example, be present in the room suggesting that drugs have been used. Where only a suspicion exists, the student will be issued with a written warning, as stated above.

All incidents concerning the suspected or actual substance misuse should be reported using the Substance Misuse Incident Report. A copy of the report and any other related correspondence should be sent to the Assistant Head (Accommodation Services): S.Wagner@brighton.ac.uk and to the Community Liaison Officer: K.Mannall@brighton.ac.uk for monitoring purposes.

Action to take in cases of dealing in/supplying illegal substances or of a second suspected misuse offence in university owned/managed accommodation (Stage 2)

Where there is a report about a student suspected of **personal** possession of drugs, or about a student engaged in substance misuse and it is **not the first report in any one academic year period** about that student, **or** where the report concerns dealing or supplying, the Reporting Officer will write to the student concerned on the same day that the alleged incident occurred or on the next working day, to arrange an interview as in Stage 1. The Reporting Officer should then follow the same guidelines as in Stage 1. Correspondence should be copied immediately to the Community Liaison Officer: K.Mannall@brighton.ac.uk for referring the matter on to the police, and to the Assistant Head (Accommodation Services); S.Wagner@brighton.ac.uk

The Reporting Officer should be aware that some allegations relating to substance misuse may be baseless or malicious, and so must try to obtain corroborative evidence where practicable.

Assistant Head (Accommodation Services); (in the case of students in university accommodation) will refer the incident to the University's Registrar and Secretary, with a copy of all other relevant documents. The Registrar will consider, in collaboration with the Legal Adviser and other senior managers within the university, whether a disciplinary hearing should be convened to further investigate the conduct of the student(s) concerned.

The Registrar and Secretary shall follow the disciplinary procedure as set out in the University Regulations - <https://www.brighton.ac.uk/current-students/my-studies/student-policies-and-regulations/index.aspx>

Students who permit substance misuse in their residential accommodation by someone else, such as a guest to their accommodation, are committing a criminal offence under s8 of the Misuse of Drugs Act 1971. As part of their accommodation agreement with the university, students are also responsible for the actions of their visitors. This is referred to in clause 3.1 of the accommodation agreement which states:

1.0 Other conditions

1.1 The student is responsible for the conducted of any invited visitor(s)

Where a breach of this condition occurs for the first time, action will be taken against the student(s) concerned as above (Stage 1). A repeated breach will be treated in the same way as above (Stage 2) or as a second offence.

Where a student living in University halls of residence or University managed accommodation is reported for personal possession or misuse for a second or subsequent time, or for dealing or supplying on the first or any subsequent occasion, the Director of Accommodation & Hospitality Services is entitled, under the terms of the University residence agreements, to terminate the student's tenancy. S/he may do so if reasonably satisfied, on the balance of the probabilities, that there has been any substance misuse. The Director of Accommodation & Hospitality Services does not need to await the outcome of any disciplinary proceedings or police investigation. The student will be given a reasonable opportunity to find alternative accommodation (usually 4 weeks) and any eviction must follow the due process of law.

Where there is actual or suspected substance misuse by unidentified persons on university premises, a report should still be made to the Reporting Officer responsible for that area. A report should also be made to the local police and the crime reference number recorded.

Action to take in cases of complaints about substance misuse in university owned/managed accommodation

A person who feels they are affected by others' substance misuse may report the matter to the appropriate Reporting Officer. The Reporting Officer shall provide that person with a copy of this policy. The complainant will also be invited to give a witness statement. The Reporting Officer will then investigate the allegations as outlined previously.

If a complainant finds that the substance misuse by others is making it impossible, or unreasonably difficult, to continue living in the same accommodation, the Reporting Officer will **promptly** send a copy of the Incident Report to the Assistant Head (Accommodation Services); will appoint a member of staff to contact the complainant as soon as reasonably practicable to discuss options for resolving the matter. Alternative accommodation may be offered to the complainant if it is, or becomes, available.

The decision whether to terminate the resident's tenancy agreement rests with the Director of Accommodation & Hospitality Services, as stated above. The Director of Accommodation & Hospitality Services in consultation with the Legal Adviser or Community Liaison Officer will also decide if the matter should be referred to the police.

Action to take in other situations

The circumstances differ from case to case. Decisions about whether to take action and how to deal with the situation depend upon the severity and nature of the case. The following circumstances should be considered, although it is not an exhaustive list:

- The severity of the incident and/or symptoms
- The level of risk to personal safety or that of colleagues/friends
- Whether the situation is caused by personal problems (such as a bereavement) that may be causing temporary, uncharacteristic behaviour
- Whether the behaviour contravenes the code of conduct described in the University of Brighton Drug and Alcohol Policy
- Whether this is a first incident or a recurrence
- The impact on study
- The impact on course colleagues/friends
- Whether the student admits there is a problem, agrees to seek help and follows advice

Where a known or suspected substance misuse case has come to the attention of the Head of School/Department or tutor, SSGT or other university representative, the student will be given the opportunity to discuss the matter with the appropriate support service and, if appropriate, to obtain further advice or treatment. Where a known or suspected substance misuse case leads to a performance or conduct problem, the student will again be given the opportunity to discuss the matter with the appropriate support service and the situation will be monitored as an ongoing support measure.

If the misuse has resulted or would result in disciplinary action because of misconduct, then such action will be suspended for an appropriate period during investigation and/or treatment.

If after this period behaviour remains poor, normal disciplinary procedures may be resumed or initiated.

Guidance and Supporting Documents for Drug and Alcohol Policy

Facts about Drugs

The following is intended to provide information about different 'popular' drugs currently in use. It does not try to cover all aspects, but does attempt to offer some useful factual detail. Various sources have been referred to, including the *British Medical Association Medication (2004)*.

The Misuse of Drugs Act 1971 (amended in January 2004)

	Class A	Class B	Class C
<i>Principal drugs include*</i>	Opium Heroin/Methadone Cocaine/Crack Cocaine Methadone LSD Ecstasy (MDMA) Crystal Meth ("Tina") Magic Mushrooms ** Class B drugs prepared for injection	Amphetamines Barbiturates Codeine Mephedrone (meow meow) Ritalin Cannabis resin Cannabis herb	Anabolic steroids Benzodiazepines (minor tranquilisers) GHB (gamma-hydroxy-butyrate ("Gina")) Buprenorphine (including Subutex) Some stimulant, anti-depressant (Benzodiazepines) and anti-obesity medicines
<i>Maximum penalty for possession</i>	7 years and/or a fine	5 years and/or a fine	2 years and/or a fine
<i>Maximum penalty for trafficking, supply or production</i>	Life imprisonment and a fine	14 years and/or a fine	14 years and/or a fine

*The above table refers to some commonly available drugs. It is not a complete list of controlled drugs.

** Whereas it has not been illegal to possess Magic Mushrooms, the law has changed. See Psilocin section below, relating to this.

Commonly used Drugs – A Summary

- **Amphetamines**
- **Cannabis**
- **Cocaine/Crack Cocaine**
- **Ecstasy**
- **GHB**
- **Ketamine**
- **LSD**
- **Nitrates**
- **Opioids – Heroin**
- **Psilocin – Magic Mushrooms**

AMPHETAMINES – Speed

METHAMPHETAMINE (Crystal meth, meth, Ice)

Amphetamine is a synthetic drug originally used as an appetite suppressant. Speed is a stimulant. It quickens the heartbeat and breathing rate.

The drug can be snorted, taken orally, smoked or injected. The effects can be felt within minutes when snorted, smoked or injected. When taken orally, the effects of the drug tend to feel 'smoother' and are generally longer-lasting.

Increased heartbeat can put prolonged strain on the cardio-vascular system, with hypertension, agitation, feelings of being 'frazzled', short-tempered, irrational, with 'scratchy skin'

CANNABIS – Marijuana, grass, pot, dope, reefers, weed, hash, ganja, skunk, skunkweed.

A class C drug since 2004, this drug is usually smoked either with tobacco in the form of a 'joint' or it can be smoked on its own in a pipe. It can be used in some baking e.g. in cookies. Sometimes it is also brewed, like a tea.

The immediate effects are usually for the individual to feel relaxed, sometimes with an increased appetite ('the munchies'). The effects usually last for around 1-3 hours. Smoking cannabis *without* tobacco, via a bong, vaporizer or in neat joints (while increasing the potency of the high) would substantially reduce lung damage and other physical health problems.

As a class C drug. Cannabis is still classed as an illegal substance and as such, supply and possession remain illegal.

COCAINE – coke, crack, nose candy, snow.

Smoked, sniffed (usually through a tube) or injected. This is a strong stimulant with similar effects to amphetamine but lasting only 15-20 minutes. **Crack cocaine** is the more potent form of cocaine, taken in the form of crystals. Although this tends to provide a more intense effect, it may lead to more dependency-related issues.

Mixing cocaine and alcohol create a third substance in the body, coco-ethanol, which can badly damage the lining of the stomach and *increase* the risks of cardiac problems.

ECSTASY – E, MDMA, XTC, methylenedioxy-methylamphetamine

This drug affects the central nervous system and is a stimulant. It is taken through the mouth in capsule or tablet form. It is most commonly used as a 'dance' drug, and sometimes referred to as the 'empathy' drug, as the user can experience a keen awareness of other people's emotions for a while whilst taking the drug. It can also cause tiredness and extreme thirst, so it is important to monitor the amount of fluid that is being taken. The **come down** (or **contrast**) **experience** to the drug **high** (usually 2-3 days after use) can leave the user feeling low in mood, comparatively speaking.

GHB – Liquid X, GBH, liquid E, gamma-hydroxyl-butyrate, sodium oxybate.

This is taken orally and often sold in liquid form. It is commonly dissolved in water to produce a clear and colourless liquid. The drug affects the individual in a similar way to alcohol. At lower doses it induces alcohol-like dizziness and slightly drunken slurring, while at higher (or too high) doses, GHB induces sleep (often a difficult-to-arouse or *coma-like* sleep). Mixing with alcohol is dangerous. The difference between the optimum, euphoric dose and sleep or coma-inducing overdose is **very** slight.

KETAMINE – Kit kat, special K, super K, vitamin K.

This is usually swallowed as a liquid, although preparation can also mean it can be smoked, sniffed or taken in capsule or tablet form.

Ketamine stimulates the cardiovascular system, creating a racing heart. Individuals may experience hallucinations and a feeling of paralysis whilst still being fully conscious. Dangers arise mainly from IV use, an unfavourable setting and using without a watcher who can look after you, mixing with alcohol, Valium® or heroin, and frequent, compulsive levels of use.

LSD – Lysergide, diethylamide, lysergic acid, acid, haze, microdots.

This is taken by mouth as tiny coloured tablets (microdots) or absorbed on to small squares of paper, gelatine sheets or sugar cubes.

This is a perception-altering drug. It usually takes around 2 hours for the effects to reach their peak and will last for between 6 and 12 hours. The experience is usually referred to as 'tripping' and this relates to the experience of hallucinating. 'Bad trips' are often the result of a poorly considered setting and/or pre-existing emotional problems, anxiety, bad mood, distrust of companions.

NITRATES – Amyl nitrate, butyl nitrite, poppers, snappers.

This is classed as a vasodilator, which means that it widens the blood vessels in the body.

It is usually taken through inhalation, most commonly from small bottles. If it is swallowed, it is poisonous.

It gives the user a rapid high and acts very quickly, usually within 30 seconds and lasting for around 5 minutes.

OPIOIDS (Heroin) – Horse, junk, smack, scag, H, diamorphine, morphine, opium.

This affects the central nervous system and is classed as a depressant.

It comes in the form of white or speckled brown powder. Heroin is smoked, sniffed and injected. Other opioids may be taken by mouth. Street drugs are often cut with other substances and these can include caffeine, quinine, talcum powder and flour!

PSILOCIN – Liberty Cap or Magic Mushrooms

Magic mushrooms possess psilocin and psilocybin (which breaks down into psilocin in the body). These compounds are psychedelics and will produce a similar ‘trip’ and experience to that of LSD.

‘The 2005 Drugs Act amended the Misuse of Drugs Act 1971 to clarify that both fresh and prepared (e.g. dried or stewed) magic mushrooms that contain psilocin or psilocybin (such as ‘liberty cap’) are Class A drugs. This means it’s illegal to have this type of ‘magic mushroom’ for yourself, to give away or to sell.’ (<http://www.talktofrank.com/drug/magic-mushrooms> Accessed July 2017)

Further information about types of drugs and their impact can be found at:

- <http://www.changegrowlive.org/help-and-information/drug-and-alcohol-information>
- <http://www.talktofrank.com/drugs-a-z>
- <http://pavilions.org.uk/think-about-drugs/>
- <http://thinkdrinkdrugs.co.uk/service-users/the-facts/a-z/>

If you see any of the following symptoms, get help immediately

- **Cocaine** – Overdose leads to confusion and dizziness, change in breathing, short gasps followed by deep gulps.
- **Ketamine** – temporary paralysis, nausea, vomiting.
- **Speed** – can cause collapse.
- **Ecstasy** – hyperventilation, overheating and unconsciousness.
- **Poppers** – poisonous if swallowed. Can cause fainting.

- **Hallucinogenic or Magic Mushrooms** – eating the wrong type of mushrooms may cause cramps, breathing difficulties, loss of consciousness.
- **GHB** – overdose causes slow or erratic breathing with little or no response. Lips can turn blue – Nausea, vomiting, seizures, convulsions, stiffening of the muscles may occur

(Drugscope www.drugscope.org.uk accessed September 2015)

Signs & Symptoms of Drug Use

Warning signs in individuals

- excessive spending or borrowing of money
- stealing from parents/friends/family
- more time being spent away from home
- changes in work or university attendance patterns
- decline of willingness to participate in social activities
- unusual outbursts of temper
- disregard for physical appearance
- lack of appetite
- heavy use of aftershave/perfume to disguise smell of drugs
- wearing sunglasses at inappropriate times to hide dilated or constricted pupils
- bruising or marks on arms from injecting
- maintaining distance from other colleagues or students
- exchanging money or other objects in unusual circumstances

*However, these signs may be an indication of other problems which are **not** drug-related*

Objects that may indicate drug use or supply

- metal tins (for storing drugs, especially cannabis resin)
- heat-discoloured spoons, foil containers or cup shapes made from silver foil, (used for preparing heroin / crack for injection)
- small bottles, pill boxes (used to store drugs)
- twists of paper (many powdered drugs are sold in these)
- straws (used for snorting cocaine/speed)
- syringes and needles (for injecting heroin, speed etc.)
- plastic bags and butane gas containers (used to inhale solvents)
- cardboard or foil tubes (used to smoke heroin)
- shredded cigarettes (used to make 'joints' to smoke cannabis)
- paper (approx. 2 inches square) folded to form an envelope (heroin often sold in these)
- squares of card torn from Rizla packs, paperback covers etc. (used for making joints)
- weighing scales (used for measuring small quantities of drugs to sell)
- bong/hooka pipe (used for smoking drugs)

Facts about Alcohol

For more information visit: <http://www.talktofrank.com/drug/alcohol>

How alcohol affects the body

- Alcohol is absorbed into your bloodstream within a few minutes and reaches your brain within 5 minutes of being swallowed.
The concentration of alcohol in the body depends on a number of factors including how much you have drunk, whether you have eaten, your size and weight.
- It takes a healthy liver about 1 hour to break down and remove 1 unit of alcohol.
- If you drink half a bottle of wine or 2 pints of ordinary strength beer, you will still have alcohol in your bloodstream 3 hours later.
- If you drink heavily in the evening, you will still be over the drink/drive limit the following morning.
- Black coffee, cold showers and fresh air won't remove alcohol from the blood stream. Only time can do that.
- Blood alcohol concentrations lower than the legal drink/drive limit reduce physical co-ordination and reaction speeds and affect thinking, judgment and mood.
- Heavy drinking strains not just the liver, but also other parts of the body including muscle function and stamina, and the body needs 48 hours to recover.
- Alcohol raises blood pressure, increasing the risk of coronary heart disease and some kinds of stroke.
- Regularly drinking more than the daily benchmarks increases the risk of liver damage, cancers of the mouth and throat, and psychological and emotional problems including depression.

Units awareness

Drunk in a variety of forms; spirits, wine, beer, lager, alco-pops. Can be found in some foods, medication and cleaning products.

Recommended allowances:

- 2-3 units daily for an adult woman with two alcohol-free days a week
- 3-4 units daily for a adult man with two alcohol-free days a week
- For those aged under 18, pregnant women and older people there are no safe recommended daily allowances.

The Law

- It is illegal to sell alcohol to anyone under the age of 18
- It is illegal to drive or attempt to drive when under the influence of alcohol; this means having a blood concentration of 80mg per 100ml, which is difficult to judge. Penalties include disqualification, a large fine and possibly a prison sentence. The best advice is not to drink and drive.

Category - Depressant

Immediate effects - Increases confidence, lowers inhibitions, can relax you, can make you feel dizzy, nauseas, tired and cause you to slur your words. It takes approximately one hour for each unit of alcohol to leave the body e.g. 1 pint of Stella = 3 unit = 3hours to leave the body.

Short term risks - Intoxication can lead to accidents, vulnerability, risky behaviour, memory loss and alcohol poisoning. Hangovers can cause dehydration, headaches, sensitivity to bright lights and noise, leading to you not being able to carry out your day-to-day activities such as work and college. Mental and sexual health can be affected, e.g. S.T.I.'s, feelings of guilt and remorse.

Long term risks - Regularly drinking above the recommended allowances can put you at higher risk of high blood pressure, liver cirrhosis, cancers, and strokes. It can lead to changes in physical appearance such ageing, weight gain, and thread veins. Heavy users can develop brain damage, loss of memory, and have problems with the nervous system. Alcohol use can and does have a huge impact on family, relationships and work.

Men

If you drink between **3 and 4 units** a day or less, there are no significant risks to your health BUT If you consistently drink 4 or more units a day, there is an increasing risk to your health.

Women

If you drink between **2 and 3 units** a day or less, there are no significant risks to your health BUT If you consistently drink 3 or more units a day, there is an increasing risk to your health.

Binge drinking

Originally, the term 'binge' was used describe a period of continual drinking by someone who was alcohol dependent, ending only when the drinker was unable to continue.

Recently, the term has come to refer to a high intake of alcohol in a single drinking session or at least during a single day.

There is no internationally agreed definition of binge drinking, but in the UK drinking surveys normally define binge drinkers as men consuming at least eight, and women at least six standard units of alcohol in a single day.

It is important to know how alcohol affects you as an individual. Know your limits and don't be pressured to drink more that you want or intend to:

- Set limits for yourself, and stick to them
- Start with a non-alcoholic drink
- Never drink on an empty stomach
- Drink slowly. Take sips, not gulps

- Try the low-alcohol alternative
- Avoid rounds or 'shouts'
- Have one drink at a time, so you can keep track of your drinks. Avoid 'topping up'
- Pace yourself
- Avoid drinking games
- Stay active—don't just sit and drink
- Have at least two alcohol-free days a week

Avoid places where you'll be bored if you're not drinking, or uncomfortable if you don't have a drink in your hand

Lunchtime drinking and health & safety at work

Health and safety at work legislation requires both employers and employees to maintain a safe working environment. If an alcohol-related accident were to occur, then, depending on circumstances, the employer, the employee concerned or both could be liable.

1. Alcohol can impair work performance in two ways: It will jeopardise both efficiency and safety – for example, an increased likelihood of mistakes and errors of judgment and increased proneness to accidents.
2. Persistent heavy drinking can lead to a range of social, psychological and medical problems, including dependence, and is associated with impaired work performance and attendance.

Hangovers

Prevention

For those who are worried about a hangover, the best piece of advice is 'don't get drunk'. But, here are some tips on drinking.

- Drink clear alcohol. Dark alcohol tends to contain a substance called congeners and is more likely to cause hangover symptoms.
- Eat something before and during alcohol consumption. This slows the absorption of alcohol.
- Drink water as well as alcohol.

Recovery

- More Water. The dehydration of getting drunk actually causes the body to absorb water from the brain, which in fact shrinks a bit, causing headaches, dry mouth, and part of the general malaise of the hangover.
- Taking some form of painkiller, as soon as you wake up, may help mask some of the effects of your hangover. It's NOT advisable to take these all the time because they can damage your liver.
- Eating something that is easy for your body to digest, such as toast, helps speed up recovery.

Alcohol Poisoning

Alcohol drunk in gross excess at one time affects the body in two ways that can be dangerous:

1. It depresses the brain, which controls breathing, the heart and body temperature. In other words, it controls the body's accelerator, the thermostat is switched off and the body just winds down until something stops – such as your heart.
2. It irritates the stomach, which causes vomiting. When this occurs and the brain is malfunctioning, there is a real risk of choking to death. Also vomiting in this condition can trigger an instant nerve reflex that stops the heart – dead.

If the two effects work together, a person could die from choking after a much smaller dose than is needed for direct poisoning.

'Spiked' Drinks

You can take precautions to stay safe from spiked drinks and drug rape:

- Plan your night out
- Think before you accept a drink
- Don't leave your drink unattended

You can't always tell if your drink has been spiked, but there are things to look out for:

- Some drugs have dye added to them that turns blue when added to a drink
- Sometimes the drinks can taste bitter
- If it tastes odd or if you're not sure, **don't drink it!**

Don't be afraid to call the police. They are there to help you.

Safer Sex

Alcohol impairs your judgment, communication skills, and ability to use condoms or lubricants properly. Being drunk can also lead many people to have sex without thinking of the consequences (<http://www.nhs.uk/Tools/Pages/Safesextool.aspx>).

Getting Home

Think about how you will get home, at the start of the big night out.

If you have been drinking, you may feel more confident and prepared to take risks with your personal safety such as walking home alone, getting a lift with someone you don't know or even driving.

Driving

The chances of having a road accident are much higher under the influence of alcohol. It affects not only your body, but also your judgment and emotions:

- You cannot co-ordinate and control your muscles as well as you can normally
- It takes you longer to react
- You are less able to judge speed and distance
- You may think you are driving better than you really are
- You may feel more daring and reckless – making you more likely to drive faster

The legal limit is 80mg of alcohol in 100ml of blood.

The Recovery Position

If someone is unconscious, there is a safe position to put them in which allows them to breathe easily and stops them choking on any vomit.

However, you must first carefully consider whether there is any chance that they have hurt their back or neck, or have an injury that would be made worse by moving them. Putting them in the recovery position in this case could have serious consequences.

If you are in any doubt, and the casualty is in no further danger by being left in their original position, do not move them. Wait for the paramedics to arrive.

How to put someone in the recovery position

Once you have checked that they are breathing normally, lie them on one side, with a cushion at their back, bring their knee forward, and point their head downward to allow any vomit to escape without them swallowing it or breathing it in.

Remember: when you are moving the patient onto their side, make sure their neck and back are well supported.



Advice on Keeping Safe - Clubbers Guide

- ❖ Clubbing doesn't necessarily mean that you are going to be involved in taking drugs but it's useful to know some of the facts that might help you to keep safe if you do.
- ❖ It's always good to know the people that you are going out with. Wherever possible go with someone that you know, agree with each other what you're going to do and look after one another (e.g. by going home together, watching out for each other).
- ❖ Choose a club that has a clear policy around drugs. This will include something on 'searching' and within this, clear guidelines about how searches are to be carried out (for instance, they can't strip search you). They'll probably provide unlimited water and will have a good ventilation system. They're most likely to promote safe drug-taking by allowing drugs workers into the clubs.
- ❖ Spend time finding out some of the facts about drugs. Even if you don't intend taking any, you might be with someone who is, and might find yourself in a situation of looking after them.
- ❖ Prepare for the night. Always try to eat something and when you are out, try to ensure that you are sipping water fairly regularly. You'll need around a pint an hour if you are dancing. Try not to do drink **and** drugs. One **or** the other. Cocktails in any variety are difficult to measure in terms of potency; this also applies to mixing drugs. If you do want to take more, make a note of the time you took them and then allow for their effects to wear off before doing something else. This will also mean you're more in control of just how much you are doing, and less likely to become reliant on larger and larger amounts.
- ❖ Clubbing is a hot activity, so wear something cool for dancing. If you overheat, you're more likely to dehydrate.
- ❖ If you are going to use drugs, make sure that your friends know what it is that you are taking. Make sure you're in an OK state before you do take anything. If you're really stressed or going through a particularly difficult time, your mood may affect the potency of the drug and you could react differently to it, even if you've taken that particular drug before.
- ❖ Try not to buy from a stranger, and never buy in a very dark place – where you can't see what it is you're getting.
- ❖ Be clear about how much you want to spend on drugs. It's easy for you to feel like spending more, once you've started taking something. You don't want to end up in a position of owing money or borrowing from someone you don't know!
- ❖ Prepare for sex. Often under the effect of a drug you might feel more confident and, potentially therefore, more open to having sex. Make sure you protect yourself: carry a condom – or better still, a few!

- ❖ If you are injecting drugs, be really sure that you know the safest way of doing this. Don't inject alone, and **never** share needles.

Red Frogs

Look out for Red Frogs – <http://uk.redfrogs.com/universities/im-a-uni-student> a support networking who operate on the Brighton sites of the University in and around the halls of residence. Information about their timetable and activities can be provided by M.Barr@brighton.ac.uk.

Taking control of your drug or alcohol use

This document is designed to provide some guidance for people who want to reduce or stop their current use of alcohol or drugs. Some people will be able to do this on their own, but most will find it easier if they have support from someone else. This could be a family member/friend, or a professional adviser/counsellor.

Your personal use

If you haven't already done so, look at the "*Assessment of Personal Use Questionnaire*" – within this policy (page 27). After completing this questionnaire you should have a better understanding of why you use the particular substance you are focusing on and be starting to identify things that will help you to reduce or stop using it.

Different types of use

There are three main phases of drug use: experimental, recreational and dependent. Once a person has **experimented** with a particular drug, they will either never try that drug again or their use becomes **recreational** – something they do occasionally or frequently, but they are mostly in control of what they are doing. Recreational drug use does not necessarily lead to **dependence**, and becoming dependent on a drug does not necessarily mean that the person will remain dependent unless they give up the drug completely. Sometimes it is possible to move from dependency back to recreational use, but this depends on the type of drug and the nature of the dependency (see below).

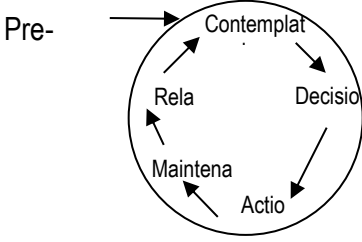
Reasons for dependency

Dependency on a drug can take various forms. Some drugs cause **physical** dependence, where continuous use results in the body needing the substance to function normally and withdrawal symptoms are experienced if use is stopped. Often connected with physical dependence is **psychological** dependence, where a person thinks they need a drug in order to function normally. Dependency can also be **social** in the sense that a person only feels the need for the drug in certain situations (drinking alcohol in a pub, for example).

How to change your drug/alcohol use

Reducing or stopping drug or alcohol use can be very difficult, especially if you have become dependent on it. Understanding your pattern of use, what triggers it and the barriers that are likely to prevent you stopping or reducing your use will really help you to reach your goal successfully. A well-known tool which is commonly used by drugs counsellors and health professionals is the "Cycle of Change" (Prochaska and DiClemente, 1986) which identifies six stages in changing a behaviour. Use the table below to create your own personal plan for reducing or stopping your drug/alcohol use.

Assessment of Personal Use Questionnaire

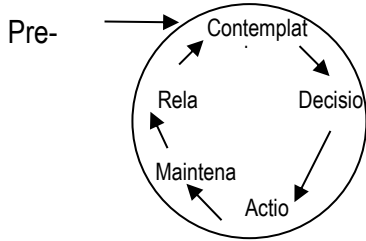
<p>The Cycle of Change</p> <p>1. Pre-contemplation You are comfortable with your drug/alcohol use and have no reason to consider reducing or stopping it. (This is the only stage of the cycle that you are unlikely to return to)</p>				
<p>2. Contemplation You are starting to think about reducing or stopping using.</p> <p>At this stage it is helpful to list your reasons for this and the benefits it will bring.</p>	<p>Use this space to make your own notes</p> <table border="1" data-bbox="598 840 1477 1211"> <tr> <td data-bbox="598 840 1037 1211">Reasons</td> <td data-bbox="1037 840 1477 1211">Benefits</td> </tr> </table>		Reasons	Benefits
Reasons	Benefits			
<p>3. Decision You have reached a decision and decided that you want to stop or reduce you drug or alcohol use.</p> <p>If you have decided to stop completely, it will help if you decide on a date and write this down.</p> <p>If you want to reduce your use, then decide by how much and write this down.</p>	<p>I want to stop because _____</p> <p>_____</p> <p>_____</p> <p>Date I will stop: _____</p> <p>I will reduce my use from _____ (eg: per day)</p> <p>to _____</p>			

Assessment of Personal Use Questionnaire (contd)

<p>4. Action You are ready to put your plan into action.</p> <p>Think about what you need to do. The checklist opposite gives some suggestions, but add your own too.</p>	<p>1. Remove/destroy any remaining drugs/alcohol and paraphernalia.</p> <p>2. Plan some activities that will take your mind off what you are trying do and keep you occupied for the first few days/weeks eg: start an evening class, play some sport, join a club, go to the cinema, see friends who don't use drugs.</p> <p>3. Choose someone to be your buddy: someone who won't judge you and can give you some moral support if you are finding it hard to stick to your plan. Ask them to help you and discuss what you have written here with them.</p> <p>4. Visit a Drop In service or make an appointment to see a professional adviser to talk through your plan and find out what support is available (see support information from page 31)</p> <p>5. Set yourself a goal (or several goals) and decide on a reward for achieving it: <i>"When I have been drug-free or have stuck to my reduced amount for..... weeks I will reward myself with"</i></p>	
<p>5. Maintenance Having started your plan of action, you now have to stick to it. To help you do this, list all the things that might stop you from sticking to your plan, and think about how you can avoid or resist them.</p> <p>Use a jar to put the money in that you would have spent on drugs/alcohol each week and decide what you will spend the money on.</p>	<p>Things I will find difficult</p>	<p>How can I overcome this?</p>
	<p>"With the money I save I will...."</p>	

<p>6. Relapse You start using again. This is part of the cycle of change and should not be seen as failure. Many people have several unsuccessful attempts before achieving their goal completely.</p>	<p>What went wrong?</p>	<p>How I will avoid this next time?</p>
<p>If this happens to you, list the reasons why it happened and consider how this could be avoided next time.</p>	<p>Most important – don't give up trying to give up!</p>	

What you can do to help a friend?

<p>Giving advice and support about drug or alcohol use</p>	
<p>This information provides some guidance for people who want to help someone with a substance misuse problem. A person with a substance misuse problem is any person who experiences physical, psychological, social, academic or legal problems as a consequence of their own repeated use of a substance. A person's use of a substance may also cause problems for other people.</p>	
<p>Defining a 'problem' What constitutes a 'problem' is subjective. You may consider that someone's drug or alcohol use is problematic, but the person using drugs or alcohol may not consider that they have a problem at all, either because they are in denial about their use or because they feel they are in control of it. If they feel they are in control of their drug use, they may have not actually thought about how it is affecting their own lives or other peoples'. In relation to the 'Cycle of Change' (see below) they are in the pre-contemplation stage.</p>	
<p>The Cycle of Change (Prochaska and DiClemente, 1986) A well-known tool, which is commonly used by drugs counsellors and health professionals, is the "Cycle of Change" (Prochaska and DiClemente, 1986) which identifies six stages in changing a behaviour. Below are suggestions for ways of helping a person through this process.</p>	
<p>1. Pre-contemplation</p>	<p>2. Contemplation</p>

<ul style="list-style-type: none"> • be non-judgmental • point out any obvious negative consequences that have happened • provide the person with the “<i>Assessment of Personal Use Questionnaire</i>” (page 27) to help them focus on their drug/alcohol use 	<ul style="list-style-type: none"> • establish whether the person really wants to stop/reduce their drug/alcohol use, and if they are ready to do this • encourage person to focus on the reasons and benefits of stopping/reducing their drug/alcohol use • provide the person with the “<i>Taking Control of your drug/alcohol use</i>” (Page 26)
3. Decision	4. Action
<ul style="list-style-type: none"> • support their decision • provide information about other sources of advice and support • discuss with them what they have written in their “<i>Assessment of Personal Use Questionnaire</i>” (page 27).) 	<ul style="list-style-type: none"> • discuss choices for action • suggest alternative activities that will help them avoid situations they might find difficult • encourage them to set realistic and achievable goals and to decide on a reward for themselves
5. Maintenance	6. Relapse
<ul style="list-style-type: none"> • provide or refer to appropriate follow-up support • remind the person of the goals they have set and the reward they have chosen 	<ul style="list-style-type: none"> • point out that the first attempt is the hardest, and that each time they try again, it will get easier • discuss reasons why this attempt was unsuccessful • explore ways of overcoming these difficulties next time

Where to go for help

This document lists sources of information, advice and support for people who want to reduce or stop their current use of alcohol or drugs. Some people will be able to do this on their own, but most will find it easier if they have support from someone else. This could be a family member/friend or a professional adviser/counsellor.

University of Brighton Services

Counselling Service

This service provides confidential counselling and support for all students at the University of Brighton. You can self-refer.

- Moulsecoomb 01273 64 2895
- Grand Parade 01273 64 3187
- Falmer 01273 64 3584
- Eastbourne 01273 64 3845
- Hastings 01273 642995

Email: counselling@brighton.ac.uk

Online: <https://www.brighton.ac.uk/current-students/my-student-life/health-and-wellbeing/need-to-speak-to-someone/index.aspx>

A number of e books on addition can be found via the online library or this [reading list](#).

Medical Centres

- Moulsecoomb Site, Cockcroft Building, Lewes Road. ☎ 01273 64 2864
- Eastbourne Site, Trevin Towers. ☎ 01273 644447

Online: <https://www.brighton.ac.uk/current-students/my-student-life/health-and-wellbeing/health-services/index.aspx>

Students' Union Support Service:

- Email: studentunionsupport@brighton.ac.uk
- https://www.brightonsu.com/goodadvice/alcohol_drugs/

National helplines and Websites

- Addaction. Support adults, children, young adults and older people to make positive behavioural changes - whether that's with alcohol, drugs, or mental health and wellbeing. <http://www.addaction.org.uk/>
- Adfam. Support for families affected by Drugs and Alcohol/ <http://www.adfam.org.uk/>
- Alcohol Concern. National charity working to help reduce the problems that can be caused by alcohol. www.alcoholconcern.org.uk

- Alcoholic Anonymous (confidential 24 hour alcohol advice help line) 0845 769 7555
- British Liver Trust - For information on blood borne viruses (Hepatitis A,B,C) www.britishlivertrust.org.uk/
- Change Grow Live – Support for a range of social issues including addiction and substance abuse. Includes a search tool to help find local services <http://www.changegrowlive.org/>
- Club Drug Clinic. Support for people who have begun to experience problems with their use of recreational drugs <http://clubdrugclinic.cnwl.nhs.uk/>
- Drugs Meter. For anonymous feedback on your drug use www.drugsmeter.com/
- Down your Drink. Once registered, users are guided to address their drinking using MI and extended BI strategies, according to where they are at in the cycle of change and how much they drink. www.downyourdrink.org.uk/
- Drink Aware. This website helps you assess your drinking, learn about the effects, identify why you drink and helps you cut down. www.drinkaware.co.uk/selfassessment
- Drink Line - If you're worried about your own or someone else's drinking, free, confidential conversation on 0300 123 1110 (weekdays 9am – 8pm, weekends 11am – 4pm).
- FRANK - The national drug helpline - open 24 hours. www.talktofrank.com. 0800 776 600
- NHS Choices – Information on Alcohol. www.nhs.uk/livewell/alcohol/Pages/Alcoholhome.aspx
- NHS Choices – Information and addiction support <http://www.nhs.uk/Livewell/drugs/Pages/Drugshome.aspx>
- Narcotics Anonymous 0207 730 0009 (10am – 10pm everyday). <http://ukna.org/>
- Mind – The Mental Health Charity. For information on drug and alcohol use and mental health. www.mind.org.uk
- Release. Information on drugs and legal issues, including your rights if you are arrested www.release.org.uk
- Think Drink Drugs. Brighton and Hove Health Promotion Team, drug and alcohol information, plus advice on where to get help www.thinkdrinkdrugs.co.uk/

Phone apps

Help to track drinking: DrinkAware, Drinkstracker and AlcoDroid

Brighton Services

PAVILIONS:

- Adults Drug and Alcohol services in Brighton & Hove are provided by **Pavilions**, who operate from several sites in the city. Anyone living in Brighton & Hove concerned about their drug or alcohol use, or families & carers supporting those struggling with substance misuse can call the Pavilions helpline on **0800 014 9819**, for information and advice 24 hours a day. Provision of information and specialist support regarding Cannabis and Novel

Psychoactive Substances (club drugs and legal highs) via one to one, group work, acupuncture, peer support etc.

- <http://www.pavilions.org.uk> for more details.
- There is a dedicated **LGBT worker** who offers information, advice and support to anyone aged 16 and over with substance misuse issues who identifies as LGBT. The worker provides both one to one sessions and workshops by request, works from a number of community venues and can offer home visits if necessary. To contact the LGBT worker directly please ring 07884 476 634.

Pavilions Women's Service

- A women-only service where women are able to openly discuss issues that affect them, in an environment where they feel safer and better understood. This gives women the freedom to make choices and decisions whilst accessing help with children and families.
- If you would feel more comfortable accessing the women-only service, please call **01273 696 970** for more information, or come down to our **women-only drop in** at 11 Richmond Place on Tuesday and Thursday 10am - 2.45pm (a crèche facility is available on request). Pavilions Women's Service offers: Crèche, Structured day programmes, Outreach for sex workers, Young women's group, Open access and appointments/drop in.
Email info@brightonoasisproject.co.uk. Website www.oasisproject.org.uk

Families & Carers Service - Pavilions understand how deeply families, friends and carers can be affected by the substance use of those they care about, so we offer support services for them, or anyone in the local community experiencing the effects of someone else's drug or alcohol problems. Anyone can call the Pavilions freephone number **0800 014 9819**, for information and advice, 24 hours a day or email directly at: familyandcarers@pavilions.org.uk

Families Anonymous (FA) - 07835 959290 or 01273 561520. (Richard)
1st and 3rd Monday of the month, excluding bank holidays, in the A2 boardroom, 1st floor main Arundel building, Brighton General Hospital, BN2 3EW 7.15 for 7.30pm - 8.45pm

Eastbourne and Hastings

STAR – East Sussex Drug and Alcohol Service

This service provides advice, information and treatment for anyone experiencing difficulties with drugs or alcohol and support those affected by someone else's drug or alcohol use. Telephone 0300 30 38 160 (8am-8pm). Website <http://www.changegrowlive.org/>

Under 19's Substance Misuse Service - A holistic, needs-led service to young people and their families/carers who are affected by substance misuse in East Sussex. Also

providing advice and training to other agencies working with young people.
The service provided includes an assessment and casework function as well as direct access to a range of other specialist interventions and practitioners addressing a range of social care and health needs Telephone: 01323 464404
Email: U19SMS@eastsussex.gov.uk Website: <http://thinkdrinkdrugs.co.uk>

Further Information and Research

These links are particularly relevant if you are interested in keeping up to date with developments in the drug and alcohol sector and provide access research papers and articles.

- www.alcoholresearchuk.org
- www.fead.org.uk
- www.findings.org.uk
- www.nta.nhs.uk