

DRUGS - A STAFF HANDBOOK

This guide is intended to help you and your staff tackle the problem of drug misuse in your pub. You may be totally unaware of a drug problem in your pub but this guide will give you the tell tale signs that it might be happening and advice on what to do if you discover drug misuse in your pub.

No matter how well you think you run your pub, you along with a great proportion of pubs in the UK, may experience this problem at some time. Early intervention can prevent isolated misuse from turning into a major problem that can threaten your licence and your livelihood. Research undertaken by the Home Office and released on 27/7/13 shows how prevalent drug use is in the UK, this summary may surprise you and may help you identify the types of people who might be using drugs in your pub.

How many Britons have taken illegal drugs and who are they?

Does deprivation increase the likelihood of illegal drug use? What proportion of users are women? Is drug-taking less common in rural areas? Get all the data here

The figures on UK drug use released by the Home Office on 25/7/13 give us incredibly detailed information not just about the type of substances people are putting into their bodies, but a lot about who those individuals are. From the income groups of drug users to their marital status, ethnic group and occupation, the results provide an insight into UK drug trends.

3 out of 4 people who took drugs last year have consumed cannabis

Unlike statistics on reported crime, in the Crime Survey for England and Wales *"information given to the interviewer is treated in the strictest confidence"*.

As a result, the 78% of people aged 16-59 who took drugs in the past year who admitted to consuming cannabis at least once in their lifetime did not need to fear prosecution for their crime – and nor did the 41% of those who took cannabis in the past year who admitted to using it regularly.

Cocaine and ecstasy are the next most prevalent drugs in England and Wales in terms of individual use, followed by amyl nitrite (a substance frequently found in "poppers").

Young people are less likely to be frequent drug users

If you assume that most drug users are young, you're right, up to a point. While the 16-24 age group makes up a substantial fraction of users, different drugs demonstrate different trends.

A smaller proportion of people aged 16-24 said they were frequent users of any given drug. This was most obvious with class B and C drugs. For example, 30% of those aged 16-59 said they frequently used tranquilisers – that proportion was 0% among people aged 16-24.

Deprived Brits living in urban areas

6.8% of people with an annual household income of less than £10,000 a year were frequent drug users, compared to 1.4% of those in households with incomes of £50,000 or more.

3.1% of respondents in urban areas used drugs frequently, while that number was 1.8% in rural areas of England and Wales. There were other regional trends too. The north-west had the highest rate of frequent drug use (3.6% of respondents from there), followed by London (3.1%). The lowest rate was in the West Midlands, where 2.1% of respondents admitted using drugs frequently.

Cocaine the rich (wo)man's aspirin?

There is also data on which drugs are being consumed by which groups. Broadly, most illegal substances follow the trends described above. But there are exceptions.

Those living in households with incomes less than £10,000 are more likely to use drugs such as amphetamines, mephedrone and cannabis and are 5% more likely than wealthier groups to have consumed any drug at all. But 2.3% of those living in households with incomes upwards of £50,000 have used cocaine in the past year, compared to an average of 1.7% among households living on less than £30,000.

Lifestyle indicators

The link between alcohol consumption and drug use is often debated but the statistics here would suggest the two are related. Among frequent drug users, 7.2% had visited a pub or wine bar nine or more times in the past month, while 2.5% of frequent drug users said they hadn't been at all.

Similarly, 8.5% of frequent drug users said they had visited a nightclub four or more times during the past month and only 2.3% said they had not been at all.

How can drug use in your pub be prevented?

High standards of customer service and cleanliness are a big deterrent to the drugs trade, it shows you care about your pub and want to promote a safe, social and drug free environment. Low standards may give out the message that you don't care what happens in your pub and many dealers will look for a poorly kept venue because of this.

How do drugs affect people?

Different drugs have different effects on people, these are outlined in more detail in this guide however signs and symptoms can be both physical and behavioural.

Physical signs can include:

- Very dilated pupils ("saucer eyes" is a common name for this)
- Excessive sniffing, dripping nose, watering or red eyes
- Sudden severe cold symptoms following a visit to the toilet/garden/car park
- White marks/traces of powder round the nose

Mannerisms and behaviour:

- Excessive giggling, laughing at nothing, non-stop talking
- Unnaturally lethargic, vacant staring, sleepy euphoria
- Non-stop movement, jiggling about
- Excessive consumption of soft drinks
- Sudden inexplicable tearfulness or fright
- Big alterations in behaviour following trips to the toilet, garden or car park areas

What do I look for?

- Torn up beer mats/cigarette packets/bits of cardboard left on tables or in ashtrays
- Foam stuffing from seats/foam left lying around
- Roaches (Home made filter tips from cannabis cigarettes)
- Small packets made of folded paper, card or foil.
- Empty sweet wrappings left in toilets
- Payment with tightly rolled bank notes, or notes that have been tightly rolled
- Traces of blood or powder on bank notes
- Traces of powder on toilet seats or other surfaces in toilets
- Syringes (Caution can carry infection do not touch)
- Spoons or burned tinfoil in toilets

How do I spot a dealer?

- A person that stays a while and has a lot of friends that only stay for short periods
- A person making frequent trips to the toilets, garden or car park followed by different people at the same time
- A person seeming to hide in corners talking very quietly
- Lots of hand or body contact with members of the same sex (not particularly helpful if you run a gay or gay friendly venue)
- Dealers are not identifiable by appearance and they may look very respectable

What can I and my staff do to spot it going on?

Frequent glass collections, wiping tables clean provides a good excuse for “surveillance”.

Use of CCTV in your premises can provide an effective deterrent especially if it can be seen to be monitored by staff.

Regular checks by staff of toilets, avoid flat surfaces in toilet cubicles, coat with oily substances such as WD40 to deter use.

Remember the smoke free legislation has made outside areas such as beer gardens or smoking shelters more popular, so be aware of this and carry out regular checks.

Listen out for the jargon of drug users and drug dealers being used.

Work with the authorities and other pubs in your area

Although you and your staff are responsible for the day to day running of your premises, the police and local licensing officers are able to offer advice on preventative measures and support in dealing with this problem.

Encourage your staff to report all incidents or suspicion of drug misuse in your pub. Don't be tempted to ignore a small problem or an isolated incident, failure to take decisive action may encourage further drug use.

Involvement in a local 'Pub Watch' scheme is an ideal way of promoting a joint, zero tolerance approach to drug misuse. Pub Watch meetings enable information on drug misuse to be shared amongst different pubs and helps to build up a picture of what is happening in your area.

Commonly used drugs are listed below along with their nick-names, appearance, symptoms etc but for more advice and especially if you think there is a drug problem in your pub then contact your local police.

Top Tip – don't be afraid to approach the police about this problem, they will be more than willing to help and it is a positive thing, better you approach them than they turn up and raid your premises and put your licence in question! They will, if they have the resource and time, visit you or your Pub Watch meeting and bring along examples of the drugs used and the paraphernalia associated with them for you and your staff to look at.

Commonly misused drugs you may encounter in your pub

(The list whilst no means exhaustive includes those I have encountered the most during my career)

COCAINE

(Coke, Charlie, C, Snow, Dust and Posh) White powder which is grainy and can sometimes appear slightly shiny.

Cocaine produces feelings of exhilaration, strength, alertness, sense of self importance, that everything they have to say is fascinating. Traces on smooth surfaces used to cut and snort the cocaine the top of toilet cisterns, toilet roll holders and toilet rims are tell tale signs. Tightly rolled bank notes used to pay for drinks and customers making frequent visits to the toilets are another thing to look out for. Cocaine numbs pain and so someone under its influence who behaves in an aggressive manner may continue to fight, despite having been restrained or injured. A runny nose and persistent sniffing are common symptoms associated with cocaine use.

CRACK

(Rock and Crystal) Crack is the smoked version of cocaine and comes in the form of small white or cream wax-like rocks a quarter of an inch in size.

Crack produces a rush of euphoria, a loss of self control and often increased aggression, followed by a rapid depression. Users can be very aggressive and unpredictable making them difficult to deal with. The hallucinations can result in feelings of super human strength. Crack is often sold in small medicine bottles or in paper and foil wraps.

CANNABIS

(Dope, Hash, Blow, Grass, Pot, Weed, Ganja, Skunk, Wakky Bakky and Spliff). Cannabis comes in three forms. Herbal, resin and oil. Cannabis in all its forms is mostly smoked, although it is sometimes used in cooking such items as “Hash Brownies”.

Cannabis produces a relaxed sense of wellbeing, making the individual more talkative, less inhibited. Impaired co-ordination and judgment, affects short term memory and some people can become physically sick which is known as a ‘whitey’. Cannabis has a distinctive smell, aromatic, sweet and slightly sickly will often be the first sign that it is being smoked in your pub along with torn beer mats, cigarette paper boxes with parts torn away or foam upholstery used to make filters.

AMPHETAMINES

(Speed, Uppers, Base and Whiz) Normally in powdered form but can also be found as a tablet or as a wet putty-like substance known as ‘base’. Generally white or slightly grey.

This drug causes increased alertness, an abundance of energy and confidence, confusion, rapid speech, dilated pupils, increased blood pressure and its effects are increased by alcohol consumption.

ECSTASY

(E’s, Doves, XTC, Mitsubishi, 69’s and Ferrari) Generally comes in tablet form, tablets can vary in shape, size and colour and generally have a logo on one side.

Dilated pupils are generally the first sign that someone is “Eeing”. An abundance of energy (which may cause them to want to dance all night) and confidence, increases their friendliness and sociability. Greater colour perception, loss of co-ordination and increased thirst are other symptoms. Increased blood pressure and body temperature can lead heart failure and liver damage and the hyperactivity it induces can lead to anxious and paranoid behaviour. Whilst generally associated with dance venues Ecstasy is often taken in pubs prior to going into nightclubs as many of those venues have strict search procedures.

GHB & KETAMINE

(GHB is also known as GBH, Gabba and liquid gold.) Ketamine is known as K, Special K & Ket) GHB comes in small bottles or capsules and is both odourless and colourless. Ketamine is a white powder that can also be sold as a tablet or as a liquid.

Small doses cause increased friendliness and sociability, however, larger doses cause sleepiness, muscle stiffness, loss of coordination and vision. Individuals under the influence will suddenly appear drunk despite having only had one or two alcoholic drinks. It can cause convulsions and breathing problems. GHB is associated with drug assisted sexual assault (date rape). Ketamine can cause hallucinations, vision problems. Mixed with alcohol it may cause heart failure.

HEROIN

(Smack, H, Horse, Skag, Junk, Dragon, Kit, Toot and Burn) Powder which can be off white, light or dark brown. Taken by either injection or by inhaling the fumes it produces when heated.

Heroin is a relaxant causing euphoria, drowsiness, dehydration and a lack of appetite. Users will feel tremors, cramps and severe sweating when unable to obtain another 'fix' of heroin (often known as withdrawal or "going cold turkey"). Those smoking use tin foil and a tube known as a 'tooter' through which to inhale the fumes used tin foil will show burnt heroin residue. Users who inject need a surface to heat the heroin, normally a spoon, the powder turns into a liquid which can be drawn up into a syringe and injected (jacking up). When searching users, great care must be taken as used needles can spread diseases such as hepatitis or HIV/AIDS. Any syringes should be disposed of carefully and you should have a "sharps disposal" kit in your pub for this eventuality.

QAT or KHAT

Qat is imported from Kenya, Ethiopia and Yemen on regular flights to Heathrow but has to be distributed rapidly as it has a lifespan of only 48 hours. It is sold in small shops and cafes in bundles costing £3 to £6 each.

Described as a herbal product made up of the leaves and shoots of the shrub *Catha edulis*, which releases a mild stimulant after being chewed for about an hour and three quarters. Its effects can induce mild agitation and nervousness similar to the effects of very strong coffee.

Classified as a Class C Drug in July 2013

MEPHEDRONE

(meph, drone, MCAT, meow meow, and bubble) Mephedrone can come in the form of capsules, tablets or white powder that users may swallow, snort, inject, smoke or use rectally

Produces similar effects to MDMA (the active ingredient in ecstasy), amphetamines, and cocaine. As well as producing the intended stimulant effects, negative side effects occur when mephedrone including: dilated pupils, poor concentration, teeth grinding, problems focusing visually, poor short-term memory, hallucinations, delusions, and erratic behaviour.

METHOXETAMINE

(Mexxy and MXE) used as an alternative to Ketamin

can cause , hallucinations and paranoia, agitation, cardiovascular conditions and hypertension.

"LEGAL" HIGHS

Finally a word on "legal highs", as these are subject to review at any point by the authorities my advice on these substances are to treat them as any illegal drugs - don't tolerate their use in your pub, if for no other reason that you wouldn't allow a customer to consume their own food or drink on the premises, neither should you tolerate a customer using something on your premises that replaces a sale of your products.

Five 'legal highs' are set to be banned by the Government from Friday 10 April 2015 for a period of 12 months while assessments are made as to whether they should be appropriately controlled.

The ban affects five compounds related to methylphenidate, which is a Class B drug.

One of the drugs being banned (ethylphenidate – also known as 'gogaine' and 'burst') has become an alternative to cocaine. In order to prevent users from switching to related drugs with similar harms, four further drugs will also be banned:

- 3,4-Dichloromethylphenidate ('3,4-DCMP');
- Methylnaphthidate (HDMP-28);
- Isopropylphenidat (IPP or IPPD); and
- Propylphenidate.