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▶ **LOSS PREVENTION**

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Drugs and Alcohol at Sea



**SHIPOWNERS**

SECURITY FOR SMALL & SPECIALIST VESSELS

### **Acknowledgements**

With thanks to:

The Nautical Institute for extracts from the book 'Illegal Drugs by Sea'.

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The information and recommendations in this booklet are given in good faith and are meant to highlight best practices, good seamanship and common sense to reduce incidents that result in related claims. However, Members must take into consideration the guidance and regulatory requirements given by flag States and other governing authorities when formulating policies in line with the contents of this publication.

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## Introduction

The Club has produced this publication to provide guidance for Members with the aim of preventing incidents which may arise as a result of drug and/or alcohol use. The pattern of life at sea for many seafarers involves periods cut off from ordinary life and entertainment. In some cases, seafarers sign off vessels with large sums of money either from their wages, or in the case of a fishing vessel, from their share of the catch. This combination of liquid assets and a desire to enjoy oneself following periods of what might have been isolation and repetitiveness, may entice a seafarer to consume excessive amounts of alcohol and/or drugs. This is made easier by how readily accessible drugs are in most towns and cities around the world.

Although it may be argued that the use of drugs whilst at home or on leave does not encroach on the zero tolerance policy of the ship owner, operator or employer, this argument has no weighting. It has been proven that most drugs have effects which continue long after drug taking has ceased. It may also only be a matter of time before the seafarer develops an addiction, leading to illegal substances being taken on board.

In most countries the law imposes a duty on the ship owner, operator or employer to provide a safe place for their employees to work. This includes providing crew members who are fit and capable of carrying out their duties safely. Seafarers who are under the influence of drugs clearly present a safety hazard for which an employer may find themselves both civilly and criminally liable.

The symptoms and effects of alcohol are widely known throughout the marine industry. Drug abuse is not so well known, nor is its affect on work performance, attitude and behaviour. The purpose of this booklet is to assist owners, operators and employers of seafarers by raising awareness of the risks and the effects of drugs to aid prevention, and to help with the identification of substances.

This booklet has been produced to aid the implementation of drug and alcohol policies and to assist with education of drug related problems. This document has not been compiled by medical or legal experts and where further guidance in these matters is required, the relevant experts should be consulted.

The information and recommendations in this guidance are given in good faith and are meant to highlight best practices, good seamanship and common sense to reduce incidents that result in related claims. However, Members must take into consideration the guidance and regulatory requirements given by flag States and other governing authorities when formulating policies in line with the contents of this publication.

## ▶ Drug abuse

### **What is a drug?**

A drug is any substance that alters the function of the mind or body.

### **What is drug abuse?**

Abuse is the inappropriate taking of illegal, prescription or over the counter drugs whether deliberate or unintentional. Unintentional abuse may be characterised as a dependency that has developed from the consumption of medication, which has been prescribed by a medical professional.

### **What are the effects of drug abuse?**

Drug abuse is a serious problem, which not only affects the abuser but also the safety of their crewmates and the vessel itself.

When taken in excess the chemicals contained in drugs can cause both physical and mental harm to the abuser. Most drugs adversely affect physical co-ordination, making the abuser a danger to those around them whilst they remain under the influence of the drug. Drug abuse alters the way a person thinks, perceives and feels, leading to impaired memory, judgement and concentration which can cause harm both to the abuser and to other people. Abuse may be accompanied by neglect in personal health and wellbeing and work performance usually suffers. Simultaneous use of drugs and alcohol is particularly dangerous and other consequences may include the contraction of HIV, AIDS and hepatitis through the use of contaminated needles.



## ▶ How can I tell if there is a drugs problem on board?

There are no social or class divisions of drug users. They may be found in all walks of life and at all social levels. The physical characteristics of drug addicts depend on the type of drug used and the time that has elapsed since the last dose. The drug user generally develops an ability to lie about their habit and keep it secret. Crew members may not notice a drug user among their colleagues. In a closed community such as a ship's crew there may be a strong bond of group loyalty, which may result in an unwillingness to believe the worst about a colleague. Crew members should be encouraged to report suspicious behaviour or if indeed they are aware of the presence of drug taking on board so that it can be investigated.

The only way of establishing with any degree of certainty whether there is a drugs problem on board your vessel is to embark on a drug testing programme. However there are a number of other indicators, which might help identify those with a drug problem.

These are:

- Sudden unexplained mood changes
- Unusual irritability and aggression
- Tendency to become confused
- Abnormal changes in concentration
- Poor job performance
- Poor timekeeping
- Loss of short term memory
- Loss of interest in job
- Deterioration of relationships with fellow crew
- Dishonesty and theft from the vessel or fellow crew
- Unexplained changes in financial circumstances

## ▶ The safety implications

Safe working practices are of paramount importance on an efficient and well-run ship. All drugs, including alcohol, over the counter and prescribed drugs, may have side effects which increase the risk of accidents on board.

The effects of a drug may not be limited to the time immediately after it is taken. Even in moderate doses some drugs remain in the body and affect the user for the following hours or days. Slow reaction times, poor co-ordination and loss of memory caused by drugs can turn everyday tasks into dangerous situations for the affected person and seriously increase the risk of on board hazards, not only for the drug abuser but for everyone else involved in vessel operations.

Perfectly legal drugs can adversely affect crew performance and can be potentially just as dangerous as illegal drugs. Whilst respecting individuals statutory privacy rights, companies should encourage crew members to disclose any medication they are taking that has been prescribed by their doctor. This is particularly important because certain prescribed drugs may also give a positive result in a drugs test. Company requirements can be laid out in a Drug and Alcohol Policy (D&A Policy), which communicates to seafarers the company rules.

At sea everyone is responsible, not only for their own safety, but the safety of others. It is in everyone's interest that drug abuse is eliminated from the marine industry.



## ▶ The legal implications

Whether your company has a zero tolerance policy or not the possession of some drugs is illegal, exposing the user to the risk of criminal charges as well as causing harm to their psychological and physical health.

If you knowingly permit the possession, trafficking or use of illegal substances to take place on board your ship, or allow an employee under the influence of drugs to continue working, you may be committing a criminal offence and could be prosecuted.

Furthermore, if you allow an employee under the influence of drugs to continue working and that employee causes an accident, you may be liable for any damage or injury which results.

The discovery of illegal drugs on board a vessel by customs officers can result in the vessel being detained and the owners or operators being fined. In extreme cases the vessel itself may be confiscated. Depending on the country in which drugs are found on board the penalties for individuals found with illegal substances can vary from fines to imprisonment or even the death penalty.

The measures taken by ship owners to prevent the use and presence of drugs on board vessels should not be limited to employees but also extend to third parties. Any contractors or visitors should be made aware that they must also comply with the policy during their time on board.

The development of a drug and alcohol policy may require the expertise of legal, occupational health and human resource professionals.

Drug users are more likely to be tempted into becoming involved in smuggling operations as a means of financing their expensive habit. Smuggling activities clearly increase the risk of a ship owner or operator being fined or having their vessel confiscated.

## ▶ Drug and alcohol policy

Drug Policies are often combined with the company's Alcohol Policy and are known as the Drug and Alcohol Policy (D&A Policy). It is important to stress the paramount importance of safety at sea. A drug free ship provides a safer working environment.

What are the advantages of a Drug and Alcohol Policy?

- It helps to protect the welfare of employees, shipboard safety and the environment.
- It will reduce the risk and cost of accidents caused by impaired judgement.
- It can reduce the cost of absenteeism or poor work performance.
- It can save on the cost and inconvenience of recruiting and training replacement crew when drug abusers become unreliable.
- It reduces the possibility of fines and vessel detentions.
- It can improve crew morale.

The D&A policy statement should make it clear that failure to comply with the policy will be considered a gross misconduct and may lead to the seafarer losing employment.

The D&A policy should clearly include:

- Its purpose and aims.
- An explanation that the carriage and use of drugs and alcohol on board as a safety issue and those suspected to be under the influence will be restricted from carrying out any work duties.
- The company's position that the use or possession of any unauthorised drug or alcohol on board any of their vessels is unacceptable.
- Acceptable alcohol limits where a zero tolerance policy is not adopted.
- What is prohibited (including any stipulated prescription drugs, over the counter drugs and 'legal highs').
- When and where the policy applies.
- To who the policy applies.
- When drug and alcohol testing may be carried out.
- The consequences of refusing to supply a sample for analysis.
- The disciplinary procedure when the policy is not complied with.
- Who is responsible for enforcing the policy.
- Advise of the level of misconduct when drug samples test positive and the subsequent consequences.

- Declaration that the company will cooperate with local country authorities, where necessary.
- The necessity of maintaining records.
- The requirement to declare to the Master any medications being taken (prescribed or over the counter).
- Action to be taken by those who do not understand or cannot comply with the requirements of the drug and alcohol policy.
- Reference to the Safety Management System (SMS), if applicable, where more detailed advice should be incorporated.

Reference is made to the *IMCA Guidance on Drug and Alcohol Policies and Testing*<sup>1</sup> regarding prohibition of substances:

‘The company could prohibit the use, possession, sale, manufacture, distribution, concealment or transportation of any prohibited substances, illegal drug equipment or paraphernalia. The use of the term ‘any prohibited substance’ gives the opportunity to be specific as to what exactly is prohibited. In general the term includes illegal drugs and alcohol but it could also include prescription drugs or over the counter medication that may cause impairment.’

<sup>1</sup> Guidance On Drug & Alcohol Policies and Testing, IMCA SEL 040. (2016). International Marine Contractors Association (IMCA), p.4.

## ► Crew contracts

The inclusion of a drugs and alcohol clause within a seafarer's employment agreement ('the contract') clarifies the responsibilities and obligations of both parties, irrespective of whether the seafarer has a joint venture (such as a share fisherman) is temporary agency personnel or a direct employee of the company.

If the seafarer is a direct employee, national law may dictate that a D&A policy is required and the Club recommends that where necessary, when drafting a drug and alcohol clause thought should be given to the prevailing law of the contract and the nationality of the seafarer; it may be appropriate to take professional (legal/human resources) advice.

It is particularly important that crew members understand that by signing the contract, they give their consent to submit to the company's drug testing programme and authorise the company to receive the results of those tests. We would recommend that such a clause should:

- Reiterate that the company's D&A policy is of prime importance.
- Stress that no person shall take on board or be in possession of any unauthorised drug.
- Define an unauthorised drug as a drug which has not been prescribed by a fully qualified medical practitioner for use by the particular crew member.
- Stress that crew members shall disclose to the Master details of any prescribed or over the counter drugs which they are carrying/using.
- State that they specifically consent to provide samples for testing on request and that refusal to provide samples when requested to do so will in itself be considered serious misconduct.
- Explain that being in possession or under the influence of any unauthorised drug on board the vessel or reporting for duty under the influence of any unauthorised drug is serious misconduct which will result in immediate suspension and further disciplinary action.

## ► Dealing with and preventing the use of drugs on board

To try and mitigate against the use of drugs on board you should:

- Devise and implement a written policy on drugs.
- Implement a prevention and education programme to provide the seafarer with clear factual information about the nature of drugs, the short and long term effects of their use and the implications for the seafarer and their personal safety on board ship.
- Introduce a drugs and alcohol clause to your seafarer's contract of employment.
- Implement a drug screening /testing programme.
- Reiterate your zero tolerance on drug use, if applicable.
- Facilitate social interaction on board by means of interactive group recreational facilities.
- Promote a positive attitude and interest towards personal health and fitness by providing a varied, healthy and interesting diet and so far as practicable, fitness equipment for physical health. The Club's Seafarer Health Information Programme, produced in partnership with the International Seafarers' Welfare and Assistance Network, provides further guidance on seafarer health and wellbeing ([www.shipownersclub.com/loss-prevention/ship](http://www.shipownersclub.com/loss-prevention/ship))



## ► Education

The second line of defence against drugs is through training and education. There is a considerable amount of inaccurate information and misconceptions in relation to drugs and their use. The first priority must be to provide clear factual information about the nature of drugs, the short and long term effects of their use and the implications and consequences for the seafarer and safety on board.

There are many sources of information freely available on the internet to assist with educating personnel but owners and managers are advised to ensure that educational content chosen is appropriately sourced from recognised and specialist organisations prior to distributing.

The World Drug Report 2017<sup>2</sup> summarised that while there has been a slight decline in the use of some drugs such as cocaine, there has been an increase in the consumption of cannabis and opioids (pain killers), and that the overall use of drugs worldwide has remained at the same levels as a result. Data collected during this United Nations Office on Drugs and Crime (UNODC) study demonstrates that cannabis is the most widely used drug, with a correlated increase in the number of people undergoing treatment for cannabis related long term health side effects.

A popular myth concerning cannabis is that because it is 'naturally' derived, it is harmless. Research has proven that this is a fallacy and that cannabis smokers are far more likely to develop lung, neck and head cancer than cigarette smokers. The UK government organisation 'Talk to FRANK'<sup>3</sup> points out that cannabis can cause paranoia manifesting as anxiety, panic or suspicion and negatively affects brain development in addition to inducing memory loss.

The prevalent drug type differs across the various regions of the world. Whilst cannabis is predominant in Europe and North America, cocaine remains widely used in South American countries. Since 2009, there has been a dramatic rise in the development and distribution of synthetic drugs. These new psychoactive substances have risen in popularity with methamphetamine remaining the most used. Many countries have now introduced national legislation criminalising the distribution of psychoactive substances, also known as 'legal highs' with other jurisdictions following suit.

Drugs administered via injection carry additional hazards, particularly where users share or reuse paraphernalia. There is an identified connection between drug abuse delivered

2 United Nations Office on Drugs and Crime, World Drug Report 2017 (ISBN: 978-92-1-148291-1, eISBN: 978-92-1-060623-3, United Nations publication, Sales No. E.17.XI.6).

3 Talktofrank.com. (n.d.). FRANK. [online] Available at: <http://www.talktofrank.com/>

by means of injection and the contraction of HIV and AIDS. Those using drugs taken using injections also run a higher risk of dying from an overdose.

The illegal trafficking of drugs is more frequently carried out on land. However, due to the amounts that can be transported by sea, maritime seizures account for 59%<sup>4</sup> of drug confiscations, by quantity.

4 United Nations Office on Drugs and Crime, World Drug Report 2015. United Nations Office on Drugs and Crime (UNODC).

## ▶ Control of medical supplies on board

Security of and access to medical supplies carried on board should be appropriately restricted. One officer should be designated to be in charge of monitoring, replenishing and inventorying the supplies with the necessary record keeping. Where required, controlled drugs shall be locked in a cabinet and the vessel should also be provided with a secure refrigerator.

A log of medicines issued to crew for treating ailments should be maintained. Upon joining a vessel, crew should be prompted to notify the master of any medication they might be carrying/consuming whilst employed on board, with records made in the appropriate logbook. Further guidance can be obtained from the vessel's flag State including their specific statutory requirements.





## ▶ How do I implement a drug screening and testing programme?

Ship owners/employers should aim to work effectively with their employees to promote the concept of drug testing as an integral part of their health and safety at sea policy. Screening will then be viewed as acceptable by seafarers as a means to prevent unnecessary risks to abusers and their colleagues in the workplace.

To successfully implement a drug screening and testing procedure you must first explain to crew members the importance and benefits of having such a policy. Ship owners/employers should consult with providers of testing equipment to identify the most suitable means of testing for their vessel(s), to meet their particular needs. These needs may vary depending on whether there is an existing drug abuse problem on board, the operating area of the vessel or perhaps any statutory requirements.

Drug testing by its nature is personal and must therefore be undertaken tactfully with appropriate concern for the rights of the individual crew member. It should be borne in mind that every test has the potential to have a profound effect on an individual's future and should therefore be carried out with care using internationally accepted procedures.

## ► Legal considerations for drug screening and testing

The legal requirements, methods and leniency for the screening of drug and alcohol abuse vary between countries. In any event, the rights of an individual being screened/tested must be observed in line with *STCW, section B-VIII/1 Guidance regarding fitness for duty* and any relevant national legislation, in order to avoid an accusation or the results of tests or the methods with which samples were obtained being contested and therefore exposing the ship owner to legal disputes.

Although most countries support the concept of removing drugs from the workplace there may be restrictions on the steps that the ship owner or employer may take to ensure their vessels remain drug free.

The extent of any restrictions varies considerably from one country to another. For example some countries only limit an employer's right to carry out drug screening tests as part of the interviewing and recruitment process. In others an employer's ability to carry out random testing of existing employees may be limited.

However, problems are not simply confined to the testing process. Human rights and employment laws can limit the courses of action open to an employer when evidence of drug abuse is discovered.

We recommend that employers obtain detailed advice about their position from lawyers specialising in employment law. The advice should encompass the law not only in the flag State but also in any other country connected with the seafarer, including their country of residence, the country in which they were recruited, and the country of domicile of any crewing or manning agent.

## ► What form should drug screening and testing take?

Drugs can be detected in urine, breath, blood, saliva, hair and sweat. Urine and breath screening are the most popular methods used at sea, being relatively simple and capable of being administered by shipboard personnel.

There are a number of ways of testing samples, ranging from do-it-yourself kits through to detailed laboratory analysis. The kits currently available on the market provide a simple, quick and relatively cheap screening test. The drawback is that they may not be accurate enough to constitute a definitive result and evidence of gross misconduct. It can however be used as a tool to indicate that a drug test by a medical professional is required. Where a more accurate result is required a full analysis by an independent laboratory working to international standards should be carried out, as per the established company procedure.

The Club recommends that where disciplinary action is contemplated a full laboratory test should be conducted. The resulting evidence and expert opinion also provides clarity when deliberating the decision as to the continued employment of personnel who have tested positive for drugs/alcohol, in contravention of the company's policy.

Whichever system you adopt it is important to ensure that the procedures are properly defined and followed. For example, sample collection procedures should make sure that there is no opportunity for the individual to dilute or substitute or otherwise alter the sample. Any sample sent to a laboratory must be sent in a tamper-proof container with a unique identifier linking to the individual, the sample and the chain of custody of documentation. This is essential as in a legal dispute, it may be necessary for the company to prove that the samples could not have been tampered with. It is also important that the administrator of any on board screening is suitably trained and qualified in the use of such equipment.

## ▶ When should drug screening and testing be conducted?

The effectiveness of a drug screening and testing programme depends entirely upon its deterrent value. In other words it depends on whether the crew members believe that drug users will be detected or whether they believe that the system can be beaten. For example if seafarers feel that once a ship has been tested they are safe for six months, its effectiveness is greatly diminished.

There are a number of different methods of drug and alcohol testing. These include:

- Pre-employment
- Routine medicals
- Periodic
- Reasonable cause
- Random
- Post incident
- Random

Each has advantages and disadvantages, as highlighted in the following table. We recommend that more than one method of testing is utilised and that every programme should, if possible, include random testing.

Pre-employment testing may take place when the company first employs an employee. It can also be carried out when an employee is promoted, especially where the new position is considered to be safety critical. Employers may wish to carry out testing on an employee who, for one reason or another, was on a leave of absence during the implementation of a drug and alcohol policy.

Routine testing may be carried out on an annual or six monthly basis. In some cases, an employer may wish to implement breathalysing of crew members upon their return from a shore visit.

Employers may choose to implement periodic testing by a medical physician; this may be incorporated into the medical fitness test required by most flag States.

It may be necessary to carry out testing should there be reasonable cause for concern where an individual is suspected of being under the influence of drugs or alcohol, in contravention of the company policy.

Random testing is a good option, which ensures that employees do not become complaisant to the company policy, as they would generally not be aware of when the tests would be conducted.

It may be necessary and is considered good practise to carry out drug and alcohol testing should an incident occur on board. This can help to protect the ship owner/operator and seafarer should the sobriety of an individual be called into question.

Type	Advantages	Disadvantages
Pre-employment	<p>Establishes company's attitude to drugs and alcohol.</p> <p>Deters drug users joining the company. Does not require changes to terms and conditions of employment.</p> <p>Helps to introduce the concept of testing to other employees.</p> <p>May create a 'blacklist' of applicants in some sectors.</p>	<p>Needs record-keeping to avoid people re-applying for the same job.</p> <p>Result is only valid for the day of the test.</p> <p>No deterrent factor for future use.</p> <p>May be prohibited by local employment law.</p>
Routine medicals and periodic	<p>Easy to administer.</p>	<p>Advance notice of dates means alcohol/illegal drug use can be adjusted to avoid detection.</p>
'Reasonable cause', i.e. behavioural indicators	<p>May confirm suspicion of drug/alcohol consumption contributing to impairment and/or deteriorating work performance.</p> <p>If negative, may direct attention to some medical condition or other cause.</p>	<p>Perception of victimisation.</p>

Type	Advantages	Disadvantages
Random, unannounced	<p>Unpredictable.</p> <p>Constant possibility of selection means constant threat of detection.</p> <p>An impartial selection method can be audited by crew representatives.</p> <p>Demonstrates company's pro-active approach to safety.</p> <p>Deterrent effect encourages people to recognise problem use at an earlier stage.</p> <p>Nil or below average positive rate is positive image for company.</p>	<p>Need to closely define and monitor reasons for 'unavailability' for test.</p>
Post incident	<p>Indicates whether drugs or alcohol might have contributed to incident.</p> <p>Demonstrates that drugs/alcohol did not contribute to incident which brings public relations benefits.</p>	<p>If drugs/alcohol are found this may mean that other contributory factors are ignored.</p> <p>If drug or alcohol related this is identified after the event, i.e. too late.</p>

## ▶ Drug clearance times

The times shown below are based on a person of average stature and no established tolerance to the drug taken, with the exception of cannabis, in a moderate dose. The clearance times shown are minimum periods necessary to reduce the amount of drug remaining in the body to internationally accepted levels. Traces of drugs may remain in the body for much longer. These times may increase depending upon individual metabolism, drug purity and quantity involved.

**Table 2 - Drug clearance times**

Drug	Time (Urine/ saliva/blood)	Time (Hair)
Amphetamines	1-5 days	90 days
Opiates	1-5 days	90 days
Ecstasy	1-5 days	90 days
Methadone	1-10 days	90 days
Heroin	2 days	2 days
Cocaine	2-3 days	90 days
LSD	3-5 days	90 days
Ketamine	7 days	90 days
Cannabis - Heavy User (3+ Times per Week)	4-28 days	90 days
Cannabis - Chronic (Longer Than 3 Months)	4-77 days	90 days

## ► What to do if a drugs test proves positive?

A positive screening test should result in the immediate suspension of the seafarer from seagoing duties/employment pending confirmation of the result from an independent testing laboratory or medical professional.

Further disciplinary action should only be taken after full and fair investigation in which the crew member has the opportunity to challenge the results. If it becomes clear that drugs have been abused then disciplinary action should follow in accordance with the provisions of the crew contract and national law.

In some jurisdictions, employers may be obliged to support personnel who are suffering from drug abuse. Drug abuse is categorised as an illness in some countries and as such this may necessitate the continued employment of a drug user until they have completed a rehabilitation program and had the opportunity to recover. During this rehabilitation period, the individual in question should not be employed in a role where there is a risk that their presence may jeopardise safety on board.

In any event a drug user should be made aware of the dangers drugs pose to themselves and others at sea and should be encouraged to seek assistance from their doctor and other specialised agencies.



## ► What to do in an emergency?

You may find yourself in a situation where you need to perform emergency first aid, if a person has taken drugs or consumed an excessive amount of alcohol. Below are two possible options giving guidance on how these situations can be dealt with.

### **Guidance from the Ship Captain's Medical Guide**

Alcohol abuse, drunkenness:

People who are drunk but conscious should be encouraged to drink a pint of water to prevent a hangover caused by alcoholic dehydration and to go to bed. If they are seriously drunk they should not eat anything until they have recovered. It is advisable that someone stays with a person who is seriously drunk because they may inhale their vomit whilst asleep.

If in port, a person unconscious from alcohol should be sent to hospital. If the patient has to be kept on board, they should be put to bed and managed as in the routine for unconscious patients. Remember that they should never be left alone in case they move out of the unconscious position and die from inhaling vomit.

Alcohol abuse, delirium tremens (DTs):

The patient should be confined and nursed as described for the mentally ill. There should be subdued lighting by day and by night to reduce as far as possible the imaginary visions they are likely to see. They should be encouraged to drink plenty of sweetened fluid and, if they will eat, should be given food. The attack may end with the patient sleeping for up to 24 hours.

Under the influence of drugs individuals may feel tense and panicky or sometimes drowsy depending on what they have taken. If this happens:

- Calm the person and be reassuring. Try not to panic. Speak in a normal voice and if you feel scared or worried, try not to let them see it.
- Do not frighten or startle them, or let them exert themselves.
- Explain that the feelings will pass.
- Encourage them to settle in a quiet, dimly lit room.
- If they start breathing very quickly calm them down and tell them to take long, slow breaths.
- **Never** give them coffee to rouse them.
- If symptoms persist, place them in the recovery position.
- Obtain medical advice by radio.

Remove any drugs from the patient and try to identify them and their source. If in any doubt about the diagnosis obtain **radio medical advice**. If the patient is unconscious, give the appropriate treatment. If the symptoms are those of mental disturbance, read page 158 of The Ship Captain's Medical Guide.

**NOTE:** Police and Customs take a very strong interest in certain drugs and how they come to be on your ship. Any confiscated drugs should be clearly labelled and locked away in a secure place and entered in the Official Logbook. Presence of drugs on board should be properly reported to the appropriate States (flag State/State of next port of call) according to the necessary requirements.

An overdose of most drugs will cause unconsciousness. If this happens:

- Place the person in a recovery position so they will not choke if they vomit.
- Check breathing and be prepared to do mouth-to-mouth resuscitation.
- Keep them warm, but not too hot. However if someone has taken ecstasy and you think they may have overheated, make sure they have plenty of cool, fresh air and remove any excess clothing such as a hat, gloves, etc.
- Stay with them at all times.
- Call for medical assistance by radio. If the casualty is evacuated send any drugs found in their possession with the casualty.

The recovery position:

- Pull up the leg and the arm on the side to which the head is facing, pull up the chin;
- Position the other arm with hand placed under the head as pictured in Figure 1.

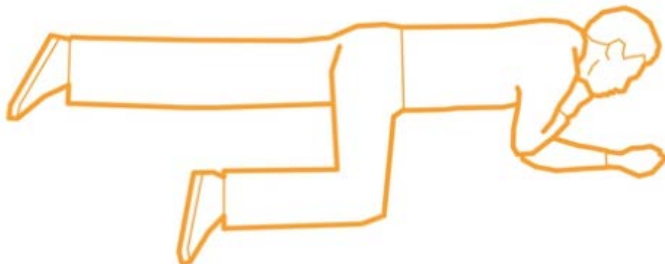


Figure 1: Recovery position (Source: Talk to FRANK, emergency help)

## **Guidance from Talk to Frank**

The first things you should do are:

- Stay calm.
- Calm them and be reassuring. Don't scare them or chase after them.
- Try to find out what they've taken.
- Stay with them.

If they are anxious, tense or panicky you should:

- Sit them in a quiet and calm room.
- Keep them away from crowds, bright lights and loud noises.
- Tell them to take slow deep breaths.
- Stay with them.

If they are really drowsy you should:

- Sit them in a quiet place and keep them awake.
- If they don't respond or become unconscious call an ambulance immediately and place them in the recovery position.
- Don't scare them, shout at them or shock them.
- Don't give them coffee to wake them up.
- Don't put them in a cold bath to "wake them up" – this wastes time and there's a risk of drowning.

If they are unconscious or having difficulty breathing you should:

- Immediately seek radio medical advice.
- Place them into the recovery position.
- If alongside in port, stay with them until the ambulance arrives.
- If you know what drug they've taken tell the ambulance crew, this can help make sure that your friend gets the right treatment straight away.

## ► Appendix

This Appendix contains details of commonly encountered drugs with descriptions and details as can be found on the FRANK website ([www.talktofrank.com](http://www.talktofrank.com)).

Drug dependence can take various forms such as:

### **Physical addiction**

In the case of physical addiction the body develops a craving for the drug, withdrawal symptoms occur when the drug is withheld and levels of the substance deplete. Some of the symptoms are physically visible in the form of excessive sweating, a constant desire for liquids, scratching, twitching of muscles, irritability, diarrhoea, muscle spasms and in extreme cases, coma and death.

### **Psychological addiction**

Where there is a psychological addiction, the mind develops a dependence on the drug although there may be no physical dependence. Withdrawal symptoms are not as pronounced as in physical addiction but there may still be irritability, fits of anger, fixation on taking a further dosage, irrational behaviour, feelings of victimisation etc.

### **Environmental addiction**

This can occur when the addict becomes accustomed to a particular lifestyle, social meetings or meeting places. It is not just possible for opium or cannabis users, all drug users may be conducive to environmental addiction and this provides opportunities for both addicts and drug dealers. If drugs circulate in particular places the addict has a permanent source and the dealer a constant market.

### **Bodily tolerance**

When physical addiction occurs the body requires progressively larger doses of the drug to achieve the same level of intoxication or 'high'. The quicker this increase is noted the higher the body tolerance is said to be.

## ▶ Speed



### **Description**

Speed is a street name for amphetamine sulphate and may also be used to refer to other types of amphetamines. This substance is a stimulant and is often used to keep users awake, energised and alert.

Users of this drug might be described as excited and/or chatty. People can become overactive, agitated and in some cases acutely psychotic, experiencing delusions. The high is normally followed by a long, slow comedown during which users can experience depression and may feel irritable this can lead to taking more of the drug to try to avoid the comedown. Those with high blood pressure or pre-existing heart conditions are particularly susceptible to heart attacks. There is also the added risk of dangerous infections being spread such as HIV and hepatitis B or C if injecting equipment is shared. Many users become physically run down, leaving them susceptible to a wide range of infections.

### **Appearance**

Products vary in colour from off-white to a pinkish powder and can sometimes look like small crystals. They are often damp and may feel like putty.

**Smell**

No significant scent.

**Administration**

Pills are usually taken orally or as a powder can be sniffed or rubbed on to the gums. Sometimes it is rolled up in a cigarette paper and swallowed (known as bombing), added to drinks or dissolved in water and injected.

**Associated Equipment**

Empty wrappers, occasionally hypodermic syringes and needles.

Popular Myths	
Fiction	Fact
They are harmless. They just pep you up.	Instances of renal failure have been reported and these substances are known to affect other internal organs.
They can be combined with alcohol and other drugs.	Combining Speed with other substances increases the chances of adverse effects on the body.

## ▶ Cannabis



### **Description**

Cannabis is a sedating and hallucinogenic drug the effects of which can be pleasant or unpleasant. Users may appear to be relaxed, happy and giddy or the drug may cause paranoia manifesting as anxiety, panic or suspicion. Another risk of using this drug is depression and it is also proven to have a negative effect on brain development and the ability to learn. Its use affects short term memory, the ability to concentrate and co-ordination thereby increasing the risk of accidents.

This substance can induce drowsy and uninhibited behaviour with the addict exhibiting markedly slow reactions. There will be a marked inability to follow reasoned argument, the pupils of the eye will dilate and the user may exhibit aggression when confronted. Cannabis may induce cravings for certain foods.

### **Appearance**

Cannabis is one of the most common illicit drugs and can be found in three forms:

*Herbal (marijuana):* This is found as a green, yellow or brown herbal material, rough or fine in texture depending on the grade of the sample and similar in appearance to dried stinging nettles or hay. Stalks, stems and twigs may be present as well as small white seeds. The substance smells of spicy damp earth and mild rotting vegetation. There is a noticeably acrid 'bonfire' smell when being smoked. The smell will linger in a non-ventilated environment.

**Resin:** This appears as beige to dark brown or black (occasionally with a yellowish or greenish tinge) and is normally found as slabs or small chunks, although occasionally in powdered form or moulded shapes. It is slightly sticky in texture. The substance can be moulded into various shapes such as the soles of shoes, beads, carved heads, etc.

**Oil:** This appears as a dark green to black, occasionally golden, viscous oily liquid, and has a smell similar to herbal cannabis but stronger.

### Smell

In general, all forms of cannabis have a spicy smell reminiscent of damp earth and rotting vegetation. It is likely to cause nausea where exposure is prolonged. The smell varies with the age of the sample but is more noticeable in oil than in resin, which is itself stronger smelling than the herbal variety. The smell of the drug lingers in the clothing and the atmosphere where it has been smoked.

### Administration

The herbal and resin forms of cannabis are usually smoked, but they may be eaten or chewed. In its oil form it can be painted on cigarettes. Cooking with and eating it makes the effects more intense and hard to control.

### Associated Equipment

Cigarette papers, often several layers, small earthenware bowls, wood pipes or any wide-bored article such as animal horns, water pipes, plastic bottles or crude cardboard tubes or filters are used – all designed to cool the temperature of the smoke. Commercial cigarettes may also be found with a line of oil 'painted' around them.

Popular Myths	
Fiction	Fact
Cannabis is an aphrodisiac.	The drug can reduce sperm count and fertility.
It is harmless.	Some experts believe it is stored in the brain and lowers the intelligence rating. It is also carcinogenic.



## ▶ Cocaine



### **Description**

Like an amphetamine, cocaine produces psychological arousal accompanied by exhilaration, decreased hunger, indifference to pain and fatigue and feelings of great strength and mental capacity. Users will exhibit pinpoint pupils and suffer from a highly excitable state and erratic behaviour. They will be talkative and may have an increased heart rate and respiration.

Repeated doses over a short period of time can lead to an extreme state of agitation, anxiety, paranoia and perhaps hallucination. Continued use can also cause heart problems and chest pain. Heavy use can cause convulsions and can also damage the lungs.

When sniffed, the physical effects peak after about 15-30 minutes and then diminish. The after effects will include fatigue and depression. This means that the dose may have to be repeated every 20 minutes or so to maintain the effect. Withdrawal symptoms include depression, anxiety for another dosage and feelings of victimisation.

The physical signs of abuse include injection marks, abscesses on gums, running nose, sniffing and streaming eyes.

### Appearance and smell

Cocaine comes in three forms: coca leaf, coca paste and cocaine.

**Coca Leaf:** This appears as an elliptical leaf, greenish brown to red in colour, similar to large bay leaves in appearance, usually dried. It is odourless.

**Coca Paste:** This appears as a white to off-white or creamy coloured putty-like substance. It has a strong chemical odour, rather like linseed oil.

**Cocaine:** This appears as a fluffy white crystalline powder (powder cocaine) or in crystal form (crack cocaine), though occasionally transported as a colourless solution. It is odourless.

### Administration

The substance can be inhaled, injected or rubbed into gums, genitals or the anus. Regular users with sufficient supplies (and funds) might consume 1-2 grams a day. Injection carries with it the added risk of contracting HIV or hepatitis C if needles etc. are shared.

### Associated Equipment

Equipment consists of hypodermic syringes, needles, eye-droppers, snuff spoons, razor blades, mirrors, fancy phials or pill boxes, straws, etc. The 'sniffing' paraphernalia can be antique or expensive metal tubes encrusted with precious stones worn as ornaments. Less wealthy addicts use plastic spoons, straws, empty ball point pen pens, etc.

Popular Myths	
Fiction	Fact
It is not physically addictive like heroin.	Although there are no physical withdrawal symptoms there is a very strong psychological addiction. The drug can also damage the membranes lining the nose and also the structure separating the nostrils.
It does not do any real harm.	HIV has commonly been transmitted by contaminated needles or syringes. There is no known cure for HIV.

## ▶ MDMA (ecstasy)



### **Description**

Ecstasy is a drug called MDMA (methylene dioxymethylamphetamine), a natural version of which is found in nutmeg and oil of sassafras. Ecstasy is a stimulant drug with some of the properties of LSD but it does not cause hallucinations.

The effects of ecstasy depend on the amount taken and the surroundings in which the drug is taken. These include alertness, sweating, dry mouth, increased heart rate and loss of appetite. This may be followed by feelings of serenity and calm, emotional closeness and understanding with the people around the user. There is often an increase in the sensitivity of both touch and hearing. Ecstasy is not a truly hallucinogenic drug but some visions are sometimes seen when high doses are used. The effects usually peak for about two hours although they may persist for several hours in total.

Ecstasy can leave users feeling tired and depressed for days and has been linked to liver and kidney problems. Other side effects include nausea, dizziness and jaw tension. When taken in larger doses users may suffer anxiety and panic attacks, insomnia and confusion.

### **Appearance**

Ecstasy is a white powder but usually comes in tablet or capsule form which varies widely in colour and size. These different 'brands' of ecstasy are sold under different names. Tablets change from week to week and counterfeit tablets are sold widely so descriptions and brand names are pointless. However many are based on cartoon characters, animals,

cars or other symbols and an impression is shown on the face of the tablet. Tablets can contain other substances like para-Methoxyamphetamine (PMA) which can be fatal. Similar to ecstasy, PMA takes longer to take affect which leads to users to take more/ larger doses and therefore inadvertently overdosing.

### **Smell**

There is no distinctive smell associated with ecstasy.

### **Administration**

Tablets are swallowed.

### **Associated Equipment**

None.

<b>Popular Myths</b>	
<b>Fiction</b>	<b>Fact</b>
Ecstasy is harmless.	Because ecstasy increases heart rate and blood pressure there is a risk for anyone with heart problems or high blood pressure. Many experts now believe that ecstasy can lead to brain damage.

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## ▶ Gases, glues and aerosols (solvents)



### **Description**

Solvents are substances that are inhaled to get 'high'. They include glue, lighter fuel, petrol, gas canisters (including laughing gas) and aerosols. The product used is often determined by availability and some products also contain more dangerous chemicals.

They are depressants with the effects similar to those of alcohol and may bring on light-headedness, giddiness and a sense of adventure and in larger doses unsteadiness, confusion and drowsiness increasing the likelihood of accidents. The effects do not usually last longer than half an hour.

Inhaling solvents can cause vomiting, blackouts, headaches, mood swings, aggressive behaviour and heart problems that can be fatal. Squirting gas products down the throat can cause the throat to swell, obstructing the airway and may cause the body to release fluids that floods the lungs, causing instant death. The user may develop a rash around the mouth.

Long term abuse can damage the brain, liver, kidneys and muscles. The slowing effect on the heart can cause sudden death, known as 'Sudden Sniffing Death'.

Due to the chemical and flammable nature of the products used these substances also pose a fire risk when built up in enclosed spaces such as cabins.

**Administration**

Sniffed or breathed into the lungs from a cloth, sleeve or bag. Gas products are sometimes squirted directly into the back of the throat.

**Associated Equipment**

None.

Popular Myths	
Fiction	Fact
Solvents are no worse than alcohol.	Long term abuse can damage the brain, liver and kidneys.

## ▶ GHB

### Description

GHB is short for gammahydroxybutyrate. GHB has sedative properties and can produce feelings of euphoria also known to reduce inhibition. The effects have been known to last for up to seven hours.

Abuse of GHB can lead to sickness, stiff muscles, fits and collapse. It is very dangerous and can be fatal when mixed with alcohol or other drugs and alcohol. When the substance is improperly mixed it may burn the mouth. GHB is a very strong substance and even experienced users are at risk of unconsciousness, coma and death. Due to its potency it has been known to be used in assisting sexual assaults in order to subdue the victim.

### Appearance

It is a colourless liquid which normally comes in small bottles or capsules.

### Smell

Odourless.

### Administration

The liquid is swallowed, usually by the capful.

### Associated Equipment

None.

Popular Myths	
Fiction	Fact
It can be used to build muscle.	There is no evidence to suggest that GHB helps build muscle in the body.
GHB isn't addictive.	It is highly addictive, and frequent use can lead to a withdrawal syndrome known as GHB psychosis.

## ▶ Heroin (opioids)



### Description

Heroin is a chemical derived from opium similar to morphine. Like sedatives heroin depresses the nervous system activity including reflex functions such as coughing, respiration and heart rate. It also dilates blood vessels, giving a feeling of warmth and depresses bowel activity, resulting in constipation. Those who start by smoking or snorting heroin sometimes switch to injecting it to maximise the high. Needle marks may be present on a user.

When morphine is made into heroin for medicinal purposes it is called diamorphine and is stronger than morphine and opium.

Immediately after taking the drug the user's eyes will become constricted. Subsequently the pupils will dilate and the drug will induce a drowsy torpid state in the addict, with dilated pupils, constipation and a slow response to stimuli. Heroin is very addictive and can dominate a user's life, resulting in them taking the drug just to feel normal. In the longer term loss of appetite and general apathy may result in the addict becoming emaciated and in poor health with poor hygiene. Symptoms are similar to influenza or malaria but longer lasting effects will appear if the drug is withdrawn. Excessive use can result in overdose, coma and possibly death. Injecting adds the risk of dangerous infections being spread such as HIV and hepatitis B or C if equipment is shared.



### Appearance

Heroin comes as a white powder when pure but street heroin is usually cream to brown in colour.

### Smell

Generally odourless but may have a faint vinegary smell.

### Administration

Heroin may be smoked, inhaled or injected.

### Associated Equipment

This may consist of pipes, porcelain bowls, skewers, small peanut oil lamps, rags, charred silver foil, matchbox covers, hypodermic needles and eye droppers. Possession of opium based drug utensils is in itself an offence in many countries.

Popular Myths	
Fiction	Fact
The high purity of black market opiates is guaranteed.	Purity at street level varies greatly. Substances are frequently cut with sugar, caffeine, milk powder, benzocaine, diazepam and phenobarbitone.
Addiction to heroin is easily cured.	Recovery from addiction is a physically and psychologically painful process.
The substance is not really dangerous.	HIV can be transmitted by using infected needles or syringes.

## ▶ Ketamine (special K, vitamin K, K)



### **Description**

Ketamine is an anaesthetic drug with painkilling and psychedelic properties. It is very similar to the anaesthetic drugs used by vets when they operate on animals.

Ketamine is a hallucinogenic that makes users feel that their mind has been separated from their body. These out of body and hallucinatory experiences can last for several hours, during which time the user may be unable to move much, if at all, and can feel dizzy. Like LSD the drug's effects are influenced by the user's mood and environment. Experiences can be very alarming.

Because the drug numbs pain, users can seriously injure themselves without realising it. The drug carries a risk of heart failure and breathing problems and is extremely dangerous if mixed with alcohol and other drugs. Injecting adds the risk of dangerous infections being spread such as HIV and hepatitis B or C if equipment is shared.

### **Appearance**

Ketamine is a grainy, white powder which is often pressed into tablets.

### **Smell**

No distinctive smell.

### Administration

In powder form ketamine is inhaled up the nose. Tablets are ingested and when the substance is dissolved it can be injected.

### Associated Equipment

The powder form is normally inhaled through a tube which may be purpose designed. Alternatively straws and empty ballpoint pens may be used. Needles and syringes will be present if the user is injecting.

Popular Myths	
Fiction	Fact
Ketamine is not addictive.	Although ketamine is not physically addictive it is psychologically addictive; addiction which is still difficult to overcome.
Ketamine and alcohol can be mixed safely.	Alcohol intake can increase the negative affects of Ketamine.
Ketamine causes psychosis.	Ketamine does not cause psychosis but may make psychosis, which already exists, more apparent.

## ▶ LSD (acid)



### **Description**

Lysergic Acid Diethylamide (LSD) is a synthetic substance which is a hallucinogenic drug and has a powerful effect on the mind. The effects are known as a 'trip' and can last anything between 5 and 24 hours although 6 to 12 is more usual.

While under the influence of the drug the user will experience their surroundings in a very different way and the user's mood and environment influence the effects. Their sense of movement and time may speed up or slow down, and objects colour and sound may become distorted. The experience differs every time the drug is used. Once the effects have begun there is no way of stopping them, and the experience may be terrifying.

Users may feel very threatened, agitated or confused and can even forget that the drug is responsible. Feeling paranoid or out of control can leave users shaken for a long time afterwards. Users may experience flashbacks where parts of a trip are briefly relived some time after the event. LSD can complicate mental problems such as depression, anxiety and schizophrenia.

### **Appearance**

LSD is usually sold as 'tabs' or 'blotters' which are pieces of paper, smaller than a postage stamp, which have been soaked in the substance. Often these tabs will be noticeable with mystic signs, cartoon characters or miniature pictures printed on them. LSD can also come in the form of liquid, pills or tiny pellets.

**Smell**

All forms of the drug are odourless.

**Administration**

This can be by eating or by rubbing into gums, genitals or anus.

**Associated Equipment**

This may include silver foil wrappings or photographic paper (LSD degenerates in daylight). Clear gelatine capsules may also be found.

Popular Myths	
Fiction	Fact
Good 'trips' bring you into contact with God, the Universe and Nature etc.	Sometimes the 'trips' are bad and permanently scar the personality.

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## ▶ Methadone (linctus, physeptone)



### **Description**

Methadone is an opiate. This means that it falls into the same group of drugs as heroin and morphine which are derived from the opium poppy. Methadone however is artificially produced. The brand name for methadone is physeptone and is prescribed to people who take heroin or other opiates to help reduce the risk of their illicit drug use.

Like heroin methadone is a painkiller, making the user feel drowsy and giving a feeling of warmth. The sense of wellbeing and absence of stress produced is much less intense but much longer acting and lasting than that produced by heroin therefore it is not usually necessary to take it more than once every 24 hours. As with heroin if injecting equipment is shared there is the added risk of dangerous infections being spread such as HIV and hepatitis B or C.

### **Appearance**

Methadone usually comes in the form of a green liquid (colours may vary) but it also comes in ampoules and tablet forms.

### **Administration**

Methadone can be ingested or injected. Methadone syrup/linctus contains a substance that makes it painful and potentially dangerous to inject.

### Associated Equipment

Equipment may consist of hypodermic syringes and needles.

Popular Myths	
Fiction	Fact
It is not as addictive as heroin.	Methadone is no less addictive than heroin. Some users feel that it is more addictive and report that withdrawals are longer.

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## ▶ New psychoactive substances (legal highs, plant food, MDAT, bath salts, etc.)

### Description

Psychoactive substances are normally incorrectly referred to as legal highs. They are manmade mixtures of several chemicals to form substances which give an effect similar to that experienced from cocaine, cannabis and ecstasy. New psychoactive substances are usually imported under the pretence that they will be used for something other than human consumption. Due to the large variety of these substances available, there is not much known about the effect of the individual drugs. Ingredients are normally listed on the packaging but this tends not to reflect the true contents, so users don't usually know what they are consuming.

### Appearance

There is a large variety of substances available and so the appearance will differ.

### Smell

Odour will vary depending on the substance and some will be odourless.

### Associated Equipment

Where the substance has been inhaled there may be tubes, which may be purpose designed. Alternatively straws and empty ballpoint pens may be used.

### Popular Myths

Fiction	Fact
Psychoactive drugs are known as legal highs because they are legal.	Although some of the so-called 'legal highs' have been legal in the past, many are currently illegal. In 2016 the United Kingdom brought in to affect the Psychoactive Substances Act 2016, which makes it illegal to produce, supply or import these drugs for human consumption, even personal use. Similar legislation has been enforced in other jurisdictions around the world.
Psychoactive drugs are safer than other illegal drugs.	There are many confirmed cases of death from users of various new psychoactive drugs.



## ▶ Sedatives (tranquillisers and sleeping tablets)

### Description

Sedatives depress the nervous system in the same way as alcohol and produces similar effects. There are many hundreds of brand names on the market containing a variety of active ingredients including barbiturates, methaqualone and benzodiazepines. Sedatives are sometimes used to offset the effects of stimulant drugs or with other downer drugs such as alcohol and heroin.

The user may exhibit dilated pupils; have a drowsy appearance and slurred speech. Side effects include forgetfulness, confusion, depression and digestive problems. Some users may become over-excited and occasionally violent. Large doses can produce unconsciousness, eventual respiratory failure and death.

Withdrawal symptoms may include anxiety, sleeping problems, panic attacks, nausea, fits and occasionally hallucinations. The drugs stay in the body for a long time and withdrawal symptoms can last for months or longer after stopping the tablets.

Some users inject them, which carry the added risk of contracting HIV and hepatitis B, or C and can also damage veins.

### Appearance

In their pure form all are white powders but they are normally found as pills, tablets and capsules and may be coloured.

### Smell

All forms are normally odourless.

### Associated Equipment

Usually none except empty wrappings.

### Popular Myths

#### Fiction

It is not a dangerous drug. Easy to get hold of and cheaper than hard drugs.

#### Fact

It is easily overdosed and is extremely dangerous when mixed with alcohol or if the contents of capsules are injected. Black market prices can be high.

## ▶ Prescription and over-the-counter medications

There is a risk of individuals becoming dependent upon drugs which have been prescribed by a doctor for pain management, sleep deprivation or to stabilise mental health. These drugs tend to have psychoactive properties and may sometimes be sold on the drug market to those who do not require them for medical purposes. There is an incorrect presumption that prescription drugs are less dangerous than illegal substances.

Dependency often develops and strengthens over time with individuals increasing their dosage to manage pain without consulting their doctor. The types of prescription and over the counter drugs abused are often tablets taken orally. Some users may ingest the drug in a manner other than which it has been prescribed to alter the intensity/affect on the human body for example, crushing tablets and inhaling or injecting the substance.

Over the counter or prescription drugs may also be abused when users are seeking to reach a higher physical or mental performance, for example exercising and fitness or students studying for an exam.

Prescription drugs are distributed under many different trade names and their effects on the brain are very much dependent upon the purpose for which they were developed. For example, stimulants may have effects similar to that of cocaine whilst pain relievers, such as codeine in large doses, may have a comparable affect to that of heroin. Where a drug designed to treat a particular health concern is taken by a non-sufferer of that health concern, the individual in question experiences stronger effects which contributes to the inevitable addiction to the drug.

Common over the counter drugs users commonly become addicted to are analgesics (pain relievers) such as ibuprofen and paracetamol which may also be combined with codeine and sold under brand names such as 'Nurofen Plus'. Cough medicines which also contain codeine may also be a source of abuse for users. Abuse of drugs of this nature may result in physical dependence and withdrawal symptoms may be experienced if consumption is ceased.

Just as with the consumption of illegal drugs, there are many physical and mental health related problems which users are at risk of developing with continued abuse and in some cases 'one off' use.

## ▶ Alcohol (wines, spirits and beers)

### **Signs of Alcohol Dependency**

Continued or frequent alcohol consumption can lead to liver disease or high blood pressure, which may be attributed to heart failure. High alcohol intake increases an individual's risk of experiencing a stroke and has also been linked to forms of cancer. Long term effects can include deterioration of other internal organs.

Alcohol dependants:

- Will likely produce a higher amount of waste, specifically glass or metal bottles and cans, which contained alcohol.
- May experience symptoms of Delirium Tremens (DTs) which presents as rapid onset of confusion and/or shaking, shivering, irregular heart rate, nausea and sweating.
- Have an urge to consume alcohol soon after waking up.
- Worry about where their next drink will come from and when they can consume it.

### **Description**

Alcohol suitable for human consumption is ethanol based. Stronger forms of alcohol are produced but are extremely dangerous when consumed by humans. Ethanol based alcohols such as beer, wine and spirits are widely available for purchase in licensed shops in most jurisdictions worldwide, by those over the permitted age.

Acting as a depressant, alcohol consumption slows down the reaction time of an individual's responses, including speech, and also hampers cognitive processes and decision making ability. Whilst a certain amount of alcohol may increase 'sociability' of an individual, too much may alter behaviour causing individuals to become angered, anxious or depressed. There is also a possibility that consumers of excessive amounts of alcohol may experience memory loss of the time during which they were under the influence. Too much alcohol intake during one session may result in alcohol poisoning.

People who are drunk on alcohol are more inclined to take risks they would not ordinarily take if sober, due to the alcohol's effect of relaxing inhibitions and judgement.

### **Appearance**

A liquid substance, alcohol comes in a variety of colours.

### **Smell**

Odour will vary depending on the type of alcohol but can have a range from liquids with weak scent to those with a very strong alcoholic smell.

### **Associated Equipment**

None.

## Popular Myths

### Fiction

You don't have an alcohol dependency if you drink all recommended units during one night of the week.

It is safer to save up all recommended alcohol units for the week and binge drink during one evening.

### Fact

You may have an alcohol dependency if you *need* to routinely consume alcohol, whatever the frequency.

Binge drinking is not healthy and can lead to fighting, depression and health concerns.

## ► Educational links and advice

Below is a selection of educational links and advice. This list is non-exhaustive and other sources of information may be available which give advice specific to flag State requirements or particular jurisdiction laws.

Drink Aware

[www.drinkaware.co.uk](http://www.drinkaware.co.uk)

Drug Wise

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

Mind

[www.mind.org.uk/information-support/guides-to-support-and-services/addiction-and-dependency/#.W5EQ085KiUk](http://www.mind.org.uk/information-support/guides-to-support-and-services/addiction-and-dependency/#.W5EQ085KiUk)

Seafarer Help

[www.seafarerhelp.org/en/seafarers-directory](http://www.seafarerhelp.org/en/seafarers-directory)

Talk to Frank

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

The International Labour Organization (ILO)

[www.ilo.org/safework/info/standards-and-instruments/codes/WCMS\\_107799/lang--en/index.htm](http://www.ilo.org/safework/info/standards-and-instruments/codes/WCMS_107799/lang--en/index.htm)

The International Marine Contractors Association (IMCA)

[www.imca-int.com/news/2016/06/21/guidance-on-drug-alcohol-policies-and-testing-from-imca](http://www.imca-int.com/news/2016/06/21/guidance-on-drug-alcohol-policies-and-testing-from-imca)

The Oil Companies International Marine Forum (OCIMF)

[www.ocimf.org/media/8922/b939e650-b0e8-4d0c-9621-a68bed2e3465.pdf](http://www.ocimf.org/media/8922/b939e650-b0e8-4d0c-9621-a68bed2e3465.pdf)

United Office on Drugs and Crime (UNODC)

[www.unodc.org/unodc/en/drug-prevention-and-treatment/index.html](http://www.unodc.org/unodc/en/drug-prevention-and-treatment/index.html)

## ► Notes

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