Name of Policy: Prevention of Alcohol, Drug & Substance Misuse in the Workplace

Effective From: November 2008

Approved by: JCC on 17 September 2008
HR Committee on 3 November 2008

Next Review Date: November 2010

Reviewed by:

This policy supersedes all previous issues.
1. INTRODUCTION

1.1 The Trust is committed to making proper provision for the health, safety and welfare of its employees at work. The abuse of illegal drugs and the misuse of legal substances such as alcohol, prescription drugs and solvents cause deterioration in employee health, safety and performance.

1.2 The policy is not concerned with the proper use of legally prescribed drugs, or with sensible social drinking. Consumption of alcoholic drinks, use of illegal drugs at work or the effects of previous consumption which affects an employee's ability to work are covered by the normal disciplinary policy (see PP1 Policy – Trust Disciplinary & Dismissal Procedure).

1.3 This policy has been considered in order to ensure compatibility with the Human Rights Act 1998.

1.4 All health service staff have a duty of care for patients, visitors and other staff and should they have reasonable grounds to have concerns regarding issues related to alcohol or drug abuse of their colleagues then this must be reported to their Manager or Head of Department.

2. SCOPE OF THE POLICY

2.1 The Trust cannot condone illegal acts and therefore anyone found possessing, trafficking, taking or selling drugs in the workplace may be subject to disciplinary action, and the Police will usually be informed.

2.2 The Trust accepts that the use of alcohol and/or drugs can lead to difficulties. This policy is designed to help those employees to recognize when their alcohol/drug usage has become problematic and to seek appropriate help.

2.3 This policy is applicable to all employees / students / trainees / volunteers / of the Trust / employees working on site from other NHS / Local Authority organizations as well as Private Contractors of staff. It covers alcohol dependence, solvent abuse, misuse of prescribed drugs, illegal drug taking and possession.
3. **AIMS OF THE POLICY**

3.1 To alert all employees to the risks associated with alcohol and drug misuse and to promote a positive attitude towards the responsible use of alcohol and prescribed drugs.

3.2 To encourage employees in seeking help at an early stage in order to improve the chances of a successful change in behaviour.

3.3 To provide a consistent and non-judgmental range of options to assist employees with alcohol or drug related problems.

4. **DEPENDENCE**

4.1 Employees have an implied duty of care to present for duty in a fit condition.

4.2 A dependent person is someone whose consumption of alcohol / drugs / substances continually or repeatedly adversely impacts with his/her health, attendance or work performance. Typical signs of someone with a chronic condition might include:

- Increased absence
- Poor performance
- Irritability
- Slurred speech
- Impaired concentration and memory
- Deterioration in personal hygiene
- Anxiety and depression

4.3 As a health problem, dependence can be helped. It is therefore important, that people with this problem are identified, so that the issue can be fully and sympathetically discussed, and the person encouraged to obtain help and follow any prescribed course of treatment.

4.4 Referral of an individual's dependency / health problems to Occupational Health and Safety may not automatically involve disciplinary action unless a disciplinary offence has been committed or if the individual refuses to comply with this policy.

5. **CONSUMPTION OF ALCOHOL AT WORK**

5.1 Employees have an implied duty of care to present for duty in a fit condition.

5.2 Small amounts of alcohol can impair individual performance at work.
Employees must not: -

* consume alcohol during their contracted working hours, or on Trust premises (except for social events in evenings etc – these exceptions are by authorization by Director of Health Development & Modernisation.

5.3 It is generally expected that employees shall not consume alcohol prior to reporting for duty. Employees should not: -

• during unpaid breaks consume alcohol, which may affect their performance at work.

• it can also be seen as inappropriate to patients and should be discouraged.

5.4 Employees travelling to or attending a function at any time on behalf of the Trust, at which alcohol is available, are expected to behave responsibly so as not to damage the Trust’s image or standing. Anyone who by irresponsible drinking, damages the image / standing of the Trust, may be subject to the full range of disciplinary procedures.

6. USE OF PRESCRIPTION OR ILLEGAL DRUGS

6.1 Employees have an implied duty of care to present for duty in a fit condition.

6.2 If an employee is currently using drugs prescribed to them by their GP/Specialist and they feel that the side effects may affect their ability to perform their duties safely they should discuss this with their manager or with the Occupational Health & Safety Department.

6.3 If the prescribed drugs are legally held but are being used for other than the intended medical purpose, the employee may be subject to a full investigation in accordance with the Trust’s Disciplinary & Dismissal Procedure (PP1).

6.4 If an employee knowingly possesses illegal substances and reports for duty and is subsequently found to be either in possession of, consuming, distributing these substances, they will be subject to the disciplinary procedures and the police will be informed.

7. EDUCATION AND TRAINING

7.1 Awareness on the effects of alcohol, drug, and substance misuse will in future be available for all staff on the effects of alcohol, drug & substance misuse via the Trust’s Intranet facility as well as educational resources and guidance for their use are available from the Health Promotion Service and Occupational Health & Safety Department.
8. CONFIDENTIALITY

8.1 The Trust is committed to respecting the rights of its employees to privacy and confidentiality, and will ensure that strict standards are maintained in the management of this policy.

8.2 Any employee who is referred for, or is receiving, counselling or treatment for drug or alcohol misuse is assured of appropriate confidentiality.

9. SELF REFERRAL PROCEDURE

9.1 Self referral (See Appendix Flowchart 1)

Self Referral is encouraged.

9.2 Early identification and referral of problems can be key factors as a means of ensuring that practical help can be given at an early stage and employees may discuss this in confidence with any of the following:

Occupational Health & Safety staff
Managers of the Trust
Specialist Support Organisations (see section 11)

Referral of a colleague – all staff members have a duty of care for their colleagues. Staff with genuine concerns about any colleague should be made aware of their responsibility for taking those concerns to an appropriate person and such concerns should be taken seriously.

Management referral (See Appendix 2 flowchart)

9.3 It is essential that managers maintain their own awareness and their staff of the dangers of alcohol and drug effects at work. Any concerns or problems they should be raised with the Occupational Health & Safety Department and advice sought.

9.4 A manager who has any concern that an employee has an alcohol, drug or dependency problem should arrange to discuss this at the earliest opportunity with the employee. The purpose of the discussion is to:

• Inform the employee of their concerns which may include an identified deteriorating pattern of work performance.
• Ask the employee for their view of the problems, their nature, and the reasons behind them.
• Explain the consequences of continued lowered work performance / attendance.
• Remind the employee of this Policy and support available.
9.5 If an employee accepts that they do have a problem (or if following the discussion the manager still has concerns), the employee should be referred to the Occupational Health Department using the Trust Management of Sickness Absence Referral Form (see PP11) with immediate effect.

9.6 A record of this discussion should be made and retained on the employee's personal file and a date agreed to meet again and review the situation.

9.7 Following the referral to the Occupational Health & Safety Department, if there is no problem identified by the Occupational Health & Safety Team the manager should meet with the individual and state this. If the employee is continuing to have problems at work then the employee may be subject to disciplinary action.

9.8 Where an employee does not accept a 'programme of recovery' offered by the Occupational Health Department, the Occupational Health Physician will advise the manager of this who may then need to invoke the disciplinary procedure.

9.9 When it becomes clear that an employee has a dependency problem affecting work performance, the Trust accepts responsibility to offer assistance and guidance. Responsibility to support an employee through a programme of recovery may involve absence from work which will be considered as sick leave.

9.10 The Trust will try to ensure that where treatment requires absence from work, an employee returns to his/her normal job after its completion after an agreed action plan is devised. In those cases where it is not advisable because of the individual's state of health, or a return to the former job may jeopardise full recovery, or safety may be compromised, the Trust will make every effort to offer redeployment to suitable alternative employment in accordance with the Trust's Management of Sickness Absence Policy.

9.11 If, following return to work after treatment or during recovery, there is any recurrence of poor work performance, this should be considered on its own merits and an opportunity for further treatment may be considered. However, disciplinary procedures may be applied to employees with diagnosed problems if the employees unsatisfactory behaviour or poor performance continues.

9.12 The decision to undergo treatment is the responsibility of the employee and no employee will be forced to accept assistance. However, they must be made to understand the possible consequences of failure to seek help.
10. **MONITORING AND EVALUATION**

This policy will be monitored and evaluated to ensure its continued appropriateness. As it is preventative in nature the overall effectiveness or ultimate impact may only be determined over a long time period, however, some components of the policy can be evaluated in the short term:

a) Ensuring the policy is promoted and awareness is raised about the policy and is known about and understood by employees and that a copy is accessible.

b) Employees are aware of basic facts about alcohol including ‘units’ of alcohol and sensible drinking through an awareness campaign.

c) Monitoring undertaken by Occupational Health & Safety Team of the numbers of self and management referrals within the bounds of confidentiality.

11. **USEFUL CONTACT NUMBERS**

**National Helplines:**

**National Alcohol Helpline**
Tel: 0800 917 8282

**FRANK, National Drugs Helpline**
Tel: 0800 776 600

**Turning Point, Standon House,**
21Mansell Street, London, E1 8AA
Tel: 020 7417 600 (Office Number)

**Local Helplines/Services (Tyne & Wear)**

For further information please contact your local service:

**Twenty Four:7, Gateshead Alcohol & Drug Team,**
Grassbanks Sector Base, Grassbanks,
Leam Lane Estate, Gateshead
Tel: 0191 443 6880

**North East Council on Addictions (NECA):**
Shakespeare Hall, North Road, Durham
Tel: 0191 383 9420

**NECA, Philipson House, 5 Philipson Street, Walker**
Tel: 0191 234 3486

**NECA, Speculation House, Speculation Place,**
Washington
Tel: 0191 419 3680

**NECA, 63 Albert Street, Durham**
Tel: 0191 383 0331

**Alcohol & Drug Advice Centre, 30 Yoden Way,**
Peterlee, Sunderland
Tel: 0919 587 2194
The OASIS Project, Gateshead NECA, 203 High Street, Gateshead
Tel: 0191 490 1045

Alcohol & Drug Advice Centre, Civic Hall, Ellison Street, Jarrow
Tel: 0191 483 9999

Alcohol & Drug Advice Centre, Unit 2, John Street, Consett
Tel: 01207 581 922

Alcohol & Drug Problem Service, Plummer Court, Carliol Place, Newcastle Upon Tyne
24 Hour Helpline
Tel: 0191 219 5600
Tel: 0191 219 5610

South Tyneside Alcohol & Drug Advice Centre, Unit 19 Cookson House, River Drive, South Shields
Tel: 0191 456 9999

Alcoholics Anonymous, Tyneside/ Wearside
Tel: 0845 769 7555

Parents/ Carers Advice:

AdFam, Waterbridge House
32-36 Loman Street, London
Tel: 0207 928 8898

Alcoholics Anonymous Family Groups (for relatives)
61 Great Dover Street, London SE1 4YF
Tel: 020 7403 0888

Websites:

www.drugscope.org.uk
www.alcoholconcern.org.uk
www.adfam.org.uk
www.talktofrank.com
www.ukna.org.uk
www.aa-uk.org.uk
APPENDIX 1

SELF REFERRAL

SELF REFERRAL TO MANAGER

HEALTH

MEETING WITH OCCUPATIONAL HEALTH SERVICE

ALCOHOL/DRUGS PROBLEM CONFIRMED? ----------- NO

YES

REFERRAL TO SPECIALIST AGENCY OFFERED & ACCEPTED ---------------------NO

ALTERNATIVE SOURCES OF GUIDANCE/PROCEDURES

HELP MAY BE MORE APPROPRIATE

YES

RECOVERY PROGRAMME ARRANGED

EMPLOYEE REQUIRES TIME OFF WORK

YES          NO

MANAGER INFORMED THAT THIS POLICY IS BEING INVOKED BUT IS REQUIRED TO RESPECT CONFIDENTIALITY

RECOVERY PROGRAMME

PROBLEM RESOLVED - NO

YES          NO

OUT OF PROGRAMME

RE-REFERRAL TO OCC HEALTH
APPENDIX 2

REFERRAL FROM MANAGEMENT

MANAGEMENT IDENTIFIES WORK PERFORMANCE PROBLEMS (FELLOW COLLEAGUE HIGHLIGHTS CONCERNS TO MANAGER)

MEETINGS BETWEEN MANAGER AND EMPLOYEE

EMPLOYEE ACCEPTS REFERRAL TO OCC HEALTH DEPT?

NO  YES

WORK PROBLEMS CONTINUE?

NO  YES

APPROPRIATE DISCIPLINARY ACTION TAKEN

MEETING WITH OCC HEALTH PHYSICIAN

ALCOHOL/DRUG PROBLEM CONFIRMED?

NO  YES

REFERRAL TO SPECIALIST AGENCY

NO  YES

RECOVERY PROGRAMME OFFERED AND ACCEPTED?

NO  YES

RECOVERY PROGRAMME

PROBLEM RESOLVED?

NO  YES

MEETING WITH OCCUPATIONAL HEALTH

OUT OF PROGRAMME

NO FURTHER ACTION REQUIRED

September 2008