

Alcohol and Drug Misuse Policy

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Executive Summary

The aim of this policy is to provide a framework within which problems related to alcohol/drug misuse will be dealt with by the Trust. It covers all work areas whether inside or outside of the standard work premises.

The policy sets out expected standards related to alcohol/drug consumption and applies to all Trust employees as well as to any individual working on site on behalf of the Trust including students, work experience, and volunteers. One of the policies implicit aims is to raise awareness of the dangers of alcohol and substance misuse and to encourage the safety and wellbeing of both patients and staff.

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1. Introduction

The misuse of alcohol/drugs may adversely affect the delivery of services in the following ways: absenteeism, lateness, poor concentration or effort, increased accidents or misconduct. Consequently, an active policy of assisting staff with a alcohol/drug related issues will have a positive impact on service delivery.

The Trust recognises that alcohol/drug misuse is a condition for which the individual may require assistance and sometimes treatment to aid recovery. This Trust regards alcohol/drug misusers as people who require help and rehabilitation and aims to offer help to any employee with an identified alcohol/drug related condition.

The Trust has a public duty to set an example by promoting a culture in which consumption of alcohol/use of substances by its employees whilst they are at work will not be permitted under any circumstances. In order to maintain public confidence in the ability of all employees to deliver a safe and effective service this policy must apply.

2. Scope

There is a clear link between the misuse of alcohol and drugs and reduced safety and efficiency. Hence the aims of the policy are as follows:

- Provide support to staff with an identified alcohol/ drug related condition
- Encourage health and wellbeing of staff
- To ensure that an employee's use of alcohol or drugs does not affect the health and safety of individuals themselves, their fellow workers, patients, or others with whom they come into contact in the course of their work
- To ensure that an employee's use of alcohol or drugs does not affect the efficient and effective operation of the organisation's activities
- To set out the Trust's rules on alcohol, drugs and substance abuse
- To provide guidance on the symptoms and effects of alcohol, drugs, and substance misuse
- To provide guidance on the symptoms and effects of alcohol, drugs, and substance misuse, for managers, highlighting how to recognise the signs and symptoms and thus lead to the early detection of the alcohol/drug misuser
- To promote confidential and sensitive management of staff experiencing alcohol or substance misuse, and adopting an approach that is appropriate to the circumstances
- To promote an environment in which individual employees suffering from alcohol or substance misuse feel confident to request help and assistance, thereby removing the need to conceal and deny a condition
- To assist in identifying employees who require support at an early stage and provide guidance and encourage them to seek appropriate help.

3. Definitions

For the purpose of this policy, alcohol/drug misuse refers to the misuse of alcohol, solvents and legal drugs and the use of all illegal drugs. Alcohol/drug misuse can harm users both mentally and physically and through their actions, it can also harm other staff or patients in the working environment.

Where staff refuse to undertake treatment or continue to present for work in an unfit state the Trust will move to the disciplinary procedure, which may result in the termination of employment under gross misconduct.

4. Duties

4.1. Trust Board

The Board are responsible for ensuring that this policy is fully implemented The Trust Board is accountable for ensuring that the Trust meets its statutory obligations under Health & Safety legislation including the provision of a safe place of work for all employees.

4.2. Chief People Officer

The Chief People Officer is responsible for ensuring that the policy is being adhered to, both collectively and by the management and staff in their area of responsibility. Managers are responsible for the co-ordination and the monitoring of the implementation of this Policy within their areas of responsibility.

Managers, in particular, need to be aware of the early signs of alcohol/drug misuse and next steps to take, including referral for counselling. This Policy identifies indicators of a potential concern (see appendix 2).

Managers and supervisors should keep accurate records of instances of poor performance or other problems that might be related to drugs or alcohol misuse.

Managers must identify any aspects of the work situation which could be contributing to the alcohol/drug misuse and change them where appropriate.

Managers will respect employee's rights and only share information with those people in the strictest of confidence where it is deemed necessary for the benefit of the individual and the Department/Trust.

4.2. Employee

No employee, agency/bank worker, student, volunteer or contractor whether directly employed or not shall attend or try to work when unfit (whether an employee is fit for work is a matter for the reasonable opinion of management - for indicators please see appendix 2) because of alcohol, drugs (whether illegal or not) or substance abuse.

No employee, agency/bank worker, student, volunteer or contractor shall be in possession of alcohol or illegal drugs (illegal drugs include but are not limited to heroin, cannabis/marijuana, cocaine, ecstasy and amphetamines) in the workplace. Exchange of alcoholic gifts is acceptable in the workplace.

No employee, agency/bank worker, student, volunteer or contractor shall consume alcohol or illegal drugs, or abuse any substances whilst at work.

Employees should present themselves fit for duty at all times. Staff must be mindful that if alcohol/drugs have been taken, safety levels may be compromised.

Staff taking prescribed drugs/medication should contact the Occupational Health Department for advice if they think that it may have an adverse effect on their ability to carry out their duties.

4.3. Human Resources

The Human Resources Department will provide guidance and, where appropriate, assistance to managers and staff regarding the implications of the Policy.

Human Resource Managers will as required provide training advice and assistance on the implementation of this policy and on the appropriate use of the Disciplinary Policy in relation to alcohol/drug misuse to both staff and managers.

4.4. Occupational Health Department

The Occupational Health Department will try to ensure that the medical needs of the alcohol/drug misuser are met.

Occupational Health will monitor progress, on behalf of the organisation and the individual, with respect to the work implications of the individual's condition and treatment.

Information and advice on any alcohol/drug related issues is freely available from the Occupational Health Department.

Occupational Health staff will advise management and individuals of any modifications to duties, hours, workload and responsibilities which may assist with continuation of work or rehabilitation to work in support of managing the health concern.

5. Policy Details

Any employee who seeks the assistance of the Trust in finding treatment for alcohol or drug misuse has the Trust's complete assurance of confidentiality.

Early identification and treatment is essential if problems for the employee and Trust are to be avoided. Employees who feel they have a concern about alcohol or drug misuse are encouraged to come forward and seek assistance.

If the employee accepts treatment, any absence from work (required to undergo that treatment) will be treated as sick leave providing the employee submits a medical certificate. The period of absence will be reviewed according to procedures laid down in the Trust's Sickness Absence Policy.

In the event of an employee not cooperating or achieving a successful agreed or recommended course of treatment, lapses in the employee's performance, conduct or attendance will be dealt with in accordance with the Trust's normal Disciplinary, Capability or Sickness Absence procedures, as appropriate.

Any employee may only return to work when declared fit to do so by their own GP and the Occupational Health Department who must be fully informed of the nature of the employee's duties – by way of reference to the Job Description and/or discussion with the manager. Consideration may be given to suitable alternative employment where appropriate.

If staff remain at work during recovery, consideration may be given to adjusting work practices in the best interest of the member of staff, patients and the Trust.

Every member of staff has a statutory duty of care and responsibility to ensure they do not put themselves or others at risk in the workplace (Section 7 of the Health and Safety at Work Act 1974). In addition, doctors, nurses, midwives and other professionals have duties under the Professional Codes of Conduct as issued by the GMC, NMC and other regulatory bodies.

Any employee whose work performance is impaired by alcohol or substance misuse runs the risk of committing an offence under the Health and Safety at Work Act 1974 if, as a result of the impairment, if they act in a way which jeopardises their own safety and the safety of others. This would also be regarded by the Trust as Gross Misconduct and dealt with accordingly.

Possession of or dealing in illegal drugs on the premises will, without exception, be reported to the police.

5.1. If you have a concern about yourself

Employees who wish to seek help and advice should approach their immediate line manager, the Occupational Health Department, or Human Resources department to seek support and assistance for treatment and rehabilitation.

Any employee may refer themselves to the Occupational Health Department without the obligation to inform their managers. Occupational health will provide offline support and clinical notes taken will be held in confidence. It would be advisable, however, for such employees to inform their manager as any treatment may necessitate time off work and require managerial support.

5.2. If you have a concern about a colleague

Employees who are concerned that a colleague is exhibiting symptoms of an alcohol or drug related issue should notify their manager or supervisor. Their comments will be handled in a confidential manner. They may also consider approaching, in strict confidence, the Human Resources Department, Trade Union/Professional Body representative or a member of the Occupational Health Team.

Staff should note that they have a duty to protect themselves, patients and colleagues, therefore collusion, protection, denial or concealment may all conspire to worsen matters for patients, other staff and the misuser themselves. Furthermore, depending on the circumstances this may result in disciplinary action being taken against staff who are involved in collusion without good reason.

Employees making false accusations in bad faith will be subject to appropriate disciplinary action that could include dismissal.

5.3. If a manager has a concern about a member of staff

If a manager has reason to believe a member of staff has an alcohol/ substance misuse condition, the first step will be to meet with the individual to discuss the issue, outlining what is causing the concern. Concerns may arise through:

- a perceived change in personality/behaviour including abnormal fluctuations in mood and energy
- increased sickness absence
- deterioration in work performance
- deterioration in relationships with other people
- accidents/incidents
- physical signs/evidence
- (please see Appendix 2 for further signs)

The manager will approach the meeting with sensitivity and assure the individual that the purpose is to help and support if required. The next step will be dependent upon the individual's response.

If the employee does not accept this offer of assistance they should be advised to discuss the matter with a colleague, their trade union representative or a family member. If the employee denies they have a problem or fails to accept the offer of assistance, their performance, conduct or attendance will be dealt with in accordance with the Trust's Disciplinary, Capability or Sickness Absence Policy.

If during the meeting the individual admits/thinks they have an alcohol/substance misuse condition then suitable support will be arranged as above. They will be dealt with in accordance with this policy in conjunction with the Trust's Sickness Absence and/or Capability Policy (see appendix 1 for flow chart).

Whilst undergoing treatment or receiving help, if an employee is unable to attend work this will be managed under the Sickness Absence Policy) discretion with the trigger procedures will be considered in individual cases in conjunction with HR.

After receiving treatment/support, the employee will return to their post, unless there is a medical opinion to the contrary, in which case, every effort will be made to redeploy. Where this is not possible the Trust's usual process around redeployment will be followed.

On return to work following treatment for alcohol/drug misuse, the Occupational Health Department and employees manager will continue to support the employee as necessary.

5.4. Organisational events, client entertaining, conferences, away days etc.

Employees can consume alcohol at organisational functions and events if this has been approved/organised by the Trust.

Alcohol should not however be consumed if there is a requirement to return to work after having recently consumed alcohol.

Organisational events should, where practical, be organised at times when employees do not have to return to work having recently consume alcohol.

It is at all times the responsibility of the individual to consume a safe and reasonable amount of alcohol, so as not to portray the organisation in a detrimental way or to create a safety risk. As a safe and reasonable amount is difficult to define, the organisation relies on the individual's personal judgment to determine their own boundaries.

Contravention of these rules is a serious matter and may lead the organisation to take disciplinary action that could result in dismissal.

5.5. Potential Gross Misconduct

Instances of drinking or misusing substances whilst on duty (this includes unpaid breaks) will generally be regarded as gross misconduct and dealt with under the Trust's Disciplinary Policy, unless a dependency problem is identified, in which case the individual will be dealt with in accordance with this policy.

The Trust's aim is to support any member of staff who has a genuine alcohol/substance misuse condition. However, the single most important factor involved in resolving this is the motivation of the individual concerned. Staff who do not admit that they have a condition, decline to accept assistance or who discontinue or fail to regularly attend for treatment/counselling and subsequently continue to display unsatisfactory conduct or

work performance will give the Trust no alternative but to take action under the Disciplinary Policy.

If, during the course of the investigation /disciplinary hearing, the employee admits to an alcohol/substance misuse and agrees to seek treatment/help, proceedings will normally be 'suspended' and the matter dealt within this policy and the Sickness Policy.

Whether the disciplinary procedure is suspended or not will depend on the following factors:

- The nature of the employees alleged offence
- The evidence that the employee has a health related problem
- The employees willingness to be treated

In certain cases, where the act of conduct is serious, regardless of the admission of a problem and a willingness to seek treatment/help, the Trust may determine that the matter continues to be dealt with as a serious or gross misconduct issue in accordance with the Trust Disciplinary Policy.

5.6. Suspecting alleged illegal behaviour

If a manager is aware or suspects that an employee is behaving in an illegal manner e.g. selling drugs, then the involvement of the police must be considered. The matter must be referred to the Chief People or Executive Director on call who will consider whether to notify the police.

If the police do not instigate proceedings then it is the duty of the managers, in conjunction with HR, to consider what further internal investigations and actions are required. If the police do decide to conduct their own enquiries, HR and the relevant manager investigating the incident will make every effort to conduct their investigation in co-operation with the police. If there is a danger that management investigations may prejudice police enquiries or court proceedings then HR must consult the police and the Trust's own legal advisors before proceeding. The police do not have a veto on investigations that management firmly believes should be conducted at the same time as police enquiries.

The next step will be dependent upon the individual's response.

In certain cases it maybe that the manager has to consider the involvement of the police and/or notification to a statutory body concerned with professional conduct.

5.7. What to do if there is a potential risk

The Trust has a general duty under the Health and Safety at Work etc Act 1974 (HSW Act) to ensure, as far as is reasonably practical the health, safety and welfare at work of their employees. There is also a duty under the Management of Health and Safety at Work Regulations 1999, to assess the risks to the health and safety of all employees. There is a risk that the Trust can be prosecuted if knowingly allowing an employee under the influence of drug or alcohol misuse to continue working and his or her behaviour places the employee or others at risk.

There are certain jobs where consumption of alcohol or drugs, either while working or before commencing work, will lead to a contravention of the law, for example driving a motor vehicle.

There are also jobs where the effects of alcohol/drug consumption on the individual can, because of the nature of the job, pose a particular high risk to the safety of others. In view of the danger to safety and the obligation of both the employers and employees under the Health and Safety at Work Act 1974, the Trust will take any action it deems to be appropriate to ensure that an employee who may attempt to work whilst under the influence of alcohol or substances does not compromise this.

The Trust may have to consider transferring employees in such jobs to alternative employment, where possible, at least until they no longer present a risk. If treatment is effective, their suitability for their substantive role can be re-assessed at an agreed period.

In certain cases where the risk is too high, or there are no alternative employment options available, medical suspension may have to be considered until further actions are agreed.

5.8. Securing seized drugs

In support of this agreed policy, the Trust will take the following action when illegal drugs come into their possession by whatever means, managers in the first instance should contact the Trust's Local Security Management Service.

When taking possession of a suspected illegal drug, wherever possible, a second adult witness should be present throughout.

The substance should be sealed in a bag and the details of the date and time of the seizure/find (and witness present if applicable) recorded on the bag.

Also record the age and gender of the individuals involved as this may provide useful intelligence profiling for Police use only.

Store the substance in a secure location, such as a safe or other lockable container as appropriate, notify the police. Where the Trust, for specific reasons, want the police involved following a seizure, a full record detailing the incident and police reference number will be made on the DATIX Incident Form.

Where the police are not involved details of the seizure/find should still be recorded on an 'incident Form' via DATIX.

Staff will be aware that they should never attempt to analyse or taste unknown substances.

6. Training

Managers should be fully conversant with this policy, the procedures to follow and its application. The Trust acknowledges the importance of awareness training for line managers to ensure the effective dissemination and implementation of this policy. Working in partnership the Human Resources Department will provide appropriate support including where necessary, policy briefing sessions.

7. Monitoring

- The Business Performance Committee will be responsible for the monitoring, assessment and review of this policy.
- The Staff Partnership Committee and Local Negotiating Committee have been consulted about this policy and will be consulted regarding any proposed amendments in the future.

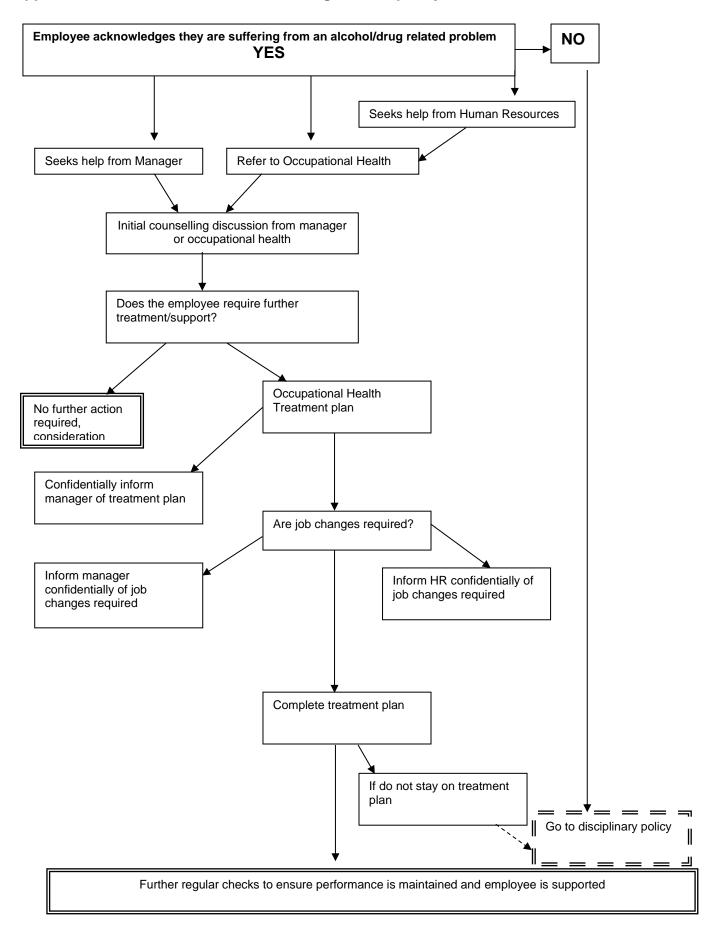
8. References

• See Appendix 3

8.1. Supporting policies/documents

- Health & Safety Policy
- Disciplinary Policy
- Capability Policy
- Sickness Absence procedures
- Incident Reporting Policy
- Having a Conversation PDR Documentation

Appendix 1 - Flow Chart RE alcohol / drug misuse policy



Appendix 2 - Indicators of a potential misuse

Absenteeism - frequent and unexplained absences

- poor time-keeping

- sickness, certified and uncertified

Poor Performance - mistakes and errors of judgement

- telling lies about performance

- fatigue

- lack of concentration

- memory slips

- tendency to get confused

Changes in Personality - altered relationships with colleagues

- moodiness

- irritability/aggressive behaviour

- lethargy

- diminishing responsibility

tendency to blame others for short-comingsavoiding company or a tendency to become

isolationist

Accident Proneness - frequent injuries and accidents on and off the job

- careless handling and maintenance of equipment

- reduced 'safety sense'

Other Signs - smell of alcohol on breath

- hand tremor

- facial flushing and bleary eyes

- lowering of personal standards i.e. cleanliness,

dress

- borrowing money

- drinking at work

- weight loss

- excessive use of perfume

- dishonesty and theft (arising from a need to

maintain an expensive habit)

Appendix 3 - Places providing free and confidential advice

Adfam

02038179410

www.adfam.org.uk

Provides support to people working with family members who are affected by drugs and alcohol

Alcoholics Anonymous – Merseyside

0151 709 2900

Confidential phone line manned from 8am to midnight

Alcohol Concern 02039078480

www.alcoholconcern.org.uk

Doctors Support Network dsn.org.uk

Drinkline Helpline

0300 123 1110

Provides free and confidential help on any aspect of drinking

DrugWise

03301 236 600

www.drugwise.org.uk

Specialist advice on local drug services and best practice information on drug treatment and care, prevention and education, and policy development

FRANK (National Drugs Helpline)

0300 123 6600

www.talktofrank.com

Confidential 24 hour service

Merseyside Drugs Council

0151 489 3005

Confidential phone line manned from 9am to 5pm Monday, Tuesday, Thursday and Friday and 10.30 am to 5pm Wednesday

Narcotics Anonymous (National Helpline)

0300 999 1212

National Counselling Service for Sick Doctors

0171 935 5982

Occupational Health Department, University Hospital Aintree

Release

020 7324 2989

www.release.org.uk

Drugs helpline, including specialist heroin helpline

- Sick Doctors Trust 0870 444 5163
- Windsor Clinic (Alcohol Treatment Unit) 0151 529 2450
- Trust Counselling Service (NOSS) 01978 780 479
- Vivup- Health and Wellbeing platform <u>www.vivup.co.uk</u>

Appendix 4 - Alcohol Guidance

It is important to note that this is only guidance and every person is different.

Generally one unit of alcohol takes one hour to be metabolised and processed through the body.

Example:

- 1 Pint of premium strength lager = 3 units
- 6 Pints of premium strength lager = 18 units

You stop drinking at 11.00pm

This will take 18 hours to be removed from your system, so potentially the alcohol is not fully removed from your system until late afternoon the next day.

However this calculation is based on a young, fit, health male with good liver function and will vary depending on:

Your Age

As we get older you are advised to drink less than the recommended daily units as your ability to process alcohol decreases. This is because your body's water content decreases, which means there is a higher concentration of alcohol in your blood, so it has a stronger and longer lasting effect.

Gender

Men process alcohol slightly more effectively than women, and this is why the recommended daily units are set slightly higher for men this is because:

Men tend to be larger in size and therefore have high eater content in their bodies, so the alcohol will be 'diluted' slightly easier.

Men have larger livers than women and therefore a larger surface area to process the alcohol.

Men tend to be made up of more muscle and women are made up of more fat, and alcohol can pass through fat much easier than it can pass through muscle.

Metabolism

If you have a slower metabolism your body will take longer to process alcohol.

If You Have Eaten

Alcohol can be absorbed into your bloodstream much more quickly if you have not eaten, also alcohol elimination time can be longer once you have eaten.

Although the UK maximum drink drive limit is set at 35 micrograms of alcohol per 100ml of breath, there is no safe level because of all the factors listed above, so if you are driving it is best not to have any alcohol at all as one drink may take you over this limit.

Guidelines

- Men no more than 3-4 units a day
- Women No more than 2-3 units a day

Pregnant or trying to conceive – no alcohol

If you do have too much alcohol you should give your body a rest for at least 48 hours.

Remember one drink is not always one unit of alcohol.

Strengths and measures have increased over the years and therefore it is very hard to buy or measure one unit of alcohol. One unit is based on the following:

Half a pint of low strength beer at 3.5% abv = 1 unit

125ml glass of wine at 8%abv – 1 unit

(Wine starts at 8% but goes up to 16%)

25ml measure of spirits at 40% abv = 1 unit

Appendix 5 - Version Control

Version	Section/Para/ Appendix	Version/description of amendments	Date	Author/Amended by
2.0	All	Adaptation into new format, update titles within document	Aug 15	
3.0	Throughout	Reference to "problem" removed	Jan 19	
3.0	5 and 5.5	Amalgamated	Jan 19	
3.0	Appendix 3	Contact details updated	Jan 19	
4.0	Throughout	Titles updated	March 22	
4.0	Appendix 3	Contact details updated	March 22	

Appendix 9 Translation Service

