

Alcohol & Substance Misuse

Human Resources Policy No. HR09

Additionally refers to: HR06 Maintaining High Standards of Performance
HR07 Maintaining High Professional Standards for Doctors and Dentists
HR36 Disciplinary Procedure
HR31 Managing Sickness Absence
HR65 Occupational Health Service
HR66 Staff Counselling Service

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1. POLICY STATEMENT

This policy outlines the processes in place for staff affected by alcohol and substance misuse. It outlines the support that is available for employees who are affected by such issues and provides guidance for the management of employees who may be misusing alcohol and/or other substances.

2. INTRODUCTION

- 2.1. Many employees of the Trust have close contact with patients and members of the public, especially those employees who are responsible for delivering direct patient care. The Trust's role as a health promoting organisation requires that staff are able to perform at all times competently and safely to meet the high standards expected of the Trust. Accordingly, it is very important that our policy on the use of alcohol and the misuse of drugs or harmful substances should be clear. This policy sets out those standards.
- 2.2. The Trust recognises that to meet its responsibilities there must be no risk from staff whose co-ordination and judgement may be impaired by the influence of alcohol or through substance misuse. However, to provide guidance for staff, protect those they work with and provide an effective and efficient service, this policy sets out clear restrictions for the consumption of alcohol where it may relate to work activity.

3. SCOPE

- 3.1. This policy will apply to **ALL** Trust employees, employees from other health or social care providers or educational establishments working within Trust premises, volunteers, private contractors and their staff and agency workers.
- 3.2. The policy covers:-
 - The use of alcohol and the misuse of drugs or harmful substances
 - Being under the influence of alcohol or substance misuse whilst on duty or on Trust premises, and
 - Possession of illegal drugs

4. GENERAL PRINCIPLES

- 4.1. Every employee has a personal and professional responsibility to ensure that they are capable of performing their duties in a safe and satisfactory manner and are not impeded by the consumption of alcohol or the misuse of substances. Employees whose ability to satisfactorily perform their duties is impaired by alcohol consumption or substance misuse are liable to be subject to disciplinary action. Such conduct may, in appropriate circumstances, be regarded as gross misconduct.
- 4.2. Staff must not consume alcohol, be using or in possession of illegal drugs or misusing other harmful substances at any time during their working shift. Such actions may, in accordance with the Disciplinary Policy, be deemed as gross misconduct, warranting summary dismissal.
- 4.3. N.B. Alcohol must not be provided at any events held on Trust premises, including those held after normal work hours, except where specifically authorised by the Chief Executive, an Executive Director or Chairman.

- 4.4. Staff must not attend work when their health, work performance, conduct or social functioning is adversely affected by alcohol or substance misuse. Attendance in such circumstances will normally lead to management action, which could result in dismissal. Staff are advised that alcohol and other substances continue to affect performance for many hours after their consumption.
- 4.5. It is recognised that alcohol and substance misuse is a health problem and employees who have such problems will be dealt with sympathetically. The Trust will do all that it can to provide support and help to such staff to enable them to overcome their problem.

5. DEFINITIONS

- 5.1. For the purpose of this policy, the terms 'alcohol misuse' and 'substance misuse' means the use of alcohol, legal or illegal drugs, solvents or other substances in an excessive, habitual or harmful way or in any other way that results in an impairment to the user's health and safety, work performance, conduct at work or social functioning.
- 5.2. An '**alcohol or substance misuse problem**' is defined as any situation whereby an employee's use of alcohol, legal or illegal drugs, solvents or other substances, either intermittently or continuously, affects his or her health and/or work performance, conduct at work or social functioning.
- 5.3. '**Inappropriate drinking**' is where a person is under the influence of alcohol or consumes alcohol whilst on duty but does not admit to having an alcohol dependency problem. Such situations will be dealt with in accordance with the Trust's Disciplinary Procedure.

6. HEALTH PROMOTION

- 6.1. The Trust is committed to promoting healthy lifestyles and will take the following action in support of this:
- i. In conjunction with other health at work initiatives, promote sensible drinking and organise a minimum of one campaign per year to raise awareness about alcohol, its benefits and the consequences of its misuse or other substance misuse.
 - ii. Provide access to counselling via the Occupational Health Department for any member of staff seeking assistance in accordance with the Trust's Staff Counselling Service Policy (HR66)
- 6.2. The effects of excessive alcohol consumption or misuse of drugs or other harmful substances on the user's health can cause serious, permanent and even life-threatening medical conditions, e.g. liver and heart disease, epilepsy etc. In addition, a person's social functioning, family life, working relationships and safety can be seriously affected.
- 6.3. It is extremely important that the effects of excessive alcohol consumption or misuse of drugs or other harmful substances are eliminated from the workplace. In addition to the problems mentioned above there are significant implications in relation to health and safety risks at work. Even when taken in small quantities alcohol, drugs and other harmful substances can impair a person's co-ordination, concentration and vision and so affect their ability to ensure their own safety in the performance of their duties and the safety of patients, other members of staff and members of the public.

- 6.4. Excessive alcohol consumption or substance misuse frequently results in high levels of absence, reduced efficiency, breakdown of working relationships and other dysfunctional consequences. It is inevitable that the quality of the health care and support/specialist services provided by staff will be adversely affected if problems concerning alcohol and substance misuse among the workforce are not addressed.
- 6.5. An alcohol/substance misuse problem at work will be regarded first as a health problem rather than an immediate cause for disciplinary action. Those who know or suspect that they have a problem are encouraged to seek help from their Manager or from the Occupational Health Department.

7. POLICY STANDARDS

- 7.1. All staff must comply with the policy statements set out in Section 3. Individuals who fail to comply with these standards will be subject to disciplinary action which could result in their dismissal from the Trust.
- 7.2. Patients, relatives and visitors must not use or be in possession of alcohol, illegal drugs or other harmful substances on Trust premises. In these circumstances staff should refer to the Trust's Patient Advice and Liaison Service (PALS) service and the Trust's Violence and Aggression Policy (HS05) if applicable.
- 7.3. Where a patient, relative or visitor is found in possession of illegal drugs staff should inform their ward/department manager and contact the Pharmacy Department. If this occurs out of hours, staff should contact the clinical site manager and the on call pharmacist.
- 7.4. Contractors must comply with the requirements of this policy. In the event of a contractor failing to comply then they should be instructed to leave the site immediately and the future of the contract reviewed by the appropriate manager.

8. IDENTIFYING THE PROBLEM

- 8.1. Managers are not expected to diagnose or attempt to treat suspected alcohol or substance misuse problems. Their role is to monitor job performance and attendance to identify a deteriorating pattern of performance and/or attendance and to take corrective action.
- 8.2. Guidance for Managers is attached as Appendix A.
- 8.3. All employees have a duty of care to report concerns when they suspect a member of staff has an alcohol or substance misuse problem which may be affecting their work or conduct. Staff with such concerns should raise these with their Manager, who will treat the matter in a confidential manner, or alternatively through the Whistleblowing Policy. Whatever route is chosen, it is important that concerns are raised and acted upon promptly.
- 8.4. **Immediate Action**
 - 8.4.1. If an employee arrives for duty whilst under the influence of alcohol or other substances and deemed by the manager to be unfit for work, he or she will be sent home immediately (transport will be arranged if necessary and will be paid for by the employee) and suspended on full pay until they are fit for work. Wherever possible the manager should liaise with the Human Resources Department and a senior manager before making such a decision. When

this is not possible the manager should liaise with the senior manager on call and then inform the Human Resources Department as soon as possible after the event.

- 8.4.2. The incident will then be fully investigated and appropriate action will be taken. This could include:
- Action in accordance with the Disciplinary Procedure if it is found to be an isolated incident of inappropriate drinking or substance misuse; OR
 - Action in accordance with this policy and/or the Managing Sickness Absence Policy (HR31) if the individual has an identified alcohol or substance misuse problem.

9. ASSISTANCE TO STAFF WITH PROBLEMS

- 9.1. Employees who have, or suspect that they may have, an alcohol or substance misuse problem will be given every opportunity to seek help or advice from either the Occupational Health Service or from a recognised external agency (see Appendix B).
- 9.2. If an employee needs to be absent from work to undergo a programme of treatment, the absence will be regarded as normal sickness absence and will be managed in accordance with the Managing Sickness Absence Policy (HR31). Trust sick pay will be paid in accordance with the normal terms and conditions of service, provided the employee's Manager has received confirmation from Occupational Health or a doctor that the employee is participating in a recognised programme of treatment. Where an employee is able to continue working during the treatment period, then reasonable time off with pay will be granted for them to attend appointments.
- 9.3. Staff may refer themselves directly to Occupational Health, as shown below. The self-referral will remain confidential between the individual and Occupational Health unless time off, with or without pay, is required or Occupational Health decide that the individual is unfit for work. When an individual needs time off, (s)he should request this through his/her Manager, who will need to be satisfied that the reason for the request is genuine, but need not be informed as to the specific reason for the request. Occupational Health can be contacted by the manager to confirm that the employees' request is genuine.
- 9.4. The employee should contact Occupational Health directly either by telephone or in person (See Appendix B).
- 9.5. Occupational Health will offer the employee an appointment to see an occupational health practitioner as soon as possible.
- 9.6. Occupational Health will discuss the problem with the employee, and where appropriate will refer them to their own General Practitioner or an external agency. Alternatively, staff may approach an external agency directly (see Appendix B).
- 9.7. Other than with the employee's express consent, Occupational Health **will not** carry out a breathalyser test or perform blood tests to assess whether an individual is under the effects of alcohol or misused legal or illegal drugs, solvents or other substances.
- 9.8. The existence of an alcohol or substance misuse problem often becomes apparent through poor work performance, poor attendance record or behaviour or relationship problems at work. Where the employee **acknowledges** that a problem at work is a result of, or has been influenced by, an alcohol or substance misuse problem, (s)he should be referred to the Occupational Health Service before any formal action is taken (see Occupational Health

Service Policy HR65). When an employee accepts such a referral, any ongoing disciplinary action may be suspended until a medical report is received from the Occupational Health doctor. In appropriate cases, arrangements may be made for the employee to remain at home with pay, pending receipt of the report.

- 9.9. Such employees may have relapses during their treatment and, provided the ongoing trend in the employee's performance is favourable, such relapses will normally be tolerated. Formal disciplinary action during the treatment period should be reserved for serious under-performance or serious incidents such as would normally attract a final written warning in accordance with the Disciplinary Procedure (HR36). Subject to the safety of patients, staff and the public not being affected, omissions or conduct of a less serious nature should be tolerated for the duration of a reasonable period, monitored by the Occupational Health doctor. In deciding whether to take formal disciplinary action in respect of less serious offences, an employee's failure to attend or continue with an agreed treatment programme will be a factor to be considered.
- 9.10. Incidents resulting from employees being under the influence of alcohol, drugs, solvents or other substances may, if they are in Management's opinion sufficiently serious, be regarded as gross misconduct which may result in summary dismissal, even if a problem is acknowledged and treatment is currently being received.
- 9.11. The confidentiality of the individual referred by management to Occupational Health will be strictly observed by all those involved. However, if the individual remains at or returns to work, Occupational Health may need to advise the Managers about relevant health and safety issues relating to the employee's workplace. In such cases, Occupational Health will gain the individual's consent before information is disclosed.
- 9.12. The process for management referrals to Occupational Health will be:-
 - i. The Manager should discuss the problem fully with the employee and then make a written referral to Occupational Health.
 - ii. Occupational Health will contact the employee offering them an appointment to see an occupational health practitioner as soon as possible.
 - iii. Occupational Health will discuss the problem with the employee and where appropriate, refer them to their own General Practitioner or an external agency.
 - iv. Occupational Health will provide an initial report to the Manager. Where a programme of treatment has been arranged Occupational Health will review the case at appropriate intervals and advise the Manager accordingly.
- 9.13. **Where an employee denies that (s)he has an alcohol or substance misuse problem or declines to accept assistance or treatment**, the Manager should address the work performance problems in the normal way, including disciplinary measures that may involve dismissal. Before initiating such disciplinary action, the Manager should offer the individual a referral to Occupational Health, as above.
- 9.14. Managers who believe that a member of staff is unfit to work due to alcohol consumption or the misuse of other substances must take action immediately. The individual should be challenged and action taken as above, according to whether the individual acknowledges the issue.

10. RETURNING TO WORK

Following a period of treatment, the employee will either return to work or, if there has been no absence, remain in his/her existing post. Where in the Manager's view, and following advice from Occupational Health, this would result in an unsatisfactory or unsafe work performance, every effort will be made to redeploy the employee with his/her consent into suitable, alternative employment in the Trust. Dependent upon the circumstances, this may be temporary or permanent. If the consent of the employee cannot be obtained or suitable alternative employment cannot be found, then formal procedures to effect the termination of employment will need to be considered. **In all cases**, Managers should refer to Human Resources for guidance.

11. MONITORING OF PERFORMANCE

When the Manager has reviewed the situation and the individual has responded to treatment, improved work performance has been maintained and the problem would seem to be resolved, it is essential to continue to monitor the situation and maintain the support given to the individual as relapses can occur. Occupational Health will write to Managers to confirm when the individual can return to work, including any specific recommendations. Occupational Health will continue to review the employee as necessary. Managers will monitor the individual's work performance and attendance levels (in accordance with the Managing Sickness Absence Policy HR31) when (s)he has returned to work.

12. LOSS OF DRIVING LICENCE

- 12.1. An essential car user who is disqualified from driving due to alcohol or substance misuse is in breach of their contract of employment with the Trust. However, the Trust will wish to meet with the individual to consider suitable alternative employment, which may be at a reduced grade/salary or on reduced hours/pay and will be without protection of earnings. Where, having taken advice from Human Resources (and on fitness for work from Occupational Health), suitable alternative employment is not available, the Trust may have no alternative but to terminate employment.
- 12.2. In cases where a driving offence occurs and is due to alcohol or substance misuse, the employee may be subject to action in accordance with the Disciplinary Procedure if it is deemed the offence has brought the Trust into disrepute.
- 12.3. In all cases, an employee who is disqualified from driving due to alcohol or substance misuse will remain responsible and liable for all travel between home and normal place(s) of work.
- 12.4. Under no circumstances will staff who are disqualified from driving due to alcohol or substance misuse be allowed to drive on business or on behalf of the Trust. Any business travel undertaken by such staff will be reimbursed at public transport rate: the Trust will not pay for the use of a taxi except where this would have been sanctioned under normal circumstances.
- 12.5. It is the responsibility of the employee to inform their professional body if they are disqualified from driving (if required by their professional body).

13. PROFESSIONAL REGISTRATION

- 13.1. Where an employee may have broken a professional code of conduct, the professional body will be informed.

- 13.2. The professional body may, in certain circumstances, review that person's continuing registration or subject their registration to specific conditions. Such information is normally available to the general public from the professional body.
- 13.3. In the event of an individual losing their professional registration or having it restricted, the Trust will review the continued employment of the individual, which could result in termination of employment. The Trust will take into account the circumstances involved in each individual case.

14. DISMISSAL

Employment with the Trust may be terminated in the following circumstances:

- i. Where an employee has refused to accept help or treatment or has withdrawn from a treatment programme and the Disciplinary Procedure has been followed.
- ii. Where treatment has failed to rehabilitate an employee or an employee has relapsed and further treatment is inappropriate or is unlikely to result in the required outcome. (Either disciplinary action on the grounds of capability or action in accordance with the absence management policy).
- iii. Where legal action has been taken against an employee (such as a ban on driving where driving is an essential part of the job) which prohibits them from carrying out their normal duties.

In all cases, the relevant Trust Policies will be followed and the Human Resources Department should be involved.

15. REVIEW PROCESS

- 15.1. The Human Resources Department is responsible for the monitoring of compliance with this policy and will raise any significant issues arising with the TNCC and LNC.
- 15.2. The Trust will review this policy every 3 years, unless there are significant changes at either national policy level, or locally.

16. EQUALITY IMPACT ASSESSMENT (EQIA)

This policy applies to all employees equally and does not discriminate positively or negatively between protected characteristics.

17. PROCESS FOR MONITORING COMPLIANCE

Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring (job title)	Frequency of monitoring	Group or Committee that will review the findings and monitor completion of any resulting action plan
Policy	Review of policy when updated	Chief compliance Officer	On policy review	TNCC

Impact of policy	Review of any known cases and determine compliance with process.	HR Team	Annual Report	TNCC
Support	Review of support mechanisms in place	HR Team	Annual report	TNCC

18. REFERENCES

18.1. **See Appendix B**

ALCOHOL AND SUBSTANCE MISUSE

Appendix A - IDENTIFYING THE PROBLEM – GUIDANCE FOR MANAGERS

1. These guidelines are for Managers dealing with individuals who have, or are suspected of having, an alcohol or substance misuse problem. Employees whose misuse of alcohol or substances interferes with their health, safety, attendance or work performance, or puts at risk the safety of others, fall under this heading. It should be recognised however, that the issues identified below are indicative of other problems or illnesses and therefore all Managers must be aware of the sensitivity involved.
2. Problem drinking and substance misuse normally develops over a period of time, and it is essential to identify the problem (or preferably for the individual concerned to recognise their own problem) at an early stage. In some instances the employee may ask the Trust for assistance with a problem.
3. Managers are responsible for ensuring that an employee's work performance is safe, satisfactory and consistent. If there are changes in an individual's behaviour, the following are likely indicators of a potential problem, particularly if there is a combination of several indicators together.
 - 3.1 Changes in work performance such as lower productivity, spasmodic work pace, poor concentration and quality of work, high level of mistakes and errors in judgement, quickly becoming fatigued and lying about work performance.
 - 3.2 Increased absenteeism such as increased frequency of days off, repeated absence on first and last days of working week, increased minor illnesses, frequent lateness for work, fabricating reasons for leaving working early and unexplained disappearances from the place of work.
 - 3.3 Changes in behaviour such as neglect of details, tendency to blame others for shortcomings, sensitivity about references to drinking, avoidance of senior staff, becoming intolerant and verbose, increased nervousness, hand tremors, swelling or flushing of the face, and neglect of personal hygiene or appearance.
 - 3.4 Involvement in accidents such as frequent injuries, increased time off due to accidents, careless handling and methods of work and lack of safety sense.
4. Where any of the above indicators exist the manager should discuss these with the employee. If a satisfactory explanation cannot be established there may be an alcohol or substance related problem. It is important that a Manager discusses his/her concerns with the employee. If it is agreed between them that the employee does have a problem, the Manager will refer the individual to Occupational Health and the Human Resources Department will be advised.
5. Where an alcohol problem is acknowledged, future discussions with the employee will take place in consultation with a member of the HR Team. Where an alcohol problem is suspected but denied, the Manager will take advice on further action from HR.

Referral to Occupational Health

6. The Occupational Health practitioner will provide counselling, support and advice to the individual. If appropriate, a referral will be made to the individual's General Practitioner or a professional agency, in order to establish a treatment programme for the employee.

7. The Occupational Health practitioner will provide advice to the Manager on the progress of any treatment programme and the employee's short and long term ability to meet the requirements of their role.
8. If an employee requires a period of absence whilst undergoing treatment, they will be considered to be on sick leave and will receive normal entitlements to sickness benefit. However, if the problem remains unresolved other options may be considered.
9. If an employee is able to remain at work, reasonable time off for treatment will be allowed.
10. Where possible the employee will be able to return to his/her normal role and responsibilities following a period of treatment.
11. Employees will have the right to Trade Union/Professional Organisation representation throughout formal processes.

Failure to Respond

12. An employee may:-
 - Fail to respond to treatment when given the support of Occupational Health and/or professional agencies.
 - Not follow through a treatment programme.
 - Refuse to accept that work problems are alcohol related.
13. In these cases the Trust will respond to their alcohol related problems through instigation of the relevant Trust Policy, e.g. Discipline, Absence Management, Maintaining High Standards of Performance.

Appendix B - ALCOHOL AND SUBSTANCE MISUSE - SUPPORT AGENCIES

1. Occupational Health Department

RSH & PRH – Flat 1, Block 2, Royal Shrewsbury Hospital,
Phone RSH ext 1131 or direct 01743 261131

2. Other Agencies

NHS

Newhouse Alcohol and Drug Addiction Unit, Shelton Hospital
Phone: 01743 492009 (24hrs)

Community & Substance Misuse Team (Shrewsbury)
Phone: 01743 258800

Community & Substance Misuse Team (Telford)
Phone: 01952 381730

NHS Direct Phone: 0845 46 47

Non NHS

Alcoholics Anonymous Helpline (24hrs) - 0845 769 7555

Drink Line – (National Alcohol Help Line 6pm to 11pm) – Phone: 0800 971 8282

Impact (Alcohol and Addictions Service)

- Telford: 26 Church Street, Wellington, TF1 1DS
Phone: 01952 223165
- Shrewsbury: Fletcher House, College Hill, Shrewsbury, SY1 1LY
Phone: 01743 245552

The above agencies promote safe and sensible drinking linked to a healthier lifestyle for those who choose to drink alcohol. Information and resources on alcohol related issues available.

3. National Drugs Helpline

The National Drugs Helpline which is also called 'Talk to Frank' is a website and telephone helpline offering advice, information and support to anyone concerned about drugs and solvent/volatile substance misuse, including drug misusers, their families, friends and carers.

FRANK Phone: 0800 77 66 00
www.talktofrank.com/

Samaritans Phone: 08457 90 90 90