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MANAGING HEALTH AT WORK

**3a –  
SUBSTANCE  
MISUSE POLICY**



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## **MANAGING HEALTH AT WORK**

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## 1. INTRODUCTION

Of the UK workforce, 90% drink alcohol, with about 28% of men and 11% of women consuming more than the recommended 'safe' limits. This may or may not lead to alcohol-related problems. The recommended safe limits are now calculated in daily 'benchmarks', which are 3 - 4 units for men and 2 - 3 units for women. "Binge-drinking" is now defined as a minimum of 8 units for men and 6 units for women on a single occasion of taking alcohol.

Managers and trade union/professional organisation representatives are not qualified to come to conclusions about whether an alcohol / drug related problem exists. Some of the symptoms of excessive alcohol or drug intake can be similar to the effects of a range of medical conditions, including diabetes and epilepsy. Consequently, when dealing with problems caused by suspected alcohol/drug misuse, managers should always arrange appropriate assessment via Occupational Health Service and make a full investigation of all the circumstances before deciding on appropriate action.

The Occupational Health Service will undertake the critical role in determining whether a problem exists and what help is appropriate including the use of appropriate external agencies if required.

The consumption of alcohol/drugs has considerable implications for health and safety at work. NHS Highland requires employees who are scheduled to work or who are on-call, to arrive for work free from the effects of alcohol/drugs, and does not permit alcohol/drug consumption at work or during meal breaks.

NHS Highland recognises the need for a policy using a constructive and preventative strategy, designed to encourage early identification of alcohol/drug related problems among its employees.

Alcohol/drug misuse frequently affects personal health and social functioning, with implications for the employer and employee alike. These may include:

- excessive sickness absence
- poor attendance
- poor performance
- behaviour changes
- poor staff relationships
- alcohol and drug related accidents/incidents in the workplace.

The possible existence of an alcohol/drug related problem or difficulty usually comes to light in one of three ways:

- the employee is intoxicated while on duty;
- the employee requests help for an alcohol or drug problem; or

- observation of an employee's work performance shows that work capability is impaired and the indicators are that alcohol/drugs may be the reason (see Appendix 2).

## 2. GENERAL PRINCIPLES

- Alcohol-related problems are defined as any drinking, either intermittent or continual, which definitely and repeatedly interferes with a person's health, social functioning and work capability or conduct.
- The possibility of an employee having an alcohol/drug related problem may be brought to light because of problems with health or with work performance or behaviour, or other signs that may lead to action under NHS Highland's Management of Employee Conduct Policy. Where a manager identifies a possible alcohol/drug problem, and if the employee agrees, the opportunity for assessment and counselling can be given.
- In all instances within the above, the employee will be given encouragement, and offered an opportunity, to seek and accept help and treatment.
- On resumption of duties, or on return to work following a period of treatment, the employee will be able to return to the same job, unless resuming the same job would be inconsistent with the long-term resolution of the employee's alcohol / drug related problem. When the same job cannot be resumed, every consideration will be given to finding suitable alternative employment. The employee will be encouraged to seek Trade Union/Professional Organisation representation in discussions regarding alternative employment.
- Having accepted help or treatment and resolved the alcohol/drug related problem, the employee's normal promotional prospects will not be impaired.
- An employee whose problems are suspected to be alcohol/drug related and who refuses the offer of referral for diagnosis, and/or help and treatment or who discontinues a course of treatment before its satisfactory completion, and who continues to show unsatisfactory levels of work performance, may be subject to action under the NHS Highland Management of Employee Conduct Policy.
- Following return to employment, should work performance suffer as a result of alcohol/drug related problems, each case will be considered individually by the relevant manager in conjunction with HR and Trade Union/Professional Organisation advice. If appropriate, a further opportunity to accept and co-operate with help and treatment may be offered.
- The confidential nature of any records of employees with alcohol/drug related problems will be strictly observed.
- Awareness training and guidance, within the general PIN Awareness Programme, will be given to managers and Trade Union/Professional Organisation representatives on the implementation and application of this Policy and procedure.

### 3. DEFINITION OF A DRUG

The term 'drug' applies to drugs controlled under the Misuse of Drugs Act 1971, prescribed drugs and over-the-counter medication and solvents.

In order to assist managers and employees in deciding upon the best course of action NHS Highland has produced this policy which:

- clearly states its position on substance misuse;
- gives positive and progressive guidelines on how to prevent alcohol/drug-related problems from occurring; and
- indicates how any problems should be managed effectively if they arise.

The principles of this policy will be applied to all those experiencing problems related to alcohol and drug misuse.

### 4. POLICY STATEMENT

NHS Highland takes its responsibilities towards the health, safety and welfare of employees very seriously and is committed to providing a safe and healthy working environment. This policy is designed to protect employees and patients from the dangers of drug/alcohol misuse and to encourage those with an alcohol/drug problem to seek appropriate help.

### 5. AIMS OF THE POLICY

This Policy aims to:

- reduce the personal suffering of employees with alcohol/drug problems.
- protect patients
- prevent and reduce the incidence of alcohol/drug related work impairment.
- state clearly NHS Highland's position on alcohol/drugs in the workplace.
- promote good health at work and raise awareness amongst employees of the effects of alcohol/drugs and the impact on the workplace of inappropriate use through education and training.
- engender a climate, which removes the tendency to conceal, deny and cover up the problem.
- set out clear guidelines for Managers and Supervisors to assist and encourage employees to seek assistance when they have been identified as having a known/suspected alcohol or drug related problem.
- identify mechanisms for both voluntary and management referrals to Occupational Health Service.
- restore effectiveness of any employee through the application of this policy.

## 6. SCOPE OF THE POLICY

- The standards contained within this policy apply to all NHS Highland employees and temporary and agency staff, contractors, volunteers and students.
- This policy and procedure applies to measures to be taken to respond to situations involving alcohol or drugs impacting on the workplace.
- The policy and procedure is drafted in terms of alcohol and alcohol related problems; it applies equally to other drugs and any drug-related problems.
- The application of the policy and procedure is limited to those instances of alcohol/drug related problems that affect the capability or conduct of the employee in relation to their work. The policy does not apply to employees who, because of excessive indulgence of alcohol/drugs on random occasions, contravene our standards of safety and conduct such cases will be dealt with according to the Management of Employee Conduct Policy.

## 7. RESPONSIBILITIES

It is the responsibility of NHS Highland to ensure that the policy is adhered to, and in order to deal effectively with alcohol/drug related problems every manager and employee must take responsibility for making the policy work.

Employees who suspect or know that they have an alcohol/drug related problem are encouraged to seek help and treatment voluntarily either through this policy, or through resources of the employees own choosing. Some examples of this are included in Appendix 3. The facility of self-referral to OHS is a key part of the policy.

## 8. MANAGERS' RESPONSIBILITIES

- Ensure that their staff are aware of and understand the policy and procedure.
- Encourage those who may have an alcohol/drug related problem to seek help voluntarily.
- Discuss all substance misuse issues with a Personnel Advisor so that consistent standards are applied.
- Seek professional advice from Occupational Health Service before determining a course of action.
- Monitor changes in work and attendance patterns.
- Take appropriate action in cases where a problem is identified and the employee refuses help or discontinues a recovery programme.

## 9. HUMAN RESOURCES RESPONSIBILITIES

- Provide assistance, guidance and support to managers and employees at all stages when using the policy.
- Ensure that the policy is followed appropriately.

## 10. OCCUPATIONAL HEALTH SERVICE RESPONSIBILITIES

- Provide support for managers on the importance of the early identification of employees who may require support.
- Provide advice and guidance on how best to support an employee who has a behavioural or work performance issue, which may be related to alcohol/drugs.
- Provide advice to individuals who seek help with an alcohol/drug problem.
- Advise the manager if absence from work will be necessary as part of a course of help and/or if co-operation regarding the employee's duties, working conditions or continuing support is required.
- With the employee's consent, liase with the family doctor and outside agencies (see Appendix 3) to encourage recovery.
- Refer to appropriate external agencies for specialist help.

## 11. TRADE UNION/PROFESSIONAL ORGANISATION REPRESENTATIVES RESPONSIBILITIES

- To help inform the workforce of the policy and to encourage employees who may have alcohol/drug related problems to seek help voluntarily.
- Advise and actively support members of their rights and responsibilities under the policy and be available to attend Conduct/Capability interviews with their members.

## 12. MONITORING AND REVIEW

The Area Partnership Forum will review this policy on an annual basis and ensure its implementation. Monitoring will take place on an ongoing basis and will include:

- Collation of all reported incidents by the appropriate support department e.g. Health and Safety Team / HR Services / Occupational Health Services.
- Quarterly reporting to the Area Partnership Forum, Health and Safety Committee on incident statistics and safety improvement measures which have been introduced.
- Annual reporting and recommendations for the forthcoming year to the Area Partnership Forum and Staff Governance Committee.

13. MANAGEMENT OF EMPLOYEES WHO ARE SUSPECTED OF BEING UNDER THE INFLUENCE OF ALCOHOL/DRUGS

A Manager may temporarily suspend any employee who is suspected of being under the influence of alcohol/drugs on the premises. It is recommended that the manager has a witness in attendance when following this procedure. The Manager should send the employee from the workplace under suspension with pay, pending investigation and consideration of the matter. The employee will be instructed to report to their manager no later than on the morning of the next working day. In addition, the manager must insist that the employee does not drive a vehicle and so to that end, will:

- if the employee has a NHS Highland vehicle, immediately and formally withdraw permission to drive it.
- arrange transport home.

14. MANAGEMENT OF EMPLOYEES WHO ARE SUSPECTED OR IDENTIFIED AS REQUIRING HELP WITH AN ALCOHOL/DRUG PROBLEM

Employees who are identified as possibly having an alcohol/drug related problem affecting their performance at work will, in the first instance, be referred to the NHS Highland Occupational Health Service.

Should the Occupational Health Service decide that the employee requires help or advice, they will provide/arrange a programme of support, in discussion with the appropriate manager and Personnel Advisor.

The following principles will apply to any programme of support:

- Employees who are required to be absent from duty will be subject to the sick pay scheme appropriate to their employment.
- Should an employee be fit for duty during the support programme they should be permitted to continue at work unless such an arrangement would adversely affect the service or the health of the individual.
- Paid time off will be granted to employees who require to be absent, for example, for ongoing weekly treatment sessions as part of a treatment plan.
- Where it becomes apparent that a situation being managed under the Management of Employee Conduct Policy is as a result of an alcohol/drugs problem and the employee agrees to a programme of support as defined in the scope of this policy, formal action in relation to the Management of Employee Conduct Policy will be suspended.

15. ACCESSING SUPPORT

Employees may, at any time, approach the Occupational Health Service (OHS) if they are concerned about their alcohol consumption. As with other contacts with the OHS, all consultations will be treated in the strictest medical confidence.



Colleagues, Managers and Trade Union/Professional Organisation representatives may seek advice informally, without disclosing names, should they require help in dealing with a suspected alcohol/drug problem. These discussions will also be treated in the strictest confidence.

*Any employee may seek help by either:*

- Voluntarily seeking help directly from OHS or other agency.
- Contacting their manager or Personnel Advisor. The employee will be seen as soon as possible and arrangements made for an immediate appointment with OHS.

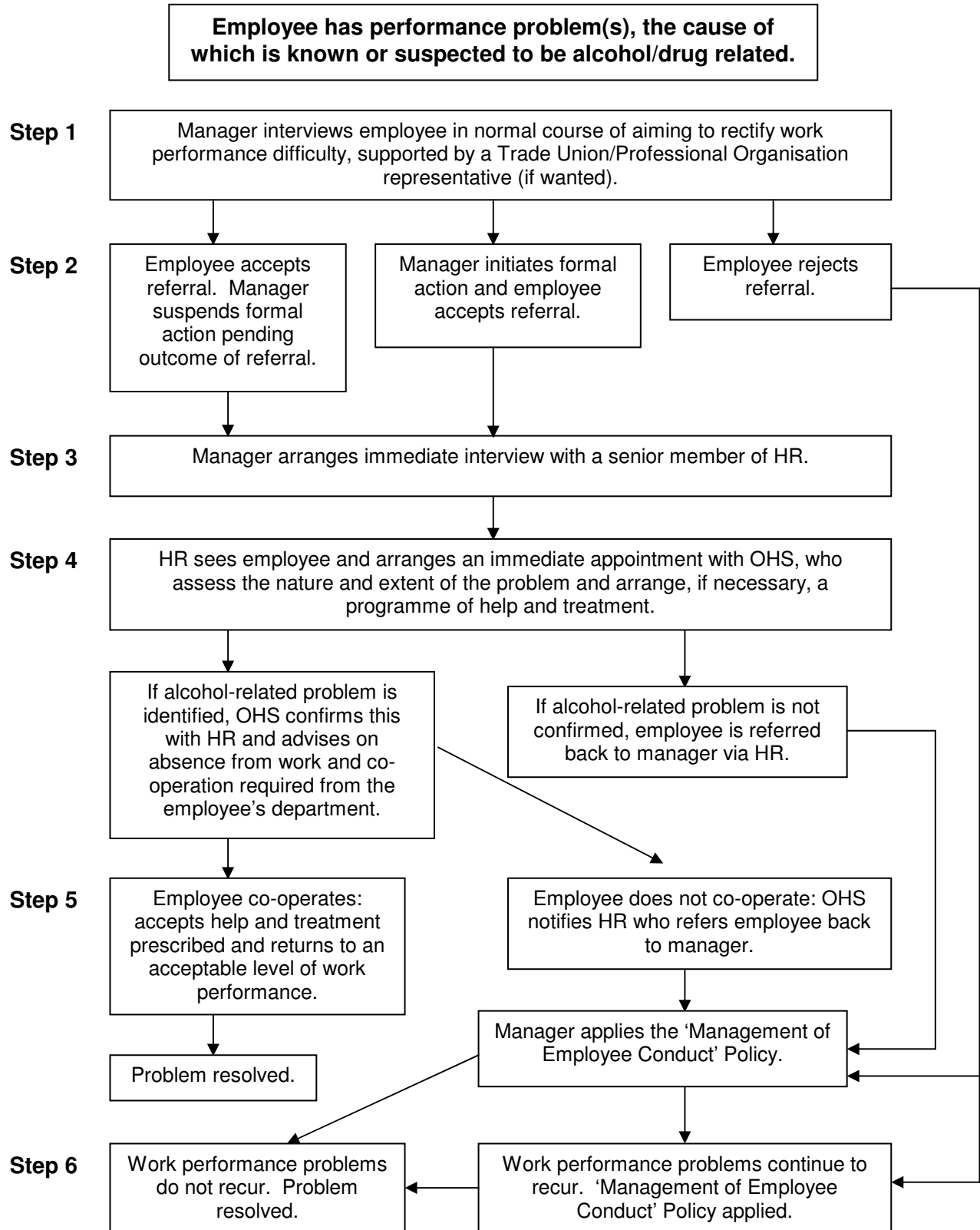
*Referral by the manager: -*

- The procedure is attached at Appendix 1. The operation of this procedure depends upon communication and co-operation between the Manager, Trade Union / Professional Organisation representative (if appropriate) and OHS.

## 16. CONFIDENTIALITY

The confidential nature of any records of employees with alcohol/drug related problems will be strictly observed. The confidentiality of all employees being supported under this policy will be protected unless by doing so the safety of other employees or patients would be compromised. The confidential nature of records will also be strictly observed by all those involved in this process.

**Referral to Occupational Health by a Manager**



## Appendix 2

### IDENTIFICATION OF EMPLOYEES WITH ALCOHOL OR DRUG RELATED PROBLEMS.

Employees, managers, colleagues and the medical profession, can all help to identify individuals for whom alcohol or drugs are, or may become a problem.

The following are possible indicators, which may assist in recognising that a problem exists: -

#### **Social Problems –**

Financial difficulties, borrowing money, arrestment of wages, marital/family problems, drink or drug related offences/crimes/aggression/violence, neglect of appearance, loss of interest in hobbies/family/friends, inappropriate drinking or drug taking behaviour, deterioration in relationships with colleagues.

#### **Behavioural and Physical Signs at Work –**

Absenteeism (certified or self-certified or unauthorised), late arrival/early departure, decreased performance, procrastination, spasmodic work pace, neglect of detail, lowered quantity/quality, mistakes, accidents.

#### **Psychological Changes –**

Preoccupation with alcohol/drugs, self-deception, guilt, anxiety, depression, irritability, persistent remorse, confused thinking, poor concentration.

#### **Physical –**

Loss of appetite, gastric problems, eye redness, tremors, facial flushing, sweating, serious hangovers.

#### **Drinking Habits –**

Early in the morning, lunchtime, working hours, alcohol on breath, use of breath fresheners.

It is important to note that the presence of some of these signs, symptoms or behaviours does not *always* denote an alcohol or drug related problem. Absenteeism and decreased work performance, for example, can be related to a variety of reasons, none of which may be alcohol or drug related. Similarly the above problems may arise from other causes.

The identification of an employee with an alcohol or drug related problem or difficulty is not necessarily brought about by some of the indicators mentioned being present. A number of these symptoms may be highlighted and it is these, coupled with your knowledge of the individual and with the situation, which gives cause for concern that leads to the conclusion that an alcohol or drug related problem, or difficulty may exist.

## SERVICES INFORMATION

### **HIGHLAND DRUG & ALCOHOL INFORMATION LINE - 0844 848 3778**

The Information Line is open Monday to Friday from 9.30am until 4:00pm. You can get information about services that are available in your area. An answer-machine is available out of hours or, if staff are unable to take your call, leave a message and someone will get back to you.

## SERVICES FOR ADULTS

### **General Practitioners**

Advice, information and treatment of alcohol and drug problems. Referral to appropriate agencies can also be made.

### **Community Psychiatric Nurses (Substance Misuse)**

The CPN service provides full assessment and treatment plans to individuals with a drug or alcohol problem. Interventions offered include: - home detoxification, substitute prescribing, motivational interviewing, relapse management and joint/ family counselling.

Substance Misuse In-Patient Service - Ruthven Ward, New Craigs (01463) 704670

In-patient service provides assessment, alcohol and drug detoxification, and liaison with other agencies.

### **Councils on Alcohol**

There are five Councils on Alcohol in Highland offering a range of services. Contact individual Councils for details.

<b>Caithness</b>	<b>(01955) 603462</b>
<b>Lochaber</b>	<b>(01397) 702340</b>
<b>Ross &amp; Sutherland</b>	<b>(01349) 880771</b>
<b>Skye &amp; Lochalsh</b>	<b>(01478) 612633</b>
<b>Inverness</b>	<b>(01463) 220995</b>

### **Beechwood House (01463) 711335**

Beechwood offers a range of services including the designated place (an alternative to custody for individuals under the influence of alcohol) and the residential rehabilitation services. There are 15 beds in Rehab, 4 in the 24-hour area and 4 for support for up to 2 weeks.

### **Osprey House (01463) 716888**

The day service provides individual assessment and treatment plans, detoxification, reduction and maintenance programmes, one-to-one counselling, group work, family support, self help, health education, anxiety/stress management and relaxation.

### **Alness Mothers against Drugs (AMAD) (01349) 880007**

Information, advice and advocacy, family support group and user support group.

### **Alcoholics Anonymous (0845) 769 7555**

Offer over 50 regular meetings throughout Highland, offering groups and individual support.

### **AL ANON/ AL TEEN Family Groups (0141) 339 8884**

Over 20 groups meet throughout the Highlands offering ongoing group and individual support to families and families of those with alcohol problems.

### **Blast! Drug Project (01463) 715454**

Free and confidential information, support, advice and signposting service for young people, parents and professionals around substance use related issues across Highland. Drop in at 94 Church Street, Inverness.

## **OTHER USEFUL CONTACTS**

Brook Helpline	0800 01850023
Highland Drug & Alcohol Action Team	01463 704853
Highland Drug & Alcohol Information Line	0844 848 3778
NHS 24	08454 242424
Samaritans (National)	08457 909090

### **National Helplines**

Drinkline	0800 9178282
National Drug Line	0800 776600
“Know the Score” Drug Line	0800 5875879