Alcohol and Substance Abuse Policy and Procedure

<table>
<thead>
<tr>
<th>Document Owner</th>
<th>Helen Edmondson</th>
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<tbody>
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<td>Document Author</td>
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<td>FINAL</td>
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<td>Executive Team</td>
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<td>Date of Approval</td>
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<td>Date of Review</td>
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Change History

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<th>Name</th>
<th>Revision Description</th>
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<td>November 2013</td>
<td>Jenny Holland</td>
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<td>Julie Andrews</td>
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<td>Jennie McCollin</td>
<td>Quality Assurance</td>
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Executive Summary

NHS East and North Hertfordshire Clinical Commissioning Group (hereafter referred to as the CCG) is committed to providing a safe and productive work environment and to maintaining the health, safety and wellbeing of staff to avoid unnecessary illnesses, absences, accidents and job losses and improve work performance as far as possible. The CCG is committed to providing help and support, which may be necessary for an employee.

This policy aims to create an environment which encourages all employees to seek appropriate help and to raise awareness and promote good practice by informing staff of the risks associated with alcohol and/or drug abuse and their effects. The CCG will make a distinction between an employee who has an alcohol and/or substance abuse problem, which they intend to help overcome, and misconduct through alcohol and/or substance abuse, which will be addressed through the Disciplinary Procedure.


The CCG can provide training for all managers and staff involved in implementing and applying this policy and procedure where required.
1. INTRODUCTION

1.1. The CCG is committed to being an organisation within which diversity, equality and human rights are valued. We will not discriminate either directly or indirectly and will not tolerate harassment or victimisation in relation to gender, marital status (including civil partnership), gender reassignment, disability, race, age, sexual orientation, religion or belief, status as a fixed-term or part-time worker, socio-economic status and pregnancy or maternity.

1.2. The CCG works to a framework for handling personal information in a confidential and secure manner to meet ethical and quality standards. This enables National Health Service organisations in England and individuals working within them to ensure personal information is dealt with legally, securely, effectively and efficiently to deliver the best possible care to patients and clients.

1.3. The CCG, via the Information Governance Toolkit, provides the means by which the NHS can assess our compliance with current legislation, Government and National guidance.


1.5. The CCG wishes to promote the general well-being of all employees, avoid unnecessary illnesses, absences, accidents and job losses, improve work performance and to provide a working environment which ensures as far as possible, the health and safety of all employees.

1.6. The CCG will make a distinction between an employee who has an alcohol and/or substance abuse problem, which they intend to help overcome, and misconduct through alcohol and/or substance abuse, which will be addressed through the Disciplinary Procedure.

1.7. It is important to recognise that it is an offence to possess, supply and/or offer to supply and/or produce controlled drugs without authorisation under the Misuse of Drugs Act 1971. It is also an offence for the occupier of premises (in this case, the CCG) to knowingly permit the production and/or supply, taking and/or smoking of any controlled drugs on its premises. It is further an offence to aid or abet the commission of an offence under the Misuse of Drugs Act.

1.8. In addition, the CCG has a general duty under the Health and Safety at Work Act 1974 to ensure (as far as is reasonably practicable), the health, safety and welfare of its employees at work. The CCG also has a duty under the Management of Health and Safety at Work Regulations 1992 and 1999, to assess the risks to the health and safety of its employees. The CCG will
not knowingly allow any employee under the influence of alcohol and/or drugs to continue working.

2. SCOPe AND PURPOSE

2.1 This policy applies to all CCG staff, including agency staff, temporary staff and bank workers.

2.2 It is expected that all staff will refrain from consuming alcohol and the use of other substances such as illegal drugs and substances like glue, solvents and lighter fuel during their working day, at lunchtime, whilst on-call, at other official breaks (paid and unpaid) and at official work based gatherings/conferences etc.

2.3 Although this policy does not apply directly to external contractors whilst on CCG premises, they will be expected to abide by CCG guidelines on alcohol and substance abuse. Any external contractors suspected to be under the influence of alcohol and/or substances may be reported to their employer and, where appropriate, removed from the premises.

2.4 This policy covers the abuse of substances including alcohol, solvents, legal and illegal drugs, prescription and over the counter medicines and other substances that could adversely affect work performance and/or health and safety.

2.5 This policy aims to raise awareness and promote good practice through a constructive, supportive, fair and consistent approach by providing staff with information about alcohol and substance abuse and their effects, and to provide a sensitive and confidential procedure which enables managers to initiate an appropriate response to employees who either request help or who are identified as having, or potentially having, alcohol and/or substance abuse problems.

3. OTHER RELEVANT HR POLICIES

HR policies to consider when referring to this policy and procedure include;

- Attendance Management
- Capability Management
- Disciplinary
- Raising Concerns at Work (Whistleblowing) Policy
- Stress Policy
- Professional Registration Guidelines

4. DEFINITIONS

Alcohol and substance abuse are primarily a matter of health and social concern and it is recognised that those who suffer from them need help.
For the purpose of this policy and procedure, the term ‘alcohol and substance abuse’ refers to the use of alcohol, legal and illegal drugs, solvents or other substances in an intermittently or continuously, excessive, habitual or harmful way at whatever time or place, that results in an impairment to the user’s health and safety, work performance, productivity, efficiency, attendance, conduct at work and/or social functioning.

5. LEGISLATION

5.1 The Misuse of Drugs Act 1971

This Act makes it an offence to possess, sell, supply, offer to supply and/or produce controlled drugs without authorisation and it also makes it an offence for a premises occupier (in this instance the CCG) to knowingly permit the production and/or supply of any controlled drugs and/or allow the taking of any illegal drugs on CCG premises.

5.2 Health and Safety at Work Regulations 1992, 1999 and Health and Safety at Work Act 1974

These Acts state all employers have a duty to ensure, and assess the risks, of the health, safety and welfare of their employees and should not knowingly allow any employee under the influence of alcohol and/or drugs to continue working. Employees should be aware that under Section 7 of the Health and Safety at Work Act 1974 “it shall be the duty of every employee while at work to take reasonable care for the health and safety of himself/herself and of other persons who may be affected by his/her acts or omissions at work”.

5.3 The CCG will not knowingly permit the possession, sale, use and/or purchase of illegal drugs on CCG premises. This is a disciplinary offence which could result in formal action being taken which can include dismissal. The CCG would report any such instances to the police. Employees who possess, sell, use and/or purchase illegal drugs outside of work may result in the CCG taking action against them where these actions affect an employee’s performance, conduct, ability to fulfil their contractual obligations and/or brings the CCG into disrepute.

6. ROLES AND RESPONSIBILITIES

6.1 All Employees

- Are expected to report for duty in a fit state to carry out all their work duties properly, efficiently and safely.

- Who have an alcohol and/or substance abuse problem, are encouraged to seek help through their manager, the Human Resources department, the Occupational Health service or directly from an appropriate agency.
• Who suspect a colleague is not in a fit state to carry out their work properly, efficiently or safely due to alcohol and/or substance abuse should report this to their manager, HR or any other senior manager.

• For employees who have an alcohol and/or substance abuse problem, it is their responsibility to decide whether to receive specialised counselling and/or treatment.

6.2. All Managers
• Should offer assistance and motivate staff to seek and accept counselling and/or treatment where substance and/or alcohol abuse is suspected.

• Should, when necessary, formally refer an employee to the Occupational Health service.

• Should be aware of the alcohol and drug abuse warning signs and the effects this can have on performance, attendance and the health of employees (Appendix 1).

• Should keep accurate and confidential records of instances of poor performance, capability concerns and other problems.

6.3. Human Resource Department
• Should ensure appropriate training of managers is undertaken alongside the implementation of this policy.

• Provide information for all employees on this policy and procedure, including the role of the Occupational Health service, managers, the Human Resources department, and individual employees themselves.

• Advise on disciplinary action that may be taken in relation to the abuse of alcohol and/or substances at work.

6.4. Occupational Health Service
• Provide a confidential service to all staff with alcohol and/or substance abuse related problems.

• Take referrals from managers and the Human Resources department with the agreement from the employee and provide a service which may include:
  • an initial assessment
  • counselling and support
  • biological monitoring
  • referral to specialist agencies
  • advice to management in relation to courses of treatment and sick leave
• the convening of a case conference in exceptional circumstances, which would include all concerned agents including management, to plan the best possible line of action for the individual and department

• Advise on the provision of easily accessible information and referral agencies.

• To advise management and the Human Resources department in matters relating to employee continued care at work, whilst maintaining confidentiality.

• Communicate the principles and procedures of this policy and encourage employees who may have an alcohol and/or substance abuse problem to seek help voluntarily.

6.6 **Visitors and members of the Public**

If a visitor or member of the public has concern about an alcohol and/or substance abuse issue relating to a CCG employee, worker or contractor this should be reported to the Human Resource department and the appropriate manager as soon as reasonably practicable.

7. **PROCEDURE FOR ADDRESSING ALCOHOL AND SUBSTANCE ABUSE**

7.1. The CCG has a responsibility to ensure standards of work and conduct are maintained in the workplace. The CCG will support and help employees identified as having alcohol and/or substance abuse problems wherever possible, but the CCG may also be obliged to deal with individuals in these circumstances in accordance with the Disciplinary policy and procedure.

7.2. Employees who recognise they have an alcohol and/or substance abuse problem will be encouraged to seek help voluntarily and will be advised where this can be obtained (Appendix 2). They will be given the support of management in overcoming this.

7.3. Managers are responsible for monitoring employees’ work performance and observing any deterioration. If a manager suspects poor work performance is caused through the effects of alcohol and/or substance abuse, they will meet with the employee to attempt to identify the cause of the problem and provide support. The employee should then be referred to the Occupational Health service for advice and support in respect of treatment. Where the Occupational Health service confirms a problem, the following should be followed:

• the problem should be treated as ill-health
• the Occupational Health service will provide advice, support and refer for specialist treatment where appropriate
• absence from duty for assessment and/or treatment will be treated as sick leave and the CCG’s rules on sick pay will apply. Reasonable notice
should be given to the manager of these appointments and evidence of the appointment must be provided.

- consideration will be given to no disciplinary action being taken for poor performance until the employee completes the treatment course.

7.4 If an employee refuses to acknowledge a problem and/or refuses treatment, the matter will be dealt with under the Disciplinary, Capability or Attendance Management policies and procedures.

8. MISCONDUCT OFFENCES

8.1. Drink and substance offences which breach disciplinary rules will be dealt with under the CCG’s Disciplinary Policy.

8.2. Where alcohol and/or substance related problems result in unacceptable conduct, managers are expected to suspend the staff member immediately before considering invoking the CCG’s Disciplinary policy and procedure. Consideration should be given to the employee’s safe journey home.

8.3. Staff who lose their driving licence and who are required to drive during the course of their duties could be subject to disciplinary action including dismissal. This offence will be taken seriously by the CCG and will be dealt with on an individual basis, in a private discussion between the individual, their manager, the Human Resources department and the Occupational Health service.

9. CONFIDENTIALITY

The details of any individual employee who has or has had an alcohol and/or substance abuse problem will remain strictly confidential.

10. REVIEW

The policy will be reviewed periodically by HR in conjunction with operational managers and Trade Union representatives. Where a review is necessary due to legislative change this will happen immediately.
Appendix 1

ALCOHOL AND DRUG ABUSE WARNING SIGNS AND THEIR EFFECT ON PERFORMANCE, ATTENDANCE AND THE HEALTH OF EMPLOYEES

The following characteristics, especially when they occur in combination, may indicate that someone has a problem with alcohol and/or drugs.

Absenteism
- Frequent, unscheduled short-term absences from the desk, with or without explanation
- Strange and increasingly unlikely excuses for absences
- Poor timekeeping, both morning and evening, and in returning from breaks
- Frequent Monday and/or Friday absences
- Taking frequent annual leave at short or nil notice
- High overall sick leave, often for apparently minor and unrelated ailments e.g. diarrhoea, upset stomach, colds, flu etc

Evidence of Inadequate or Deteriorating Work Performance
- Impaired concentration and memory
- Mistakes and errors of judgement
- Fluctuations in productivity
- Improbably excuses for poor job performance
- Increasing general unreliability and unpredictability
- Fluctuating working relationships
- Reluctance to accept responsibility

High ‘Accident’ Rate
- General clumsiness and poor-coordination
- Accidents elsewhere e.g. at home, travelling to work

Personal Appearance and Behaviour
- Hand tremors, slurred speech, facial flushing, blurry/blood shot eyes, excessive sweating, unsteady on their feet
- Smelling of alcohol or under the influence of alcohol at work
- Poor personal appearance or hygiene
- Coming to work obviously drunk or hung over
- Wearing sunglasses in inappropriate conditions
- Attempts to keep arms covered, even in hot weather, to hide needle marks
- Mood changes, irritability, lethargy
- Borrowing money frequently
- Missing meals, weight loss
- Constantly on a ‘high’
- Tendency to blame others

This list is illustrative only and should not be regarded as exhaustive
Appendix 2

SOURCES OF CONFIDENTIAL HELP

Internal

Occupational Health
Human Resources
Managers

Local

General Practitioners

Local and National Helplines

Adfam
Tel: 020 7928 8898
Website: www.adfam.org.uk

Adfam is a national charity working with families affected by substances and alcohol. The website has a database of local family support services.

Al-Anon
Tel: 020 7403 0888
Website: www.al-anonuk.org.uk

Al-Anon helps families and friends of alcoholics recover from the effects of living with the problem drinking of a relative or friend.

Alcoholics Anonymous
Tel: 084 5769 7555
Website: http://www.alcoholics-anonymous.org.uk/

Alcoholics Anonymous is a fellowship of men and women who share their experiences, strength and hope with each other so that they may solve their common problem and help others to recover from alcoholism.

Chrysalis Drug Project
Tel: 019 9253 8638
Address: 2a Priory Street, Hertford, Hertfordshire, SG14 1RN

Currently Chrysalis offers a broad range of services to people, living or working in the community, affected by drug use.

Cocaine Anonymous
Tel: 080 0612 0225
Website: http://www.cauk.org.uk/index.asp
Cocaine Anonymous is a fellowship of men and women who share their experience, strength and hope with each other so that they may solve their common problem and help others to recover from their addiction.

**Drinkline**
Tel: 080 0917 8282

Drinkline is a free and confidential helpline for anyone who is worried about their own or someone else’s drinking.

**Employee Assistance Helpline**
Tel: 0800 328 1437
Website: [www.employeassistance.org.uk](http://www.employeassistance.org.uk)

The Employee Assistance Helpline is a confidential support service, providing practical information, legal advice and professional counselling that can help individuals cope with a variety of personal, family and workplace issues.

The online access code for this service is hCCG070eap

**Narcotics Anonymous**
Tel: 084 5373 3366
Website: [http://www.ukna.org/](http://www.ukna.org/)

Narcotics Anonymous is a fellowship of men and women for whom drugs had become a major problem. The meetings held are for recovering addicts.

**Quitline**
Tel: 080 0002 200
Website: [http://www.quit.org.uk/](http://www.quit.org.uk/)

Quitline is a charity that helps smokers to stop smoking.

**Release**
Tel: 080 0450 0215
Website: [www.release.org.uk/](http://www.release.org.uk/)

Release offers help, advice, information, support and referral to people affected directly and indirectly by drugs use.

**Re-Solve**
Tel: 01785 810762
Website: [www.re-solv.org](http://www.re-solv.org)

A charity dedicated to the prevention of solvent and volatile substance abuse.

**Samaritans**
Tel: 084 5790 9090
Website: [http://www.samaritans.org/](http://www.samaritans.org/)

Samaritans is a confidential emotional support service for anyone in the UK and Ireland. Their service is available 24 hours a day for people who are experiencing feelings of distress or despair.

**Talk to FRANK**
Tel: 080 0776 600
Website: [http://www.talktofrank.com/](http://www.talktofrank.com/)
Text: 82111

Talk to FRANK is a free national drugs helpline which can provide advice to a drug user or anybody concerned about a drug user.

Turning Point

Tel: 020 7702 2300
Fax: 020 7702 1456
Email: info@turning-point.co.uk
Website: www.turning-point.co.uk

Turning Point works with children, parents, families and friends affected by alcohol misuse. To find your nearest service please visit their website.
Appendix 3 – Equality Impact Assessment Stage 1 Screening

### 1. Policy

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<th>Title: Alcohol &amp; Substance Abuse Policy</th>
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<td>Names &amp; Titles of staff involved in completing the EIA:</td>
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<tr>
<td>Jenny Holland, Senior HR Advisor</td>
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| Date of Completion: |
| November 2013 |

**Policy Completion Details**

- **Proposed**
- **Existing**

**Review Date:** November 2015

### 2. Details of the Policy. Who is likely to be affected by this policy?

- ✓ Staff
- □ Patients
- □ Public

### 3. Impact on Groups

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<td>High, Medium or Low</td>
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- **Race, ethnicity, nationality, language etc.:**
  - None

- **Gender (inc. transgender):**
  - None

- **Disability, inc. learning difficulties, physical disability, sensory impairment etc.:**
  - None

- **Sexual Orientation:**
  - None

- **Religion or belief:**
  - None

- **Human Rights:**
  - None

- **Age:**
  - None

- **Other:**
  - None

**No impact on any of the groups above.**

*Please explain and provide evidence*

### 4. Which equality legislative Act applies to the policy?

- ✓ Human Rights Act 1998
- □ Mental Health Act 1983
- ✓ Equality Act 2010

- ✓ Health & Safety Regulations
- □ Part time Employees Regulations

### 5. How could the identified adverse effects be minimised or eradicated?

N/A

### 6. How is the effect of the policy on different Impact Groups going to be monitored?

N/A
## Appendix 4 – Privacy Impact Assessment Stage 1 Screening

### 1. Policy

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### 2. Details of the Policy. Who is likely to be affected by this policy?

- [ ] Staff
- [ ] Patients
- [ ] Public

#### Technology

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<th>Please explain your answers</th>
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#### Identity

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<th>Please explain your answers</th>
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<td>By adhering to the policy content does it involve the use or re-use of existing identifiers, intrusive identification or authentication? (Example: digital signatures, presentation of identity documents, biometrics etc.)</td>
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#### Multiple Organisations

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<th>No</th>
<th>Please explain your answers</th>
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<td>Does the policy affect multiple organisations? (Example: joint working initiatives with other government departments or private sector organisations)</td>
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#### Data

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<th>Please explain your answers</th>
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<td>By adhering to the policy is there likelihood that the data handling processes are changed? (Example: this would include a more intensive processing of data than that which was originally expected)</td>
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<td>☐</td>
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If Yes to any of the above have the risks been assessed, can they be evidenced, has the policy content and its implications been understood and approved by the department?

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