

## Alcohol and Substance Misuse Policy

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Approving Committee/Group (Date)	PODC (29 June 2011)
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Relevant Standards (e.g. NHSLA, CQC, HSE)	
Acknowledgements	
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## **1 INTRODUCTION**

Croydon Health Services aims to promote the well being of all employees; avoid unnecessary illness, absences, accidents and job losses; improve work performance, provide a working environment which ensures as far as possible the health and safety of all employees service users, visitors and others on Trust premises. The Trust is committed to ensuring the safety of all patients, employees and visitors to its premises by ensuring that all staff are competent to work, free from the influence of illicit drugs, alcohol or any other substances ensuring that standards of work and conduct are maintained in the workplace delivering the highest standard of patient care.

The Trust has chosen to adopt a policy on drug, alcohol and substance misuse which recognises that their related problems are matters of health and social concern, and people with such problems require support and treatment within an agreed employment framework. The Trust is committed to prevent alcohol and substance misuse by raising the awareness to employees.

Employees must not consume or be in possession of illicit drugs during contracted hours of work and must be free from their affects if taken prior to work.

All 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 him/herself and of other persons who may be affected by his/her acts or omissions at work". Employees must adhere to the Road Traffic Act 1988 whilst driving on behalf of the organisation.

The Trust will support a programme of treatment and is committed to provide employees with sound management support to enable the employee to recover from their addiction.

## **2 PURPOSE**

It is the purpose of this policy to achieve and maintain a safe work and therapeutic environment for patients, staff and visitors that is free from the effects of the misuse of alcohol, drugs and other substances.

To promote the rehabilitation of any employee who may have problems with alcohol, drug or substance misuse.

It is the intention of the Trust to ensure that areas of concerns are brought to an appropriate person's attention and such concerns will be taken seriously and dealt with appropriately.

The Trust believes that its employees' health and well being will be improved by the elimination of alcohol, drug and substance misuse and related absenteeism or accidental injuries.

## **3 SCOPE**

This policy applies to all staff directly employed by Croydon Health Services irrespective of grade or position. Agency workers, contractors, volunteers, trainees/students are expected to abide by the principles of this policy. This document refers to the habitual or excessive use and misuse of prescription or illegal drugs and alcohol, whether deliberate or unintentional.

## **4 DEFINITIONS**

For the purpose of this policy alcohol, drug, and substance misuse are defined as "the intermittent or continual use of alcohol or any drug or other substance which causes detriment to the member of staff's health, social functioning, well being or work performance".

Performance is defined as affecting efficiency, productivity, safety, attendance, time keeping or conduct in the workplace.

The main classes of substances are opiates/opioids, depressants (including alcohol), stimulants, hallucinogenic compounds or cannabinoids.

## **5 ACCOUNTABILITIES AND RESPONSIBILITIES**

### **5.1 EMPLOYEES RESPONSIBILITIES**

Employees are expected to be familiar with the principles and procedures of the policy, in particular regarding their own responsibility towards themselves colleagues and patient's in accordance with the Health and Safety at Work Act 1974.

The Trust prohibits any member of staff to consume alcohol, drugs or other substances as defined under the terms of this policy on Trust premises and whilst undertaking their work activities during working hours.

Employees must not be in possession of illegal drugs on Trust premises. Possession of illegal drugs is a criminal offence and any incidents of this nature will be reported to the police and dealt with in line with the Trust's Disciplinary Policy.

Employees must not attend work while under the influence of drugs or alcohol and are expected to present for work in a fit state to work whether at their normal shift time or, if on call, when called in by the Trust. Where alcohol or other substances have been used outside of working time, staff must take reasonable steps to ensure that this does not affect their ability to work when they return.

Employees who realise that they have developed a problem are encouraged to discuss the matter with their manager, member of Human Resources Team or self refer to Occupational Health (OH). The usual terms of OH confidentiality apply and advice will be given to the individual about whether they should continue to work pending any treatment needed. This will take into account the safety criticality of a post, or any significant risk to a third party.

It should be recognised that a wide variety of prescribed/over the counter medicine may cause impairment to an individual's performance at work. Staff should seek advice from their GP or Pharmacist on any medicines they are taking. Staff noticing side effects due to medication should discuss this with the Trust's OH Department and also ensure this matter is brought to the attention of their manager.

Employees must inform their manager if convicted of any criminal charge relating to alcohol or drug misuse in line with the Trust's Standard of Conduct and Disciplinary Rules as contained in the Disciplinary Policy.

Employees should recognise that it is in the interests of patients, staff and visitors that if they know or strongly suspect another employee to be involved in substance or alcohol misuse, they have a duty to bring it to the attention of an appropriate manager or to OH. Such concerns will be taken seriously, with the principles of confidentiality taken into consideration. Any staff raising such concerns can do so without the fear of victimisation.

Employees may consult with their union representative, at any stage.

Employees must take part in rehabilitation/recovery programmes.

Employees are required to attend an OH consultation if referred by their line manager with concerns about drug or alcohol misuse.

Employees are required to submit medical assessments when reapplying for registration to their professional body when they have received a caution or conviction for an alcohol or drug related offence.

## **5.2 MANAGEMENT RESPONSIBILITIES**

The Directorate Leads have a responsibility to ensure that all Trust managers, team leaders and supervisors are aware of this policy, understand it and implement it.

Managers have a responsibility to engender a workplace culture, which makes clear to employees that substance misuse or alcohol consumption in the workplace is not acceptable. Managers are responsible for ensuring that the contents of this policy are brought to the attention of existing employees and to new employees as part of their local induction.

A manager is required to take appropriate action, according to the Trust's Disciplinary Policy if substance or alcohol misuse is likely. Such indicators may include:

- Appearing to be under the influence of alcohol, drugs or any other substance on hospital premises or during the course of their duties.
- Demonstrating an impaired ability to work or make decisions.
- Posing a safety threat to themselves or others.
- Theft of drugs from the work place.
- Changing work performance, attendance and behaviour.

A confidential discussion with the member of staff will be held to raise their concerns, to establish if there is substance or alcohol misuse problem consideration should be made to any work or home factors/triggers contributing to the problem. The manager must advise the employee of the need to make a referral to the OH department for advice and support and that they must summarise this in writing to the employee and HR within 5 working days

The manager may need to send the employee home particularly if the employee's role is safety critical.

Blood testing may be required by the OH department with their consent. Preliminary general advice can be sought from OH. The Trust reserves the right to test employees for alcohol and drugs by the OH department if they believe the safety of patients, colleagues and themselves might be at risk.

Where an appointment for counselling, out patients or self help sessions cannot be made outside working hours, then staff should be given reasonable time off to attend in work hours.

Managers should monitor individual's performance over an appropriate timescale, if a problem is identified. If no improvement is indicated despite appropriate intervention, the manager should review the staff member and arrange further assessment in Occupational Health. If still no further improvement can be achieved then the Trust's Disciplinary procedure should be invoked.

Managers must meet regularly with the employee providing support and guidance. Managers are to keep accurate record keeping of meeting/discussion with the employee.

### **5.3 HUMAN RESOURCES**

Human Resources will provide advice to assist managers, supervisors and staff in clarifying any issues relating to this policy. Sickness absence that occurs due to a drug or alcohol identified problem will be managed in accordance with the Trust's Sickness and Attendance Policy and advice regarding suspension from work and use of the Disciplinary Policy.

### **5.4 OCCUPATIONAL HEALTH**

The (OH) Department's role is to advise managers and the HR Department in all matters relating to the continued care of an employee. This will include cases where an employee requests to seek medical help but prefers to receive; care and/or treatment from his/her own doctor.

To provide advice on referrals from the employee, manager or HR Department.

To carry out assessments of staff members and arrange, where appropriate, counselling for tests, specific testing (if required) which would be determined on a case by case merit and further referrals as appropriate to determine whether a problem exists and to what extent. This may be to an outside agency.

Provide advice to management in writing of the outcome and fitness to work.

Specific recommendations may be made to work patterns or work area (if this is deemed to contribute to the problem or may be a potential cause for relapse). This will be subject to agreement with the relevant manager.

Where an employee is referred to OH as a result of disciplinary action, an OH progress report will be submitted to Management. If an employee fails to comply with recommended treatment, they should be referred back to management, who may invoke the Trust's disciplinary procedures.

Where an employee fails to attend an OH appointment, management will be advised and one further appointment will be arranged before referring the employee back to management.

The usual terms of OH confidentiality apply unless the situation is safety critical or where there is significant risk to a third party.

## **6 PRESENTATION AT WORK UNDER THE INFLUENCE OF ALCOHOL/ DRUGS OR SUBSTANCES**

The member of staff should be interviewed by their manager. It must be remembered that there could be numerous reasons for changes in work performance, attendance and behaviour.

The purpose of the interview should be to encourage the member of staff to articulate their problems. If this does not occur, the manager should ask whether the staff member has an alcohol/drug/substance misuse problem. If an affirmative answer is offered, they should be referred to OH and given a copy of this policy and the referral. If the member of staff denies a misuse problem, a referral should still be made to provide the employee the opportunity to disclose any addiction and seek support and treatment.

In acute cases where the member of staff is incapable of being interviewed or their behaviour has resulted in an incident, they should be removed from duty and arrangements made for them to attend the OH department as an urgent referral. Management should ensure that the member of staff leaves the Trust's premises safely and if appropriate, arrange transport home for them if they are unfit to travel alone or to drive. OH will make an assessment as to whether the member of staff is in a fit state to continue with their duties and will provide advice to management.

Staff found to have an addiction/dependence on alcohol/substance will be reported to their professional body; i.e. NMC/GMC by the head of service.

## **7 APPLICATION OF THE DISCIPLINARY PROCEDURE**

Where an employee's conduct or work performance is adversely affected by excessive alcohol intake or substance misuse and they are not suffering with a dependence addiction.

Where an employee drops out of a recovery programme or when offers of help have been rejected by the employee

Where an employee is found to have unlawful possession, sale or distribution of illegal drugs during their course of their employment either on or off the premises.

Where an illegal or suspected illegal action has occurred the Trust will report the case to the Police.

Withholding consent may be viewed as non-co-operation in which case the Disciplinary Procedure may be invoked.

## **8 TRAINING**

No formal training is required for the implementation of this policy. All staff should be made aware of the latest policies available on the intranet and at local induction and inform staff of any policy revisions. HR Advisors and OH Practitioners are available to provide support and advice on the use of this policy.

## **9 EQUALITY & IMPACT ASSESSMENT**

The Equality Impact Assessment for this policy is attached in Appendix A.

## 10 MONITORING COMPLIANCE

This policy will be reviewed every 3 years.

This policy will be reviewed by OH and HR following its use in an addiction case to ensure its effectiveness and support.

OH management referral procedures are audited annually by the OH Manager. Results are reviewed at OH clinical governance meetings.

## 11 REFERENCES

Sickness and Attendance Policy

Disciplinary Policy

Health and Safety at Work Policy

Don't mix it- A guide for employers on alcohol at work. (Health and Safety Executive, Reprinted 2009).

Confidentiality – RCN Guidance for Occupational Health Nurses (2005).

Department of Health key documents for consent - [dh.gov.uk/en/Publichealth/Scientificdevelopmentgeneticsandbioethics/Consent/Consentgeneralinformation/index.htm](http://dh.gov.uk/en/Publichealth/Scientificdevelopmentgeneticsandbioethics/Consent/Consentgeneralinformation/index.htm). Accessed 06/12/2009.

NMC July 2010

## 12 VERSION HISTORY TABLE

Version	Date	Author	Ratified by	Comment/Reason for change
1.1	July 2011	O.Nunn/L.Majid	Policy Committee	Post integration review

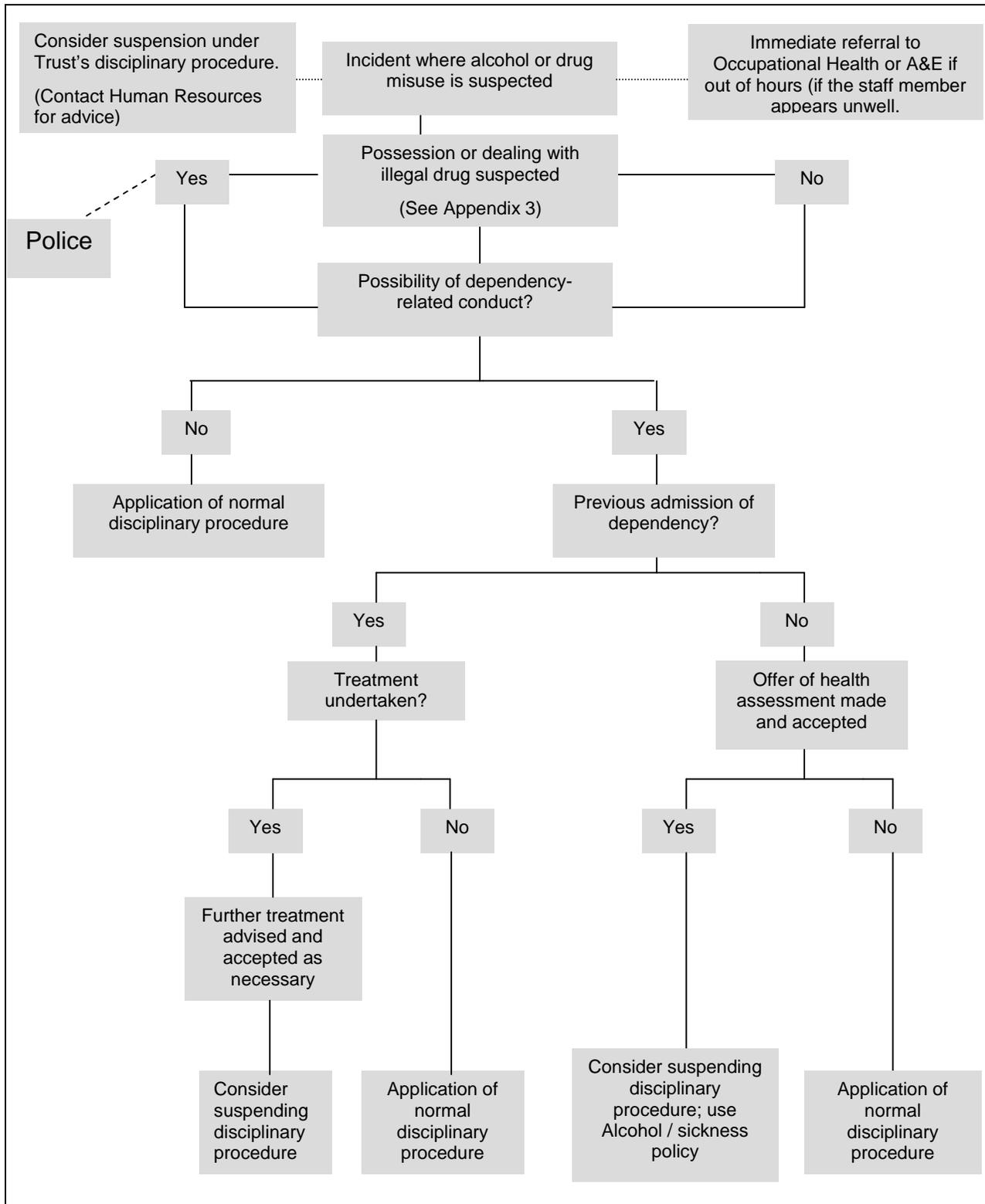
## **APPENDIX 1: POSSIBLE SIGNS OF ALCOHOL/ DRUG/ SUBSTANCE MISUSE/ ADDICTION**

- **Increased Absenteeism**
  - Unexcused absences
  - Excessive disability
  - Repeated short absences (especially after weekends and bank holidays)
  - Abnormally high absences for minor illnesses
  - Excessive tardiness
- **“On-the-Job” Absenteeism**
  - Continued absences from desk/work station
  - Increased number and length of “coffee breaks”, increased number of trips to the rest room
  - Physical illness on the job (headaches, stomach-aches, etc)
- **Concentration Problems**
  - Work requires greater effort
  - Jobs and projects take longer
  - Easily distracted
  - Clumsiness
  - Drowsiness
- **High Accident Rate**
- **Confusion**
  - Difficulty in recalling instructions and details
  - Increasing difficulty in handling and completing assignments
  - Difficulty in recalling own mistakes
- **Spasmodic Work Patterns**
  - Extremes of high and low productivity
  - Extremes in quality of work
  - Having to put in extra hours to finish work
- **Lowered Job Efficiency**
  - Increased number of errors
  - Wasted time and material
  - Poor decision making

- **Friction with Other Employees**
  - Over-reaction to real or imagined criticism
  - Wide swings in mood
  - Complaints from co-workers
  - Unreasonable resentments
  - Avoidance of associates
  - Irritability
  - Reports of smelling alcohol on the breath
- **Unusual Behaviour**
  - Temper tantrums
  - Physical violence
  - Emotional outbursts
  - Unreasonable Complaints
- **Physical symptoms**
  - Slurred speech
  - Inflamed/red eyes/dilated pupils
  - Flushed face
  - Diarrhoea/stomach cramps
  - Restlessness/ Shaking/seizures
  - Sweating
  - Smell of alcohol on breath

[Source: Taking Alcohol and Other Drugs out of the NHS Workplace (DOH)]

## APPENDIX 2: PROCEDURES FOR DEALING WITH ALCOHOL AND SUBSTANCE MISUSE



## **APPENDIX 3: SPECIALIST HELP ORGANISATIONS**

### **Alcoholics Anonymous**

01904 644026

### **Addicted Healthcare Professional Service (South London and Maudsley NHS Trust)**

Inpatient treatment and aftercare for healthcare professionals.

Outpatient referrals: 020 7919 3435

Inpatient referral (Drug detox) 020 8776 4395/4114/4118

Inpatient referral (Alcohol detox) 020 8776 4654/4655

### **Alcohol Concern**

Puts you in touch with local alcohol advisory services

Waterbridge House, 32-36 Loman Street, London SE1 0EE

020 7928 7377

### **Alanon/ Turning Point**

Provides Individual Counselling, and support for colleagues and families of those affected by alcohol problems. 020 7702 2300

### **Croydon Community Drug Agency**

100 Church Street, Croydon CRO 1RD

Tel: 020 8686 7500

Contact: Service Manager

Fax: 020 8680 0144

croydonoutreach@cranstoun.org.uk

### **Foundation 66**

Community based support, advice & information around harmful effects of drugs 0208 686 7500 ccda@foundation66.org.uk

### **The Sick Doctors' Trust**

www.sick-doctors-trust.co.uk 01252 345163

**National Counselling Service for Sick Doctors**

020 7935 5982

**National Drugs Helpline**

Free, confidential, 24 hours advice line

0800 776600

**Narcotics Anonymous**

Tel 020 87730 0009

**Drug scope**

Provides specialist advice on local drug services and best practice information of drug treatment and care, prevention and education. Waterbridge House, 32-36 Loman Street, London SE1 0EE. 020 7928 7377

**BMA 24 hour Stress Counselling Service**

0645 200169

**Medical Council on Alcoholism**

020 7487 4445

**FRANK**

A national helpline that offers free confidential advice and information about drugs 24 hours a day. 0800 776600

[www.talktofrank.com](http://www.talktofrank.com)

## APPENDIX 4: EQUALITY IMPACT ASSESSMENT

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
<b>1.</b>	<b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>		
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and bisexual people	No	
	Age	No	
	Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternative are there to achieving the policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	No	

## APPENDIX 5: CONSULTATION TEMPLATE

1.	Procedural Document's Name:	Alcohol and Substance Misuse Policy
2.	Procedural Document Author:	Olivia Nunn/ Previously Leona Majid
3.	Group/Committee Consulted:	Staff side 09.06.11
4.	Date of Consultation:	December 2010 and May 2011
5.	Comments Received:	<p>Having dealt with 2 suspected alcohol related incident in my years – can we be assured that a blood test can be done in OH shortly after it has been asked for by the manager and consented by the employee? When I asked for this before they gave the person an appointment in 2 days later – which came back negative and it was hard to progress the case.</p> <p>Juliet Kenney- ADO for Diagnostics and Clinical Support</p> <p>Dr Ian King comments:</p> <p>Testing is a highly specialist area as is interpretation of the test and one I would respectfully suggest should involve my input</p> <ul style="list-style-type: none"> <li>• Testing is relevant to us from a clinical perspective - i.e. may be used to assist in advice to the individual about harmful behaviour and in determination of fitness to work</li> <li>• Testing is NOT intended to be a part of the disciplinary process - that would place an ethical conflict on us between managing the case clinically and supporting management in the disciplinary process which is not our remit</li> <li>• We should however advise HR / management should a test be positive for blood alcohol and explain this, as HR / management probably not competent to interpret the result in its simple form. For example, the result could be compared to the legal driving limit (unless the trust is setting a zero tolerance to alcohol being in the system). This point about disclosure needs to be added to the policy.</li> <li>• Zero tolerance will impact on people's social lives as they are unlikely to understand: <ul style="list-style-type: none"> <li>• 1/ how many units they have consumed the night before</li> <li>• 2/ the rate at which the body eliminates alcohol</li> <li>• 3/ the likely amount of alcohol remaining that can be picked up the next day</li> </ul> </li> </ul> <p>This requires careful forensic history taking and in my view, zero tolerance should therefore be a part of the education of the condition between the doctor and the individual, and not a disciplinary measure</p> <p>I would strongly recommend that a suitably trained doctor is used in testing arrangements</p>

6.	<p>Reasoning why comments not incorporated:</p> <p>Both Dr King and Olivia Nunn have responded to Juliet to explain there is very little value to alcohol testing. It does not make a difference to the quantity of alcohol in the blood-if someone is at work under the influence of any alcohol they will be managed.</p> <p>A zero tolerance to any alcohol in the system is not practical or ethical or enforceable.</p>