The purpose of this policy is to set out the Trust’s commitment to the health and welfare of its’ staff in respect of drug and alcohol use and to develop a standard procedure for managing cases of substance misuse and alcohol abuse.

Procedure for Managing an employee with a suspected misuse Problem

Appendix 1

Support networks

Appendix II

Alcohol and Health

Appendix III

For use in: Trust Wide
For use by: All staff
For use for: The management of any member of staff identified as having a substance misuse problem or abusing alcohol
Document owner: Occupational Health Manager
Status: Approved
1. Introduction

This policy applies to all employees of the West Suffolk NHS Foundation Trust and to those working on West Suffolk Hospital premises.

The Trust is responsible for providing a safe and healthy working environment for all its employees, and recognises that this may be put at risk by employees who misuse alcohol, drugs and other substances to such an extent that their health, work performance, conduct and working relationships are affected, in addition to the health and safety of patients and quality of the service provided.

Any employee identified as having substance misuse problems will be treated sympathetically, reasonably, and positively, and be offered confidential advice and other necessary assistance in overcoming their problem. Through the Occupational Health and Wellbeing Service and external agencies as appropriate.

2. The Law

There is no specific health and safety law dealing with drugs or alcohol in the workplace. However, under the health & Safety at Work Act 1974 the employer has a duty to ensure the health, safety and welfare of employees. Section 7 of the Act requires employees to take reasonable care of the health and safety of themselves and others who may be affected by their act or omissions.

On 2 March 2015 the drug driving law changed to make it easier for the police to catch and convict drug drivers.

It is now an offence to drive with certain drugs above a specified level in your blood - just as it is with drink driving. Seventeen legal and illegal drugs are covered by the law, including cannabis, cocaine, ecstasy and ketamine. The limits for all illegal drugs are extremely low – taking even a very small amount of an illegal drug could put you over the limit.

The new offence will work alongside the existing offence of driving whilst impaired through drink or drugs.

3. Definition of Substance Misuse

Defined as the “regular use of alcohol, drugs and other substances such as solvents”, including the use of illegal drugs and the abuse of legal drugs including alcohol.

3.1 Inappropriate Use

Where taking substances may aggravate an existing condition or situation that they were intended to alleviate, or is carried out in potentially dangerous or inappropriate circumstances.

3.2 Habitual Use

Where an individual becomes so dependent on the effects of a substance (i.e. Drugs, alcohol etc), the desire for these effects becomes a central and overriding concern of daily life and has adverse social and occupational consequences.

3.3 Excessive Use

This may lead to physical and mental illness or antisocial behaviour and could be fatal.
4. **Background**

The misuse of drugs, alcohol and other substances frequently has adverse affects at work, and patients may be offended or even harmed by doctors, nurses or other staff who have been misusing substances (e.g. Drugs, alcohol etc). Other adverse effects caused by substance misuse need to be monitored regularly by the manager:

- Absenteeism
- Incidence of accidents
- Low performance standards
- Contact behaviour and appearance
- Interpersonal problems

5. **Aims of the Policy**

5.1 To promote the health and wellbeing of employees and to minimise problems at work arising from substance misuse.

5.2 To make known to employees the harmful effect of substance misuse, e.g. alcohol, drugs, etc., by education and information

5.3 To encourage the early identification of employees, who have a substance misuse problem, offer advice and support them in seeking help.

5.4 To offer employees known to have a misuse problem, which is affecting their performance at work, appropriate confidential advice and help.

5.5 To outline the procedure for managing cases of substance misuse.

6. **Principles**

6.1 Any absence from work necessary to receive treatment will be as granted under the Trust's sickness scheme, provided that there is full co-operation from the employee.

6.2 The employee’s rights will be safeguarded during any period of treatment as granted under the Trust’s sickness scheme

6.3 The Trust will not endorse alcohol by advertising it on the premises with the use of posters or any other means.

6.4 All contractors will be made fully aware of the Trust’s policy on substance misuse in the workplace. Any contractor found to be under the influence of alcohol, drugs or other substance of misuse will be escorted from the Trust’s premises.

6.5 Social functions outside normal working hours, sponsored by the Trust, should ensure that a realistic variety of non-alcohol drinks are available.

7. **Responsibility of the Trust**

7.1 The Trust has an important role to play in establishing the right culture to support a healthy workplace. Therefore, it is important to create an environment which is less likely to encourage substance misuse. For example, stress levels which are effectively managed together with the appropriate support, can assist in avoiding alcohol and substance misuse problems.

7.2 The example set by managers and peer groups can assist in creating a culture which is less vulnerable to substance misuse problems. Therefore managers should
Report any lunchtime drinking especially for clinical staff and discourage regular ‘sessions’ after work or in team meetings out of the workplace. This practice gives conflicting messages, which can be confusing.

8. **Responsibility of Employees**

The Trust requires that no employee shall:

8.1 Report for duty having consumed, or be under the influence of alcohol, drugs or any other misused substance

8.2 Be in the possession of, consume or bring substances for misuse on to Trust property for his or her personal or other employee’s use

8.3 Every member of staff has a duty of care for their colleagues and where there is any concern about a colleague, should take those concerns to the appropriate manager.

8.4 Any person working in the Trust should feel able to raise concerns appropriately without fear of victimisation and with proper regard to principles of veracity and confidentiality. Concerns can be made to their line manager, HR Department or a trusted partner.

9. **Responsibility of Managers**

9.1 It is the manager’s responsibility to ensure that all members of staff are aware of the policy and comply with it.

9.2 When it has become evident or is suspected that work performance is being affected by alcohol, drugs or other substance misuse-related problems, the Manager must deal with it immediately both for the protection of the member of staff and the patients.

9.3 The Manager will make every effort to ensure that any employee who has a substance misuse problem will be aided in obtaining advice and other forms of help and treatment. This might be from the employees own General Practitioner, the Occupational Health & Wellbeing Service or a specialist counselling service/external agency.

9.4 If a manager suspects drugs have been taken from ward stocks they should refer to HR for guidance or duty manager and complete a datix form.

10. **Responsibility of Medical Director**

10.1 The Medical Director has a responsibility for putting in place and making known the Trust’s procedures for doctors to report their concerns about conduct, performance or health of their medical colleagues.

10.2 Nothing in this policy affects the arrangements contained in the Trust Policy No PP019, Maintaining High Professional Standards in the NHS, Doctors and Dentists Disciplinary Framework.

11. **Recruitment**

11.1 Addiction to alcohol or any other substance is NOT treated as impairment for the purposes of defining a disability under the Equality Act 2010.

11.2 However, liver disease arising from addiction could amount to impairment and reasonable adjustments may be required to enable an applicant to fulfil the role applied for.
12. **The Role of the Occupational Health & Wellbeing Service**

12.1 The Occupational Health & Wellbeing Service may be the point at which the problem is first acknowledged, either through self-referral, management referral or through identification when another issue has been raised.

12.2 On referral to the Occupational Health & Wellbeing Service, a Health Assessment will be carried out on the member of staffs’ fitness for duty. Following this assessment the manager will be advised of the employee’s fitness for work on health grounds.

12.3 The Occupational Health & Wellbeing Service will liaise with the GP and/or specialist for the management of alcohol or drug abuse.

12.4 The Occupational Health & Wellbeing Service will work closely with the manager in the management of the member of staffs’ return to work.

13. **Information and Education**

13.1 Information relating to internal and external agencies to which a member of staff can be referred to gain advice can be found in Appendix II.

13.2 Members of staff will have access to educational material and information relating to substance misuse, including safe levels of drinking, from the Occupational Health & Wellbeing Service.

13.3 Information on substance misuse will be incorporated in induction training of all members of staff and will be incorporated in the staff handbook.

14. **Support for Managers**

   Substance misuse of any kind is an extremely sensitive and confidential matter and, therefore, is likely to be one of the more difficult issues a manager has to deal with in the course of their management role. Accordingly, the HR Department and the Occupational Health & Wellbeing Service will be available for advice and support at each stage of the following process.

15. **Monitoring and Review**

   The Occupational Health & Wellbeing Service will audit the number of employees who attend the department for support.

   The HR Department and Occupational Health & Wellbeing Service will review this Policy bi-annually or when circumstances change.

16. **Development of the Policy**

   16.1 **Other Relevant Documents**

       Maintaining High Professional Standards in the NGS – Doctors and Dentists Disciplinary Framework PP019
       Managing Employee Attendance PP036
       Disciplinary Policy and Procedure PP040

   16.2 **Changes Compared to Previous Document**
This document replaces PP (11) 068 Workplace Policy on Substance Misuse.

The revised document contains changes to the header and reflects the change to the name of the Occupational Health Service to include Wellbeing. A paragraph on the law has been added. Additions have been made to the Guidance for Managers to assist in identifying if there is an issue with substance misuse Find out if there is a Problem. Changes in the recommended daily benchmark have been made to include two alcohol free days a week. (remove this section)

16.3 Contributors and Peer Review

This document was submitted to the Risk Management Executive Committee for approval and endorsement, following acceptance by Trust Council and the Health, Safety and Environment Committee.

16.4 Distribution and Implementation

This document will be widely circulated within the Trust, including all Heads of Department and Ward Managers and will be made available on the Trust’s Intranet and Internet sites. Relevant changes will be brought to the attention of staff during circulation.

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APPENDIX I

MANAGING AN EMPLOYEE WITH A SUSPECTED MISUSE PROBLEM

1. Find out if there is a Problem

- Sickness record – are there any periods of unexplained or frequent short term absences?
- Behavioural changes – what behavioural changes have you noticed in the employee?
- Performance – are there any issues or changes in performance?
- Conduct – have you noticed any changes in conduct?
- Accident record/near misses – have the number of accidents or near misses increased or involved a particular employee?

1.1 If a manager identifies a potential problem of substance misuse, it will be necessary for them to interview the individual concerned and, therefore, the following preparations will be important:

1.2 Ensure you have an actual record of the events or behaviour that have given cause for concern.

1.3 If you have not witnessed an incident of behaviour pattern personally, satisfy yourself that the report is not just hearsay.

1.4 Any written records must be treated as strictly confidential.

1.5 Restrict the number of people to whom you disclose your concerns and ensure it is only those managers necessary to maintain patient/staff safety. This will normally be at senior manager level.

1. Role of the Manager during the Interview

1.1 Where the employee’s performance or behaviour has fallen below accepted standards, it is the responsibility of the manager to establish why and to identify the most appropriate solution.

1.2 If, during the interview with the individual, the manager identifies a potential substance misuse problem, they should refer the individual to the Occupational Health & Wellbeing Department (subject to the employee’s agreement) with a letter advising of the specific problem. A manager is not responsible for diagnosing a substance misuse problem or the appropriate treatment.

1.3 However, if the individual denies having a problem or refuses treatment, then the manager may have no alternative but to address the problem using the disciplinary procedure.
1.4 If an employee wishes, their Union Representative, a friend or colleague not acting in an official capacity may accompany them at any stage of the process.

2. **Issues Surrounding Return to Work**

2.1 An employee may require support when considering returning to work. Therefore, a manager should ensure that they have the opportunity to be accompanied at discussions by either a Union Representative or a friend or colleague.

2.2 Where an employee agrees to treatment, then it is possible they may need a period of absence. In these circumstances, the absence can be treated as certified sick leave, and the normal occupational sick benefits would be payable.

2.3 Where the absence is prolonged and the employee moves from short-term absence to long-term, then the absence will be dealt with as per the Policy for Improving Employee Attendance PP036.

2.4 As with all sickness absence, an employee returning to work can expect to return to the same post, subject to Occupational Health clearance.

2.5 In some cases, it may be necessary to seek redeployment where possible, i.e. where return to the original post would prejudice the individual's complete recovery. Alternatively redeployment may be necessary, where the employee is incapable of undertaking the previous post or, due to an organisational restructure, the post is no longer there.

2.6 Relapse after treatment for substance misuse is common and the manager should be aware that despite counselling and follow-up this may occur. The safety of patients and other staff and the quality of care delivered and performance capabilities must be considered along with consultation with the Occupational Health & Wellbeing Service prior to termination of contract.
FOCUS 12
http://www.focus12.co.uk/

Focus12 is an abstinence based programme that lasts an average of 10 weeks, dependent on individual need. The programme is flexible, with individual care plans to ensure that it is tailored to the needs of each client.

Focus recognises that family members are often the forgotten people and offer conferences and support groups to learn ways of coping and responding to dependency.

Address: 82 Risbygate Street, Bury St Edmunds, Suffolk, IP33 3AQ
Tel: 01284 701702
Fax: 01284 704060
Email: info@focus12.co.uk

ABBEY CARE
www.abbeycarefoundation.com

Abbey care Alcohol & Addiction Treatment Centre provides residential treatment dependant on an individuals need last 4-6 weeks. Each treatment plan is personalised according to the clients needs.

Address:
Jeddah Way, Kennett, Newmarket, Suffolk. CB8 8JY
Tel: 01638 811993

Norfolk Recovery Partnership (NRP)
www.norfolkrecoverypartnership.org.uk

NRP provides advice & treatment for adults with drug and alcohol problems across Norfolk.
A full confidential assessment leads to a range of treatment to meet a clients needs.

Address: Breckland Business Centre, St Nicholas Street, Thetford. IP24 1BT
Tel:03007900227 – Open daily Mon-Fri

Useful Guidance and Articles

- Drug Misuse at Work – A Guide for Employers
  HSE Books 01/98 Tel: 01787 881165
- Don't Mix It – A Guide for Employers on Alcohol at Work
  HSE Books 11/96  Tel: 01787 881165

- Drugs and the Workplace – Face it Together
  Greater Manchester Police 1997  Tel: 01206 391800

- The Misuse of Alcohol and Other Drugs by Doctors, BMA 1998
ALCOHOL AND HEALTH  

APPENDIX III

Alcohol is something to be enjoyed and, most of the time, drinking doesn’t cause any problems. But drinking too much or at the wrong time can be harmful.

It is important to know where the benefits end and the risks begin. The daily benchmarks for adult men and women are a guide to how much you can drink without putting your health at risk. The benchmarks are not targets to drink up to.

Drink for drink, alcohol has a greater effect on a woman than a man. The Dept of Health and Royal College of Physicians daily benchmark guide:

**Men**

Men should drink no more than 21 units per week with no more that 4 units a day, and have at least two alcohol free days a week

If you drink more than 4 units a day, there is a significant risk to your health

**Women**

Women should drink no more than 14 units per week with no more than 3 units a day, and have at least two alcohol free days a week

If you drink more than 3 units a day, there is a significant risk to your health

**What is a Unit?**

- Half Pint of Ordinary strength lager/beer/cider (3.5% abv) = 1 unit
- A 25 ml pub measure of spirits (40% abv) = 1 unit
- A small glass of wine (9% abv) = 1 unit

**ALCOHOL**

- All alcohol drinks contain pure alcohol in varying quantities (alcohol by volume - abv). The higher the percentage, the stronger the drink.
- Alcohol is absorbed into your bloodstream within a few minutes and is carried to all parts of the body including the brain.
- If you drink heavily in the evening you may still be over the drink-drive limit the next morning.
• Remember drinks poured at home are often more generous than pub measures

HEALTH RISKS

• Regularly drinking too much increases the risk of long-term damage to your health

• Drinking alcohol increases blood pressure. This can increase the risk of coronary heart disease and some kinds of stroke

• Increased risk of liver damage and cirrhosis of the liver

• Cancer of the mouth and throat

• People who drink heavily may also develop psychological and emotional problems, including depression