



Human Resources Policy

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Contents

Section		Page
Policy statement		
1	Introduction	4
2	Principles and Aims	5
3	Scope	5
4	Legal Perspective	6
Protocol		
1	Identification and initial actions	8
2	Following identification of a problem	8
2.1	Self Help	9
2.2	Management Referral to Occupational Health	9
2.3	Problem not recognised	9
2.4	Problem accepted – occupational health support refused	10
2.5	Continued attendance at Work	10
2.6	Treatment	11
3	Return to Work	11
4	Relapse	12
5	Unfit to Return to Work	12
6	Summary of Roles and Responsibilities	12
7	Monitoring and Review	15
8	Sources of Advice and Help	15
9	Recommended Further Reading	16
Appendix 1	Definition of Alcohol Misuse	17
Appendix 2	Process for Management Referral to Occupational Health	19

ALCOHOL & SUBSTANCE IN THE WORKPLACE POLICY

1. INTRODUCTION

NHS Borders regards employees as its most important asset. We wish to help any employee with an alcohol or substance related problem or dependency to recover their effectiveness in an agreed timescale to allow them to carry out their workplace duties and support NHS Borders to deliver safe and effective patient care.

NHS Borders recognises the need for a policy and protocol using a constructive, preventative and supportive strategy designed to encourage the early identification of alcohol or substance related problems among our employees. Problem use of alcohol and substances affects personal health and social functioning and can impair work capability. The latter can lead to absenteeism, accidents, poor judgement and incorrect decisions, all of which may adversely affect productivity and patient care.

A policy and protocol on alcohol and substance related problems are necessary to:

- ❖ Maintain the required level of patient safety
- ❖ Assist staff in the development of healthy coping mechanisms and provide support if problems arise with alcohol or substances
- ❖ Create a climate which promotes disclosure of a problem and allows the issue to be addressed
- ❖ Provide management, employees and staff side with confidence when dealing with alcohol and/or substance induced loss of capacity
- ❖ Support compliance with appropriate legislation

The possibility of an employee having an alcohol and/or substance related problem may be brought to light because of issues with work performance or attendance. Where a manager identifies a possible problem, and if the employee agrees, the opportunity for referral to the Occupational Health Service for assessment and counselling should be given. Ultimately action may need to be taken in line with the Management of Employee Capability or Conduct policies.

We recognise that managers and staff side representatives are not qualified to come to diagnoses about whether an alcohol and/or substance related problem or dependency exists. Our Occupational Health Service will undertake a critical role in determining whether a problem exists and the appropriate support required. The Occupational Health Service lead will ensure that Occupational Health's Clinical staff have the necessary knowledge and skills to do this and will seek assistance from outside agencies as necessary.

In NHS Borders, we recognise that alcohol and substance related problems are areas of health and social concern, and we want to offer employees with such problems access to help and support (outwith the area if appropriate).

This policy and protocol have been developed and agreed through the local Partnership Forum.

2. PRINCIPLES AND AIMS

In encouraging a positive approach to assisting employees, early identification and referral of problems are seen as the key factors. At all times managers will be expected to be sympathetic and reasonable in applying the following principles:

- ❖ To provide a safe and secure environment for patients, visitors and employees throughout NHS Borders
- ❖ To promote awareness amongst employees of the risks of alcohol and substance use and encourage all employees to adopt a sensible and healthy approach to life, via the Occupational Health Service and other health improvement services and initiatives
- ❖ To encourage employees who suspect or know that they have an alcohol or substance related problem to seek help and treatment voluntarily and to accept responsibility for and ownership of their own treatment or rehabilitation programme
- ❖ To provide procedures that are easily understood by all employees and managers and which will ensure that employees are dealt with in a fair and consistent way
- ❖ Where, if using the Management of Employee Capability or Management of Employee Conduct policies, it is suspected or known that the problem is substance or alcohol-related, to offer to refer the employee to NHS Borders Occupational Health Service, for assessment, counselling and, as necessary, other forms of help
- ❖ To restore effectiveness of any employee who may need to use these policies and ensure that employees who have overcome an alcohol or substance misuse problem have the same personal development opportunities as other employees

3. SCOPE

This policy covers the use and misuse of intoxicating substances, which include alcohol, solvents, legal¹ and illegal drugs, prescription and over-the-counter medicines and other substances that could adversely affect work performance and/or health and safety.

This policy and protocol apply to all staff employed by NHS Borders. NHS Borders also expects bank staff, agency staff, locums, volunteers, contractors and others working on its behalf to comply with this policy. Failure to do so is likely to result in

¹ including New Psychoactive Substances often referred to as 'legal highs'

the working arrangements being terminated. Nothing in this policy and protocol is intended to override statutory or professional arrangements applying to particular categories of staff.

Alcohol and substance related problems are defined as any alcohol consumption or substance use, either intermittent or continual, which definitely and repeatedly interferes with a person's health, social functioning and work capability or conduct. Appendix 1 of the attached protocol provides more detail on definitions of problem drinking.

The application of the policy and protocol is limited to those instances of alcohol and substance misuse or dependency which affect the capability or conduct of the employee in relation to their work. Employees, who because of excessive indulgence of alcohol or substance use on **random** occasions contravene our standards of safety and conduct may be dealt with according to our Management of Employee Conduct Policy.

Employees must not consume alcohol or drugs at any time while at work including during rest or meal breaks spent at or away from work premises. Exceptions apply to drugs prescribed for the individual or over-the-counter medicines used for their intended purpose (in accordance with the instructions given by the prescriber, pharmacist or manufacturer) and where the safety of the individual or others with whom they come into contact is not compromised.

The attached protocol is drafted in terms of alcohol related problems and substance misuse and applies equally in both circumstances.

4. LEGAL PERSPECTIVE

4.1 Health and Safety at Work etc. Act 1974

All employers (including general medical and dental practitioners working in the NHS) have a legal obligation, under the Health and Safety at Work etc Act 1974 (section 7), to ensure the health, safety and welfare of all their employees and to provide safe systems of work. In this context this would include NHS Borders responsibility to maintain a safe working environment by reducing risk of accidents and recognise the adverse impact that substance and alcohol misuse can have on patient care.

4.2 Equality Act 2010

Being addicted or dependent on alcohol or substances (other than as a consequence of the substance being medically prescribed) is not covered by the Equality Act. However, impairments or illnesses resulting from addiction or dependency are, for example cirrhosis of the liver could be covered even though alcohol dependency in itself is not.

4.3 Misuse of Drugs Act (1971)

Under the Misuse of Drugs Act 1971 it is an offence for an employer to knowingly allow substances to be used, kept or supplied on their premises. It is also illegal under the Act for an employer to ignore such occurrences. Possession, use or supply of illegal substances, or being complicit in such behaviour by others, is strictly forbidden in the workplace and will result in disciplinary procedures being instigated. NHS Borders may be made aware of such behaviour through outside sources as well as through an employee's actions at work.

Substance and Alcohol Misuse Protocol

1 Identification and Initial Actions

NHS Borders employees and especially managers should be aware that evidence of misuse of substance or alcohol by employees may materialise in various ways such as misdemeanours, absence patterns, deteriorating work performance, interpersonal problems, appearance, mood swings, health problems, or in the course of disciplinary proceedings. However it should be remembered that such issues are not exclusive to substance and alcohol misuse.

Managers who have concerns about an employee's attitude or performance, or where an alcohol or substance misuse related incident has occurred or is suspected, should speak to the employee to establish the nature of the problem. The employee should be given a clear indication of the standards required of them and the way they should conduct themselves at work.

Sources of further advice, help and information can be found in sections 8 & 9 of this protocol.

Any employee who is known or suspected of being under the influence of alcohol or substances should be escorted from NHS Borders premises immediately and appropriate action taken to ensure they get home safely. The employee's immediate line manager should arrange this once they have confirmed their suspicions with another employee.

If it is the employee's immediate line manager who is suspected of being under the influence of alcohol or substances then there is a requirement for that employee to raise this with the next most senior manager. Further action in line with the procedures outlined in this protocol should then be taken.

It is recognised that this may be a difficult situation for employees to deal with and where necessary the Whistleblowing Arrangements Policy will apply.

2 Following Identification of a Problem

If a substance or alcohol problem is suspected or confirmed by the employee themselves, or concerns continue, the manager should meet with the employee to explain the assistance NHS Borders is able to give to employees to assist in overcoming their problem and to offer the opportunity for a referral to Occupational Health.

Both the employee and the manager have the option of being accompanied at this meeting if they believe this to be beneficial or necessary (e.g. by a colleague, a staff side representative, or a Human Resources Manager). Although the accompanying person can address the meeting, they should not answer questions on behalf of the other person unless this is agreed.

2.1 Self Help

Any employee who recognises that they have a substance or alcohol misuse problem or that they are at risk of developing one is supported and encouraged to voluntarily seek help on a confidential basis through their manager, Human Resources or the Occupational Health Service.

Where staff self refer to OH, they will be encouraged to seek the support of their line manager.

If necessary, the staff member will be granted leave to undergo treatment and such leave will be treated as sick leave within the terms of NHS Borders sick pay scheme.

Where appropriate, formal action in relation to the 'Management of Employee Conduct' policy will be suspended.

No notification will be made to the appropriate manager by the Occupational Health Clinician **without the knowledge and consent** of the employee unless there are reasonable grounds for believing that the employee's problem may give rise to a potential risk to patients and/or others or to NHS Borders in which case there would be an over-riding health and safety responsibility on the Occupational Health Clinician to inform the manager of the position.

2.2 Management Referral to Occupational Health

The procedure for this is attached at **Appendix 2**. The effective operation of this procedure depends upon communication and co-operation between the manager, the staff side representative (if requested) and the Occupational Health Service. While the process described in Appendix 2 uses the normal route of referral as through HR, there will be situations where there will be direct referral and subsequent communication between the manager and the Occupational Health Service. The manager, HR and Occupational Health Service should agree the most appropriate line of communication for particular cases. The importance of all parties being kept fully informed is emphasised.

The same principles of consent outlined in 2.1 will apply

2.3 Problem Not Recognised

If the offer of a supportive referral is rejected and the employee denies any alcohol or substance related problem, the normal procedures will apply for dealing with performance / attendance at work issues which may include action under NHS Borders Management of Employee Conduct or Management of Employee Capability policies.

2.4 Problem Accepted – Occupational Health Support Refused

The manager should meet with the employee to stress that the Occupational Health Service is there as a support mechanism, and encourage the employee to take up this referral. However, should the employee continue to refuse this support, the performance / attendance at work issues will be managed in the absence of the appropriate medical advice. This may include action under the NHS Borders Management of Employee Conduct or Management of Employee Capability policies.

2.5 Continued Attendance at Work

Where an employee is unable to undertake his/her present duties, due to an ongoing alcohol or substance problem and particularly where the manager is concerned for the safeguarding of the employee and/or others including patients, consideration will be given to:

- ❖ **Modifying the duties of the post**

This may include ensuring the employee does not have responsibility for the dispensing of drugs, driving or that their patient contact is restricted for a period of time. Specific project or administrative work could be undertaken as a short-term alternative as appropriate.

- ❖ **Temporary transfer**

Transfer may mean a change of shift, e.g. nights onto days where more support/supervision would be available, or to a different area.

- ❖ **Suspending the employee/sickness absence**

An employee should be suspended on health grounds (medical suspension/health exclusion) on full pay, only where it is believed that a positive change will result from the employee undergoing immediate treatment. Once a treatment programme has commenced the employee will be taken off suspension and will be subject to the terms of the occupational sick pay scheme.

Suspension should not continue more than a few days and the manager should seek advice from the Occupational Health Service and an HR Manager as soon as possible where medical suspension is considered necessary.

Employees who behave in a manner contrary to the standards required by NHS Borders because of excessive indulgence in alcohol or other substance misuse on **random** occasions will be dealt with in accordance with NHS Borders Management of Employee Conduct or Management of Employee Capability policies.

2.6 Treatment

Treatment can take different forms – either in-patient or out-patient hospital care, treatment at home under the care of the family doctor – possibly involving time off work. It can also mean ongoing counselling or attending, self-help groups, with or without short-term medical care. It can result in a rapid return to full time employment and sometimes there may be no requirement for the employee to be absent from work.

Where the employee continues to work NHS Borders will provide appropriate support and line managers should ensure the employee is given time off to attend any continuing treatment programme including counselling.

The employee will be expected to keep NHS Borders informed as to their progress, show commitment to their course of treatment and attend regular appointments at the Occupational Health Service.

Should the employee fail to complete their treatment and co-operate in the above manner the line manager will review the position in order to determine what action, if any, is to be taken. Unreasonable failure to keep to a programme/course of treatment could result in reconvening formal proceedings.

Where long term treatment is necessary review meetings will be held between the manager, the employee, their representative and a Human Resources Manager in accordance with the Managing Sickness Absence Policy and Protocol.

3. Return to Work

Every effort should be made to ensure that on completion of the rehabilitation programme employees are able to return to their substantive post.

Where an employee is identified by Occupational Health as fit to return to work but not yet fit to return to the full duties of their substantive post the manager should review all alternatives including:

- ❖ The possibility of suitable alternative employment, thus safeguarding the employer's duty of care both to the individual, patients and third parties
- ❖ Modification of the duties/responsibilities/hours of their substantive post (see 2.4)

Where an employee returns to work after a long period of absence due to an alcohol or substance misuse problem or where a treatment programme is continuing, their health will be monitored by Occupational Health for an ongoing period which may be for up to a year where this is considered to be necessary.

4. Relapse

Where an employee, having received treatment, suffers a relapse and further abuse problems occur, NHS Borders will consider the case on the basis of all the circumstances, taking into account the employee's absence and performance record.

Advice will be sought from the Occupational Health Service in an attempt to ascertain whether the relapse is work related and what further treatment/rehabilitation time is likely to be required to allow an individual to return to their duties.

At the Head of Department's discretion a second period of leave for treatment or rehabilitation time may be given where medical advice would indicate that this would in all probability be successful.

5. Unfit to Return to Work

If the employee is unfit to return to work the possibility of retirement on medical grounds will be investigated. Where this is not possible NHS Borders may have to terminate the employee's contract if, taking all the facts into account, there would appear to be no other option identified as suitable and available (please refer to the Promoting Attendance – Managing Sickness Absence Policy)

6. Summary of Roles and Responsibilities

The responsibility of NHS Borders is to:

- ❖ Take all necessary steps to ensure that all staff contribute towards the delivery of a patient centred, safe and effective service.
- ❖ Ensure other users of NHS Borders premises and external contractors, locums and agency staff are aware of this policy and have appropriate policies and protocols/guidelines.

The responsibilities of all employees are to:

- ❖ Be aware of the content of this policy and to understand the effects of alcohol and substance misuse for reasons of their personal safety and that of their colleagues and to set a good example as health care workers to colleagues, patients and visitors.
- ❖ Bring to the attention of their manager, on a confidential basis, where it is known or suspected that a colleague/employee has a misuse problem. It is hoped that employees will recognise that, under their Professional Codes of

Conduct, collusion or failure to disclose this information represents a false sense of loyalty which could in the longer term damage their colleague's health or directly or indirectly harm others, including patients and patient care.

- ❖ Conclude a treatment programme where granted time off and support
- ❖ Notify their manager immediately should they be prescribed medication or plan to take over-the-counter medicines that may cause side effects and impair their ability to undertake their duties safely and effectively. This is particularly important if they occupy a post where it is not only their own personal safety but those of others that could be jeopardised. (Employees are not obliged to disclose the actual medical condition being treated nor the medication – simply the impact/side effects).
- ❖ Notify their line manager immediately if they experience side effects as a result of taking prescribed or over-the-counter medicines that impair their ability to perform their duties safely and satisfactorily. (Where it is not possible to notify the line manager immediately and where, for example, the employee is about to go on shift, they should endeavour to notify the duty manager.)
- ❖ Use prescription drugs appropriately, not to use illegal substances and consume alcohol in a responsible and controlled manner. Where an employee is concerned or unsure about the impact that prescription drugs may have on their work they should seek clarification from their GP or Occupational Health Service.

The responsibilities of every Line Manager in NHS Borders are to:

- ❖ Set a good example to their employees and others
- ❖ Be aware of the effects of substance and alcohol misuse and to be alert to and monitor changes in, work performance, attendance, sickness and accident patterns
- ❖ Ensure that their employees are aware of this policy and the appended guidelines, understand their responsibilities in relation to alcohol and substances and know where they can obtain information or help in a confidential manner
- ❖ Apply these procedures fairly and consistently
- ❖ Be available for employees who have problems and be receptive and sympathetic towards them

The responsibilities of HR are to:

- ❖ Ensure that the objectives of this policy are brought to the attention of all employees by including relevant information on the intranet
- ❖ Support managers in implementing the procedures, providing advice and guidance as required
- ❖ Review this policy as appropriate

The responsibilities of the Occupational Health Service are to:

- ❖ Advise managers on the suitability of individuals for posts through the pre-employment/placement health screening process
- ❖ Arrange for any employee with a substance or alcohol misuse problem to be seen as a matter of urgency and depending on the circumstances, take immediate action as required
- ❖ Respond positively in all cases, offering a programme of assessment, help, counselling and treatment which may include referrals to appropriate internal or external agencies
- ❖ Monitor employees progress on treatment and rehabilitation programmes and keep managers appropriately briefed
- ❖ Provide opportunities for employees to learn about alcohol, sensible drinking and substance misuse through the Workplace Health and Wellbeing programme

The responsibilities of the Staff Side Representatives are to:

- ❖ Represent employees fairly and in line with employment law and NHS Staff Council terms and conditions
- ❖ Act at all times in line with their responsibilities under our partnership agreement
- ❖ Take part in substance and alcohol misuse policy training.

7 Monitoring and Reviewing

Outcome and indicators which may be used to evaluate this policy include:

- ❖ Is the policy effectively and widely communicated?
- ❖ Are the employees aware of the policy and its implications?
- ❖ Is the policy addressed in local and organisation induction programmes?

This policy will be reviewed no later than 3 years from the date it is approved or sooner where appropriate

8 Sources of Advice and Help

Contact Numbers

Addaction Borders:	01896 757843
Borders Addiction Service:	01896 664430
Alcoholics Anonymous:	0845 769 7555
Al-Anon (for relatives):	020 7403 0888
Quest Family Support Group:	01896 757843

Websites

Alcohol Focus Scotland
<http://www.alcohol-focus-scotland.org.uk/>

Alcoholics Anonymous
www.alcoholics-anonymous.org.uk/

Alcoholism and Problem Drinking
<http://www.patient.co.uk/health/alcoholism-and-problem-drinking>

Alcohol dependence - Drink Aware
<https://www.drinkaware.co.uk/>

Live Well - NHS Choices
www.nhs.uk/livewell/alcohol/pages/alcoholsupport.aspx

Alcoholism Support
www.abbeycarefoundation.com/

Al-Anon Family Groups
www.al-anon.org/

9 Recommended Further Reading

Healthy Working Lives	Alcohol and Drugs Workplace Resources http://www.healthyworkinglives.com/
The Health & Safety Executive	<i>Don't Mix It. A Guide for Employers on Alcohol at Work.</i> HSE Books, London. Available at: http://www.hse.gov.uk/pubns/indg240.htm
The Health and Safety Executive	<i>Drug Misuse at Work. A Guide for Employers</i> HSE Books, London, 1998, ISBN 0717624021 Available at: http://www.hse.gov.uk/pubns/indg91.htm
Institute of Alcohol Studies	<i>Alcohol and the Workplace.</i> IAS Factsheet http://www.ias.org.uk/Alcohol-knowledge-centre/Alcohol-in-the-workplace.aspx
Alcohol Focus Scotland	Alcohol and Workplace Resources http://www.alcohol-focus-scotland.org.uk/

ALCOHOL MISUSE

Many people are able to keep their drinking within the recommended limits of alcohol consumption, so their risk of alcohol-related health problems is low. However, for some, the amount of alcohol they drink could put them at risk of damaging their health.

Defining a drink problem

Alcohol misuse is drinking more than the recommended limits of alcohol consumption. There are three main types of alcohol misuse:

- hazardous drinking: drinking over the recommended limits
- harmful drinking: drinking over the recommended limits and experiencing alcohol-related health problems
- dependent drinking: feeling unable to function without alcohol

Many people who have alcohol-related health problems aren't alcoholics.

Hazardous drinking

Hazardous drinking is defined as when a person drinks over the recommended weekly limit of alcohol (21 units for men and 14 units for women).

It is also possible to drink hazardously by binge drinking, even if you are within your weekly limit. Binge drinking involves drinking a large amount of alcohol in a short space of time – eight units in a day for men and six units in a day for women.

If you are drinking hazardously, you may not yet have any health problems related to alcohol, but you are increasing your risk of experiencing problems in the future.

Hazardous drinking, particularly binge drinking, also carries additional risks such as:

- being involved in an accident
- becoming involved in an argument or fight
- taking part in risky or illegal behaviour when drunk, such as drink-driving

Harmful drinking

Harmful drinking is defined as when a person drinks over the recommended weekly amount of alcohol and experiences health problems that are directly related to alcohol.

In some cases, there may be obvious problems such as:

- depression
- an alcohol-related accident, such as a head injury
- acute pancreatitis (inflammation of the pancreas)

Many of the health problems that occur as a result of harmful drinking do not cause any symptoms until they reach their most serious stages. These include:

- high blood pressure (hypertension)
- cirrhosis (scarring of the liver)
- some types of cancer, such as mouth cancer and bowel cancer
- heart disease

This means it can be easy to underestimate the levels of physical damage that is caused by harmful drinking. Harmful drinking can also cause related social problems, such as difficulties with your partner or spouse, family and friends or at work or college.

Dependent drinking

Alcohol is both physically and psychologically addictive. It is possible to become dependent on it.

Being dependent on alcohol means that a person feels that they are unable to function without alcohol, and the consumption of alcohol becomes an important, or sometimes the most important, factor in their life.

Depending on their level of dependence, a person can experience withdrawal symptoms if they suddenly stop drinking alcohol. Withdrawal symptoms can be both physical and psychological.

Physical withdrawal symptoms include:

- hand tremors ("the shakes")
- sweating
- nausea
- visual hallucinations (seeing things that are not actually real)
- seizures (fits) in the most serious cases

Psychological withdrawal symptoms include:

- depression
- anxiety
- irritability
- restlessness
- insomnia (difficulty sleeping)

Severely dependent drinkers usually experience severe withdrawal symptoms. They often fall into a pattern of "relief drinking", where they drink to avoid withdrawal symptoms.

Severely dependent drinkers are often able to tolerate very high levels of alcohol, and they are able to drink amounts that would incapacitate, or even kill, most other people.

Read more about the [risks of alcohol misuse](#).

Source:

<http://www.nhsinform.co.uk/Health-Library/Articles/A/alcohol-misuse/definition>

Process for Management Referral to Occupational Health

