

ALCOHOL AND SUBSTANCE MISUSE POLICY

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1. INTRODUCTION

East London NHS Foundation Trust (hereinafter referred to as “the Trust”) recognises the importance of providing a working environment, which is safe and healthy for all employees, contractors, patients, clients and members of the public. This policy aims to protect service users by ensuring that all employees are competent to work free from the adverse influences of either alcohol or substance abuse.

Alcohol and drug/substance misuse has immediate and well recognised consequences in damage to the individual's health and in contributing to absence from work, but it can also have serious consequences in the workplace leading to inefficiency, expense and reduction in work output as well as an increase in crime and violence. In addition, the impact on an individual's family should be recognised, and the employer should provide support to those staff who may be affected by the misuse of alcohol or drugs by relatives.

The Trust is committed to providing support at an early stage, where possible, to staff who identify that they have a problem with alcohol or substance misuse.

Alcohol and other drug misuse may:

- Represent a hazard to the health and safety of patients, staff and visitors to the organisation
- Influence the quality of the service provided by the organisation
- Impair employees' work performance, attendance and conduct
- Affect the welfare of individuals by impairing their physical and psychological health, thereby contributing to social, economic and domestic problems

Alcohol and substance misuse in the workplace is defined as consuming or otherwise taking either type of product during working time and/or on work premises. This can interfere with the safe and efficient functioning or performance of an employee's duties. 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 himself/herself and of other persons who may be affected by his/her acts or omissions at work”.

This policy does not deal with social drinking where this has no effect on work performance and/or behaviour. When there are effects on work performance and/or behaviour it is for management to decide whether it is appropriate for the case to be dealt with in accordance with the Trust's Disciplinary Policy and Procedure, Staff Performance Improvement and Capability Policy or within the framework of the following guidance.

2. OBJECTIVE

This policy has the following objectives:

- 1) To increase staff awareness of the effects of inappropriate drinking or drug/substance misuse upon their health and their ability to deliver high quality effective services for the Trust, and promote the view that alcohol and/or other substances and work do not mix.
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- 2) To promote sensible attitudes towards drinking for those staff who choose to drink alcohol.
- 3) To provide a working environment which ensures, as far as possible, the health and safety of all staff, service users and visitors to the Trust.
- 4) To prevent alcohol or drug misuse (whether within or outside of working hours) which may affect an employee's health; productivity or poor performance; lateness/absenteeism; safety concerns; team morale and poor discipline.
- 5) To create an environment which encourages all staff, wherever they work and in whatever capacity, to seek early, appropriate help.
- 6) To provide an acceptable, sensitive and confidential procedure which enables managers to initiate an appropriate and co-ordinated remedial response to employees who either request help or are identified as having, or potentially having alcohol or other substance related problems.

3. SCOPE

The policy applies to all staff employed by the Trust (including bank and agency staff) and covers habitual or excessive alcohol consumption or drug misuse. The policy also covers staff seconded to the Trust where the secondment agreement specifies that the seconded staff are subject to Trust policies and procedures.

Although this policy does not apply directly to external contractors whilst on NHS premises, they will be expected to abide by this policy. Any external contractor suspected to be under the influence of alcohol or substances may be reported to their employer and, where appropriate, escorted from Trust premises.

This policy excludes excessive indulgence in drugs and/or alcohol on random occasions resulting in behaviour at work that is contrary to safety standards or the code of conduct. Such matters will be addressed under the Disciplinary Policy and Procedure.

In this policy, misuse refers to:

- misuse of legal drugs (i.e. those prescribed by a Doctor)
- use of other illegal drugs
- misuse of other substances including alcohol and solvents,
- other unclassified drugs that could affect performance at work

Misuse covers three main areas:

- Inappropriate use, where use may aggravate an existing condition or situation, or is done in potentially dangerous or inappropriate circumstances
 - Habitual or problematic use, where the employee becomes psychologically and/or physically dependent on the effects of the substance to the extent that their drinking or substance use/misuse becomes a dominant concern in their lives, to
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the detriment of other aspects of their lives; and which can lead to deterioration in their health, conduct, attendance and/or work performance.

- Excessive use, which can lead to physical and mental illness, or antisocial behaviour

Theft or the misuse of drugs held by the Trust will be reported to the Police and dealt with under the Disciplinary Policy and Procedure. This matter will also be referred to the Trust's Health, Safety, Security & Emergency Planning Manager..

This policy should be read in conjunction with the Standards of Business Conduct Policy, which sets out guidance on the acceptance on gifts and hospitality.

4. PRINCIPLES

- 4.1 Managers and employees should seek to bring about a safe and sympathetic environment for the encouragement of employees with alcohol or other substance related problems to seek help and support and not feel that there is any hostility towards them.
- 4.2 Inappropriate consumption of alcohol and abuse of other substances are primarily problems, which require specialist help. Employees with alcohol, drug or other substance related problems will be supported in seeking specialist help and if necessary may be allowed reasonable time off for counselling and treatment.
- 4.3 Paragraph 8.9 gives examples of instances where disciplinary action may be taken. However, managers should contact the Human Resources Department for advice if unsure.
- 4.4 Employees who suspect they have an alcohol or other substance related problem are encouraged to seek specialist help voluntarily and may be advised where this information can be obtained. (A list of specialist help organisations is shown in Appendix 1). Employees are encouraged to discuss this with their manager and such information will be treated confidentially, sensitively and sympathetically, with due regard to the well being of the employee as well as patients, clients and other staff.
- 4.5 All requests for help or referrals to the Occupational Health Department of those employees needing help will be in strict confidence.
- 4.6 For those staff choosing to drink alcohol, sensible drinking is advocated through general health promotion.

5. EDUCATION AND TRAINING

- 5.1 The Trust will ensure that employees have the necessary information and skills to raise awareness of the risks involved in drinking alcohol as well as an understanding of the management of safe and sensible drinking. There will also be active promotion of local agencies and national events, which provide support and advice on alcohol.
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- 5.2 The Trust will also ensure that information is freely available with the confidential services available for staff with alcohol and substance misuse related problems through the Occupational Health Department and Employee Assistance Programme.
- 5.3 The Trust will:
- provide all employees with access to a copy of this policy and ensure that they have access to information on sensible drinking and the dangers of drug/substance misuse
 - ensure that employees, their managers and their colleagues are encouraged to support employees for whom alcohol or drug misuse is, or may be a problem.
- 5.4 The Trust's Specialist Addiction Service, will provide training to managers and staff regarding drug awareness, and provide leaflets for professionals, as requested.

6. ALCOHOL AND SUBSTANCE USE IN THE WORKPLACE

- 6.1 Alcohol must not be consumed by staff during paid work time or during unpaid break times and rest periods, regardless of location. There will be no exceptions to this rule.

Alcohol should not be provided to any event organised by the Trust for work-related purposes (i.e. meetings, seminars, conferences etc), regardless of location and time. Alcohol can only be provided at appropriate social events and must be authorised by a Trust Director. The Trust will not reimburse employees for expenses for buying alcohol in contravention of this policy.

Employees may consume alcohol at events organised by other organisations that are part of their normal duties (e.g. conferences, social events at other agencies) as long as they are going off duty immediately afterwards. If staff are expected to return to work on the same day, they should not consume alcohol or other substances. However, as representatives of the Trust, employees are expected to drink in moderation and behave in an appropriate way.

Staff who are 'on call' must ensure that they are not under the influence of alcohol, or drugs, during the 'on call' period as they may be required to attend work and this will affect their ability to carry out their duties.

Staff who are called in to work as an emergency must immediately declare to their manager during the call if they have been drinking, or taking drugs, and the manager must take the responsibility to decide whether to call the person in to work or not.

Staff who drive during the course of their work should not consume alcohol or other substances whilst on duty. These staff should also be aware that The Road Traffic Act 1988 states that *"any person who, when driving or attempting to drive a motor vehicle on a road or other public place, is unfit to drive through drink or*

drugs shall be guilty of an offence. An offence is also committed if a person unfit through drink or drugs is in charge of a motor vehicle in the same circumstances.” The employer may be held liable for the acts of an employee who drives during the course of their work whilst under the influence of alcohol or drugs, whether using a Trust pool car or their own transport.

- 6.2 The Misuse of Drugs Act (1971) is the main legislation covering drugs and makes the production, supply and possession of controlled drugs unlawful (drugs prescribed by a Doctor excepted). The Act lists the drugs that are subject to control and classifies them in three categories according to their relative harmfulness when misused:

CLASS A	includes ecstasy (MDMA), crack cocaine, cocaine, heroin, LSD, mescaline, methadone, morphine, opium and injectable forms of Class B drugs, crystal meth, other amphetamines if prepared for injection
CLASS B	includes amphetamines, barbiturates, codeines, cannabis (including cannabis resin), methylphenidate (Ritalin), synthetic cannabinoids, synthetic cathinones (e.g. mephedrone, methoxetamine)
CLASS C	includes most benzodiazepines (e.g. Temazepam, Diazepam, Valium), anabolic steroids, GBL (gamma-butyrolactone), GHB (gamma hydroxybutyrate), ketamine, piperazines (BZP)

No illicit drugs or any other substance that may impair an employees' performance at work must not be consumed at or before commencing work. Nor should any illicit drug or substance that may impair an employees' performance at work be brought onto Trust premises unless as part of a training or information session. If brought in for such purposes, this should be specifically approved by the Borough or Clinical Director.

The possession and/or use of controlled drugs or alcohol by an employee during the course of their work and/or on Trust premises will be dealt with under the Trust's Disciplinary Policy and Procedure (see paragraph 8.9)

- 6.3 Any alcohol or drug consumed prior to work must have ceased to have any effect before reporting for work. It may well be the case that excessive consumption of alcohol or recreational misuse of drugs outside of working hours could have a negative impact on an employee's performance while at work, or put another person, whether client or another work colleague, at risk. (See Appendix 2 for more information).
- 6.4 If an occasion arises when an employee finds him/herself in a position where to report for duty would be contra to paragraphs 6.1 to 6.3, he/she is encouraged to behave in a responsible manner and request leave rather than report for duty in an unfit state. This will either be taken as annual leave or unpaid leave. This provision seeks to support the spirit of this policy, which is to promote sensible and responsible attitudes towards alcohol and/or drug use. Misuse or abuse of this provision will be dealt with in accordance with section 8.9.
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The consumption/use of other substances must not have any adverse effect on work performance or personal behaviour. Therefore, employees are encouraged not to consume alcohol at events which take place a short time before they commence duty (see Appendix 2).

7. PRESCRIBED MEDICINES

- 7.1 It should be recognised that both prescribed and over-the-counter medicines may cause impairment to an employee's performance at work. Employees should seek advice from their GP or pharmacist on any medicines they are taking, and should be encouraged to discuss any problems with Occupational Health if they feel this would be helpful. They should inform their line manager of any possible side effects of their medication. For example, it could have serious impact on driving during the course of work and/or on their clinical judgement.
- 7.2 Any employee who is discovered misusing drugs prescribed for him/herself e.g. anti-depressants, whether at work or in their own time, will be dealt with in accordance with the procedure set out below.

8. ROLE OF THE MANAGER

- 8.1 All managers are expected to be watchful for signs of problems that could be caused by drug or alcohol dependency, and to be proactive in such situations in notifying senior management and Human Resources and using the framework of this procedure.
- 8.2As soon as a manager suspects, becomes aware, or is told that a member of their staff has an alcohol or substance abuse problem, they should initiate a careful, sensitive discussion with the employee (See Appendix 3 for guidance on meeting with staff under this policy) and encourage them to seek help voluntarily and encourage the employee to agree to a management referral to the Occupational Health Department or other appropriate sources of help. (See Appendix 1 for details of a number of organisations which can help). All conversations will be in strictest confidence, except in cases where the health & safety of patients may be breached, which cannot remain confidential and may mean that further action will need to be taken.
- 8.2 Identifying people in the workplace who may have problems related to alcohol or drug/substance misuse is not easy. Listed below are the common indications of the presence of an alcohol or drug/substance abuse problem. **It must be stressed however that these are only indications – care should be taken in interpreting these signs as they may be symptomatic of other issues:**
- Frequent lateness, repeated brief periods of absence for trivial or inadequate reasons, poor work performance, impaired concentration and memory
 - Increased or excessive absenteeism - uncertified or certified, especially related to weekends or holidays, a pattern e.g. frequent Mondays and Fridays
 - Frequent absences from their place of work e.g. overlong breaks
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- Personal condition e.g. being inebriated at work, smelling of alcohol/under the influence of alcohol during working hours, hand tremors, lack of attention to personal appearance
- Mood changes, irritability, lethargy, confusion or depression
- Deterioration in personal conduct and work relationships including over-reaction to real or imaginary criticism, unreasonable resentments, complaints from patients, other staff or isolation from colleagues
- Unreliability i.e. in meeting deadlines, making decisions, achieving quality of work
- Deterioration in work performance – missing deadlines, taking longer to complete tasks, difficulties in recalling instructions, lack of concentration, higher than usual accident or error rate

8.3 All managers must be alert to alcohol and drug misuse symptoms as detailed above, with all employees. If an employee's work begins to deteriorate and the manager believes that alcohol or other substances may be a factor, the employee will be actively encouraged to recognise the problem and advised that they should seek more specialised help and/or treatment. The manager will be expected to take immediate positive action whenever inappropriate drinking or other drug/substance related problems are brought to their attention and will not allow it to continue without following it through in the most sensitive and appropriate manner.

It is a misapprehension that turning a blind eye will protect the employee and the manager's silence may cause the employee more harm and bring the Trust into disrepute. A manager who fails to deal with a situation where an employee is misusing alcohol or drugs will leave him/herself subject to disciplinary action.

8.4 It is the responsibility of the employee to decide whether or not to seek/participate in specialised counselling and/or treatment. No employee will be required to comply with a treatment programme against their will.

8.5 If an employee rejects an offer of assistance the manager will make a full assessment of the situation and decide whether it is appropriate to take disciplinary action at this stage or allow the employee to continue working in the knowledge that the situation will be constantly under review. Where the risks to the employee or other staff/clients/patients are high, it may be appropriate to suspend the employee from work pending an investigation (see Disciplinary Policy and Procedure).

8.6 In cases where an employee is receiving prolonged specialised counselling and treatment they may feel it appropriate to report as unfit for work and take sick leave under the terms of the Trust's sick pay scheme. Please refer to the Trust's Managing Sickness and Absence Policy for further information.

8.7 It should be appreciated that treatment interventions in the management of alcohol or other drug/substance related problems are rarely discrete or time limited. It is very usual for an employee to need a period of intense counselling and support, followed by a period of monitoring/support on return to work. However, it is

recognised that the employee may need to attend sessions of counselling support or follow up care. This approach ensures that employees may return to work as rapidly as possible, as well as continuing to receive support during the first few months after the problem has been identified when the chances of relapse are highest. Should an employee need to attend sessions of counselling support or follow up care, please refer to the Trust's Special Leave Policy for further information.

8.8 In the event of a relapse after treatment a further opportunity of help and treatment will be offered in those cases where employee circumstances indicate this would help the employee.

8.9 Every effort should be made to ensure that the employee retains their present job. If where doing so this may undermine rehabilitation or risk patient or client safety, the Trust will make every effort to find suitable alternative employment in line with the Trust's Redeployment Procedure. There may, however, be instances where an employee is receiving treatment but no suitable alternative to their current role is available and the risk to themselves and/or others unacceptably high. In this case, the Staff Performance Improvement and capability policy may need to be followed. Additionally, if an employee denies having a alcohol/substance problem and gives no reason or explanation for their poor performance, or refuses to seek help or follow advice, the matter will also be dealt with through the Trust's Staff Performance Improvement and Capability Policy.

8.9 The Trust has a responsibility to ensure that standards of work and conduct are maintained in the workplace. Although the Trust wishes to support and help staff identified as having alcohol or other drug/substance related problems wherever possible, the Trust may need to deal with the following situations under the Disciplinary Policy and Procedure. However, it is for the manager to decide whether the matter should be dealt with under the Disciplinary Policy and Procedure given the facts of each case. Advice from Human Resources should be sought in all cases. Support to the employee and disciplinary action should not be seen as mutually exclusive and in some instances both may be appropriate, for example:

8.9.1 Where all offers of help and support have been rejected by the employee but their conduct and/or standards of work performance continue to be unacceptable.

8.9.2 Where the manager considers that the employee may be putting themselves, other employees, contractors, patients, clients or members of the public at risk.

8.9.3 Where excessive alcohol consumption or other substance misuse or isolated or random occasions leads to behaviour contrary to appropriate standards of safety and/or conduct, with the consideration to all relevant factors, including any underlying alcohol or substance related problems.

8.9.4 Where an employee reports for work after having consumed alcohol/drugs/illegal substances and is considered to be a threat to health, safety or professional standards.

8.9.5 Where the manager/supervisor has reason to believe that a member of staff has broken the law while on employer's premises and/or during the course of Trust work, i.e.:

- as a result of internal and police enquiries, a manager or supervisor has reason to believe that illicit drugs are on Trust premises or in the possession of Trust staff while they are on Trust business.
- whilst on Trust business a member of staff who attempts to drive a motor vehicle has been found by the police to be unfit to drive through drink or drugs, or where a member of staff who has been found by the police to be unfit through drink or drugs is in charge of a motor vehicle in the same circumstances. This also applies to any circumstance where a member of staff is in the charge of a motor vehicle owned by the Trust.
- where a member of staff has been convicted of a criminal offence connected with the misuse of alcohol, drugs or other substances during the course of their work.
- where theft of drugs held by the Trust has been alleged.

In the circumstances outlined in paragraph 8.9.5, the employee may be suspended from duty and a full investigation carried out under the Trust's Disciplinary Policy and Procedure. Breaking the law and/or being convicted of a criminal offence may be considered to constitute gross misconduct.

The Trust needs to ensure that its reputation and integrity is not damaged by employees possessing illegal substances. Under the Misuse of Drugs Act 1971, the employer has a duty to deal with such issues. Possession, dealing and/or use of controlled drugs (not including prescribed medicines) will be reported to the Police.

9. ROLE OF THE OCCUPATIONAL HEALTH DEPARTMENT

9.1 Firstly the role of Occupational Health in dealing with alcohol/drug misuse is that it may be the point at which the problem is first acknowledged. This may be through a management referral or through identification when another issue has been raised.

9.2 Occupational Health will advise management and Human Resources in all matters relating to the continued support for an employee, including cases where an employee requests to seek medical help but prefers to receive diagnosis, care and/or treatment from his/her own doctor. Managers and the Human Resources Department will only be provided with advice on the employee's fitness for work and will not have access to any clinical details, which are always strictly confidential, unless the employee consents to the information being shared.

9.3 Occupational Health will normally liaise with the GP who should arrange treatment involving specialists in the management of alcohol/drug misuse. Occupational Health staff may be able to help GPs facilitate appropriate referrals.

9.4 The second role of Occupational Health relates to the management of the return to work. Those treating substance misuse are not always aware of the occupational implications and there is a role for the occupational physicians in ensuring a suitable and satisfactory return to work. In the majority of cases this should be back to the role performed by the employee prior to the problem being recognised.

10. TREATMENT AND REHABILITATION

10.1 The rehabilitation programme may involve referral to an external agency to obtain appropriate and confidential treatment for the employee, with monitoring as necessary by Occupational Health acting on behalf of the Trust who should keep line management informed of fitness for duty. Trade Unions representatives may also be involved in the rehabilitation programme. Allocation to other duties during and after rehabilitation may be appropriate dependant upon the circumstances and specialism of the employee.

10.2 It is recognised that employees may need to take time off from work to attend for treatment. The employee may decide to take sickness absence whilst receiving medical treatment in accordance with the Policy for Managing Sickness Absence. Discretion to grant a period of additional leave for rehabilitation should lie with the employee's line manager. Advice should be sought from the Human Resources Department.

10.3 It should be made clear that the primary aim of treatment and rehabilitation is to ensure optimum recovery and return to work.

10.4 Relapse after treatment for substance misuse is common and line managers should be aware that despite counselling and follow up, this may still occur. The circumstances of the relapse and the response by the employee will influence how the manager should respond. Nevertheless the safety of patients and other staff and the quality of care delivered will be affected if employees relapse to alcohol and substance misuse frequently. Managers should therefore discuss with the employee and those involved in their treatment the limits to rehabilitation which could acceptably take place in their current workplace. Advice may also be sought from the Human Resources Department.

10.5 Section 6 of the Equality Act 2010 defines a disability as 'a physical or mental impairment which has a substantial and long-term adverse effect on an employee's ability to carry out normal day-to-day activities'.

Addiction to, or dependency on, alcohol, nicotine or any other substance (other than in consequence of the substance being medically prescribed) is not to be regarded as impairments for the purposes of the Act. However section A7 of the 'Guidance on matters to be taken into account in determining questions relating to the definition of disability' states "it is not necessary to consider how an impairment is caused, even if the cause is a consequence of a condition which is excluded. For example, liver disease as a result of alcohol dependency would

count as an impairment, although an addiction to alcohol itself is expressly excluded from the scope of the definition of disability in the Act.”

11. ROLE OF THE EMPLOYEE

11.1 The responsibilities of employees in relation to this policy are:

11.1.1 To be familiar with and comply with the principles and procedures of this policy, in particular regarding their own responsibilities towards themselves and towards others in accordance with section 7 of the Health and Safety at Work Act 1974 as follows:

"It shall be the duty of every employee while at work:

a) 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; and

b) with regards to any duty or requirement imposed on his/her employer or any other person by or under any of the relevant statutory provisions, to co-operate with him/her so far as is necessary to enable that duty or requirement to be complied with."

11.1.2 If they suspect, or know, that they have an alcohol or substance related problem, employees are encouraged to seek assistance as soon as possible, voluntarily either via their manager, Employee Assistance Programme or their Trade Union representative, or through an agency of the employee's own choice. A list of organisation and agencies can be found in Appendix 1.

11.1.3 To be aware of the effects of drinking alcohol or substance misuses before they start work. This will include any residual effects from the previous day.

11.1.4 To report concerns over the health or performance of colleagues, which may be related to misuse of alcohol or other substances to an appropriate manager immediately in the first instance, or by way of the Trust's Whistleblowing Policy. Concerns can also be raised with the Trust's Freedom to Speak Up Guardian.

It should be emphasised that all employees have a duty of care for their colleagues.

The Whistleblowing Policy and procedure enables employees to voice their concerns, in a confidential way, to the right person. It is important that an employee raises their matter at the point it becomes a concern rather than wait for proof or attempt to investigate it themselves. The Trade Unions and the Trust support this policy, in order to ensure that services are of the highest possible standards and beyond reproach.

The Whistleblowing Policy is primarily for concerns where the well-being of others or of the organisation are at risk. If a disclosure, in the reasonable belief of the staff member, is made in the public interest and the procedure

is followed, regardless of whether it is ultimately substantiated or not, there will be no adverse consequences for the staff member. This does not extend to someone who maliciously raises a matter they know is untrue which is not in the public interest, or where the disclosure of the information itself amounts to a criminal offence, e.g. under the provisions of the Official Secrets Act. . The Trust will carry out monitoring to ensure that no victimisation occurs.

12. ROLE OF HR

12.1 To provide support and advice to managers

12.2. To provide clarification, information and interpretation of this policy and procedure to employees and their representatives where appropriate.

13. ROLE OF TRADE UNIONS

13.1 Trade Union representatives are encouraged:

13.1.1 To help inform the workforce of the principles and procedures of the policy.

To encourage employees who may have alcohol or substance related problems to seek help voluntarily.

13.1.2 To provide support and follow-up in appropriate cases to assist the rehabilitation of any of their members affected by this policy.

13.1.3 To respect the requirement for confidentiality.

13. IMPACT ASSESSMENT

This policy has been impact assessed in accordance with the East London NHS Foundation Trust Impact Assessment Tool.

14. MONITORING & REVIEW

13.1 This policy will be reviewed in three years and monitored consistently during that period to assess its implementation and effectiveness.

APPENDIX 1

SPECIALIST HELP ORGANISATIONS

Staff are encouraged to contact their GP for advice in the first instance. The organisations listed below can help provide information and advice on alcohol related problems and can put you in touch with local advisory services in your area.

Alcoholics Anonymous: Tel: 0800 9177 650

Website: www.alcoholics-anonymous.org.uk

E-Mail: help@aamail.org

1 Raven Wharf 1

4 Lafone Street

London

SE1 2LR

Tel: 020 7407 0700

Alcohol Concern: Tel: 0203 907 8480

Website: www.alcoholconcern.org.uk

Email: contact@alcoholconcern.org.uk

Alcohol Concern / Alcohol Research UK

27 Swinton Street

London,

WC1X 9NW

This site provides information and articles on a range of topics surrounding alcoholism.

Al-Anon: Tel: 020 7403 0888

Website: www.al-anonuk.org.uk

Al-Anon Family Groups UK & Eire

57B Great Suffolk Street

London

SE1 0BB

Tel: 020 7593 2070

Provides support for colleagues and families of those affected by alcohol problems.

Adfam National: Tel: 020 3817 9410

Website: www.adfam.org.uk

Email: admin@adfam.org.uk

Adfam

2nd Floor

120 Cromer Street

London

WC1H 8BS

The largest non-statutory organisation that works with and on behalf of families affected by drug and alcohol problems. Helpful for the family of the alcohol or drug user.

ASCA – Addiction Support and Care Agency:

Website: <http://www.addictionsupport.co.uk/>

Richmond: 233 Lower Mortlake Road, London, TW9 2LL

Tel: 0208 940 1160

Surbiton: 96 Ditton Road, Surbiton, KT6 6RH
Tel: 0208 339 9899

Cocaine Anonymous: Tel: 0800 612 0225

Website: www.cauk.org.uk

Email: helpline@cauk.org.uk

CAUK

PO Box 1337

Enfield

EN1 9AS

Drinkline: Tel: 0300 123 1110

Website: www.drinkaware.co.uk

E-Mail: contact@drinkaware.co.uk

Drinkaware

Finsbury Circus (Salisbury House)

3rd Floor (Room 519)

London

EC2M 5QQ

Tel: 020 7766 9900

Free and confidential telephone helpline for people who need help or support with their own or someone else's drinking. Line opened 9am until 11 pm Monday to Friday.

Resolutions: Tel: 0800 054 6603

Website: <http://www.resolutions4luton.org/>

ResoLUTiONs Luton

2-12 Victoria Street

Luton

LU1 2UA

Narcotics Anonymous: Tel 0300 999 1212

Website: www.ukna.org

Talk to FRANK (previously National Drugs Help Line)

0300 123 6600

www.talktofrank.com

Free, confidential, 24 hours a day drugs helpline

Turning Point – drug and alcohol service: Tel: 0207 481 7600

Website: www.turning-point.co.uk

Standon House

21 Mansell Street

London

E1 8AA

APPENDIX 2

GUIDANCE ON ALCOHOL CONSUMPTION

Alcohol will stay in an individual's blood long after an alcoholic drink is consumed and this must be remembered when drinking outside of working hours.

According to research, it takes on average one hour for a unit of alcohol (i.e. half a pint of beer, small glass of wine, single measure of spirits, small glass of sherry) to leave the body. Therefore, drinking at a meal break will mean that your body could still have alcohol in it when you recommence work, potentially affecting your work performance, thereby putting the Trust's clients and patients at risk. In addition, staff on duty smelling of alcohol raises concerns about fitness from colleagues, clients and relatives.

Drinking heavily before work may not only mean that you are still influenced by alcohol some hours later, but that you may still also be over the drink-drive limit. By using the average above, drinking 10 units of alcohol (5 pints, 5 glasses of wine etc) will mean alcohol may be present in your bloodstream 10 hours later.

Employees must be aware of the amount of alcohol they drink outside of working hours.

APPENDIX 3

Guidance for Managers: Meeting With Staff Under This Policy

1. Managers who believe or suspect that a member of staff may have an alcohol or drug related problem should seek advice from Human Resources before discussing the matter with the member of staff. Managers may draw conclusions about a member of staff as a result of observations made by them or a colleague of deteriorating work performance, erratic time-keeping and/or behavioural problems. Such observations provide a manager with legitimate grounds to enter into private discussions with the member of staff about the problem.
2. If a manager suspects that a member of staff has reported for duty under the influence of alcohol/drugs, they should ask an appropriate colleague (e.g. another manager) to accompany them to witness the behaviour.
3. If a manager suspects that a member of staff is under the influence of alcohol/drugs and therefore unfit for duty, they should raise their concerns with the member of staff and suggest they go home. If the employee refuses to leave the work place the manager refer to the Trust Managing Sickness Absence Policy and seek advice from Human Resources. The manager should explain that they will meet with the member of staff regarding their behaviour when they are fit to return to work.
4. When preparing for the meeting, managers should:
 - Ensure the meeting will be private.
 - Have all the documentation ready which is relevant to the member of staff's deteriorating work performance.
 - Have information on referral agencies prepared.
 - Plan the structure of the interview in advance.
 - Inform the member of staff of their right to be accompanied by a trade union representative or work colleague employed by this Trust and encourage them to do so.
 - Inform Human Resources of the meeting date so they can attend if necessary.

5. IN THE MEETING

- Explain the reason for the interview.
 - Restrict the discussion to issues concerning work attitude and performance if alcohol/drugs is a factor – describe the behaviour/actions you have noted remaining as factual as possible.
 - Ask the member of staff directly if they have a drug/alcohol problem and if this is acknowledged offer support. In this case the matter will be dealt with as outlined in this policy.
 - Arrange for the member of staff to be seen by the Occupational Health Department and complete the appropriate referral documentation.
 - Agree a plan of action with the member of staff – this may include time off for medical attention, counselling or rehabilitation.
 - If the member of staff denies there is a drug/alcohol problem, then make him/her aware that further unsatisfactory behaviour will be dealt with as a performance/misconduct issue under Trust's Staff Performance Improvement and Capability Policy.
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This will also apply if a person's capability or performance is affected and:

- the individual accepts that there is a problem but refuses to accept or seek help;
- when the individual fails to complete a programme of medical treatment and rehabilitation;
- where an individual who has undertaken a course of treatment shows evidence of recurrence of the problem and a lack of commitment addressing the issue;

End the interview with an agreement on specific action:

- An Occupational Health referral
- Provide details of Employee Assistance Programme
- An understanding of what to improve
- An understanding of what the next step is
- A reasonable time limit for improvement
- A detailed written record of the interview

Remind the member of staff that discussion of the nature of the problem will be kept strictly confidential and confined to the individual, their manager, Human Resources and Occupational Health (as appropriate).