



# ALCOHOL, DRUGS AND SUBSTANCE MIS-USE POLICY

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For previous change history, please refer to version 3 of this document.		
11 January 2018	Group agreed that once Policy Group had approved document, then document is to be circulated to WDG for approval prior to the next WDG.	Workforce Development Group
19 January 2018	Document agreed	Policy Group
14 February 2018	Document agreed for implementation	Regional Partnership Forum
14 February 2018	Circulated to WDG for approval	Workforce Development Group
July 2018	Head of HR requested “solvent” to be changed to “substance” where appropriate (now v4.1)	Head of HR.
Renumbered from HR – Policy – 025 due to change in document referencing procedure		

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## **1 Introduction**

- 1.1** Alcohol, drugs or substance misuse by a member of staff whether inside or outside of work, can threaten his or her health and safety as well as that of colleagues, patients and the public.
- 1.2** This Policy provides guidance on addressing and supporting employees with alcohol, drugs and substance misuse problems

## **2 Scope**

This Policy applies to all employees, bank workers and volunteers

## **3 The Legal Position**

- 3.1** This Policy uses the term 'substance misuse' to reflect alcohol, drugs (including medical gases) and substance misuse. Substance Misuse refers to behaviours resulting from the misuse of alcohol, drugs and other substances which harm or have the potential to harm the individual (both physically and mentally) and, through the individual's actions, other people and the environment'
- 3.2** 'Substance' is commonly used to encompass alcohol, illegal drugs, prescribed drugs, over-the-counter drugs and chemicals such as solvents. The most commonly misused drugs are those that change the user's mood and the way that they feel or perceive their surroundings.
- 3.3** 'Misuse' usually refers to use that creates problems or harm, either for the individual or others. Its meaning could include using drugs or drinking in a way that adversely affects health, both physical and psychological, results in law-breaking, or the use of prescribed drugs in a way other than intended by the person who prescribed the drugs.
- 3.4** The terms 'substance misuse' is often used rather than 'addiction' or 'alcoholism' – these can evoke unhelpful images of stereotypical drinkers or drug users rather than reflecting the wide range of alcohol or drug problems that people can experience (Alcohol Concern / Drugscope 2001)

## **4 Basic Principles**

Substance misuse may lead to behaviour contrary to the standards of safety, performance or conduct required by the West Midlands Ambulance Service University NHS Foundation Trust and measures will be taken to fully investigate these issues and/or concerns and take appropriate action.

- 4.1** The Trust will seek to help and support members of staff who suffer from substance misuse and will treat it in a similar manner to other health problems. The member of staff must inform their manager as soon as possible that they have such a problem and, with the support of the Trust, actively work to deal with the matter. It is acknowledged that staff may feel embarrassed about having this conversation and therefore managers should handle this conversation sensitively.
- 4.2** Where staff do not declare that they have a substance misuse problem and it is subsequently suspected that they do have such a problem, this matter may be investigated.
- 4.3** Members of staff are required to inform their managers as soon as reasonably practicable of any circumstances or convictions relating to illegal substances and/ or alcohol, which have occurred during the period of time that the member of staff has been working for the Trust. This includes any criminal proceedings against him/her and any pending or actual criminal convictions including cautions. Any failure by a member of staff to notify their manager will be managed in accordance with the disciplinary policy.

## **5 Legal Considerations**

### **5.1 Health & Safety At Work Act 1974**

- 5.1.1** Employers have a duty to ensure the health, safety and welfare of their employees. Similarly, employees are required to take reasonable care of both themselves and others who could be affected by their actions or omissions at work.
- 5.1.2** There is a personal and professional responsibility both on those who have a substance misuse issue and others who suspect that someone has such an issue, to report it to their manager in confidence at the earliest opportunity.. If an individual feels uncomfortable discussing this issue with their line manager they may contact the Human Resources Department for advice.
- 5.1.3** Knowingly allowing an employee to continue working if affected by alcohol or drugs, when their behaviour places the safety of others at risk, could make the employer and the individual/ manager who knows about it, liable for prosecution. In instances where it is believed the employee is under the influence of drugs or alcohol, the manager should facilitate safe transport home once the initial issue has been addressed and it has been decided that the individual cannot safely remain at work for their shift.

## **5.2 Road Traffic Act 1988**

This makes it illegal for any person to drive or attempt to drive a motor vehicle while unfit to drive through the misuse of a substance. This can include prescribed and over-the-counter medication, as well as legal and illegal drugs and alcohol.

## **5.3 Misuse of Drugs Act 1971**

Makes it an offence if a manager of a work location 'knowingly permits or allows' the supply of any controlled drugs to take place on the premises. An example of an exception to this would be the legitimate supply of morphine in the course of a Paramedic's duties.

## **5.4 Confidentiality**

All parties are reminded of their responsibilities in relation to confidentiality in dealing with staff with substance misuse problems should be maintained at all times.

# **6 Addressing Alcohol and Substance Misuse**

**6.1** This section sets out how the Trust will seek to address the situation and offer support if someone has a substance misuse problem, whether inside or outside of work. Whilst the Trust is committed to assisting staff in such circumstances, the employee must demonstrate an openness and willingness to address their problems. At no time, should others – including staff, the public and patients – be put at risk because of the employee's substance misuse problem.

**6.2** Signs of substance misuse are not always obvious and may be confused with other conditions or problems. Indications of misuse will also vary e.g. between alcohol and drugs and between different types of drugs. It is however sensible to consider the possibility of such misuse when the following is observed:

### **Work Performance**

- Difficulty in concentrating
- High level of errors
- Increased time to complete tasks
- Poor memory
- Relationship difficulties

### **Increased accidents**

- At home
- At work
- While driving

### **Mood**

- Aggressive or inappropriate behaviour
- Confusion
- Depression
- Euphoria
- Irritability
- Mood swings
- Unusual and/or unpredictable behaviour

### **Physical**

- Abnormally dilated or constricted pupils or glazed stare
- Evidence of injuries
- Needle marks
- Poor physical appearance
- Slowed reaction rate
- Slurred speech
- Tiredness/fluctuations in energy levels
- Weight loss

### **Evidence of consumption on premises**

- Cans/bottles of alcohol/solvents
- Scorched spoons, tinfoil
- Smell of alcohol from the worker or in a room
- Syringes etc.
- Twists of papers

### **Other**

- Borrowing money from colleagues
- Fraudulent expenses claims
- Increased incidence of petty theft

- 6.3** Any action to address substance misuse should be taken as soon as possible. The longer a substance misuse problem is allowed to continue then the greater the chances are of it adversely affecting someone's health and well being and the more difficult it is to treat.
- 6.4** Staff who become aware they have a substance misuse problem should be encouraged to seek help voluntarily before their work performance is adversely affected. Whilst this help may be sought externally e.g. via the employee's own GP, or as a self-referral to the Occupational Health department, facilitated by the HR Department, it is the responsibility of the member of staff to inform their manager of the problem.
- 6.5** Colleagues and staff-side representatives can play an important role in encouraging employees who they suspect may have a problem, to seek help and be open about concerns.
- 6.6** Whether or not a member of staff informs their manager of the substance misuse problem, it is the responsibility of all managers to monitor employees' behaviour and to intervene when necessary should there be any concerns identified.
- 6.7** In all cases of declared or suspected substances misuse, the manager should meet with the member of staff to discuss the matter, with a staff representative or colleague from the Trust at the staff members' request. A representative from the Human Resources Department may also be invited to attend. This meeting should take place in a private and confidential setting. The nature of the discussion will depend on a number of factors including: whether the employee has previously declared that they have a substance misuse problem, and what the employee tells the manager during the meeting.
- 6.8** Managers in such discussions should be careful not to pre-suppose that an employee has a substance misuse problem. The manager should also recognise that it can be difficult for individuals to acknowledge to themselves, and to openly declare that they have a substance misuse problem. Depending on the nature of the discussion the employee may be advised of the help that is available including the Staff Advice & Liaison Service (SALS), access to private Counselling,, support and guidance from Human Resources, Occupational Health and other external specialist sources of support and advice (See Section 9.5)
- 6.9** A management referral to Occupational Health should be considered in circumstances when the employee accepts that they have a substance misuse problem or even when the manager suspects that this may be the case.
- 6.10** A referral to Occupational Health should be considered in all cases when a member of staff's symptoms / behaviour give cause for concern in order to help identify whether there are medical issues of any kind affecting him or her.



- 6.11** The details of the referral to Occupational Health will vary depending on the individual's circumstances and how open the employee has been regarding any possible substance misuse problem. The referral may include a request for the Occupational Health's views on: whether the employee has a substance misuse problem, the severity of the problem, possible risks, any underlying factors, as well as recommendations for possible treatment (including counselling). Where possible, the referral should include examples of the employee's actions or behaviours that have caused concern.
- 6.12** It is the manager's decision as to how to progress the matter, although the advice of the Occupational Health should be considered in making this decision. The manager should refer to Appendix A and also seek advice from the Human Resources department. Managers should ensure that any witnesses to the alleged substance misuse are advised that they will need to be contacted as part of any investigation which may be instigated and reminded of their duty to maintain confidentiality.
- 6.13** Consideration can also be given to appointing a nominated welfare officer who can be a single point of support for the individual.
- 6.14** If a course of formal treatment is required and advised by the individual's medical practitioner, then the manager and member of staff will work together to facilitate attendance around the employee's work pattern. Where possible, Paid time-off should be facilitated, if necessary, in the case of an appointment that occurs during work time. Circumstances of longer-term treatment or rehabilitation, during which an employee may not be able to attend work, will be discussed on an individual basis with the line manager, with advice from Human Resources.
- 6.15** Evidence of attendance by the employee at any treatment may be requested and verified by the manager. Occupational Health will advise the frequency of progress reports required and facilitate reports from those carrying out the treatment. Every effort should be made to agree a programme with a definitive timeline, in order that appropriate progress reviews can be determined.
- 6.16** Every effort will be made to ensure that the employee is able to retain their substantive post provided that their performance is maintained / returns to the required standard within the agreed time frame. Key to the decision to allow the employee to continue / return to their duties will be the potential risks posed by the employee. The advice of the Occupational Health should be sought and considered in these circumstances but the decision will rest with the line manager.
- 6.16** It is the employee's choice and responsibility whether or not to undertake treatment. If the employee fails to address their substance misuse problem, then consideration will be given to the initiation of the disciplinary and/or capability procedure.

- 6.17** If the member of the staff who has undergone treatment fails to meet the required standards of performance and behaviour, then disciplinary / capability procedures will be followed as appropriate.
- 6.18** All reasonable efforts should be made to help the employee with their substance misuse problem. In the event of an employee undertaking treatment and then relapsing, a meeting will be arranged with their line manager and a representative from the human resources department to explore available options
- 6.19** Some acts of misconduct while under the influence of any substance may be so serious that they must be considered as acts of gross misconduct and will be dealt with in accordance with the Disciplinary Policy. This may include endangering the health and safety of themselves, colleagues or other persons.

## **7 Health And Safety**

- 7.1** Employees with an identified substance misuse problem, and in particular on return to work following periods of treatment, may be required to undertake ongoing health surveillance as appropriate. Health surveillance for these identified staff may include periodic checks for alcohol, solvents or drugs including random testing. In such instances the guidance of Occupational Health or other specialist advisors will be sought as necessary.
- 7.2** Consideration may also be given to ad-hoc testing an employee who is suspected of substance misuse, which may also incorporate random testing. However, the agreement of the employee to undertake the test will be required in such circumstances. Again, guidance of the Occupational Health or other specialist advisors will be sought as necessary.

## **8 Other Matters**

### **8.1 Alcohol Use Outside of Work**

Employees must not attend work under the effects of alcohol or other substances.

### **8.2 Alcohol In The Workplace**

- 8.2.1** No member of staff will be permitted to consume alcohol at any time during their period of duty. As such, particular care should be taken when consuming medications that may contain alcohol. If this is the case employees should advise their manager.
- 8.2.2** Consumption of alcohol will not be permitted at any time on West Midlands Ambulance Service University NHS Foundation

Trust premises including social functions. Any such functions that involve the consumption of alcohol should be held away from the workplace, unless Chief Executive exemption is received.

### **8.3 Medication**

Staff who are required to take medication that is liable to make them drowsy or otherwise impair their judgment, and are aware of these side effects, are required to inform their line manager; Occupational Health advice may be sought in such circumstances.

### **8.4 Drug Misuse**

**8.4.1** The Trust will not tolerate the possession, supply or use of illegal drugs, legal highs or solvents whether at work or off-duty. This includes usage of drugs for patient care such as Entonox and morphine (this list is not exhaustive). Any such use renders the employee liable to both disciplinary, and / or criminal proceedings.

**8.4.2** Before any referral to the Police or disciplinary action is made, managers should first consult with their HR department r. In out of hours' situations the on-call gold commander should be contacted.

### **8.5 Driving Under The Influence Of Drink Or Drugs**

**8.5.1** Any employee who is convicted with driving (either a Trust or private vehicle) with excess alcohol in their blood or under the influence of drugs will be dealt with as per the Trust's Disciplinary Policy

## **9 Sources of Help & Support**

### **9.1 Staff Advice & Liaison Service (SALS)**

The Listening, Informal, Non-judgemental, Confidential service is a peer support network aimed at promoting the physical, psychological and emotional well-being of staff. Additionally, many SALS are trained in (Trauma Risk Management), a method used to assess potential early stages of Post-Traumatic Stress Disorder.

SALS 24 Hour Support Line 01384 215880

### **9.2 Counselling**

An external counselling service is available to all employees. Staff should discuss a request for counselling with their line manager or Human Resources Department.

### **9.3 Human Resources**

The advice of Human Resources may be sought at any stage by managers or staff. Managers may wish to have a HR representative present at meetings with the member of staff. A full record of such meeting should be kept by the manager/HR.

### **9.4 Trade Unions**

Members may seek advice or support via their trade union

### **9.5 Specialist Advice**

There are a number of services that may be accessed for advice / support including:

- Alcohol concern – [www.alcoholconcern.org.uk](http://www.alcoholconcern.org.uk)
- Aquarius - <http://aquarius.org.uk/>
- National drugs helpline – 0800 776600
- Drinkline – 0800 9178282

## Appendix One

