

MANAGING DRUG AND ALCOHOL MISUSE AT WORK

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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

Policy, procedure and flow charts all updated

KEY WORDS

Substance abuse or misuse

Drugs

Alcohol

Workplace Recovery Support Contract

1 INTRODUCTION AND OVERVIEW

- 1.1 University Hospitals of Leicester (UHL) is committed to protecting the safety, health and wellbeing of its staff, patients and those people who come into contact with its services and premises.
- 1.2 This document sets out UHL's approach to managing situations, with a focus on compassionate leadership, when staff are affected by alcohol/substance misuse.
- 1.3 Difficulties arising from alcohol/substance misuse can affect all types of employees irrespective of profession or grade.
- 1.4 The aim of this policy is to provide clear guidance, support and balanced processes for both the employees themselves and management when an individual discloses or is suspected of an alcohol/substance misuse issue.

2 POLICY AND SCOPE

- 2.1 The purpose of this policy is to create a climate that encourages individuals who suspect or know they have an alcohol/substance misuse problem to seek help at an early stage. This policy is primarily focused on an approach to employee health based on 'fitness for work'. However in certain circumstances alcohol/substance misuse can be considered a matter of conduct, dependent on the circumstances, for example (list is not exhaustive) criminal activity, breach of professional regulations, breach of health and safety regulations and compromising patient safety.
- 2.2 To provide support, encouragement and assistance to employees in accessing appropriate treatment, counselling and other forms of help, when it is known or suspected that the problem is alcohol/substance related.
- 2.3 It aims to ensure the most appropriate arrangements are in place for both the individual and the Trust when alcohol/substance misuse situations arise, including providing a supportive framework for dealing sensitively with those employees who have developed alcohol/substance misuse which is affecting their work performance and thus becomes a matter of concern for the Trust as an employer.
- 2.4 This policy clearly distinguishes between staff who acknowledge that they have a genuine problem and seek assistance for it and those that are in breach of the Trust's Disciplinary Policy (A6/2004). The distinction will be in how staff are supported and managed.
- 2.5 This policy applies to bank, permanent and fixed-term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers, Non-Executive Directors, governors and those undertaking research working within the Trust.

3 DEFINITIONS

- 3.1 "Alcohol, Drug and Substance misuse" is a very broad term but for the purpose of this policy is taken to mean both the use and misuse of potentially intoxicating substances which include alcohol, drugs – including prescription and over-the-counter medicines - novel psychoactive substances, solvents and other substances, either intermittently or continuously, which interfere with an individual's health, work capabilities or conduct, or which affects or may affect work

performance and / or the safety of themselves and others. The Trust accepts that widely differing definitions of terms such as 'drug abuse' and 'alcoholism', 'dependency' etc. are used in public health, medical and criminal justice contexts, hence the broad definition used above, which is relevant to the employment context.

- 3.2 It is UHL's policy that employees are not permitted to consume alcohol/ substances whilst on scheduled to be at work (in any capacity) or on call. Employees are not permitted to come on duty or be on call under the influence of alcohol/substances. This means that, in addition to not consuming alcohol/substances during the working day and during breaks, employees must not consume alcohol or substances during a timeframe within which the use of alcohol or substances could still affect their performance and conduct. With regard to prescription or over-the-counter medication, this is permitted so long as it does not impact performance/judgement.
- 3.3 See Appendix 1 for signs of alcohol/substance misuse.
- 3.4 Recovery - the concept of recovery represents a framework which recognises that an addiction disorder is a chronic condition from which individuals can recover if given access to evidence-based treatments and long-term support. More specifically, it is defined as "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Even individuals with severe and chronic substance use disorders can, with help, overcome their substance use disorder and regain health and social function. This is called remission. When those positive changes and values become part of a voluntarily adopted lifestyle by the employee, that is called 'being in recovery'.

Recovery represents a voluntary, long-term, and ongoing process that may involve cycles of treatment, testing, remission, and recurrence before the person achieves stable recovery. More than just abstinence from substance/alcohol use, recovery characterizes a lifestyle or journey—a broad attempt to build or rebuild a healthy, productive, and meaningful life, whilst delivering your job.

4 ROLES AND RESPONSIBILITIES

- 4.1 The Executive Lead for this Policy and Procedure is the Chief People Officer, who has overall responsibility for this policy. The accountability for implementation of this policy is devolved to Directors, Clinical Management Group Clinical Directors and Heads of Operations, Heads of Nursing and professional leads. All managers have a responsibility to be aware of this policy and implement it where appropriate.

4.2 UHL Employees

- 4.2.1 Employees are responsible for their own conduct and performance whilst employed by the Trust.
- 4.2.2 Staff should be productive when they are at work and be free from the effects or aftereffects of alcohol, drugs and other substances. This is especially important in healthcare work as some staff may be engaged in work which is particularly safety-critical. When on duty, **all staff** have a responsibility to uphold the reputation of the organisation and behave in keeping with the Trust values.

- 4.2.2 Employees who are bound by professional codes of practice e.g. NMC, GMC, HCPC etc.
- 4.2.3 Attention of employees is drawn to their own responsibilities in respect of their own personal safety and that of their colleagues, under Section 7 of the Health and Safety at Work Act 1974. Employees are responsible for ensuring their fitness to work and to access the range of services that the Trust offers to help them manage where this is not the case. These services are listed below and contact details can be found on INSite.
- Occupational Health Service
 - AMICA Counselling and Psychological Support Services
 - People Services Directorate (duplication)
 - Trade Union
 - Employees should raise the issue with the People Services Directorate if they feel they are being treated unreasonably.
- 4.2.3 Employees have a responsibility to accept help where it is offered by the Trust. This specifically includes attending Occupational Health for an initial assessment, which may include preliminary clinical investigations where concerns have been raised about alcohol/substance abuse.

4.3 Line Managers

- 4.3.1 Line Managers have a responsibility to have processes in place to ensure that staff are aware of this policy and adhere to its requirements. (see Appendices 2-4)
- 4.3.2 To ensure that employees understand what is expected of them with regard to attendance, work performance, behaviour and safety.
- 4.3.3 To be alert to and monitor changes in work, attendance and behaviour patterns.
- 4.3.4 Intervene at an early stage where changes in performance, behaviour, sickness levels or attendance patterns are identified to establish whether alcohol or drugs are underlying causes.
- 4.3.5 Managers are responsible for making decisions about fitness for work, based on observations of behaviour or conduct of concern, in an 'acute scenario' such as when a staff member appears to be intoxicated or adversely impaired in some way, or has a smell of alcohol about them.
- 4.3.6 Use disciplinary measures only when appropriate to do so. Advice from the People Services Directorate must be sought in these circumstances.

4.4 Occupational Health Service

- 4.4.1 To promote awareness of alcohol/substance misuse problems and encourage early identification of individuals in need of help. This may include questioning as part of a routine clinical consultation or appointment arranged for some other reason.
- 4.4.2 To provide appropriate clinical assessment for individuals who are referred to the department where alcohol/substance misuse is suspected. What constitutes an appropriate clinical assessment will vary from case to case, but may include biochemical testing (blood/urine/ breath or other samples) at the discretion of the clinician. Any such testing will be with consent and forms part of the overall clinical assessment. Results cannot be disclosed to management without consent. An

employee may request that tests are undertaken by their GP but this would need to be discussed with Occupational Health. If the employee wishes to pursue this though, it is likely to incur a cost from the GP which the employee may be liable for.

- 4.4.3 To offer and initiate a recovery programme where appropriate and where possible, liaising with appropriate specialists and support services, either locally or 'out of area'. This may incur a charge to the referring CMG/Directorate, but which will not be seen as a reason not to pursue this course.
- 4.4.4 To signpost staff to external organisations who may be able to offer appropriate support. Where appropriate Occupational Health may ask to see evidence of the services that staff have engaged with. (See appendix 5)
- 4.4.5 In partnership with the Line Manager and People Services Directorate where appropriate, to arrange a Workplace Recovery Support Contract for the employee. (Appendix 6)

5 POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

5.1 Supporting Staff

- 5.1.1 Employees who suspect or know that they have an alcohol/substance misuse problem should be encouraged to seek help and treatment voluntarily, either through the Trust's support mechanisms, namely Occupational Health or through resources of the employee's own choosing.
- 5.1.2 Employees are encouraged to discuss any issue with their manager at the earliest opportunity. The aim of this is to have an honest conversation about how the Trust can best support the individual and ensure safety and standards are not compromised, limiting risks to both parties. The meeting should look at whether any time off is needed and what support such as Occupational Health can be sought.
- 5.1.3 Encouragement to seek and accept help or treatment from a specialist agency is on the understanding that:
 - Every reasonable effort, where appropriate, will be made by the Trust's Occupational Health department to persuade the employee's GP that certified sick leave may be of mutual advantage to employee and employer, in which case normal sick leave procedures will apply as outlined in the UHL Sickness Absence Management Policy (B29/2006)
 - Every reasonable effort will be made to enable an employee undertaking a recovery programme to remain in their normal role, unless that would jeopardise the work performance and/or the welfare and safety of patients and/or staff. This would include circumstances where an employee has lost their driving licence when their role is dependent upon this.
 - In circumstances where return to the same job is not appropriate, every consideration will be given to finding comparable alternative employment.
 - There will be no demotion in most cases unless it is:
 - ★ by mutual agreement or
 - ★ a consequence of the individual's health status and in accordance with Occupational Health advice as per the see above for policy title Management of Sickness Absence Policy and Procedure (B29/2006 or....
 - ★ where disciplinary action is to be taken in accordance with the Trust's Disciplinary Policy (A6/2004)

- 5.1.3 Employees will not automatically be subject to disciplinary action because they have discontinued or initially rejected help such as a recovery programme. Management will look at the circumstances on an individual basis. Nevertheless staff must be aware that subsequent performance or conduct issues arise, the employee's failure to co-operate in this respect will reduce the scope for mitigation.
- 5.1.4 Where a performance or conduct issue arises and the employee has not previously disclosed a substance misuse problem, an investigation will be carried out. Nevertheless, the Trust has adopted a 'Just and Learning Culture' and where an alcohol/substance misuse problem arises, where the individual can evidence that they have attempted to seek support/address the problem, this will be considered as mitigation.
- 5.1.5 In situations where, following a return to work after or during a recovery programme, conduct and performance is again affected by an alcohol/substance misuse problem, each case will be considered on its merits. If appropriate, additional support or treatment will be offered, following advice from the Trust's Occupational Health department. However, disciplinary action may be appropriate, depending on the circumstances e.g. where conduct is adversely affected and/or a criminal act has occurred.

5.2 **Drug Misuse**

- 5.2.1 It is recognised that the misuse of legally prescribed and non-prescribed drugs or substances may also impair performance. Prescribed or over-the-counter medicines might cause impairment to an individual's performance at work. Individuals should seek advice from their GP or pharmacist on any medicines they are taking. If appropriate, they should be encouraged to discuss any problems with the Occupational Health service and/or they should inform their line manager of any possible side effects of their medication if appropriate.

5.3 **Alcohol Consumption/Being under the Influence of Drugs in the Workplace**

- 5.3.1 It is not permitted for staff to drink alcohol in a public place or appear under the influence of alcohol whilst wearing a Trust identification badge or uniform (this includes scrubs).
- 5.3.2 If a member of staff consumes alcohol and acts in a manner contrary to Trust Values this will be dealt in accordance the Trust's Disciplinary Policy and Procedure (which may involve a full investigation being carried out under the Trust's Disciplinary Policy. (A6/2204) Occupational Health advice may be sought to assess the individual's fitness for duty. Non-compliance with the referral may lead to disciplinary action.
- 5.3.3 If a member of staff is intoxicated under the influence of drugs, or behaving in a way that places others at risk at work they will be sent home immediately. This will be on full pay. The manager should ensure that the member of staff will be able to reach home safely and where required should arrange transport. This includes having an apparent smell of alcohol about their person, as this could undermine patients' or service users' confidence in the individual and cause reputational harm to UHL.
- 5.3.4 If a member of staff's role is dependent on being able to drive and they are subject to a driving ban and have their driving licence revoked due to a drink driving

offence, even if this occurred outside of work, then they could be subject to the Trust's Disciplinary Procedure and are not guaranteed temporary redeployment. This is in line with the Disciplinary Policy in regard to any type of driving ban.

5.4 Criminal Activity

- 5.4.1 All staff must immediately inform their Line Manager if they are charged with and/or convicted of any criminal offence, in line with the Disciplinary Policy.
- 5.4.2 Convictions of staff for drug or alcohol offences can damage public confidence in Trust services, irrespective of the role performed by that member of staff and whether the offence was committed at work or not. Consequently, the continued employment of any member of staff may be at risk, if convicted of such an offence.
- 5.4.3 Professionally Registered staff should also be aware that such convictions will be reported to their regulatory body. Staff are reminded that there is a memorandum of understanding between the police and the professional regulator's for such convictions.
- 5.4.4 Staff found in possession of, or dealing in, illegal drugs at work, will be reported immediately to the Police.

6 EDUCATION AND TRAINING FOR THIS POLICY

There are no specific Education and Training requirements other than being aware of the UHL Sickness Absence Management Policy (B29/2006) and relevant training.

7 PROCESS FOR MONITORING COMPLIANCE

- 7.1 The People Services Directorate will monitor the effectiveness of this policy through supporting managers in the management of individual cases of alcohol/substance misuse. Non-compliance with the policy will be escalated within the People Services Directorate, the relevant Clinical Management Group or Corporate Directorates to ensure compliance

8 EQUALITY IMPACT ASSESSMENT

- 8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs. As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

9.1 UHL NHS Trust Policies:

- UHL NHS UHL Sickness Absence Management Policy (B29/2006) B29/2006)
- UHL NHS Trust Improving Performance (Capability) Policy and Procedure – Non Medical Staff, (B12/2014)
- UHL NHS Trust Disciplinary Policy and Procedure (A6/2004)
- UHL NHS Trust Conduct, Capability, Ill Health and Appeals Policies and Procedures for Medical Practitioners (A2/2005)
- UHL NHS Trust Stress Management Policy and Procedure (B20/2005)

- UHL NHS Trust Non Smoking Policy(A1/2006)

9.2 External Resources:

- NHS Employers - <https://www.nhsemployers.org/retention-and-staff-experience/health-and-wellbeing>
- CIPD guidance - <https://www.cipd.co.uk/knowledge/culture/well-being/drug-alcohol-misuse-work-report#ref>
- ACAS guidance - <https://www.acas.org.uk/how-to-raise-a-problem-at-work>
- Maintaining High Professional Standards
- LLR Mental Health & Wellbeing Hub - <https://www.llrstaffwellbeing.org/>
- NHS England: Substance misuse and gambling support - <https://www.england.nhs.uk/supporting-our-nhs-people/wellbeing-support-options/support-offers/substance-misuse-and-gambling-support/>

9.3 Legislation:

- Health and Safety at Work Act 1974
- Misuse of drugs Act 1971
- Transport and Work Act 1992

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

10.1 This document will be stored on the Trust's Insite documents and archived through its document management system.

10.2 The operation of this policy and its supporting procedure will be subject to review at regular intervals, no more than three years apart.

APPENDICES

Appendix 1- Indications of Alcohol and Drug-Related Problems

There is no single characteristic which identifies a person with an alcohol/substance problem and indeed alcohol or drugs are only two of many possible reasons for deteriorating job efficiency. However, if the following characteristics occur in combination or as part of a pattern over a period of time alcohol/substance related problems may be indicated.

1. Absenteeism

- Multiple instances of unauthorised leave
- Excessive sick leave (including frequent self-certified or uncertificated sick leave)
- Frequent Monday and/or Friday absences
- Excessive lateness, e.g. returning late from meal breaks
- Leaving work early
- Suspicious absence pattern such as: immediately preceding or following days off / Coincident with weekends/ always the same shift
- Increasingly improbable excuses for absence.

2. Reporting to work under the influence of alcohol or drugs – physical changes

- Attending work in an obviously inebriated condition
- Smelling of alcohol
- Drowsiness or inability to stay awake
- Hand tremors
- Irrational or inappropriate behaviour (belligerence, violence, etc)
- Poor co-ordination, staggering, disorientation
- Increasingly unkempt appearance
- Lack of personal hygiene
- Slurred or rambling, stumbling, incoherent speech
- Agitation, restlessness, anxiety and paranoia
- Nausea
- Personality changes
- Heightened reflexes
- Inflamed, glassy or droopy eyes, dilated/constricted pupils
- Hallucinations
- Mood swings, unpredictability (hyperactivity, depression, euphoria)

3. Deteriorating job efficiency

- Missed deadlines

- Frequent Mistakes
- Making poor decision
- Inability to perform two tasks at the same time (divided attention), such as handling a discussion while physically performing a task
- Swings in activity level – hyperactivity to sluggishness
- High accident rate at home or at work
- Difficulty in concentrating
- Irregular work patterns
- Forgetfulness
- Limited attention span, difficulty concentration
- Lack of attention
- Alternative periods of high and low productivity
- Increasing general unreliability and unpredictability.

4. Deterioration of relationships at work

- Over-reaction to imagined or real criticism
- Irritability
- Sudden inability to work with others
- Violent tendencies, loss of temper or irritability
- Exaggerated confidence or glibness
- Change in attitude – Moody, resentful of criticism, always casting blame on others
- Inability to work with others, friction in relationships
- Complaints from colleagues
- Borrowing money from colleagues
- Avoidance of Line Manager and/or associates.

5. Dishonesty and theft

Please note, this would be considered as potential grounds for dismissal under the Trust's Disciplinary Policy and Procedure.

Contributing Evidence

- Physical evidence (drug paraphernalia, alcohol beverage bottles, etc)
- Smell of drugs, alcohol
- Attempts to hide or destroy evidence
- Observance of use
- Medical Evidence / Testing
- Suspicious employee reaction

Appendix 2 – Alcohol Support

Alcohol Support

Alcohol Misuse

During the COVID-19 pandemic, some of us may have turned to or developed some habits which may not be as healthy as we would like. Increased alcohol consumption, unhealthy snacking and doing less exercise may all have been a way that some of us have sought comfort. We know that these habits are not good for us but how do we address them?

Alcohol misuse is when you drink in a way that's harmful, or when you're dependent on alcohol. To keep health risks from alcohol to a low level, both men and women are advised not to regularly drink more than 14 units a week.

Binge drinking usually refers to drinking lots of alcohol in a short space of time or drinking to get drunk. In the UK, binge drinking is drinking more than:

- 8 units of alcohol in a single session for men
- 6 units of alcohol in a single session for women

You could be misusing alcohol if:	To keep your risk of alcohol-related harm low:
<ul style="list-style-type: none"> • You feel you should cut down on your drinking • Other people have been criticising your drinking • You feel guilty or bad about your drinking • You need a drink first thing in the morning to steady your nerves or get rid of a hangover 	<ul style="list-style-type: none"> • Men and women are advised not to drink more than 14 units of alcohol a week on a regular basis • If you drink as much as 14 units a week, it's best to spread this evenly over 3 or more days • If you're trying to reduce the amount of alcohol you drink, it's a good idea to have several alcohol-free days each week • If you're pregnant or trying to become pregnant, the safest approach is to not drink alcohol at all to keep risks to your baby to a minimum

Effects of Alcohol Misuse

Drinking vast amounts of alcohol can have a serious impact on your health.

Short-term effects of alcohol consumption include:

<p>Increased heart rate</p> 	<p>Impaired judgement, co-ordination and decision making</p>	<p>Decreased reaction time</p> 	<p>Light-headedness and drowsiness</p>	<p>Slurred speech and blurred vision</p> 	<p>Nausea, vomiting, diarrhoea and indigestion</p>
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Long-term effects of alcohol consumption include:

<p>Damage to internal organs</p>	<p>Increased blood pressure</p> 	<p>Infertility</p>	<p>Weakened bones</p> 	<p>Risk of developing long-term or life threatening health conditions</p>	<p>Weakened immune system</p> 
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Increased alcohol consumption can also lead to weight gain. Alcoholic drinks, along with additional additives and mixers can be highly calorific. The calories that come from alcohol are considered empty, meaning they have no nutritional value. Drinking alcohol also increases your appetite, leading to excessive eating and impulsive snacking.

Alcohol Support

Seeking Support

If you have found that your alcohol intake has increased, there are resources and support networks that you can access to address this:

Speak to your manager

If you are concerned about your alcohol intake, please talk to your manager to gain support from them and look at what is available to you.

Drink free days app

[One You](#) can help you feel healthier, lose weight and save money. Just pick your days to skip alcohol and get practical support to stick with it.

Online NHS Support

www.nhs.uk offers advice and support on tips to cutting down, hangover cures, caring for someone with an alcohol problem as well as signposting to support in your area.

Turning Point

[Turning Point](#) Leicester, Leicestershire & Rutland is the integrated substance misuse service for the city, Leicestershire and Rutland county and Leicester prison, offering various treatment options for anyone affected by drugs or alcohol and looking for support.

There are a number of charities and support groups across the UK that provide support and advice for people with an alcohol misuse problem. For example, you may want to contact:

[Drinkline](#) is the national alcohol helpline. If you're worried about your own or someone else's drinking, you can call this free helpline in complete confidence. Call 0300 123 1110 (weekdays 9am to 8pm, weekends 11am to 4pm).

[Alcoholics Anonymous \(AA\)](#) is a free self-help group. Its "12 step" programme involves getting sober with the help of regular support groups.

[Al-Anon Family Groups](#) offers support and understanding to the families and friends of problem drinkers, whether they're still drinking or not. Alateen is part of Al-Anon and can be attended by 12- to 17-year-olds who are affected by another person's drinking, usually a parent.

[We Are With You](#) is a UK-wide treatment agency that helps individuals, families and communities manage the effects of drug and alcohol misuse.

[Adfam](#) is a national charity working with families affected by drugs and alcohol, operating an online message board and a database of local support groups.

The [National Association for Children of Alcoholics \(Nacooa\)](#) provides a free, confidential telephone and email helpline for children of alcohol-dependent parents and others concerned about their welfare. Call 0800 358 3456 for the Nacooa helpline.

[SMART Recovery](#) groups help people decide whether they have a problem, build up their motivation to change, and offer a set of proven tools and techniques to support recovery.

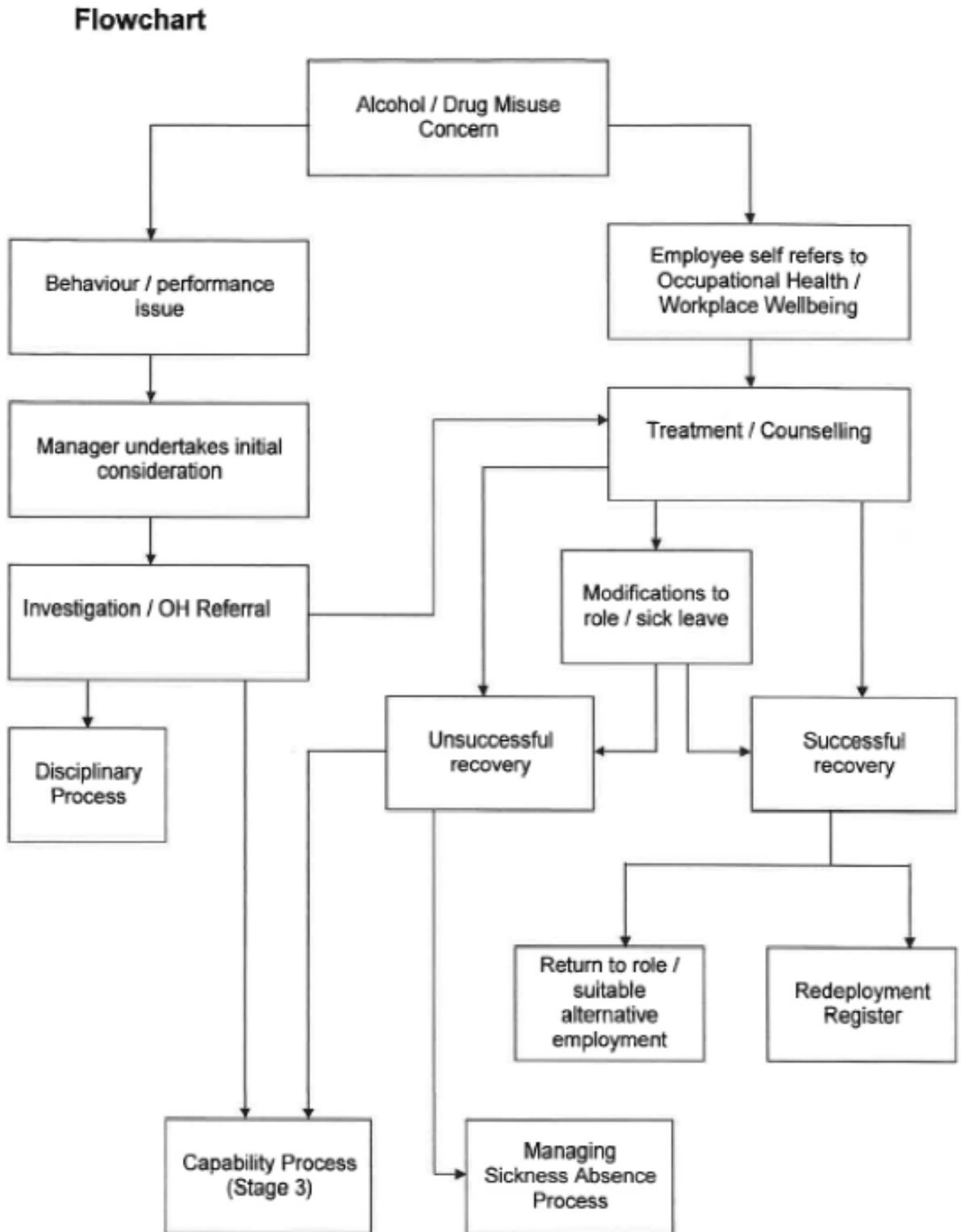
Keeping Safe During Lockdown

It is important to take care when socialising. Follow the [official advice](#) on meeting people from outside your household in order to control the virus and keep people safe. Not consuming alcohol for a while causes your tolerance to go down and so the alcohol can feel much stronger, even if you only consume your usual amount. You can lose control quickly without realising, leading to you doing things or taking risks that you otherwise would not.



Appendix 3 – Flowchart

The following flow chart support the operation of the Trust’s Policy for Alcohol, Drug and Other substance Misuse in Employment.



Appendix 4 - Procedure for supporting staff suffering from alcohol/substance misuse

The Trust aims to assist employees who, at any time, and for any reason, may be suffering from alcohol/substance misuse to obtain specialist help. Should an employee be found to have such a problem, then the Trust is committed to offering every reasonable assistance in accordance with the principles of this policy.

The procedural arrangements are as follows and must be read in the context of the whole policy

Step 1

If any individual has reason to suspect that an employee has an alcohol/substance problem, they must draw this to the attention of the Line Manager concerned immediately.

Step 2

The Line Manager will then arrange to interview the employee and should advise them it is their right to be accompanied by a staff representative or work based colleague if so desired.

During the interview

- The manager should enquire of the employee whether he/she has a health/personal problem, which might be a contributing factor.
- Any reported concerns about the use of alcohol/substances should be raised in a sensitive manner, if the employee concerned does not raise the issue first.
- Managers must remain neutral and non-judgmental on alcohol/substance misuse. The aim should be understand the individuals exact issues and to persuade them to admit to their problem and, if it exists, to seek help.

Note: Managers should be aware of their legal obligations with respect to the possible use of illegal substances and if deemed appropriate, to discuss with the People Service Directorate prior to reporting the matter to the police if warranted by the circumstances.

Step 3

In the event of the employee denying that there is any health problem, the manager should still offer the opportunity of referral to the Occupational Health and/or seek advice as necessary.

- Where the Occupational Health advice confirms that the employee has an alcohol/substance problem, a recovery/support programme will be agreed in conjunction with the employee. This may be whilst the employee remains at work, or alternatively is absent due to certified sick leave.
- It should be noted that where specific alcohol related blood tests are required, as part of a recovery/support programme, it is expected that the employing manager/ department will consider funding the costs of these tests to support the health & wellbeing of the individual.
- Any tests which are agreed to by the employee are voluntary and will only be undertaken with the informed consent of the member of staff.
- Where an employee refuses to undertake tests this will have to be taken into account when deciding next steps by the manager with the support of the People Services Directorate.

Step 3a

If the employee accepts the programme offered, they will return to work if considered medically fit and safe to do so by Occupational Health. Where there is a risk of recurrence of the alcohol/substance misuse, or a risk to the welfare and safety of

patients or employees a suitable alternative post should be considered on a temporary basis in line with the Trust's redeployment guidelines.

- Following satisfactory completion of treatment every effort will be made to return the employee to their previous position within the Trust. However, each case will have to be considered on its merits to protect the statutory responsibilities of the Trust and to ensure that professional standards and the needs of patients and colleagues are afforded the highest priority.

Step 3b

If the employee does not accept the recovery programme offered, Occupational Health will refer them back to the Manager, if possible indicating when it is likely the employee will be fit to return to work and in what capacity. The Manager will then proceed as per step 4a below.

Step 3c

If Occupational Health advises that the employee has no health problem relating to alcohol/substance misuse, the Manager must assess the position, and proceed as per step 4a below.

Step 4a

Actions in relation to staff where an incident (conduct/performance/absence) has occurred and they then reject an offer of support, or who are deemed by Occupational Health not to have a health problem relating to alcohol/substance misuse, may include progression under the Trust's Improving Performance (Capability) Policy - Non Medical Staff (B12/2014) or Attendance Management and Sickness Absence policy (B29/2006). Alternatively, action under the Trust's Disciplinary Policy (A6/2004) may be appropriate, pending a full investigation of the incident, the outcome of which may result in disciplinary action up to and including dismissal and referral to any relevant professional regulator.

Step 4b

If after a reasonable period of time the assistance provided, with guidance from Occupational Health, has not resulted in a satisfactory improvement, the manager should proceed as per step 4a above.

Appendix 5 - External Agencies Contact Details for Staff Dealing With Alcohol and Drug Related Problems

- **Action on Addiction**
Registered charity with treatment centres for all addictions, throughout England. They also provide support for families and children
 - o Tel: 0300 330 0659 or email: admin@actiononaddiction.org.uk
 - o Website: www.actiononaddiction.org.uk
- **Drinkline**
Helpline offering support to those worried about their own or others alcohol consumption
 - o Tel: 0800 7 314 314
- **Drinksarter**
Web resource offering advice and handy tools on sensible drinking
 - o Website: www.drinksarter.org
- **Alcoholics Anonymous**
A fellowship who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism
 - o Confidential Helpline - 0845 769 7555
 - o Email: help@alcoholics-anonymous.org.uk
 - o Website: www.alcoholics-anonymous.org.uk
- **National Drugs Helpline**
A free and confidential service available 24 hours, 7 days a week.
 - o Tel: 0800 77 66 00
- **Narcotics Anonymous**
A confidential service, run by volunteers who are recovering addicts, available 24 hours, 7 days a week
 - o Tel: 0300 999 1212
 - o Website: www.ukna.org
- **Sick Doctors Trust**
24-hour confidential helpline for doctors and medical students with drug and alcohol problems.
 - o Tel: 0370 444 5163
 - o Website: www.sick-doctors-trust.co.uk

Other Resources:

- a) **GMC: A Doctor's Story** - <https://www.gmc-uk.org/concerns/information-for-doctors-under-investigation/health-assessments/a-doctors-story>
- b) **GMC: Managing Your Health** - <https://www.gmc-uk.org/concerns/information-for-doctors-under-investigation/support-for-doctors/managing-your-health>

- c) **Mind: Understanding the mental health effects of recreational drugs and alcohol** - <http://insitetogether.xuhl-tr.nhs.uk/Divisions/Corporate/LiA/Documents/Mental%20Health-Effects%20of%20recreationla%20drugs%20and%20alcohol.pdf>
- d) **Turning Point: Alcohol Advice** - <http://insitetogether.xuhl-tr.nhs.uk/Divisions/Corporate/CommunicationsandExternalRelations/Documents/CM/Alcohol%20Advice%20Booklet%20-%20UHL%20and%20TP%20Drew%20Jun%202017.pdf>
- e) **INSite: Accessing Help to Quit** - <http://insite.xuhl-tr.nhs.uk/homepage/health-and-wellbeing/help-to-quit>

Appendix 6 - Workplace Recovery Support Contract

I am undergoing / about to undergo treatment for a drugs/alcohol misuse problem. As a condition of my continuing employment, I agree to the following:

1. I agree to follow the prescribed treatment/rehabilitation programme outlined by the treatment facility selected.
2. I agree to follow the rehabilitation programme outlined by the Occupational Health Department including, with informed consent: clinical investigations, evidence of attendance for support etc. and if needed as part of a quality assurance programme.
3. I agree to comply with the UHL’s referral and attending the Occupational Health Department for on-going assessment of the problem for as long as it is appropriate.
4. I agree with the treatment agency liaising with the Occupational Health Department with regard to level of attendance, co-operation with treatment and results of clinical screening as evidence of progress of any recovery. This information will continue to be otherwise confidential and will be used by the UHL Trust only in assessing my progress, in conjunction with People Services and Management.
5. I understand that the UHL Trust’s Policy for Alcohol and Substance Misuse in Employment Policy and my signing of this agreement does not constitute a waiver of management responsibilities to maintain discipline and good conduct. I understand that any unacceptable form of behaviour or poor performance may lead to disciplinary action up to and including my dismissal and referral to the relevant professional regulator as appropriate.
6. I understand that I need to improve my work performance/behaviour to an acceptable and reasonable level within the agreed time scale.

Signed..... Date.....

Witness..... Job Title

CC: People Services Directorate
Occupational Health
Personal File