

POLICY ON ALCOHOL AND OTHER DRUGS AT WORK

1. PURPOSE

The purpose of this policy is to:

- i) Communicate to all staff the organizations rules in relation to the impact of alcohol consumption and misuse of drugs - at work.
- ii). To provide every reasonable support for people who have a genuine alcohol misuse or drug abuse problem

2. INTRODUCTION

- 2.1 Alcohol is a depressant drug, which affects concentration, co-ordination and work performance. Many other drugs impair motor control, reaction time and the ability to maintain attention. No matter how a person feels subjectively they will be less effective in their job.
- 2.2 Alcohol and other drug misuse can interfere with the employee's health and may also cause harm to colleagues, service users and the quality of the service as a whole. Many commonly prescribed drugs, e.g. tranquillizers, sleeping tablets, even when taken normally, can also have adverse affects, including problems of an addictive nature.
- 2.3 Due to the dangers involved in alcohol and drugs misuse, as well as the very difficult and sensitive nature of the problem to the employee, this policy aims to strike a balance between dealing with misuse under the capability or disciplinary procedure and misuse as a health issue requiring attention from Occupational Health.

3. POLICY STATEMENTS

- 3.1 In the interests of the well being of service users and staff it is essential that staff are not impaired by alcohol or other drugs while at work.

**STAFF SHOULD NOT CONSUME ALCOHOL/ILLCIT DRUGS
WHILST ON DUTY, OR DURING ANY PERIOD BEFORE WORK STARTS OR
DURING A BREAK PERIOD, SUCH THAT ALCOHOL/DRUGS WILL STILL BE
PRESENT IN THE BODY ON ARRIVAL OR ON RETURN TO WORK. ALCOHOL
CONSUMED IN THE EVENING MAY STILL RESULT IN THE INDIVIDUAL
BEING "OVER THE LIMIT" THE FOLLOWING MORNING**

(see appendix 2)

This rule applies to all staff employed at all locations within **DRH**.

- 3.2 DRH will encourage staff with alcohol or drug related problems to seek and accept help in the knowledge that both management and colleagues are committed to providing assistance. It is hoped that if staff work in an environment that is not

hostile to them staff with such problems are more likely to admit them and to volunteer to have treatment.

- 3.3 If any individuals are identified as misusing alcohol or drugs DRH will, at an early stage, offer access to an alcohol/drug misuse treatment programme.
- 3.4 Every effort will be made to create a working environment where health choices are easier choices - e.g. use of non-alcoholic drinks at social and informal gatherings, or entertaining visitors to DRH.
- 3.5 DRH will aim to increase the understanding of alcohol and other drugs and to promote sensible drinking in general.
- 3.6 Any member of staff reporting for duty whilst under the influence of alcohol or drugs will be sent off duty and arrangements made by the senior person on duty to arrange safe transport home.

4. PRINCIPLES UNDERPINNING THE TREATMENT PROGRAMME

- 4.1 That alcohol and drug misuse is primarily a problem, which requires specialist help.
- 4.2 That the focus of the policy is to address impaired work performance and/or behavioral problems which provides a legitimate basis for management to intervene without interfering in employees' private lives.
- 4.3 That employees who believe or suspect that they themselves have an alcohol or drug problem should be encouraged to seek specialist or Occupational Health help voluntarily and should be advised where this may be obtained.
- 4.4 That employees who are identified through observation or by normal procedures following behavioral problems at work as possibly abusing alcohol and/or drugs will be referred to Occupational Health.
- 4.5 That encouragement to seek and accept help from a specialist agency is on the understanding that:
 - i) the employees while attending that agency can, if required, be put on sick leave and be entitled to normal sickness benefits and superannuation rights as provided by DRH
 - ii) every effort will be made to ensure that the employee when undertaking/having undertaken a treatment programme is able to return to the same job:
 - iii) progress is seen to be made within an agreed timetable.
 - iv) there will be no compulsory demotion unless matters of discipline are involved.
 - v) if an employee recognises they have a drink or drug related problem and seek advice and help of their own accord from a specialist agency, they will receive the same rights as outlined above.
- 4.6 Employees will not be subject to disciplinary action on the grounds that they have declined to accept referral for assessment and/or specialist help or discontinued an agreed treatment programme. However, refusal or

discontinuance will be taken into account if performance has deteriorated and disciplinary action does need to be taken.

That following a return to employment after completion of, or during the treatment programme, should work performance and/or behavioral problems reoccur, each case should be considered on its merits, and in the light of an opinion from the Occupational Health Service, management should consider providing the opportunity for further treatment.

That communication from the Occupational Health Service to management is restricted to comment on the problem affecting work, whether or not a treatment programme has been accepted and the likely duration of this. All information recorded in personal health records or arising out of consultation between an employee and the Occupational Health Service is strictly private and confidential. Written permission is required from the employee before such information can be divulged to any other person.

5. SIGNS OF ALCOHOL AND DRUG ABUSE

- 5.1 Everyone has a role to play in helping those who are misusing alcohol and/or drugs and it is essential that there should be no cover-up. No one should feel guilty about bringing the matter to the attention of management; the aim is to help people to recover and to lead a healthy and useful life. Flexibility of action has been built into the procedure to ensure that individual cases which can vary considerably and which tend not to conform to a pattern can be dealt with according to individual needs.

It is important to recognize that the following characteristics, especially when occurring in combinations may indicate the presence of an alcohol or drug related problem.

5.2 Absenteeism

- * Multiple instances of unauthorized leave (see policy for management of sickness/absence)
- * Excessive sick leave
- * Frequent Monday and/or Friday absences
- * Excessive lateness, eg. Monday mornings, returning from lunch, leaving work early.
- * Peculiar and increasingly improbable excuses for absences
- * Unusually high absenteeism rate for diarrhoea, colds, flu, gastritis, etc.
- * Frequent unscheduled short-term absences, with or without explanation.

5.3 High Accident Rate

- * Frequent accidents at work
- * Accidents elsewhere, e.g. at home, travelling to work

5.4 Difficulty in Concentration

- * Work requires greater effort
- * Tasks take more time

5.5 Confusion

- * Difficulty in recalling instructions, details, etc
- * Increasing difficulty in handling complex assignments
- * Difficulty in recalling own mistakes

5.6 **Spasmodic Work Patterns**

- * Alternate periods of high and low productivity
- * Increasing general unreliability and unpredictability
- * Repeated absences from post, more than the job requires
- * Frequent trips to cloakroom, etc.
- * Overlong coffee breaks
- * Under the influence of alcohol/drugs at work

5.7 **Reporting to Work**

- * Coming to work in an obviously inebriated condition
- * Smelling of alcohol
- * Hand tremors
- * Increasingly unkempt appearance/lack of personal hygiene

5.8 **General Deteriorating Job Efficiency**

- * Missed deadlines
- * Mistakes due to inattention or poor judgment
- * Wasting materials, supplies, etc
- * Making bad decisions
- * Improbable excuses for poor work performance

5.9 **Poor Employee Relations at Work**

- * Over-reaction to real or imagined criticism
- * Unreasonable resentments
- * Irritability
- * Complaints from co-workers
- * Borrowing money from co-workers
- * Avoidance of boss or associates

6 **TREATMENT PROGRAMME**

6.1 **Identification**

Alcohol or drug related problems may come to light in two main ways:

- i) The individual may choose to seek help on a completely voluntary basis. When an employee believes that he/she has an alcohol or drug problem then that person should seek specialist help as soon as possible. The Occupational Health Service is available to initiate such help if requested.
- ii) The individual's colleague and/or supervisor may identify obvious signs of alcohol and/or drug misuse or deteriorating work performance and/or behaviour. When a colleague and/or supervisor identifies this pattern he/she should draw this to the attention of the manager concerned. This may be done anonymously in the case of a colleague
The manager will then arrange to interview the employee in accordance with the guidelines in DRH's Policy and Procedure Manual. At this stage the Occupational Health Service is available to provide advice and assistance if required.

- iii) When an employee is visibly under the influence of alcohol or drugs at work, the manager concerned should first confirm this opinion with a colleague. The employee should then be escorted home safely as soon as it is safe to do so. Arrangements can then be made for him/her to be interviewed, preferably the next day.

6.2 Interview

The strategy involved in this interview is often described as a "constructive confrontation" which has two components.

- i) The employee is confronted with the facts observed and informed of the possible consequences of continuing the present pattern – including dismissal.
- ii) The employee is offered help to avoid these consequences. The interview should be confined to aspects of work performance and/or behaviour unless there is clear evidence of alcohol or drug misuse or the employee raises the matter himself/herself.

6.3 Offer of Help

During the interview the manager should state that the employee appears to have a personal problem requiring help and then offer the opportunity of referral through the Personnel Service to the Occupational Health Service. Alternatively the employee may prefer to seek help from an alternative agency. It is important that managers are familiar with the range of services available, their methods of working and the help they provide.

6.4 Help Rejected

If the employee rejects an offer of assistance the manager should 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 at his place of work in the knowledge that the situation will constantly be under review. During interview the manager should establish what will be regarded as a satisfactory level of work performance and an acceptable pattern of behaviour in the future and should the employee fail to meet these requirements the normal recognised disciplinary procedures should be implemented. . In the case of repeated drunken episodes at work, where help has been offered and is either being rejected, or failing to have the desired effect, dismissal would an appropriate sanction.

6.5 Discipline

In cases where employees have repeatedly or seriously breached DRH rules, it may be appropriate for managers to implement the terms of DRH's Capability or Disciplinary Procedure, **distinct from, or in tandem with** the terms of this policy and procedure. For example, lunchtime drinking would constitute a breach of DRH rules. Even where there is no serious impairment of work performance, the application of the disciplinary procedure may be appropriate. Drunken episodes at work may warrant a final warning or dismissal. In the case of repeated drunken episodes at work, where help has been offered and is either being rejected, or failing to have any effect, dismissal would an appropriate sanction.

6.6 Help Accepted

Where the employee, in the course of the interview, accepts referral to Occupational Health for assessment, the manager should immediately telephone the Occupational Health Service to arrange an appointment. A letter of referral giving full details of the case must be sent in confidence to the Occupational Health Service to confirm the appointment.

6.7 Assessment and Treatment Available

As part of the Occupational Health Assessment process, a specialist alcohol/drug assessment will be undertaken to determine the appropriate components of a treatment programme. It is essential in the treatment programme undertaken, that there is adequate liaison between those providing the programme, Occupational Health, and where appropriate the individual's G.P., in order for Occupational Health to assess suitability for return to work.

6.8 Treatment Programme Accepted

When the employee accepts the programme offered every encouragement should be given including time off to participate in the programme. When the employee declares himself/herself fit to work, whether there has been a period of sick leave or not, he/she may do so.

At this stage the manager should interview the employee to convey management's expectations of work performance and/or behaviour in the future. The employee is offered help to avoid these consequences. Where there are doubts about the employee's ability to fulfil the whole range of duties, consultation should take place with the appropriate interests, e.g. Occupational Health Service, Personnel Service, Staff Organisations as necessary to enable the manager concerned to reach a reasonable decision.

If work problems continue, or recur at any time during the period of the treatment programme, the manager should arrange to interview the employee and determine what action should be taken.

6.9 Occupational Health Service unable to help

If, after assessment, the Occupational Health Service informs the manager that it is unable to help the employee (e.g. the OHS does not perceive a problem for which it can offer help, the employee denies the existence of a problem or rejects the need for a treatment programme), the manager will then assess what action should be taken and make a balanced decision in conjunction with the appropriate interests as detailed in the previous paragraph. Where any employee returns to work and work problems recur the manager may take appropriate action within the framework of the normal and recognised capability or disciplinary procedures.

6.10 Treatment Programme Discontinued

Where the Occupational Health Service informs the manager that the treatment programme has been prematurely discontinued, the manager should arrange to interview the employee and determine what action should be taken, in line with paragraph 6.2.

6.11 Alternative Working Arrangements During Treatment Programme

Should a return to post and/or continuation in post carry with it a risk of recurrence of the problem or a risk of jeopardising the health and safety of residents and staff, a suitable alternative working arrangement should be provided if available. In these circumstances, Occupational Health should be involved in the decision concerning suitability of alternative working arrangements. If no suitable alternative is available the employee will be placed on sick leave. In appropriate cases temporary or permanent re-location may be offered.

6.12 Return to Work

When the Occupational Health Service informs the manager that the employee has satisfactorily completed the treatment programme, the manager should arrange to interview the employee and convey management's expectations of work performance and/or behaviour in the future.

6.13 Relapses

Managers should be aware of the possibility of future relapses and treat each occurrence on its own merits. Persistent relapses may be addressed through the most appropriate policy: Capability; Disciplinary; or Ill- Health Retirement Policy.

7.0 WHERE TO GO FOR HELP:

MANAGER

OCCUPATIONAL HEALTH SERVICE

CADAS/Genesis

You can contact CADAS or Genesis by talking to one of the team by telephone, writing or calling in at the CADAS office in Dorchester. The office is open weekdays from 9 am-5pm and has a 24-hour answer phone.

CADAS is based at: 28 High West Street, Dorchester, Dorset, DT1 1UP 01305 265635
E-mail: CADAS@northdorset-pct.nhs.uk

Genesis is based at: 5 Belle Vue, Weymouth, Dorset, DT4 8DR 01305 779706

ALCOHOLICS ANONYMOUS

National Helpline Tel: 0845 76 97 555

NARCOTICS ANONYMOUS

National Helpline Tel: 020 7730 0009

CAB (Citizens Advice Bureau)

Tel: Weymouth 782798
Dorchester 262220
Bridport 456594

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ROLES OF THE INTERESTED PERSONS/SERVICES

A - ROLE OF THE MANAGER

1. To ensure that employees understand what is expected of them with regard to attendance, work performance, behaviour and safety.
2. To be familiar with the policy and procedures
3. To help inform the workforce of the policy
4. To advise staff of their rights and responsibilities under the policy.
5. To be alert to and monitor changes in work performance and attendance, sickness and accident patterns.
6. To help the employee at work and assist with rehabilitation.
7. To encourage employees to seek help voluntarily.
8. To use disciplinary measures only when appropriate to do so.
9. To identify any aspects of the work situation, which could be contributing to alcohol or drug misuse and change them if appropriate.
10. To intervene early where there are signs of problems.

B ROLE OF THE OCCUPATIONAL HEALTH SERVICE

1. To provide advice and guidance on how best to help an individual who has a problem with behaviour or work performance, which might be related to alcohol misuse.
2. To provide assessment of staff who refer themselves for help in liaison with specialists in the assessment and treatment of alcohol/drug misuse.
3. To respond to referrals from managers or the Personnel Department.
4. To provide an impartial, confidential service to staff which may include counselling assessment, or referral to another agency.
5. To assist in any education initiative and to join together with other agencies to promote "sensible drinking".

C ROLE OF THE TRADE UNIONS

1. To help inform the employees of the policy.
2. To encourage employees to seek help voluntarily.
3. To advise members of their rights and responsibilities under the policy.
4. To help the employee at work and assist with rehabilitation.

D ROLE OF THE EMPLOYEE

1. To adhere to the organizations rules on consumption of alcohol/drugs whist at work
2. To find out about alcohol and other drugs and their effect on work and health
3. To avoid covering up or colluding with colleagues and to promote a conducive atmosphere for rehabilitation.
4. To urge colleagues to seek assistance if they have a problem with their drinking.
5. To go for help if worried about their own drinking or drug-taking - from managers, or occupational health services or an outside agency.
6. To be familiar with the policy and procedures, and to use alcohol and other drugs responsibly.

APPENDIX 2
(policy on Alcohol and other Drugs at Work – DRH 2008)

CONSUMPTION & ELIMINATION OF ALCOHOL

The liver can metabolise only a certain amount of alcohol per hour, regardless of the amount that has been consumed. The rate of alcohol metabolism depends, in part, on the amount of metabolizing enzymes in the liver, which varies among individuals. In general, after the consumption of one standard drink, the amount of alcohol in the drinkers blood peaks within 30 – 40 minutes. (A standard drink is defined as 12 ounces of beer, 6 ounces of wine or 1.5 ounces of 80 proof distilled spirits – all of which contain the same amount of alcohol) Alcohol is metabolized more slowly than it is absorbed. Since the metabolism of alcohol is slow, consumption needs to be controlled to prevent accumulation in the body and intoxication.

FOOD

A number of factors influence the absorption process, including the presence of food and the type of food in the gastrointestinal tract when alcohol is consumed. The rate at which alcohol is absorbed depends on how quickly the stomach empties its contents into the intestine. The higher the dietary fat content, the more time this emptying will require and the longer the process of absorption will take. One study found that subjects who drank alcohol after a meal that included fat, protein, and carbohydrates absorbed the alcohol about three times more slowly than when they consumed alcohol on an empty stomach.

GENDER

Women absorb and metabolise alcohol differently from men. They have higher Blood Alcohol Concentration's (BAC) after consuming the same amount of alcohol as men and are more susceptible to alcoholic liver disease, heart muscle damage and brain damage. The difference in BAC's between women and men has been attributed to women's smaller amount of body water, likened to dropping the same amount of alcohol into a smaller pail of water. An additional factor contributing to the difference in BAC's may be that women have lower activity of the alcohol metabolizing enzyme ADH in the stomach, causing a larger proportion of the ingested alcohol to reach the blood. The combination of these factors may render women more vulnerable than men to alcohol induced liver and heart damage.

If the amount of ethanol consumed is not great, the oxidization of the alcohol can keep up with the rate that the ethanol is entering the bloodstream and the alcohol concentration will not increase. **(The ethanol disposal rate in a 150 pound human is about 0.5 ounce of ethanol per hour, which corresponds to 12 ounces of beer, 6 ounces of wine or 1.5 ounces of hard liquor.)** If, however, the alcohol intake is greater than the rate at which the user is able to metabolise it, the blood and breath alcohol concentration of that individual will increase

