

# HUMAN RESOURCES POLICY

## SUBSTANCE MISUSE

<b>Policy Number:</b>	HR31
<b>Version Number:</b>	4.0
<b>Issued Date:</b>	July 2019
<b>Review Date:</b>	July 2022

<b>Sponsoring Director:</b>	Michelle McGuigan
<b>Prepared By:</b>	Vicky Spoons
<b>Consultation Process:</b>	Partnership Forum
<b>Formally Approved:</b>	28 June 2019

<b>Policy Adopted From:</b>	BSA HR31 Substance Misuse Policy
<b>Approval Given By:</b>	n/a

### Document History

Version	Date	Significant Changes
1.0	April 2013	n/a
2.0	May 2015	n/a
3.0	March 2017	n/a
4.0	July 2019	Additional support contacts included

### Equality Impact Assessment

Date	Issues
22 March 2013	None
11 September 2019	Policy to be available in alternative formats.

### Policy Validity Statement

This policy is due for review on the latest date shown above. After this date, policy and process documents may become invalid. Policy users should ensure they are consulting the currently valid version of the documentation.

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## **1. POLICY STATEMENT**

- 1.1 The CCG is committed to promoting the general wellbeing of all its employees, and recognises that substance misuse cannot only affect their health but also attendance, work performance and relationships with colleagues.
- 1.2 Substance misuse is the term used within this policy to include the misuse of alcohol and the use of illicit drugs plus the use of performance enhancing drugs, legal highs, un-prescribed drugs, and the inappropriate use of prescribed drugs
- 1.3 All employees have a responsibility to attend work free from the current and the post effects of the substances described above.
- 1.4 This policy is designed to help and assist employees with such problems and to provide managers with guidance for managing the effects of substance misuse by employees. It aims to encourage members of staff to seek help and support, to be confident that help and support will be made available/offered and provided in an effective, sensitive and confidential way. The overall aim is to support staff during their employment in the CCG.
- 1.5 Occupational Health will be involved at all times and other relevant parties (for example GP's, Social Services, Alcoholics Anonymous etc.) where appropriate.
- 1.6 Useful contacts for support can be found in Appendix 1.

## **2. PRINCIPLES**

- 2.1 This policy applies to all employees of the CCG and includes any agency or contract staff engaged on the CCG business
- 2.2 The misuse of any substance in the context of this policy is defined as:  
  
'Behaviours resulting from the misuse of alcohol, drugs and other substances which harm or have the potential to harm the individual (either physically or mentally) and, through the individual's actions, other people and the environment.'
- 2.3 The misuse of any substance may result in the following effects:-
  - lateness and absenteeism;
  - loss of productivity and poor performance;
  - health and safety concerns;
  - unacceptable behaviour or poor conduct;
  - adverse effects on team morale and morale of colleagues;
  - adverse effects on the CCG's reputation and customer relations.

This list is not exhaustive.
- 2.4 All employees are individually responsible for taking all reasonable precautions to ensure their fitness for work.
- 2.5 No employee should report for duty or attend work related meetings under the influence of either alcohol or illicit drugs. Employees who are taking prescribed medication must inform their manager if they think it may have an adverse effect on their ability to carry out their duties.
- 2.6 The consumption, during working hours of alcohol or use of any substance, that may impede an employee's working capability, is prohibited.

- 2.7 No alcohol should be brought into or consumed on the CCG premises at any time.
- 2.8 Training and support will be provided to all Line Managers in the implementation and application of this policy

### **3. EQUALITY**

- 3.1 In applying this policy, the organisation will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

### **4. MONITORING & REVIEW**

- 4.1 The policy and procedure will be reviewed periodically by Human Resources in conjunction with operational managers and Trade Union representatives. Where review is necessary due to legislative change, this will happen immediately.

### **5. PROCEDURE AND INVESTIGATION**

- 5.1 Substance misuse can affect the performance of staff in several ways and it may not be appropriate to deal with every situation in the same way. There may be an immediate situation requiring resolution or an ongoing performance issue to be managed. For example: an incident may occur as a result of a member of staff being under the influence of alcohol, drugs or other substances; a pattern of regular absences may emerge or a complaint may be received about a member of staff which indicates there may be a sub-stance misuse problem; performance may gradually deteriorate over a period of time.
- 5.2 All employees must be fit to commence their duties and must remain so throughout their working day. If an employee is unfit or becomes unfit, in the managers' opinion, because of substance misuse, they will not be allowed to commence work or will be sent home to recover. On return to work they will be subject to a return to work interview which may, according to the circumstances, result in disciplinary action being instigated. (Please refer to the organisation's Disciplinary Procedure).
- 5.3 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 rendering the employee liable to dismissal. (Please refer to the organisation's Disciplinary Procedure). This will include endangering the health and safety of themselves, colleagues or other persons.
- 5.4 Misconduct will also include being found to be illegally in possession of, the supply of, or taking of a controlled or uncontrolled drug at work or outside of work if that has a bearing on their suitability to continue in post.
- 5.5 Employees who have a substance misuse problem, or who suspect they may have a problem, are encouraged to seek help either by discussing the matter confidentially with their immediate manager, or an external agency (see appendix 1), Occupational Health, Human Resources or their General Practitioner.
- 5.6 Staff can also make a confidential referral to Occupational Health for help and support. Clinical details and advice to staff are kept in the strictest confidence and Occupational Health only divulge details with written agreement from the member of staff, except in cases where there may be a serious risk to that person, patients, other staff or the public. Requests for assistance will be treated in strict confidence and will no way affect the employee's job

security, benefits etc. Information will only be released to third parties on a "need to know" basis.

- 5.7 Managers or colleagues who suspect an employee of having a substance misuse problem should discuss their suspicions with a Human Resources Adviser, before approaching the individual.
- 5.8 As with any problem affecting ability to work, initial action must be taken by the line manager. It is important to identify any ongoing problem at an early stage when help can be made available. It would not normally be necessary to suspend an employee pending investigation, unless there could be a risk to themselves, a patient or another member of staff. Suspension (if necessary) must be carried out in accordance with the organisation's Disciplinary Procedure.
- 5.9 Managers, following discussion with the employee, should refer cases of suspected or admitted substance misuse to Occupational Health. The written consent of the member of staff should normally be obtained, but if there is a serious concern and they refuse to give their consent, the management referral should proceed.
- 5.10 Dealing in or possession of illegal substances will be reported immediately to the police and will be managed under the organisation's Disciplinary Policy.
- 5.11 Managers are encouraged to recognise that staff may be adversely affected by the drinking, drug taking or substance misuse of others. Information about internal and external sources of advice and support is available from the Occupational Health, Staff Representatives or from the Human Resources Department.
- 5.12 If an alcohol or substance misuse problem is admitted, managers should advise the member of staff what support can be provided. Consideration may need to be given to re-allocation to other duties during and after rehabilitation, depending on the circumstances. If after help and support, the situation does not improve, the member of staff should be advised of the implications of continuing problems with their performance or behaviour or absence and should be given an indication of how the situation will be monitored and over what time scale.
- 5.13 Staff may deny having a drink or substance misuse problem. If this happens, the situation should be dealt with by making clear what improvement is required in their performance, behaviour or absence, within a stated timescale and how the situation will be monitored. The member of staff should also be advised who they can approach confidentially for help and advice. Please refer to the organisation's Managing Work Performance, Absence Management and Disciplinary policies.
- 5.14 Following an investigation interview, if there is no improvement within the timescales given, the relevant line manager must contact the Human Resources, who will provide further advice and support on how to proceed in accordance with the organisation's Disciplinary, Managing Work Performance and Absence Management policies.
- 5.15 Should any individual refuse help or discontinue a programme of treatment, this should not in itself be grounds for disciplinary action. However, unacceptable behaviour and standards of work, or actions endangering patients, members of the public or other staff will be dealt with through normal disciplinary procedures. Every case will be individually considered.
- 5.16 If a programme of rehabilitation is introduced then the employee can take sick leave whilst being helped and will therefore be entitled to the benefits that accrue.
- 5.17 If an employee is required to complete a rehabilitation period in line with the Absence Management Policy, then normal arrangements (as outlined in that Policy) will apply. Where a rehabilitation period is attached as a sanction to a formal warning (for example reduced hours) the employee will be responsible for complying with this condition.

- 5.18 All employees' terms and conditions will be maintained during any programme of treatment for alcohol or substance misuse.
- 5.19 The organisation will endeavour to offer help and assistance with any employee who has a substance misuse issue; however, it is also the responsibility of the employee to accept this help and assistance to improve their condition. If they choose not to accept this help and assistance and their condition continues to be cause for concern, disciplinary action may be considered.
- 5.20 Every effort will be made to ensure the employee returns to their job on completion of the rehabilitation programme. In cases where the employee is not considered fit to return to the same job or where doing so, may undermine recovery, efforts will be made to find suitable alternative employment. This may include, if necessary, a period of retraining.
- 5.21 If, after returning to employment during or following the rehabilitation programme there is a recurrence of the substance misuse issue, each individual case will be considered on its merits at that time. A further opportunity may be given to commence an additional rehabilitation programme if appropriate, however, disciplinary action may be considered if all avenues have been exhausted and no improvement has been made. This could include dismissal.
- 5.22 If, whilst under the influence of alcohol, drugs or other substances at work, a member of staff were to behave in a way which could be regarded as gross misconduct, for example carries out an assault, behaves indecently, causes malicious damage to property or threatens in any way the health or safety of a patient, a member of the public or another member of staff then, irrespective of whether support may also be appropriate for an underlying problem, disciplinary action will be taken which could result in dismissal.

## **Appendix 1- Useful Contacts:**

### National Helpline Numbers

#### **NHS Live Well**

On line tool with information on addiction and details of support available  
Website: <https://www.nhs.uk/Livewell/Addiction/Pages/addictionhome.aspx>

#### **NHS One You- Drinking**

Online Tool - Tips and Advice for cutting down on alcohol.  
Website <https://www.nhs.uk/oneyou/drinking#xvsQEm73mmdHsRS8.97>

#### **Alcoholics Anonymous**

Self-help fellowship of men and women offering support and advice to people with alcohol problems or concerns.

Tel: 0800 9177 650  
Email: [help@aamail.org](mailto:help@aamail.org)  
Website: [www.alcoholics-anonymous.org.uk](http://www.alcoholics-anonymous.org.uk)

#### **FRANK (National Drugs Helpline)**

Provides friendly, confidential advice on everything you might want to know about drugs (and some stuff you don't).

Tel: 0300 123 6600  
SMS: 82111  
Email: [frank@talktofrank.com](mailto:frank@talktofrank.com)  
Website: [www.talktofrank.com](http://www.talktofrank.com)

#### **Action on Addiction**

A national charity which offers high quality, effective residential rehab and community-based addiction treatment to individuals and families dealing with alcoholism, drug addiction and prescription drug addiction

Tel: 01747 832 070  
Email: [AOA@actiononaddiction.org.uk](mailto:AOA@actiononaddiction.org.uk)  
Website: [www.actiononaddiction.org.uk](http://www.actiononaddiction.org.uk)

#### **Samaritans**

A registered charity aimed at providing emotional support to anyone in emotional distress or struggling to cope (24 hours a day, 365 days per year)

Tel: 116 123  
Website: [www.samaritans.org](http://www.samaritans.org)

#### **Narcotics Anonymous**

Narcotics Anonymous is a non-profit fellowship or society of men and women for whom drugs had become a major problem.

Tel: 0300 999 1212  
Email: [meetings@ukna.org](mailto:meetings@ukna.org)  
Website: [www.ukna.org](http://www.ukna.org)

## Appendix 2 - Equality Impact Assessment

<p><b>What impact will the new policy/system/process have on the following:</b></p>
<p><b>Age - Consider and detail age related evidence. This can include safeguarding, consent and welfare issues</b></p> <p>Appropriate methods of communication of the Policy have also been carefully considered to ensure they reach all ages of the workforce. Email and the internet can be accessed by all users in the workplace.</p>
<p><b>Disability - Consider and detail disability related evidence. This can include attitudinal, physical and social barriers as well as mental health/ learning disabilities</b></p> <p>The disability status of the workforce across the region is largely unknown therefore relevant tools could be made available to staff that potentially do have a disability that the organisations are unaware of. The policy should be able to be communicated in alternative methods as required for those with a disability and/or visual impairment such as braille, large font, interpreters etc.</p>
<p><b>Gender reassignment (including transgender) - Consider and detail evidence on transgenderpeople. This can include issues such as privacy of data and harassment.</b></p> <p>The policy does not include content or vocabulary that could cause offense or discriminate against any staff members who have undergone or are undergoing gender reassignment or that identify as transgender.</p>
<p><b>Marriage and civil partnership - Consider and detail evidence on marriage and civil partnership. This can include working arrangements, part-time working, and caring responsibilities.</b></p> <p>The content of this policy does not include content or vocabulary that discriminates against staff that may be married or in a civil partnership.</p>
<p><b>Pregnancy and Maternity - Consider and detail evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities.</b></p> <p>The policy does not discriminate against staff that are currently pregnant or on maternity leave and can be accessed while on maternity leave or any other leave of absence via the organisation's website.</p>
<p><b>Race - Consider and detail race related evidence. This can include information on difference ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers.</b></p> <p>The policy does not include vocabulary or content that discriminates against staff on the grounds of race.</p>
<p><b>Religion or belief - Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.</b></p> <p>The policy does not discriminate against staff that hold any particular religion or belief.</p>
<p><b>Sex/Gender - Consider and detail evidence on men and women. This could include access to services and employment.</b></p> <p>The Policy does not discriminate between staff that are men or women.</p>



<p><b>Sexual orientation - Consider and detail evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers.</b></p> <p>The content of this policy and vocabulary used does not discriminate against staff based on their sexual orientation.</p>
<p><b>Carers - Consider and detail evidence on part-time working, shift-patterns, and general caring responsibilities.</b></p> <p>The content of this policy and vocabulary used does not discriminate against staff who have carer responsibilities.</p>
<p><b>Other Identified Groups and Health Inequalities - Consider and detail evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include different socio-economic groups, geographical area inequality, income, resident status (migrants, asylum seekers). What is the potential impact of your work on health inequalities?</b></p> <p>Other groups have been considered however as the policy is for staff there are no additional impacts on health inequalities.</p>

#### Action Plan

Ref no.	Potential Challenge/ Negative Impact	Protected Group Impacted (Age, Race)	Action(s) required	Expected Outcome	Owner	Timescale/ Completion date
1	Staff unable to access policy due to particular characteristic	Age, disability	Have a process in place for alternative formats provided if required. As part of reasonable adjustments on appointment or during employment any policy should be adapted by the CCG	All staff can access and use the policy. NECS HR or Equality Team can be contacted for any requests.	Jenna McGuinness, HR Manager	On receipt of individual request