



TRAFFORD COUNCIL

ALCOHOL AND DRUGS POLICY

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TRAFFORD COUNCIL – ALCOHOL AND DRUGS POLICY

1. Introduction

- 1.1 The misuse and abuse of alcohol and drugs has a major impact on health and the overall effects of this in terms of personal, social and economic costs are large.
- 1.2 Alcohol and drug abuse can affect work performance and behaviour in a negative way. It can cause a particular risk in jobs where safety is very important and also jobs where there is contact with service users, especially those that are vulnerable. The Council has a responsibility to employees, service users and the public, to make sure that this risk is reduced as far as possible. Also the effects of alcohol and drug abuse are likely to harm the organisation's reputation, image and its ability to deliver high-quality services.
- 1.3 Anyone can develop a problem with alcohol or drugs and it is important that we have appropriate strategies and arrangements to help and support employees wherever possible.

2. Purpose

- 2.1 The overall purpose of this policy is to provide guidelines which help managers to deal with employees whose performance and/or behaviour is being affected by the abuse or misuse of alcohol or drugs.
- 2.2 The policy aims to:
 - Ensure the health, safety and wellbeing of employees and the public.
 - Detail the support available to employees with alcohol and drug problems.
 - Prevent and reduce the number of alcohol and drug related problems by promoting healthy practices which includes a sensible attitude towards substances.
 - Encourage a supportive culture to help employees to feel able to talk about alcohol and drugs problems and to take responsibility to deal with the issues, but also ensuring appropriate standards of attendance, conduct and performance are maintained.
 - Set clear rules about the use of alcohol and drugs in relation to the workplace.

3. Scope

- 3.1 This policy covers all employees of Trafford Council with the exception of Teaching and Support Staff employed by Schools.

- 3.2 Agency staff and contractors must also comply with this policy with any conduct or capability issues being dealt with under their own organisation's policies, unless their contract specifies otherwise.
- 3.3 Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and drugs. This can lead to dependence syndrome - a cluster of behavioural, cognitive and psychological phenomena that develop after repeated substance use that typically include a strong desire to take the substance, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to the substance use than other activities and obligations, increased tolerance and sometimes a physical withdrawal state.
- 3.4 Substance abuse can have a negative effect on an individual's health and welfare, social interactions, conduct and work performance.
- 3.5 The term 'drugs' include:
- Any illegal drugs (Class A, B and C).
 - Any prescription drugs (whether prescribed for self or others) which have been knowingly misused.
 - Any over the counter remedies which have been knowingly misused (for example taking a larger dose, or more frequent doses than recommended).
 - Any new psychoactive substances (NPS) formerly known as 'legal highs' – these can be any substance which has had or is intended to have a psychoactive effect on the user.
 - Any volatile substances or solvents, including lighter gas refills, aerosols, glues, paint thinners, and correcting fluids.

4. Alcohol and drugs in relation to the workplace

- 4.1 Employees must start work in a fit state and unaffected by alcohol or drugs and maintain this state during working hours. They must also be unaffected by alcohol or drugs if they have to be available to attend work, i.e. undertaking on-call duties.
- 4.2 Employees are not allowed to consume alcohol or drugs in the workplace during normal working hours. Exceptionally, alcohol may be permitted as part of an approved workplace event. These events should be held outside of normal working hours and must be approved by the Chief Executive or an appropriate service area Director.
- 4.3 Employees should be aware that alcohol stays in the bloodstream for approximately one hour per unit, however this depends on many factors. Different types of drugs will affect individuals differently and will have varying durations of effect. Many people aren't aware how long chemicals remain in their bloodstream and can underestimate the effects. Staff need to be aware of this and they must ensure that they are not affected by substances when they commence work.

- 4.4 Many over-the-counter medicines and prescription drugs can have side effects which can affect an individual's performance and ability to carry out their work in a safe manner. Employees are responsible for checking with their GP or pharmacist whether the medication they are taking could cause any such impairment and to tell their manager if there is an issue. Staff should be particularly careful when starting on new medication or increasing doses.
- 4.5 If employees go to work in an unfit state, or appear to be in an unfit state at any point during their working day/night, they may be asked to go home. Their manager will think about whether they should be accompanied if they are worried that they are not capable of getting home safely on their own. Managers will take appropriate action once the employee returns to work, which may include disciplinary action.
- 4.6 Managers must think about the best way to supervise employees who work from home, or who undertake other types of remote working. Managers should also be aware of the possibility that these types of agile working options could be used to hide issues, i.e. an employee with an alcohol or drug problems might try to avoid being seen or heard by colleagues if they are under the influence of a substance.
- 4.7 The use, possession, buying or selling of illegal drugs on Council premises, in Council vehicles or during working hours is strictly prohibited, will be considered to be gross misconduct and will be reported to the police for investigation.
- 4.8 The Council's approach to dealing with alcohol or drugs related issues will normally be based on whether the employee has a dependency, i.e. an underlying health issue or whether the issue is related to recreational use (see section 7).

5. Identifying alcohol or drug misuse/abuse

- 5.1 Alcohol and drug dependency are primarily health problems and those affected need specialist help. The Council will seek to support employees as far as is possible, firstly with a referral to Occupational Health and with treatment where appropriate. The amount of continued support may depend upon how co-operative the individual is in trying to deal with the problem, so that they can do their job to a satisfactory level.
- 5.2 Because of the nature of the problem and the stigma attached, individuals often deny, even to themselves, that they have an alcohol or drugs problem, and conceal it until their dependence is so bad they can no longer hide it. The earlier treatment begins the better, so early identification is important. This might mean an individual themselves asking for support, or a friend or family member encouraging them to ask for support. Alternatively an employee may seek support from their manager.

- 5.3 Employees should never attempt to cover up for a colleague who has alcohol or drug problems. It does not help the individual concerned and it could cause harm to other employees or the public.
- 5.4 Signs of substance abuse or misuse are not always obvious and they can be the same as symptoms or signs of other illnesses or issues that might be affecting an individual. Signs of drug and alcohol misuse/abuse that managers may look out for may include:
- Sudden mood changes, including irritability, tiredness, excitability, aggression.
 - A tendency to become confused with possible hallucinations.
 - Abnormal changes in concentration and energy.
 - Decline in work performance and productivity.
 - Excessive tiredness.
 - Frequent lateness and poor time-keeping.
 - Increase in short term absences (particularly Mondays and Fridays).
 - Frequently working from home at short-notice.
 - Obvious smell of drink during working hours or over a period of time.
 - Deterioration in relationships with colleagues, management, customers or personal relationships at home.
 - Signs of intoxication, e.g. slurred speech, unsteady, bleary eyes, flushed face, hand tremors.
 - Poor personal hygiene.
 - Accident prone.

6. Self help

- 6.1 In some cases an employee does admit to themselves that they have a problem and they may be able to manage it entirely themselves, or they may get support to do so. They can contact the Council's confidential counselling service and there are lots of external agencies that can help – see section 9 for information. Although the Council encourages staff to speak to their manager about such issues, the manager may never become aware of the problem unless the employee isn't able to function at an appropriate level and their performance or behaviour changes for the worse.
- 6.2 Employees who are managing a drugs or alcohol problem themselves, should always ensure that they don't put themselves, colleagues or the public at risk and if they work in an unfit state they must report this to their manager or another appropriate person.

7. Procedure where an alcohol or drug related problem is suspected

- 7.1 This policy sets guidelines, but cannot cover all the possible scenarios, so if a manager is uncertain as to the best approach to take they should contact the HR Business Partnering team for advice.

- 7.2 To enable the Council to help an employee with a substance abuse or misuse problem, they will be expected to give permission for the Council to have access to relevant medical information from their GP.
- 7.3 When a manager suspects that an employee might be misusing or abusing alcohol or drugs they should meet with them to discuss the issue, instead where appropriate, there may be a more suitable person who could meet with them. The discussion should focus on the employee's concerning conduct and/or behaviour, detailing what has been observed and heard, with questioning about what might be causing the issues, such as a possible health condition. The aim should be to try to get the employee to open up about any issues that they have, rather than the manager making accusations, which are likely to be based on some assumptions which may not be correct.
- 7.4 The suspicion of a drug or alcohol issue may also come about through a work-related incident or issues arising.
- 7.5 Whether the employee admits that they have a problem related to alcohol or drugs or not, a referral to Occupational Health should be considered where appropriate, for support and advice.
- 7.6 Evidence of alcohol or drug misuse/abuse /employee co-operative
- 7.6.1 Where an employee admits to having a problem related to alcohol or drugs and this is confirmed by Occupational Health, or Occupational Health have reported this, arrangements will be made for an appropriate treatment/recovery programme. This may take various formats, which could include regular short absences, or an extended absence, amongst others.
- 7.6.2 Where an employee isn't fit to attend work as they are having treatment, they should give their manager a self-certification form or a fit note and be recorded as taking sickness absence. Where an employee is well enough to be in work and is attending treatment sessions, which are during work time, consideration should be given as to the most appropriate way of recording this which might include: medical appointments; leave; flexi; TOIL. There should be regular contact between the employee and their manager to make sure they are making progress and are well enough to be in work.
- 7.6.3 Where an employee completes a programme of treatment, Occupational Health will assess how successful it has been and will advise on whether the employee is able to continue with their duties. In some cases permanent redeployment will be considered in which case the Redeployment Policy would be followed. For example through treatment it may be discovered that the pressure of the employee's job has contributed to their alcohol or drug abuse/misuse and working in a lower band or different type of job would mean they are less likely to relapse.
- 7.6.4 After completing a programme of treatment, if an employee has a relapse, with advice from Occupational Health, the Council will decide whether further

treatment is appropriate or whether the employee may face action under the most appropriate policy.

7.7 No evidence of alcohol or drug misuse/abuse or non-co-operation

7.7.1 In the following scenarios, the manager will make a decision about how to deal with the employee's circumstances using the most appropriate procedure.

- If Occupational Health find that: there is no evidence of alcohol or drug misuse or abuse.
- If the employee isn't referred to Occupational Health.
- If the employee doesn't co-operate (they deny there is a problem, they refuse treatment, they don't follow and stay on the treatment programme).

7.7.2 The policies to be considered are: Attendance Management; Capability, or; Disciplinary. Please discuss with HR before any formal process is started.

7.8 Fitness to undertake duties

7.8.1 Whilst every effort will be made to keep the employee in their existing job, if at any point during the process, there is doubt about whether they are fit and safe to undertake their duties, the manager should undertake a risk assessment. This is essential as the Council has a duty of care for all concerned. They should then decide on the best course of action until they have medical advice, which could include the following options: ask them to stop undertaking work, let them work from home, re-allocate some/all duties or temporarily redeploy them. This is particularly important in roles where health and safety are critical, or there is a particular risk to service users or the public. Whilst an employee is receiving treatment they may be on medication that can affect their ability to do their job or some aspects of it. With Occupational Health advice all options should be looked at to keep them in work wherever possible including those already mentioned. In these circumstances, if the manager is in any doubt they should contact HR for advice.

7.8.2 Similarly once there is a better understanding of the full circumstances and after a risk assessment has been done, the employee can return to work, or to their normal duties or permanent redeployment may be an option.

8. Confidentiality

8.1 All meetings held with the employee must be held in private.

8.2 The records of any employee who has had a drug or alcohol misuse problem will remain confidential and be held in accordance with the General Data Protection Regulations.

- 8.3 Information regarding individual cases will not be divulged to third parties unless either permission is given by the employee to do so or where the safety of the employee or others may be compromised by not doing so or if disclosure is required by law.
- 8.4 When an employee is referred to a specialist agency via Occupational Health, they will be asked to sign to agree that Occupational Health can access their records so that they can obtain feedback on attendance and progress. If an employee is already accessing specialist services they can choose whether to disclose this to their manager and Occupational Health.

9. Further support

- 9.1 Achieve Trafford offers support to anyone living in Trafford experiencing problems with drugs and alcohol.

- 9.2 If you are 21 or over please contact:

Achieve Trafford Clinical Treatment Service

454 Chester Road
Old Trafford
M16 9HD

Tel: 0161 358 0991

- 9.3 If you are under 21; please contact:

Achieve Trafford Psychosocial Interventions Service and Young Persons

Bridgewater House
Bridgewater Street
Sale
M33 7EQ

Tel: 0161 905 8570

- 9.4 If you don't live within Trafford, your local authority or local NHS provider should be able to sign-post you to relevant support.