

## **Drug and Alcohol Misuse Policy**

### **Policy application**

- 1.1 This policy applies to all Council employees up to and including members.
- 1.2 Drug misuse refers to the use of illegal drugs and the misuse, whether deliberate or unintentional, of prescribed drugs and substances such as solvents.
- 1.3 This policy aims to provide a balance between supporting employees with dependency issues and providing a safe and healthy environment for all staff and service users.

### **Principles**

- 2.1 The use and misuse of alcohol, drugs and substances can adversely affect the attendance, performance and health and safety of employees. It may also affect the health and safety of the public where employees carry out certain duties and anyone else such as contractors and visitors who could be affected by the Council's activities.
- 2.2 It is essential that all employees are physically and mentally capable of undertaking their duties whilst at work. This is important in terms of their relationships with colleagues, service users and anyone else who could be affected by what they do.
- 2.3 Employees must not misuse drugs or consume alcohol while at work. The consumption of alcohol at civic events is covered separately in the Elected Members Policy.
- 2.4 Employees have a responsibility to ensure that the effects of any alcohol or substances they may have taken before they attend work have worn off. This includes periods when an employee is 'on-call' or 'on standby'.
- 2.5 Employees who are experiencing difficulty with the use of drugs or alcohol should inform their line manager and will be offered access to appropriate professional support and treatment. Employees will not be penalised for disclosing any difficulties they may be experiencing whilst they undertake treatment for those issues. There may inevitably be a point where action is taken under either the absence or disciplinary policy but this will always be as a last resort. The intention is to support employees as long as is practical for them to achieve recovery.
- 2.6 Employees have a duty to inform their line manager if they are taking any medication which interferes with the safe performance of their role. Employees should ensure they read the patient information leaflet supplied

with all prescribed medications to ensure they are aware of any potential side effects which may impact on their role.

- 2.7 Testing for alcohol and/or drugs may be carried out immediately following an accident, near miss, evidenced complaints or allegations where behaviour indicates this may have been as a direct result of consumption of alcohol or misuse of drugs.
- 2.8 Testing for drugs and/or alcohol will be carried out by an approved referral agency commissioned through the county council. Employees must sign a consent form/agreement to share test results and ongoing information with the council where a treatment programme is agreed but this will be limited to the time period of treatment and recovery and agreed between the employee and manager. Where an employee refuses to undertake testing, or sign a consent form to share information, the council's disciplinary procedures will be followed.
- 2.9 The use of any illegal drugs or any prescription medication that has not been prescribed for the user is prohibited. It is a criminal offence to be in possession of, produce, use or distribute an illicit substance. If such incidents take place on council premises, in council vehicles or at a council function, they will be regarded as serious, will be investigated by the council and may lead to disciplinary action leading to dismissal and will be reported to the Police.
- 2.10 An employee who drives on council business who loses their licence due to a conviction for driving whilst over the legal alcohol limit or for being under the influence of non-prescription drugs, outside of work, will have their individual circumstances assessed and a decision taken according to the requirements of their job. Where the employee's contract stipulates the need to maintain a driving licence as a fundamental part of their job, termination of employment may be considered if an individual has been banned from driving.
- 2.11 Driving any council vehicle or a personal vehicle on council business whilst under the influence of alcohol or drugs would be considered a disciplinary offence and potentially considered gross misconduct leading to dismissal.
- 2.12 It is the responsibility of all levels of management to implement this policy and adhere to relevant procedures.
- 2.13 Records will be kept confidentially following Data Protection Act requirements.

### **Aims and Objectives**

- 3.1 The aims and objectives of these arrangements are to:

- Encourage and support self-referral or intervention at an early stage of dependency, ensuring this is undertaken confidentially between the individual's manager, HR and any other party that needs to be involved.
- Meet the legal obligation of the duty of care for employees, customers and others who may be affected
- Promote and understanding that being affected by alcohol, drugs or other substances whilst at work is unacceptable and puts at risk the employee, their colleagues and members of the public and could damage the reputation and credibility of the council.

### **Procedure for testing and support**

4.1 Employees will only be referred for testing where there is serious cause for concern and this is anticipated to be in the minority of occasions. The investigation and decision sheet at Appendix 2 must be completed by the manager and HR in all cases where testing is being considered.

Causes for concern are as follows:

- an accident or near miss
- Changes in behaviour that may indicate alcohol or drug misuse. (See Appendix 1 for information.)
- An investigation following a complaint or allegation of drug or alcohol use. Where an allegation is made anonymously, to protect the employee concerned, action will only be taken after a thorough investigation.

4.2 Where a line manager observes unusual behaviour or unacceptable performance that they suspect is related to misuse of alcohol or drugs, they should make a record of it and must speak to the employee confidentially. The line manager must explain what behaviour or performance they have observed and ask if there is any explanation for it. The meeting must be recorded.

4.3 Where there is a valid explanation for the behaviour the employee should be signposted to their own doctor for support if needed. If the employee does not wish to consult their own doctor, the manager should consider whether a referral to Occupational Health Services would be appropriate.

4.4 Where behaviour or performance issues continue and there is no underlying health issue managers should follow either the Managing Individual Performance Policy or the Managing Individual Capability Policy.

4.5 Employees who admit to a drug or alcohol problem should be sent to the referral agency for help and support. If the employee is currently under the

influence of alcohol and or drugs, for safety, they should be taken to the referral agency.

- 4.6 Employees who have no reasonable explanation for their behaviour should be informed that they may be required to have an alcohol and/or drug test. A consent form should be signed and the employee taken to the referral agency.
- 4.7 Employees who test positive will be offered help and support through the centre, supported by the council's OH provision where appropriate. Employees who test negative should return to work, unless their behaviour is such that they are believed to be a health and safety risk to themselves or others, and they will be also be offered support where appropriate through the councils OH provision, as it may be that the unusual behaviour is a result of another medical condition.
- 4.8 Employees who are observed apparently using drugs or drinking alcohol at work may be suspended while an investigation takes place. As part of the investigation arrangements will be made for the employee to be referred to the referral agency for testing. Disciplinary action will be taken in the event of a positive test and where illegal drug use is confirmed the police will be informed.
- 4.9 If the employee consents to testing and undertakes a treatment programme this will be taken into account during the disciplinary process.
- 4.10 Employees who refuse to undertake an alcohol and/or drug test as detailed at 4.6 or 4.8 will be subject to disciplinary action.

## **Treatment**

- 5.1 Employees undergoing a programme of treatment will be expected to fully engage with the process.
- 5.2 Appointments for treatment should be taken outside of work hours wherever possible.
- 5.3 Depending on what substance is being (mis)used it may not be possible for the employee to attend work while undertaking treatment. Employees who are not fit to attend work will be subject to the normal sickness absence rules. However, participation on a treatment programme will be taken into account as part of the absence management review process if absence triggers are hit.
- 5.4 Where an employee is not able to continue in their own role for safety reasons alternative employment will be considered where possible. Each situation will be assessed individually and the appropriate action taken in discussion with HR.

- 5.5 Employees who undertake a treatment programme but then cease to engage, or stop treatment before completion, will be subject to disciplinary action.
- 5.6 Employees who complete a treatment programme will be tested for compliance. Relapses will be treated sympathetically but the disciplinary process will be implemented with further support including a treatment programme.
- 5.7 Monthly meetings will be held between the line manager and the employee during treatment to discuss progress.
- 5.8 Case review meetings comprising the referral centre, line manager, and HR will be held on a three monthly basis. Occupational Health may also attend where required.
- 5.9 Where the employee is on alternative duties the case review will consider whether they are able to return to normal duties. Where this is not an option alternative action may be considered under the Council's procedures including the Capability Policy.

### **Support and guidance**

- 6.0 Human Resources are available to provide support and guidance to managers and employees and it is advisable to seek advice at an early stage. Information given will be treated in strictest confidence unless criminal acts have taken place or that health and safety has been compromised. If it is decided that such information cannot remain in confidence then the person who disclosed the information will be advised this is the case.
- 6.1 A full description of the process including guidance, supportive information and documentation is on the intranet under Human Resources: [\(link\)](#) and organisations that provide advice and guidance are detailed at appendix 2.

### **Roles and responsibilities**

- 7.0 It is the responsibility of the Chief Executive, the Senior Leadership Team, Corporate Management Team and all managers to ensure that:
- They read this policy and ensure they understand the procedures to deal with drug and alcohol misuse issues, and act reasonably and fairly in all situations.
  - They are aware of their responsibility to discourage alcohol, drug and substance misuse as unacceptable conduct
  - They fully understand the support mechanisms in place to help employees resolve problems at the earliest opportunity and provide a supportive environment for employees to discuss these issues

- They understand the procedure for testing and handle these issues with sensitivity, taking advice from HR, OH and any other relevant party.
- They recognise that admission of a drink, drug or substance dependency may be difficult for an individual to make and such a disclosure should be treated in the strictest confidence. However, if a manager has evidence that the law has been broken at work or that serious harm may result to the individual or another person or the reputation or credibility of the council, advice on action to be taken should be taken immediately from HR and the Corporate Health & Safety Unit.

7.1 Any employee who suspects that a colleague is working in a manner that could harm themselves or others due to the influence of alcohol, drugs or others must inform their senior manager at the earliest opportunity. Any disclosure will be a protected disclosure under the Whistleblowing Policy and Procedure and employees should refer to this policy for advice on who to contact. This is a sensitive issue but concealment may not be in the best interest of either the individual or the council and could lead to legal action being taken against the council.

## **Signs of drug misuse**

### **Physical Signs of Possible Substance Abuse and Misuse**

One or more of these signs may be an indicator of possible substance abuse and misuse, but managers must guard against making assumptions and consider the alternative potential causes of these signs.

They are also indicators to other medical conditions.

- Slurred or rambling, stumbling, incoherent speech
- Drowsiness or inability to stay awake
- Poor co-ordination, staggering, disorientation
- Unsure standing, turning, moving
- Irrational or inappropriate behaviour (belligerence, violence, etc)
- Nausea
- Inflamed, glassy or droopy eyes, dilated/constricted pupils
- Hallucinations
- Mood swings, unpredictability (hyperactivity, depression, euphoria)
- Frequent sniffing or touching of the nose
- Personality changes
- Heightened reflexes
- Exaggerated confidence or glibness
- Forgetfulness
- Lack of attention
- Agitation, restlessness, anxiety and paranoia
- Runny or bleeding nose
- Aroma of alcohol or drugs
- Limited attention span, difficulty concentrating
- Hand tremors
- Violent tendencies, loss of temper or irritability
- Time distortion
- Mental confusion, bizarre thoughts, ideas or statements
- Poor personal hygiene

### **Changes in Job Performance Patterns Indicating Possible Substance Abuse and Misuse**

One or more of these patterns may be an indicator of possible substance abuse and misuse. They are also indicators to other medical conditions.

- Extended absences from the job
- High accident rate
- Inability to work with others, friction in relationships
- Chronic, excessive absenteeism pattern

- Poor performance on the job (e.g. error, wasted materials) not previously seen
- Failure to complete jobs/tasks etc. in a timely manner, or within timescales previously achieved
- Difficulty concentrating
- Confusion, inability to handle jobs of increasing complexity
- Spasmodic work patterns
- Irrational personal behaviour on the job (overreaction, unusual personality change, decline in personal hygiene, etc.)
- Four or more incidents of absences (sickness, tardiness, or being AWOL) in the preceding twelve months
- Suspicious absence pattern such as: Immediately preceding or following days off or coincident with weekends or always on the same shift
- Swings in activity level – hyperactivity to sluggishness
- Inability to perform two tasks at the same time (divided attention), such as handling a discussion while physically performing a task
- Sporadic or poor workmanship or job performance
- Change in attitude – moody, resentful of criticism, always casting blame on others, sudden inability to work with others
- Chronic forgetfulness or broken promises

#### **Contributing Evidence:**

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

#### **Signs of Intoxication, by Specific Drug:**

Marijuana: Glassy, red eyes; loud talking and inappropriate laughter followed by sleepiness; a sweet burnt scent; loss of interest, motivation; weight gain or loss.

Alcohol: Clumsiness; difficulty walking; slurred speech; sleepiness; poor judgment; dilated pupils.

Cocaine, Crack, Meth, and Other Stimulants: Hyperactivity; euphoria; irritability; anxiety; excessive talking followed by depression or excessive sleeping at odd times; go long periods of time without eating or sleeping; dilated pupils; weight loss; dry mouth and nose.

Heroin: Needle marks; sleeping at unusual times; sweating; vomiting; coughing and sniffing; twitching; loss of appetite; contracted pupils; no response of pupils to light.



Depressants: (including barbiturates and tranquilizers) Seems drunk as if from alcohol but without the associated odor of alcohol; difficulty concentrating; clumsiness; poor judgment; slurred speech; sleepiness; and contracted pupils.

Inhalants: (Glues, aerosols, and vapors) Watery eyes; impaired vision, memory and thought; secretions from the nose or rashes around the nose and mouth; headaches and nausea; appearance of intoxication; drowsiness; poor muscle control; anxiety; irritability

Hallucinogens: Dilated pupils; bizarre and irrational behavior including paranoia, aggression, hallucinations; mood swings; detachment from people; absorption with self or other objects, slurred speech, confusion.

<b>Referral for Testing - Investigation and Decision Sheet</b>	
<p><b>What is the nature of the cause for concern?</b></p> <ul style="list-style-type: none"> <li>• <i>Accident or near miss? (give full details e.g. where, when, action taken (Police/Ambulance/TU informed/H &amp; S informed)</i></li> <li>• <i>Changes in behaviour that may indicate alcohol or drug misuse (Specify exactly what these are, when signs first noticed and what gives rise to the suspicion that drugs or alcohol are involved?)</i></li> <li>• <i>Evidenced complaint or allegation (what evidence has been provided and what level of investigation has been undertaken?)</i></li> </ul>	
<p><b>Has the employee been offered immediate union or colleague representation?</b></p>	
<p><b>Has the employee admitted they have a problem with drugs or alcohol? (If yes then no need to refer for testing but should be referred to agency for support (see para 4.5))</b></p>	
<p><b>Have all the appropriate H &amp;S and legal compliance issues been covered during the investigation?</b></p>	
<p><b>Has employee signed consent form for testing? (If not have the consequences of not signing been explained to the individual and are they able to fully comprehend the consequences?)</b></p>	
<p><b>Signed:- Investigating Manager</b></p>	
<p><b>Signed:- HR Officer/Manager</b></p>	



## Appendix 2

- NORTH DERBYSHIRE ALCOHOL ADVICE SERVICE – 01246 206514.  
73 West Bars, Chesterfield, S40 1BA. [nderbysalcoholadvice@ukonline.co.uk](mailto:nderbysalcoholadvice@ukonline.co.uk)
- ALCOHOLICS ANONYMOUS (0845 7697555) Telephone the local branch and ask for times of meetings etc,
- ALCOHOL PROBLEMS ADVISORY SERVICE (APAS) Tel. 0845 7626316 for free confidential advice, counselling and information for anyone with an alcohol related problem.
- ALCOHOL CONCERN - National Agency for alcohol misuse in England and Wales and provides advice and information on Drinkline 0800 917 8282
- NORTH DERBYSHIRE COMMUNITY DRUG TEAM – 01246 277388  
73, West Bars, Chesterfield, S40 1BA.
- OPEN DOORS – TEL.0115 9243506. - .agency for people up to the age of 25 using drugs solvents or alcohol.
- NARCOTICS ANONYMOUS Tel.0115 9691850
- TRANX RELEASE HELPLINE- Tranquilliser contact No. tel. 0115 969 1850
- NATIONAL DRUGS HELPLINE – Provides advice, information, counselling and referral to appropriate services for anyone concerned about their own or someone else's illegal drug use tel. 0800 776600
- DRUGSCOPE - The UK's leading independent centre of expertise on drugs. It aims to inform policy development and reduce drug-related risk.  
Tel: 020 7940 7500 [www.drugscope.org.uk](http://www.drugscope.org.uk)