

Corporate Health and Safety

Alcohol and Substance Misuse Policy and Guidance

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Alcohol and Substance Misuse Policy and Guidance

1. Policy Statement

The Council recognises that, as an employer, it has statutory duties under the Health and Safety at Work act 1974, to take reasonable care of the health safety and welfare at work of all its employees.

These duties extend to the adverse effects that misuse of drugs and alcohol can have on its employee's health, safety and welfare. It is also concerned about the effects of substance misuse as a cause of poor performance, absenteeism, and therefore increased cost. In addition, it believes that employees who are obviously under the influence of drink or drugs, by their behaviour, create a poor image of the Council to its customers. The misuse of some drugs is illegal, may be dangerous and must be discouraged.

The Council has strict rules relating to drinking alcohol and taking drugs whilst at work. These rules are set out in section 6 of this policy. Any breach of these rules will result in disciplinary action.

However, the Council also recognises that persistent drug and alcohol misuse is primarily a health matter needing help and treatment and that the Council has a role in supporting the recovery of employees.

The Council is therefore committed to promoting sensible drinking and deterring the misuse of drugs through education and training and the development of best practice.

<u>2. Scope</u>

This policy applies to all employees except those employees working in schools.

3. Legal Requirements

The legal requirements relating to drugs and alcohol include: -

- The Health and Safety at Work Act 1974
- The Management of Health and Safety at Work Regulations 1999
- Transport and Works Act 1992
- Misuse of Drugs Act 1971.
- Road Traffic Act 1988 and 1991
- Smoke-free (Premises and Enforcement) Regulations 2006

4. Definitions

Substance misuse includes alcohol, drugs of abuse, solvents, prescription or over-the-counter medication consumed for mood-altering purposes. Such

substances, when taken into the body, adversely affect an employee's work performance, conduct, attendance or normal social behaviour at work.

Substance Misuse - The over-indulgence or dependence on an addictive substance such as alcohol and/or a drug of addiction.

Drug of misuse – a drug used inappropriately and/or illegally and is usually an illegal substance.

Controlled drug – a drug that's use is controlled under the Misuse of Drugs Act 1971.

Prescription medication - a drug that is available only with written instructions from a doctor or dentist to a pharmacist.

Over the counter medication - a drug that may be purchased directly from a pharmacist without a doctor's prescription.

Alcohol - any intoxicating liquor

Solvents – a dissolving agent in the form of a gas, solid or liquid.

An addiction - is a chronic neurobiological disorder (brain disease) that has many dimensions and is characterised by one of the following: the continued use of a substance despite its detrimental effects, impaired control over the use of a drug (compulsive behaviour), and preoccupation with a drug's use for non-therapeutic purposes (i.e. craving the drug). In an addiction the physical dependence may be overcome but there is usually a psychological dependence that remains.

A dependency - is where the body has adapted to the amount of the drug in question being taken and can be identified by withdrawal symptoms if the drug is abruptly stopped or decreased. The body needs it to maintain a state of well-being.

Smoking – Smoking is considered a 'drug of addiction' and as such there are legal restrictions on smoking which should be considered in conjunction with this guidance document.

5. Responsibilities

5.1 Directors/Service Heads

Directors/Service Heads have overall responsibility for informing employees of this policy and its implementation.

5.2 Health and Safety

• Developing and reviewing the Council's Alcohol and Drugs Policy and Arrangements

5.3 Human Resources (HR)

- Provide advice and assistance on the implementation of this policy.
- Advise and support managers on actions to be taken in the event of breaching this policy, including advice on the relationship between this policy and other policies eg disciplinary, managing unsatisfactory performance, managing absence/medical capability.
- Maintain confidentiality of individuals who have a substance misuse problem.

5.4 Managers

- Ensure that this policy is available to all employees and that they are aware of its contents.
- Be aware of any aspects of the work situation, which could contribute to substance misuse and take action to change them.
- Identify employees who may have changes in their behaviour and work performance as a result of substance misuse.
- Manage employees who report substance misuse in a supportive way and refer them to Occupational Health for further assistance.
- Advise employees of the Council's Employee Assistance Programme providing confidential information, advice and counselling service.
- Seek advice from HR and take appropriate action for breaches of this policy.
- Maintain confidentiality of individuals who have a substance misuse problem.
- Where appropriate use the Councils managing absence, medical capability review, managing unsatisfactory performance and disciplinary policies and procedures.
- Consider alcohol and substance misuse as a contributory factor when undertaking incident investigations.

5.5 Occupational Health

- Provide medical advice and assistance to managers on how best to support employees with a substance misuse problem.
- Undertake medical examinations when appropriate, when there are concerns about an employees health.
- Provide impartial and confidential advice to employees.

5.6 Trade Unions

- Support managers by advising employees on this policy and its arrangements.
- Encourage employees who may have or be developing a problem to seek help voluntarily.
- Provide advice to employees on their rights and responsibilities under this policy.
- Support managers and employees on rehabilitation programmes.

5.7 All Employees

- Comply with this substance misuse policy and any related Council policies.
- Must inform their manager if they are taking any prescription or over-thecounter medication, which may affect their ability to work safely.
- Must inform their manager if they believe they have or are developing a substance misuse related problem.
- Must report any health and safety risk to their manager, including any risks caused by colleagues due to drugs and alcohol.

6. Arrangements

6.1 Requirements

All employees must comply with the following rules:

Employees must not: -

- 1. Report for duty seriously incapable due to drinking alcohol
- 2. Report for duty under the influence of illegal drugs;
- 3. Be in possession of, consume, or supply any controlled drug (other than appropriately prescribed medication) in the workplace, or in any Council vehicle, or whilst on duty;
- 4. Present an unprofessional image of the Council and/or perform duties to an unsatisfactory standard due to drinking alcohol during breaks or immediately before work
- 5. Drink alcohol whilst in the workplace, or in any Council vehicle, regardless of whether they are on duty at the time;
- 6. Drink alcohol whilst at work/on duty, including when on call

If employees wish to celebrate a special occasion by drinking alcohol, in moderation, in the workplace, including during a lunch break or other rest period, the express permission of a Service Head must be obtained in writing in advance on each occasion.

The above rules are set out in the Council's Disciplinary Policy and Procedure and the Employee Code of Conduct as examples of both misconduct and gross misconduct. Rules 1-3 are examples of gross misconduct and rules 4-6 examples of misconduct.

These rules are in addition to, and not instead of, any rules that apply to specific posts. For example, some jobs (such as drivers of Council vehicles) have strict no drinking rules, including drinking alcohol during breaks, and for a certain period of time before going on duty. It is an employee's responsibility to be aware of, and comply with, any such specific rules affecting their job.

6.2 Formal Action

In addition to the rules in paragraph 6.1, the Council expects high standards of conduct, performance and attendance of all employees. Where employees fail to adhere to such standards formal action will be initiated in accordance with the relevant Council policy and procedure. A possible outcome for serious or persistent breach of these standards includes dismissal.

Where an employee fails to adhere to the required standards of conduct, performance and/or attendance and the Council is satisfied that the problems are caused (or mainly caused) by an addiction/dependency, then this will be taken into account when deciding what sanction to apply, provided that:-

- The employee has acknowledged the problem and is seeking help;
- The employee does not discontinue any course of treatment which has been recommended; and
- The employee is able to bring the addiction/dependency under control within a reasonable period.

Where the employee maintains that they do not have an addiction/dependency and/or unreasonably declines to seek treatment and/or unreasonably refuses treatment, then the addiction will not be treated as a mitigating factor in relation to poor conduct, performance or attendance.

However, the fact that an employee is found to have an addiction/dependency, even if the employee is seeking treatment, does not necessarily imply that a sanction in relation to poor conduct, performance or attendance **will not** be imposed. In appropriate circumstances, the sanction may be dismissal, even if the employee is seeking treatment.

At the Council's discretion, where an employee is seeking treatment, and provided the employee agrees, a final decision on what sanction to impose may be deferred for a reasonable period in order to allow the employee to demonstrate that the treatment has been or is likely to be successful.

Employees should be aware that:

- 1. Nothing in this policy is intended to imply that the Council will refrain from involving the police or other relevant authorities if an employee appears to have broken the law.
- 2. The Council owes a duty of care to its employees and members of the public. Where an employee's continued employment would pose a risk to the health and safety of others, then that employee is likely to be dismissed.
- 3. The Council takes the rules mentioned in 6.1 seriously, and a breach of those rules may lead to dismissal.

7. Persistent Drug and Alcohol Misuse - Support and Actions

7.1 Identifying misuse

Managers are responsible for monitoring the attendance, performance and conduct of employees whilst at work. When employees have unusual absence patterns and/or changes in their behaviour and work performance managers should consider whether this could be as a result of substance misuse.

Misuse may be indicated by:

- Increasing levels of absenteeism
- Poor performance
- Abnormal behaviour such as obscene language or violence
- Complaints and remarks by colleagues or members of the public
- Decline in standards of dress or appearance
- Frequent smell of alcohol
- Mood swings
- Incidents of minor accidents

Providing support and taking formal action are interconnected processes in dealing with substance misuse. When a manager becomes aware that a problem may exist with one of their employees, they should discuss the matter in confidence with the employee concerned. If the employee confirms that they have a substance misuse problem then they should be advised to seek assistance from the Council's employee counselling service, General Practitioner or other support organisations in confidence. The manager should also arrange a referral to the Council's Occupational Health Unit to determine what other support/treatment is available to the employee.

If the employee rejects the advice, refuses to seek help or denies the existence of a problem the manager should consider initiating action in accordance with the appropriate Council policy and procedure. The Human Resources Shared Service Centre should be contacted for advice.

7.2 Treatment

Treatment may involve a number of options through both internal management and external support and counselling. Medical advice should be sought through occupational health in the first instance.

Treatments may include some of the following: -

- Regular counselling sessions.
- In-patient or outpatient detoxification and rehabilitation.
- Medication.
- Use of specialist substance misuse treatment agencies.
- Self-help groups.

Occupational health, the manager, and the employee should reach a joint agreement as to whether the employee remains at work during the agreed treatment regime. If the employee is absent from work a phased return to work may be required.

Where an employee is absent from work as part of an ¹approved course of treatment, depending on the type of treatment, the time away from work will be authorised as either sick leave (if not capable of working) or attending a medical appointment (if at work and capable of working).

8. Alcohol and Drugs Guidance

8.1 Safe Alcohol Limits

In general, doctors suggest that the safe limits for consumption of alcohol, without causing long-term health problems, are:

- 14 units per week for women.
- 21 units per week for men.

Drinking more than these limits puts you at increased risk of heart disease, stroke and liver failure.

8.2 Absorbing and Eliminating Alcohol

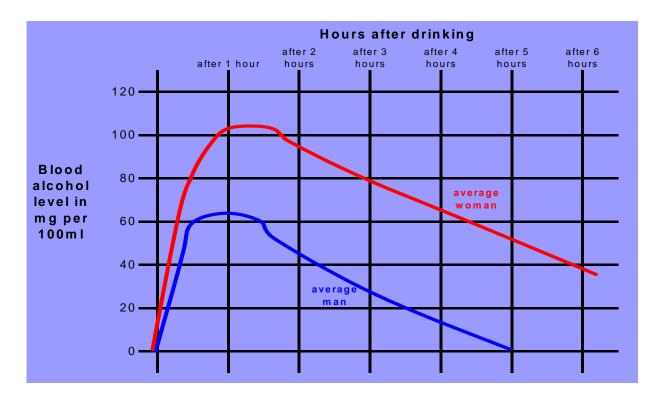
Alcohol takes some while after being consumed to enter your blood, but is eliminated from the body at a rate of approximately one unit per hour, regardless of your size or gender, so if you consume alcohol at a greater rate than this, the amount of alcohol in your blood will increase steadily.

Sobering-up remedies such as black coffee, cold showers and 'sleeping it off' have no effect whatsoever on the rate at which alcohol is eliminated from your body.

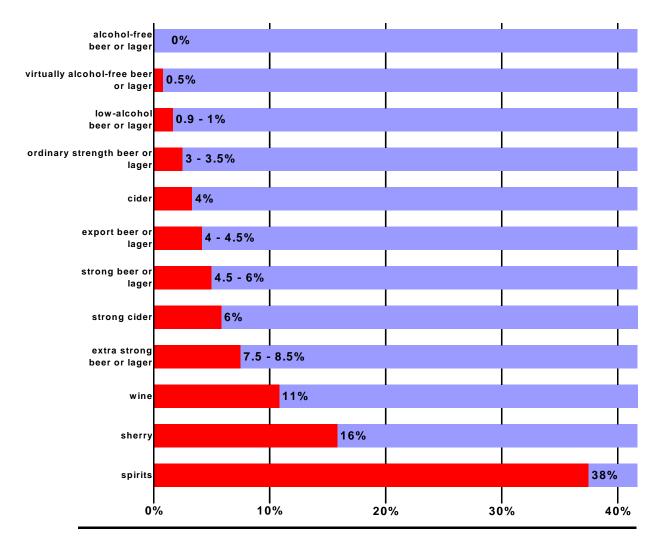
Here are some examples:

- If you drink four bottles of a 5% Pils (6.2 units) in an evening, finishing at 23:30 it will be after 05:00 before your blood alcohol returns to its normal level.
- If you drink a bottle of red wine (9 units), finishing at 23:00 you will still have at least 2 units of alcohol in your blood at 06:00.
- If you go out for the evening and drink six pints of Stella Artois (nearly 18 units) finishing at 23:00 then it will be at least 13:00 the next day before you are below the drink-drive limit.

¹ Any treatment undertaken must be 'approved' by a medical practitioner.



Relative strengths of different drinks are shown here.



8.3 Alcohol Reference Guide

Beers and lagers	Popular measure	Alcohol by volume	Units
Caffreys Bitter	Pint (568 mls)	4.8%	2.81
Fosters Lager	Pint (568 mls)	4.0%	2.34
Guinness Stout	Pint (568 mls)	4.1%	2.40
Heineken lager	Pint (568 mls)	3.4%	1.99
John Smiths Bitter	Pint (568 mls)	4.0%	2.34
Kronenburg	Pint (568 mls)	5.0%	2.93
Worthington Bitter	Pint (568 mls)	3.6%	2.11
Stella Artois	Pint (568 mls)	5.2%	3.05
Budweiser	330 mls	5.0%	1.65
Becks	275 mls	5.0%	1.38

<u>Cider</u>

Strongbow	Pint (568 mls)	5.3%	3.11
Woodpecker	Pint (568 mls)	3.5%	2.05

<u>Wine</u>

The alcohol strength of wines varies greatly. As a general guide, a 125ml glass of wine at 11% or 12% ABV contains around 1.5 units, whilst a 175ml glass contains around 2.25 units, and a 750ml bottle contains about 9 units.

Spirit mixes

Baileys	Glass (50 mls)	17%	0.85
Smirnoff Ice	275 mls	5.5%	1.51
Bacardi Breezers	275 mls	5.4%	1.49
Archers Peach Schnapps	275 mls	5.5%	1.51
Gin/Vodka/Whisky/Brandy	Pub measure (25 mls)	40.0%	1.00
Tia Maria	Pub measure (25 mls)	26.5%	0.67
Tequila	Pub measure (25 mls)	38%	0.95
Pimms	Pub measure (25 mls)	25%	0.63

Low alcohol and non-alcoholic drinks

Be aware that there is now a wide range of low-alcohol and alcohol free drinks available.

Kaliber	Bottle (440 mls)	0.05%	0.02
Swan Light	Bottle (330 mls)	Not more than 1%	0.33

8.4 Drug Limits

There are no safe limits for use of illegal drugs; even small amounts can cause lasting damage. Prescription and 'over the counter' medicines should only be used in accordance with the dosage information provided with them; taking excessive doses can be very harmful.

The following table is for guidance and shows the duration of drug detectability in urine.

Drug Type	Detectable in Urine
LSD	1 – 3 Days
Amphetamines	1 – 2 Days
Methamphetamine	1 – 2 Days
Ecstacy Group (MDMA/MDA/MDEA)	1 – 2 Days
Opiates	2 Days
Cocaine	2 – 4 Days
Barbiturates	Long Acting: 2 – 3 Weeks
	Short Acting: 1 Day
Benzodiazepines	Therapeutic: 3 Days
	After use > 1 Year: 4 – 6 Weeks
Cannabis	1 Joint: 3 Days
	Oral Ingestion: 1 – 5 Days
	4 Joints/Week: 5+ Days
	Heavy Smoker: 10+ Days
	> 5 Joints/Day: 14 – 18 Days
Phencyclidine (PCP)pH Dependent	14 Days
	Chronic User: 30 Days
Methaqualone	14 Days
Methadone	3 Days
Propoxyphene	6 Hours to 2 Days
Alcohol	12 – 24 Hours

Please note that these are approximate guidelines only, mostly for one-off doses taken in typical amounts. (Source – Network Rail drug and Alcohol Briefing Oct 2007)

9. Sources of Help

More information about the effects of alcohol and drugs and advice on dependency is available from a range of organisations, including the following:

- Alcoholics Anonymous 0845 7697555 <u>www.alcoholics-</u> <u>anonymous.org.uk</u>
- Drinkline 0800 9178282 <u>www.drinkaware.co.uk</u>
- Care First 0800 174319 Counselling, Information and Advice.
- Narcotics Anonymous 0845 3733366 <u>www.ukna.org</u>
- Talk to Frank 0800 776600 <u>www.talktofrank.com</u>

10. Monitoring

This Policy will be reviewed on a regular basis and changes and improvements made where necessary.