

ALCOHOL AND DRUGS

1. INTRODUCTION

- 1.1. The purpose of these guidelines is to ensure that all employees of the Council are aware of the potential dangers caused by drug/alcohol mis-use. Both managers and employees through the early identification and treatment of individuals who are affected by alcohol or drug dependency/abuse can do much to support them.
- 1.2. The aim of these guidelines is to motivate employees with alcohol or drug dependency/abuse problems to seek treatment and support voluntarily in the knowledge that the Council will be supportive to the employee in the process. Employees with alcohol/drug dependency/abuse problems who work in a non-hostile, non-threatening environment are far more likely to admit their problem and voluntarily seek advice, support and treatment for their problems.
- 1.3. The Council recognises that alcohol and drug dependence is an illness and as a result, the employee requires special assistance and treatment to assist recovery. This guidance therefore concentrates on those employees for whom alcohol or drugs are a dependency as distinguished from those employees who engage in 'one off' misconduct involving alcohol or drugs and who will be dealt with in accordance with the Council's disciplinary procedure. Examples of those situations which could be classed as 'one-off' might include arriving for or returning to work e.g. after lunch under the influence of drugs /alcohol, consuming alcohol during working hours or being in possession of illegal substances on Council owned/operated premises.
- 1.4 This guidance therefore:
 - identifies some of the main problems caused by alcohol and drugs whilst at work
 - highlights how to identify employees with drink/drug dependencies
 - outlines what help and treatment is available to employees who recognise themselves as alcohol-dependent or who are drug mis-users and who voluntarily seek support, help and treatment
 - sets out the procedure to be followed when an employee, who is subject to disciplinary proceedings and states at or before the start of the disciplinary proceedings they may have an alcohol or drug-related problem

- refers to the responsibilities of individual employees, managers, trade unions, the Occupational Health Unit and departmental personnel in the operation of this policy.

2. PROBLEMS CAUSED BY THE MIS-USE OF ALCOHOL AND DRUGS

- 2.1 Problems arising over the mis-use of alcohol affect not only those who drink to excess, but also those who consider themselves to be moderate drinkers. In the former, the consumption of alcohol is likely to cause physical and/or psychological harm, affecting their family, friends and colleagues, and could ultimately affect their employment position. Moderate drinkers may well consider their level of consumption is 'normal', but may be denying to themselves and others the seriousness of the problem. Such denial inhibits an early identification and treatment of the problem.
- 2.2 In this guidance, drug misuse refers to the use of illegal drugs, the deliberate misuse of prescribed drugs and other substances (such as solvents).
- 2.3 Examples of alcohol and drug-associated problems can be identified under a number of headings. However, it does not automatically follow that if a person has one or more of the symptoms described below, they have an alcohol or drug problem, as any of the symptoms may be associated with another medical condition (e.g. stress). Associated problems can include:
- a) Attendance:
- frequent unexplained absences from work
 - increased sickness absence (certificated or un-certificated)
 - poor timekeeping (e.g. oversleeping, or increasingly long lunch breaks)
 - increased absences either side of the weekends (i.e. Mondays or Fridays)
- b) Performance/Conduct Issues:
- lack of concentration (leading to errors or mistakes in judgement)
 - periods of unusually high and/or low productivity
 - tiredness and/or irritability at work
 - 'covering up' work issues
 - reduced punctuality
- c) Personality changes/personal circumstances:
- moodiness, lethargy, 'snappiness' or aggression
 - deterioration in relationships with colleagues and managers
 - reluctance to accept responsibility
 - looking to blame others
 - deterioration of personal appearance and /or dress
 - abnormal fluctuations in concentration and energy
 - financial/domestic circumstances

d) Propensity to accidents:

- frequent injuries, accidents or 'near misses'
- reduced safe handling of equipment
- increased risk taking or damage to equipment

e) Physical symptoms:

Alcohol related

- hand tremors
- facial flushing
- bleary or bloodshot eyes
- headaches
- vomiting
- slurred speech

Drug use related

- restlessness
- drowsiness
- unusually high levels of sleeping or extreme tiredness
- fluctuations in concentration and energy levels

It is important to remember that some of these signs could also be caused by other medical conditions or symptoms in isolation and should not be assumed to be the result of alcohol or drug misuse.

3. IDENTIFICATION BY AN EMPLOYEE OF A PROBLEM WITH ALCOHOL DEPENDENCY OR DRUG DEPENDENCY AND HOW HELP MAY BE SOUGHT EXTERNALLY (i.e. without reference to the employee's line manager)

- 3.1 Employees are encouraged, where they recognise that they have a problem with alcohol or drugs, to seek help and treatment voluntarily. Where the problems manifest themselves as poor attendance then an employee may be subject to the managing sickness absence procedure, or where problems manifest themselves through deterioration in work performance, then the poor performance procedure will apply. Where the problems manifest themselves as misconduct or gross misconduct, the disciplinary procedure may apply. In these cases, ultimately, dismissal may be an outcome where there is no improvement and/or improvement is not sustained. It is therefore in the best interests of the employee concerned to seek help and support before these procedures are instigated.
- 3.2 Examples of where help can be found include the employee's own GP, or the Council's Counselling Service, which can be accessed on a confidential basis directly through the Council's Occupational Health Unit on x2661. Alternatively, other agencies which may be contacted include contacting the manager or deputy managers at:

- Hammersmith and Fulham Druglink, The Old Coach House, 103a Devonport Road, London W12 8PB. Tel: 020 8749 6799
- Brent, Kensington Chelsea and Westminster Health Authority Alcohol Team, 5 Wolverton Gardens, London W6 7DY. Tel; 020 8846 7670

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More agencies are attached as Appendix C to this guidance note.

4. RAISING THE ISSUE OF AN ALCOHOL OR DRUG PROBLEM – INFORMALLY BY EITHER THE EMPLOYEE OR THE LINE MANAGER

4.1 Self –declaration by the employee

4.1.1 In the circumstances where an employee is not subject to the disciplinary procedure and voluntarily raises the problem with their line manager in confidence, guidance on relevant treatment can be provided through the Council's Occupational Health Unit in the first instance. The Occupational Health Unit may contact the employee's GP, Counsellor etc., to enable an effective rehabilitation programme/ treatment of the problem. Raising the problem in this way will ensure that the employee is supported throughout the period of treatment of the problem. In addition, where an employee needs to be absent as part of the treatment, such absence shall be agreed between the employee and his/her line manager. It is a fundamental condition of applying this policy that when agreeing such absence, employees will contribute to time off arrangements (e.g. by the use of annual leave or flexitime or timing treatment programmes outside work hours in addition to sick leave being taken).

4.1.2 Where an alcohol/drug related problem is brought to the attention of the employee's line manager and there is a safety risk to the employee, their colleagues or clients (e.g. operating machinery, driving or dealing with vulnerable clients) action will be taken as necessary to remove the employee from those duties until management determine that such a risk has been removed. Such action might include temporary transfer to other duties, or in extreme circumstances, consideration of special leave for the employee. Where there is cause by the manager to trigger such leave, this shall be on full pay. Where the employee refuses to take special leave as directed by the manager, the manager shall suspend the employee. Such action will be taken recognising the Council's duty to protect their employees' and clients' health and safety arising out of an employee's actions or failings due to alcohol or drugs related abuse.

4.1.3 Reasonable time off (a mixture of annual leave/flexi/etc.) shall be agreed between the manager and the employee, with sick leave to be used to make up any shortfall in time off required in respect of any agreed rehabilitation programme. It is expected that the employee shall contribute at least one third (and not less than a quarter) of all time off agreed. Sick leave will be sympathetically taken into account during sickness absence reviews where the employee 'triggers' under the Council's sickness absence scheme. However, this does not mean that such absences will be ignored from the employee's overall absence when considering whether any targets should be set under the scheme.

4.2 Management Initiated action

4.2.1 Equally, where the line manager believes that an employee has an alcohol or drug abuse problem that is affecting attendance or work performance, this should be raised with the employee at an informal meeting which may be

attended by the individual's trade union representative/colleague employed by the authority. The purpose of the meeting will be to:

- a) inform the employee that his/her work performance has deteriorated specifying the particular instances that have occurred
- b) outline to the employee the support, help and treatment available through the Council's services and through outside agencies (see appendix C)
- c) help the employee to improve through assisting with appointments leading to a programme of treatment/ rehabilitation where requested
- d) explain to the employee the consequences of failing to improve conduct, work performance and/or attendance to an acceptable level, where a problem has not been acknowledged by the employee

4.2.2 It should be noted that the employee might decide not to attend such a meeting. In this event the employee should be informed of the consequences (including disciplinary, poor performance or managing sickness absence action) of any future failings due to alcohol or drug misuse affecting their conduct, performance and/or attendance. A refusal to attend such a meeting may be referred to in any subsequent disciplinary hearing or other proceedings convened to tackle issues of sickness absence, misconduct and/or incapability..

Guidelines for line managers in the handling of the informal process are attached as Appendix B.

- 4.2.3 Where a programme of treatment has been identified, there will be a requirement on the employee and the manager to ensure that there is regular communication and feedback in the form of progress review meetings throughout the treatment programme. To this end the manager will arrange with the employee and Occupational Health Unit a programme of meetings to discuss/consider any reports from OHU/specialists and to report on the progress of the treatment.
- 4.2.4 A failure to adhere to 4.2.3 above by the employee, or a failure by the employee to start or complete a programme of treatment where this has been agreed as part of the informal process will trigger a management review meeting. The meeting will consider the employee's explanation for the failure to adhere to the communication requirements or the non-adherence to the treatment programme. A trade union representative or colleague employed by the Council may be present at this meeting.
- 4.2.5 As a result of the management review meeting and after taking the employee's explanation into account the manager will decide:
- a) where no reasonable explanation has been given - to withdraw any further Council support towards treatment of the employee (including any

time off arrangements). In this case a report from OHU will inform this decision

- b) where the employee's explanation has been accepted by management, to consider support for one further and final programme of treatment, subject to any conditions laid down by the manager in consultation with the employee

4.2.6 The employee should be informed in either case of the consequences of any future action in relation to alcohol or drug problems where it affects the performance of the employee/team/ division including the possibility of disciplinary action against the employee.

4.2.7 Disciplinary action may not be taken following a voluntary approach to the manager by an employee on a confidential basis for help and support or where the manager has raised the issue informally in the first instance and the employee is participating in an agreed programme of treatment for their alcohol/drug problem with an estimated end date.

5. DISCLOSURE OF ALCOHOL DEPENDENCY OR DRUG MISUSE DURING DISCIPLINARY, SICKNESS ABSENCE OR POOR PERFORMANCE PROCEEDINGS

5.1 One-off incidents of misconduct involving alcohol/drug abuse (e.g. being drunk on duty) will be dealt with under the Council's disciplinary procedure as appropriate. Where there are no issues of misuse, the decision regarding sanctions under the disciplinary procedure will rest on the facts of the case.

5.2 Where the issue of alcohol or drug misuse is raised by the employee at the start of any of the above procedures the Chair of the hearing will prior to the commencement of the hearing, consider where relevant:

- any record of alcohol addiction or drug misuse
- the employee's performance at work
- any personal/domestic problems
- any problems at work (including relationships with colleagues/managers etc.)
- the employee's attendance record
- the seriousness of the allegations being considered at the hearing

5.3 The Chair having taken the above criteria into account, will decide whether to proceed with the hearing. As an alternative, the Chair may agree a programme of treatment with the employee in which case the hearing shall be concluded. This will be reviewed by management on a regular basis. Failure by the employee to adhere to or complete the programme of treatment will result in the original hearing being reconvened by management.

6. CONSUMPTION OF ALCOHOL/USE OF DRUGS WHILST 'ON DUTY'

- 6.1 All staff should ensure that consumption of alcohol at authorised leaving functions or similar events are kept to a reasonable level. Even where the function is off-site staff should be aware of their responsibilities under this procedure. Furthermore whilst this may be a social function, employees shall be regarded as at work and any misconduct that occurs will be dealt with as appropriate (e.g. use of disciplinary procedure).
- 6.2 Employees shall not be allowed to return to duty following a period of drinking at such a function.

7. CONFIDENTIALITY

- 7.1 The details of any meeting or any employee's programme of treatment arranged under this guidance will remain confidential. Any absence for an external assessment or treatment will be recorded as a 'medical appointment', 'sick leave', annual or other leave.

RESPONSIBILITIES OF OTHERS INVOLVED IN THE OPERATION OF THIS GUIDANCE

i) The Employee

The support outlined in this guidance can only be effective if the employee concerned accepts his/her responsibilities in relation to any rehabilitation programme. Whilst the guidelines are designed to support the employee to overcome drink- or drug-related problems in order to be a more effective employee, it is a condition of any support given under this guidance that any non-adherence to a programme of detoxification or rehabilitation will mean any action outstanding (eg disciplinary, sickness absence or poor performance hearings) being re-instigated. At the discretion of the manager concerned, one further opportunity may be given under this guidance for further rehabilitation where this is deemed appropriate by management.

The employee has the ultimate responsibility for dealing with his/her problems in respect of drink and/or drug misuse.

ii) The Line Manager

The line manager, as the immediate supervisor of the employee may well be the first person to recognise a member of his/her staff's alcohol or drug problem. Managers should be aware of this guidance in the operational management of this process.

The line manager should be in a position to refer the employee to appropriate support where the employee admits to having an alcohol or drugs problem. Advice should be sought about availability of resources and how to access them in the first instance from the Council's Occupational Health Unit.

It may be the case that the manager recognises there may be a problem around alcohol or drugs with a member of his/her staff but wishes to discuss the matter (on a confidential basis) before taking any action. In these circumstances the manager should contact departmental personnel, Human Resources or the Occupational Health Unit for appropriate support and advice.

Where an employee has disclosed to their manager a problem around alcohol or drugs, it is the manager's responsibility to ensure that he/she liaises with the employee in order to regularly review their progress in any programme of treatment organised.

iii) The Trade Unions

This guidance recognises that problematic use of alcohol or drug misuse is of joint concern to both the trade unions and management. The trade unions agree that it is in the best interests of the employee to seek appropriate support help and treatment for alcohol and/or drug related problems.

A member of a trade union may disclose a problem in relation to alcohol or drugs to their Trade Union representative who will be able to give guidance, support and referral advice as appropriate.

Employees have the right to be represented by a trade union representative if they so wish, at any meeting arranged in accordance with this guidance. Reasonable attempts will be made to identify a mutually convenient date. However prolonged delay due to the lack of availability of a trade union representative will be rejected as a reason for postponement.

iv) Occupational Health Unit

The Occupational Health Unit plays a crucial role in providing a confidential advisory service to the employee in addition to managers and personnel staff on particular issues related to alcohol or drug mis-use.

Any cases identifying alcohol or drugs as a problem will need to be referred to the Occupational Health Physician who will be responsible for establishing and maintaining communication with the employee's G P, counsellor, external agencies etc.

v) Human Resources and Departmental Personnel

Departmental personnel teams may arrange referrals to the Occupational Health Physician, liaise with line management and any other party (e.g. Drugs and Alcohol Team) as appropriate to facilitate a resolution of the problem.

Human Resources in addition to Departmental Personnel will provide advice and guidance on the application and interpretation of this guidance and monitor its effectiveness with a view to updating the guidance as appropriate.

vi) Social Services Drugs and Alcohol Team

The Social Services Drugs and Alcohol Team can advise on options for treatment and will consider arranging funding for employees resident in the Borough where there are serious alcohol and/or drug related problems subject to certain criteria. Referral advice may also be sought from the team for employees residing outside the borough.

Appendix B

GUIDANCE NOTE FOR MANAGERS

HOLDING AN INFORMAL MEETING TO CONSIDER AN EMPLOYEE'S PERFORMANCE AND/OR ATTENDANCE UNDER THIS CODE

Any meeting arranged with the employee should be done so in writing giving 5 working days' notice. The letter should include:

- the date and time of the meeting
- the reasons why the meeting is being held
- the option for the employee to attend with a trade union representative or colleague employed by the authority
- the option for the employee not to attend the meeting, in which case this shall be recorded and may be referred to at any subsequent disciplinary or other formal hearing/ meeting where relevant (e.g. sickness absence review or poor performance process).

Reasonable attempts should be made with the employee to arrange a meeting, however the meeting should not be unnecessarily delayed (e.g. by the continued absence of a trade union representative or colleague).

The purpose of the meeting is to:

- inform the employee that his/her conduct/work performance/attendance has deteriorated specifying the particular instances that have occurred
- outline to the employee the support, help and treatment available through the Council or outside agencies and seek to agree a mutually agreeable way forward
- explain to the employee the consequences of failing to improve work performance and/or attendance to an acceptable level
- help the employee to improve through assisting with Occupational Health appointments etc. leading to a programme of treatment/rehabilitation where appropriate.

When conducting the meeting:

- ensure the meeting is held in a private room or office, free from interruptions
-
- prepare by identifying the structure and aims of the meeting
-

- have on hand any written standards of job performance and all documentation regarding failure to meet the standards

- have on hand information about external counselling agencies (see Appendix C to this guidance)
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- if the meeting with the Occupational Health Unit is agreed, make the appointment at the time of the meeting
-
- acknowledge the employee's positive contribution to the organisation
-
- stress that the meeting is around identifying possible support/solutions to enable the individual to improve and meet the standards required in order to avoid formal action being taken
-
- allow the employee to put forward their views including their suggestions for resolving the problems
-
- fix a date if appropriate to meet again to check on progress
-
- keep a record of the meeting and any outcomes agreed
-

Do's and don'ts of handling the meeting include:

Do's

1. Be non-judgemental. Use non-emotive language.
2. Focus on Work Performance/Attendance.
3. Be objective and factual.
4. Be concise and specific
5. Acknowledge the employee's positive contributions, past and present.
6. Show concern for the employee. Listen to what he/she says.
7. Explain exactly what the employee must do to improve performance/attendance.
8. Be firm and consistent with the employee.
9. Adopt a consistent approach in every case.

Don'ts

1. Comment on the employee's private life.
2. Rely on subjective impressions or rumour for which documented evidence is lacking.
3. Make accusations.

4. Convey verbally or by your manner that you are judging the employee's morals.
5. Ignore past or present achievements. Doing so might invite an accusation of unfairness.
6. Argue with the employee about his/her problems, or attempt to give personal advice.
7. Leave any room for uncertainty about the employee's situation, and what needs to be done to rectify it.
8. Waver between e.g. the heavy-handed exercise of authority, and holding out the hand of friendship.
9. Make exceptions.

SOURCES OF HELP

FOR ALCOHOL COUNSELLING AND ADVICE

Alcohol Concern

305 Grays Inn Road
London WC1X 8QF
020 7833 3471

Alcoholics Anonymous

(London telephone service)
11 Redcliffe Gardens
020 7352 3001

Al-Anon (for relatives and friends)

61 Dover Street
London SE1 4YF
020 7403 0888

**FOR ALCOHOL AND/OR TRANQUILLISER
COUNSELLING/ADVICE CENTRE**

ACCEPT

724 Fulham Road
London SW6 5SE
020 7371 7477

TRANX

(Tranquilliser Support Group)
154A Putney High Street
London SW15
020 8788 1199

FOR DRUG (OPIATES) COUNSELLING AND ADVICE

CEDAR

78 St John's Road
Isleworth
Middlesex
020 8569 9933