

Alcohol and Drugs Policy and Procedure

Ratification Process

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Approved by:	Joint Consultation and Negotiating Partnership (JCNP)
Ratified on and by:	C&P CCG Remuneration & HR Sub Committee
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**Cambridgeshire & Peterborough CCG
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Document Control Sheet

Development and Consultation:	This policy was developed by the CCG HR team and consulted upon with senior managers and staff representatives. This policy has been approved through the Joint Consultation and Negotiating Partnership (JCNP).
Dissemination	All new and updated policies and procedures are notified to senior managers via email for dissemination to their staff. Notification is also sent to all staff via the bi-weekly staff newsletters.
Implementation	All staff and managers. Line managers have an additional duty to authorise in accordance with the policy.
Training	The CCG HR team will organise to inform managers of this policy.
Audit	The CCG HR Team will hold a database of all policies and a reminder will be sent when a policy is due for renewal.
Review	This policy will be reviewed by the CCG HR Team and JCNP every two years, unless an earlier review is required e.g. due to changes in legislation or in NHS direction.
Links with other documents	This policy should be read in conjunction with: Capability at Work and Unsatisfactory Performance Policy and Procedure Disciplinary Policy and Procedure

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Revisions

Version	Page/ Paragraph no.	Description of change	Date approved
3	Para 5. Page 9	Amend Occupational Health Service to be named as Optima Amend Oakdale to Insight Counselling Services	March 14 2017

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Cambridgeshire & Peterborough CCG Alcohol and Drugs Policy and Procedure

1. Introduction

- 1.1. Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) is committed to ensuring a safe, healthy and productive working environment and minimising problems arising from the misuse of drugs and alcohol, both at work and at home.
- 1.2. Most adults in Britain today drink alcohol. About 60% of women and 80% of men drink regularly. For most people the moderate use of alcohol will have no noticeable effect, but a significant minority, perhaps 10%, will cause themselves some acute or chronic alcohol-related harm and a small minority, at least 5% of men and 2% of women, will drink at levels which will affect their lives and their performance at work. Almost 17 million working days are lost in England and Wales each year due to alcohol misuse alone.
- 1.3. It is estimated that 25% of those seeking help for drug problems are in employment. A member of staff under the influence of drugs or alcohol will only achieve 67% of their work potential.
- 1.4. Consumption of alcohol, even in small quantities, may effect an employee's judgement and efficiency at work.
- 1.5. It is now acceptable social behaviour to avoid drinking and driving.
- 1.6. Alcohol use ranks secondly only to cigarette smoking as a preventable cause of early death in this country. In 2012 there were 8,367 alcohol-related deaths in the UK (Office for National Statistics, February 2014).
- 1.7. As a nation we are now beginning to understand that everyone who drinks excessively is at risk of suffering from some kind of alcohol-related harm, not just the identifiable heavy or addictive drinker.
- 1.8. The CCG is not against normal social drinking outside working hours, and recognises that the majority of employees' alcohol consumption is enjoyable and problem free. However, it is concerned that the good health of all staff is conserved, that working efficiency and safety is maintained and that the CCG's image in public eyes is not damaged by employee abuse of alcohol or drugs. Social or problem drinking may have an adverse effect on the CCG's ability to provide its services to the public.
- 1.9. The onus is on employees to think about the effects of alcohol, in particular the delayed reaction to its effects and the amount of time it takes the body to eliminate it from the blood.

Over-consumption of alcohol may lead to serious effects on:

- a. long-term health and sickness absence;
- b. work/employment prospects;
- c. the economic and social well-being of the individual and their family.

This policy must be read in conjunction with the Capability at Work and Unsatisfactory Performance Policy and Procedure.

2. Scope and Definitions

2.1. This policy applies to all staff employed within the CCG, contractors visiting the organisation and agency staff.

2.2. Drug and Alcohol problems in the context of this policy are defined as:

Behaviours resulting from the use of illegal drugs and the misuse of alcohol, other drugs and substances, such as solvents, which harm or have the potential to harm the individual, physically or mentally, and, through the individual's actions, other people and the environment.

2.3. Misuse refers to use that is problematic or harmful, either for the individual or others around them. Misuse covers three main areas:

- a. **Inappropriate use** where use may aggravate an existing condition or situation, or is done in potentially dangerous or inappropriate circumstances.
- b. **Habitual use** where the individual becomes dependent on the effects of the substance to the extent that the desire for these effects becomes a dominant concern in their lives, to the detriment of other aspects of their lives.
- c. **Excessive use** which can lead to physical and mental illness or antisocial behaviour

2.4. The possession of illegal drugs with the intention to supply is illegal.

2.5. Driving whilst under the influence of drugs or alcohol is illegal.

3. CCG Approach

3.1. The use and misuse of alcohol or drugs can have a detrimental effect on work performance. The use and misuse of alcohol or drugs can impair the capacity to make effective decisions, which may have a knock on effect on patient services and the individual's capacity to work safely. For these reasons the consumption or misuse of drugs or alcohol in the working environment, or while on call, is

prohibited. The CCG does not accept liability for accidents at work which are caused through alcohol or drug use.

- 3.2. Alcohol or drug problems may arise because of a combination of social, work, or health factors. Those problems which affect work performance will be addressed by the organisation with employees in a sympathetic manner and, as far as possible, as an issue of health rather than conduct. In addition the CCG will, subject to the provisions below, grant the same protection of employment and pension rights as those granted to an employee with problems related to other forms of ill-health.
- 3.3. Should an employee refute diagnosis or refuse help as recommended by a medical practitioner, or discontinue a programme of treatment, this should not in itself be grounds for disciplinary action. However, unacceptable behaviour and standards of work will be dealt with through normal disciplinary procedures, although every case should be considered on an individual basis.
- 3.4. Should an employee experience further alcohol or drug related a problem affecting their work after suitable and acceptable treatment has been received, the case should be sympathetically considered in the light of expert opinion. The CCG will consider providing the opportunity for further treatment and protection of employment rights.
- 3.5. The CCG discourages drinking and driving and any contravention of the Road Traffic Acts and supporting regulations. Contravention of this act or supporting regulations will be a disciplinary offence and will be treated as gross misconduct.
- 3.6. The CCG hopes that assistance and support will facilitate the employee's full recovery and rehabilitation. However, it may be appropriate to follow the disciplinary procedure on capability and/or conduct when:
 - a. They continue to misuse alcohol or drugs;
 - b. They refuse treatment;
 - c. Their problem continues despite supportive efforts to help overcome them and it is beginning to adversely affect the employee's conduct or capability to perform his or her job.

Ultimately this could lead to the employee's dismissal.

- 3.7. Not all alcohol issues at work will be attributable to an apparent or suspected health problem, but may rather involve isolated incidents of drinking, rendering the employee incapable of functioning effectively at work afterwards. The CCG Disciplinary Policy and Procedure states that being unfit for duty through the effect of drink or illegal drugs amounts to gross misconduct.
- 3.8. Managers should seek advice from the Occupational Health Service about employees' fitness for work. This advice will detail the individual's fitness for work,

any restrictions that might apply in terms of length of hours or physical activity, and the length of time this restriction is likely to last.

3.9. Any clinical details and advice to staff about suitable treatment are kept in the strictest confidence with Occupational Health. The Occupational Health staff will only divulge clinical details when given written agreement by the member of staff to do so.

4. Procedures

4.1. As with any problem affecting ability to work, it is important to identify alcohol or drug problems at an early stage when help may stand a better chance of success.

4.2. If an employee seeks help for an alcohol or drug problem, they should be referred to Occupational Health who will assist in the drawing up of an agreement, as in 4.8 below.

4.3. If a Manager notices deterioration in work performance below acceptable levels, then he/she should:

- a. Contact the OD & HR Team;
- b. Make careful notes about the problem and specific instances;
- c. Counsel the employee about this deterioration in performance

4.4. It should be made clear that Occupational Health is available for help and advice if the employee should so wish.

4.5. If the Manager feels there may be a medical problem, he/she should consider making a formal referral to Occupational Health regarding an opinion on the fitness of the employee to work.

4.6. Should the employee refuse a medical opinion, then paragraph 3.3 in this Policy applies.

4.7. Should the cause of unacceptable performance be found to be due to problems with alcohol or drugs, then an agreement should be drawn up between the employee and Occupational Health, with advice from the Human Resources Team who will keep in contact with the Manager.

4.8. The Agreement must cover:

- a. A definition of what is suitable and acceptable treatment, eg regular attendance at an Out-Patient Clinic, Counselling Service etc;
- b. Specific review dates;

- c. Action in the event of further deterioration during or after treatment;
- d. Confidentiality.

4.9. No single characteristic exists to identify alcohol or drug problems, but the following characteristics, especially when occurring in combination, or as a pattern over a period of time, may indicate the presence of an alcohol or drug related problem.

- a. Sudden Mood Changes;
- b. Unusual irritability or aggression;
- c. Hand tremor;
- d. Dilated or pinpoint pupils;
- e. Smelling of alcohol;
- f. Facial flushes;
- g. Blurry eyes;
- h. Excessive sick leave;
- i. Lethargy;
- j. Changes in attitude to authority;
- k. Over sensitivity to criticism;
- l. Lack of concentration or confusion;
- m. Increased mistakes and poor judgement;
- n. Increased number of accidents;
- o. Fluctuations in productivity;
- p. Unreliability and unpredictability;
- q. Difficulty in concentration;
- r. Memory slips;
- s. Poor timekeeping;
- t. Frequent absences from desk/post whilst at work;
- u. Deteriorating relationships with colleagues;
- v. Worsening of personal appearance;
- w. Dishonesty, such as theft to support habit or frequent borrowing of money.

It must be stressed that almost any employee could exhibit some of the above characteristics occasionally and therefore these do not always indicate that an alcohol or drug problem is the cause. It is a pattern of such problems over a period of time that requires further investigation. Equally it is not advisable to wait until an employee has exhibited a wide range of problems before taking action.

5. Personal Advice, Support and Information Services

Employees may find the following services useful as a source of support and advice:

a. Occupational Health Service

C&P CCG subscribes to the Occupational Health Services provided by Optima. Contact telephone number is:
Tel: 01733 316519

b. Insight Counselling Service

A free, 24-hour counseling service which is independent and confidential and who will be able to offer contacts with other organisations.

Tel: 0800 027 7844

c. FRANK

Drug and Alcohol Helpline at www.talktofrank.com

or Tel: 0800 776600.

d. Drinkline

Call on [Tel:0300 1231110](tel:03001231110)

e. Release

National Drug Helpline at www.release.org.uk

or Tel: 0845 4500215

f. NHS Live Well

<http://www.nhs.uk/livewell/drugs/Pages/Drugshome.aspx>

g. Drinksense

www.drinksense.org

h. Alcoholics Anonymous

www.alcoholics-anonymous.org.uk

i. Al-Ano

For relatives of drinkers - meetings available throughout the country

www.al-anonuk.org.uk