# POLICY FOR ALCOHOL, DRUG AND OTHER SUBSTANCE ABUSE IN EMPLOYMENT

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<th>Trust Executive</th>
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</table>
CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction</td>
<td></td>
</tr>
<tr>
<td>2. Policy Aims</td>
<td></td>
</tr>
<tr>
<td>- Equality and Diversity Statement</td>
<td></td>
</tr>
<tr>
<td>3. Policy Scope</td>
<td></td>
</tr>
<tr>
<td>4. Roles and Responsibilities</td>
<td></td>
</tr>
<tr>
<td>- 4.1 Director of Human Resources on behalf of the Trust</td>
<td></td>
</tr>
<tr>
<td>- 4.2 UHL Staff</td>
<td></td>
</tr>
<tr>
<td>- 4.3 Trade Unions</td>
<td></td>
</tr>
<tr>
<td>- 4.4 The Manager</td>
<td></td>
</tr>
<tr>
<td>- 4.5 Human Resources Department</td>
<td></td>
</tr>
<tr>
<td>- 4.6 Occupational Health Service</td>
<td></td>
</tr>
<tr>
<td>- 4.7 Substance Abuse Units</td>
<td></td>
</tr>
<tr>
<td>5. Policy Statements and Procedure</td>
<td></td>
</tr>
<tr>
<td>6. Equality Impact Assessment</td>
<td></td>
</tr>
<tr>
<td>7. Process for Monitoring Compliance</td>
<td></td>
</tr>
<tr>
<td>8. Development, Consultation and Implementation Process</td>
<td></td>
</tr>
<tr>
<td>10. Helpline Information and Related Policies</td>
<td></td>
</tr>
</tbody>
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Appendix One:
Process for the Management of Disclosed or Suspected Substance Abuse in Employment
Appendix Two: Rehabilitation Agreement

First Review December 2011:
Changes need to be listed here
1 INTRODUCTION

1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trusts Policy and Procedures for alcohol, drug and other substance abuse. For ease of reading the shortened term “substance abuse” is used throughout.

1.2 Substance abuse difficulties can affect all types of staff irrespective of profession or grade.

1.3 Substance abuse may cause harm to or put at unacceptable risk other employees, patients and clients and bring services into disrepute.

2 POLICY AIMS

2.1 The aim of this policy is to provide clear guidance and process for both the management of staff and the staff themselves who disclose a substance abuse issue or are suspected of a substance abuse issue.

2.2 Equality and Diversity Statement

University Hospitals of Leicester NHS Trust is committed to ensuring that it treats its employees fairly and with respect and that it does not discriminate against individuals or groups on the basis of their age, disability, gender, marital status, membership or non membership of a trade union, race, religion, domestic circumstances, sexual orientation, ethnic or national origin, social and employment status, HIV status, or people who are undergoing or have undergone gender re-assignment.

The Trust will assess the potential effects of a policy on relevant groups in a rigorous way by undertaking an Equality Impact Assessment.

3 POLICY SCOPE

3.1 This policy applies to all staff employed by the Trust who admit or are suspected of substance abuse. This will include medical and dental staff, (without prejudice to the procedure recommended by the Secretary of State for the ‘Prevention of Harm to Patients resulting from Physical or Mental Disability of Hospital or Community Medical or Dental Staff’ (HC(82)13)), except for cases that would be covered by section 3.2.

3.2 This policy does not apply in situations where a member of staff reports for duty and it is suspected that they are under the influence of alcohol, drugs or other substance which could impair their ability to carry out their duties. In these instances the UHL Disciplinary Procedure (Trust Ref A6/2004) should be referred to.

4 ROLES AND RESPONSIBILITIES

4.1 Role and Responsibilities of the Trust through the Director of Human Resources are:

a) To provide through education a general climate of awareness of the nature and dangers of abuse of alcohol, drugs and other substances for occupational health and safety.
b) To help, through education the workforce as a whole to understand the rationale and procedures of the policy.

c) To provide education and training for those responsible for operating the policy.

d) To consult with and enlist the support of trade unions involved with regard to the information and implementation of the policy.

e) To evaluate periodically the effectiveness of the policy.

4.2 Role and Responsibilities of UHL Staff

The role of the employee cannot be underestimated and are as follows:

a) Employees are responsible for their own conduct and performance whilst employed by the Trust.

b) The employee is responsible for recognising when their performance is falling below the required standard through substance abuse and for seeking appropriate help where this is a problem.

c) Staff who are subject to professional codes of practice e.g. NMC, GMC, HPC are reminded of their requirement to work within their capability / limitations. Healthcare Administration and Support Staff are reminded of the requirement to work within the Trust Code for this group of staff.

d) Employees have a responsibility to ensure they have received adequate training and development to conduct procedures and perform their role, highlighting any difficulties arising through substance abuse to their line manager in a timely manner.

e) Employees are responsible for ensuring their fitness to work and to access the range of services that the Trust offers to help them manage where this is not the case. These services are:
   - Occupational Health Service
   - AMICA Counselling and Psychological Support Services
   - Human Resources Department
   - Trade Union or Staff Representative
   - Training and Education Advisors

f) Employees should raise the issue with their Human Resource Advisor if they feel they are being treated unreasonably.

4.3 Role and Responsibilities of Trade Unions

a) To assist in formulating, implementing and operating the policy

b) To help/inform the workforce of the policy and to encourage employees who may have substance abuse problems to seek help voluntarily.

c) To advise members of their rights, freedoms and responsibilities under the policy and to be available to attend interviews.

d) To help the employee at work and to assist with rehabilitation.
4.4 Role and Responsibilities of the Manager

a) To be familiar with the policy and procedure.
b) To ensure that employees understand what is expected of them with regard to attendance, work performance, behaviour and safety.
c) To be alert to and monitor changes in work, attendance and behaviour patterns.
d) To undertake work performance interviews as necessary.
e) To ensure that employees understand their position under the policy, to refer employees for assistance and support them as appropriate.
f) To continue to monitor work performance, behaviour and attendance patterns thereafter.
g) To liaise with Professional/Statutory bodies as appropriate.
h) To liaise with Human Resources, senior management and other professionals in terms of mechanisms of support.

4.5 Role and Responsibilities of the Human Resources Department

a) To assist in formulating, implementing and operating the policy.
b) To provide advice to all employees as required regarding the provisions of the policy and to support managers.
c) To ensure and monitor the proper use of the policy and procedure by:
d) Arranging training opportunities for managers, supervisors and staff representatives.
e) Providing and disseminating information regarding this policy and procedure to all staff as appropriate in a readily understandable form.
f) Promptly investigating any complaints with regard to the alleged improper use or questionable interpretation of the policy and/or procedure.
g) Liaising with occupational health specialists as required.
h) Liaising with voluntary and statutory bodies as required or requested.

4.6 Role and Responsibilities of Occupational Health Service

a) To promote awareness of substance abuse problems and encourage earlier identification of individuals in need of help.
b) To provide advice and guidance on how best to help individuals with behavioural or work performance problems which might be related to substance abuse.
c) To provide appropriate medical assessment for individuals who are referred to the department.
d) To offer and initiate a recovery programme where appropriate, which may incur a charge to the referring Directorate, but which will not be seen as a reason not to pursue this course.

4.7 Role and Responsibilities of Substance Abuse Units

a) To act as a source of external support for employees.
b) To be willing to **assess** persons suspected of having substance abuse problems and offer intervention if thought appropriate.

c) To offer advice and/or training to occupational health service personnel.

5 **POLICY STATEMENTS AND PROCEDURE**

5.1 Employees who suspect or know that they have a substance abuse problem should be encouraged to seek help and treatment voluntarily, either through the Trust’s procedures or through resources of the employee’s own choosing.

5.2 Encouragement to seek and accept help or treatment from a specialist agency is on the understanding that:

a) Every effort, where appropriate, will be made by the Trust’s Occupational Health Physician to persuade the employee’s General Practitioner that certified sick leave may be of mutual advantage to employee and employer, in which case normal sick leave procedures will apply.

b) Every effort will be made to enable an employee undertaking (or who has undertaken) a recovery programme to return to the same job, unless that would jeopardise the work performance and/or the welfare and safety of patients, clients and staff, or any other person with whom the employee may from time to time come into contact in the course of his/her duties.

c) In circumstances where return to the same job is not appropriate, every consideration will be given to finding comparable alternative employment.

d) There will be no demotion unless it is

- by mutual agreement or
- a consequence of the individual’s health status and in accordance with Occupational Health advice or
- where matters of discipline are involved and only then in accordance with the Trust’s Disciplinary Procedure.

e) Having accepted help and/or other action as appropriate and resolved the problem to the satisfaction of the Occupational Health Physician, the employee’s normal promotional prospects will not be impaired.

5.3 Employees will not be subject to disciplinary action where they have disclosed information regarding a substance abuse problem solely on the grounds that they have subsequently declined to accept referral for “specialist” help or advice or have discontinued an agreed recovery programme. However, where subsequent performance or conduct issues arise, the employee’s failure to co-operate in this respect will reduce the scope for mitigation. Disciplinary action cannot be ruled out when information regarding a substance abuse problem has been divulged and help accepted. In all circumstances a full investigation will be carried out which could result in disciplinary action.
5.4 Where a performance or conduct issue arises and the employee has not previously disclosed a substance abuse problem, a disciplinary investigation will be carried out and disciplinary action potentially taken. The existence of such a problem will not be ignored as a mitigating factor but only where the employee can provide appropriate evidence of his/her attempts to address the problem.

5.5 If, following a return to work, after or during a recovery programme, conduct and performance is again affected by a substance abuse problem, each case will be considered on its merits. If appropriate, a further opportunity to accept and cooperate with help or treatment will be offered following advice from the Trust’s Occupational Health Physician. However, disciplinary action may be appropriate, depending on the circumstances.

5.6 Communication from the Occupational Health Service (OHS) to the manager is restricted to commenting on the problem affecting work and whether or not a recovery programme is appropriate and has been accepted. All information recorded in personal health records, or arising out of a consultation between an employee and Occupational Health staff, is strictly private and confidential. Permission is required from the employee for such information to be divulged to any other person.

5.7 Employees will have the right to be represented if they wish, by their trade union or staff representative (as defined in the Trust’s Disciplinary Procedure, and or Management of Sickness Absence Policy) at any stage in this procedure.

5.8 Attention of employees is drawn to their own responsibilities in respect of their own personal safety and that of their colleagues, under Section 7 of the Health and Safety at Work Act 1974, as per their job description.

5.9 This policy is supported by the procedure in Appendix One which details the process to follow in cases of disclosed or suspected substance abuse by staff.

6 **EQUALITY IMPACT ASSESSMENT**

As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

7 **PROCESS FOR MONITORING COMPLIANCE**

The Human Resources Department will monitor compliance with this policy through supporting managers in the management of individual cases of substance abuse. Non compliance with the policy will be escalated within the Human Resources Department and the relevant Division to ensure compliance.

8 **DEVELOPMENT, CONSULTATION AND IMPLEMENTATION PROCESS**

The policy will be circulated to Divisional Heads and Corporate Directors for cascade through their teams and added to Insite.
9 DOCUMENT CONTROL, ARCHIVING AND REVIEW OF THE DOCUMENT

9.1 This document will be stored on the Trusts INsite documents and archived through its document management system.

9.2 The operation of this policy and its supporting procedure will be subject to joint review at regular intervals, no more than three years apart.

10. HELPLINE INFORMATION AND RELATED POLICIES

Any Substance Abuse
General Practitioner
The Trust’s Occupational Health Service:       LRI ext: 5307
                                               LGH ext: 4930
                                               GGH ext: 2393

Alcohol Abuse
Leicestershire Community Projects Trust
Help Line:  0116 222 9545
www.lcp-trust.org.uk/alcohol-advice-centre

Alcoholics Anonymous
National Helpline: 0845 769 7555
www.alcoholics-anonymous.org.uk

Drug Abuse
Leicestershire Community Projects Trust
Help Line: 0116 222 9555
www.lcp-trust.org.uk/drug-advice-centre

AMICA (UHL Employee Assistance Programme): Tel: 0116 254 4388

UHL Improving Performance and Capability Policy (Trust Ref: to be allocated)
APPENDIX 1

Process for the Management of Disclosed or Suspected Substance Abuse in Employment

Directorate of Human Resources, January 2011

This procedure supports the operation of the Trust’s policy on Alcohol, Drug and Substance Abuse.

1. **Identification of Substance Abuse problem**

Substance abuse problems may become apparent in one of the following ways:

1.1 **Self-Identification / Referral**

When the employee knows of or suspects the existence of a problem he / she is encouraged to disclose the extent of his / her problem to their manager and / or Occupational Health Physician in accordance with this policy.

1.2 **Colleague Referral**

An employee’s colleagues, managers, patients / clients or their relatives may suspect an employee is affected by substance abuse. Examples of reasons for this include:

- A strong or persistent smell of alcohol or solvents from the individual
- Deteriorating work performance/behaviour
- Lack of self-esteem
- Behaviour unusual in that individual or inappropriate in particular areas
- Another department/area

1.3 Once a manager becomes aware of any cause for concern, or concerns are reported to an individual’s manager, that manager will interview the employee. This interview must take place as soon as practicable and will be conducted with full regard to confidentiality and the need to protect the employee’s standing.

2. **The Interview**

This is to be an open, constructive face to face meeting. The employee’s manager will interview the employee as though in the normal course of implementing an investigation under the Trust’s Disciplinary Procedure and the following will apply:

2.1 Where the matter is known or suspected as being substance abuse related, the employee may be accompanied by a trade union or staff organisation representative if he / she so wishes.

2.2 The employee is confronted with the perceived facts and advised of the possibility of disciplinary action in line with the Trust’s Disciplinary procedure and also of the consequences of continued substance abuse.
2.3 The employee's manager will, if the alleged facts (those established on the balance of probability) are found, offer immediate referral to the Occupational Health Service who will offer as early an appointment as is practical. The management referral to Occupational Health must be discussed fully with the staff member and include all relevant details of behaviour, performance or other problems thought to be attributable to substance misuse.

2.4 If this offer of referral is accepted, disciplinary action will not be taken until the Occupational Health assessment is known and a report of has been received by the manager following the Occupational Health assessment.

2.5 If the offer is rejected then the employee is advised that the disciplinary procedure will apply as appropriate, in accordance with section 3.2 of this policy. The interview will then proceed to its conclusion without reference to substance abuse unless there is very clear and credible evidence of it, or the employee raises it himself with a view to seeking help within the work situation, or chooses to follow a path of self-referral.

2.6 Should the offer of referral be accepted, the employee will be seen within the Occupational Health Service (OHS) and further appointments made as appropriate and in conjunction with specialist services and the employee's GP. A decision regarding the management of the issue including action under the Disciplinary Procedure will only be taken when the full circumstances are known including the Occupational Health feedback.

3. Post Interview

3.1 The Occupational Health Service will advise the employee's manager in writing if a substance abuse problem is confirmed or suspected.

3.2 If a substance abuse problem is confirmed or suspected, a programme of help, counselling or treatment will be offered to the employee in conjunction with advice and support from GPs and / or specialist services as appropriate in the circumstances. Disciplinary action may still be appropriate, but a decision will be taken only after an assessment of the facts and circumstances.

3.3 Where the employee is not considered to be suffering from a substance abuse problem and the Occupational Health Physician is unable to find any other contributory medical reason for the alleged deterioration of work performance or behaviour etc. then the matter will be dealt with in accordance with the appropriate Trust policy which could be the Disciplinary Policy or the Promoting Wellbeing and Management of Sickness Absence Policy and Procedure.

3.4 The Occupational Health Physician will also indicate whether or not it is advisable or safe for the employee to continue to undertake his / her normal duties.

3.5 Following acceptance of a rehabilitation programme, the employee will be interviewed as and when appropriate by his / her manager who will state clearly their expectations as to the employee's work performance and / or behaviour. The employee will be advised by his / her manager that these will be subject to frequent monitoring and review.

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents
3.6 The Occupational Health Physician will be responsible for the regular appraisal of working practices, work place environment and culture with a view to minimising any identified risks to the employee’s health status in general and in particular with reference to situations that have potential to encourage alcohol and drug abuse.

3.7 If the employee is not fit to undertake his/her normal duties, consideration will be given by the employee’s manager with the advice of the OHS and appropriate Human Resources representative to:

- Modifying the duties of the present post
  or
- Applying the normal sick leave arrangements.

4. **Time Off from Work Arrangements**

4.1 Where the employee wishes to pursue a treatment / rehabilitation programme, in the first instance all such related appointments should be made wherever possible outside of the employee’s work hours. Where such is not practicable, time off with pay, subject to the needs of the service, will not be unreasonably withheld. In such circumstances the employee will be required to:

- Show his / her manager an appointment card or letter.
- Give his / her manager a minimum of five clear working days notice of a request for time off with pay from work.
- Give his / her manager some indication of how long he / she will require to be away from work.
- Report to his / her manager upon leaving for the appointment and upon return.

This policy has been jointly agreed by management and the staff side of University Hospitals of Leicester NHS Trust

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<tr>
<th>Kate Bradley</th>
<th>David Morgan</th>
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<tr>
<td>Director of Human Resources</td>
<td>Chairman</td>
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<td>UHL</td>
<td>Staff Side, UHL</td>
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Date:
APPENDIX 2: Rehabilitation Agreement

Substance Misuse Policy Support & Guidance

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

OCCUPATIONAL HEALTH DEPARTMENT in Liaison with NHS employer

I am undergoing/about to undergo treatment for a drugs/alcohol abuse problem. As a condition of my continuing employment, I agree to the following:

1) I agree to follow the prescribed treatment/rehabilitation programme outlined by the treatment facility selected.

2) I agree to follow the rehabilitation programme outlined by the Occupational Health Department.

3) I agree to comply with the employers' referral and attending the Occupational health Department for ongoing assessment of the problem.

4) I agree with the treatment agency liaising with the Occupational Health Service with regard to level of attendance, co-operation with treatment and results of screening as evidence of progress. This information will continue to be otherwise confidential and will be used by Leicestershire Partnership NHS Trust only in assessing my progress, in conjunction with Human Resources and Management.

5) I understand that the Leicestershire Partnership NHS Trust’s Drug and Alcohol Policy and my signing this Agreement does not constitute a waiver of management responsibilities to maintain discipline and good conduct. I understand that any unacceptable form of behaviour or poor performance may lead to disciplinary action up to and including my dismissal.

6) I understand that I need to improve my work performance/behaviour to an acceptable level within the agreed time scale.

Date ………………………………….         Signed  ……………………………………….

Name (Printed) ………………………….   Witness ……………………………………….

Copies: Personal File
         Occupational Health
         Treatment Facility
         Employee

Policy for Alcohol, Drug and Other Substance Abuse in Employment V2
Final Version Approved by Policy and Guideline Committee on 15 April 2011
Trust Ref: B6/2004 – original approval March 2004

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