

Drug and Alcohol Policy

Policy Purpose

The Council is committed to providing a safe and productive work environment and to promoting the health, safety and well being of its employees. The Drug and Alcohol Policy is designed to ensure that employees are aware of the health risks associated with drug/alcohol misuse; outline the help and support available for staff and managers on these issues; and set out the consequences for those who are found to be misusing drugs and/or alcohol at work.

An employee's use of either drugs or alcohol should not impair the safe and efficient running of the organisation, or result in risks to the health and safety of themselves, other employees, customers and the general public.

Accordingly, the Drug and Alcohol Policy involves the following:

- 1 Provides reasonable assistance to employees with alcohol or drug misuse dependency issues who are willing to engage in treatment.
- 2 The use of testing (a) following the identification of changes in behaviour that may indicate alcohol or drug misuse, and (b) after an accident, near miss or (c) following complaints or allegations.
- 3 Where the use of drugs or alcohol affects performance or behaviour at work, and where either (a) a drug or alcohol dependency problem does not exist or (b) where treatment has been offered for a dependency problem but has not been accepted, use of the disciplinary or capability policy to manage the situation.

The policy is not intended to penalise those who are legitimately taking medication which may have unforeseen side effects affecting their performance.

Document Control

Implementation date	February 2014
Author	Tina Holmes
Equality impact assessment date	November 2013
Revised/updated	Introduction of testing where there is cause for concern

	V2.1 Minor change making explicit the option to randomly test where concerns raised relate to an area or department
Version control	V2.1



1 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.

2 Principles

- 2.1 Employees must not misuse drugs or consume alcohol while at work.
- 2.2 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'.
- 2.3 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.
- 2.4 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.
- 2.5 Testing for drugs and/or alcohol will be carried out following an accident, near miss, complaints or allegations, or where behaviour indicates there may have been consumption of alcohol or misuse of drugs.
- 2.6 Testing for drugs and/or alcohol will be carried out by an approved referral agency. Employees must sign a consent form/agreement to share test results and on going information with the Council where a treatment programme is agreed. Where an employee refuses to undertake testing, or sign a consent form to share information, the Council's disciplinary procedures will be followed.
- 2.7 Records will be kept confidentially following Data Protection Act requirements.

3 Application

- 3.1.1** Employees will be referred for testing where there is cause for concern. Causes for concern are as follows:
 - a) an accident or near miss.
 - b) Changes in behaviour that may indicate alcohol or drug misuse. See Appendix 2 for information.
 - c) An investigation following a complaint or allegation of drug or alcohol use.

3.1.2 Where the Council has concern regarding possible drug or alcohol misuse in an area, department or across the organisation random testing will be introduced for a suitable period of time until the concern is addressed

3.2 Where unusual behaviour or unacceptable performance is observed it should be reported immediately. The manager will make a record of it and must speak to the employee confidentially. The manager must explain what behaviour or performance has been observed and ask if there is any explanation for it. The meeting must be recorded using the Drug and Alcohol Health and Safety Risk Assessment.

3.3 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.

3.4 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.

3.5 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.

3.6 Employees who have no reasonable explanation for their behaviour should be informed that they must have an alcohol and/or drug test. A consent form should be signed and the employee taken to the referral agency.

3.7 Employees who test positive will be offered help and support through the centre. 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.

3.8 Employees who are observed apparently using drugs or drinking alcohol at work will be suspended while an investigation takes place. As part of the investigation the employee will be taken 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.

3.9 If the employee consents to testing and undertakes a treatment programme this will be taken into account during the disciplinary process.

3.10 Employees who refuse to undertake an alcohol and/or drug test as detailed at 3.6 or 3.8 will be subject to disciplinary action.

4 Treatment

4.1 Employees undergoing a programme of treatment will be expected to fully engage with the process.

- 4.2 Appointments for treatment should be taken outside of work hours wherever possible.
- 4.2 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.
- 4.3 Where an employee is not able to continue in their own role for safety reasons alternative employment will be considered where possible.
- 4.4 Employees who undertake a treatment programme but then cease to engage, or stop treatment before completion, will be subject to disciplinary action.
- 4.5 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.
- 4.6 Monthly meetings will be held between the line manager and the employee during treatment to discuss progress.
- 4.7 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.
- 4.8 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.

5 Support and guidance

A full description of the process including guidance, supportive information and documentation is on the intranet under Human Resources:([link](#))

6 Roles and responsibilities

The roles and responsibilities of key stakeholders are summarised in Appendix 1

POLICY ROLES AND RESPONSIBILITIES OF KEY STAKEHOLDERS

Chief Executive and Chief Officers Tiers 1 and 2	Head of Service Tier 3	Managers	Employees	Human Resources
Every employee must use the procedure and guidance on iDerby				
Fairness and equality				
Ensure this policy is implemented in a fair, consistent and non-discriminatory manner.	Provide reasonable adjustments as required.	Notify managers of reasonable adjustments required.	Ensure this policy is implemented in a fair, consistent and non-discriminatory manner.	Ensure this policy is implemented in a fair, consistent and non-discriminatory manner.
General Operation of the Scheme				
	Ensure appropriate risk assessments are completed.	Complete relevant risk assessments.	Meet their duty of care to ensure that they comply with the legal requirements of Health & Safety, Road Safety and any other relevant legislation	Provide advice to managers as required
	All Managers who cover areas where drug or alcohol misuse is a safety issue to attend relevant training	Managers in areas where there are identified risks to attend training re recognise signs of possible drug and alcohol consumption		Attend training on drug and alcohol awareness to ensure they are appropriately informed

Appendix 2

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.

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
Coincident with weekends
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. -