



## **Testing for Alcohol and Drugs Misuse.**

### **SUMMARY**

- 1.1 The misuse of alcohol and drugs is a health and safety issue, especially where the employee involved works in a safety critical role. Nationally and locally there has been an increase in the use of recreational and other drugs over the last five years. Internally the organisation has seen an increase in the number of employees asking for support for dependency issues.
- 1.2 The Council's current policy on Alcohol and Drug Related Problems focuses on how to support those employees who have a dependency issue and are willing to take action to address the problem. It does not adequately address how to deal with on going issues with employees who refuse to admit they have a problem, or who refuse to take action to resolve the problem.
- 1.3 There is a need for a more robust approach in dealing with alcohol and drug related issues. Options for this include random alcohol and drug testing for all staff, random alcohol and drug testing for staff in safety critical areas or testing where there is 'cause for concern'. Appendix Two details these options and the advantages and disadvantages to each.
- 1.4 Research on employment law, human rights and employment tribunal cases makes clear that dismissal for alcohol or drugs misuse is unlikely to be legally compliant unless the employee's performance is impaired at work. Advice from our Legal, Public Health and Occupational Health Services is that random drug testing is very unlikely to be suitable.
- 1.5 The introduction of a policy which allows the Council to test where there is 'cause for concern' will help address the safety issues and still provide support where needed. Testing where there is 'cause for concern' includes where changes in behaviour could indicate substance misuse and post accidents, near misses or where there is a complaint or allegation. This is less intrusive of employees' private lives than random testing. It is a proportionate and reasonable response to a possible concern.
- 1.6 Research shows that costs for implementing testing are varied. However, if we using a 'cause for concern' testing policy we have the option to work in partnership with Derby Substance Misuse Centre. This would result in the testing being free to the Council. Derby Substance Misuse Centre can also provide free of charge training for employees on alcohol and drug misuse. Where testing was random it would result in charges to the Council.

## **RECOMMENDATIONS**

- 2.1 Personnel Committee to approve the introduction of the Drug and Alcohol Policy attached at Appendix Three.
- 2.2 To provide relevant training for managers on spotting the signs of alcohol and drug misuse and how to deal with the situation.

## **REASONS FOR RECOMMENDATION**

- 3.1 Introducing a policy which included 'cause for concern' testing would help meet our obligations under the Health and Safety at Work Act 1974. It would also allow us to provide more focussed support to employees who had a dependency problem.
- 3.2 Feedback suggests that managers are unsure of what symptoms might relate to a dependency issue and how to approach employees whom they suspect of misusing drugs or alcohol.

## **SUPPORTING INFORMATION**

- 4.1 The existing policy was written at a time when misuse of drugs and alcohol were less prevalent. Discussions with Public Health and Occupational Health show that a more robust approach is needed to deal with the increasing use of recreational and other drugs.
- 4.2 The legislation that covers this area is varied. The Council has a general duty of care under the Health and Safety at Work Act 1974 for our employees. We also have a duty under the Management of Health and Safety at Work Regulations 1999, to assess the risks to health and safety of our employees. The Road Traffic Act 1998 states that any person who, when driving or attempting to drive a motor vehicle on the road or other public place, is unfit to drive through drink or drugs shall be guilty of an offence. Finally the Misuse of Drug Act 1971 makes the production, supply and possession of controlled drugs unlawful except in certain circumstances – for example, when they have been prescribed by a medical practitioner.
- 4.3 The Council's current policy on Alcohol and Drug Related Problems focuses on how to support those employees who have a problem. The policy states that 'The Policy will not apply to employees who behave in a manner contrary to the standards of safety and conduct. They will be dealt with under the Council's Disciplinary Procedures.' The disciplinary rules make clear that abuse of drugs or alcohol at work is not acceptable. There is no guidance on how to deal with someone caught using drugs or drinking at work, nor guidance on how to deal with someone who is under the influence of drugs or alcohol.
- 4.4 Anecdotally managers have not felt supported in dealing with such issues (the primary focus of the current policy being support of the employee). Managers have also expressed concern about the ability of some supervisors to confront and send home those who they might reasonably suspect of being under the influence. Even where employees have been approached about concerns, there have been cases of denial with seemingly no way around the impasse reached.

- 4.5 Employee's who have approached managers about dependency issues have been supported. However, there is no guidance on how long alternative duties should be allowed to continue, or may need to continue. Without an agreement in place with any referral agency that is being used, only limited information is available about attendance. As a result management may suspect that an employee is not engaging with their programme but could not be sure.
- 4.6 Initial discussions with managers involved in current cases suggested that introducing random drug testing would uncover any hidden issues. However, research conducted into this option revealed a number of reasons why this might be inappropriate:
- Government and HSE guidance is against random testing unless there is strong evidence of a problem in the workforce or the organisation is one involved in transport, aviation or construction.
  - Initial discussions with Trade Unions have indicated that where a policy is applied equally across the Council and all employees there may be support.
  - Random testing across the Council (levels used elsewhere seem to vary between 5 to 7%) would be unlikely to hit the safety critical areas where most cases have been reported and would be expensive to implement.
  - An independent inquiry into Drug Testing at Work by the HSE in 2004 found 'There is no clear evidence that drug testing at work has a significant deterrent effect'.
  - Employment tribunal cases have indicated that it is impairment at work that is a deciding factor on whether disciplinary action was justified.
  - Drug testing can still detect traces long after the affects and therefore impairment have ceased.
- 4.7 Discussions with Public Health, Occupational Health, legal and Health and Safety further highlighted the potential pitfalls of random alcohol and drug testing. Considering all the information gathered a more measured approach is to only test where there is reasonable cause for concern. This can include following an accident, following a near miss, following an investigation into a complaint/allegation or where the employee's behaviour exhibits potential signs of substance misuse. This mitigates intrusion into the employee's private life – which could constitute a breach of human rights.
- 4.8 In order to test where there is cause for concern staff would need to be able to recognise the potential signs of substance misuse. This would require training from suitably qualified people. They would also need training on how to deal employees who they suspected might be misusing substances.
- 4.9 Research into alcohol and drug testing shows that a range of options are available. From the use of an external company to internal delivery, requiring specialist testing machines to be purchased along with the disposable testing kits. Either of these options have substantial costs. The conditions under which testing must be carried out are rigorous and would require employees to be trained in how to conduct them.
- 4.10 The Lead Commissioner for Substance Misuse in Public Health is able to source cost free testing through Derby Substance Misuse Centre – where we are 'cause for concern' testing. Subsequently the cost to the Council would be reduced to work time lost. Derby Substance Misuse Centre is also able to offer suitably qualified staff to train employees on the signs of misuse and how to deal with the situation.

- 4.11 A major advantage to using Derby Substance Misuse Centre for testing is their ability to offer individually tailored programmes to assist people in overcoming dependency issues with alcohol or drugs. Employee's being tested would have immediate access to a support network. Working in partnership with the Centre would facilitate a better exchange of information about employee engagement within the bounds of confidentiality requirements. The Centre could also supply specialist advice when consider alternative duties or a potential return to work.

<b>OTHER OPTIONS CONSIDERED</b>
---------------------------------

- 5.1 See Appendix Two
- 5.2 Do nothing with the policy  
Carry out training for relevant supervisors and HR Advisors to ensure that they are aware of how the current policies can be applied, to deal more rigorously with any perceived or actual misdemeanours. Information from Neighbourhoods and HR Operations suggests that this is not a viable option. It is felt that the current policy is not clear enough on how to deal with what, from current evidence, appears to be an increasing problem in society.

**This report has been approved by the following officers:**

<b>Legal officer</b>	N/A
<b>Financial officer</b>	N/A
<b>Human Resources officer</b>	Tina Holmes
<b>Estates/Property officer</b>	N/A
<b>Service Director(s)</b>	Karen Jewell
<b>Other(s)</b>	Nikki Gibbons, Public Health, Occupational Health

<b>For more information contact:</b>	Tina Holmes 01332 643894 tina.holmes@derby.gov.uk
<b>Background papers:</b>	None
<b>List of appendices:</b>	Appendix 1 – Implications Appendix 2 – Options Table Appendix 3 – Draft Drug and Alcohol Policy Appendix 4 – Drug and Alcohol Policy EIA

**IMPLICATIONS****Financial and Value for Money**

- 1.1 The proposed recommendations have no direct financial cost. However failing to address alcohol and drug misuse could impact on the Council in terms of legal costs arising out of any accidents.
- 1.2 Currently, employees on treatment have been kept on long term alternative duties while their substantive role has been covered by others. There has been no time limit to how long an employee has remained on alternative duties. This has an adverse affect on budgets.
- 1.3 Working in partnership with Derby Substance Misuse Centre represents value for money as there will be no direct financial cost. Costs will be incurred through time lost.

**Legal**

- 2.1 Failing to comply with our responsibilities under the Health and Safety at Work Act 1974 could lead to legal action being taken against the Council. This could also result in damage to the Council's reputation.

**Personnel**

- 3.1 N/A

**Equalities Impact**

- 4.1 Any potential negative impacts have addressed so that employees who may have a dependency issue have the support they need. See attached EIA

**Health and Safety**

- 5.1 Failure to act could result in actual harm to our employees and the general public.
- 5.2 If an employee under the influence of alcohol or drugs caused an accident the Council could be held responsible, unless we could show how we had complied with the Health and Safety at Work Act.

**Environmental Sustainability**

- 6.1 N/A

**Property and Asset Management**

- 7.1 N/A

## **Risk Management**

8.1 N/A

### **Corporate objectives and priorities for change**

- 9.1 Implementing the recommendations would support the Council's objectives for:  
Good health and Wellbeing and  
Being safe and feeling safe
- 9.2 The recommendations also meet the Council's value of Honest and Respect

Options Table

Policy Type	Advantage	Disadvantages
<p>Testing for alcohol and drugs where there is 'cause for concern'. For example post accident or near miss, changes in behaviour indicating a possible problem or following a substantiated complaint.</p>	<ol style="list-style-type: none"> <li>1. Equality, testing is only applied where there is cause for concern.</li> <li>2. No cost for testing.</li> <li>3. Limited cost on training for managers.</li> <li>4. Dismissals would be legally fair.</li> <li>5. Follows advice from Legal, Public Health and Occupational Health Services.</li> <li>6. Meets HSE requirements for a proportionate response.</li> <li>7. Meets Trade Unions request that any policy is applied equally across the Council</li> </ol>	<ol style="list-style-type: none"> <li>1. Time cost for managers and HR Advisors to attend alcohol and drug awareness training.</li> <li>2. Where an employee does not display any outward signs of alcohol or drug misuse any issues may be overlooked.</li> </ol>
<p>Random alcohol and drug testing for all staff</p>	<ol style="list-style-type: none"> <li>1. Equality, no one area would be singled out.</li> <li>2. Alcohol or drug misuse could be uncovered where there are no outwards signs.</li> <li>3. Meets Trade Unions request that any policy is applied equally across the Council</li> </ol>	<ol style="list-style-type: none"> <li>1. The substantial cost of using an external agency to carry out legally binding test. Or the costs of additional staffing resource and training to carry out random tests. This would still require us to send off positive test for laboratory testing.</li> <li>2. Costs of training <b>all</b> staff on reasons for testing and potential false positive.</li> <li>3. Extra time cost for managers and HR Advisors to attend alcohol and drug awareness training.</li> <li>4. Random testing of all staff could not target specific areas, so unless high levels of random testing were conducted it could be that some teams were not tested in a year.</li> <li>5. HSE research shows random testing is not a deterrent.</li> <li>6. HSE guidance suggests random testing should only be used where there is adequate justification or risk assessment indicating a high level risk.</li> <li>7. Dismissal following a positive result if not coupled with</li> </ol>

		<p>impairment at work could result in successful employment tribunal claims.</p> <p>8. Potential breach in human rights if disciplinary action is based on activity carried out in the employee's social life with no impairment at work.</p> <p>9. Possible exposure to civil claims</p>
<p>Random alcohol and drug testing in safety critical roles</p>	<ol style="list-style-type: none"> <li>1. Testing would target safety critical roles whilst remaining random</li> <li>2. Alcohol or drug misuse could be uncovered where there are no outwards signs.</li> <li>3. Meets HSE requirements for a proportionate response.</li> </ol>	<ol style="list-style-type: none"> <li>1. The substantial cost of using an external agency to carry out legally binding test. Or the costs of additional staffing resource and training to carry out random tests. This would still require us to send off positive test for laboratory testing.</li> <li>2. Costs of training staff in safety critical roles on reasons for testing and potential false positive.</li> <li>3. Time cost for managers and HR Advisors to attend alcohol and drug awareness training.</li> <li>4. HSE research shows random testing is not a deterrent.</li> <li>5. Dismissal following a positive result if not coupled with impairment at work could result in successful employment tribunal claims.</li> <li>6. Potential breach in human rights if disciplinary action is based on activity carried out in the employee's social life with no impairment at work.</li> <li>7. Possible exposure to civil claims.</li> <li>8. Does not meet Trade Unions request that any policy is applied equally across the Council</li> </ol>



# 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	Version 2

## **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 alcohol and/or drugs 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 Employees will only 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.

- 3.2 Where a line manager observes unusual behaviour or unacceptable performance they should make a record of it and must speak to the employee confidentially. The line manager must explain what behaviour or performance they have observed and ask if there is any explanation for it. The meeting must be recorded.
- 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
<b>Every employee must use the procedure and guidance on iDerby</b>				
<b>Fairness and equality</b>				
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.
<b>General Operation of the Scheme</b>				
	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

### 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. -



Derby City Council

# **Equality impact assessment form**

**Appendix 4**

**Directorate      Resources**

**Service area HR and Business Support**

**Name of policy, strategy, review or  
function being assessed - Drug and  
alcohol Policy**

**Date of assessment      November 2013**

**Signed off by**

**Derby... *Achieving***



## 1 What's the name of the policy you are assessing?

Drug and Alcohol Policy

## 2 The assessment team

Team leader's name and job title – Tina Holmes, HR Advisor

Other team members

Name	Job title	Organisation	Area of expertise
Liz Moore	Strategic HR Business Partner	Derby City Council	HR
Ben Ward	Team Leader, HR	Derby City Council	HR
Sue Farmery	HR Advisor	Derby City Council	HR
Tania Hay	HR Advisor	Derby City Council	HR
James Sutherland	Lead Commissioner Substance Misuse	Derby City Council	Substance misuse

## 3 What are the main aims, objectives and purpose of the policy? How does it fit in with the wider aims of the Council? Include here any links to the Council Plan or your Directorate Service Plan.

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.

The policy aims to ensure that an employees' use of either drugs or alcohol does 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 general public.

## 4 Who delivers the policy, including any outside organisations who deliver under procurement arrangements?

Line managers deliver in partnership with Derby Substance Misuse Centre and supported by HR in an advisory capacity.

## 5 Who are the main customers, users, partners, employees or groups affected by this proposal?

All employees and members are covered by the policy.

**6 Who have you consulted and engaged with so far about this policy and what did they tell you? Who else do you plan to consult with? – tell us here how you did this consultation and how you made it accessible for the equality groups**

We have consulted with four line managers and the Legal, Public Health, Occupational Health, Health and Safety departments. We have also consulted with referral agencies, GP's and the Trade Unions.

The needs of any individual using drugs and/or alcohol problematically was represented by treatment service specialists. This input supported the production of a policy which was supportive but placed on emphasis on employees to take personal responsibility for their own timely recovery from any period of drug/alcohol problems.

Individuals who use drugs and or alcohol may do so recreationally (in their personal time). This is not to say all individuals who use drugs/alcohol recreationally will do so problematically. The key consideration is ensuring the individual is fit to undertake their normal work duties without putting themselves, colleagues or members of the public at risk. Acknowledgement is given to the need to assess any positive test results on a case by case basis in order to consider the length of time during which time the substance may remain present in the body. Working in collaboration with Derby Substance Misuse Centre ensures the Council have access to expert advice and information to support line managers.

The input was also sought from GP representatives who may prescribe medications to individuals which although legal in their origin may either result in positive tests or require the undertaking of risk assessment in cases where medication impacts on the individual's ability to undertake their normal duties in a safe manner.

Any positive test results will require a risk assessment to be undertaken which will be centred around the role specific to the individual, reinforcing the need for a case by case review.

**7 Using the skills and knowledge in your assessment team, what do you already know about the equality impact of the policy on particular groups? Also, use any other information you know about such as any customer feedback, surveys, national research or data. Indicate by a tick for each equality group whether this is a negative impact, a positive one or if you are not sure**

<b>Equality groups</b>	<b>What do you know?</b>	<b>Positive impact</b>	<b>Negative impact</b>	<b>Not sure</b>
<b>Age</b>	HSE statistics show that people under the age of 25 are more likely to have taken drugs in a social setting in the last 12 months. They are also more likely to take part in binge drinking.	<b>X</b>		

	<p>HSE statistics show that middle aged or older people are more likely to drink on a regular basis and can enter dependency without realising what is happening.</p> <p>The policy is supportive for those employees who have a dependency issue. This is likely to result in a positive impact for those people who have become dependant on illegal, legal drugs or alcohol. The policy is designed to address where there is impairment at work, this means that for those who drink or use drugs socially there is likely to be no impact.</p>			
<b>Disability</b>	<p>There are some medical conditions where the use of marijuana has been proven to have beneficial effects. There is also the potential for employees to become addicted to legal drugs for example, pain management or depression.</p> <p>The policy is supportive for those employees who have a dependency issue. This is likely to result in a positive impact for those people who have become dependant on legal drugs. The policy is designed to address where there is impairment at work, this means that for those who use drugs to manage their condition outside of work there is likely to be no impact.</p> <p>The policy incorporates different testing methodologies in order to maintain the dignity of anyone with any form of disability.</p>	<b>X</b>		
<b>Gender</b>	No specific impact identified.			
<b>Marriage and civil partnership</b>	No specific impact identified.			
<b>Pregnancy and maternity</b>	No specific impact identified.			
<b>Race</b>	No specific impact identified.			
<b>Religion or</b>	There are some religions, for example,	<b>X</b>		

<b>belief or none</b>	Rastafarian, where the use of drugs is a part of the culture.  The policy is designed to address where there is impairment at work, this means that for those who use drugs outside of work there is likely to be no impact.			
<b>Sexuality</b>	No specific impact identified.			
<b>Trans gender</b>	No specific impact identified.			
<b>People on low income</b>	Alcohol or drugs can be used by those on low incomes as a way to 'escape' from the reality of their everyday lives.  The policy is supportive for those employees who have a dependency issue. As a result it is likely to result in a positive impact for those people who have become dependant on illegal/legal drugs or alcohol. The policy is designed to address where there is impairment at work, this means that for those who drink or use drugs socially there is likely to be no impact.	<b>X</b>		

**8 From the information you have collected, how are you going to lessen any negative impact on any of the equality groups? How are you going to fill any gaps in information you have discovered?**

The policy has been written to ensure that any negative impact on the equality groups is mitigated. This is achieved by ensuring that employees who have dependency issues are professionally supported.

A critical success factor to the new policy is employees having a clear message that this is not intended to be punitive and is first and foremost designed to be supportive to any individuals experiencing drug and/or alcohol problems whilst ensuring their welfare and that of colleagues and customers whilst at work.

**9 What outcome does this assessment suggest you take? – you might find more than one applies. Please also tell us why you have come to this decision?**

<b>Outcome 1</b>		<b>No major change needed</b> – the EIA hasn't identified any potential for discrimination or negative impact and all opportunities to promote equality have been taken
<b>Outcome 2</b>		<b>Adjust the policy</b> to remove barriers identified by the

		EIA or better promote equality. Are you satisfied that the proposed adjustments will remove the barriers you identified?
<b>Outcome 3</b>		<b>Continue the policy</b> despite potential for negative impact or missed opportunities to promote equality identified. You will need to make sure the EIA clearly sets out the justifications for continuing with it. You need to consider whether there are sufficient plans to reduce the negative impact and plans to monitor the actual impact
<b>Outcome 4</b>		<b>Stop and rethink</b> the policy when the EIA shows actual or potential unlawful discrimination

Our Assessment team has agreed Outcome number(s)

1

Why did you come to this decision?

The policy is supportive resulting in positive impacts for those who might be affected. Any requirement to have a more in depth knowledge around drugs or alcohol than would normally be expected by managers within the Council is mitigated against by utilising links with the Derby Substance Misuse Centre.

**10 How do you plan to monitor the equality impact of the proposals, once they have been implemented?**

The number of tests carried out by area will be monitored, as will the take up of treatment programmes, the success rate of individuals receiving support and a reduction in the episodes of sickness associated with individuals availing themselves of support.

**Equality action plan – setting targets and monitoring**

<b>What are we going to do to improve equality?</b>	<b>How are we going to do it?</b>	<b>When will we do it?</b>	<b>What difference will this make?</b>	<b>Lead officer</b>	<b>Monitoring arrangements</b>
Monitor number of tests conducted by area and equality groups.	Managers will report testing to HR	Quarterly	The information will be shared with the Trade Unions to monitor for potential discrimination.		

**Make sure you include these actions in your service business plans**