

Alcohol and Substance Misuse Policy

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Equality, Diversity And Human Right Statement	The Trust is committed to an environment that promotes equality and embraces diversity in its performance both as a service provider and employer. It will adhere to legal and performance requirements and will mainstream Equality, Diversity and Human Rights principles through its policies, procedures, service development and engagement processes. This procedure should be implemented with due regard to this commitment.		
To be read in conjunction with / Associated Documents:	Equality and Diversity Policy Sickness Management Policy Disciplinary Policy Capability Policy Whistleblowing Policy	Information Classification Label	<input type="checkbox"/> Unclassified
Access to Information	To access this document in another language or format please contact the policy author.		

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1. Introduction

There is a growing recognition that alcohol can contribute to inefficient working, accidents at work, absenteeism and, in extreme cases, health problems and social breakdown.

Drugs and other substance misuse is an ongoing cause for concern. Although less documented than alcohol issue it can also create problems in the workplace such as absenteeism, increased accident rates and deteriorating workplace relationships.

The Trust recognises that excessive or inappropriate use of alcohol or drugs may result in health problems and as an employer, we are committed to promoting the health, safety and welfare of our staff, patients and visitors.

As an organisation directly concerned with health care and health promotion, the Trust is anxious to promote sensible practices in relation to alcohol and raise awareness regarding the potentially damaging consequences to health caused by substance abuse.

2. Purpose

This policy aims:

- To raise awareness amongst the workforce of the use and misuse of alcohol and to promote sensible drinking. On this issue, the policy provides a framework to the Trust Health and Wellbeing initiatives. Alcohol and substance misuse issues are a key area of health and wellbeing activity.
- To raise awareness amongst the workforce of substance abuse issues
- To facilitate the early identification of problems related to alcohol/substance abuse amongst the workforce and ensure the provision of appropriate support and/or treatment.

To outline the correct management of employees who may have an alcohol or substance abuse problem. Identify resources available to assist managers and staff whilst recognizing the individual nature of many alcohol and substance misuse issues.

3. Scope

The policy applies to all employees of the Trust and will be adapted to handle issues relating to all other workers, i.e. all bank staff, agency workers, trainees, volunteers, students, contracting staff and self-employed NHS professionals.

4. Policy Content

4.1 Legal Implications

Employers have obligations under common law and various statutes, notably the Health and Safety at Work Act 1974, to provide a safe environment for work.

Employers are obliged to take reasonable steps to ensure that their employees are not acting under the influence of alcohol or drugs if this is likely to risk the health and safety of others. Employees themselves have a duty not to place their colleagues, patients in their care, or themselves at risk of injury.

Taking drugs or consuming alcohol, either on or off duty, where this affects the performance of duties, will be a fair reason for dismissal under the Employment Rights Act 1996 on grounds of either capability and /or misconduct.

4.2 Definitions

Sensible Drinking

Please refer to The Department of Health "Sensible Drinking Guidelines" reproduced within "Safe, Sensible, Social a National Alcohol Strategy" (Department of Health 2007) for information regarding daily alcohol consumption units.

Alcohol misuse/problem drinking

Any drinking, either intermittent or continual, which definitely and repeatedly interferes with a person's health, social functioning and/or work capability or conduct.

Drug and substance misuse

Includes the use of illegal drugs, the abuse of prescribed drugs and everyday substances like glue, lighter fuel and solvents. The misuse of these substances will collectively be referred to as 'substance misuse'.

4.3 Alcohol Consumption and Work

Alcohol must not be consumed by staff:

- At any time when on duty.
- In wards or patient areas at any time whether on or off duty.
- In other work areas whether on or off duty.
- 8 hours prior to the commencement of duty.
- During meal breaks.
- When on call
- At work functions on Trust premises

4.4 Dealing with employees who arrive/return to work after having consumed alcohol

Any member of staff arriving at or returning to work, having consumed alcohol and who are thought to be incapable by their line managers of carrying out their duties must be sent home immediately. The line manager must, given their duty of care, ensure that the individual is in a fit state to understand what is happening, and make reasonable efforts to ensure that they are returned home safely.

Line managers must then give due consideration to invoking the disciplinary procedure. Guidance will be available from an appropriate HR Advisor.

Any member of staff who repeatedly breaches this part of the policy should be managed in accordance with the Trust Disciplinary procedure. The employee should be given a copy of the Disciplinary policy along with a copy of this policy.

4.5 Dealing with the employee who is a habitual drinker

Dependence on alcohol is not, in itself, a disciplinary offence and will normally be dealt with as any other health problem and therefore managed in accordance with the Managing Sickness Absence Policy. The aim is rehabilitation and support. The highest standards of confidentiality must be observed throughout.

Please see section 4.9 for the procedure to be followed when an employee is suspected of having an alcohol dependency problem, or requests support.

4.6 Other Drugs

Prescribed Medication

Staff taking prescribed or other medication should contact the Occupational Health Department for advice if they think that the medication they are taking may have an adverse effect on their ability to carry out their duties.

In any case staff required to take medicinal drugs, that may potentially affect their work performance are encouraged to let their manager know so as to avoid any misunderstandings

4.7 Dealing with the employee demonstrating symptoms of substance abuse whilst on duty

Members of staff demonstrating symptoms of substance abuse or related problems whilst on duty must be advised by their line manager, informed that formal disciplinary proceedings may be commenced and then be suspended from duty.

Staff found to be using or be in possession of illegal substances will be subject to the Trust's Disciplinary Procedures.

In either situation described above, an appropriate Trust senior manager will decide whether circumstances dictate that the police are contacted. Where professional staff are concerned, the manager will decide whether the appropriate statutory regulatory body e.g. NMC, GMC etc. needs to be contacted in order for them to take the appropriate action as laid out in their constitution.

4.8 Dealing with employees suspected of having substance abuse problems

Suspected substance abuse in itself is not a disciplinary offence (unless it is judged will have an adverse effect on the individual's performance). In most cases it will be dealt with as any other health problem and therefore managed in accordance with the Managing Sickness Absence at Work Policy. However, misuse of any drugs may render staff liable to disciplinary and, possibly, criminal proceedings.

Whilst acknowledging the Trust's overriding responsibility to ensure the safety of staff, members of the public and patients in its care, the aim in relation to substance abuse is rehabilitation. Staff admitting to a drug problem should be treated sympathetically and be encouraged to seek appropriate help from Occupational Health, the Trust Substance Misuse Specialist Nurse, their own GP or a specialist drug agency. The highest standards of confidentiality will be observed throughout.

Please see section 4.9 for the procedure to be followed when a problem is suspected.

4.9 Procedure to be followed when problems are suspected – identification of a drink or substance misuse problem

Early recognition of alcohol and substance misuse related problems is the most effective means in the prevention of harm to the problem drinker. Early intervention can therefore negate the need for punitive measures to be taken. Recognising the existence of a problem and making an effort to effect a remedy is a shared responsibility involving the member of staff, their staff side representative, colleagues and managers. However it is important that managers recognise and take action appropriate to their overall responsibilities for the health and safety of all their staff when dealing with a problem related to an individual. All managers must follow the procedure and its application consistently.

The key factor lies in enabling accurate and valid assessment of the scale and level of the problem. Any individual must acknowledge and accept that he/she has a problem, and have a willingness to receive support.

Such problems may manifest themselves as:

- Poor attendance levels
- Poor work performance
- Poor time keeping
- High accident rate
- Difficulty in concentration
- Unusual or erratic behaviour
- Sudden changes to normal routines

It is also possible that staff may approach their manager/supervisor themselves or that the existence of a problem may be reported by a colleague or through information supplied by Occupational Health or a doctor. Information obtained in this way must be treated in strict confidence and the identity of staff reporting their concerns will not be divulged without their consent.

The Business Human Resources Department is available for advice and support at all stages of the process.

In all cases the manager should be sympathetic, manage the situation, and refer the person to professional help. It would not be appropriate for any manager to assume personal responsibility for providing professional guidance or treatment.

In some cases the employee may deny that they have a problem. Appendix 1 gives guidance to managers when dealing with such a situation.

4.10 Management Intervention

Meet with Member of Staff

The manager/supervisor will meet with the member of staff and reference should be made to the behaviour which has given cause for concern. The manager may wish to discuss the issue with professionals in this area including Business Human Resources, the Alcohol Nurse Specialist Nurse Team or the Substance Misuse Specialist Nurse for general advice without breaching confidentiality, if they feel that this is appropriate. Judgement and discretion must be applied at this stage to determine whether or not to offer an opportunity for the member of staff to be accompanied. Should the member of staff ask to be accompanied by a colleague or union representative this must be accepted.

At this stage, it is not a disciplinary situation and must not be handled as such. However it is important for managers to record the details of the discussion and any agreed actions arising from it. Written notes of any meetings must be given to the employee for consideration. The notes must then be mutually agreed and signed by both parties within 5 working days

The member of staff should be given the opportunity to explain the reasons behind the behaviour, and should be asked whether there are any underlying problems.

If the individual does not volunteer discussion about alcohol/drug related problems the manager should advise of their concerns and encourage him/her to discuss the matter with an appropriate professional. At all times patient care must be paramount.

Offer Support

During this discussion with the employee, the manager will refer him/her to the Occupational Health Department or, if the employee so wishes, direct to another agency (see section 6. 3) notifying the Occupational Health Department accordingly.

The Occupational Health Department will offer support and advice. Where appropriate referral to another agency will be arranged, and in liaison with that agency, they will monitor progress. Subject to the rules of professional confidentiality, Occupational Health will provide appropriate information to the manager.

It is appropriate and acceptable for an employee to seek advice direct from a general practitioner, another outside agency or from a source other than the Line Manager, for example the Occupational Health Department or Human Resources Department or Specialist Nurses. If this is the case the normal standards of professional confidentiality will be observed. Where, exceptionally, time off work for treatment during the working day is needed, the Line Manager must be informed of the proposed absence (but not the reason for it), by the organisation/person arranging it.

Action Plan

The line manager, with support from Occupational Health, should propose and agree an action plan with the member of staff, which includes plans for treatment, rehabilitation, any other support for the employee, timescales and agreed acceptable standards of performance and conduct, if appropriate.

Time off for Treatment

Reasonable time off will be granted for staff to attend appointments in respect of their treatment.

In a case where the employee has taken time off for treatment, arrangements for a return to work will be overseen by the Occupational Health Department working in conjunction with the Line Manager and, where appropriate, Human Resources.

Where dependence is not eliminated or controlled sufficiently to allow resumption of normal working arrangements within a reasonable period of time, the employee may require to be managed under the Trust's Disciplinary Policy. A member of Business HR must be consulted prior to any action being taken.

4.11 Invoking the Disciplinary or Capability Procedure in relation to alcohol/substance abuse problems

Where a manager is satisfied that an offence or work problem, e.g. absenteeism, violent behaviour, or substandard work, results from or reflects alcohol/substance abuse, this must be taken into account in determining the appropriate course of action. A member of Business HR must be contacted for advice before any formal disciplinary action is taken, in accordance with the Trust Disciplinary or Capability Procedures.

Where the manager and member of staff acknowledge the health problem and agree a course of action aimed at rehabilitation, disciplinary action will be inappropriate, unless there is a subsequent failure to maintain the agreed acceptable standards of performance and conduct or unless the situation is sufficiently serious.

In the most serious cases, dismissal on grounds of incapability may remain appropriate. In these cases, however, where an employee acknowledges their dependence and agrees to accept appropriate help and/or treatment, a lesser sanction will be considered.

4.12 The right to representation and confidentiality

Staff side representatives have an important part to play and are well placed to support the implementation of this policy.

An employee may be accompanied by a staff side representative, a colleague or a friend in any discussion and the manager will advise the employee of this right.

It should also be stressed to individuals seeking help that their situation will be kept in the strictest confidence.

5. Exceptions

No exceptions.

6. Training

The Trust acknowledges the importance of awareness and skills training for managers to ensure the effective implementation of this Policy. Working in partnership Business Human Resources will provide appropriate support through a variety of means including formal skills training, informal Policy Briefings or Guidance Toolkits.

Education can help managers and employees understand alcohol/substance misuse, recognise its symptoms and side effects and encourage people to seek help. It can also raise awareness about the dangers of these problems and the help and support that is available in such situations.

The Trust will aim to raise awareness of these issues through its education and training programmes, notably:

- Induction
- Health and Safety training
- Management training
- Mental Health Training

7. Monitoring of compliance

The Business Human Resources Team will be responsible for the management of this policy, on behalf of the Joint Negotiating Group - HR Policy. The formal review of all HR Policies will be undertaken on two year basis in accordance with the Trusts HR Policy Review Programme. In addition, the effectiveness of this policy will be monitored by Business HR and the policy may be reviewed and amended at any time if is deemed necessary. Notification of any changes to policies will be communicated to all staff.

Staff should be aware that the Trust intranet site version of this document is the only version that is maintained and controlled. Any printed copies should be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

8. Relevant regulations, standards and references

Health and Safety at Work Act 1974

9. Equality, diversity and human right statement

The Trust is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality, diversity and human

rights principles through its policies, procedures and processes. This policy should be implemented with due regard to this commitment.

To ensure that the implementation of this policy does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full impact assessment conducted where necessary after appropriate consultation. The Trust will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor workforce and employment practices to ensure that this policy is fairly implemented.

This policy and procedure can be made available in alternative formats on request including large print, braille, moon, audio cassette, and different languages. To arrange this please contact Business Human Resources in the first instance.

The Trust will endeavour to make reasonable adjustments to accommodate any employee with particular equality and diversity requirements in implementing this policy and procedure. This may include accessibility of meeting venues, providing translation, arranging an interpreter to attend meetings, extending policy timeframes to enable translation to be undertaken, or assistance with formulating any written statements.

10. Legal requirements

This document meets legal and statutory requirements of the EU General Data Protection Regulation (EU 2016/679) and all subsequent and prevailing legislation. It is consistent with the requirements of the NHS Executive set out in Information Security Management: NHS Code of Practice (2007) and builds upon the general requirements published by NHS Digital/Connecting for Health (CfH).

11. Appendices

11.1 Appendix 1: Equality impact assessment

Title	
Strategy/Policy/Standard Operating Procedure	
Service change (Inc. organisational change/QEP/ Business case/project)	
Completed by	
Date Completed	

Description *(provide a short overview of the principle aims/objectives of what is being proposed/changed/introduced and the impact of this to the organisation)*

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Who will be affected *(Staff, patients, visitors, wider community including numbers?)*

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The Equality Analysis template should be completed in the following circumstances:

- **Considering developing a new policy, strategy, function/service or project(Inc. organisational change/Business case/ QEP Scheme);**
- **Reviewing or changing an existing policy, strategy, function/service or project (Inc. organisational change/Business case/ QEP Scheme):**
 - If no or minor changes are made to any of the above and an EIA has already been completed then a further EIA is not required and the EIA review date should be set at the date for the next policy review;
 - If no or minor changes are made to any of the above and an EIA has NOT previously been completed then a new EIA is required;
 - Where significant changes have been made that do affect the implementation or process then a new EIA is required.

Please note the results of this Equality Analysis will be published on the Trust website in accordance with the Equality Act 2010 duties for public sector organisations.

Section 1 should be completed to analyse whether any aspect of your paper/policy has any impact (positive, negative or neutral) on groups from any of the protected characteristics listed below.

When considering any potential impact you should use available data to inform your analysis such as PALS/Complaints data, Patient or Staff satisfaction surveys, staff numbers and demographics, local consultations or direct engagement activity. You should also consult available published research to support your analysis.

Section 1 – Initial analysis

Equality Group	Any potential impact? Positive, negative or neutral	Evidence <i>(For any positive or negative impact please provide a short commentary on how you have reached this conclusion)</i>
Age <i>(Consider any benefits or opportunities to advance equality as well as barriers across age ranges. This can include safeguarding consent, care of the elderly and child welfare)</i>		
Disability <i>(Consider any benefits or opportunities to advance equality as well as impact on attitudinal, physical and social barriers)</i>		
Gender Reassignment <i>(Consider any benefits or opportunities to advance equality as well as any impact on transgender or transsexual people. This can include issues relating to privacy of data)</i>		
Marriage & Civil Partnership <i>(Consider any benefits or opportunities to advance equality as well as any barriers impacting on same sex couples)</i>		
Pregnancy & Maternity <i>(Consider any benefits or opportunities to advance equality as well as impact on working arrangements, part time or flexible working)</i>		
Race <i>(Consider any benefits or opportunities to advance equality as well as any barriers impacting on ethnic groups including language)</i>		
Religion or belief <i>(Consider any benefits or opportunities to advance equality as well as any barriers effecting people of different religions, belief or no belief)</i>		
Sex <i>(Consider any benefits or opportunities to advance equality as well as any barriers relating to men)</i>		

<i>and women eg: same sex accommodation)</i>		
Sexual Orientation <i>(Consider any benefits or opportunities to advance equality as well as barriers affecting heterosexual people as well as Lesbian, Gay or Bisexual)</i>		

If you have identified any **positive** or **neutral** impact then no further action is required, you should submit this document with your paper/policy in accordance with the governance structure.

You should also send a copy of this document to the equality impact assessment email address.

If you have identified any **negative** impact you should consider whether you can make any changes immediately to minimise any risk. This should be clearly documented on your paper cover sheet/Project Initiation Documents/Business case/policy document detailing what the negative impact is and what changes have been or can be made.

If you have identified any negative impact that has a high risk of adversely affecting any groups defined as having a protected characteristic then please continue to section 2.

Section 2 – Full analysis

If you have identified that there are potentially detrimental effects on certain protected groups, you need to consult with staff, representative bodies, local interest groups and customers that belong to these groups to analyse the effect of this impact and how it can be negated or minimised. There may also be published information available which will help with your analysis.

<u>Is what you are proposing subject to the requirements of the Code of Practice on Consultation?</u>	Y/N
Is what you are proposing subject to the requirements of the Trust’s Workforce Change Policy?	Y/N
Who and how have you engaged to gather evidence to complete your full analysis? (List)	
What are the main outcomes of your engagement activity?	
What is your overall analysis based on your engagement activity?	

Section 3 – Action Plan

You should detail any actions arising from your full analysis in the following table; all actions should be added to the Risk Register for monitoring.

Action required	Lead name	Target date for completion	How will you measure outcomes

Following completion of the full analysis you should submit this document with your paper/policy in accordance with the governance structure.

You should also send a copy of this document to the equality impact assessment email address

Section 4 – Organisation Sign Off

Name and Designation	Signature	Date
Individual who reviewed the Analysis		
Chair of Board/Group approving/rejecting proposal		
Individual recording EA on central record		

11.2 Appendix 2: Roles and responsibilities

Role	Responsibility
Director of Workforce	<p>The Director of Workforce is responsible for ensuring that this Policy is fully implemented and that there is a continuing commitment to alcohol and substance misuse education and training.</p>
Line Manager	<p>Managers are responsible for ensuring that they fully understand the requirements of this policy and that it is fully implemented into their area of responsibility.</p> <p>Managers are responsible for ensuring that staff are fully conversant with the policy and therefore understand what is expected from them.</p> <p>Managers should also be aware of the potential effects of alcohol and substance misuse and be alert to and monitor changes in their staff's work performance and attendance, sickness and accident patterns.</p> <p>Managers should intervene early when there are indications of potential problems and encourage staff to seek help at the earliest possible stage.</p> <p>Managers should be aware, and ensure that their staff are aware, of the confidential nature of the procedure for dealing with problems under this policy.</p>
Employees	<p>Staff are responsible for ensuring the safety and welfare of themselves and others. In relation to this policy they should:</p> <ul style="list-style-type: none"> • Discuss concerns with a senior member of staff if they believe a colleague is working under the influence of drink or drugs whilst retaining confidentiality • Encourage colleagues to seek help if appropriate • Avoid covering up for or colluding with colleagues as this could potentially worsen the situation • Seek help from their manager, Occupational Health, Staff Counselling or an outside agency when concerned about their own drinking or use of drugs. If an employee thinks that they may need help or advice, they should contact their manager or the Occupational

	<p>Health Department about help that can be offered. Recognising the problem and getting help are the first vital steps.</p>
<p>Human Resources</p>	<p>Business Human Resources have a responsibility to monitor the implementation of the policy and to ensure that procedures are managed fairly and consistently across the Trust. Business Human Resources will provide training, guidance and support to line managers on the operation of this policy at all stages.</p> <p>A HR representative* will normally attend all formal meetings (given due consideration to circumstances).</p> <p>*An appropriate level of professional Human Resources Advisory Support given the circumstances of each case. This may be a HR Advisor, HR Manager, HR Business Partner or Director of HR & OD.</p>
<p>Occupational Health/Specialist Nursing Team</p>	<p>The Occupational Health Department is responsible for providing advice and guidance to managers on how to identify whether work problems are related to alcohol or substance misuse and, if so, how best to help the individual.</p> <p>The department is also responsible for providing or arranging an impartial, confidential service to staff which may include assessment, counselling, or referral to alcohol services within the RLBUHT or another agency, for staff with alcohol or other substance abuse problems. This also includes situations where the employees refer themselves for help.</p> <p>The Alcohol Specialist Nursing Team and the Substance Misuse Specialist Nurse provide specific training to equip managers with the knowledge and understanding of alcohol and substance misuse and related problems in order to equip them with the basic skills to carry out their responsibilities within the policy. They will also help to raise awareness in the Trust of problems associated with alcohol and substance misuse. Referral to the Alcohol Specialist Nurse Team and the Substance Misuse Nurse Specialist should be made through the Occupational Health Service.</p>

11.3 Appendix 3: Useful Contacts

Within the Trust employees can be referred or self-refer to the Occupational Health Department or the Staff Counselling service. Details of these and other internal support services can be obtained from the Human Resources team.

Business HR Services

0151 706 4682

Staff Counselling Service

0151 330 8103

Occupational Health

0151 706 6226

Staff Side Union Office

0151 706 2036

The following organisations / websites provide useful information and advice. The Trust does not take responsibility for the availability, or content, of the advice or information offered:

Windsor Clinic Alcohol Treatment,

Mersey Care NHS Trust,

Fazakerley Hospital,

Longmoor Lane,

Liverpool, L97 AL

0151 529 2450

Merseyside and Cheshire Alcohol Service,

4th Floor, Merseyside House

9, South John Street

Liverpool L1 8BN

0151 707 1221

Alcoholics Anonymous

Helpline: 0845 769 7555 (calls charged at local rate)

Website: www.alcoholics-anonymous.org.uk

Liverpool - 0151 709 2900

Alcohol Concern

Website: www.alcoholconcern.org.uk

Drinkline - The National Alcohol Helpline

Helpline: 0800-917 8282

The Drug Dependency Clinic, (DDU), Hope House

1-3 Rodney Street, Liverpool L1 9ED.

0151 234 5800

A decorative graphic in the top left corner consisting of several overlapping curved bands in shades of purple, pink, orange, and green.

Frank
0800 776600
<http://www.talktofrank.com/>

Liverpool Community Alcohol Service
0151 529 4504
www.liverpoolalcoholservice.nhs.uk

National Drugs Helpline
0800 77 66 00

Narcotics Anonymous
Tel. 0207 2514007
Helpline: 0207 7300009 (10am to 10pm, everyday)
Website: www.ukna.org

11.4 Appendix 4: Guidance for Managers

Identification of Problem

The symptoms, behaviour or appearances given below, in isolation may appear insignificant, but when occurring in combinations may indicate the presence of a problem.

Absenteeism

- multiple unauthorised absences
- excessive sick leave
- absence on certain days, particularly near weekends
- excessive lateness
- leaving work early
- frequent occurrences of certain illnesses e.g. diarrhoea, colds, flu etc

High Accident Rate

- frequent accidents both in and out of work

Difficulty in Concentration

- work requires greater effort
- tasks take more time
- difficulty in recalling instructions, details etc
- increasing difficulty in handling complex assignments

Spasmodic Work Patterns

- alternative periods of high and low productivity
- increasing general unreliability and unpredictability
- repeated absences from work area more than the job requires
- long coffee breaks

Generally Deteriorating Job Efficiency (unusual for the individual)

- missed deadlines
- mistakes due to inattention or poor judgment
- wasting materials supplies etc.
- making bad decisions
- improbable excuses for poor work performances

Poor Employee Relations at Work (unusual for the individual)

- over-reaction to real or imagined criticism
- unreasonable resentments
- irritability
- complaints from co-workers
- avoidance of line manager or colleagues

Alcohol Problems – health/appearance

It is often difficult to rely on appearance alone as an objective indicator of alcohol problems. However, there are a number of signs which can be indicative of an

underlying problem. These measures are very subjective and can be present in diabetes, stress disorders etc
Persistent smell of alcohol, fresh or stale, particularly early in the morning.
The frequent use of strongly flavoured sweets.
Hand tremor.
Facial flushing and pink bleary eyes.
Becoming unkempt, lack of hygiene.
Sweating of brow.
Serious and frequent hangovers.

Intervention

For a manager to intervene, they must be prepared with support from the Alcohol Nurse Consultant if appropriate to discuss with the individual some basic, elementary knowledge about the alcohol or substance in question. Research suggests that a habitual drinker or substance misuser frequently feels alone with the problem, and the manager must not knowingly exacerbate the situation.

A manager must intervene in the interests of their employee's health, or if there is potential for risk to other members of staff, patients or any other person; as well as in situations where work capability is impaired. The fact that the employee may be drinking to excess/using substances in his/her own time should not be an excuse for the employer to refuse to intervene.

There are many ways of intervening be it disciplinary or health care reasons. Under Section 7 of the Health and Safety at Work Act, employees have a responsibility to take care of their colleagues.

When dealing with an employee whom you suspect has a drink/substance abuse problem the following steps should help:

Keep accurate, confidential records of instances of poor performance or other problems

Interview the worker in private.

Establish a rapport, show concern and be sure of your evidence and facts

Concentrate on the instances of poor performance that have been identified

Ask for the worker's reasons for poor performance and question whether it could be due to a 'health' problem, without specifically mentioning alcohol/drugs in the first instance

Have accurate information about alcohol/drugs and their effects and use if necessary

Discuss possible work-related causes such as excessive workload or too much responsibility

Discuss, but do not probe details of possible home related problems/causes e.g. marital or financial issues

If appropriate discuss this policy and the help available inside or outside the organisation

Agree future action, explain the improvement needed and the possible consequences if the problem continues

Arrange regular meetings to monitor progress and discuss any further problems if they arise

Counselling for alcohol/substance abuse problems is a delicate process, and is best tackled by a trained counsellor. Advice can be sought from a HR representative.

You may meet denial of problem drinking/substance abuse problems. Stress the need for help. Encourage the individual to meet with the Occupational Health Doctor in the near future for neutral assessment and ensure that the employee knows the consequences if they do not get help. If there is denial after strong evidence to suggest a drink/substance abuse problem then give the employee a booklet to read from the Health Education Council or other support documentation and make another appointment for a few days hence. If you show confidence, knowledge of the subject, understanding and empathy, this will encourage disclosure of a problem.