



Alcohol and/or Drug Misuse Policy

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DOCUMENT CHANGE HISTORY

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HR	12 March 2012	HR Policy Group
Version	Date	Comments (i.e., viewed, or reviewed, amended approved by person or committee)
V1.0	12 March 2012	Review by HR Policy Group
V1.1	20 June 2012	Review by HR Policy Group
V1.2	23 July 2012	Amended following feedback from Andy Barlow
V1.3	3 August 2012	Sent to SPF for approval

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Version	Date	Comments (i.e., viewed, or reviewed, amended approved by person or committee)
V1.4	August 2012	Sent to EMT for approval
V 2.0	October 2012	Approved
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V4.1	January 2020	Review by HR Policy Sub-Group
V4.2	26 February 2020	Sent to ELT and SPF for approval
V5.0	12 March 2020	Approved by ELT
V5.0	17 April 2023	Policy extended to January 2024 by CRG
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POL079 – Alcohol and/or Drug Misuse Policy

Document Reference	Directorate: HR
Recommended at Date	Staff Partnership Forum 26 February 2020
Approved at Date	CRG 17 April 2023
Valid Until Date	31 July 2024
Equality Analysis	May 2020
Linked procedural documents	Disciplinary Policy (Managing Conduct and Performance) Community First Responder Policy and Procedures (CFR) Managing Stress and Enhancing Psychological Wellbeing Policy Equality, Diversity and Human Rights Policy Whistleblowing Policy Dignity at Work Policy Driving License Policy Sickness Absence Management Policy Change Management, Redundancy and Redeployment Policy
Dissemination requirements	All managers and staff, via staff bulletins and the intranet
Part of Trust's publication scheme	Yes

The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of:

age, disability, gender reassignment, race, religion/belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity. The Trust will not tolerate unlawful discrimination on the basis of, spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity for and

fostering good relations between; people from different groups and people with protected characteristics.

This policy applies to all employees (whether permanent, fixed term or temporary) working at all levels and grades for the Trust, including senior managers, directors, non-executive directors, and on secondment, honorary contracts and volunteers. All Trust policies can be provided in alternative formats if required.

East of England Ambulance Service Trust recognises its obligation of supporting the requirements of the Modern Slavery Act 2015 and any future legislations. A prime objective of the Trust is to eradicate modern slavery and human trafficking and recognises the significant part it must play in both combatting it and supporting victims. The Trust is also committed to ensuring that its supply chains and business activities are free from any ethical and labour standards abuse.

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1. Introduction

1.1 This document outlines the Alcohol and Drug Misuse Policy and Procedure for the East of England Ambulance Service NHS Trust (the Trust). The Trust is aware of the harmful consequences of excessive drinking and drug misuse. It is also aware of the need to educate people about how they can avoid difficulties with alcohol, solvent and drug misuse. This policy will treat alcohol/solvent/drug dependence as health problems which require special treatment and help. The Trust recognises that early identification is more likely to lead to successful treatment.

1.2 The objectives of this policy are: -

- to motivate all individuals carrying out work on behalf of the Trust with an alcohol, solvent or drug problem to seek appropriate help at the earliest opportunity.
- to ensure that managers and employees are understanding and offer assistance when faced with these problems from colleagues.
- to ensure the Trust meets its legal obligations with particular regard to health and safety regulation, such as Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999.
- it aims to strike a fair balance between measures to promote employee welfare and possible disciplinary implications.

1.3 This policy has been written in partnership by management and staff side.

2. Scope

2.1 This policy applies to all employees, agency workers, bank staff and volunteers whilst acting on behalf of the Trust. It applies to all Trust premises and work areas where Trust work is undertaken.

2.2 This policy also applies to employees whilst on-call.

- 2.3 Medical information about an employee is confidential and can only be disclosed to others within the Trust with the written consent of the employee. All cases involving alcohol, solvent or drug problems will be managed confidentially with information shared on a need to know basis by managers and Human Resources (HR).
- 2.4 Under the Health and Safety at Work Act, individual employees are responsible for ensuring that they undertake their duties in a safe manner without endangering themselves, other employees, the public or patients.
- 2.5 Drug/Solvent/Alcohol dependence is seen by the Trust as a health problem, which requires special treatment and help.
- 2.6 However, non-compliance with this policy may lead to further action, which for employees may include formal disciplinary action.

3. Access to the Policy

- 3.1 All employees are entitled to access to this policy which is located in the Human Resources Policies and Procedures Folders and/or on the Trust's Intranet. However, if you require this policy in any other format please seek guidance from the Human Resources Department, your line management or trade union representative.
- 3.2 Employees and managers may also wish to consult related publications and Trust policies such as the Disciplinary Policy (Managing Conduct and Performance), Community First Responder Policy and Procedures (CFR), Managing Stress and Enhancing Psychological Wellbeing, The Health and Safety at Work Act 1974, The Management of Health and Safety at Work Regulations 1999, Equality Policy, Whistleblowing, Dignity at Work, driving related policies, Sickness Absence Management, Change Management, Redundancy and Redeployment, Faculty of Occupational Medicine – Guidance on Alcohol and Drug Misuse in the Workplace (July 2006), Misuse of Drugs Act 1971, The Equality Act 2010. This list is not exhaustive.

4. Roles and Responsibilities

4.1 The primary responsibility for compliance with this policy lies with employees, agency workers, bank staff, & volunteers. This should include:

- no alcohol, solvents or illegal drugs being consumed on Trust premises or in Trust vehicles.
- attending work in a fit state to undertake their duties safely and to the best of their ability. Consumption of alcohol, even in small quantities, may affect judgement and efficiency at work.
- meeting the requirements for driving standards that are addressed in the Trust's Driving Licence Policy.
- realising that if they have a problem with alcohol, solvents or drugs, then they are encouraged to seek assistance from either their manager/coordinator, Occupational Health, Employee Assistance Programme or an outside agency (such as Alcoholics Anonymous, Frank etc.)

4.2 Colleagues:

- it is often colleagues who are first to notice any signs of drug, solvents or alcohol abuse. The workplace provides a unique opportunity for assistance and support.
- anyone who notices a colleague who appears to have a problem with drugs, solvents or alcohol may be placed in a difficult position. However, if they have reasonable grounds to believe that the colleague is risking the health, safety and welfare of themselves, other employees, patients or members of the public, they have a moral duty to report this to a manager/coordinator. The referred member of staff must not be advised of the name of the person who has expressed their concerns, unless the person referring has given permission.

It is therefore hoped that the supportive stance of this policy will help all employees, agency workers, bank staff, and volunteers understand that support and assistance is available for those with problems.

4.3 Managers:

- Managers have a responsibility to provide a positive example and be aware of the affect of alcohol, solvents and drugs on work health and safety.
- Where a manager has reasonable suspicion of abuse, misuse or dependency on drugs, alcohol or solvents, they have a responsibility to address the issues in line with this policy, as detailed in Section 6 below. Managers should however consider there might be alternative causes for the problems such as stress or depression, which might necessitate a different approach.
- Managers are expected to keep records of all incidents and investigations relating to abuse, misuse or dependency of drugs, alcohol and solvents.
- If an employee informs the Trust, they are unable to attend work because they are under the influence of drugs, solvents or alcohol, the manager must refer the employee to Occupational Health, using the OH Management referral form.
- If the individual agrees to sign the Alcohol and Other Drug Misuse Mutually Agreed Staff Management Contract (Appendix A) the manager must also sign and meet their requirements of this contract.

4.4 Occupational Health (OH):

- The OH department has a responsibility to advise, where possible, on fitness to work and if appropriate, work restrictions. It is not the responsibility of OH to advice whether an individual is under the influence at any point. Line managers are encouraged to take statements from witnesses. Ultimately, the decision as to whether the employee is fit to work remains with the line manager.
- Occupational Health is encouraged to promote education about alcohol, solvents, drugs and the effects on the individual and the workplace.
- Should an employee need treatment, the OH department will facilitate this by means of a written contract with relevant signatories (see Appendix A). OH, will then support the individual by either: -

- ongoing one to one consultation with the Occupational Health Nurse Advisor.
 - ongoing one to one consultation with the Occupational Health Physician, which may require correspondence with management and/or with HR related to work capability as appropriate to the situation.
 - referral to outside specialist agencies and/or counselling services through the establishment of a confidential contract and monitoring of attendance as appropriate to the situation.
 - undertaking blood tests as indicated by the Occupational Health Physician.
- OH, to support the employee and their management as to the effects of excessive alcohol or drug taking on health and its consequences in the work place. NB Should an agency worker, bank staff or a volunteer need treatment this must be accessed via their GP.

4.5 Human Resources (HR):

- Encourage employees to seek help. Provide advice and guidance regarding Trust Policies and Procedures to management and employees.
- Advise the employee of the consequences of failure to comply with the agreed contract.
- Keeping the provisions within this policy in line with employment legislation and best practice people management principles.

4.6 Managers, HR staff and trade union representatives are responsible for providing advice and guidance to employees and visitors on awareness and compliance of this policy and procedure.

4.7 Management and trade union representatives are responsible for bringing any mutually beneficial improvements to this policy to the attention of the Trust.

5. Definitions

5.1 This policy covers the use, abuse, misuse and dependency on alcohol, prescribed medication, over the counter drugs, solvents and illegal drugs (usually taken for non-therapeutic purposes).

- Drugs – this includes prescription, over the counter or illegal drugs.
- Use – relates to the use, abuse, misuse and dependency on alcohol, prescribed medication, over the counter drugs, solvents and illegal drugs (usually taken for non-therapeutic purposes). where it does not affect the individual's ability to perform effectively at work.
- Abuse – relates to the attendance at work, or absence from work due to being under the influence of drug, solvents and alcohol, regardless of when they were consumed.
- Misuse - relates to recurrent incidents of attendance at work and/or absence from work due to being under the influence of drugs, solvents and alcohol. Misuse can relate to using a substance too much, too often, for the wrong reasons or at the wrong time.
- Dependency – This is a cluster of physiological, behavioural and cognitive phenomena in which the use of the substance or a class of substances takes on a much higher priority for a given individual than other behaviours which once had greater value. Employees with a dependency found to be abusing or mis-using alcohol, drug or other substances at work will be managed in accordance with the Trust's Disciplinary Policy (Managing Conduct and Performance);
- The Equalities Act 2010 - A physical or mental impairment is one of the constitutional elements of a disability under the DDA. Although dependence on alcohol, nicotine or any other substance does not constitute impairment for the purposes of the Act, the ill-health effects of the dependency might cause impairment, for example liver cirrhosis. Dependence could also indicate or precipitate a health problem such as depression.

5.2 Any drug taken for non-therapeutic purposes could have an effect on an employee's performance. Most drugs taken for non-therapeutic purposes are taken for effects on mood. It is a criminal offence to possess and/or consume certain drugs. Driving while unfit through drugs (prescribed or illicit) or alcohol is an offence and may lead to prosecution. The risks associated with drug taking are further exacerbated if the drug(s) are mixed with alcohol.

- 5.3 The Trust recognises that the responsible use of alcohol and taking medication for health problems is a normal, acceptable part of life. It is not acceptable for employees, agency workers, bank staff or volunteers to attend work whilst under the influence of illegal drugs, alcohol or solvents. Employees should also be aware of potential side effects of prescription and/or 'over the counter drugs', and should discuss these and the potential impact on their role with their line manager and/or Occupational Health, if they are concerned or are unsure as to any potential side effects, improper consumption or being under the influence of alcohol, solvents or drug misuse at work, could potentially be treated as a fair reason for dismissal.
- 5.4 There is a clear distinction between the single or very occasional misuse of alcohol, solvent or drugs, which should be managed under the Trust's Disciplinary Policy (Managing Conduct and Performance), and someone with an alcohol/solvent/drug dependency which are recognised illnesses. Alcohol/solvent/drug misuse should not constitute grounds for dismissal, unless their actions or performance at work reach an unacceptable level (for example consumption of alcohol, solvents or drugs in the workplace). If an individual is referred for treatment under this policy, consideration should be given to delaying any formal action under the Trust's Disciplinary Policy (Managing Conduct and Performance) for the duration of the treatment. Any delayed formal action may be re-opened in an endeavour to remedy the situation, after due and proper notice to the employee concerned.

6. The Procedure

What should happen if misuse of drugs, solvents and alcohol is suspected?

6.1 Investigation

- 6.1.1 In a situation where there are reasonable grounds for suspicion that an employee is either, at work while under the influence or, is unable to attend work due to influence of drugs, solvents or alcohol, advice

should be sought from HR. This should be to establish whether a formal investigation under the Trust's Disciplinary Policy (Managing Conduct and Performance) should occur or whether the matter should be managed by an informal discussion between the manager and member of staff concerned. Signs of suspicion might include (this list is not exhaustive):

- the individual smelling of alcohol.
- unsteady on feet.
- slurred speech.
- difficulty in concentrating on work.
- varying and sporadic quality of work.
- increased number of mistakes and worsening of decision making ability.
- late arrival for work or high rates of absenteeism.
- early departures from work.
- sudden changes in behaviour, irritability, moodiness.
- borrowing money from colleagues.
- arguing with colleagues.
- difficulty in respecting authority.
- higher rate of accidents than other staff.
- carelessness in handling equipment.

6.1.2 It should be assessed, having considered paragraph 4.3 whether a management referral should be made for the employee to OH.

6.1.3 If a formal investigation is undertaken in line with an appropriate Trust policy, this should take place when the employee is in a position so that they can adequately present their circumstances.

6.1.4 In any situation where there are reasonable grounds for suspicion that a volunteer is unable to undertake their role due to the influence of drugs, solvents or alcohol, this will be managed in accordance with CFR Policy and Procedure.

6.1.5 If identified then the possession of or dealing in illegal drugs in the workplace will be, without exception, reported by the manager to the police, in accordance with the Mis-Use of Drugs Act 1971.

6.2 Suspension

6.2.1 It may be in the interests of the Trust, patients or other employees to consider suspending an individual from work where there are potential concerns regarding patient care and safety, where there is a perceived risk(s) to Trust property or responsibilities to other parties or to aid an unhindered investigation. This must be in accordance with the Trust's Disciplinary Policy (Managing Conduct and Performance).

6.3 Where an individual accepts they have a problem

6.3.1 Trust employees

Following discussion with the individual, the manager will make a formal referral to Occupational Health for assessment, to ascertain whether there should be any work restrictions and for support to be offered. Occupational Health will offer the individual the opportunity to sign an Alcohol and Other Drug Misuse Mutually Agreed Staff Management Contract (see Appendix A) and will work with the employee within the framework.

6.3.2 Volunteers

The volunteer should have their Volunteering Commitment ended in accordance the CFR Policy. This will continue until Occupational Health receives satisfactory clearance from the volunteer's GP that the drug/solvent/alcohol problems have been resolved. It is for the volunteer to approach their GP for this letter.

6.4 Where an individual denies there is a problem

6.4.1 Employees

The manager should inform the employee that if there are continued concerns of abuse, misuse or dependency on drugs, solvents or alcohol, which is interfering with the individual's ability to work safely to perform a given role then a formal referral to OH may become necessary.

If the concerns continue, the manager will meet with the employee again and make them aware that they are being formally referred to

OH and that the matter will be dealt with under the Trust's Disciplinary Policy (Managing Conduct and Performance).

If an employee refuses to attend Occupational Health, this should be also dealt with under the Trust's Disciplinary Policy (Managing Conduct and Performance).

6.4.2 Volunteers

If the poor performance of the volunteer is impaired this should be in accordance with the Trust's CFR Policy.

6.5 Evidence of abuse/misuse/dependency when an employee is in denial

6.5.1 Where OH advise that the employee's abuse, misuse or dependency on drugs, solvents or alcohol is at a level where it is likely to be interfering with their ability to work safely or to the required standard, the employee will be offered a period of time, which will not exceed four weeks, in which to control their intake. Following this, there will be a further period of monitoring by OH.

6.6 Refusal to participate in treatment

6.6.1 Where an employee either refuses to comply with the programme or fails to meet the specified requirements, the issue will be dealt with by the Trust's Disciplinary Policy (Managing Conduct and Performance).

6.7 No evidence of a problem

6.7.1 Where OH advice is not able to demonstrate the presence of a problem, following written consent from the employee, the line manager and HR will be informed. If no consent is given, an OH report will be sent to the line manager and HR.

6.8 Sick leave

6.8.1 Absence from work to receive assistance and/or treatment will be subject to the Trust's Sickness Absence Management Policy. Excluding 6.5.1.

6.9 Ongoing employment

6.9.1 In most cases, following the specialist advice of OH, an employee who has been absent from work due to attending rehabilitation shall return

to the same job after receiving help and/or treatment. There may be exceptional circumstances where resumption of that particular job would be inconsistent with the full recovery from the problem or with the Trust's responsibility towards protecting patient safety. In some cases, this decision could involve other external agencies such as the DVLA. In such circumstances, the issue will be managed in accordance with the Trust's Disciplinary Policy (Managing Conduct and Performance).

6.10 Loss of Driving Licence

6.10.1 The loss of driving licence for drug or alcohol related incidents will be managed in accordance with the Trust's Disciplinary Policy (Managing Conduct and Performance) and/or Driving Licence Policy.

6.11 Links with Disciplinary Policy

6.11.1 Each case will be dealt with individually (see Paragraph 5.4).

6.12 Relapse

6.12.1 If following treatment, a relapse into misuse occurs, a further opportunity to accept and co-operate with help and/or treatment will be provided. If help is refused and the performance or actions of the employee are unacceptable, then the case should be dealt with under the Trust's Disciplinary Policy (Managing Conduct and Performance).

6.12.2 If two periods of treatment are followed by a further relapse, then no further treatment will be offered and the case will be dealt with under the Trust's Disciplinary Policy (Managing Conduct and Performance), however guidance for accessing further assistance via GP'S and/or other external agencies will be given.

7. Policy Review

7.1 This policy will be reviewed on a three-year basis or more frequently if significant changes to its effective operation are necessary.

Appendix A - Alcohol and other Drug Misuse Mutually Agreed Staff Management Contract

East of England Ambulance Service NHS Trust
Occupational Health Service

Alcohol and Other Drug Misuse

Mutually Agreed Staff Management Contract

(Please note this does not apply to volunteers)

Name :

D.O.B :

Department :

Job title :

Current Role

Does the job involve vocational driving? YES / NO

Does the job involve administration of drugs? YES / NO

Does the job involve responsibility for direct patient care? YES / NO

If the answer to any of the above is yes, the employing organisation will undertake a risk assessment as to whether the job role requires a temporary amendment.

Specific Employee Framework

The employee's undertaking should be as follows:

- a) Be prepared to acknowledge their problem.
- b) Be prepared to accept a mutually agreed contract.
- c) Be prepared to attend appropriate support facilities such as Alcoholics Anonymous, Alcohol/Drug Support Agency, Specialist Counselling sessions on a regular basis and demonstrate this to their employer via OH by an agreed format.
- d) Be prepared to accept the intervention of the OH and HR Departments.
- e) To accept that adverse behaviour within the workplace is intolerable, in particular:
 - Violent, aggressive and intimidating behaviour
 - Inappropriate behaviour e.g. abusive and rude behaviour
 - Inappropriate demeanour e.g. dishevelment and poor personal hygiene
 - Smelling of alcohol at work
 - Unexplained work absences
 - Unexplained decline in work performanceand to be aware that those of the above which indicate alcohol intoxication in the workplace may lead to police involvement and prosecution.
- f) Be prepared to provide consent for OH to request results of relevant tests from GP/Specialist carer, (including liver function tests).
- g) Be prepared to work under supervision as appropriate to the role.
- h) Acknowledge a duty to inform either/or management/HR/OH of any relapse in condition.

Failure to comply with the above will be dealt with through the Trust's Disciplinary Policy (Managing Conduct and Performance).

The employee's managers undertaking should be as follows:

- a) Be prepared to provide accurate attendance and sickness absence records.
- b) Be prepared to provide accurate time keeping records, e.g.; time spent at meetings, time and frequency of tasks outside the office environment, time and frequency of comfort breaks, exceeded time for planned breaks.
- c) Be prepared to record and report untoward behaviour and characteristics observed in the individual staff member to the OH at the time of their occurrence.
- d) Be prepared, where alcohol intoxication in the workplace has been indicated, to take appropriate action including where necessary police involvement.
- e) Be prepared to work in conjunction with the OH and HR Departments.
- f) Be prepared to provide supervision as appropriate to the role.

The Occupational Health Department's undertakings should be as follows:

- a) Provide a regular follow up as appropriate.
- b) Provide advice in the content and compilation of this contract.
- c) Be prepared to accept referrals at short notice in order to assess the individual staff member as per the contract.
- d) With the authorised knowledge of the individual staff member, OH will provide communication with management and the HRD as appropriate.
- e) Liaise with other medical carers and affiliated agencies.

Role of Human Resources Department:

- a) Provide advice and guidance regarding the Trust's Policies and Procedures to management and the employee.
- b) To advise the employee of the consequences of failure to comply with the agreed contract.

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- c) Advise management on the operation of this policy. This document and its contents have been agreed by the following signatories and will be held in confidence by OH.

Signatures

Staff Member Signature _____

PRINT Name _____

Date _____

Manager Signature _____

PRINT Name _____

Date _____

HR Signature _____

PRINT Name _____

Date _____

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OH Signature _____

PRINT Name _____

Date _____

Appendix B - Equality Impact Assessment

EIA Cover Sheet																			
Name of process/policy	ALCOHOL and/or DRUG MISUSE POLICY																		
Is the process new or existing? If existing, state policy reference number	EXISTING																		
Person responsible for process/policy																			
Directorate and department/section	HR																		
Name of assessment lead or EIA assessment team members	EqIA Panel members																		
Has consultation taken place? Was consultation internal or external? (please state below):	Internal via HR Policy Sub-Group & EQIA Panel																		
The assessment is being made on:	<table border="1"> <tbody> <tr> <td>Guidelines</td> <td></td> </tr> <tr> <td>Written policy involving staff and patients</td> <td>X</td> </tr> <tr> <td>Strategy</td> <td></td> </tr> <tr> <td>Changes in practice</td> <td></td> </tr> <tr> <td>Department changes</td> <td></td> </tr> <tr> <td>Project plan</td> <td></td> </tr> <tr> <td>Action plan</td> <td></td> </tr> <tr> <td colspan="2">Other (please state)</td> </tr> <tr> <td colspan="2">Training programme.</td> </tr> </tbody> </table>	Guidelines		Written policy involving staff and patients	X	Strategy		Changes in practice		Department changes		Project plan		Action plan		Other (please state)		Training programme.	
Guidelines																			
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Changes in practice																			
Department changes																			
Project plan																			
Action plan																			
Other (please state)																			
Training programme.																			

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Equality Analysis					
What is the aim of the policy/procedure/practice/event?					
This policy will treat alcohol/solvent/drug dependence as health problems which require special treatment and help. The Trust recognises that early identification is more likely to lead to successful treatment.					
Who does the policy/procedure/practice/event impact on?					
Race	X	Religion/belief	X	Marriage/Civil Partnership	X
Gender	X	Disability	X	Sexual orientation	X
Age	X	Gender re-assignment	X	Pregnancy/maternity	X
Who is responsible for monitoring the policy/procedure/practice/event? HR					
What information is currently available on the impact of this policy/procedure/practice/event?					
HR metrics/data, cases					

Do you need more guidance before you can make an assessment about this policy/procedure/ practice/event? **No**

Do you have any examples that show that this policy/procedure/practice/event is having a positive impact on any of the following protected characteristics? Yes, If yes please provide evidence/examples:

Race	X	Religion/belief	X	Marriage/Civil Partnership	X
Gender	X	Disability	X	Sexual orientation	X
Age	X	Gender re-assignment	X	Pregnancy/maternity	X

Please provide evidence: **Fair and consistent approach**

Are there any concerns that this policy/procedure/practice/event could have a negative impact on any of the following characteristics? No, if so please provide evidence/examples:

Race	X	Religion/belief	X	Marriage/Civil Partnership	X
Gender	X	Disability	X	Sexual orientation	X
Age	X	Gender re-assignment	X	Pregnancy/maternity	X

Please provide evidence:

Action Plan/Plans - SMART

Specific

Measurable

Achievable

Relevant

Time Limited

Evaluation Monitoring Plan/how will this be monitored?

Who

How

By

Reported to