

NHS Cheshire CCG Alcohol and Substance Misuse Policy

**NHS Cheshire CCG Alcohol and Substance Misuse Policy
Effective from 03 July 2020**

This version supersedes previous versions of policies published by NHS Cheshire CCG or the following former CCGs: NHS Eastern CCG, NHS South Cheshire CCG, NHS Vale Royal CCG and NHS West Cheshire CCG.

Applies to all employees of NHS Cheshire CCG.

This document should be read in conjunction with:

- Equality and Diversity Policy
- Attendance Management Policy
- Disciplinary Policy

Policy Revisions and Amendments – November 2018		
Section	Reason for Change	Approved By

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1. Policy Statement

The Cheshire Clinical Commissioning Groups (known hereafter as 'the CCG') recognises that substance misuse, both relating to alcohol and drugs, is an individual health problem needing help and treatment.

The CCG recognises that episodes of substance misuse may take the form of isolated incidents or be symptomatic of a more deep-seated alcohol or drug related problem. This may lead to the disruption of physical, social or mental wellbeing.

It is the responsibility of all employees to protect their own safety and the safety of patients, carers, visitors and other employees.

The CCG recognises the need to maintain the confidence of the local communities in the quality of its services and this confidence may be affected if employees display the effects of substance misuse.

This policy will be applied equally to all staff covered by the policy and in accordance with the CCG's Equality and Diversity Policy. The fair and equitable implementation of this policy will be monitored by the CCG HR Business Partners.

2. Definitions

Substances are defined as illegal drugs, solvents or other substances and the inappropriate taking of prescribed drugs (i.e. those prescribed for some other person, or purposefully exceeding the prescribed dosage).

Within the policy the misuse of alcohol/substances is defined as any drinking/use of substances, either intermittent or continual which interferes with a person's health and/or work performance so that safety, efficiency, productivity or work attendance is affected.

The misuse of alcohol/substances is where an individual has a need or compulsion to drink/use substances and finds it extremely hard to give up or go without alcohol/substances. Such dependency on alcohol/substances is an illness and should be recognised as such. The need to ensure acceptable levels of performance and behaviour, however, remains.

3. Aims / Scope of the Policy

This policy is to support the CCG in being able to manage substance misuse by employees, taking into account its responsibilities to patients, visitors and employees as well as supporting employees who misuse substances. It also promotes awareness of the problems associated with substance misuse.

It aims to ensure the most appropriate arrangements are in place for both the individual and the CCG when substance misuse situations arise, including providing a supportive framework for dealing sensitively with those employees who have developed substance misuse dependency which is affecting their work performance and potentially threatens their employment prospects.

This policy will ensure that Line Managers are aware of the approved way of dealing with suspected or confirmed substance misuse and have a clearly defined policy to follow. This policy applies equally to all employees of the CCG.

4. Policy Directives

The working environment should be free from the influence of drugs or alcohol to ensure health and safety, maintain the efficient and effective operation of CCG services and to ensure patients receive from us the quality service they require. For these reasons, the following will be strictly enforced:

- Employees or contractors on CCG premises should not present themselves at work if they are unfit through the consumption of alcohol or misuse of drugs or other substances.
- No alcohol may be consumed on the CCG's premises or whilst undertaking CCG business. The only exception is for authorised social events outside of normal business and off CCG premises.
- Other drug or substance misuse must not take place on CCG premises or whilst undertaking CCG business.
- Staff found in possession of, or dealing in illegal drugs at work, will be reported immediately to the Police.

Contravention of these rules is a serious matter and will be dealt with via the CCG Disciplinary Policy.

5. Supporting Legislation

It is an offence under the Misuse of Drugs Act 1971 for any person to knowingly permit the production, supply or use of controlled substances on their premises except in specified circumstances, (e.g. when they have been prescribed by a doctor or registered healthcare professional).

The CCG has a statutory duty under the Health and Safety at Work Act 1974 to ensure the health, safety and welfare of all its employees and any people on its premises. The CCG is concerned that the health and wellbeing of all staff, working efficiency and safety are maintained and that the CCG's public image is not damaged by incidents related to alcohol or substance misuse.

6. Roles and Responsibilities

6.1 Governing Body Responsibilities

- To review the policy and to support the promotion of a general climate of awareness of the implications of alcohol/substance misuse.

6.2 Manager Responsibilities

- To ensure that they and their staff are familiar with the Substance Misuse Policy and its relationship to other CCG policies and guidelines.
- To identify staff affected by the use of alcohol/substance misuse to the extent where that use interferes with their ability to effectively carry out their job role and/or is affecting their attendance at work.

- To be aware of the help available for staff with an alcohol/substance misuse problem so they can effectively direct staff to the most appropriate area of assistance for their need in relation to alcohol/substance misuse.
- To decide on the most appropriate course of action. Typically, this would involve reference to the CCG's Sickness Absence, Capability and Disciplinary Policies, and the seeking of advice from the CCG HR Business Partners.
- To support members of staff undergoing treatment for their misuse of alcohol/substances.
- To record and monitor any absence related to alcohol and/or substance misuse in line with the Attendance Management Policy.

6.3 Employee Responsibilities

- All employees have a responsibility to be aware of this policy and to abide by it.
- All employees have an obligation under health and safety legislation and their professional code of practice (where relevant) to report any instances where they suspect an employee is under the influence of alcohol, drugs or other substance whilst at work, or if they themselves have a substance misuse problem.
- To support colleagues who have an alcohol/substance dependency problem by encouraging them to admit their problem and seek advice from their line manager, the HR Business Partner, Occupational Health or external organisations.

6.4 Occupational Health Responsibilities

- To assess referred employees under the policy in strict confidence.
- To accept self-referral from employees who are worried about their own alcohol /substance misuse and advise them of other appropriate sources of help.
- To accept management referrals for employees who are suspected of alcohol/substance misuse and provide advice to the line manager about supporting individuals to attend work where safe to do so.
- To provide access to specialist services dealing with appropriate substances i.e. Alcohol /Substance Misuse Units.

6.5 HR Business Partner Responsibilities

- To support and provide advice to Line Managers and employees in the operation of this policy.

6.6 Staff Side Representative Responsibilities

- To inform members of the principles and procedures of the policy and encourage employees who may have an alcohol/substance misuse problem to seek help voluntarily.
- To represent members, if requested by them to do so, at any stage of the procedure.

- To provide support and follow up in appropriate case to assist in the rehabilitation of any of their members affected by this policy.

7. Procedure and Investigation

Substance misuse can affect the performance of staff in several ways and it may be an immediate situation requiring resolution or an ongoing performance issue to be managed.

For example:

- an incident may occur as a result of a member of staff being under the influence of alcohol, drugs or other substances;
- a pattern of regular absences may emerge, or a complaint may be received about a member of staff which indicates there may be a substance misuse issue;
- performance may gradually deteriorate over a period of time.

Please refer to Appendix 1 for guidance on recognising symptoms.

As with any problem affecting ability to work, initial action must be taken by the Line Manager. It is important to identify any ongoing problem at an early stage when help can be made available. It would not normally be necessary to suspend an employee pending investigation, unless there could be a risk to themselves, a patient or another member of staff. Suspension, if necessary must be carried out in accordance with the CCG's Disciplinary Policy.

Please refer to Appendix 2 for guidance on dealing with individuals who are at work and appear to be under the influence of alcohol, drugs and other substance misuse and incapable of working.

Line Managers, following discussion with the employee should refer cases of suspected, or admitted substance misuse to Occupational Health. The consent of the member of staff should normally be obtained, but if there is a serious concern and the employee refused to give consent, the management referral still should proceed.

Staff can also make a confidential self-referral to Occupational Health for help and support. Clinical details and advice to staff are kept in the strictest of confidence and Occupational Health only divulge details with written agreement from the member of staff, except in cases where there may be a serious risk to that person, patient, other staff or the public.

Dealing in or possession of illegal substance will be reported immediately to the Police and will be managed under the CCG's Disciplinary Policy.

Line Managers are encouraged to recognise that staff may be adversely affected by the drinking, drug taking or substance misuse of others. Information about internal and external sources of advice and support is available in Appendix 3 or from Occupational Health.

If an alcohol or substance misuse problem is admitted, Line Managers should advise the member of staff what support can be provided. Consideration may need to be given to re-allocation to other duties during and after rehabilitation, depending on the circumstances. If after help and support, the situation does not improve, the member of staff should be advised of the implications of continuing problems with their performance or behaviour or

absence and should be given an indication of how the situation will be monitored and over what timescale.

Staff may deny having a drink or substance misuse problem. If this happens, the situation should be dealt with by making it clear what improvement is required in their performance, behaviour or absence, within stated timescales and how the situation will be monitored. The member of staff should also be advised who they can approach for confidential help and support.

Following the above, if there is no improvement within the timescales given, the relevant Line Manager must contact the CCG HR Business Partners, who will provide further advice and support about how to proceed in accordance with the CCG's Disciplinary, Capability and Sickness Absence Policies.

Should any individual refuse help or discontinue a programme of treatment, this should not in itself be grounds for disciplinary action. However, unacceptable behaviour and standards of work, or actions endangering patients, members of the public or other staff or prolonged absences will be dealt with through normal disciplinary procedures. Every case will be individually considered.

If, whilst under the influence of alcohol, drugs or other substances at work, a member of staff were to behave in a way which could be regarded as gross misconduct, for example carries out an assault, behaves indecently, causes malicious damage to property, is abusive or threatens in anyway the health or safety of a patient, a member of the public or another member of staff then, irrespective of whether support may also be appropriate for an underlying problem, disciplinary action will be taken which could result in dismissal.

8. Education and Training

The CCG will use all appropriate opportunities to promote health and wellbeing of employees and increase awareness amongst its staff of alcohol, drug and substance misuse and the help available.

The CCG aims to ensure all Line Managers are appropriately trained in managing staff with an alcohol or substance misuse problem. This training will be conducted as part of the sickness absence management training.

Further advice and support for Line Managers and staff is available through Occupational Health.

9. Monitor and Review

The CCG HR Business Partner will;

- Have responsibility to monitor the effectiveness of this policy on an annual basis.
- Make recommendations to the Governing Body.
- CCG HR Business Partners will have overall responsibility for monitoring the delivery of this policy.

Appendix 1 - Indicators of Substance or Alcohol Misuse

A Line Manager should attempt to establish whether or not a problem with, performance, conduct or attendance is due to substance misuse. When people are developing problems their behaviour in the workplace often changes. This change may not be sudden but can be observed over a period of time. Guidance on sensible drinking outside the workplace can be found in appendix 2.

The following characteristics and changes in behaviour, when occurring in combination or as a pattern over time may indicate problems of substance misuse. However, it is important to take advice from Occupational Health before making any judgement if an employee is showing the following signs:

- Persistent records of absenteeism and/or poor time keeping. For example, the individual fails to arrive for work or is repeatedly absent during work hours.
- Accidents in the workplace, at home or on the road.
- Deterioration of work performance.
- Persistent smell of alcohol (fresh or stale).
- Mood change.
- Unexplained aggression
- Anxiety or depression.
- Poor memory.
- Poor co-ordination.
- Frequent borrowing of money.
- Sleepiness/drowsiness at work.

It must be stated that these factors are for general guidance and many other illnesses may give rise to these symptoms.

Appendix 2 - Dealing With Individuals at Work Who Appear to be Under the Influence of Alcohol, Drugs and other Substances

- 1) The situation should never be ignored. Employees are expected to exercise moderation if consuming alcohol outside of working hours and adhere to the normal standards of good conduct and not bring the CCG into disrepute.
- 2) There may be times when alcohol, drugs and other substance misuse problems come to light in such a way that action must be taken immediately. This would clearly be the case where an employee appears intoxicated and unable to work properly/safely.
- 3) In such a case, you will often have to make and stand by your own judgment. Having made the decision that an employee is not capable of working, it is important that you take action. Be clear about why you believe the individual is intoxicated e.g. slurred speech, staggering, aggressive behaviour or smelling of alcohol).
- 4) Contact the CCG HR Business Partners, to let them know what is happening and provide assistance/advice. Arrange an immediate meeting with the employee and ensure you have an appropriate, reliable witness. S/he will need to observe the meeting without interrupting and make a written record.
- 5) If possible, any meeting should take place in private and without interruptions. It is important to recognise that the purpose of the meeting is to establish facts. You should:
 - Say clearly what you have to say and explain what it is about the individual's behaviour that makes you believe they are unfit for work and suggest that alcohol, drugs or other substance misuse may be the cause.
 - Ask the employee if they feel they are fit for work, and to explain the behaviour which caused you to bring about such a meeting.
- 6) The next step is to assess fitness for work: confirm whether your original concerns still exist and check this out with the witness (in the absence of the employee). Consider any explanation given by the employee. There are, of course, many reasons why people might appear intoxicated – for example, diabetes or a side effect of prescribed medication.
 - a) If an individual is considered by you to be fit for work, no further action need be taken, though the record should be kept in case of recurrences. Recurrences may suggest that there **is** in fact a problem with alcohol, drugs and other substance misuse, or some other problem which requires attention.
 - b) If an individual is thought to be unfit for work, a decision will have to be made as to whether this is thought to be through drink or drugs or through some other "legitimate" cause. Be sure to advise the individual which of these three possibilities you believe to be the case.
- 7) When an individual is thought to be unfit for work through intoxication, it is important the following action is undertaken: -
 - a) Advise they are being suspended with immediate effect under 12.2 of the CCG Disciplinary Policy whilst a disciplinary investigation is undertaken.

- b) Where the incident is thought to be associated with alcohol, drugs and other substance misuse, contact the CCG HR Business Partners as soon as possible for advice on instigating a disciplinary investigation.
- c) Withdraw immediately permission to drive a CCG vehicle, operate potentially dangerous equipment or use any vehicle (where appropriate).
- d) Advise them that they are being sent home and arrange for them to be taken home by a friend or relative or through a transportation service (e.g. taxi). Staff are strongly advised **not** to drive a vehicle at this time.
- e) If suitable transportation cannot be arranged immediately, the individual should remain on CCG premises in a restricted area until transport is available. In such cases, the condition of the individual should be regularly monitored, and appropriate medical assistance summoned if their condition appears to deteriorate.
- f) If the individual is unmanageable, or becomes so, appropriate assistance should be summoned from the Police. Line managers have a responsibility to the CCG to ensure that other staff and patients are protected, and they should not hesitate to notify the Police should circumstances warrant such action.
- g) A full, dated report of the incident should be written up as soon as possible after the event and you should take note of the views of the witness, whose own record should be submitted, in full, alongside your report. If disciplinary action is taken the report should be submitted to the Investigation Manager and included as part of the investigation.
- h) Where the incident is considered **not** to be associated with alcohol, drugs and other substance misuse, it may be appropriate for you to contact the individual at home to ensure that they are okay; they understand what has happened and what decisions you have taken. Advice from Occupational Health should also be sought to ensure the individual is fit to participate in work in the short and medium term. Where disciplinary action is thought possible however, such contact is inadvisable since it could prejudice the procedure.

Appendix 3 - Guidance on Alcohol Consumption

Drinking too much or at the wrong time can be harmful to your overall health and wellbeing.

The department of health advises that men should not drink more than 3-4 units of alcohol per day, and women should drink no more than 2-3 units per day. These benchmarks apply whether you drink every day, once or twice a week or only occasionally.

What is a unit of alcohol?

Units are a simple way of expressing the quantity of pure alcohol in a drink - usually expressed by the standard measure of alcohol by volume (ABV) as a percentage of the total volume of liquid in a drink.

You can find the ABV on the labels of cans and bottles, sometimes written as "vol" or "alcohol volume", or you can ask bar staff about particular drinks. For example, wine that says "12% ABV" or "alcohol volume 12%" means 12% of the volume of that drink is pure alcohol.

You can work out how many units there are in any drink by multiplying the total volume of a drink (in ml) by its ABV (measured as a percentage) and dividing the result by 1,000.

- $\text{strength (ABV)} \times \text{volume (ml)} \div 1,000 = \text{units}$

For example, to work out the number of units in a pint (568ml) of strong lager (ABV 5.2%):

- $5.2 (\%) \times 568 (\text{ml}) \div 1,000 = 2.95 \text{ units}$

For a quicker method, you can use Alcohol Concern's [unit calculator](#).

Knowing your units will help you stay in control of your drinking. To keep health risks from alcohol to a low level if you drink most weeks:

- men and women are advised not to drink more than **14 units a week** on a regular basis
- spread your drinking over 3 or more days if you regularly drink as much as 14 units a week
- if you want to cut down, try to have several drink-free days each week

14 units is equivalent to 6 pints of average-strength beer or 10 small glasses of low-strength wine. A 750ml bottle of red, white or rosé wine (ABV 13.5%) contains 10 units.

See the guide below to find out how many units are in an alcoholic drink.

Type of drink	Units of alcohol
Single small shot of spirits * (25ml, ABV 40%)	1 unit
Alcopop (275ml, ABV 5.5%)	1.5 units
Small glass of red/white/rosé wine (125ml, ABV 12%)	1.5 units
Bottle of lager/beer/cider (330ml, ABV 5%)	1.7 units
Can of lager/beer/cider (440ml, ABV 5.5%)	2 units
Pint of lower-strength lager/beer/cider (ABV 3.6%)	2 units

Type of drink	Units of alcohol
Standard glass of red/white/rosé wine (175ml, ABV 12%)	2.1 units
Pint of higher-strength lager/beer/cider (ABV 5.2%)	3 units
Large glass of red/white/rosé wine (250ml, ABV 12%)	3 units

*Gin, rum, vodka, whisky, tequila, sambuca.

Large (35ml) single measures of spirits are 1.4 units.

If you get drunk:

- Avoid alcohol for 48 hours after an episode of drunkenness to give your body time to recover.

Different Situations

The Department of Health's advice is not to drink alcohol when you are pregnant or trying to conceive. If you do decide to drink however, then make sure it is no more than one or two units, just once or twice a week, avoiding episodes of intoxication.

We advise people not to drink:

- Before or when driving
- Before or when operating machinery and equipment
- Before or when using electrical equipment
- Before or when using ladders or working at heights
- When it might affect the quality of your work
- Before swimming or taking part in active sport
- Before or when taking certain medicines
- If a doctor or other health professional advises you to cut down or to stop drinking.

Finding it hard to stop

If you feel that your drinking or the drinking of someone you know is getting out of control, or you are concerned, you should seek help from the organisations detailed in this policy for support: -

- NHS Choices at www.nhs.uk
- Drink line on 0800 917 8282
- Taking the "Down your Drink" online programme, which tells drinkers what they need to know to stay drinking sensibly. The programme takes less than an hour a week over 6 weeks. It is free, confidential and part of the NHS.
www.downyourdrink.org.uk

Alcohol and Health

Alcohol Concern, the main national agency on alcohol misuse, provides a range of fact sheets and other materials which give information about alcohol and its effects on the body. The site also includes a search facility which visitors who are concerned about their own or someone else's drinking can use to find an alcohol agency in their local area.

Appendix 4 - Advice on Drugs Use

There are a large number of 'Legal Highs' and they can have all kinds of names, some include:

Benzo Fury, MDAT, Spice, Sence, Magic, Saliva, Party Pills, Raz, Charge, Snow Blow, Happy caps, Doves, Haze and Legal E

Although they are classed as 'legal' highs they are addictive and the effects should not be underestimated

We advise that people do not use non-prescription drugs under any circumstances

Appendix 5 - Useful Contacts

Cheshire CCG 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 Occupational Health / Staff Counselling Service

NHS Direct Online provides advice on sensible drinking and substance abuse information of other healthy lifestyle choices.

Alcoholics Anonymous - <http://www.alcoholics-anonymous.org.uk/>

Alcohol Concern - <http://www.alcoholconcern.org.uk/servlets/home>

Know Your Limits - <http://units.nhs.uk/>

Narcotics Anonymous - www.ukna.org

Frank - Free confidential substances information and advice 24 hours a day
<http://www.talktofrank.com/>

Turning Point - largest national charity helping people with drink, drug, mental health and Learning disabilities
www.turning-point.co.uk

Governance Backpage

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