

# Misuse of Drugs and Alcohol

## 1. PURPOSE

1.1 This procedure aims to contribute to a safe, healthy and highly productive work environment by:

- Raising awareness of drug and alcohol problems which can affect the workplace.
- Encouraging staff to identify and deal with problems at the earliest stage possible
- Outlining the support which is available to those staff who have a problem with drugs and/or alcohol misuse

1.2 This procedure extends to alcohol, illicit drugs and over the counter or prescription medication, which may be abused. Volatile substances such as solvents are also included. It does not extend to tobacco.

## 2. SCOPE

2.1 This procedure applies to all University staff from 1 August 2014.

## 3. GENERAL STATEMENT

3.1 The University recognises that the misuse of alcohol or drugs can be considered to be an illness and can result in an adverse effect on a person's health, safety and welfare and work performance. Under the Health and Safety at Work Order (NI) 1978 the University is required to ensure, so far as is reasonably practicable, the health, safety and welfare of its employees, students and others at work. This document therefore sets out the University's Procedure on Alcohol and Drug Misuse.

3.2 It is not the University's policy to intrude upon the privacy of individuals, particularly in health matters, where their condition does not affect their conduct, safety or job performance at work. The University must, however be concerned where health or behaviour impairs the conduct, safety or work performance of its staff and it recognises that the misuse of alcohol or drugs may be a cause of such impairment.

3.3 Under the Misuse of Drugs Act 1971 it is an offence for a person knowingly to allow illegal drugs to be used, kept or supplied on their premises. It is also illegal under the Act to ignore such occurrences. As such the possession, use or supply of illegal drugs is strictly forbidden on all University premises.

3.4 Whilst addiction to alcohol or non-prescribed drugs is not included as a disability under the Disability Discrimination Act 1995 (DDA), it is important to note that it is possible for addiction to be caused by, be related to, or cause a disability. Furthermore, in accordance with the DDA, reasonable adjustments may need to be made within the workplace for disabled staff.

3.5 As with all referrals to Occupational Health and in line with the Misuse of Drugs Act and the DDA, all matters concerning staff with drug or alcohol problems at work, will be treated as strictly confidential.

3.6 Ulster University has a legal duty of care to the public under the Misuse of Drug Act, The Road Traffic Act and the Transport and Worker's Act.

## **4. DEFINING THE PROBLEM**

### **Alcohol**

4.1 Alcohol problems with employees fall into one of two categories:

- An over-indulgence in alcohol which results in socially unacceptable or even dangerous behaviour but which is not related to a physical or psychological dependence
- Where a person's dependency on alcohol continually or repeatedly interferes with their work.

4.2 The problem for employers is distinguishing between the two. The former type of behaviour, fairly obviously, will be a conduct problem, which may merit disciplinary action or dismissal, while the latter should be treated as an ill-health issue.

### **Drugs**

4.3 Drug problems amongst employees, will be due to the possession, use, supply, manufacture or theft of prohibited and illegal drugs, such as heroin, cocaine and cannabis, or the misuse of legally prescribed drugs such as tranquillisers or sleeping pills or other substances such as solvents. As with alcohol, drug problems affecting work performance could be either problems of conduct or ill health. 'Off duty' drug-taking incidents may be relevant if they affect job performance.

4.4 Employee's work performance may also be adversely affected if they have a close friend or relative who has a drink or drugs problem. If this is the case professional advice should be sought e.g. from Occupational Health in strict confidence.

## **5. RESPONSIBILITIES**

### **Vice-Chancellor**

5.1 On behalf of the Council the Vice-Chancellor has executive responsibility to ensure, that the requirements of the health and safety legislation and the University health and safety policy are complied with. The Vice-Chancellor will ensure that responsibility for health and safety is properly assigned and accepted at all levels within the University.

### Head of Functional Areas

5.2 Heads of Functional Areas are responsible for the implementation of this procedure. They should ensure staff in their school / departments are informed and aware of this procedure and their responsibilities in respect of this procedure.

5.3 If an alcohol or drug problem concerning a member of staff comes to the attention of a Head of School / Department Manager, supervisor or colleague, they should discuss their concerns with the individual and encourage them to seek help at an early stage. The individual should then be referred, in strict confidence, to Occupational Health. This would normally be done directly by the Head of School/ Department Manager/ Line Manager or their nominated deputy or through a Human Resources Adviser. Alternatively, the employee should be encouraged to refer themselves to Occupational Health as early as possible if they suspect or know that they have an alcohol or drug related problem.

5.4 If an employee is suspected to be under the influence of drugs or alcohol and is working in a safety critical role, the individual should be removed from the activity immediately to ensure their own and others' safety. The advice of a Human Resources Adviser in conjunction with Occupational Health must then be sought. A safety critical role is one for which the consequence of error for that individual or others may result in an injury that is more than trivial.

5.5 The Occupational Health protocol in relation to Misuse of Drugs and Alcohol is outlined in Appendix 1. The University's Human Resources Advisers can also provide Heads of School and Departmental Managers with procedural advice.

### All Employees

5.6 All employees are responsible for their own behaviour, health and safety and that of others who may be affected by their acts or omissions. Employees who know or suspect that they have an alcohol or drug problem are encouraged to seek help voluntarily. An employee's first contact may be their G.P., or one of the local voluntary services listed in Appendix 2. Within the University, help and advice can be sought in strict confidence from the Head of School/ Departmental Manager/ Line Manager or their nominated deputy, Occupational Health Adviser, a Human Resources Adviser, or a Trade Union health and safety representative.

### **Occupational Health**

5.7 The University will provide support and assistance through Occupational Health to help address an alcohol or drug problem, which will be treated in strict confidence. Occupational Health will co-ordinate the treatment and rehabilitation of staff with alcohol or substance misuse problems with the employee's informed consent. They will also monitor and review the employee's treatment, obtaining medical and/or Specialist information with consent and provide feedback to management on compliance with a treatment programme.

5.8 Occupational Health will accept formal referrals directly from the Head of School or Department of the individual concerned or from Human Resources as well as self-referrals. The University views any referral to Occupational Health to constitute a reasonable request.

### **Human Resources**

5.9 The Human Resources Department will assist staff who, either self-refer or who are referred to them by a line manager to seek professional medical help and guidance. This should be via Occupational Health at the University or directly via external specialist organisations.

5.10 They will provide the employee and management with advice regarding Sickness Absence Management and/or Disciplinary Policy. Where appropriate, e.g. for those in a safety critical role, consideration may be given to a short-term redeployment to allow the employee to remain at work pending treatment.

## **6. GUIDANCE FOR EMPLOYEES**

6.1 It is likely that an employee with an alcohol or drugs problem will come to the attention of a Head of School /Departmental Manager or their nominated deputy through the observation of colleagues or through inadequate or deteriorating work performance (see Characteristics of Misuse of Alcohol and Drugs, Appendix 3). It is in the interest of the employee with such a problem to be offered professional help as soon as possible, as prompt action carries the best hope of successful treatment to be effective. All staff will be made aware of the adverse effects of alcohol and drug misuse by the communication of this procedure to all existing and new employees.

6.2 Staff are encouraged to address the issue directly (not to cover up for colleagues with a drink or drug problem) as collusion represents a false sense of loyalty and will, in the longer term, damage those employees. The first approach should normally be for colleagues to encourage the employee to recognise their problem and to seek advice from Occupational Health. If this fails, colleagues are encouraged to alert the Head of School or their nominated deputy in strictest confidence to the situation so that more formal action may be taken. If this is done promptly, it is far more likely that the treatment will be effective.

## **7. ACTION BY THE HEAD OF SCHOOL/DEPARTMENTAL MANAGER/LINE MANAGER OR THEIR NOMINATED DEPUTY**

7.1 Heads of School/Departmental Manager/Line Manager or their nominated deputies who feel that a member of staff may be under the influence of drugs or alcohol, are encouraged to initially discuss their concerns informally with the employee on a strictly confidential basis. If appropriate the individual should be given the opportunity to be accompanied by a colleague or trade union representative for support.

7.2 The employee's unsatisfactory performance/conduct and behaviour related to the drug/alcohol misuse should be discussed at the meeting.

7.3 The Head of School/Departmental Manager/Line Manager or their nominated deputy should restate the University's required standards, making sure the employee understands what is happening and what is expected of him/her.

7.4 The Head of School/Departmental Manager/Line Manager or their nominated deputy should try to establish the cause of the problem (although it must be pointed out that individuals with a drug or alcohol problem will often go to great lengths to conceal the situation).

7.5 Supportive intervention should be offered at this stage, including referral to Occupational Health. If such support is declined and the problem persists it may be necessary to deal with the issue under other procedures such as the sickness absence or disciplinary policies, in conjunction with Human Resources.

7.6 If, after sustained and supportive intervention, the employee denies that either alcohol or drugs are the cause of the problem and the employee refuses to respond to advice, they should be treated as for any other disciplinary problem, whichever is judged as appropriate by the Head of School/Departmental Manager/Line Manager or their nominated deputy.

7.7 If the disciplinary procedure is activated (the final step where advice/support/and concern are declined) and there are strong signs that the employee's unsatisfactory performance is drug or alcohol-related and they will not admit or acknowledge this, further encouragement should be given at all stages of the procedure to face up to the true underlying problem. The opportunity should also be taken to record concern for the health and possible situation of the employee, to highlight the support available, and to request the employee to seek help as soon as possible. This will either be a referral to Occupational Health or a request for the employee to consult with their G.P.

## **8. TREATMENT**

8.1 Where an employee acknowledges that they have a problem and is given help and treatment, this will be on the understanding that:

- Whilst they are undergoing treatment they will be entitled to the usual University sick pay benefits
- During treatment occupational health may advise that alternative duties or short term re-deployment be offered.

8.2 On completion of the recovery programme every effort should be made to ensure that the employee is able to return to the same or equivalent work. However, where such a return to the same or equivalent work would jeopardise either a satisfactory level of job performance or the employee's recovery, the Head of School/Departmental Manager/Line Manager or their nominated deputy with the Director of Human Resources (or their nominated deputy) will review the full circumstances surrounding the case and agree a course of action to be taken, following consideration of the advice given to them by Occupational Health.

8.3 The course of action may include the offer of suitable alternative employment or redeployment under the sickness absence management policy, the consideration of retirement on the grounds of ill health through the relevant Sickness Absence Policy or dismissal through the relevant Disciplinary Policy.

(Before a decision on dismissal is made, it should be discussed with the employee and an up-to-date report obtained from Occupational Health with the consent of the member of staff in line with the requirements of the Access to Medical Reports NI Order, 1991, and/or advice of Occupational Health).

## **9. RELAPSE**

9.1 It is recognised that relapses are common and can and do happen especially during early stages of treatment/counselling and recovery. An open culture should be developed; sensitive and supporting handling will ease recovery from relapses.

9.2 Where an employee, having received treatment, suffers a relapse, the employee will be referred to Occupational Health in the first instance for advice. On receipt of this advice line management in conjunction with Human Resources will consider each case on its individual merits.



9.3 Further medical/specialist reports (with the consent of the member of staff in line with the requirements of the Access to Medical Reports NI Order, 1991) will be sought in an attempt to determine compliance with the individuals treatment programme. At the University's discretion, and following recommendation from Occupational Health, further treatment or rehabilitation time may be granted in order to help the employee complete a treatment programme. If Occupational Health advises that recovery seems unlikely; the University will have to consider the most appropriate course of action to resolve the situation.

## **10. REFERENCE DOCUMENTS**

- The Health and Safety at Work (Northern Ireland) Order (1978)

## Appendix 1

### OCCUPATIONAL HEALTH PROTOCOL

#### 1 FORMAL REFERRALS

1.1 Where disciplinary procedures are invoked against an individual in relation to an alcohol or drug related problem, under the procedure, any further related disciplinary action will be suspended on condition that the individual:

- Admits to having an alcohol or drug related problem,
- Consents to a specific course of treatment as advised by Occupational Health

1.2 The employee will be invited to attend Occupational Health for an initial discussion with the Occupational Health Physician or the Occupational Health Adviser. The University views any referral to Occupational Health to constitute a reasonable request.

1.3 If the employee admits to having an alcohol or drug related problem, they will be asked to agree to adhere to a specific course of treatment and to this effect, to sign the document, "Misuse of alcohol and/or drugs treatment plan agreement" (see Appendix 4).

1.4 The Access to Medical Reports NI Order 1991 will be explained to the employee who subsequently will be asked to sign a consent form to enable the Occupational Health professionals to request ongoing medical report(s) from appropriate sources (General Practitioner, Hospital Consultant or Specialist) Refusal to accept support will result in withdrawal of the offer of help and the referring School/ Support Department will be informed.

1.5 Follow up appointments will be arranged at appropriate intervals.

1.6 Confidential reports, as necessary, will be sent to Human Resources and the Head of School/ Departmental Manager or nominated deputy (as appropriate) to advise on the employee's progress and intention of further review.

- 1.7 Equally any relevant information regarding the individual's progress at work should be reported to Occupational Health in strict confidence.

## **2 SELF REFERRALS**

- 2.1 Employees who either suspect or know that they have an alcohol or drug related problem are advised to seek help from Occupational Health.
- 2.2 Their disclosure of such information will remain confidential information to Occupational Health, unless the Occupational Health Practitioner deems it to be in the staff member's best interest to ensure their safety or that of others. The employee will be encouraged after discussion to consent to enable the OH practitioner to inform HR and/or management as it is in their interest to make them aware.
- 2.3 Advice regarding the different sources of help will be given.
- 2.4 If the individual agrees to let Occupational Health inform Human Resources, they should be treated under this procedure (the same conditions as 1.4. above apply).

## **3 FAILURE TO COMPLY WITH THE TREATMENT PLAN**

- 3.1 Occupational Health will advise Human Resources and the Head of School/ Departmental Manager or nominated deputy (as appropriate) of the discontinuation or non-adherence to a course of treatment by the employee who has signed the misuse of alcohol and drugs treatment plan agreement.
- 3.2 Normal disciplinary procedure will be invoked by the University as the procedure on Misuse of Alcohol and Drugs would be rendered invalid by virtue of the individual member of staffs' non-adherence/discontinuation of a prescribed course of treatment.

## 4 NON ATTENDANCE

- 4.1 Human Resources and the Head of School/ Departmental Manager or their nominated deputy (as appropriate) will be advised of persistent non-attendance at appointments with Occupational Health.
- 4.2 Following a missed appointment, unless in exceptional circumstances, and having sought specialist advice on compliance with the prescribed programme, Occupational Health may wish to discontinue any follow up and will notify the employee, HR and manager of their decision.
- 4.3 In exceptional circumstances appointments can be re-arranged.
- 4.4 As a result of persistent non-attendance, appropriate disciplinary procedure may be initiated by the University.

## **Appendix 2**

### **5 HELP WITH DRUG AND ALCOHOL ISSUES**

#### **INTERNAL CONTACTS:**

##### **5.1 Occupational Health Department**

- Jordanstown / Belfast 02890 368375
- Coleraine / Magee 028701 24335

#### **EXTERNAL CONTACTS:**

##### **Health Assured Employee Assistance Programme**

- 0800 030 5182
- [www.healthassuredeap.co.uk](http://www.healthassuredeap.co.uk)

##### **Alcoholics Anonymous**

- 02890 434848

##### **Al Anon**

- For families of alcoholics
- 020 7403 0888

##### **NICAS**

- Northern Ireland Community Addiction Service
- 02890 664434

##### **Narcotics Anonymous**

- A non-profit, international, community based organisation for recovering addicts. NA members learn from one another how to live drug free and recover from the effects of addiction in their lives.
- 020 7730 0009

##### **Re-Solv**

- Information and support for anyone concerned about solvent and volatile substance abuse issues
- 0808 800 2345

### **National Drugs Helpline**

- Information and advice for people who misuse drugs, their friends, family and colleagues
- 0800 776600

### **Youthline Northern Ireland**

- Helpline and counselling services for young adults under 25yrs.
- 080 8808 8000

### **Appendix 3**

6 The following characteristics, especially in combinations, may indicate the presence of an alcohol or drug-related problem, but assumptions should not be made as they may not necessarily indicate a dependency. The list is not exhaustive;

#### **Absenteeism**

- Excessive leave or sickness absence
- Strange and increasingly suspicious reasons for absence
- Unusually high level of absence for colds, flu and stomach upsets
- Unscheduled short-term absences, with or without explanation
- Instances of unauthorised leave
- Frequent Friday and/or Monday absences
- Leaving work early
- Lateness (especially returning from lunch)

#### **High Accident Level**

- 6 At work
- 7 Elsewhere, e.g. driving, at home

#### **Work Performance**

- 8 Difficulty in concentration
- 9 Work requires increased effort
- 10 Individual tasks take more time
- 11 Problems with remembering instructions or own mistakes
- 12 Fatigue
- 13 Reduced productivity

#### **Mood Swings**

- 14 Irritability
- 15 Depression
- 16 General confusion

#### **Other signs**

- 17 Deterioration in relationships with colleagues
- 18 Tendency to blame others
- 19 Changes in attitude to authority
- 20 Over-sensitivity to criticism
- 21 Avoiding Company
- 22 Bleary eyes

- 23 Hand tremor
- 24 Facial flushing
- 25 Unkempt appearance
- 26 Frequent borrowing of money
- 27 Smelling of alcohol



## Appendix 4

### **MISUSE OF ALCOHOL AND/OR DRUGS TREATMENT PLAN AGREEMENT**

#### **Commitment**

I \_\_\_\_\_ agree that I have an addiction problem and I am committed to the help and support offered to me by the University through Occupational Health.

#### **Support**

Management recognise drug and alcohol problems as medical conditions which are potentially treatable and will encourage those who have a problem to seek help.

#### **Services Available**

Occupational Health will engage with external support agencies and my GP with my informed consent on compliance with my treatment programme. This may include clinical testing as appropriate.

#### *Staff Member*

Signed .....

Date .....

#### *OHNP*

Signed .....

Date .....

Strictly Confidential – for Occupational Health use only