Shetland NHS Board

Meeting:	Shetland NHS Board		
Paper Title:	Drug and Alcohol Policy		
Date:	24.6.14		
Author:	Elizabeth Robinson, Health Improvement Manager	**Director:**	Dr Sarah Taylor, Director of Public Health

Decision / Action required by meeting:

Approval and Adoption

High Level Summary:

This paper updates the Board's Drug and Alcohol Policy and Procedures to reflect developments in the law, in new harmful substances that mimic the effects of illegal drugs, in the support available for drug and alcohol misuse, and in job titles/organisational structures. In response to feedback from Area Partnership Forum, the inclusion of a note on the support of staff side for drug and alcohol testing, when required, has been added.

Key Issues for attention of meeting:

Inclusion of Novel Psychoactive Substances (legal highs), and clarification of examples of gross misconduct.

Impact of item / issues on:	
Patient Safety:	Improvement in Patient Safety
Staffing/Workforce:	No change in impact on staffing or workforce
Finance/Resource:	Within existing resources
Shetland Partnership / Joint Working	Alignment of the NHS Shetland and Shetland Islands Council Drug and Alcohol Policies is being actively considered.
Equality & Diversity:	No negative impact on equality or diversity
Legal Issues:	The policy describes the legal responsibilities of the Board in relation to drug and alcohol misuse.

Previously considered by:	
Committee/Group:	APF on 12th June 2014

Drug and Alcohol Policy and Procedures

Date: June 2014
Version number: 1.3
Author: Elizabeth Robinson, Health Improvement Manager
Review Date: June 2017

If you would like this document in an alternative language or format, please contact Corporate Services on 01595 743069.

NHS SHETLAND DOCUMENT DEVELOPMENT COVERSHEET*

Name of document	Drug and Alcohol Policy and Procedures	
Registration Reference Number		**New** ☐ **Review** X
Author	Elizabeth Robinson	
Executive Lead	Dr Sarah Taylor	

Proposed groups to present document to:	
PPF	Health and Safety Committee
Area Partnership Forum	Staff Governance Committee
Area Clinical Forum	Board

Date	**Version**	**Group**	**Reason**	**Outcome**
		Public Participation Forum	C/S	
12.06.14	1	Area Partnership Forum	C/S	MR, PRO
		Area Clinical Forum	PO	PRO
		H&S Committee	PO, C/S	PRO
		Staff Governance Committee	PO, C/S	PRO
24.06.14	1.2	Board		Approved

Examples of reasons for presenting to the group	**Examples of outcomes following meeting**
• Professional input required re: content (PI)	• Significant changes to content required – refer to Executive Lead for guidance (SC)
• Professional opinion on content (PO)	• To amend content & re-submit to group (AC&R)
• General comments/suggestions (C/S)	• For minor revisions (e.g. format/layout) – no need to re-submit to group (MR)
• For information only (FIO)	• Recommend proceeding to next stage (PRO)

*To be attached to the document under development/review and presented to the group
Please record details of any changes made to the document on the back of this form

DATE	CHANGES MADE TO DOCUMENT
June 2014	Inclusion of Novel Psychoactive Substances Removal of Reference to Staff Handbook Changing references to Disciplinary Policy to Managing Conduct Policy Clarification
12th June 2014	Note added on support of staff side for alcohol or drug testing when necessary Inclusion of additional example of potential gross misconduct – 'failing to comply with medical advice on fitness to work'.
June 2014	Make clear that Contract (p23) is an example that can be amended to suit individual circumstances, and that the employee's line manager is made aware of and involved in discussion about the contract.

Table of Contents

SHETLAND NHS BOARD
DRUG AND ALCOHOL POLICY

Part A: The Policy

1. Introduction

1.1 This policy is part of the Board's overall concern for the health, safety and welfare of staff. All workplaces have legal responsibilities to look after the health and safety of their staff through the Health & Safety at Work Act 1974 and the Misuse of Drugs Act 1971.

1.2 Misuse of drugs and/or alcohol can lead to accidents, absenteeism, sickness, poor performance, poor staff relationships, and behaviour changes and may impact on the safety of patient care. It is therefore essential that workplaces take the misuse of drugs and/or alcohol seriously.

1.3 The original version of this policy was developed by the Local Partnership Forum (now Area Partnership Forum) with support from the multi-agency Drug and Alcohol Training Team in Shetland and has been consulted on at all levels within the organisation. It has been available on the Intranet for all staff to comment on and has been approved by the Area Partnership Forum. On this occasion it has been reviewed and updated by the Health Improvement Manager on behalf of the Health and Safety Committee and Area Partnership Forum.

2. Definition of substances covered

2.1 For the purposes of this policy, the following definitions apply:

2.1.1 *Alcohol misuse*: Any drinking of alcohol, either intermittent or continual, which interferes with a person's health and social functioning and/or work capability or conduct.

2.1.2 Drug: A drug is a substance which alters the way in which the body or mind works. The term drug applies to alcohol, drugs controlled under the Misuse of Drugs Act 1971, prescribed drugs, over-the-counter medication and solvents. It also applies to novel psychoactive substances (NPS), sometimes known as 'legal highs'.[1] It is acknowledged that nicotine and caffeine are also drugs but these will not be addressed by this policy. (Nicotine is addressed through the Board's Smoking Policy).

2.1.3 Drug misuse: Use of illegal drugs and the problematic use, whether deliberate or unintentional of prescribed drugs, novel psychoactive substances, over-the-counter medication and solvents.

[1] NPS are drugs which mimic, or are claimed to mimic, the effects of illegal drugs. There is a common, but mistaken, perception that because such drugs are not legally controlled or banned they are safe.

3. Aims

3.1 To reduce or eliminate alcohol and drug misuse by staff, visitors and patients within the Board.

3.2 To maintain the well-being, safety and efficiency of the workforce and workplace, and safeguard patient care.

4. Objectives

4.1 To state clearly the Board's policy on Alcohol and Drugs.

4.2 To enable the Board to identify, help and rehabilitate any employee who has work problems related to the misuse of drugs or alcohol.

4.3 To enable the Board to identify, and help any patients who have problems related to the misuse of drugs or alcohol.

4.4 To protect patients, public and other staff from disadvantage or danger through misuse of drugs or alcohol.

4.5 To encourage employees who are experiencing alcohol and drug related problems to seek appropriate assistance at the earliest opportunity.

4.6 To provide a fair and consistent system for dealing with drug and alcohol misuse within the Board.

4.7 To ensure that employees observe the law in relation to drugs during working hours.

4.8 To provide staff with guidance on the procedure to be followed on discovery of a suspected illegal substance on hospital premises.

5. Monitoring and review of policy

5.1 The Chief Executive has overall responsibility for the implementation of this policy.

5.2 This policy will be reviewed every three years. The review will include compliance levels, awareness of the policy and enforcement by managers. A report will be provided to the Staff Governance Committee by the Human Resources Department, also every three years.

5.3 All senior managers and Heads of Department have a responsibility for implementation of this policy and monitoring its effectiveness.

5.4 The Human Resources Department will ensure that all staff are issued with a written summary of this policy and that Contracts of Employment make explicit reference to the key aspects.

6. The drug and alcohol policy

6.1 This policy applies to all employees, workers and contractors of the Board, irrespective of grade, experience, role or location/place of work.

7. Policy rules

7.1 All employees, workers and contractors of the Board must abide by the following:

- Employees must not consume alcohol during working hours. This includes the prohibition of social drinking at or during breaks.

- Employees should not be at work if prescribed medicines or over the counter medicines are significantly affecting their performance.

- Employees must not be in illegal or unauthorised possession of any controlled substance or NPS.

- Employees are not permitted to work, or report for work, under the influence of, or otherwise impaired by controlled substances, NPS or alcohol.

- No employee should be engaged in illegal dealing, manufacture, possession or supply of any controlled substance or NPS.

7.1.2 Employees using prescription drugs that may affect their behaviour and/or work, have a responsibility to inform their line manager. They may wish to discuss this with Occupational Health, who can offer appropriate advice to the manager.

7.1.3 If a suspected illegal substance is discovered within hospital premises, or a person is found to be in possession of a suspected illegal substance on hospital premises, the procedure outlined at Part B should be followed.

7.1.4 Any breach of the policy rules will be followed up by implementation of the Managing Conduct policy and the processes described in the attached procedures.

7.1.5 Staff registered with a professional body are reminded that such conduct may lead to proceedings by their appropriate registering body.

8. Exceptions:

8.1 The consumption of alcohol is therefore allowed in the following circumstances:

- In staff residences and residential properties.

- At functions such as major commemorative events, with the prior approval, on each occasion, of the Chief Executive. Such approval will only be given when staff drinking alcohol are not expected to return to duty. Alternative non-alcoholic drinks will always be available.

- By patients (and in exceptional circumstances by relatives) with permission of and under the supervision of medical staff.

9. Implementation

9.1 It is the responsibility of all managers and supervisors to enforce this policy.

9.2 Training in recognising alcohol or drug related problems and in implementing this policy will be provided to all managers within the Board. The training will include early recognition of problems, how to raise the issue of drug or alcohol misuse with an employee, discipline and grievance procedures, referral procedures and relevant legislation.

9.3 All staff of the Board will be provided annually with education or information on drug and alcohol issues and on sensible use of alcohol.

9.4 Support to employees:

9.4.1 NHS Shetland aims to provide support, treatment where possible and rehabilitation to any employee misusing drugs or alcohol, in the context of work. This will be backed up by fair but firm use of the Board's Managing Conduct Policy, which is intended to encourage rehabilitation, but also to protect other staff, patients, and the public from the consequences of drug and alcohol misuse.

9.5 Support to patients

9.5.1 The Board has targets to reduce levels of alcohol misuse within the community, reduce alcohol related admissions to hospital and to deliver Alcohol Brief Interventions to patients in line with SIGN 74 Guidelines. The aim of the policy is therefore to support patients with identified drug or alcohol problems in seeking help at the earliest possible time. Staff should use alcohol and drug misuse screening techniques to identify patients with potential alcohol or drug misuse problems. Training on these techniques is available on request from the Health Improvement Team, or online training is available at: http://elearning.healthscotland.com/enrol/index.php?id=369

10. Drug and alcohol testing

10.1 The Board does not currently offer routine drug or alcohol testing. The 2004 Independent Inquiry into Drug Testing at Work[i] concluded that there is no justification for drug testing in the workplace as a means of policing the private behaviour of employees, or of improving performance and productivity. It suggests that although drug testing does have a role to play, particularly where safety is a concern, investment in management training and systems is likely to have a more positive impact on safety, performance and productivity and to be less costly, divisive and invasive. There is a wealth of evidence that good and open management is the most effective method of improving workplace performance and tackling drug and alcohol problems amongst staff.

10.2 However, if someone is part of a programme of support through Occupational Health, they may be required to undergo drug or alcohol testing to evidence compliance with the programme. In addition, if someone's behaviour arouses suspicion or if there is an incident where substance misuse is suspected, the Board may require that person to undertake a drug or alcohol test. If the person doesn't comply with the request to be tested, this will be managed under the Managing Conduct Policy. Staff side support the use of drug and alcohol testing in line with the Drug and Alcohol policy and would usually encourage staff to comply with requests.

11. Capability and managing conduct[2]

11.1 Poor performance and attendance will be managed under the Board's Capability Procedure, while misconduct will be managed through the Managing Conduct Policy. Both procedures can be found on the Board's website at
http://www.shb.scot.nhs.uk/board/policies.asp

11.2. Some circumstances may constitute gross misconduct which would lead to summary dismissal. The following list is indicative but not exhaustive:

- driving Board vehicles, or driving on Board business, whilst under the influence of alcohol or drugs (contravening sections 5 or 6 of the Road Traffic Act) or
- attending for work during normal duty hours whilst incapable through drink or drugs, or failing to follow medical advice about fitness to work, or
- Inability to perform duties due to the influence of drink or drugs (other than those taken under medical direction), or the consumption of illegal/harmful drugs while on duty, or
- bringing the Board into disrepute through inappropriate behaviour in the extreme outside work hours e.g. lewd or violent behaviour, arrest and legal charges, or

[2] Misconduct means any type of behaviour or conduct at work that falls below the standard required by the employer or is in breach of organisational policy.
Acts of gross misconduct are those which are so serious in themselves or have such serious consequences that the relationship of trust and confidence, which is needed between the employer and employee, has been irreparably damaged.

- criminal offences, related to drugs or alcohol, committed outside working hours which affect the employee's ability to perform their duties, particularly where there is an element of trust involved or if it is felt there could be danger to staff, patients or visitors.

These may not necessarily be related to chronic substance misuse, but may definitely be regarded as misuse of alcohol or drugs.

Part B: Procedures

B1. Referring staff to occupational health service (OHS)

1.1 Identification of drug or alcohol misuse:

Alcohol and drug related issues at work are most often caused by occasional or recreational use of alcohol or drugs in an employee's leisure time. The signs and symptoms of alcohol and drug misuse are described in detail in Appendix 2. These relate primarily to a situation of dependency rather than to occasional or recreational use.

Misuse of alcohol and other drugs is a concern to Occupational Health professionals because it can cause an adverse effect in the workplace whether it is in terms of output, performance or behaviour such as interactions with colleagues.

It also has an important impact on the health and well being of employees and carries significant legal implications for both employees and employers. The possession of alcohol is not illegal but possession of drugs or drug abuse is, and employers may be vicariously liable if employees have drugs in the work place.

When there is a suspicion of abuse, managers should be wary of jumping to conclusions but should include in their deliberations that drug or alcohol misuse might be a factor in a reduced performance of an employee. More positive identification may be made by:

- Asking a colleague if there is an alcohol or drug problem
- Referral for investigation of work problems to management or Occupational Health

1.2. **Self-referral**

1.21 Members of staff should be aware that they can self-refer to the Occupational Health Service for any health related matter, particularly if it relates to, or is affecting their work. This includes alcohol or drug related problems. The Occupational Health Service will discuss and/or arrange treatment for the member of staff, although it is likely that this will be undertaken in conjunction with the employee's own doctor and possibly other agencies, but only with the consent of the employee.

1.22 Attendance at Occupational Health Service is confidential and no communication to any third party will normally result from a self-referral unless the member of staff agrees. However, if the alcohol or drug problem potentially affects work or there is a legal requirement to be met, the Occupational Health Service will advise the staff member's line manager, in writing, copying the letter to the Human Resources Department.

1.23 Medical details provided to the Occupational Health Service are confidential and are not passed on in reports to managers; the advice given is about fitness (or otherwise) for

work, and any restrictions that might be needed. In the case of Alcohol or Drug misuse, recommendations may include referral to other agencies for support. However (in line with 1.51) should an individual's behaviour, arising from the use of alcohol or drugs, affect the safety or well being of others then the occupational health professional will give careful consideration to breaching confidentiality.

1.3 **Management referral**

1.31 Where poor attendance/performance has caused concern to a manager, and alcohol or drug misuse is suspected or identified as the cause, managers can refer a member of staff to the Occupational Health Service for advice and help. This will also enable the Occupational Health Service to provide the manager with management advice about the member of staff's health in relation to their work. Before such a referral can take place managers must advise their member of staff. The reason for referral should be clearly set out in Appendix 3: Request for Occupational Health Referral (from Promoting Attendance Policy) along with any specific issues on which the line manager wishes to receive advice.

1.32 Where the employee declines referral to the Occupational Health Service, the line manager may then deal with the work performance problem through the Managing Conduct procedures.

1.4 **Referral of a manager**

1.41 If staff are concerned that their line manager is misusing drugs or alcohol, they should contact their manager's line manager. Staff making such reports about their manager will be able to do so without prejudice or recrimination.

1.5 **Confidentiality:**

1.51 All conversations concerning alcohol or drug misuse by staff members will be dealt with in the strictest confidence. However should an individual's behaviour, arising from the use of alcohol or drugs, affect the safety or well being of others then the occupational health professional will give careful consideration to breaching confidentiality.

1.6 **Treatment and Rehabilitation:**

1.61 It is likely that referral to Occupational Health will result in the following:

- The identification of the drug or alcohol related problem in the work context.

- Agreement, in writing, between the employee, the line manager and the Occupational Health Service of any actions required of the employee - giving him/her a chance to improve performance.

- The offer of support and possibly access to counselling and treatment.

- Throughout treatment and rehabilitation, internal Board procedures including Managing Conduct and/or Capability may be applied. The approach will depend on the degree of cooperation or the impact on the person's ability to carry out their role.

Appendix 4 gives an example of a contract which would be drawn up between the Occupational Health Service, the employee, and an external drug and alcohol support agency.

1.62 The Board recognises the possibility of relapse. If this occurs, and if appropriate, the same procedures of support may be offered to the employee at management discretion and depending on the circumstances.

1.63 Referral to support will not affect job or promotion prospects. Employees are entitled to access any support for drug and alcohol problems during their working day, or receive sick pay during this time, in line with normal sick pay regulations.

B2. Presence of suspected illegal substances within hospital premises - procedure

2.1 Introduction

2.12 This section of the policy sets out the procedure to be followed when a suspected illegal substance is discovered within hospital premises or a person is found or suspected to be in possession of a suspected illegal substance within hospital premises.

2.13 It is illegal for any unauthorised person to be in possession of an illegal substance as defined by the Misuse of Drugs Act 1971 (see Appendix 5).

2.2. Examination of patients' property

2.21 A patient's property and personal effects may normally only be examined for two reasons:

(i) In order to register and safeguard that property on behalf of the patient.

(ii) Where examination may aid diagnosis and subsequent management of the patient's medical condition. In both cases the guiding principle is of prior consent. If this should be refused only police officers can be empowered to perform such a search.

2.23 Should staff be unable to gain consent because of the patient's medical condition and an inventory of the patient's possessions is required for either of the above reasons then an examination can be made. Should the presence of illicit substances be suspected prior to its commencement this search should be witnessed, and if discovered then staff should follow the guidelines set out below. Contemporaneous documentation must include the indications for the personal search, the complete inventory of items found and the names, designations and signatures of the staff involved.

2.3. Patient confidentiality

2.31 Whilst patient confidentiality should not normally be broken, disclosure without the consent of the patient is possible in circumstances where it is considered to be necessary in the public interest.

2.32 Public interest means the interests of an individual or groups of individuals or of society as a whole, and would, for example, cover matters such as serious crime, child abuse, drug trafficking or other activities that place others at serious risk[ii]

B3. Procedure when a patient is found to be in possession of a suspected illegal substance

3.41 The member of staff finding the substance should immediately inform the nurse in charge of the hospital.

3.42 The nurse in charge of the ward or area should place the substance in a suitable secure container with a label identifying the source (patient's initials and hospital number) and a brief description of the contents. The label should be over the seal and signed by the nurse and by the nurse in charge of the hospital as a witness.

3.43 The container should then be placed in a locked controlled drug cupboard. Gloves should be worn at all times. All events should be documented within an incident report and witnessed by both nurses.

3.44 The ward or department nurse or nurse in charge of the hospital should contact the consultant in charge of the patient and request their attendance.

3.45 The nurse in charge of the hospital should complete Part A of the **Form for the Removal and Destruction of Unauthorised Drugs or Other Suspicious Substances** (Appendix 6), which should be witnessed and signed by the consultant in charge of the patient.

3.46 Where the consultant decides that the quantity of the substance found is consistent with the patient's own personal use, the hospital pharmacist should be requested to remove the substance for destruction, in line with the Board's Consent Policy. In this case, Parts B, C and D should be completed as indicated by the nurse, the consultant, the pharmacist and a witness. One copy of the form should be filed in the patient's medical record and one copy retained by the Pharmacy Department. If the patient objects to this course of action then, with the agreement of the consultant in charge of the patient, the police may be contacted. If there is doubt as to whether the quantity of a substance found is consistent with the patient's own personal use, the police may be contacted for advice.

3.47 Where the consultant in charge considers the quantity of the substance to be inconsistent with the patient's own personal use, and where the consultant feels that it is appropriate and necessary for action to be taken, Part B must be completed and the police contacted by the nurse in charge of the hospital on 101.

3.48 Where the police cannot attend within 24 hours, or if circumstances require, the suspicious substance and form should be transferred to the hospital Pharmacy during working hours. The receiving pharmacist should sign part C.

3.49 If the police officer attends then the ward or area staff should endeavour to co-operate fully with the officer, in line with the Board's existing policy on liaison with the police. In some cases the officer may not need to know the identity of the source patient.

However, if he/she does then the nurse or doctors should provide this information. In the investigation of an alleged criminal offence, confidentiality is unlikely to be a sufficient defence in law against disclosure.

3.5 Each case will be treated on its own merits and it is therefore not possible to indicate the precise action the police will take. However, the patient will never be questioned or removed from the ward or department if it is considered by the consultant in charge to be inappropriate on clinical grounds.

3.51 Following inquiries, the police officer will remove the suspicious substance either directly from the ward or area where it was found or from the Pharmacy Department if it has already been transferred there. In either case, Part E should be signed by the police officer and the nurse or pharmacist witnessing the transfer. One copy should be given to the police, one copy retained by the Pharmacy Department and one copy filed in the patient's medical record.

3.52 Where patients who are not under the care of a Consultant are concerned e.g. at a health centre, or at an outpatient appointment, the GP or member of the Senior Management Team on-call should make the decision as to whether police involvement is required.

3.53 In all cases, the event should be recorded on DATIX.

B4. Procedure when a suspected illegal substance is discovered within hospital premises

4.1 On discovering a suspected illegal substance the member of staff should alert another member of staff, who in turn should contact the nurse in charge of the hospital.

4.11 The nurse in charge of the ward or area should place the substance in a suitable secure container with a label identifying the source (patient's initials and hospital number) and a brief description of the contents. The label should be over the seal and signed by the nurse and by the nurse in charge of the hospital as a witness. The container should be put into a locked controlled drug cupboard. Gloves should be worn at all times. All events should be documented on an incident form and witnessed by both nurses.

4.12 With the agreement of the Senior Manager in charge of the hospital, Police Scotland should be contacted on 101.

4.13 Upon arrival of the police they will remove the suspected illegal substance.

4.14 An adverse event report should be completed via DATIX, including details of police officers attending.

B5. Procedure to be followed where patients are suspected to be misusing drugs or alcohol

5.1 All patients should be screened for signs of alcohol or drug misuse on admission to hospital. Brief intervention techniques should be used whenever screening indicates a problem with alcohol or drugs. If the patient is currently believed to be under the influence of drugs or alcohol, the patient's notes should be flagged to indicate that a brief intervention is required.

5.12 These techniques will encourage patients to seek support.

5.13 With the consent of the patient, referrals may then take place to:

- Substance Misuse Service
- Community Alcohol and Drug Services Shetland

5.14 Protocols to govern these procedures are available. Training in the use of the Brief Intervention techniques is available to all staff required to deliver brief interventions in line with SIGN 74 guidelines.

5.2 Patients under the age of 16

5.21 If a person under the age of 16 is admitted to hospital and suspected to be under the influence of drugs or alcohol, an automatic referral to Social Work under the Child Protection Procedures should take place.

Part C: Appendices

Appendix 1: Support Agencies

Local agencies

Community Alcohol and Drugs Service Shetland
44 Commercial Street
Lerwick
Shetland
ZE1 0AB
Tel: 01595 695363
E-mail: admin@cadss.org.uk Website: www.cadss.org.uk

National Agencies and Helplines:

Alcohol Focus Scotland
2nd Floor
166 Buchanan Street
Glasgow G1 2LW
Tel: 0141 572 6700

Website: www.alcohol-focus-scotland.org.uk
E-mail: enquiries@alcohol-focus-scotland.org.uk

DrinkSmarter – for advice on sensible drinking and tips on cutting down on alcohol
http://www.drinksmarter.org/

Drinkline
Freephone 0800 7 314 314
Drinkline is an advice and information line for anyone who wants more information about alcohol, local services that can help or simply to talk about drinking and alcohol issues.
Tel: 0800 917 8282 8am – 11pm 7 days a week

FRANK – Friendly, confidential Drugs Advice
National Drugs Helpline
Tel: 0300 123 6600
Website: www.talktofrank.com

Know the Score
Tel 0800 5875879
Website: www.knowthescore.info

Appendix 2: Alcohol and drugs – identifying the problem

SIGNS AND SYMPTOMS

Managers need to be aware that alcohol and drug misuse is found in all levels of society, although there are variations in level of use and types of substance used across different age and socio-economic groups.

Preconceptions about the images of users should be set to one side, as many will not conform to the stereotypical image. Many recreational drug users are employed in a wide range of positions including managerial, administrative, shop floor, production, and across all organisational sectors and types.

It is important to remember that alcohol or drug-related issues at work are more often caused by occasional or recreational use of alcohol or drugs in an employee's leisure time. The signs and symptoms described below relate primarily to a situation of dependency rather than the occasional or recreational use. However, occasional use and/or binge use can also affect an employee's performance at work, in which case some of the signs and symptoms are relevant.

Absenteeism

- Unauthorised leave.
- Friday and /or Monday absences
- High levels of sickness absence
- High levels of self-certified sickness absence
- Improbable excuses for absence

Lateness

- Poor time-keeping
- Arriving late/leaving early

High accident level

- At work and/or elsewhere.
- Mondays or Fridays
- Repeated violation of safety practices.
- After break/rest periods

Work performance

An important factor, which might indicate that a person is using substances regularly, is that of changes in work performance. As with all the other characteristics this is not always indicative of a substance related problem.

- Periods of high and low productivity.
- Lower quantity/quality of work.
- Missed deadlines and appointments.
- Increased mistakes.

- Difficulty in concentrating and remembering instructions.
- Increased complaints.
- Avoidance of authority.
- Procrastination-frequently putting off tasks to another time.

Personality changes

A manager needs to be aware that a common sign of alcohol or drug misuse is a change in personality. For example, a reserved employee might become more aggressive. Other signs include:

- Mood changes
- Irritability
- Bad temper
- Overreaction and criticism
- Depression
- General confusion
- Paranoia
- Intolerance/suspicion

Deterioration in relationships

- Friction with colleagues.
- Poor relations with management.
- Isolation.

Sickness certification arousing suspicion

Frequent bouts of sickness (both certificated and non-certificated) are another common symptom of excessive alcohol or drug misuse. An employee might use a variety of illnesses to hide from his/her employer the underlying cause of the sickness absence. These include:

- Stress
- Depression
- Nervous debility
- Gastro-enteritis
- Vomiting and diarrhoea
- Peptic ulcer
- Anxiety/psychoneuroses
- Lower back pain

Misconduct

- Increased disciplinary incidents.
- Patterns of misconduct.
- Not following instructions.
- Practical jokes.
- Failure to observe safety procedures.
- Verbal insubordination.

Personal relationships
Employees who normally are friendly, good team workers and have close working relationships can show changes in personality. These manifest themselves in the workplace in a number of different ways, such as:

- Strained relationships
- A reputation as an alcohol or drug user
- A borrower of money
- Makes frequent transfer requests
- Has an unstable career
- Relies on colleagues to help out
- Can be disruptive
- Show resentment toward others.

Physical effects
There are several physical symptoms which may be indicative of a problem. They can include:

- Frequent bouts of tiredness and exhaustion
- Blackouts
- Dehydration
- Poor concentration
- Frequent headaches
- Smelling of alcohol
- Bloodshot or bleary eyes occurring frequently
- Loss of weight
- Shaking hands and tremors
- Sweating
- A general deterioration in physical appearance
- Noticeable and frequent mood swings
- Slurring of speech

Note
Those employees who have had a dependence problem may display more dramatic physical effects if they are receiving treatment and/or withdrawing from their substance use.

High-risk situations and who is at risk?
There are various situations where an employee might be at greater risk of developing an alcohol or drug-related problem. Obviously this does not happen in all situations and circumstances. Managers must be wary of jumping to conclusions, but could include in their deliberations the possibility that excessive alcohol or drug use might be a reason for a reduced performance. Employees in the following groups might be at risk:

- Those in high pressure jobs

- Those experiencing high levels of work-related stress
- Those whose work frequently takes them away from home
- Those with irregular, long or unsocial hours
- Those whose jobs might be at risk

There are other social and personal areas which might indicate an 'at risk' situation:

- Those with a family history of dependence
- Those experiencing social or peer pressure
- Those without close support mechanisms
- Those with relationship or family problems
- Those experiencing financial difficulties

Taken from: *Alcohol and Drugs: policies and employment* – Health Education Board for Scotland 2001

More information on Novel Psychoactive Substances or Legal Highs

'Legal highs' are substances which produce the same, or similar effects, to drugs such as cocaine, cannabis and ecstasy, but are not controlled under the Misuse of Drugs Act. These new substances are not yet controlled because there is not enough research about them to base a decision on. However, more and more 'legal highs' are being researched to see what the dangers are and if they should be made illegal.

Why is there concern about 'legal highs'?

For many 'legal highs' there has been very little or no useful research into their short, medium and long term effects on people. While this means FRANK can't always provide specific advice about named substances, there are certain key facts common to all 'legal highs':

- Just because a drug is legal to possess, it doesn't mean it's safe.
- It is becoming increasingly clear that 'legal highs' are often far from harmless and can have similar health risks to drugs like cocaine, ecstasy and speed, and some may even turn out to have additional harms.
- Risks of 'legal highs' can include reduced inhibitions, drowsiness, excited or paranoid states, coma, seizures, and death.
- These risks are increased if used with alcohol or other drugs.
- Some drugs sold as 'legal' actually have been found to contain one or more substances that are, in fact, illegal to possess. What you may think is a legal high that you can't get in trouble for having, could be something completely different, and in fact could be a class B illegal drug.

Some so-called 'legal highs' are in fact now banned substances; mephedrone, more commonly known as meow meow, was reclassified in 2010 as a Class B substance.

Appendix 3: Request for Occupational Health Referral

REFERRING MANAGER DETAILS

From:		
Department:		
Managers Post Title:		
Line Manager (if diff from above)		Tele No:
Who and where report to be addressed to: E-mail:		
Date referred:		

EMPLOYEE DETAILS

TITLE:	Mr/Mrs/Miss/Ms/Dr/Other …… **(Please circle one)**		
Forename (s)			
Surname:			
Address:			
Telephone No: (Home)		Mobile No:	
DOB:			
Job Title:			
Place of Work:			
Hours of Work:		Date Appointed:	
GP Details: (Name, Address)			

OCCUPATIONAL HEALTH REFERRAL DETAILS

PLEASE NOTE A REFERRAL MAY NOT BE ABLE TO TAKE PLACE UNTIL YOU HAVE DISCUSSED THE REFERRAL WITH THE EMPLOYEE		
1. Has any discussion taken place with the employee about their referral?	YES/NO (**Delete as applicable)** Please provide explanation/information if answered **NO**	
2. Is employee currently on sick leave? **YES /NO**	3. If yes, what date did sick leave commence? _____ If **no**, go to Q5	4. When does the current Medical Certificate run out? _____ What is the condition stated on the Medical Certificate? _____
5. Describe briefly reason for appointment:		

Please tick the following questions you would like the Occupational Health assessment to address:

√	
	What is the employee's current state of fitness to work?
	If absent, what is the estimated return to work date?
	Is there an underlying medical cause for frequent short-term sickness absence and, if so, is this likely to continue?
	What is the impact of the medical condition on the employee's ability to undertake their occupation?
	Are there any duties the employee will be unfit to perform?
	Are there any work modifications which would alleviate the condition or facilitate rehabilitation?
	If a medical condition exists, is it likely to be made worse by work?
	Is the medical condition work-related?
	Is the employee on medication that would affect their ability to drive or undertake their occupation?
	Are ill-health retirement criteria likely to be met?
	Has the employee any health condition or disability which could impair their ability to effectively undertake the tasks in their role?
	Any other questions or relevant background information?
	If restriction to duties are required, how long might these be in place for?
	Is the individual permanently unfit?

Please ensure that you have completed all relevant sections of this form then sign below and send in a sealed envelope marked as Confidential to the Occupational Health Department, Upper Floor, Montfield, Burgh Road:

Referring Managers Signature: _____

Print Name: _____ **Date:** _____

Employees Signature: _____

Print Name: _____ **Date:** _____

To assist with your referral it would be helpful if you could enclose a copy of the following:-

- Job Description for employee ☐ Hazard Form for employee ☐

Please give details sickness absence details for last 2 years	

Any further details/questions can be attached as a separate sheet if required.

Appendix 4: Occupational Health approach to Staff Member undergoing support for alcohol or drug problems

Occupational Health is fully committed to our legal responsibility to ensure the health, safety and welfare at work of employees. Employees also have a legal duty to take reasonable care for their own and their colleagues' health and safety when they are at work. With this in mind, we recognise that substance misuse can have a detrimental effect on your health as well as your performance at work.

Anyone who knows or thinks they have a substance misuse problem is encouraged to seek help in overcoming their difficulties as soon as possible. Also, if you believe a colleague may have a substance misuse problem, we would ask you to encourage them to seek help as soon as possible. In all cases, the highest levels of confidentiality will be maintained – only those people who need to know will be made aware of the circumstances.

The Occupational Health Service provides a supportive comprehensive and confidential service. You can contact Occupational Health or the Community Alcohol & Drugs Service Shetland (CADSS) directly and they will arrange to see you as soon as possible. A manager can refer you to the Occupational Health Service who can refer you on to the CADSS team. You would be expected to take part in a programme of recovery. You may be able to continue at work provided you let Occupational Health confirm your situation to your manager beforehand; he or she will support you by allowing reasonable time off work so that you can participate. Occupational Health will not contact your manager without your prior consent, unless there is a risk to the health and safety of others. In this case, careful consideration will be given to disclosure and attempts will be made to inform you by the Occupational Health Department.

You can discuss your situation with your line manager or any other member of the management team who will arrange for you to see Occupational Health as soon as possible. Any member of the management team will talk to you about your circumstances in an objective and non-judgemental way. Again, if Occupational Health confirms to your manager that a programme of recovery requiring time off work is necessary, your manager will support you as much as reasonably possible.

If your manager has reason to believe that your performance at work is being affected by a substance misuse problem, he or she will arrange to discuss this with you. If you want, a colleague or representative can be with you during the discussion.

If it is agreed during this discussion that you may have a substance misuse problem, your manager will offer to arrange for you to see Occupational Health as soon as possible for assessment and assistance to overcome your difficulties.

If it is confirmed that you have a substance misuse problem and that you are participating in a recovery programme, and it is not possible for you to attend out with working hours, your manager will support you with reasonable time off work. When you are off work, you will be considered to be on sickness absence and will be entitled to Occupational Sick Pay Allowance in line with appropriate Conditions of Service. The standards of performance acceptable during your programme will be agreed with your manager.

If you do not agree that you have a substance misuse problem and do not want the assistance of Occupational Health, your manager will continue to monitor your work performance as normal. If your performance at work continues to be problematic, your manager will discuss the circumstances with you and will give you another opportunity to accept assessment and assistance from Occupational Health. If you still do not want Occupational Health involvement, your manager will have no option but to manage your performance in line with the Managing Conduct Policy and Procedure.

Example of a contract between occupational health and staff member (this should be adapted to suit individual circumstances)

Note: This form should be signed by OH and the individual. The individual should then take it to their line manager {this will give the line manager the opportunity to discuss the issue with the employee and again give the employee the opportunity to highlight any concerns with their manager}. The form then needs to be returned to OH and held in the file with a copy for HR.

CONFIDENTIAL - *To be opened by addressee only*

Dear

Your health appears to be improving and I am now writing to confirm the arrangements on return to work on You are aware from previous discussions with me of the main aim of the NHS Shetland Drug and Alcohol Policy. This is to reassure you that your condition will be treated as an illness provided you comply with the terms and conditions set out below: -

a) You should not drink alcohol at a level that is likely to interfere with your health or performance at work (the Occupational Practitioner has advised / or not advised total abstinence).
b) You should attend the Occupational Health Department for regular monitoring and surveillance as required and comply with all medical advice.
c) You attend appropriate after care programs as recommended by the doctor such as AA or support groups.
d) You keep all regular medical appointments and comply with any treatment regimes.
e) You do not behave in anyway which would lead us to believe that you have re-commenced drinking alcohol to a level that is likely to interfere with your performance at work.

It is vital that you comply with these terms and conditions. Wherever you do so your condition will continue to be regarded as an illness. However, if you default disciplinary action is likely to follow which may include your dismissal. Two copies of this letter are enclosed and I would be grateful if you could sign one copy and return it to me as soon as possible to signify your acceptance of the contract terms. The second copy is for you to keep.

During our discussion I stressed to you the importance of you identifying someone you can talk to if you feel you are having any problems, which may result in your breaking this contract. You were made aware that Occupational Health and your manager are supporting you and should you need to contact any of us you can do so at anytime.

Yours sincerely
Name
Occupational Health Practitioner

FORM OF ACCEPTANCE
I agree to comply with the terms and conditions detailed in this contract. I understand that the contract will remain in place unless it is jointly agreed that it is cancelled.

I understand that if I default, I will be liable to disciplinary action.

Signed …… Name of individual……
Date: ……..

Appendix 5: Drug Classes and Penalties

The United Kingdom Misuse of Drugs Act 1971 governs the class and penalties for drugs offences in Scotland. Drugs are graded into three classes - A, B, C. The grading depends on the amount of harm or potential for harm a drug causes individuals and society. The drugs which cause most harm are Class A, however all drugs have the potential to cause harm, even drugs in the lower classes. Penalties for possession and dealing in the three classes of drugs are as follows:

Class	Drug	Possession	Supply and production
A	Crack cocaine, cocaine, ecstasy (MDMA), heroin, LSD, magic mushrooms, methadone, methamphetamine (crystal meth)	Up to 7 years in prison, an unlimited fine or both	Up to life in prison, an unlimited fine or both
B	Amphetamines, barbiturates, cannabis, codeine, methylphenidate (Ritalin), synthetic cannabinoids, synthetic cathinones (eg mephedrone, methoxetamine)	Up to 5 years in prison, an unlimited fine or both	Up to 14 years in prison, an unlimited fine or both
C	Anabolic steroids, benzodiazepines (diazepam), gamma hydroxybutyrate (GHB), gamma-butyrolactone (GBL), ketamine, piperazines (BZP)	Up to 2 years in prison, an unlimited fine or both (except anabolic steroids - it's not an offence to possess them for personal use)	Up to 14 years in prison, an unlimited fine or both
Temporary class drugs*	NBOMe and Benzofuran compounds	None, but police can take away a suspected temporary class drug	Up to 14 years in prison, an unlimited fine or both

*The government can ban new drugs for 1 year under a 'temporary banning order' while they decide how the drugs should be classified.

Police can issue a warning or an on-the-spot fine of £90 if you're found with cannabis.

Source: https://www.gov.uk/penalties-drug-possession-dealing

Appendix 6: Form for the removal or destruction of unauthorised drugs or other suspicious substances

Shetland NHS Board

PART A Description of substance removed from patient and place in controlled drug cupboard

To be completed by the member of staff finding the drug and by the Nurse in Charge of the Hospital

Form …….. (e.g. powder, tablets, capsules) Colour …….. Quantity ……..

Removed from: Patient's initials and hospital number ……..……

Ward/Dept: …… Date: …….. .. Time: ……..

Name of finder: ……..... Title: …… Signed: ……

Witnessed by Nurse in Charge: Signed: …….…… Date: …….. Time: ……..

PART B Action by Nurse in Charge of Hospital and Consultant in charge of the patient

We, ……..(Nurse in Charge) and ……(Consultant in charge of the patient)
(1) **are in agreement*** (2) **are not in agreement*** that the unauthorised substances found on the person or property of the above patient are a quantity consistent with his or her own personal use.
Action (1) **We have therefore authorised the destruction of the substance by the Pharmacy Department.***
Action (2) **We have therefore contacted the police.***
Signed: …… (Nurse in Charge) Date: …….. Time: ……..

Signed: …… (Consultant) Date: …….. Time: ……..

***Delete both items (1) or both items (2) as appropriate.**

PART C Collection and removal to Pharmacy

Sealed container received by Pharmacist:
Signed: …… Date: …….. Time: ……..

PART D Confirmation of destruction by Pharmacy

I, …….. confirm that I have destroyed the above substances in an authorised manner.
Signed: …… Position: …… Date: …….. Time: ……..
Witnessed by: …….. Signed: ……

PART E Collection by Police (when required)

Sealed container collected by:-

Officer's name: …….. Signed: ……

Witnessed by Nurse or Pharmacist- Name: ……..
Signed: …… Date: …….. Time: ……..

NB: One copy to be filed in patient's medical record One copy to be retained in Pharmacy Department
One Copy to be given to the Police (if appropriate)

Appendix 7: Safe Drinking Guidelines[iii]:

What level of drinking reduces the health risks of alcohol?

Adults should not regularly drink more than:

- 3-4 units a day if you're a man
- 2-3 units a day if you're a woman

Regularly means drinking every day or most days of the week.

- If you've had a heavy drinking session, avoid alcohol for 48 hours

Alcohol and pregnancy

Pregnant women and women trying for a baby should avoid drinking alcohol.

The National Institute for Health and Clinical Excellence (NICE) also advises pregnant women to avoid alcohol during the first three months in particular, because of the increased risk of miscarriage.

For more information see:

NICE advice on drinking in pregnancy

Royal College of Obstetricians & Gynaecologists (RCOG)

How much is a unit?

One UK unit is 10ml (eight grams) of pure alcohol. Different drinks have different strengths so it can be difficult to know how many units you've had.

Below is a basic guide to the number of alcohol units in some common drinks:

- One pint of ordinary strength beer, lager or cider = 2 units
- One pint of strong beer, lager or cider = 3 units
- A small (125ml) glass of wine = 1.5 units
- A large (175ml) glass of wine = about 2 units
- A 275ml bottle of alcopops = 1.5 units
- A 25ml pub measure of spirits = 1 unit
- A 50ml pub measure of fortified wine such as sherry or port = 1 unit

For more information about alcohol units, see the NHS Units Calculator.

It's a good idea to have a few days each week where you don't drink at all. But don't store up your units and then binge drink at the weekends. Binge drinking is defined as:

- if you're a man, drinking more than eight units a day
- if you're a woman, drinking more than six units a day

Binge drinking can affect your personal safety and put you at risk of serious health problems. For more information on the risks of heavy drinking, see binge drinking.

Which groups of the population do you think will be affected by this proposal? • minority ethnic people (incl. gypsy/travellers, refugees & asylum seekers) • women and men • people in religious/faith groups • disabled people • older people, children and young people • lesbian, gay, bisexual and transgender people	• people of low income • people with mental health problems • homeless people • people involved in criminal justice system • staff
NB The word proposal is used below as shorthand for any policy, procedure, strategy or proposal that might be assessed.	What positive and negative impacts do you think there may be? Which groups will be affected by these impacts? **All – staff and patients**
What impact will the proposal have on lifestyles? For example, will the changes affect: • Diet and nutrition? • Exercise and physical activity? • Substance use: tobacco, alcohol or drugs? • Risk taking behaviour? • Education and learning, or skills?	The policy hopes to have a positive impact on peoples' lifestyle regarding drug and alcohol misuse. It also raises awareness of the importance of tackling drug and alcohol misuse at an early stage within the workplace, ensuring that people with problematic use get the support they need and preventing problems from escalating.
Will the proposal have any impact on the social environment? Things that might be affected include • Social status • Employment (paid or unpaid) • Social/family support • Stress • Income	The policy will have a positive impact on employment, social/family support, stress and income. By ensuring that staff and manager have the skills to identify drug and alcohol problems and ensure support and help at the earliest possible stage, the policy will prevent problems from escalating.
Will the proposal have any impact on • Discrimination? • Equality of opportunity? • Relations between groups?	No – the policy impacts equally across all groups.
Will the proposal have an impact on the physical environment? For example, will there be impacts on: • Living conditions? • Working conditions? • Pollution or climate change? • Accidental injuries or public safety? • Transmission of infectious disease?	The policy will have a positive impact on working conditions, accidental injuries and public safety. Alcohol and drug misuse leads to increased levels of accidents, and injuries and can put staff and patients in danger. One of the key aims of the policy is to maintain the well-being, and safety of the workforce and workplace.
Will the proposal affect access to and experience of services? For example, • Health care • Transport • Social services • Housing services • Education	The policy should lead to better experiences of services by reducing levels of alcohol and drug misuse amongst staff.

Rapid Impact Checklist: Summary Sheet

Positive Impacts (Note the groups affected)	Negative Impacts (Note the groups affected)
Reduction in problematic drug and alcohol misuse for staff members and some patient groups	None identified.

Additional Information and Evidence Required

None

Recommendations

From the outcome of the RIC, have negative impacts been identified for race or other equality groups? Has a full EQIA process been recommended? If not, why not?

No negative impacts for race or other equality groups have been identified and therefore a full EQIA is not necessary.

References

[i] Joseph Rowntree Foundation (2004) Independent Inquiry into Drug Testing at Work

[ii] (Nursing and Midwifery Council (2008) The NMC Code of professional conduct: Standards of conduct, performance and ethics for nurses and midwives http://www.nmc-uk.org/aArticle.aspx?ArticleID=3056
General Medical Council (2009) Confidentiality: The duties of a doctor registered with the General Medical Council http://www.gmc-uk.org/static/documents/content/Confidentiality_core_2009.pdf

[iii] Alcohol Focus Scotland (2005)1; NHS Health Scotland (2003)2;
Scottish Government (2009) Alcofacts: A Guide to Responsible Drinking
http://www.healthscotland.com/uploads/documents/9344-Alcofacts2009.pdf

[iii] NHS Health Scotland: Policy into Practice: A Guide to Workplace Drug and Alcohol Policies

For further guidance refer to the following:

- Department of Health (1995) Sensible Drinking: The Report of an Inter-departmental Working Group
- Scottish Government (2009) Changing Scotland's Relationship with Alcohol: A Framework for Action
- Scottish Government (2008) The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem
- ISD Scotland (2010) Local Drugs and Alcohol Information 2010
- NHS Health Scotland (2006) Testing Times – Guidance on workplace drug and alcohol testing