

Management Guidance on the Substance Misuse Policy

1. Introduction

The following guidance notes are designed to support managers and should be read in conjunction with the Substance Misuse Policy.

2 Signs of Drug and Alcohol Abuse

The list below is not intended to be exhaustive but is aimed at helping managers to identify some of the behaviours associated with the abuse of drugs, alcohol or other chemical substances.

2.1 Evidence of Inadequate or Deteriorating Work Performance:

- i. Frequent lateness, repeated brief periods of absence for trivial or inadequate reasons;
- ii. Impaired concentration and memory;
- iii. Absenteeism, particularly related to weekends and high absenteeism rates for colds, 'flu, gastro-enteritis, depression, etc.
- iv. Accident proneness, minor accidents at work and accidents off duty;
- v. Mistakes, errors of judgement;
- vi. Improbable excuses for poor job performance;
- vii. Increasing general unreliability and unpredictability.

2.2 Observations of Behaviour and Appearance:

- i. Smelling of alcohol;
- ii. Mood changes, irritability, lethargy;
- iii. Deterioration in working relationships;
- iv. Borrowing money;
- v. A combination of hand tremor, slurred speech, facial flushing,
- vi. Bleary eyes, poor personal hygiene, unkempt appearance.

- 2.3 Relationships with Colleagues:
- i. Over reaction to real or imagined criticism;
 - ii. Unreasonable resentment;
 - iii. Irritability;
 - iv. Complaints from colleagues
 - v. Avoidance of managers or associates;
 - vi. Borrowing from colleagues.

3. General Principles

- 3.1 All agreements entered into under this policy will be confirmed in writing as soon as is practicable and reasonable.
- 3.2 Employees have the right to be accompanied by a work colleague or Trade Union representative at all stages.
- 3.3 If the employee refuses help, this will not, in itself, be a matter for disciplinary action; however, employees refusing to undertake treatment, when appropriate, will be advised that unacceptable performance or behaviour will be dealt with in accordance with the *Disciplinary and Dismissal Procedures*.

3. Approach

- 3.1 The Health and Safety Executive guidance states that if an employer knowingly allows an employee under the influence of excess alcohol to continue working and this places the employee or others at risk, prosecution could occur....
- 3.2therefore, where suspected consumption of alcohol drugs or other substances is judged to affect work performance or conduct, it is important to take prompt action, by either:
 - i. Referring the employee to Occupational Health and follow their guidance/advice on the required, immediate actions, which *may* be to have the employee attend an appointment, escorted by a manager or supervisor
 - ii. Send the employee home so as to remove the risks of them continuing to work; consideration should be given to their ability to return home safely and arrangements to ensure safe passage should be assured as far as possible.
- 3.3 Should an employee appear to have an alcohol or drug related problem it will normally be appropriate for the manager to organise an *informal confidential meeting* with them as a

preliminary inquiry, and thereby this will inform the manager of the appropriate informal or formal steps required to deal with the matter

- 3.4 If, following the preliminary inquiry, or at any other stage, the employee's actions are deemed to require consideration of immediate disciplinary action, then a *formal meeting* may be convened and/or measures taken under the *Disciplinary and Dismissal Procedures* and the rest of this guidance which relates to informal meetings will not apply.

4. Conducting the (informal) Meeting

- 4.1 Organise the meeting in a confidential and discreet setting, whereby the details to be discussed will not be overheard and, as far as possible, colleagues will not observe you in discussion with the employee
- 4.2 Allow plenty of time for the meeting, considering the apparent problem which will be discussed.

5. During the Meeting

- 5.1 Explain to the employee your reasons for organising the meeting, whilst expressing your concerns in a forthright but sensitive manner, appropriate to the apparent nature of the problem and relevant its (potential) impact on their work performance, colleagues and customers/clients, relevant to the particular situation.
- 5.2 Be honest, objective, specific and non-judgmental in your discussions with the employee....be as non-emotive as possible, using supportive language, whilst maintaining calmness in the discussion.
- 5.3 Acknowledge the employee's otherwise positive contributions and value to the business.
- 5.4 Listen to what the employee may say in response and, if/as appropriate, take notes...resist giving opinions or advice, at least until the individual has been given ample opportunity to explain their situation, and for you to properly and fully understand, as far as possible.

6. Concluding Actions

- 6.1 Thank the employee for attending and for discussing the apparent problem with you...this can be very emotive and very difficult for individuals.
- 6.2 Be appreciative of the employee's input and be sensitive with any questions, comments or suggestions that may follow.

- 6.3 Reassure the employee that any necessary time off will be granted for treatment or support in accordance with normal sickness leave, and employment and pension rights will be protected whilst treatment is in progress.
- 6.4 An employee will be returned, as far as possible, to their normal duties during and after treatment, depending on their ability to perform those duties, and taking into account the risk of relapse.
- 6.5 If a return to normal duties is not considered to be appropriate, every effort will be made to redeploy the member of staff.
- 6.6 Each case will be treated on its merits and decisions will be made only after the fullest advice is sought.
- 6.7 Decide upon what appears to be the most appropriate course of action which may offer a remedy to the problem OR...
- 6.8tell the employee that you will consider the discussions that have taken place for the most appropriate course of action, and that you will communicate any proposals or decisions on the matter as soon as possible...preferably by a stated time/date and, again, in person at a follow-up meeting.
- 6.9 Ask for the employee's discretion and not to discuss the matter with anyone else at work, unless this is arranged in agreement with you in support of remedial action; e.g. – with an Occupational Health advisor.

7. Follow-up Meeting and (further) advice or action to be taken

- 7.1 Clarify what has been discussed at the first meeting.
- 7.2 Clearly state what remedial actions you consider to be necessary to resolve the problem, or to support the employee's rehabilitation...
- 7.3listen to the employee's concerns or questions, ensure that you answer them, again, sensitively but forthrightly.
- 7.4 Confirm what actions will be taken and attempt to gain the employee's acknowledgement and agreement to them...
- 7.5 ...should the employee object to any such proposals, listen and consider their views before confirming your intentions.
- 7.6 Inform the employee that you will write to confirm what has been proposed and/or agreed, which may include recourse to a further (formal) meeting in line with the *Disciplinary and Dismissal Procedures*.

8. If the member of staff accepts help

- 8.1 If a problem comes to light through performance or behaviour which is subject to disciplinary action and the individual chooses to accept referral for assessment and possible treatment, the University may suspend such action for the time being dependent on the employee:
- i. complying with the referral and attending the Occupational Health Centre for assessment of the problem
 - ii. co-operating with any program of support/treatment which will help them to overcome the problem
 - iii. agreeing to the treatment agency liaising with the Occupational Health Service with regard to the level of attendance for and co-operation with treatment
 - iv. improving work performance/behaviour to an acceptable level within a time scale agreed to by the individual and management.
- 8.2 If however the behaviour appears to constitute gross misconduct, the disciplinary procedure will be followed.
- 8.3 Where an employee who agrees to accept treatment subsequently fails to achieve a satisfactory level of performance/behaviour or relapses, the suspension of action may be revoked and they may be subject to disciplinary action. Exceptionally, it may be considered appropriate to offer further medical help.
- 8.4 Where an employee referred for assessment is subsequently shown not to have an substance-related problem or does not comply with the above conditions, the suspension of action will be revoked and the disciplinary procedure will be followed.
- 8.5 Each case will be fully reviewed and a suitable course of action followed which may include management action or advice in relation to qualification for retirement on grounds of ill-health.
- 8.6 Alcohol drug or other substance dependency is not in itself grounds for ill health retirement; the assessment is based on the amount of physical or mental ill health resulting from such action.

9. Advisory Services for Alcohol or Drugs Dependency (not exhaustive)

- 9.1 **Alcoholics Anonymous** – 0845 769 7555 www.alcoholics-anonymous.org.uk
- 9.2 **Al-Anon Family Groups** – 020 7403 0888 www.al-anonuk.org.uk; offers help and support for people whose lives are affected by someone else's drinking
- 9.3 **Drinkline** – 0800 917 8282; Provides free information, self-help materials and advises callers of where to go for help. Also offers help for families and friends of people who are drinking

- 9.4 **Talk to Frank** – 0800 776600 www.talktofrank.com; offers free and confidential advice about drugs and can refer people to local drug advice services; website provides extensive drug information
- 9.5 **ADFAM** – 020 7928 8898 www.adfam.org.uk; provide information for families and friends of drug users
- 9.6 **Narcotics Anonymous** – 0845 373 3366 www.ukna.org; help line offers confidential support and advice for drug addicts; website provides a message board chat-room to discuss problems and contact information for local support groups across the UK
- 9.7 **Release** – 0845 4500 215 www.release.org.uk; offer free, confidential and non-judgemental advice on drug use and legal issues
- 9.8 **Health & Safety Executive** – Don't Mix It: A Guide for Employers on Alcohol at Work (include telephone number to request copy or website address)

Department of Health - www.dh.gov.uk/policyandguidance/healthandsocialcaretopics/alcoholmisuse

Appendix One

Example Substance Misuse Rehabilitation Agreement – to be used on the advice of Occupational Health and Human Resources

I am about to undergo treatment for a substance misuse problem. As a condition of my continuing employment, I agree to the following:

1. I agree to follow the prescribed treatment / rehabilitation programme outlined by the treatment facility selected.
2. Upon entry into the treatment / rehabilitation programme, I will sign a consent form permitting the treatment centre personnel to discuss my progress with the University's Occupational Health staff. This information will continue to be otherwise confidential and will be used by the University only in assessing my progress, in conjunction with Human Resources and Management.
3. I understand that the University's Substance Misuse Policy and my signing this Agreement does not constitute a waiver of responsibilities to maintain discipline and good conduct. I understand that any unacceptable form of behaviour or poor performance may be dealt with under the normal disciplinary procedure and that such unacceptable form of behaviour or poor performance may lead to disciplinary action up to and including my dismissal.
4. I understand that I need to improve my work performance/behaviour to an acceptable level within the agreed time scale.

DateSigned.....

Name (printed) Witness

