# Drugs and Alcohol at Work Policy

## Version 2

<table>
<thead>
<tr>
<th>Summary:</th>
<th>This document provides a framework for dealing with alcohol and drug related problems within the workplace to ensure a healthy and safe working environment. The policy places an emphasis on supporting staff who have alcohol or drug related problems.</th>
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<tbody>
<tr>
<td>Keywords (minimum of 5): (To assist policy search engine)</td>
<td>Drugs, alcohol, consumption, misuse, abuse, support.</td>
</tr>
<tr>
<td>Target Audience:</td>
<td>All staff employed by Southern Health NHS Foundation Trust.</td>
</tr>
<tr>
<td>Next Review Date:</td>
<td>December 2019</td>
</tr>
<tr>
<td>Approved and Ratified by:</td>
<td>Staff side Scrutiny Group Joint Consultative and Negotiating Committee</td>
</tr>
<tr>
<td>Date of meeting:</td>
<td>08 September 2016 20 September 2016</td>
</tr>
<tr>
<td>Date issued:</td>
<td>December 2016</td>
</tr>
<tr>
<td>Author:</td>
<td>Louise Jones – Senior HR Manager, Best Practice Development.</td>
</tr>
<tr>
<td>Sponsor:</td>
<td>Director of People and Communications</td>
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## Version Control

### Change Record

<table>
<thead>
<tr>
<th>Date</th>
<th>Author</th>
<th>Version</th>
<th>Page</th>
<th>Reason for Change</th>
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</thead>
<tbody>
<tr>
<td>Nov 2012</td>
<td>HR Manager – Best Practice</td>
<td>1</td>
<td></td>
<td>Please note, the Hampshire Partnership Foundation Trust ‘Employment Policy on Drugs and Alcohol at Work’ (2008), was assessed as ‘fit for purpose’ and has therefore been adopted and updated for the purposes of Southern Health NHS Foundation Trust.</td>
</tr>
<tr>
<td>September 2016</td>
<td>Louise Jones, Senior HR Manager</td>
<td>2</td>
<td>Pg. 4</td>
<td>Clarification of the approach of the policy around fitness to work.</td>
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<td></td>
<td>3.2.1 Pg. 4 Clarification for managers about referral to OH and management under sickness during treatment.</td>
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<td>3.3.1 Pg. 5 Inclusion of GP as a route for support</td>
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<td>5.3 &amp; 5.8 Pg. 7 Guidance around use of prescribed medicines for staff and clarification about misuse of prescribed drugs accessed during the course of duties and disciplinary action.</td>
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<td></td>
<td>Pg. 9 Section included about criminal activity and testing. Clarification that random testing is not part of the policy.</td>
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</table>

### Policy Contributors and Reviewers:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Version Reviewed &amp; Date</th>
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</thead>
<tbody>
<tr>
<td>Human Resources Team, Staff Side and Joint Consultative and Negotiating Committee</td>
<td></td>
<td>Version 1, December 2012</td>
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Drugs and Alcohol at Work Policy

1. Introduction

1.1. Southern Health NHS Foundation Trust (the ‘Trust’) and all Trust staff have a responsibility to work for and support a healthy and safe working environment. This includes doing everything reasonably possible to resolve alcohol and drug related problems known within the work place.

1.2. Staff have a duty of care to patients and clients as well as to colleagues and this duty cannot be fully discharged if alcohol and drugs problems exist.

1.3. Staff are reminded that the use of and the supplying to others of illegal substances are criminal offences and may result in the involvement of the Police.

1.4. This policy is primarily focused on an approach of employee health based on ‘fitness for work’. However in certain circumstances drug and or alcohol misuse can be considered a matter of conduct dependant on the exact circumstances.

2. Scope

2.1. This policy applies to staff directly employed by the Trust and includes trainees, secondees and staff on honorary contracts or on joint contracts with the Trust and another employer.

3. Roles and Responsibilities

3.1. Trust

3.1.1. The Trust has overall responsibility to have processes in place to ensure that staff are aware of this policy and adhere to its requirements.

3.2. Managers

3.2.1. Line managers’ responsibilities include the following:

- Ensuring this policy is disseminated effectively to their teams and that teams understand and adhere to this.
- Setting a good example
- Monitoring changes in staff work performance and attendance
- Where staff have an alcohol or drug problem:
  - encouraging staff to seek help voluntarily; and
  - referring them to the occupational health service
  - helping the staff member at work and assisting with rehabilitation
  - applying normal sickness absence procedures to employees receiving medical treatment.
  - To use capability/disciplinary measures appropriately, i.e. with the clear focus being a return to satisfactory work performance within a reasonable period.
3.3. **Staff**

3.3.1. Staff responsibilities include the following:

- Familiarising and complying with the policy
- Understanding the effect of alcohol and drugs on work and health.
- Recognising that covering-up or colluding with colleagues with alcohol or drugs problems is counter-productive, and can perpetuate the problem.
- Encouraging work colleagues to seek help if they have a problem in the knowledge that a positive and supportive approach will be offered.
- If worried about their own drinking or drug taking, to seek help from:-
  - Line Manager
  - Human Resources
  - Occupational Health via referral by Line Manager
  - Employee Assistance Programme (EAP) provided by Workplace Options; freephone number 0800 243 458 or email assistance@workplaceoptions.com.
  - External drugs and alcohol specialist advisory agencies (listed in Appendix 2)
  - Their GP for the provision of confidential advice and assistance.

3.4. **Human Resources**

3.4.1. The Human Resources team has a responsibility to ensure that this policy is followed, fairly and consistently. Their duties will involve:

- ensuring the effective implementation and embedding of this policy through education and monitoring activity;
- providing advice and support in the application of this policy; and
- ensuring that the policy is maintained and updated accordingly in line with any organisational changes or legislative changes.

3.5. **Trade Unions**

3.5.1. Trade Union representatives have an important role to play generally in providing advice, support and working in partnership with managers and the Human Resources team in looking to ensure that the Drug and Alcohol at Work Policy is implemented.

3.6. **Occupational Health**

3.6.1. Occupational Health responsibilities include the following:-

- Providing advice and guidance on how best to help an individual who has a problem with behaviour or work performance which might be related to alcohol or drug use.
- Responding to referrals from managers and providing support and advice, where appropriate.
- Liaising with GPs/Specialists and other agencies to monitor the individuals progress throughout the period of sickness absence.
- Providing a confidential service to staff, which may include counselling, assessment or referral to another agency. It may be appropriate to access services out of area.
- Assisting in the education initiative to promote responsible drinking and educate on the harmful effects of drugs and solvent misuse.
- Ensuring that managers are aware, as far as confidentiality allows, of the dangers posed to clients/patients and colleagues by a staff member’s alcohol or drug problem.

4. **Policy Purpose**

4.1. To state clearly the standard adopted by the Trust regarding alcohol consumption and drug misuse and their implications within the workplace.
4.2. To prevent accidents and impaired performance at work which may be alcohol or drug related.

4.3. To actively promote awareness and understanding of the effects of alcohol and drug related problems within the workplace, and to emphasise the potential dangers of such misuse for both the individuals’ health and work performance.

4.4. To provide a framework for dealing with alcohol and drug related problems. By so doing to clarify the Line Manager’s role in managing problems associated with staff abuse of alcohol or drugs and to ensure all those involved have access to support.

4.5. To promote an environment where staff with alcohol or drug problems are encouraged to go to their Line Managers/supervisors and receive a positive and sensitive response to their needs, balanced by the needs of the service / Trust, and the need to provide a safe, appropriate and high quality service.

5. **Drug Misuse**

5.1. Drug misuse refers to the use of illegal drugs and the misuse whether deliberate or unintentional, of prescribed drugs, non-prescribed drugs and substances such as solvents.

5.2. Drugs can alter the way a person thinks, perceives and feels and this can lead to impaired judgement or concentration. Drug misuse can also bring about the neglect of general health and well-being. This may adversely influence the performance of the member of staff.

5.3. It is recognised that the misuse of legally prescribed and non-prescribed drugs or substances may also impair performance. Prescribed or over-the-counter medicines might cause impairment to an individual’s performance at work. Individuals should seek advice from their GP or pharmacist on any medicines they are taking. If appropriate, they should be encouraged to discuss any problems with their occupational health service and/or they should inform their line manager of any possible side effects of their medication.

5.4. Signs of drug misuse are listed in Appendix 1.

5.5. It is not permitted for staff to be in possession, under the influence, deal in or take drugs within classes A, B or C in the workplace unless prescribed by a Doctor. A list of these drugs can be obtained from the Home Office Website at [www.homeoffice.gov.uk/drugs/drugs-law/Class-a-b-c/?view=Standard](http://www.homeoffice.gov.uk/drugs/drugs-law/Class-a-b-c/?view=Standard).

5.6. All staff must advise their Line Manager if they are charged with and/or convicted of a drugs offence.

5.6.1. Convictions of staff for drug or alcohol offences can damage public confidence in Trust services, irrespective of the role performed by that member of staff and whether the offence was committed at work or not. Consequently the continued employment of any member of staff is at risk if convicted of such an offence. If the Trust is made aware of any alcohol or drug-related convictions against an individual this will be dealt in accordance with the Trust’s Disciplinary Policy and Procedure.

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1 Definition from ‘Taking alcohol and other drugs out of the NHS workplace’ (Department of Health, 2001).
5.6.2. Professionally Registered staff should also be aware that such convictions will be reported to their regulatory body.

5.7. Any recognised drug problem will be treated in strict confidence, subject to the provisions of the law.

5.8. The nature of the NHS means that some staff will have access to prescribed drugs through their work – in some cases, this will include controlled drugs such as morphine. Misuse of such drugs is likely to be both a disciplinary matter for the staff member’s employer and an issue for their regulatory body – and potentially the police.

6. **Alcohol Consumption in the Workplace**

6.1. It is not permitted for staff to drink or be under the influence of alcohol whilst on duty or on Trust premises. This includes at celebratory occasions (e.g. Christmas or farewell events) and on client/service user holidays.

6.2. Exceptions are staff who are off duty and who live in Trust residential accommodation or have completed their shift and are attending Post-graduate Medical Centre functions where alcohol may be brought in or sold (if the premises are licensed).

6.3. It is not permitted for staff to drink alcohol in a public place whilst wearing a Trust identification badge or uniform.

6.4. All members of staff should note that drinking alcohol before work and during meal breaks can impair performance. Staff are asked to note that there is a perceived link between the smell of alcohol on the breath of staff and incompetence. Such perceptions can damage public confidence in Trust services. It is therefore advisable that staff should not consume alcohol before coming on duty.

6.5. If a member of staff consumes alcohol and acts contrary to this policy in the workplace, this will be dealt in accordance the Trust’s Disciplinary Policy and Procedure (which may involve a full investigation being carried out under the Trust’s Workforce Investigation Policy and Procedure). Occupational Health advice may be sought to assess the individuals’ fitness for duty. Non-compliance with the referral may lead to disciplinary action.

If a member of staff is intoxicated, under the influence of drugs, or showing behaviour that indicates they will be placing themselves and others at risk at work they will be sent home immediately. The manager should ensure that the member of staff will be able to reach home safely and where required should arrange a lift.

6.6. Staff are also reminded that alcohol consumption outside of work leading to hangovers can also be detrimental to performance at work.

6.7. Staff who are required to drive as part of their duties or required to drive clients/service users as part of their duties should not consume alcohol before coming on duty or while on duty. Staff are reminded that the Road Traffic Act 1988 makes it illegal for any person to drive or attempt to drive a motor vehicle while unfit to drive through the use of a substance (this includes prescribed and over-the-counter medication, as well as illegal drugs and alcohol); and this is likely to result in the involvement of the police.

Furthermore, if a staff member is subject to a driving ban and has their driving licence revoked due to drink driving offence, even if this occurred outside of work, then they could...
be subject to the Trust’s Disciplinary Procedure and are not guaranteed temporary redeployment.

6.8. Occupational Health will see staff who have been referred by their Line Manager, and will normally liaise with their GP who should arrange treatments as necessary, involving specialists in the management of alcohol or drug misuse.

6.9. Occupational Health will monitor the individual’s progress whilst they are off sick and liaise with the Line Manager and a Human Resources Advisor to facilitate their return to work.

7. **Alcohol Consumption for On-Call Staff**

7.1. The Trust recognises that it would be unreasonable to require staff not to consume alcohol during periods when they are not at work but are on-call. The standard for staff in this position is that alcohol consumption should be restricted to levels which meet the legal requirements for safe driving.

7.2 **Criminal activity**

The possession of illegal drugs with the intention to deal is illegal and should be reported to the police. If, as a result of internal or police inquiries, a manager or supervisor has reason to believe that illicit drugs are on Trust premises or in the possession of Trust staff while they are on Trust business, or that drug misuse is threatening the safety of NHS patients, they have a right to take further action. This may include the searching of premises and, where the police become involved, the potential use of drug screening by an accredited laboratory.

Random testing of staff as a tool for managing substance misuse is not supported.

8. **Operation of the Policy**

8.1. All Staff are subject to the policy in various ways, such as:

8.1.1. The individual voluntarily decides to seek help from a manager or specialist department within the Trust or outside agency.

8.1.2. A member of staff may show signs of an alcohol or drug related problem which may manifest itself in a variety of ways (see Appendix 1).

8.2. The Trust accepts that if a member of staff has an alcohol or drug related problem affecting work performance, confidential guidance and assistance to overcome the problem should be offered. Such guidance and assistance may be from the Line Manager/supervisor or any of the departments/agencies listed below. Exclusion from duty with sick pay may be appropriate.

8.3. In the case of volunteers the departmental manager will be the responsible officer. Staff/managers should refer any issues about possible inappropriate consumption of alcohol by volunteers to the departmental manager.

8.4. When discussing such problems with staff, the aim of the Trust to assist the individual concerned will need to be uppermost in the minds of managers (see Drugs and Alcohol at Work Toolkit – Guidelines 1). If time off for treatment is recommended, a Human Resources Advisor and Occupational Health will need to be advised and, together with the Line Manager, will assure the staff member that all benefits and rights granted by the
Contract of Employment are safeguarded during the duration of the treatment. Any help, advice or treatment may be recorded as sick leave.

8.5. The confidentiality of staff’s records will be preserved. The exceptions to this would be where individual cases are necessarily reported to a particular professional governing body (e.g. General Medical Council, Nursing and Midwifery Council) regarding ‘fitness to practice’.

8.6. It is accepted that where support and encouragement have been given over a reasonable period and poor performance continues, recourse to the Trust’s Disciplinary/Managing Performance (Capability) Policies and Procedures may be appropriate.

8.7. In all cases where a member of staff is being investigated under circumstances relating to drugs or alcohol, they are entitled to be supported by a Trade Union representative or work colleague.

8.8. The nurse/person in charge of a shift is responsible for being supportive to the member of staff and for following appropriate reporting procedures.

8.9. Please note, the operation of this policy has been established for assisting a member of staff with alcohol or drug related problems and is quite distinct from the Trust’s Disciplinary and Managing Performance (Capability) Policies and Procedures. However, these procedures may need to be used in the following circumstances and advice should be sought from an Human Resources Advisor:

8.9.1. If a member of staff denies there is a problem and an individual’s conduct or performance is unacceptable.

8.9.2. If a member of staff acknowledges that they have an alcohol or drug problem that could affect conduct at work or which prevents the achievement of a satisfactory level of work performance, but refuses the opportunity to receive help.

8.9.3. If an individual discontinues treatment and then reverts to unsatisfactory levels of conduct or poor performance.

8.9.4. Where staff member accepts the opportunity to receive help but the conduct/work performance afterward reverts to previous problem level.

8.9.5. Where a staff member has been found to have breached the Trust’s Disciplinary rules whilst under the influence of alcohol or drugs. (If during the investigation it is determined that the individual has an alcohol or drug problem this may be taken into account when deciding on the appropriate disciplinary action).

9. Monitoring Compliance

9.1. Human Resources (HR) will monitor and analyse data on an annual basis. HR will use the data to monitor the implementation of the policy and management of cases. In addition, the data will be collated and analysed for information to ensure the policy is being adhered to, to identify trends and any interventions required to address any issues.

9.2. Subsequently, the data will be used to inform and improve policies, as well as provide recommendations for improving working practices. HR will provide relevant reports, based on this data, to the Strategic Workforce Committee (SWC), Executive Board and the Joint Consultative and Negotiating Committee (JCNC).
10. **Policy Review**

The policy contained within these documents will be in place for three years following approval of a review and amendments. An earlier review can take place should exceptional circumstances arise resulting from this policy, in whole or in part, being insufficient for the purpose and/or if there are legislative changes.

11. **Associated Documents**

- Disciplinary Policy and Procedure
- Exclusion Policy and Procedure
- Managing Performance (Capability) Policy
- Managing Sickness Absence Policy and Procedure
- Workforce Investigation Policy and Procedure
- Advice and Information for Employers of Nurses and Midwives (NMC, 2011)
- Good Medical Practice (GMC, 2006)
- Policy for Nurses and Midwives who Receive a Caution or Conviction for an Alcohol or Drug Related Offence (NMC, 2010)
- Taking Alcohol and Other Drugs out of the NHS Workplace (Department of Health, 2001)
- The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives (NMC, 2008)
- The Meaning of Fitness to Practice (GMC, 2001)
- Your Health Matters (GMC, 2012)
- Road Traffic Act 1988

12. **Supporting References**

- [www.dh.gov.uk](http://www.dh.gov.uk) The Department of Health provides strategic leadership for public health, the NHS and social care in England.
- [www.gmc-uk.org](http://www.gmc-uk.org) The General Medical Council regulates doctors and its purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine.
- [www.nmc-uk.org](http://www.nmc-uk.org) The Nursing and Midwifery Council is the regulator for the largest group of health professionals and exists to safeguard the health and wellbeing of the public.
APPENDIX 1 - INDICATIONS OF ALCOHOL AND DRUG RELATED PROBLEMS

There is no single characteristic which identifies a person with an alcohol or drug problem, and indeed alcohol or drugs are only two of many possible reasons for deteriorating job efficiency. However, if the following characteristics occur in combination or as a pattern over a period of time alcohol or drug related problems may be indicated.

1. Absenteeism

- Multiple instances of unauthorised leave
- Excessive sick leave (including frequent self-certified or uncertificated sick leave)
- Frequent Monday and/or Friday absences
- Excessive lateness, e.g. returning late from meal breaks
- Leaving work early
- Increasingly improbable excuses for absence.
- High accident rate at home or at work
- Difficulty in concentrating
- Irregular work patterns
- Alternative periods of high and low productivity
- Increasing general unreliability and unpredictability.

2. Reporting to work under the influence of alcohol or drugs

Please note, this would be considered grounds for dismissal under the Trust’s Disciplinary Policy and Procedure

- Attending work in an obviously inebriated condition
- Smelling of alcohol
- Hand tremors
- Increasingly unkempt appearance
- Lack of personal hygiene.

3. Deteriorating job efficiency

- Missed deadlines
- Mistakes
- Making poor decision

4. Deterioration of relationships at work

- Over-reaction to imagined or real criticism
- Irritability
- Complaints from colleagues
- Borrowing money from colleagues
- Avoidance of Line Manager and/or associates.

5. Dishonesty and theft

Please note, this would be considered grounds for dismissal under the Trust’s Disciplinary Policy and Procedure.
APPENDIX 2 - EXTERNAL AGENCIES CONTACT DETAILS FOR STAFF DEALING WITH ALCOHOL AND DRUG RELATED PROBLEMS

- **Action on Addiction**  
  Registered charity with treatment centres for all addictions, throughout England. They also provide support for families and children  
  - Tel: 0300 330 0659 or email: admin@actiononaddiction.org.uk  
  - Website: www.actiononaddiction.org.uk

- **Options Alcohol & Drug Counselling & Information Service**  
  Free counselling, information and advice services for people over age 55 with substance misuse problems in the Southwest.  
  - Address: 147 Shirley Road, Southampton SO15 3FH  
  - Phone: 023 8063 0219  
  - Email: southampton@optionscounselling.co.uk

- **Drinkline**  
  Helpline offering support to those worried about their own or others alcohol consumption  
  - Tel: 0800 7 314 314

- **Drinks smarter**  
  Web resource offering advice and handy tools on sensible drinking  
  - Website: www.drinksmarter.org

- **AddAction**  
  Nation-wide drug and alcohol treatment agency which provides links to local groups.  
  - Email: info@addaction.org.uk  
  - Website: www.addaction.org.uk

- **Alcoholics Anonymous**  
  A fellowship who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism  
  - Confidential Helpline - 0845 769 7555  
  - Email: help@alcoholics-anonymous.org.uk  
  - Website: www.alcoholics-anonymous.org.uk

- **National Drugs Helpline**  
  A free and confidential service available 24 hours, 7 days a week.  
  - Tel: 0800 77 66 00

- **Narcotics Anonymous**  
  A confidential service, run by volunteers who are recovering addicts, available 24 hours, 7 days a week  
  - Tel: 0300 999 1212  
  - Website: www.ukna.org

- **Sick Doctors Trust**  
  24-hour confidential helpline for doctors and medical students with drug and alcohol problems.  
  - Tel: 0370 444 5163  
  - Website: www.sick-doctors-trust.co.uk
APPENDIX 3 – EQUALITY IMPACT ANALYSIS SCREENING TOOL

Equality Impact Assessment (or ‘Equality Analysis’) is a process of systematically analysing a new or existing policy/practice or service to identify what impact or likely impact it will have on protected groups.

It involves using equality information, and the results of engagement with protected groups and others, to understand the actual effect or the potential effect of your functions, policies or decisions. The form is a written record that demonstrates that you have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.

For guidance and support in completing this form please contact a member of the Equality and Diversity team.

<table>
<thead>
<tr>
<th>Name of Policy:</th>
<th>Drugs and Alcohol at Work Policy</th>
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</thead>
<tbody>
<tr>
<td>Policy Number:</td>
<td>SH HR 40</td>
</tr>
<tr>
<td>Department:</td>
<td>Human Resources</td>
</tr>
<tr>
<td>Lead officer for assessment:</td>
<td>Rita Hawkshaw: HR Best Practice Lead &amp; Ricky Somal: E&amp;D Lead</td>
</tr>
<tr>
<td>Date Assessment Carried Out:</td>
<td>January 2013 reviewed September 2016 as part of policy update</td>
</tr>
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1. Identify the aims of the policy and how it is implemented.

<table>
<thead>
<tr>
<th>Key questions</th>
<th>Answers / Notes</th>
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<tbody>
<tr>
<td>Briefly describe purpose of the policy including</td>
<td>This document provides a framework for dealing with alcohol and drug related problems within the workplace to ensure a healthy and safe working environment. The policy places an emphasis on supporting staff who have alcohol or drug related problems.</td>
</tr>
<tr>
<td>• How the policy is delivered and by whom</td>
<td></td>
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<tr>
<td>• Intended outcomes</td>
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2. Consideration of available data, research and information

Monitoring data and other information involves using equality information, and the results of engagement with protected groups and others, to understand the actual effect or the potential effect of your functions, policies or decisions. It can help you to identify practical steps to tackle any negative effects or discrimination, to advance equality and to foster good relations.

Please consider the availability of the following as potential sources:

- **Demographic** data and other statistics, including census findings
- Recent **research** findings (local and national)
- Results from **consultation** or **engagement** you have undertaken
- Service user **monitoring data**
- Information from **relevant groups** or agencies, for example trade unions and voluntary/community organisations
- Analysis of records of enquiries about your service, or **complaints** or **compliments** about them
- Recommendations of **external inspections** or audit reports
<table>
<thead>
<tr>
<th>Key questions</th>
<th>Data, research and information that you can refer to</th>
</tr>
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<tbody>
<tr>
<td>2.1 What is the equalities profile of the team delivering the service/policy?</td>
<td>The Equality and Diversity team will report on Workforce data on an annual basis.</td>
</tr>
<tr>
<td>2.2 What equalities training have staff received?</td>
<td>All Trust staff have a requirement to undertake Equality and Diversity training as part of Organisational Induction (Respect and Values) and E-Assessment.</td>
</tr>
<tr>
<td>2.3 What is the equalities profile of service users?</td>
<td>The Trust Equality and Diversity team report on Trust patient equality data profiling on an annual basis.</td>
</tr>
</tbody>
</table>
| 2.4 What other data do you have in terms of service users or staff? (e.g. results of customer satisfaction surveys, consultation findings). Are there any gaps? | The Trust is preparing to implement the Equality Delivery System which will allow a robust examination of Trust performance on Equality, Diversity and Human Rights. This will be based on 4 key objectives that include:  
1. Better health outcomes for all  
2. Improved patient access and experience  
3. Empowered, engaged and included staff  
4. Inclusive leadership |

### The legal issues

As with many legal issues, organisations are advised to seek expert legal opinion on their specific circumstances. Substance misuse may involve employers in both employment and even criminal law.

**The Health and Safety at Work Act 1974** requires both employers and employees to maintain a safe working environment and the employer, the employee or both could be liable if an alcohol-related accident occurs at work. Drugs have a negative impact, from the crime impact on local neighbourhoods, the health impact on the individual, the social impact on families to the corrupting effect of international organised crime. The total annual economic and social cost of Class A drugs was estimated to be around £15.4 billion in 2003/04 through drug-related crime, health costs and social care costs associated with drug use.

**Misuse of Drugs Act 1971**: this is the key UK legislation relating to the control and classification of drugs. This Act and its subsequent amendments set down the penalties for possession and supply of various illegal drugs. Section 8 of the Act. Not taking reasonable action to prevent
this has been legally found to constitute 'permitting' – turning a blind eye is not an option.

**Data Protection Act 1998:** all health and medical information is sensitive personal data under the terms of the Data Protection Act. All information surrounding possible drug or alcohol misuse must be handled securely and confidentially.

**Road Traffic Act 1988:** sets out the offence of driving or attempting to drive a motor vehicle while unfit through drink or drugs.

| 2.5 | What internal engagement or consultation has been undertaken as part of this EIA and with whom? What were the results? Service users/carers/Staff |
| 2.6 | What external engagement or consultation has been undertaken as part of this EIA and with whom? What were the results? General Public/Commissioners/Local Authority/Voluntary Organisations |

In the table below, please describe how the proposals will have a positive impact on service users or staff. Please also record any potential negative impact on equality of opportunity for the target:

In the case of negative impact, please indicate any measures planned to mitigate against this.
<table>
<thead>
<tr>
<th>Positive impact (including examples of what the policy/service has done to promote equality)</th>
<th>Negative Impact</th>
<th>Action Plan to address negative impact</th>
</tr>
</thead>
</table>
| **Age**
Applied to all protected characteristics:
This Policy should not be taken to infer any moral or ethical judgement on the use of drugs and alcohol. The policy places an emphasis on supporting staff who have alcohol or drug related problems and to ensure a healthy and safe working environment. | There has been the emergence of “legal highs” as a new trend, taking new legal chemicals instead of or as well as other drugs. Most of these substances have never been tested for use on humans and the immediate risks they pose or the long term damage they cause are often not immediately apparent as the harms are unknown. Measuring the harm from illegal drugs using the Drug Harm Index. Home Office Online Report 24/05 | |
| **Disability** | There is also a clear association between mental illness and drug and alcohol dependence and those individuals experiencing mental ill health have a higher risk | Disability discrimination:
Employees may have claims under the Disability Discrimination Act (DDA) for reasons |
of substance misuse. The majority of lifetime mental illness starts before adulthood and associated behaviour including substance misuse often occurs during this period. For young people, emotional and behavioural disorders are associated with an increased risk of experimentation and misuse. *Measuring the harm from illegal drugs using the Drug Harm Index.* Home Office Online Report 24/05

related to a dependency on alcohol or drugs. While alcoholism and drug addiction in themselves are not covered by the DDA, they may result in or be indications of other conditions that are covered. For example, alcohol misuse (not a disability) may result in, or be a symptom of, depression (potentially a disability). Employers should take medical advice on any ‘consequential or related’ illness and consider whether there is a DDA risk. If so, employers should take the normal steps of considering all reasonable adjustments and taking full medical advice before considering a
<p>| | |</p>
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Gender Reassignment</td>
<td>No adverse impacts have been identified at this stage of screening</td>
</tr>
<tr>
<td>Marriage and Civil Partnership</td>
<td>No adverse impacts have been identified at this stage of screening</td>
</tr>
<tr>
<td>Pregnancy and Maternity</td>
<td>No adverse impacts have been identified at this stage of screening</td>
</tr>
<tr>
<td>Race</td>
<td>No adverse impacts have been identified at this stage of screening</td>
</tr>
<tr>
<td>Religion or Belief</td>
<td>No adverse impacts have been identified at this stage of screening</td>
</tr>
<tr>
<td>Sex</td>
<td>Increased sickness absence due to injury - drinking 7-plus (for women) or 14-plus (for men) units per week raises the likelihood of absence from work through injury by 20% (CIPD)</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>Higher incidence of illicit drug use among LGBT groups: In 2008, Stonewall carried out</td>
</tr>
</tbody>
</table>
one of the largest survey of its kind among 6,000 lesbian and bisexual women. Overall, lesbian and bisexual women were five times more likely to have taken drugs than heterosexual women.