



## Substance Misuse and Dependency Policy and Procedure

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## Substance Misuse and Dependency Policy and Procedure

### 1 Statement of Aims and Objectives

- 1.1. This document outlines the Substance Misuse and Dependency Policy and Procedure for South East Coast Ambulance Service (the Trust). The Trust is aware of the harmful consequences of exceeding government advice in alcohol consumption (including binge drinking) and drug misuse. The Trust is also aware of the need to inform and support individuals about advise them how they can avoid difficulties with alcohol, solvent and drug misuse. This policy will treat any dependence as a health problem which requires special treatment and help. The Trust recognises that early intervention is more likely to lead to successful treatment.
- 1.2. The Trust will provide support and opportunities for all individuals to confidentially raise issues regarding substance and alcohol misuse.
- 1.3. This policy aims to provide clarity for identifying those who may inappropriately attend for work while under the influence of drugs, alcohol or solvents.
- 1.4. This document describes the Trust's standards and will highlight pathways for resolution.
- 1.5. This policy applies to all employees, volunteers, agency and bank workers whilst working on behalf of the Trust, and when on-call. It applies to all Trust premises and work areas where Trust work is undertaken.

### 2 Principles

- 2.1. Medical information about an employee is confidential and can only be disclosed to others within the Trust with the written consent of the individual. All cases involving alcohol, drug or solvent problems will be handled confidentially by the Wellbeing Hub with information only shared with line managers on a need to know basis, where there is a risk and with the knowledge of the individual.
- 2.2. Under the Health and Safety at Work Act, individuals are responsible for ensuring that they undertake their duties in a safe manner without endangering themselves or others. Everyone is responsible for the implementation of this policy.
- 2.3. Drug/ alcohol/ solvent dependence is seen by the Trust as a health problem, which requires specialist treatment and help which can be accessed through the Wellbeing Hub.
- 2.4. However, non-compliance with this policy may lead to further action, which may include formal disciplinary action. Please see **Appendix A** for more information (Suspension from Duty, Restriction in Practice, Work Pattern and/or Work Location).
- 2.5. The use or consumption of alcohol, solvents or illegal drugs is not permitted at any Trust location or in Trust vehicles.
- 2.6. Individuals must attend work in a fit state to undertake their duties safely and to the best of their ability. For patient facing staff, and in particular those with professional registration, fitness to practice includes not being under the influence of drugs or alcohol.

- 2.7. Individuals must meet the requirements for the Trust's driving standards that are addressed in the Trust's Driving and Vehicle Standards Policy. Staff must also adhere to the highway code and legislation relating to driving and alcohol and substance use/misuse.
- 2.8. If an individual believes they have a problem with alcohol, solvents or drugs, then they are encouraged to seek assistance from a line manager or the Wellbeing Hub.
- 2.9. If an individual has concerns about a colleague, they have a responsibility to contact the Wellbeing Hub or notify a manager.

### 3 Definitions

- 3.1. Substance abuse refers to the use of illegal substances and the misuse, whether deliberate or unintentional, of prescribed substances or other agents such as solvents, alcohol or legal highs. Please refer to **Appendix B** for further information.

### 4 Responsibilities

- 4.1. The **Chief Executive Officer** has a responsibility to ensure that the general principles of this policy are followed by all and to support mechanisms to aid the promotion of health and wellbeing.
- 4.2. The responsibilities of **all**:
  - 4.2.1. It is often colleagues who are first to notice any signs of drug, solvent or alcohol abuse. The workplace provides an ideal opportunity for assistance and support.
  - 4.2.2. Anyone who notices a colleague who appears to have a problem with drugs, solvents or alcohol may be placed in a difficult position. However, if they have reasonable grounds to believe that the colleague is risking the health, safety and welfare or themselves or others, they have a moral duty to report this to a manager or the Wellbeing Hub. In the case of the Wellbeing Hub, this must be done with the consent of the individual. If this is not obtained this must be reported to an appropriate manager.
  - 4.2.3. It is hoped the supportive stance of this policy will provide support and assistance, where needed, to all individuals working on behalf of the Trust.
- 4.3. The responsibilities of the **Wellbeing Hub**:
  - 4.3.1. The Wellbeing Hub will promote education about alcohol, solvents, drugs, and the effects on the individual and in the workplace.
  - 4.3.2. If needing treatment, an employee can access this by contacting the Wellbeing Hub, where they will be signposted to the most appropriate pathway and support will be provided throughout. The Hub and, where appropriate, Line Manager will maintain contact with the individual throughout the treatment process.
- 4.4. Where necessary and appropriate, **Occupational Health** will have the responsibility to advise, where possible, on fitness to work and any work restrictions.
- 4.5. The responsibilities of **Human Resources (HR)**:

- 4.5.1 Encourage individuals to seek help. Provide advice and guidance regarding Trust Policies and Procedures to management and employees where appropriate.
- 4.5.2 When necessary, advise the employee of the consequences of failure to comply with the agreed contract.
- 4.5.3 Liaise with the Wellbeing Hub for advice, guidance or support wherever necessary.

## 5 Compliance

- 5.1. Competence, monitoring and audit in relation to this policy will be aligned to the associated procedure.

## 6 Procedure

### 6.1. In the Immediacy

- 6.1.1. It is in the interest of the Trust, patients or other employees to consider whether an individual is fit for work. It may be investigated if there are potential concerns regarding patient care and safety, where there is a perceived risk(s) to Trust property or responsibilities to other parties or to aid an unhindered investigation. This must be with the involvement of HR.
- 6.1.2. Absence from work will be monitored in line with the Trust's Managing Health and Attendance Policy & Procedure.
- 6.1.3. In a situation where there are reasonable grounds for suspicion that an individual is either at work while under the influence or is unable to attend work due to influence of drugs, solvents or alcohol, advice should be sought from the Wellbeing Hub or Line Manager Grounds for suspicion might include (list not exhaustive):
  - The individual smelling of alcohol
  - Unsteady on feet
  - Slurred speech
  - Difficulty in concentrating on work
  - Varying and sporadic quality of work
  - Increased number of mistakes and worsening of decision making ability
  - Late arrival for work or high rates of absenteeism
  - Weight loss
  - Red eyes
  - Little concern for hygiene
  - Personality changes
  - Arguing with colleagues
  - Carelessness in handling equipment
- 6.1.4. High functioning alcoholics may not fit the usual characteristics as mentioned previously, as they are able to function in the workplace setting, and possibly home. **Appendix B** details more information about this.
- 6.1.5. It should be considered whether the Wellbeing Hub need to be aware of the situation. It is not the responsibility of the Wellbeing Hub to advise whether an individual is under the influence.

6.1.6. Identification of illegal acts, or if a crime is in progress, must be reported to the police in accordance with the Misuse of Drugs Act 1971.

6.1.7. Line managers are encouraged to take statements from all relevant individuals and ultimately the decision as to whether the individual is fit to work lies with the line manager.

6.1.8. A referral should be made to Occupational Health if there is concern about someone who is unable to fulfil their role and be fit to practice.

## 6.2 **Where an individual is engaging in treatment:**

6.2.1. Following discussion with the individual, the manager and/or Wellbeing Hub will make a recommendation for further treatment if necessary and appropriate. If necessary, Occupational Health advice will be sought to determine any work restrictions or advisory actions.

6.2.2. Where an individual is seeking self-directed support, they will be supported by the Trust throughout and post treatment.

## 6.3 **Where there is failure to engage in treatment:**

6.3.1. Where an individual is unwilling to engage in treatment, or there are continued concerns, the Manager should meet with the employee and inform them the Trust may need to action a disciplinary or capability process in line with Trust's policies.

6.3.2. Where it is advised that the employee's abuse, misuse or dependency on drugs, solvents or alcohol is at a level where it is likely to be interfering with their ability to work safely or to the required standard, the employee will be offered a period of time, which will not exceed four weeks, in which to control their intake. Following this, there will be a further period of monitoring.

6.3.3. Where an individual either refuses to comply with the programme or fails to meet the specific requirements, the issue may be handled in line with the Trust's Disciplinary Policy & Procedure.

6.3.4. If appropriate, there may be opportunity for the individual to take up an alternative duties post through the Wellbeing Hub to enable the individual the necessary time to access support and/or treatment.

6.3.5. In most cases an individual who has been absent from work due to attending rehabilitation shall return to their substantive role. There may be some circumstances where resumption of the particular job would be inconsistent with the full recovery or with the Trust's responsibility towards protecting patient safety. In such circumstance, the issue will be managed in accordance with the Trust's Disciplinary Policy & Procedure.

6.3.6. Where driving is a requirement of the role, the loss of driving license for drug and alcohol related incidents will be dealt with in line with the Trust's Driving and Vehicle Standards Policy.

## 6.4 **Reoccurrence**

- 6.4.1. If, following treatment, further support is required for an individual an opportunity to accept and cooperate with further treatment will be offered and provided. If the individual refuses to engage, and the performance and actions of the individual are unacceptable, the case will be dealt with through the Trust's Capability Policy & Procedure. (Please see 6.3.).

## **7 Monitoring**

- 7.1. The Workplace Wellbeing Committee (WWC) will ensure that agreed monitoring processes are in place.
- 7.2. Insert the name of the Management Group responsible for the effectiveness of this policy.

## **8 Audit and review**

- 8.1. The Head of Inclusion & Wellbeing, or their nominee, will review the policy every three years.
- 8.2. The policy and procedure will be updated within the three year review period if necessary to comply with best practice, legislation, regulation, or other guidance, or due to feedback from employees about the effectiveness of the policy and procedure.
- 8.3. All changes to this document will be made following the process set out in the Trust's Policy and Procedure for the Development and Management of Policies and Procedures.

## **9 Associated Documentation**

- Capability Policy & Procedure
- Disciplinary Policy & Procedure
- Driving and Vehicle Standards Policy & Procedure
- Managing Health and Attendance Policy & Procedure
- Scope of Practice & Clinical Standards Policy
- Your guide to Wellbeing in SECAMB

## **10 References**

- Health & Safety at Work Act
- Misuse of Drugs Act 1971

## Appendix A: Suspension from Duty, Restriction in Practice, Work Pattern and/or Work Location

1. The Trust recognises there will be occasions where, as a result of a serious allegation made about an employee, it may be necessary to urgently and temporarily consider adjustments to duties, work pattern and/or work location or suspension from duty, pending an investigation of the allegation(s). On the grounds that:
  - there is alleged gross misconduct
  - serious criminal charges have been brought against the employee, or there are allegations of criminal activity
  - there is a risk to an employee's health or safety
  - the employee, patients, colleagues, the public or the Trust's interests are at risk
  - remaining on duty may inhibit a fair and objective investigation, and no alternative employment is practicable
2. If the suspension/ restriction in practice relates to a registered professional, and where there is a fitness to practice concern, the employee will be required to self-refer to their registering body and the suspending manager will inform the employee to refrain from clinical responsibilities outside the Trust. If any employee fails to self-refer as required, the Trust may make the referral on their behalf.

### 3. Temporary Adjustments

3.1 Where a serious allegation is made and a manager believes it is appropriate and reasonable to urgently and temporarily remove an employee from their current place(s) of work or adjust their duties, the following options, as alternatives to suspension, should be fully explored. Where temporary adjustments are considered, a Risk Assessment, **see below**, must be completed.

3.2 Consideration should be given to alternatives to suspension, such as:

- Transfer to an alternative location
- Adjustment to duties
- Alternative duties
- Limiting contact with patients, colleagues or others
- Increased supervision
- Proposals put forward by the employee
- Other measures deemed appropriate after discussion with the Director of HR.

3.3 As this action is a result of a serious allegation, adjustments should be made immediately but with due regard to the employee's personal circumstance e.g. travel, child care etc.

3.4 In all cases these are temporary measures pending the outcome of an investigation and not an assumption of guilt or a disciplinary sanction.

3.5 During the temporary adjustment an employee must not be disadvantaged financially.

3.6 Where an employee is transferred to an alternative location and/or to the supervision of another person any adjustments (but not the reasons for the adjustments) must be made known to the relevant new supervising manager.



3.7 In conjunction with HR the employee's current manager will review the adjustment monthly and remains responsible (other than for day to day performance) for the employee during any temporary adjustment.

3.9 The arrangements can be reviewed at any time e.g. where new evidence emerges or there are difficulties with the adjustments.

3.10 All temporary adjustments must be notified to HR at [hremployee.relations@secamb.nhs.uk](mailto:hremployee.relations@secamb.nhs.uk).

#### 4. Suspension from Duty

4.1 Suspension should only be used after careful consideration and as a last resort. Alternatives should firstly be thoroughly contemplated. Where adjustments are not regarded as appropriate or possible then suspension must be considered. Suspension must be as brief as possible.

4.1 Where suspension is considered a Risk Assessment, **see below**, must be completed by the suspending manager.

4.2 Suspension will be authorised jointly by the Director of Operations and Director of HR. Should the incident occur overnight or at the weekend, the Executive on call will have the delegated authority to suspend, but is required to inform the Director of Operations and Director of HR at the first available opportunity.

4.3 If the allegation relates to a clinical incident, then confirmation of suspension will be agreed with the Medical Director and/or the Director of Nursing and Quality.

4.4 Where new evidence emerges suggesting, the allegation may not be as serious as originally thought the suspension may be lifted.

4.5 During the suspension, an employee must not be disadvantaged financially. The employee may request annual leave, which will not be unreasonably refused.

4.7 During the period of suspension, the employee must not visit Trust property or locations unless with the prior agreement of their line manager or to seek medical help e.g. Occupational Health, Wellbeing support or as an emergency.

4.8 The Employee should remain available to the Trust over the period of the suspension and should therefore, not undertake any secondary employment during their normal working hours. Where necessary or in order to meet its responsibilities, the Trust will make the secondary employer aware of the suspension/ restriction in practice.

4.19 All suspensions must be notified to HR at [hremployee.relations@secamb.nhs.uk](mailto:hremployee.relations@secamb.nhs.uk)

4.10 The Director of Operations and Director of HR will monitor the suspension at least every 14 calendar days and wherever possible the investigation should be completed within 28 calendar days, please refer to the Trust's Investigation Guidelines.

#### 5. Communications

5.1 The decision to adjust duties and/or work location or suspend from duty must be confirmed by letter by the manager within 5 working days. This letter should include a summary of:

- Details of the allegation

- The reasoning for the adjustment or suspension
- The right to appeal against the decision
- The offer of support from Wellbeing Hub, Employee Assistance Programme and Occupational Health
- Details of any restrictions
- The next steps

5.2 Regular contact must be maintained with the employee by their manager (or other designated manager). The manager is obliged to make contact directly (by telephone, letter, email) every 14 days and if necessary more frequently. Contact must include informing the employee of progress with the investigation and departmental and Trust news.

## 6. Return to work

6.1 Where suspension or adjustments are lifted, the employee’s manager must arrange to meet with the employee and put in place an appropriate and agreed programme of re-orientation and support before the employee returns to their duties.

<b>Risk Assessment - Consideration of Restriction of Practice/ Suspension</b>			
To be completed in all instances of consideration of restriction of practice/suspension to record the decision making process. This form should be completed immediately and sent to HREmployee.relations@secamb.nhs.uk			
<b>Employee’s name:</b>		<b>Employees Role:</b>	
<b>Form Completed by:</b>		<b>Other staff present:</b>	
<b>Date:</b>		<b>Time:</b>	
<b>Summary of Issue: (allegation)</b>			
<b>Response of employee:</b>			
<b>Questions Considered and Summary of Discussion</b>			
<b>Is there a risk to patients and if so what is this risk?</b>		<b>How can this be mitigated?</b>	
<b>Is there a risk to colleagues and if so what is this risk?</b>		<b>How can this be mitigated?</b>	

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Is there a risk to the organisation and if so what is this risk?		How can this be mitigated?	
Is there a risk to the individual and if so what is this risk?		How can this be mitigated?	
Decision			
Actions put in place and who will be responsible for each	investigating officer	welfare officer	letter confirming suspension/restriction
Any concerns about the wellbeing or mental health of the employee			
Home/Personal support			
Travel home plans			
Recommendation / to obtain/ offer of support e.g. GP, Trade Union, Wellbeing Hub, Counselling Service, Chaplains, Occupational Health			
Relevant line manager informed		Relevant Director Informed	
Suspension Review Date			

## Appendix B: Further information regarding definitions

‘Substance Abuse’ refers to the **use** of illegal substances and the **misuse**, whether deliberate or unintentional, of prescribed substances or other agents such as solvents. Substance abuse can harm the user both physically and mentally and, through the user’s actions, other people and the environment.

There are three categories of substance abuse:

- Use: the occasional use of substances without developing tolerance or withdrawal symptoms when not in use.

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- Abuse: the continued use of substances even while knowing the continued use is creating problems socially, physically, or psychologically.
- Dependence: where at least three of the following factors must be present:
  - Substance is taken in larger amounts or over prolonged periods of time than the person intended.
  - A persistent desire with unsuccessful efforts to control the use.
  - Large periods of time spent obtaining, taking, or recovering from, the substance.
  - Frequent periods of intoxication or detoxification especially when social and major role obligations are expected (school, social situations, etc.).
  - Continued use even while knowing that the continued use is creating problems socially, physically, and/or psychologically.
  - Increased tolerance.
  - Withdrawal symptoms.
  - Substance taken to relieve withdrawal symptoms.

**High functioning alcoholics** manage to function effectively and lead a relatively normal life, however this does not mean they are not at risk of hurting themselves or someone else. It is important to recognise a high functioning alcohol as an individual who needs support for their addiction. The following behaviours may be those that a functioning alcoholic displays:

- Drinking rather than eating
- Noticeable behaviour changes
- Unable to have just one drink
- Blackouts following drinking
- Explanations (or excuses) for drinking
- Frequently joking about alcohol
- Hiding alcohol
- Separating sections of life
- Previous, but unsuccessful, attempts to quit or reduce drinking alcohol.

Further information can be sourced by contacting the Wellbeing Hub.

*Guidance taken from Optima's Employee Guidance for Substance Abuse*

## Document Control

### Manager Responsible

Name:	
Job Title:	Inclusion Manager
Directorate:	HR

Committee/Working Group to approve	JPPF	
Version No.	Final	Date: 4/7/2018

### Draft/Evaluation/Approval (Insert stage of process)

Substance Misuse and Dependency

Person/Committee	Comments	Version	Date
List stakeholders/working groups consulted and the dates/ comments			

**Circulation**

Records Management Database	Date: 13/7/2018
Internal Stakeholders	
External Stakeholders	

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Manager		
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**Supports Standard(s)/KLOE**

	Care Quality Commission (CQC)	IG Toolkit	Other
Criteria/KLOE:	Name core service area and CREWS elements		