



SUPPORTING EMPLOYEES **MANAGING ADDICTION**

Title	Supporting Employees Managing Addiction Policy
Who should use this	All Staff
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Approved by Management Team	
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Review History

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1	Update to supporting agencies contact details	JULY 2015
2	Removal of Self-Referral (7.1) replaced with Voluntary Referral. Addition of NPS Legal Highs at end of Appendix 1 and addition of NPS at end of Appendix 2.	AUGUST 2017
3	Addition of supporting agencies – No. 10-15 on appendix 5.	AUGUST 2020
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1. INTRODUCTION

- 1.1 The Board is committed to providing a safe and productive working environment and to promoting the health, safety and well-being of its employees.
- 1.2 This Policy has been developed specifically to support the Board's holistic approach to maximising attendance at work and has been designed to ensure that employees are aware of the risks associated with alcohol, substance misuse and addiction, the consequences of their actions and are aware of the support mechanisms available to them.
- 1.3 The term 'addiction' includes the use of alcohol, legal and illegal drugs, prescribed drugs and solvents in an excessive, habitual or harmful way as well as gambling and any other recognised addiction which could affect competence, attitude, health, safety or performance at work. A 'Definition of Terms' can be found at Appendix 1.
- 1.4 It is important that the effects of addiction are appropriately addressed through positive measures such as early intervention and support. This approach will reduce the potential significant health and safety risks at work, together with below standard physical and mental work performance and reduced attendance.
- 1.5 The Policy provides guidance and support to Managers and Employees in dealing with problems relating to addiction which can arise from intoxication, regular use or dependence and can frequently lead to the development of problems or difficulties which affect an individual's health, social functioning and/or impair their work capability.
- 1.6 Employees who may have an addiction are encouraged to voluntarily seek assistance. Support will be provided at the earliest opportunity to employees who acknowledge they have developed an addiction problem.
- 1.7 As part of the Board's Code of Conduct employees are reminded that they should not engage in any conduct which may discredit the Board. The Board expects employees to conduct themselves in an appropriate and reasonable manner and in accordance with the standards set out in the range of Board policies.
- 1.8 The Board will ensure positive equal opportunity practice underpins the operation of this Policy. This Policy will apply equally to all Board employees.
- 1.9 This Policy has been developed jointly with the Trade Union side in line with the principles of partnership working and covers performance and conduct as a result of addiction.

2. LEGISLATION

- 2.1 The Health and Safety at Work Act etc. 1974 places a statutory duty on employers to ensure the health, safety and welfare of their employees. This duty is breached if employees are knowingly allowed to be at work whilst under the influence of alcohol, drugs or substances, as this may impair their performance and put themselves and other employees at risk.
- 2.2 Under the Misuse of Drugs Act 1971 it is an offence to supply or possess controlled drugs. Where evidence exists, the Board will inform the Police of illegal drug use or any activity or behaviour where there are concerns as to its legality. Accordingly, the Board will inform the Police if an employee, volunteer, contractor or anyone else covered by this Policy, has been involved in the production, supply, or the offer to supply controlled drugs on Board premises, or during the course of their work or employment with the Board. The Board will comply with associated legislation as appropriate.
- 2.3 The Psychoactive Substances Act 2016 prohibits and disrupts the production, distribution, sale and supply of psychoactive substances in the UK. This legislation makes it an offence to produce, supply, offer to supply, possess with intent to supply, import or export (including over the internet) any psychoactive substances, but the Act doesn't replace the Misuse of Drugs Act (1971) so laws around existing illegal (controlled) drugs will remain the same.

The legislation also introduces a list of exemptions for those in everyday use, such as alcohol, cigarettes, coffee and medicines which are regulated elsewhere, as well as drugs already banned under the Misuse of Drugs Act 1971.

As in 2.2 above, the Board will inform the Police if an employee, contractor or anyone else covered by this Policy, has been involved in the production, supply, or the offer to supply of psychoactive substances on Board premises, or during the course of their work or employment with the Board. The Board will comply with associated legislation as appropriate.

3. RESPONSIBILITIES

This Policy provides a clear framework and outlines the steps to be taken at an early stage to tackle any problem identified in order to prevent the situation deteriorating into a disciplinary matter. The focus is placed on supporting employees whilst minimising impaired work performance and/or behavioural problems that provide a legitimate basis for intervention, without interference in an employee's 'private life'.

3.1 MANAGERS

- 3.1.1 Managers and the Board's Management Team are responsible for ensuring that all employees are made aware of the standards of conduct and performance expected of them. As with the Framework for Maximising Attendance, Managers should ensure that they are aware of this Policy and the Code of Conduct to facilitate the overall approach to proactively addressing addiction issues and supporting employees at work.

3.1.2 Managers, as part of their individual development and learning, will be trained to:

- Understand the issues involved,
- Recognise the signs and behavioural patterns associated with addiction,
- Have the skills and knowledge to manage and support employees at the earliest opportunity.

3.1.3 All managers have a duty of care to their employees. Drug and alcohol misuse can not only destroy the individual concerned but can also have an extremely detrimental effect on the wider workforce, clients and customers and the Board's performance. Managers are responsible for providing support and encouragement to employees and where a manager is aware, or suspects, that an employee is misusing intoxicating substances they should apply the procedures as outlined within this Policy in the first instance and without unnecessary delay. Advice is available from the Board's Personnel Representatives if and when required.

3.1.4 Managers should:

- Be aware of the signs of alcohol and substance misuse and the effects on performance, attendance and health of employees.
- Ensure the health, safety and welfare of employees and others with whom they come into contact.
- Ensure that employees understand the Policy and are aware of the Board's zero tolerance approach and the consequences regarding the use of alcohol, drugs and other intoxicating substances within the workplace.
- Ensure that employees are aware of the support that is available to them should they have a problem.
- Monitor the performance, behaviour and attendance of employees as part of the normal supervisory relationship.
- Intervene at an early stage where changes in performance, behaviour, sickness levels or attendance patterns are identified to establish whether alcohol and/or substance misuse is an underlying cause.
- Ensure that the referral process is used as appropriate.

3.1.5 The manager will ensure that individual cases are treated confidentially as far as is legitimately and legally possible. However, in certain cases, in order to provide effective support it may be necessary for information to be shared with others e.g. occupational health or other support agencies. The manager should discuss the disclosure of information with the employee in the first instance.

3.1.6 Where a manager has doubt based on behavioural or physical indicators they may ask an employee to undertake a sobriety/coordination check as a result of perceived reduced ability to perform in a safe and productive manner. Managers should refer to Appendix 3a and 3b for further guidance.

3.2 **EMPLOYEES**

All employees covered by this Policy have the following responsibilities:

3.2.1 As part of the Framework for Maximising Attendance at Work employees should be aware of the provisions within this Policy and the Board's Code of Conduct.

- 3.2.2 Employees are required to report for work completely free from the effects of alcohol or other substances and remain free from the effects of alcohol/substances for the duration of their working day. The Board will adopt a 'zero tolerance' approach to the misuse of alcohol and substances in the workplace.
- 3.2.3 Employees have a duty to report incidents of other's behaviour contrary to the standards of safety and conduct required by the Board and which arise from alcohol and/or substance misuse. Such incidents will be treated as a conduct issue and addressed in accordance with the Disciplinary Policy.
- 3.2.4 All employees are responsible for ensuring they clearly understand the Board's 'zero tolerance' approach to alcohol and/or substance misuse.
- 3.2.5 Employees are not permitted to possess drugs or store, trade or sell alcohol/drugs on Board premises or bring the Board into disrepute by engaging in such activities outside of work.
- 3.2.6 Any employee found to be producing, supplying, offering to supply, possessing with intent to supply and importing or exporting "legal highs" will be subject to the Board's Disciplinary Policy.
- 3.2.6 Employees who may be misusing alcohol and/or substances or have an addiction are encouraged to seek assistance voluntarily. Support will be provided at the earliest opportunity to employees who acknowledge they have an addiction problem. This can be done in a variety of ways via:
- Line Manager
 - Board's Personnel Representatives
 - Occupational Health
 - Trade Union
- 3.2.7 Where an employee has doubt about a colleague's behavioural or physical indicators they should report this to a manager/supervisor. The employee's colleague may be asked to undertake a sobriety/coordination check by the manager as a result of perceived reduced ability to perform in a safe and productive manner.

4. SUPPORTING EMPLOYEES

- 4.1 Where an employee acknowledges an addiction problem and accepts assistance the following will apply:
- Confidentiality and support as they would if they had any other medical or psychological condition in respect of their addiction between the employee, Occupational Health, the Assessor, Board's Personnel Representatives and the employees manager (where applicable);
 - Paid time off to attend counselling session(s);
 - Paid sick leave within the terms of the Board's sick pay scheme, if necessary, to undergo treatment. On return to work from an addiction related absence the employee will be entitled to return to the same job unless the Board in conjunction with Occupational Health the Assessor and the Board's Personnel Representatives decides that the effect of the addiction renders them unsuitable

for the same job. In such cases alternative employment will be sought for employees in line with the Board's Managing Workforce Change Policy.

- Where help has been accepted and the problem resolved the employees normal promotional prospects will not be affected;
- Following return to work after, or during treatment and where work performance/conduct suffers as a result of continued addiction related problems one further opportunity to continue or accept support/counselling may be offered where appropriate. Each case will be considered on its own merits.
- Drug and alcohol misuse should be seen as a health problem and the employee should be supported as far as possible, with disciplinary action being used only as a last resort.

4.2 If an employees' drinking or drug taking is a matter of concern they should be encouraged to seek help at the earliest opportunity.

4.3 Many people with an addiction problem are able in time to regain full control over their lives and return to the required standard of work performance. It may be very difficult for people to admit to themselves or others that their drinking is out of control; that they are dependent upon alcohol/drugs or that they have another addiction. The Manager should make the employee aware that their problem will be treated as a health problem rather than an immediate cause for dismissal or disciplinary action. The cost of allowing an employee time off to obtain expert help is much less than the cost of recruiting a replacement.

5. ALCOHOL AND DRUGS: THE EFFECTS ON AN INDIVIDUAL

5.1 ALCOHOL

5.1.1 It is worth considering how drinking alcohol affects people and the legal responsibilities of an employer. Alcohol is a positive part of social life for many and as with most activities, carried a degree of risk, i.e. consuming too much or at the wrong time can be harmful. The UK Chief Medical Officers guidance on sensible drinking published in August 2016, lists the following as examples of specific situations when the best advice is not to drink at all:

- Planning to drive;
- Before using machinery or undertaking risky activity;
- Before working or in the workplace when appropriate functioning would be adversely affected by alcohol.

5.1.2 Even at blood alcohol concentrations lower than the legal drink/drive limit, alcohol reduces physical coordination and reaction speeds. It also affects thinking, judgement and mood. People may feel more relaxed and less inhibited after a couple of drinks but over consumption of alcohol can lead to arguments, mood swings and even violence. Large amounts of alcohol in one session can put a strain not just on the liver but other parts of the body including muscle function and stamina. Prolonged and sustained alcohol misuse raises the drinker's blood pressure which can increase the risk of coronary heart disease and certain types of stroke. Regular over consumption above the daily benchmark increases the risk of liver damage, cirrhosis of the liver and cancers of the mouth and throat. People who

drink heavily may develop psychological and emotional problems, including depression.

- 5.1.3 Recent studies have concluded that the net benefits from small amounts of alcohol are less than previously thought (with substantial uncertainties around the level of protection) and are significant in only a limited part of the population. That is women over the age of 55, for whom the maximum benefit is gained when drinking around 5 units a week, with some beneficial effect up to around 14 units a week.

The latest research also indicates that when drinking within the low risk guidelines, overall levels of risk are broadly similar for men and women; although the risks of immediate harms such as deaths from accidents are greater for men; longer term harms from illness are greater for women. A weekly guideline on regular drinking requires an additional recommendation about the need to avoid heavy drinking. There is clear evidence that heavy drinking even on a small number of days increases risks to health. Consequently they have recommended that people who drink as much as 14 units a week regularly should spread their drinking evenly over 3 or more days per week and there is evidence that having some alcohol free days each week can help people who wish to drink less.

- 5.1.4 After consuming large quantities of alcohol further consumption should be avoided for at least 48 hours to give the body tissue time to recover. However, this is a short-term measure and people whose pattern of alcohol consumption places them at significant risk should seek professional help.

5.2 DRUGS

- 5.2.1 Managers and employees should refer to Appendix 2 where the symptoms of substance misuse may be evident. It should be remembered that all these signs may be caused by other factors and should be regarded only as indications that an employee *may* be misusing drugs. In the absence of an acceptable explanation being offered it may indicate that there is a potential problem to be investigated. Many of the behaviours described at Appendix 2 will require action regardless of the cause.

- 5.2.2 Drugs can affect the brain and the body in a number of ways. They can alter the way a person thinks, perceives and feels and this can lead to either impaired judgement or concentration. Drug misuse can also bring about the neglect of general health and well-being. This may adversely influence performance at work, even when the misuse takes place outside the workplace.

- 5.2.3 New psychoactive substances (which were formally known as “legal highs”) are capable of producing a psychoactive effect in the person who consumes them. They mostly contain synthetic, chemical compounds which imitate the effects of more traditional drugs such as speed and cannabis.

Often they contain ingredients which have not been tested on humans and so the effects of human consumption are hard to predict. These drugs can have a range of effects on users and are generally used as stimulants, “downers”, hallucinogens or synthetic cannabinoids.

5.3 DRIVING IMPLICATIONS

- 5.3.1 Employees will not be allowed to use their own vehicle for travel on Board business whilst under referral to Occupational Health/appropriate support agencies.
- 5.3.2 If it appears that an employee is under the influence of alcohol and/or substances, or prescription medication they are prohibited from:
- Driving their own vehicle for the purposes of official Board business;
 - Driving their own vehicle for personal business upon recognition of being under the influence (see 3.2);
 - Operating machinery, plant, electrical equipment and ladders;
- 5.3.3 Managers should consider the need for alternative transportation (e.g. if an employee is removed from the workplace) to ensure that the employee or any other individuals are not placed in danger;
- 5.3.4 If driving duties have been withdrawn, where appropriate, the employee will be required to undertake suitable alternative duties as prescribed by their Manager.
- 5.3.5 If an employee is prescribed medical treatment by their GP for alcohol and/or substance related dependency there is an obligation on the employee to inform the DVLA. The employee must also inform their employer at that time.

Failure to advise the DVLA of a medical condition that has become worse or a new medical condition that has developed since a licence was issued is a criminal offence punishable by a fine up to £1000. In this instance the employee should seek further information from the DVLA or their GP to establish whether they are required to advise DVLA of their condition.

- 5.3.6 Employees are obligated to inform their employer of any prescription medication which may affect their ability to fully undertake their work duties. This includes any driving related duties and commuting to and from work.

6. ACKNOWLEDGEMENT OF AN ADDICTION PROBLEM

- 6.1 It is very important that there is early recognition of an addiction problem, which may include alcohol, drugs, gambling etc. Early intervention in conjunction with the appropriate support mechanisms can greatly increase the possibility of recovery and minimise the effect on the employee's health and work performance.
- 6.2 Employees who may be misusing alcohol and/or substances or have an addiction are encouraged to voluntarily seek assistance. Support will be provided at the earliest opportunity to employees who acknowledge they have developed an addiction problem.
- 6.3 Success in implementing this Policy will be greatly enhanced through the creation of a positive and supportive environment which encourages the voluntary self-disclosure of any addiction problems.

7. REFERRAL PROCEDURES

There are various categories of referral outlined below:

7.1 VOLUNTARY REFERRAL

Voluntary referral applies where an employee voluntarily decides to seek help through their Manager or the Boards Personnel Representatives before their problem has started to noticeably affect their work. In these situations, Managers should support the employee as much as possible. This could involve:

- Encouraging them to take advantage of the confidential services available through the Board and the services provided by external agencies. This would be arranged via Occupational Health.
- Re-assuring the employee that what has been discussed will remain confidential.
- Ensuring that the employee is aware of the Managing Addiction Policy.
- Meeting with the employee, at regularly agreed intervals, to monitor their progress.

7.2 MANAGEMENT REFERRAL

7.2.1 WELFARE

Where a manager becomes aware of a change in an employee's overall demeanour or suspects through other means despite the fact there are no adverse effects on performance, which they feel may be attributed to an addiction-related problem, they will meet with the employee to discuss and, if appropriate, an offer of support/assistance will be made.

A management referral will be made to Occupational Health, via the Board's Personnel Representatives. Occupational Health will confirm whether or not an addiction related problem exists and if so, a program of support will be arranged in consultation with the employee. Occupational Health will provide the employee with relevant advice and guidance.

Where an employee has entered into a support/treatment program Occupational Health will monitor the employees' progress and provide updates to the Board's Personnel Representatives. The employee's manager will be updated as appropriate.

7.2.2 PERFORMANCE, CONDUCT OR CAPABILITY

Where a manager becomes aware of a change in an employee's job performance which they feel may be attributed to an addiction related problem, they will meet with the employee to discuss their work performance, and, if appropriate an offer of support/assistance will be made.

It may also apply where it comes to the attention of the Manager, through the course of conduct or capability issues that an employee may have an alcohol or substance misuse problem and the Board has no alternative but to intervene. Having conducted a formal investigation and in many situations considered evidence at a formal disciplinary hearing, Managers will require to decide upon the appropriate course of action.

Depending on the circumstances the following outcomes may be possible:

- Decide not to take any formal action and refer employee for help by Management Referral – Welfare (see 7.2.1 above).
- Decide to take the appropriate level of formal action but hold in abeyance subject to the following:
 - Confirmation from the appropriate agency that the employee does have an alcohol or substance misuse problem and has accepted to undertake a suitable programme of help and treatment. This will be confirmed via Occupational Health;
 - The employee satisfactorily attends and responds to the programme (a review must be built in at an appropriate time);
 - The employee's performance, conduct and/or attendance return to an acceptable level.

The Performance, Conduct or Capability Referral Process is outlined at Appendix 4.

8. REFUSAL TO ACKNOWLEDGE AN ADDICTION PROBLEM

8.1 Should an employee refuse help, or discontinue a recovery programme, this may not in itself be grounds for disciplinary action.

8.2 However, if it is clear that an employee:

- Declines to accept the offer of referral for diagnosis and/or help and treatment;
- Discontinues a course of treatment before its satisfactory completion;
- Continues to return unsatisfactory levels of work performance and attendance;

this should be dealt with under normal and recognised procedures as outlined within Maximising Attendance at Work or the Disciplinary Policy

8.3 If disciplinary action has been held in abeyance and the employee does not participate in or complete the appropriate support mechanisms offered then the disciplinary hearing will be reconvened and the appropriate disciplinary action taken.

9. PRESCRIPTION MEDICATION

9.1 Where drugs are prescribed from a GP, employees should seek medical advice from their GP or pharmacist as to whether these drugs might affect their ability to fully undertake their work and/or driving duties. If this is the case the employee is immediately obliged to notify their Manager that the medicine might cause side effects and/or impair their ability to undertake their duties safely and effectively.

9.2 Advice and guidance can be sought from SAC HR/the Board's Personnel Representatives and/or Occupational Health. Managers should take cognisance of advice from Occupational Health and consider all options available which will enable the employee to continue at work. This may include temporary redeployment and/or reasonable adjustment to duties.

- 9.3 Employees are not required to disclose the actual medical condition being treated nor the medication – simply the impact/side effects.

10. CONSUMPTION OF ALCOHOL ON BOARD PREMISES AND DURING WORKING HOURS

- 10.1 Employees should not consume alcohol and/or illegal drugs during their working hours, within offices or other normal work areas.
- 10.2 Alcohol may be made available on Board premises only for special events and in areas specifically designed for the occurrence of such events. Such events may include retiral presentations.

These will include occasions involving corporate hospitality where alcohol may be made available to those attending. When alcohol is made available at such events soft drinks must be made available in sufficient quantities to ensure that everyone attending may easily choose an alternative to an alcoholic drink. Every employee has a personal responsibility to ensure that their ability to perform their duties in a safe and satisfactory manner is not impeded by alcohol consumption or drug abuse. Employees are expected to act in a professional manner, while representing the Board, taking account of guidance within this Policy and the Code of Conduct.

Employees whose ability to satisfactorily perform their duties is impeded by alcohol consumption or drug abuse are liable to be subject to disciplinary action. Such conduct, in appropriate circumstances, may be regarded as gross misconduct, justifying the employee's dismissal.

11. OCCUPATIONAL HEALTH

- 11.1 Occupational Health provisions will be offered to encourage employees to utilise the assistance available in sustaining wellbeing and to minimise any absence from work. This provision is key in assisting managers to facilitate employees remaining in or returning to work. This support will be promoted through various mechanisms.
- 11.2 Employees have the opportunity to self refer or to request to be referred to Occupational Health as a way of managing an addiction problem. Occupational Health can be accessed via the referrals as outlined in Section 7.

12. SUPPORTING AGENCIES

- 12.1 The effects of alcohol and/or substance misuse problems can impact not only on the individual with the problem but also on family members, friends or colleagues. Employees who are affected by another individual's alcohol or drug related problems can seek assistance via the Board's Personnel Representatives/Occupational Health or any of the supporting agencies outlined within Appendix 5.

13. RELAPSE

- 13.1 The Board recognises the possibility of a relapse (where behaviour or performance is affected by an addiction problem) and a limited relapse period applies.

13.2 If a relapse occurs matters that should be taken into consideration include:

- How well the employee is responding to the support programme;
- Level of improvement in the work place;
- The amount of time lapsed since the first incident;
- The severity of the first and subsequent incident;
- Any incidents that may have triggered the relapse;
- Level of any disciplinary action held in abeyance.

13.3 Where an employee relapses while undergoing a support programme then, depending on the circumstances, the employee may be provided with one further opportunity to complete the support programme and improve their performance, conduct and/or attendance to an acceptable level.

14. DISCIPLINARY ACTION

14.1 In cases of one off incidents where there is no evidence of any underlying addiction problems the normal disciplinary process will be followed.

14.2 Employees whose ability to satisfactorily perform their duties is impeded by an addiction problem are liable to be subject to disciplinary action. Such conduct, in appropriate circumstances, may be regarded as gross misconduct, justifying the employee's dismissal.

14.3 In cases of gross misconduct or serious misconduct, where an addiction problem exists and is shown to have had impact, disciplinary sanctions up to and including dismissal may be imposed without reference to the Supporting Employees in Managing Addiction Policy. Managers must adhere to the Board's Disciplinary Policy and Disciplinary Procedures Managers Handbook.

DEFINITION OF TERMS

ADDICTION	<p>An abnormal tolerance and dependence on something that is psychologically or physically habit forming (especially alcohol, drugs or gambling).</p> <p>This means that a dependency has developed to such an extent that it has serious detrimental effects on the user and often their family/friends. The individual will experience difficulty in discontinuing their use. The substance has taken over their life.</p>
CONTROLLED DRUGS	<p>Drugs covered by the <i>Misuse of Drugs Act 1971</i> and can include drugs with no current medical uses as well as medicinal drugs that are prone to misuse. All are considered likely to result in substantial harm to individuals and society.</p>
DEPENDENCY	<p>A compulsion to keep taking an intoxicating substance either to avoid effects of withdrawal (physical dependence) or to meet a need for stimulation or tranquillising effects or pleasure (psychological dependence).</p>
HARMFUL/PROBLEMATIC USE OR MISUSE	<p>Use of an intoxicating substance or substances that harm health, physical, psychological, social or work performance but without dependency being present.</p>
INTOXICATING SUBSTANCE	<p>A substance that changes the way the user feels mentally or physically. Can include:</p> <ul style="list-style-type: none"> • Alcohol • Illegal drugs • Legal drugs • Prescription medicines (e.g. tranquilisers, anti-depressants, over-the-counter medicines) • Solvents • Glue • Lighter fuel •
MISUSE	<p>Alcohol: Any drinking, either intermittent or continual, which interferes with a persons health and social functioning and/or work capability or conduct.</p> <p>Drug: Use of illegal drugs and the use, whether deliberate or unintentional, of prescribed medicines or solvents which interferes with a person's health and social functioning and/or work capability or conduct.</p>

NPS – “Legal Highs”	New psychoactive substances (NPS), often known as ‘legal highs’ ‘illegal legals’ or ‘illegal highs’, are substances designed to produce the same, or similar effects, to drugs such as cannabis, cocaine and ecstasy, but are structurally different enough to avoid being controlled under the Misuse of Drugs Act. In the past they were often sold in the shops as research chemicals and advertised as ‘not for human consumption’ to get round the law. In some cases, NPS are just as dangerous as controlled drugs.
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MOST COMMONLY MISUSED SUBSTANCES IN THE UK

Name (Street / Trade Names)	How Usually Taken	Effects Sought	Harmful Effects
Heroin: Smack, Horse, Gear, H, Junk, Brown, Stag, Scag, Jack	Injected, snorted or smoked	Drowsiness, sense of warmth and well-being	Physical dependence, tolerance, overdose can lead to coma and even death. Shared needles.
Cocaine: Coke, Charlie, Snow, C	Snorted in powder form, injected	Sense of well-being, alertness and confidence	Dependence, restlessness, paranoia, damage to nasal membranes.
Crack: Freebase, Rock, Wash, Stone	Smokable form of cocaine	Similar to those of snorted cocaine: initial feelings are much more intense	As for cocaine. Intensity of its effects makes crack use hard to control, damage to lungs.
Ecstasy: E, XTC, Doves, Disco biscuits, Echoes, Scooby Doos	Swallowed, usually in tablet form	Alert and energetic but with calmness and a sense of well-being towards others. Heightened sense of sound and colour.	Nausea and panic, overheating and dehydration if dancing, which can be fatal. Liver and kidney problems. Long term effects not clear but may include mental illness and depression.
LSD: Acid, Trips, Tabs, Dots, Blotters, Microdots	Swallowed on tiny square of paper	Hallucinations, including distorted or mixed-up sense of vision, hearing and time. An LSD <i>trip</i> can last as long as 8 – 12 hours	Bad trips unstoppable which may be frightening. Increased risk of accidents can trigger off long-term mental problems.
Magic Mushrooms: Shrooms, Mushies.	Eaten raw or dried, cooked in food or brewed in tea	Similar effects to those of LSD but the trip is often milder and shorter	As for LSD, plus risk of sickness and poisoning

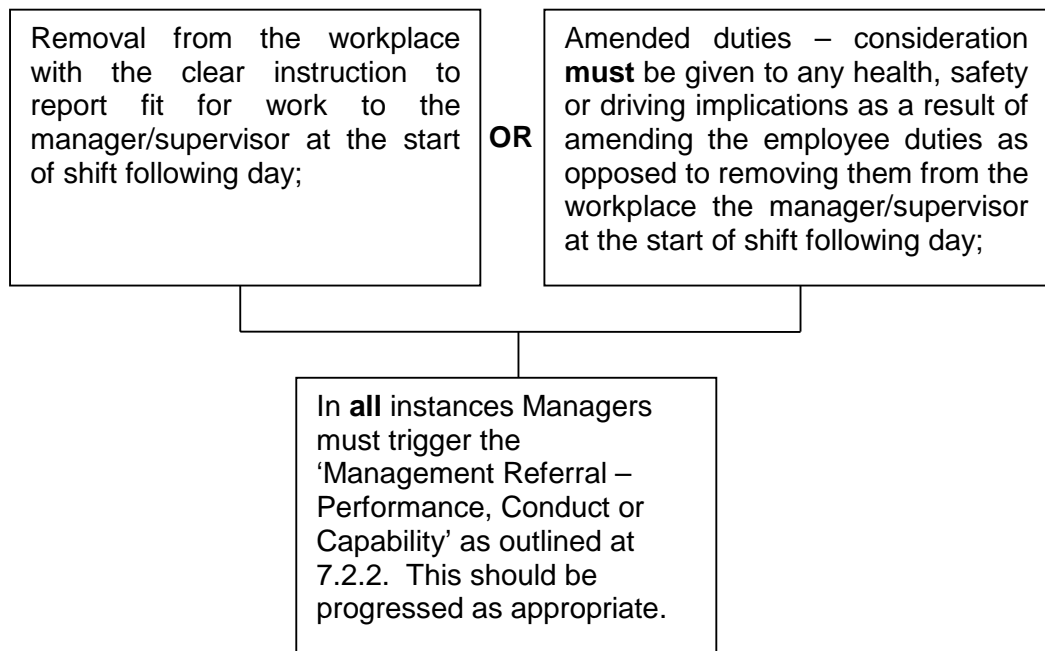
Cannabis: Hash, Dope, Grass, Blow, Ganja, Weed, Puff, Marijuana	Rolled with tobacco into a spliff, joint or reefer and smoked. Can also be smoked in a pipe or eaten	Relaxed, talkative state, heightened sense of sound and colour	Impaired coordination and increased risk of accidents, poor concentration, anxiety, depression, increased risk of respiratory diseases including lung cancer
Barbituate: Barbs, Downers	Swallowed or injected	Calm, relaxed state, larger doses produce a drunken effect	Dependency, tolerance, overdose can lead to coma or even death. Severe withdrawal symptoms
Amphetamines: Speed, Whizz, Amp, Uppers, Billy, Sulph	Dissolved in drinks, injected, sniffed/snorted	Stimulates nervous system, wakefulness, feeling of energy and confidence	Insomnia, mood swings, irritability, panic. The comedown (hangover) can be severe and last for several days
Tranquilizers: Valium, Altivan, Mogadon (moggies), Temazepam (wobblies, mazzies, jellies)	Swallowed as tablets or capsules, injected	Prescribed for the relief of anxiety and insomnia, high doses cause drowsiness	Dependency and tolerance, increased risk of accidents, overdose can be fatal, severe withdrawal symptoms
Anabolic Steroids: Many trade names	Injected or swallowed as tablets	With exercise can help build muscle. There is some debate about whether drug improves power and performance	Men: erection problems, risk of heart attack or liver problems. Women: development of male characteristics.
Poppers: Alkyl nitrates including amyl nitrate such as RAM, TNT, Trust	Vapours from small bottle of liquid and breathed in through mouth or nose	Brief and intense head-rush caused by sudden surge of blood through the brain	Nausea and headaches, fainting, loss of balance, skin problems around the mouth and nose, particularly dangerous for those with glaucoma, anaemia, breathing or heart problems
Solvents: Including lighter gas refills, aerosols, glues, paint thinners and correcting fluids	Sniffed or breathed into the lungs	Short-lived effects similar to being drunk, thick-headed, dizziness, possible hallucinations	Nausea, blackouts, increased risk of accidents. Fatal heart problems can cause instant death

<p>NPS: 5-IAI, New Psychoactive Substances, Silver Bullet, New Drugs, MDAT, Eric 3, Dimethocaine, Bath Salts</p>	<p>Mainly Snorted or swallowed, some people inject NPS, which is the most dangerous way of using. NPS smoking mixtures are either smoked in a 'joint' or by using a pipe/bong.</p>	<p>NPS include many different substances therefore the immediate effects can vary. The main effects can be described using three main categories:</p> <ul style="list-style-type: none"> • stimulants • 'downers' or sedatives <p>psychedelics or hallucinogens.</p>	<p>Accidental overdosing and, in some cases, deaths, as the strength of some substances is unknown. Risks include reduced inhibitions, drowsiness, excited or paranoid states, psychosis, hallucinations, dizziness, sickness, overheating, coma and seizures.</p> <p>Effects are increased if used with alcohol or other drugs.</p>
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* This is not an exhaustive list. An '**A-Z of Drugs**' can be found on www.talktofrank.com which also includes further detail on the effects, the risk, the law and other useful information.

SOBERIETY/COORDINATION CHECK

- 1.1 Based on specific physical or behavioural indicators any employee covered by this Policy may be asked to undertake a sobriety/coordination check as a result of perceived reduced ability to perform in a safe and productive manner.
- 1.2 An employee will only be requested to undertake a sobriety/coordination check where a manager has clear grounds to believe that the employee appears to be under the influence of alcohol/illegal drugs or is suspected of possessing alcohol/illegal drugs.
- 1.3 The check should be conducted in a private room. Present would be the Manager who witnessed the behaviour and a second manager/supervisor must be called to witness the test. Alternatively, the employee will be required to immediately attend Occupational Health, with the observing manager, where the check will be undertaken.
- 1.4 The sobriety/coordination check should be undertaken *as soon as possible* following observation of the behaviour. The test should be undertaken by a Manager or Supervisor as appropriate.
- 1.5 Any employee requested to undertake a sobriety/coordination check has the right to be accompanied by a TU Representative or work colleague. If that individual is unavailable to accompany the employee then an alternative TU Representative or work colleague must be identified to allow the check to be undertaken without delaying the timescales unnecessarily.
- 1.6 Some of the indicators which could constitute reasonable cause for requesting a sobriety/coordination check may be:
 - Change in behaviour or appearance;
 - Slurred and/or incoherent speech;
 - Lack of coordination and balance;
 - Nodding or dozing off;
 - Smell of alcohol/drugs;
 - Sudden changes of mood or attitude.
- 1.7 These circumstances and conditions could also be caused by illness, injury or other factors therefore the decision to undertake the check should be made with prudence and common sense.
- 1.8 Observations from the sobriety/coordination check should be clearly recorded in the Observation Checklist, which can be found at Appendix 3b. This should be retained on file for future reference.
- 1.9 Where it is clear that an employee has reported for work under the influence of alcohol and/or drugs as a result of the sobriety/coordination check the following actions should be considered:



- 1.10 If an employee refuses to accept the offer of support, referral to OHU or to acknowledge an addiction problem then Managers should refer to Section 8 'Refusal to Acknowledge an Addiction Problem'.

SOBERIETY / COORDINATION

OBSERVATION CHECKLIST

The list below can be used to record any observations witnesses at a specific time which may be linked to alcohol or drug use. However, it should be noted that these observations could be symptoms of other issues and should not automatically be construed as alcohol or drug use.

EMPLOYEE DETAILS:	
Name:	
Designation:	
Section	
Work Location:	
Employee Number:	

OBSERVATION DETAILS:	
Date:	
Time:	
Location:	
Trigger:	
Employee Representative:	

CHECKLIST:					
WALKING	Stumbling	Staggering	Falling	Holding On	Unable to Walk
	Swaying	Unsteady	Clumsy	Uncoordinated	
STANDING	Swaying	Rigid		Unable to Stand	
	Feet Wide Apart		Staggering	Sagging at Knees	
SPEECH	Shouting	Silent	Whispering	Slow	
	Mute	Slurred	Silly	Talkative	
	Nonsensical	Loud	Rambling	Cursing	
FACE	Flushed	Pale		Sweaty	
APPEARANCE/CLOTHING	Unruly		Messy		Dirty
	Partially Dressed		Dishevelled		Unkempt
	Stains on Clothing		Neat		Body Odour

BREATH	Alcohol Odour	Marijuana/Others Odour		
DEMEANOUR	Cooperative	Polite	Calm	
	Crying	Silent	Excited	
	Fighting	Belligerent	Hostile	
	Distracted	Moody	Depressed	
	Agitated	Anxious	Restless	
	Lethargic	Withdrawn	Irritable	
	Sleepy	Sarcastic	Unresponsive	
ACTIONS	Resisting Communication	Fighting	Threatening	Calm
	Drowsy	Blank	Profanities	Hyperactive
	Hostile	Erratic	Paranoid	Fidgety
EYES	Bloodshot	Watery	Glassy	
	Droopy	Closed	Blank	
	Teary	Dilated Pupils	Constricted Pupils	
MOVEMENTS	Fumbling	Jerky	Slow	Normal
	Nervous	Hyperactive	Tremors	Shakes
EATING/CHEWING	Gum	Sweets	Mints	Mouthwash Breath Spray
OTHER OBSERVATIONS				

MANAGER SIGNATURE: _____

DATE: _____

EMPLOYEE SIGNATURE: _____

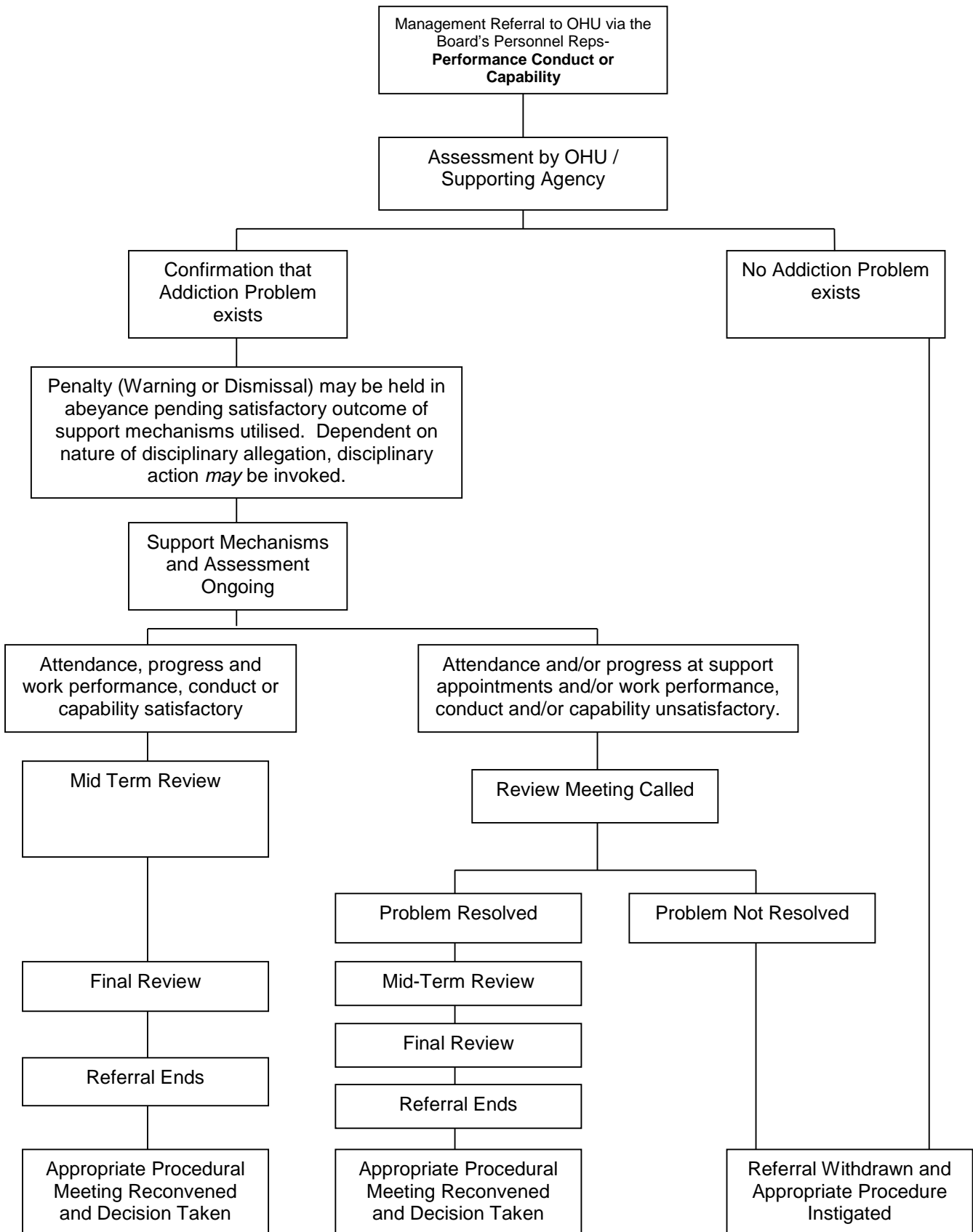
DATE: _____

OTHER OBSERVER(S): _____

SIGNATURE: _____

DATE: _____

MANAGEMENT REFERRAL FOR PERFORMANCE, CONDUCT OR CAPABILITY



SUPPORTING AGENCIES

1. Talk to Frank:

A government funded free service that can provide advice to the drug user or anybody concerned about the drug user. Has a database of local support and treatment services that can help the drug user. The focus of the helpline is for young people and concerned parents but will also assist adult drug users.

- Helpline: 0300 123 6600
- Website: www.talktofrank.com

2. Alcoholics Anonymous:

The largest self help group for people who acknowledge they cannot handle alcohol and want a new way of life without it. Services are free.

- Helpline: 0800 917 7650
- Website: www.alcoholics-anonymous.org.uk

3. Narcotics Anonymous:

The largest self help group for people who want to stop using drugs. Services are free.

- Helpline: 0300 999 1212
- Website: www.ukna.org (includes details of local groups)

4. The Scottish Drugs Forum:

The national non-government drugs policy and information agency working in partnership with others to co-ordinate effective responses to drug use in Scotland. Includes a contact list of drug and alcohol action teams for each local authority area.

- Helpline: 0141 221 1175
- Website: www.sdf.org.uk

5. Drink Aware:

A government funded free service. An provide advice to the person with an addiction problem or anybody concerned about the individual. Holds a database of local support and treatment services.

- Helpline: 0300 123 1110
- Website: www.drinkaware.co.uk

6. Alcohol Concern

Alcohol Concern is the national agency on alcohol misuse campaigning for effective alcohol policy and improved services for people whose lives are affected by alcohol-related problems.

- <http://www.alcoholconcern.org.uk>

7. Know the Score

Information and advice about drugs and the effects of drugs in Scotland.

- 0800 587 5879
- <http://www.knowthescore.info>

8. Gamblers Anonymous – Scottish Region

A fellowship of individuals who have joined together to do something about their own gambling problem and to help other compulsive gamblers do the same. The helpline is open 24 hours a day and meetings are on every night of the week across all major towns and cities in Scotland.

- 0370 050 8881 (24 hours)
- <http://www.gascotland.org>

9. National Debt Line

Helpline that provides free confidential and independent advice on how to deal with debt problems. Expert support on debt management. Callers don't have to provide personal details and can remain anonymous.

- 0808 808 4000
- <http://www.nationaldebtline.co.uk/scotland>

10. Ayrshire Council on Alcohol

Free, confidential, one to one advice and help to cut down or stop drinking. Family support. Day and evening appointment available.

- 01292 281238
- E: info@acaayr.org

11. addaction

Helping individuals and families recover from drug and alcohol issues. Out of hours appointment available on request.

- 01292 430529

12. Community NHS Addiction Service

- 01292 559800

13. NHS Naloxone/Injecting Equipment Provision

- 07584 491668

14. Recovery Ayr

Café Hope offers a safe alcohol and drug free community space from 5pm-7pm every Friday night. A Peer Recovery Group meets at 6pm each week.

- <http://www.recoveryayr.org.uk>

15. Scottish Families

Are you concerned about someone's alcohol/drug use?

- 08080 101011
- helpline@sfad.org.uk