



*Dunbartonshire and Argyll & Bute
Valuation Joint Board*

Alcohol and Substance Misuse Policy

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Alcohol and Substance Misuse Policy

1. INTRODUCTION

- 1.1 Dunbartonshire and Argyll & Bute Valuation Joint Board (the Joint Board) is committed to providing a safe and productive working environment and to promoting the health, safety and well-being of its employees. The Alcohol and Substance Misuse Policy is designed to ensure that employees are aware of the risks associated with alcohol and/or substance misuse and the consequences, including the legal consequences, of their actions.
- 1.2 Excessive drinking and/or substance misuse can impair both mental and physical performance, and may impact on an employee's personal and working life. At work, alcohol and/or substance misuse can result in reduced attendance, sub-standard work performance and increased health and safety risks for the employee and others. Furthermore, the effects of alcohol and/or substance misuse are likely to be detrimental to the Joint Board's reputation and image and its ability to deliver high-quality services.
- 1.3 The Joint Board will endeavour to prevent and eliminate, as far as is reasonably possible, any such behaviour which will increase the potential for ill health, accidents, absence, poor performance or which will otherwise adversely affect the Joint Board, its employees or its service users.
- 1.4 The policy seeks to ensure that all employees are aware of the Joint Board's position on alcohol consumption in the workplace to assist in the prevention of employees developing alcohol and/or substance misuse problems, to help those who do, and to prevent employees from placing themselves in disciplinary situations arising from alcohol and/or substance misuse related problems by offering an employee assistance programme which will provide confidential support and advice to employees with alcohol and/or substance misuse related problems.
- 1.5 In consequence, the Joint Board will adopt a zero tolerance approach to the use of alcohol and other substances (including psychoactive substances known as 'legal highs') in the workplace. All those covered by the policy 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.

2. DEFINITION

- 2.1 This policy covers the misuse of intoxicating substances, which include alcohol, drugs controlled under the Misuse of Drugs Act 1971, other drugs and supplements controlled under the Psychoactive Substances Act 2016 (known as 'legal highs') and any other substances that could adversely affect work performance and/or health and safety.

Appendix 1 provides further information on recognised substances that may be misused or abused, and a definition of terms contained within the policy and supporting procedure.

3. SCOPE

- 3.1** To ensure a consistent and fair approach and to ensure a safe working environment for all employees this policy does not discriminate at any level of employment and applies to all employees within the Valuation Joint Board including Employees, Elected Members, Chief Officers or Contractors working on behalf of the Joint Board
- 3.2** The Joint Board will ensure that good equal opportunities practice underpins the operation of this policy and will apply to all employees irrespective of age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 3.3** The policy covers performance and conduct issues arising from alcohol and/or substance misuse.

4. KEY PRINCIPLES

- 4.1** The key principles of the policy are to:
 - i. Ensure a clear understanding within the workplace of the Joint Board's zero tolerance approach to alcohol and/or substance misuse.
 - ii. Raise awareness of the risks and potential harm to health associated with the use of intoxicating substances
 - iii. Create a climate that encourages employees who may be misusing alcohol or substances to come forward and seek help.
 - iv. Ensure that Managers have been trained to understand the issues involved and have the skills and knowledge to deal appropriately when there is a problem.
 - v. Provide a framework to enable instances of alcohol and/or substance misuse to be handled in an appropriate, fair and consistent and confidential manner.
 - vi. Support employees who acknowledge they have developed a dependency problem and need help.
 - vii. Provide a safe working environment for all employees.

5. APPLICATION OF POLICY AND PROCEDURE

5.1 As an employer, the Joint Board has two principal areas of concern in respect of alcohol and substance misuse. Firstly, concern for the health and safety of all employees, and secondly, concern that there should be clear rules governing the consumption of any alcohol and/or substance misuse, which may adversely affect the conduct of the employee in his/her ability to undertake the duties of employment.

5.2 Problems relating to alcohol and/or substance misuse can arise from intoxication, regular use, or dependence and frequently lead to the development of problems or difficulties for employees which affect their health and social functioning and/or impair their work capability. Alcohol and substance misuse can result in reduced levels of attendance, sub-standard work performance and increased health and safety risks not only for the individual concerned but also for others, for example work colleagues, members of the public, contractors and service users. The policy is underpinned by supporting procedures.

Supporting Employees

5.3 The Joint Board is committed to assisting employees who have serious long-term alcohol or substance misuse problems as well as those whose difficulties are relatively less serious and/or short-term, through preventative action and a range of referral options outlined in the supporting procedure.

5.4 Managers will adopt a supportive and constructive approach when dealing with employees who may be experiencing alcohol and/or substance misuse related problems. This means that employees seeking assistance for a substance misuse problem will not have their employment terminated simply because of their dependence/addiction.

5.5 However, there will be some circumstances where the employee's actions are so serious, inappropriate or dangerous, whether dependency related or not, which will be treated as a disciplinary matter and may result in the summary dismissal of the employee (i.e. gross misconduct). There may also be circumstances where an employee will receive a disciplinary penalty other than dismissal where the circumstances of the employee's actions are of a serious nature.

Health & Safety at Work

5.6 The Health and Safety at Work Act (HSAWA) 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". If a manager allows an employee to remain at work whilst impaired by alcohol and/or substances, or fails to take the appropriate action in accordance with this policy, they may be subject to disciplinary action.

5.7 The Joint Board has adopted a zero tolerance approach and therefore:

- Employees must report to work free from the effects of alcohol or substance misuse e.g. this requires that employees are not hung-over, nor should their breath smell of alcohol, nor should they have taken drugs or other substances which could cause impairment. (In cases where prescribed medication is taken please refer to Section 5.9).
- Additionally, given that one alcoholic drink can cause impairment, alcohol consumption is not permitted in and around the working day.
- Intoxicating substances such as alcohol may remain in the system for some time and even small amounts can impair performance and jeopardise safety. Employees are personally responsible for allowing sufficient time for the intoxicating substance to leave their system before reporting for work.

Exceptions

5.8 In circumstances of special occasions e.g. authorised Joint Board functions etc., alcohol consumption may be permitted on the Joint Board's premises but specifically and only under the following circumstances i.e.

- Employees are not on duty and not required to return to work after consuming alcohol. Prior permission must be sought and given by either the Assessor & ERO or the Depute Assessor & ERO before alcohol is permitted at any occasion.
- Employees conducting Joint Board business in their own time should seek guidance from their Manager. All employees would be expected to act in a professional manner while representing the Joint Board.

Prescribed Medication

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

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

6. LEGISLATIVE/POLICY FRAMEWORK

6.1 The Joint Board will comply with associated legislation e.g. The Misuse of Drugs Act 1971, The Health & Safety at Work Act 1974, the Workplace (Health and Safety and Welfare) Regulations 1992, the Management of Health and Safety at Work Regulations 1999, the Equality Act 2010, the Human

Rights Act 1998, the Data Protection Act 2018 and the Road Traffic Act 1988 and the Transport and Works Act 1992.

- 6.2** Under the Misuse of Drugs Act 1971 it is an offence to supply or possess controlled drugs. Where evidence warrants, the Joint Board will inform the police of illegal drug use or any activity or behaviour over which there are concerns as to its legality. The Psychoactive Substances Act 2016 states it an offence to produce, supply or offer to supply any psychoactive substance if the substance is likely to be used for its psychoactive effects and regardless of its potential for harm. The only exemption from the Act are those substances already controlled by the Misuse of Drugs Act, nicotine, alcohol, caffeine and medicinal products.
- 6.3** Accordingly, the Joint Board will inform the Police if an employee, or contractor or anyone else covered by this Policy, has been involved in the production, supply, or the offer to supply controlled drugs on Joint Board premises, or during the course of their work or employment with the Joint Board.

7. RESPONSIBILITIES

7.1 Managers' Responsibilities:

- Be aware of the signs of alcohol and/or substance misuse and the effects on performance, attendance, conduct 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 Joint 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.
- Instigate disciplinary measures where appropriate to do so (i.e. where employee's actions are of a serious nature, or where support mechanisms have failed and disciplinary action has been suspended).

- 7.1.1** Where a Manager is aware, or suspects, that an employee is misusing intoxicating substances they should seek advice from a WDC HR Officer on the approach to be adopted.

7.1.2 The Manager will ensure that individual cases are treated confidentially as far as is legitimately and legally possible. However, it may be necessary in order to provide effective support for information to be shared with others, for example occupational health, other agencies.

7.2 Employee Responsibilities:

7.2.1 Employees are required to familiarise themselves with this policy and comply with its provisions and also the Joint Board's Code of Conduct for Employees.

7.2.2 Employees are expected to present a professional, courteous and efficient image to those with whom they come into contact at all times. They therefore have a personal responsibility to adopt a responsible attitude towards drinking and taking prescribed and over-the-counter-drugs.

7.2.3 Employees are not permitted to possess, store, trade or sell controlled drugs on Joint Board premises or bring the Joint Board into disrepute by engaging in such activities outside of work. The only exception would be the possession/storage of prescribed medication by the employees GP or other medical adviser for their personal consumption.

7.2.4 Employees are strongly encouraged to seek help if they have concerns regarding their alcohol or drug consumption. It is recommended that they approach their Manager in the first instance so that the Manager can arrange for the provision of appropriate support to help rehabilitation, for example referral to the occupational health service, or appropriate referral agencies.

7.2.5 Employees are expected to co-operate with any support and assistance provided by the Joint Board to address any alcohol and/or substance misuse related problems.

7.2.6 Employees have a responsibility for taking action if they suspect another employee is consuming alcohol on Joint Board premises or is not free from the effects of alcohol and/or drugs in the workplace. Under such circumstances employees **must** report the circumstances to a more senior officer who will be required to take appropriate action. Where issues of seniority may inhibit an employee from reporting their suspicions to another Manager, they may opt to inform the Case Management HR Section of WDC.

8 REVIEW

8.1 This policy will be updated to incorporate any relevant change to legislation or best practice as required.

8.2 Complaints about the implementation of the policy or procedures should be referred to the Assessor or Depute Assessor in the first instance.

Alcohol and Substance Misuse Procedure

1.0. INTRODUCTION

- 1.1** The Alcohol and Substance Misuse Procedure has been developed to provide guidance and support to Managers and employees in the effective implementation of the Policy.
- 1.2** The procedure 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 performance, attendance or disciplinary matter. The focus is placed on impaired work performance and/or behavioural problems that provide a legitimate basis for intervention, without interference in an employee's "private life".
- 1.3** Encouragement and assistance will be offered to employees who suspect or know that they have an alcohol or substance misuse problem, to seek help voluntarily at an early stage. The support available is contained within this procedure.

2.0. IDENTIFYING ALCOHOL AND/OR SUBSTANCE MISUSE RELATED PROBLEMS OR DIFFICULTIES

- 2.1** There are many signs of alcohol and/or substance misuse and identifying addiction problems in the work situation is dependent upon the expertise of the Manager and the supporting agencies (Appendix 2). In the case of the Manager the expertise lies in how well they know their employees and in identifying that a work-related problem exists. The expertise of a relevant agency enables a decision to be made as to whether or not the problem stems from an alcohol or drug related problem and to recommend an appropriate support programme. Managers should never attempt to fulfill the role of the agency.
- 2.2** In terms of alcohol and substance misuse, Managers should also be aware that some of the symptoms are very similar to those of a range of medical conditions, notably diabetes and epilepsy. The correct approach is to make a full investigation of all the circumstances, including gathering medical evidence, before making any decisions.
- 2.3** The following indicators may assist Managers in recognising that an alcohol or substance misuse related problem may exist: -
 - Reduced work performance – errors, accidents, lowered quantity/quality, difficulty in concentration, erratic decisions, impaired memory.
 - Absenteeism and timekeeping – later arrival/early departure, peculiar and increasingly improbable excuses for lateness and absence and increased self-certified or unauthorized absence.
 - Personality changes – sudden mood changes, irritability & aggression, over-reaction to criticism, friction with colleagues.

- Physical signs – smelling of alcohol

2.4 Relevant Management training courses, such as Attendance Management, will include dealing with alcohol/substance misuse problems.

3.0. REFERRAL PROCEDURES

3.1 As detailed in the policy there are various categories of referral for support. The following outlines each category and the situations they should be used for. Details of the appropriate agencies are contained in Appendix 2 of the procedures.

3.1.1 Self-Referral

This is where an employee makes a direct approach for help to the counselling agency, and the referrals remains totally confidential to the employee. Some employees recognise and take ownership that they have a problem and need help but do not want anyone in the workplace to know. Should employees wish to opt for self-referral (i.e. not disclose their problem to their Manager) they may do so in their own time.

3.1.2 Voluntary Referral

This is when an employee decides to seek help through the Manager, the Assessor or WDC's HR 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 provided by the Employee Counselling Service (through WDC) and services provided by external agencies (See Appendix 2).
- Re-assuring the employee that what they have discussed will remain confidential.
- Ensuring that the employee is aware of the Alcohol and Substance Misuse Policy.
- Meeting with the employee to monitor their progress.

3.1.3 Management Referrals - Conduct, Performance or Capability

This is where it comes to the attention of the Manager through the course of conduct, performance or capability issues that an employee may have an alcohol or substance misuse problem and the Joint 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 either through self-referral, voluntary referral or management referral.
- 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.
 - the employee satisfactorily attends and responds to the programme (a review will be built in after 6-8 weeks of counselling)
 - the employee's performance, conduct, and/or attendance return to an acceptable level.

Proceeding with Disciplinary Action

3.2 Whilst the disciplinary procedure may be suspended if alcohol consumption or substance misuse is shown to have affected conduct, in cases of gross or serious misconduct involving alcohol consumption or substance misuse, disciplinary sanctions up to and including dismissal may be imposed without reference to the Policy on Alcohol and Substance Misuse. In cases of one off incidents where there is no evidence of any underlying alcohol/substance misuse problems the normal disciplinary process will be followed.

3.3 Referral Process

3.3.1 Voluntary or Management Referrals for Conduct, Capability or Performance will be made through the Assessor or Depute. The referral process is detailed at **Appendix 3**.

3.3.2 Appointments will be made to the appropriate support agency. Normally, Dumbarton Area Joint Board on Alcohol or Alternatives (substance misuse). The appointment will be, where possible, at a mutually convenient time for both the employee and the Manager. Appointments may be made outwith normal working hours, and time off to attend support during working hours will always be at the Manager's discretion.

3.3.3 The support agency requires the employee to sign a contract agreeing to be bound by the rules of the Service. This contract will be terminated if the employee fails to attend for support or shows a lack of commitment.

3.3.4 Where a management referral has been made the employee will be required to sign a mandate consenting to the agreed information being shared with the employee's Manager and WDC's HR. The support agency will regularly furnish the HR Adviser with reports on attendance, co-operation and progression, which will be passed to the Manager for information or action as appropriate. Reports may, in strictest confidence, be shared with other parties

i.e. Occupational Health, who, in turn, will fully assist in seeking to resolve the problem. No confidential details will be disclosed.

3.3.5 Review meetings are an integral part of the management referral process. A mid-term review based on a report from the support agency will take place between the employee and the Manager with a HR Officer/HR representative in attendance. A review can be arranged at any stage of the support process if the Manager has any concerns regarding the referral. The employee may be accompanied by a trade union representative or work colleague.

3.4 Non Compliance/Acceptance of Support

3.4.1 Employees will be advised of the consequences of failure to comply with the terms of the referral or of non-acceptance of the offer. Referral does not mean immunity from the formal procedure for the future.

3.4.2 Where an employee has been referred to the appropriate support agency as part of a formal procedure, and does not comply with all requirements in respect of attendance, co-operation and commitment, the support assistance will be withdrawn and the appropriate Policy will be invoked.

3.4.3 Where an employee has been absent from work through an alcohol and/or substance related illness and has made good recovery, a rehabilitation and return to work plan will be prepared to assist in a positive return to the workplace. Advice will be sought from the Occupational Health Service in this regard.

3.5 Relapse

3.5.1 The Joint Board recognises the possibility of relapse (where behaviour or performance is affected by a pattern of substance misuse) and a limited relapse period applies. Where an employee relapses while undergoing support then, depending on the circumstances, he/she may be given one further chance. Issues that should be considered include the following:-

- How well the employee is responding to the support programme.
- Level of improvement in the workplace.
- The amount of time which has elapsed 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.

3.5.2 However, a second relapse will usually mean that the appropriate sanctions will be automatically applied. Where a relapse occurs following successful support, no further leniency will be applied.

4.0 DEALING WITH A SUSPECTED ALCOHOL/SUBSTANCE MISUSE RELATED PROBLEM (INFORMAL INTERVENTION)

4.1 Where Managers suspect an alcohol or substance misuse related problem and no breach of policy has occurred, then they may wish to deal with this on an informal basis. The Manager may keep a personal note of any action taken.

5.0 APPLYING PRECAUTIONARY SUSPENSION TO AN INTOXICATED EMPLOYEE

5.1 Where it is suspected that an employee is intoxicated and unfit to be at work the Manager should arrange to have the employee removed from the workplace. In determining whether they are unfit to be at work the following questions/ observations may be considered: -

- Does the employee smell of alcohol?
- Are the employees actions inappropriate?
- Has the employee been drinking or using substances recently (within the last 24 hours)?
- What, and how much?
- When did they start drinking or using substances and when did they stop?
- Has the employee been taking any medication or any illegal drugs?

5.2 Asking these questions will help the Manager determine whether an employee is fit to carry out his/her duties. In terms of still being under the influence of alcohol from the night before refer to **Appendix 4**.

5.3 Prior to making a final decision as to whether or not to apply a suspension, where possible the Manager should request an appropriate witness to confirm that they agree with their opinion as the matter will have to be investigated as part of the disciplinary procedures. Removal from the workplace shall be with full pay (including any contractual payments) and will normally be for no more than one day. The employee will be expected to report to work the following day.

5.4 If the employee refuses to co-operate or is unmanageable, the Joint Board reserves the right to protect third parties. Where a Manager believes that the employee may cause a danger to himself/herself, other employees or Joint Board property, the Police may be notified.

5.5 The Manager will take reasonable steps to ensure that the employee does not drive a vehicle which may include:

- i. advising the employee not to drive their own vehicle as this would represent a further act which may result in disciplinary action. Further,

the Manager should advise the Police if the employee insists in driving their vehicle whilst suspected to be under the influence of alcohol.

- ii. arranging transportation to take employee home i.e. colleague, relative or taxi.

5.6 All Managers/Supervisors have a delegated authority to apply a precautionary suspension. Therefore in circumstances where the employee's Manager is not available any Manager/Supervisor may apply a precautionary suspension. This will entail the employee being asked to leave the workplace and reporting to the Assessor & ERO (or nominated Senior Officer) the next day.

5.7 The WDC Strategic HR Team should be advised of all suspensions and this should be copied to the WDC Strategic Lead – People and Technology.

5.8 The employee should report to the Manager on return as instructed, who will discuss the matter with them and advise of any necessary course of action.

5.9 If the Manager decides that the matter is serious enough to warrant disciplinary action the matter should be investigated and dealt with in accordance with the Joint Board's Disciplinary Procedures. If during the course of this process it emerges that the employee may have an alcohol or drug related problem, the matter should be dealt with in accordance with the formal intervention referral procedures outlined in Section 3.1.3.

6.0 DRIVING IMPLICATIONS

6.1 Employees employed in a driving capacity will not be allowed to undertake driving duties or travel or request to use their own car for travel whilst under referral to the Counselling Service.

6.2 If driving duties have been withdrawn as at 6.1, where appropriate, the employee will be required to undertake suitable alternative duties as prescribed by their Manager

6.3 If an employee is prescribed medical treatment by their GP for alcohol or substance related dependency there is an obligation on the employee to notify the DVLA. 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 of up to £1000. Details of the notification are available from the DVLA: www.dvla.gov.uk. In this instance the employee should seek further information from DVLA or their GP to establish whether they are required to advise DVLA of their condition.

7.0 ADDITIONAL ASPECTS

7.1 On return to work following a period of treatment, the employee will be able to return to the same job unless the Manager decides that, having sought advice from the Occupational Health Advisor or the employee's GP, the effects of the alcohol or substance misuse problem renders him/her unfit or unsuitable to

resume the same job. Where the same job cannot be resumed every consideration will be given to finding suitable alternative employment, however no guarantees can be made.

- 7.2** Having accepted help or treatment and the alcohol or substance misuse problem is resolved, normal promotional prospects will not be affected.
- 7.3** Any assistance given will be dealt with as a confidential matter between the employee, the manager concerned, along with the Assessor and/or Depute, the outside agency involved, the Valuation Joint Board, and West Dunbartonshire Council's Strategic HR Section.
- 7.4** The confidential nature of any records relating to alcohol or substance misuse problems or difficulties will be strictly preserved.
- 7.5** The illegal possession, supplying or the offering to supply controlled drugs on Joint Board premises or anywhere else while working for the Joint Board will be regarded as a breach of Joint Board policy and, as such, will be treated within the scope of the Disciplinary Procedure. In such circumstances the Joint Board has a legal requirement to notify the Police.
- 7.7** Where off duty drinking or drug taking have a resulting impact on an employee's ability to carry out his or her job then this may be considered formally under Joint Board Policy.
- 7.8** The Joint Board will ensure the provision of alcohol and drugs education and information for all employees and promote awareness of the effects of alcohol and drugs and encourage positive health among employees. This will include:
- Raising awareness of the health effects and risks of alcohol and drugs through information leaflets.
 - Information on sensible drinking (Appendix 4).
 - Notification of the Alcohol and Substance Misuse Policy through a staff circular or other briefing.
 - Organisational procedures including support and referral process (Appendix 2 and 3).

8.0 SUPPORT

- 8.1** The effects of alcohol and/or drug related 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 from the Assessor & ERO, the Employee Counselling Service provided through WDC or by contacting any supporting agencies contained within **Appendix 2**.

DEFINITIONS

This Policy and Procedure makes reference to substance misuse, drug misuse, and abuse. In general, substance or drug misuse can be taken to mean using substances or drugs in a socially unacceptable way, while abuse means using them in a harmful way.

Recognised substances that may be misused or abused include (but not are limited to):

Illegal Drugs	Cannabis
	Amphetamine
	Ecstasy
	Heroin
	Cocaine
Controlled Prescribed Drugs	Methadone
	Diamorphine
	DF118
	Tuinal
	Anabolic steroids
Other Prescription Drugs	Diazepam
	Temazepam
Other Substances	Alcohol*
	Over the counter medication*
	Caffeine*
	Nicotine*
	Solvents*
	* Which used inappropriately or excessively can be dangerous
Psychoactive Drugs ('legal highs')	<p>Legal highs are substances that have similar effects to illegal drugs like cocaine or cannabis. They are sometimes called club drugs or new psychoactive substances (NPS). Many of these drugs are now controlled, but some are still legal to possess. This doesn't mean that they are safe or approved for people to use. Some drugs marketed as legal highs actually contain ingredients that are illegal to possess.</p> <p>Examples are: types of Plant Food, Bath Salts, Nitrous Oxide (known as laughing gas).</p>

Definition of terms:

Intoxicating substance	A substance that changes the way the user feels mentally or physically. It includes alcohol, illegal drugs, legal drugs, prescription medicines (for example tranquillisers, anti-depressants, over-the-counter medicines) solvents, glue, and lighter fuel.
Controlled Drugs	These are drugs covered by the Misuse of Drugs Act 1971. They include both 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.
Harmful/problematic use or misuse	Use of an intoxicating substance or substances that harm health, physical, psychological, social or work performance but without dependency being present.
Dependency	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)
Addiction	A state of periodic or chronic intoxication produced by the repeated intake of an intoxicating substance. This means that a dependency has developed to such an extent that it has serious detrimental effects on the user and often their family as well, and the individual has great difficulty discontinuing their use. The substance has taken over their life.

SUPPORTING AGENCIES AND CONTACT NUMBERS

Management referrals will be made to either the Dumbarton Area Joint Board on Alcohol or Alternatives, as appropriate.

It is recognised that some employees may also wish to approach other organisations for support and contact details of other agencies are provided.

AGENCY	CONTACT NO.
<p><i>Alcoholics Anonymous</i> (Helpline for people with drink problems, staffed by recovering alcoholics. Open 365 days per year)</p>	0845 769 7555
<p><i>Al-Anon (For Family & Friends)</i> (Helpline for people affected by someone else's Drinking)</p>	020 7403 0888
<p><i>Alternatives</i> (Community based drug project. Offers alternatives to drug use through a confidential service to individuals, young people and families currently or previously affected by drug use)</p>	
<p>1/3 Quay Street Dumbarton G82 1LG Or 34 Alexander Street Clydebank G81 1SQ</p>	01389 734500
<p>Clydebank Community Addiction Team 120 Dumbarton Road Clydebank G81 1UG</p>	0141 951 2420
<p>Time for Talking WDC Counselling Service Ben View Centre Strathleven Place Dumbarton G82 1BA</p>	0141 562 2311
	0800 970 3980

Dumbarton Area Joint Board on Alcohol

(one to one counselling, groupwork, social drop-in, outdoor activities, complementary therapies, prevention/education service)

West Bridgend Lodge
West Bridgend
Dumbarton
G82 4AD
Or
82 Dumbarton Road
Clydebank
G81 1UG

01389 731456
email@daca.org.uk

0141 952 0881
Clydebank@daca.org.uk

Drinkline

0300 123 1110

FRANK (Friendly Confidential Drugs Advice)

0300 123 6600
frank@talktofrank.com

Gamblers Anonymous Helpline

0370 0508 881

Know the Score Drugs Helpline

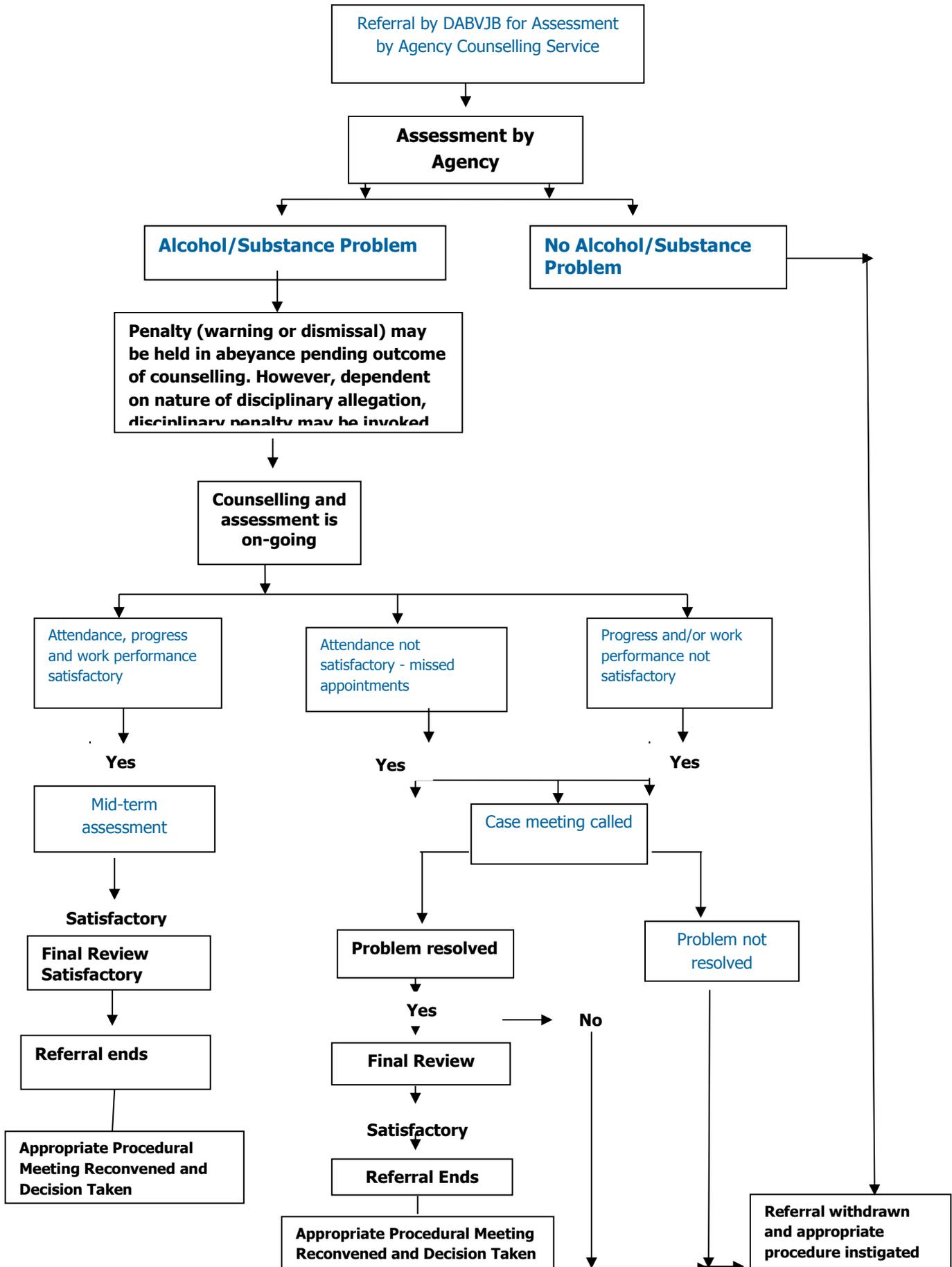
0800 587 5879

Leven Addiction Service

Joint Hospital
Cardross Road
Dumbarton
G82 5JA

01389 812018

Management Referral for Conduct, Capability or Performance



Guidelines on Sensible Drinking

Many people enjoy drinking and find it a sociable and relaxing thing to do. Normally it leads to no harm. Moderate drinking in appropriate circumstances can even provide health benefits.

Although the Joint Board has introduced an Alcohol & Substance Misuse Policy which states the Joint Board's "Zero Tolerance" approach to the consumption of alcohol in or around the workplace, it is not intended to take the right away from employees to consume alcohol in their personal/private life. However employees must be responsible and ensure that they report to work free from the effects of alcohol.

The following information aims to define sensible drinking, explain units of alcohol and the myths about sobering up. The information will help you determine whether someone is still under the influence of alcohol from the night before when they report for work.

Units of Alcohol

What is a unit?

Alcohol is measured in units and a unit is 10ml of pure alcohol.

You can work out how many units are in any drink. Multiply the volume (in ml) by the % abv (strength) then divide by 1000.

For example, a 750ml bottle of wine which is 13% abv would be:

$$750 \times 13 = 9,750/1000 = 9.75 \text{ units}$$



Benchmarks

The following benchmarks are a guide to how much adult men and women can drink in a day without putting their health at risk. They apply whether you drink every day, once or twice a week, or occasionally. The benchmarks are not targets to drink up to. There are times and circumstances when it makes sense not to drink at all.

The UK Chief Medical Officers have updated the alcohol guidelines to reflect new evidence about the health risks associated with drinking, and cancer in particular.

To keep health risks from drinking alcohol to a low level, **men and women should not regularly drink more than 14 units per week.**

Fourteen units is the equivalent of 6 pints of beer, a bottle and a half of wine, or half a bottle of spirits. It is best to spread this evenly across the week rather than drinking all at once.

Having several alcohol-free days each week is a good way to cut down.

Each of us needs to make up our own minds whether and how much we want to drink. What's important is that the health risks are clear so we can make an informed choice about the level of risk we are prepared to accept.

Recovery Time

Alcohol is absorbed into your bloodstream within a few minutes of being drunk and carried to all parts of your body including the brain.

The concentration of alcohol in the body, known as the 'blood alcohol concentration', depends on many factors, but principally, how much you have drunk, how long you have been drinking, whether you have eaten, and your size and weight. It is difficult to know exactly how much alcohol is in your bloodstream or what effect it may have.

It takes a healthy liver about 1 hour to break down and remove 1 unit of alcohol. It is a myth that black coffee, cold showers and fresh air will sober someone up - only time can remove alcohol from the bloodstream.

Impact on Health

Even at blood alcohol concentrations lower than the legal drink/drive limit, alcohol reduces physical co-ordination and reaction speeds. It also affects thinking, judgement and mood. People may feel more relaxed and less inhibited after a couple of drinks but getting drunk 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 as well, including muscle function and stamina. After getting drunk, you should avoid drinking alcohol for 48 hours to give your body tissue time to recover. However, this is a short-term measure and people whose pattern of drinking places them at significant risk should seek professional advice.

Drinking alcohol raises the drinker's blood pressure. This can increase the risk of coronary heart disease and some kinds of stroke. Regularly drinking more than the daily benchmarks also increases the risk of liver damage, cirrhosis of the liver, and cancers of the mouth and throat. People who drink very heavily may develop psychological and emotional problems, including depression.

Studies show that people who regularly drink small amounts of alcohol tend to live longer than people who do not drink. However, drinking should be in moderation and in line with government guidelines.

Recognising problem drinking

Many people who have a problem with alcohol will try and cover it up - problems are not always visible but if we are honest we can spot the signs:

- not being able to socialise without a drink
- struggling at work or in education because of hangovers
- missing days at work, college or university
- poor concentration
- spending a lot of money on alcohol
- relationships with family and friends are strained
- feeling irritable without a drink
- becoming defensive or angry when challenged about drink
- hiding drinking from others

Many people recover from alcohol problems. The first step is always to acknowledge that there is a problem. This is a very big step but there are different ways of approaching this.

Some people are able to cut down on their drinking themselves, or with the support of a friend or family member. Others go to their GP who will offer advice or direct them to appropriate counselling or treatment services that can help.