

Alcohol and drugs

Introduction

There are no reliable figures for the misuse of drugs and alcohol by NHS staff but a survey in 2001 by Alcohol Concern and Drugscope suggested that 60 per cent of employers across all sectors had employees with alcohol problems and 27 per cent with drug misuse.

The Health and Safety Executive (HSE) has also said that problems for alcohol are behind 3 to 5 per cent of absences from work, as the 2004 National Alcohol Harm Reduction Strategy put the cost of lost productivity from alcohol at £6.4 billion a year.

Alcohol Concern says that employees who misuse alcohol are two to three times more likely to be involved in workplace accidents.

While alcoholism is an illness which can result in people being unable to work, the majority of problem drinkers are probably in employment. Recent media reports have highlighted the problem of NHS staff who misuse drugs and alcohol and there have been calls for the introduction of random drug and breath tests for staff in the service.

While NHS Employers believes that there is still no case for the introduction of random testing it is important that trusts have a policy in place that allows them to deal with cases of drug and alcohol misuse brought to their attention. They also need to develop an atmosphere in which staff feel they can come forward to seek help with their problem.

The Department of Health made it clear in earlier guidance that 'drug or alcohol misuse by anyone working in the NHS is wholly unacceptable'.

The NHS is Europe's largest employer and it is inevitable that some of its staff will be users of recreational drugs and alcohol. This chapter (based on the Department of Health's 2001 guidance, *Taking alcohol and other drugs out of the NHS workplace*) provides guidance for trusts on how to manage the problem.

There has been considerable focus on doctors with drink and drug problems, although it is likely that all sections of the NHS workforce are affected.

The legal position

Employers have a general duty under the Health and Safety at Work Act 1974 to ensure, as far as is reasonably practicable, the health, safety and welfare of employees. If an employer knowingly allows an employee under the influence of excess alcohol to continue working and this places the employee or others at

risk, the employer could be prosecuted. Similarly, employees are also required to take reasonable care of themselves and others who could be affected by what they do.

It is illegal to operate a car while under the influence of drink or drugs, which may be important for those NHS employees whose job involves driving or travelling to different sites.

Care is needed when taking disciplinary action against someone on grounds of drug or alcohol misuse. Some employment tribunals have viewed this as being a medical issue, rather than a conduct one. However, this will depend on the exact circumstances and the nature of the employee's work – for example, whether potential harm to others is involved.

For this reason, it is important for employers to have a procedure for dealing with employees with drug or alcohol problems and to ensure that it is followed in every case.

Substance misuse

Misuse refers to the use of illegal drugs and the misuse, whether deliberate or unintentional, of other drugs, including alcohol and substances such as solvents.

Substance misuse can harm the user both physically and mentally and, through the user's actions, it can also harm other people and the environment.

NHS employers need to be aware that drug or alcohol misuse:

- represents a hazard to the health and safety of patients, staff and visitors to the NHS
- influences the quality of the service provided by the NHS
- impairs employees' work performance
- affects the welfare of employees by impairing their physical and psychological health, thereby contributing to social, economic and domestic problems.

Misuse covers three main areas:

- inappropriate use, where use may aggravate an existing condition or situation, or is done in potentially dangerous or inappropriate circumstances
- habitual use, where the individual becomes dependent on the effects of the substance to the extent that the desire for these effects becomes a dominant concern, to the detriment of other aspects of their lives
- excessive use, which can lead to physical and mental illness, or anti-social behaviour.

The approach of the NHS to employee health is based on 'fitness for work', and there is already a range of occupational health and health and safety guidance in support of this aim.

Prescribed medicines

Prescribed or over-the-counter medicines might cause impairment to an individual's performance at work. Individuals should seek advice from their GP or pharmacist on any medicines they are taking. If appropriate, they should be encouraged to discuss any problems with their occupational health service and/or they should inform their line manager of any possible side effects of their medication.

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

Early signs of drug and alcohol misuse

If an employee has been drinking or consuming drugs within a few hours of work there may be obvious signs – they may smell of alcohol, they may be disorientated or unable to carry out normal tasks, or they may have dilated pupils.

In such cases, employers may need to take immediate action to stop the staff member putting themselves or others at risk. This could include sending the employee home until they have recovered. Employers should be aware of the possibility that an employee may attempt to drive home and try to prevent this (for example by sending them home in a taxi). Any discussion of the incident is best left until the employee is no longer intoxicated.

However, in many cases there will be no obvious signs of drug or alcohol intoxication. The employer may suspect there is a problem because:

- the employee is absent more than what be expected or normal
- their performance at work may decline
- there may be increased complaints about their work
- they may suffer from depression or anxiety
- they may suffer from mood changes or swings while at work
- there may be a deterioration in working relationships with colleagues
- tendency to become confused
- poor time keeping
- accidents or near misses

- dishonesty and theft in cases where an employee has to fund a heavy drug habit.

These can also be symptoms of other problems in the employee's life – such as depression, stress or problems with relationships outside work. Because of this it is important to have a framework in which to tackle these issues.

Intervention at an early stage in drug or alcohol addiction may be more effective than later intervention. Enquiring, however, whether an employee has a problem requires tact and diplomacy.

Substance misuse policy

A survey by the Chartered Institute of Personnel and Development in 2001 found that 60 per cent of the organisations surveyed had a drink and drugs policy and 10 per cent had policies on use outside work. Counselling was seen as the most effective intervention when dealing with a employee with problems and disciplinary action as the least.

There are several key elements to consider in implementing a substance misuse policy.

1. Raising awareness

All NHS staff (including those in the primary care sector) should be made aware of the dangers of drug and alcohol misuse to ensure misuse and its consequences do not occur within the NHS workforce. Local managers at all levels and in all professions in the NHS, working with unions and professional organisations, should promote health education programmes to emphasise the potential dangers of such misuse, both for the health of individual employees and for their work performance.

2. Recognition of problems

Where possible, line managers and those in a supervisory position should get appropriate training on how to recognise, deal with and act on known or suspected drug and alcohol problems in their staff.

3. Self-referral

Staff should be encouraged to seek help through their GP for the provision of confidential advice and assistance. Employees at all levels and in all professions should be made aware that they can consult their local occupational health service to discuss any matter associated with drug or alcohol misuse.

The contact details of local organisations that can provide assistance to staff members, who may feel unable to consult their own occupational health service, should be prominently displayed and readily available to all staff.

Employers should not automatically invoke disciplinary action for voluntary referrals where the employee successfully undergoes a programme of treatment.

NHS employers should aim to deal with instances of drug misuse in a supportive way, by offering help to resolve the problem.

4. Criminal activity

The possession of illegal drugs with the intention to deal is illegal and should be reported to the police. Managers will need to be aware of this when drafting their policies.

If, as a result of internal or police inquiries, a manager or supervisor has reason to believe that illicit drugs are on NHS premises or in the possession of NHS staff while they are on NHS business, or that drug misuse is threatening the safety of NHS patients, they have a right to take further action. This may include the searching of NHS premises and, where the police become involved, the use of drug screening.

However, random testing of staff as a tool for managing substance misuse is not recommended for NHS employers.

5. Advice and help

The best way of dealing with the real or potential effects of drugs and alcohol at work in the NHS is to make expert advice and help readily available. NHS employers should make assistance available to employees in order to avoid problems and resolve them when they arise.

6. Treatment and rehabilitation

Referrals for treatment and rehabilitation should generally be through the employee's own GP who will, in consultation with the employee, take steps to arrange for counselling, treatment and rehabilitation, with periodic testing if appropriate.

Any rehabilitation programme will be agreed with the patient and will need their written consent. Appropriate and confidential treatment may involve referral to an external agency. Monitoring, as required, should be done by the occupational health service acting as liaison for the employer, who should keep line management informed of fitness for duty. Trade unions or professional organisations may also become involved.

Where an occupational health service is not the most appropriate conduit, then liaison may be direct with the line manager. Allocation to other duties during and after rehabilitation may be appropriate, depending on the circumstances and skills of the employee.

Time off for treatment is recommended. At the manager's discretion, normal sick leave should apply to employees receiving medical treatment and additional sick leave should be available for rehabilitation. It should be made clear that the major aim of treatment and rehabilitation is to ensure optimum recovery and return to work.

Relapse after treatment for substance misuse is common. Employers should be aware that, despite counselling and follow-up, this might still occur. The

circumstances of the relapse and the individual's response will influence how the employer should respond.

The safety of patients and other staff, and the quality of care delivered, will be affected if individuals relapse frequently. Employers should therefore discuss with the employee, and those involved with their treatment, the extent to which rehabilitation can acceptably take place in their current workplace.

7. The role of occupational health services

Occupational health is concerned with the health of the entire workforce. Because of this role, it may be the first place where a problem is acknowledged, either through self-referral, management referral or when another issue has been raised.

Referrals by management or from colleagues, will allow a dialogue between occupational health and the employee with a suspected problem. However, not all occupational health services will have the appropriate experience and knowledge to enable them to deal with the case.

The occupational health service should normally liaise with the GP, who should arrange treatment involving specialists in the management of alcohol or drug misuse. Occupational health staff may be able to help GPs arrange appropriate referrals.

The second role of occupational health is assisting in managing the employee's return to work. Those treating substance misuse are not always aware of the occupational implications and there is a role for occupational physicians to work with other specialists to ensure the employee returns to work in a suitable and satisfactory way. In the majority of cases, the employee should be returning to the same work they were doing before the problem was recognised.

8. Fitness for duty

If employees acknowledge an alcohol or drug problem, they should be referred to the occupational health service. Non-compliance with the referral and action recommended by the occupational health service might lead to disciplinary action.

On referral to the occupational health service, an assessment should be made of the employee's fitness for duty. This should be a specialist comprehensive medical assessment. Following assessment, the occupational health service should advise the line manager of the employee's fitness for work on medical grounds.

9. Representation

Employees are entitled to representation by a colleague or friend, or by a union or professional organisation representative at any stage of the management process. Management has the right to the support of the human resources department.

10. Implementation, monitoring and evaluation

NHS employers should have a policy in line with the 2001 Department of Health guidance *Taking alcohol and drugs out of the NHS workplace*.

Having agreed a policy for the identification and management of substance misuse, NHS employers should ensure that measures are in place to monitor and evaluate the policy and its effectiveness.

More information

The Health and Safety Executive (HSE) has a section on drugs and alcohol at work www.hse.gov.uk/alcoholdrugs. It has recently produced an employers' guide to alcohol at work, entitled *Don't mix it*, which can be viewed online as a downloadable pdf. It focuses on topics such as the effects on individuals, the legal position and the implications of introducing alcohol screening. Similar guidance on drug misuse can be found on the same site.

www.alcoholconcern.org.uk has a number of factsheets on alcohol in the workplace.

The website of the Chartered Institute of Personnel and Development www.cipd.org.uk has resources and information, some of which is for members only.

www.acas.org.uk – information on dealing with drugs and alcohol misuse among employees.

www.alcoholics-anonymous.org.uk – help and support for those with drink problems, which includes many local groups across the UK.

www.drugscope.org.uk – information on services for drug users.

www.ukna.org – Narcotics Anonymous, offers support.

www.dh.gov.uk – contains the 2001 guidance *Taking alcohol and other drugs out of the NHS workplace*.