



Draft Drug & Alcohol Policy

Implementation date:

Review date:

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1. Introduction

- 1.1 Alcohol Concern estimates that up to one third of serious accidents are drink-related. In safety-sensitive jobs, drinking even small quantities of alcohol will increase the risk of an accident.
- 1.2 Nationally, it is estimated that between 3 per cent and 5 per cent of all absences –between 8 and 14 million working days - are lost each year due to alcohol.
- 1.3 Alcohol Concern reports that 7% of adults in England regularly drink over the Chief Medical Officer's low-risk guidelines, and 2.5 million people report drinking over 14 units on their heaviest drinking days. The latest statistics from the Home Office suggest that around 1 in 12 adults aged 16 to 59 had taken a drug in the last year. This is around 2.7 million people.
- 1.4 In many cases, people who drink problematically or use drugs will consider this to be recreational, social or just a habit, but may still need support to stop such use. Anyone can develop a problem with drugs or alcohol, regardless of educational and social background, financial status, seniority within an organisation etc. Some schools of thought say that alcohol and drug misuse is a learned response to emotional stress, and with the right support, people can stop harmful misuse. Others state that drug or alcohol dependency is a medical issue, that the individual has lost the power of choice about whether to drink or take drugs and counting units or learning about the effects of their misuse will not be enough to change harmful habits. There is help available and the policy outlines a range of support available via local agencies such as Inspire or international groups like Alcoholics or Narcotics Anonymous. Many people find recovery with such support.
- 1.5 The key factor for the Council is that impairment through drugs, alcohol, substance use or legal highs can have serious (even fatal) consequences for the user, other employees or members of the public. The focus of our drug and alcohol policy is the safety of all potentially affected people. There are also posts involving dealing with customers or finances where the consequences of impairment through the misuse of drugs or alcohol could have serious consequences for the Council.
- 1.6 Attending work with drugs and / or alcohol in the system above the workplace cut off levels will be considered to be a disciplinary offence and potentially gross misconduct.
- 1.7 The day to day management of this policy is the responsibility of Line Managers.

2. Aims

- 2.1 Every individual has a responsibility for their own health, but it can become apparent in the work environment that an employee is developing health problems. The workplace is, therefore, a legitimate point at which to offer help to those with drug and / or alcohol misuse issues.
- 2.2 This policy aims to:
 - ensure the health, safety and wellbeing of employees and the public;
 - outline the support available to employees with drug and / or alcohol problems;
 - prevent drug and alcohol problems at work through awareness-raising and other means;
 - promote general health and wellbeing and reduce levels of absence as a result of drug and alcohol misuse;
 - set clear rules about the use of drugs and alcohol in the workplace;
 - support managers to tackle perceived problems at an early stage;

- comply with best practice and legislation, particularly the Health and Safety at Work Act 1974; and
- protect the reputation of the Council.

2.3 The Council will take steps to ensure that this policy is not used in a discriminatory manner contrary to the Equality Act 2010, and to ensure that employees' dignity is respected at all times.

3. Scope

3.1 This policy applies to all Council employees and also consultants, agency staff and other third parties working for, or on behalf of the Council. Where the term "employee" is used, this also refers to other groups covered by the policy.

3.2 There are certain posts for which it is especially crucial for the safety of individuals, colleagues or members of the public, that drug or alcohol misuse does not affect performance or the reputation of the Council. These positions would have duties which involve or supervise the following, as examples.

- operation of plant or machinery;
- significant amounts of driving (either Council vehicles or own vehicle);
- working on or beside the public highway;
- handling of chemicals or dangerous substances;
- a high risk of conflict;
- working at height, or on construction sites, or in confined spaces; and
- safe operation or security of premises.

4. Responsibilities

4.1 Employees are responsible for:

- taking all reasonable steps to take care of their own health and safety and that of colleagues and service users;
- taking personal responsibility for their own drug and alcohol use so that they do not attend work with drugs or alcohol in their system above the workplace cut off levels;
- reporting for work, and remaining throughout the working day, in a fit and safe condition to undertake their duties, ensuring that their performance at work and their judgment are never impaired by drugs and / or alcohol;
- reporting concerns about a colleague being unfit for work due to drugs and / or alcohol to the appropriate line manager;
- reporting any impropriety or breach of procedure, as outlined in the Code of Conduct. This could include drug dealing;
- taking responsibility for themselves in seeking help or advice for an alcohol or drug issue and co-operating with support and assistance provided; and
- informing their line manager or supervisor if they are taking prescribed or over-the-counter medication which may affect their health and safety whilst at work.

4.2 Line Managers will:

- ensure the effective implementation of this policy and associated procedures;
- ensure the health, safety and welfare of employees in line with legislative requirements;
- be aware of the signs of drug and alcohol misuse enabling prompt intervention via appropriate procedures where a problem is suspected; and

- take appropriate steps to ensure that staff reporting for duty who are or appear to be under the influence of alcohol or other substances are prevented from commencing work and for initiating testing arrangements as appropriate.

4.3 Human Resources will:

- provide advice and guidance on the effective implementation / application of this policy and associated procedure;
- signpost, in conjunction with line managers, employees to specialist agencies for assistance where appropriate;
- refer employees to Occupational Health where appropriate;
- advise on disciplinary procedures in appropriate cases;
- maintain records of all action taken under this policy and associated procedures to demonstrate compliance with legislative requirements;
- provide information to managers and employees on alcohol and drug awareness via the hyntranet, notice boards, health and wellbeing activities, and training where necessary ; and
- review and make recommendations for change to this policy and associated procedure as necessary.

5. Drug and Alcohol Misuse

5.1 The term “drug and alcohol misuse” applies to the use of illegal drugs or solvents, or problematic use of prescribed drugs or alcohol. It also applies to “legal highs”: substances which produce the same or similar effects, to drugs such as cocaine and ecstasy, but are not controlled under the Misuse of Drugs Act. It also applies to any substances covered by the Psychoactive Substances Act 2016 and any further relevant legislation or amendments to listed legislation.

5.2 Alcohol and drugs affect an individual’s performance, efficiency and behaviour and compromise safety. Long-term effects can include liver disease, kidney disease, acute and chronic pancreatitis, diabetes, cardiovascular disease, several types of cancer, depression and anxiety, high blood pressure and increased risk of a stroke.

5.3 At work, drug and alcohol misuse, including hangovers, can result in reduced levels of attendance, mistakes, sub-standard work performance, impaired judgment and decision making and increased health and safety risks, not only for the individual concerned but also for others.

5.4 Employees who drink irresponsibly or commit offences related to the misuse of drugs and alcohol may put the Council’s reputation at risk and also prompt legal claims against the Council.

6. Alcohol

6.1 Employees must report for work in a fit state and unaffected by alcohol and maintain this state during working hours, noting the following:

- alcohol stays in the bloodstream for **approximately one hour per unit**. This means that heavy drinking in the evening might affect performance the next day.
- It is illegal to drink and drive. The minimum penalty is a one year driving ban. In the UK, the alcohol limit for drivers is 80 milligrams of alcohol per 100 millilitres of blood, 35 micrograms per 100 millilitres of breath or 107 milligrams per 100 millilitres of urine - see

www.drinkaware.co.uk for more information. You must not consume alcohol in Council vehicles. This is strictly not allowed.

- For employees in a safety critical role (see S3), the accepted alcohol limit is **20 micrograms per 100 millilitres of breath**. This Council limit is lower than the UK drink-drive limit and is similar to the limit which applies in many European countries.
- Employees must not consume alcohol while “clocked on”. However, the Council recognises there may be **exceptional** occasions such as Christmas or a Council function when alcohol is offered on Council premises with the approval of a Director and moderate drinking would be permitted. Non-alcoholic drinks must always be available on such occasions. It is the employee’s responsibility to ensure that they do not exceed the relevant limit for their job as outlined above.

6.2 The action level – i.e. where a test is considered positive - for alcohol consumption will be where any employee is found to be over the current legal drink/drive limit (80mg per 100ml of blood or 0.08% blood alcohol concentration (BAC), **35 micrograms of alcohol** per 100ml of breath or 107mg of alcohol per 100ml of urine). In the event that these limits are amended by legislation, the revised limits will apply. For employees in safety critical roles (see S3), the action level will be **20 micrograms** per 100 millilitres of breath.

6.3 There may be occasions where a lower limit is agreed in advance with an employee e.g. where an employee has admitted to alcohol dependency and as part of on-going support and / or treatment has agreed to abstain from alcohol completely.

7. Drugs

7.1 It is a criminal offence under the Misuse of Drugs Act 1971 and other relevant legislation, for any person knowingly to permit the production, supply, possession or use of controlled drugs. The use, possession, consumption, buying or selling of illegal drugs while at work or on Council premises/vehicles is strictly prohibited, will be considered to be gross misconduct and will be reported to the police for investigation.

7.2 Employees must not report for work with drugs in their system and must remain drug-free during working hours, meaning that there should be no measurable trace of illegal drugs to UK workplace guideline levels. There is also strong evidence that such use affects the user’s ability to function safely in the workplace.

7.3 For the purposes of this policy, ‘drugs’ covers illicit (illegal) drugs, Novel Psychoactive Substances (NPS), also known as ‘legal highs’, over-the-counter drugs, and prescribed medication;

7.4 It is of course often necessary or advisable to use prescribed and over-the-counter drugs. However, these too can have adverse effects on work performance and safety. It is an employee’s responsibility to check for any adverse effects with a medical practitioner when required to take a new medication. This is particularly important for anyone who works in a safety critical role (see S3). If an employee negligently fails to make these checks and inform their manager of any potential adverse effects, there could be serious consequences.

7.5 In circumstances where prescribed medication adversely affects work performance, managers should allocate different duties wherever possible. Where this is not possible employees should consult with their GP about certified sickness or to discuss possible alternative medication. If people are taking prescribed medication for a long-term health condition or a disability, reasonable adjustments should always be considered.

8. Recognising the Symptoms

8.1 Because of the potential stigma attached to drug and alcohol misuse, individuals often deny, even to themselves, that they have an alcohol or drugs habit or problem, and conceal it until their dependence is so far advanced they can no longer hide it. The earlier treatment begins the better, so early identification is important. This might be an individual self-referring or a colleague encouraging them to seek support or treatment either internally through the Human Resources / Occupational Health or externally through a support organisation.

8.2 Employees should never attempt to cover up for a colleague who they believe is attending work with alcohol or drugs in their system. It does not help the individual concerned and it could potentially cause harm to other employees or the public.

8.3 Signs of substance abuse are not always obvious and there is a need to ensure that they are not confused with other symptoms or conditions. Signs of drug and alcohol misuse that managers may look for include:

- sudden mood changes, including irritability, lethargy, excitability, aggression;
- a tendency to become confused with possible hallucinations;
- abnormal fluctuations in concentration and energy;
- decline in work performance and productivity;
- excessive tiredness;
- frequent lateness and poor time-keeping;
- increase in short term absences (particularly Mondays and Fridays);
- obvious smell of drink during working hours or over a period of time;
- a deterioration in relationships with colleagues, management, customers or personal relationships at home;
- excessive and regular lunch time drinking;
- signs of intoxication, e.g. slurred speech, unsteady, bleary eyes, flushed face, hand tremors;
- poor personal hygiene; and
- accident prone.

These indicators do not prove conclusively that an employee has a drug and alcohol misuse habit or problem; they may be a result of other illnesses or conditions.

8.4 Recognising the symptoms at an early stage is an important factor in assisting the employee to overcome the habit or problem.

9. Support

9.1 Alcohol and drug dependency are health problems which can respond to treatment given the will, co-operation and motivation of the employee and the appropriate level of support from specialist agencies. Appendix 4 lists a number of sources of support and employees are strongly encouraged to seek support if they need it. The Council will facilitate this support where possible.

9.2 Where an employee is found to be displaying the signs of drug or alcohol misuse, this should be discussed privately with the employee by their line manager or an alternative person where appropriate.

9.3 If, prior to any positive test or clear evidence of attending work under the influence (and the timing is key), an employee reports that they have a problem, the Council's focus will be on

helping the employee to access the appropriate support. This could include making adjustments at work to avoid safety-critical duties for a period until the problem is resolved or agreeing to more frequent or periodic testing. Support could also include access to the Employee Assistance Programme, counselling if there has been a traumatic event which sparked the problems, and a range of flexible working options, such as flexible hours of work to attend appointments or extended breaks from work to allow periods of rehabilitation.

- 9.4 To enable the Council to assist an employee with a dependency problem he / she will be expected to give permission for the Council to have access to relevant medical information from their GP, and any other appropriate medical information.
- 9.5 If an employee asks for support **after** testing positive for drugs or alcohol, or it is otherwise found (in the absence of any test result) that they did attend work with drugs or alcohol in their system, this will be taken into account in how a manager deals with a particular case, in that it is likely to be a mitigating factor in deciding what action to take – including disciplinary action - and it will mean that support is offered alongside any other action – see S9.6. However, it will **not** be a way for an employee to avoid the consequences of their actions and employees should not expect that disciplinary action will be suspended.
- 9.6 Where it is found at a disciplinary hearing that an employee has attended work with drugs or alcohol in their system but:
 - the employee discloses that they have a dependency problem and can show evidence that they are actively seeking the appropriate support; and
 - can describe this support and their plans for ongoing action to avoid a relapse; and
 - the programme of support can be reasonably accommodated if it impacts on the employee's ability to carry out their job; and
 - a new test for drugs and / or alcohol is negative (but see S9.7); and
 - there are no other disciplinary matters constituting gross misconduct;the Council will not normally dismiss for a first offence. Instead a warning will be issued. This will allow the employee a final chance to deal with their dependency. This will be conditional upon them agreeing to periodic and unannounced tests. If there is a further instance of attending work with drugs or alcohol in their system, or an unreasonable refusal to undergo testing, even after the expiry of the warning, it is likely that the Council will dismiss the employee.
- 9.7 There may be cases where a negative test cannot be obtained at the time of the hearing because rehabilitation is following an ongoing reduction programme. The Council will need details of this to inform its decision in these cases and any decision to avoid dismissal (or defer a decision on whether to dismiss) will come with a clear time limit, giving a deadline for a negative test.
- 9.8 While the Council will do what is reasonable to support employees, the primary responsibility for taking action to deal with a dependency problem lies with the employee themselves.
- 9.9 In cases where it is believed that the employee has a drug and or alcohol dependency problem, the Council reserves the right to temporarily redeploy the employee to alternative duties if they are available, whilst the employee is undergoing treatment. This is especially important in roles where health and safety are critical. In such cases, pay will only be protected for a period of 4 weeks at which time the rate of pay for the new role will apply, in line with the Pay Protection Policy.

9.10 Following effective treatment, and providing the person remains in employment, the Council will endeavor to return the affected employee to the same role as previously if it has been necessary to temporarily redeploy the employee. If this is no longer possible, and medical advice indicates that permanent redeployment is appropriate, the employee will be redeployed to a suitable alternative post (subject to availability) in line with the Council redeployment procedure. If no alternative is available, then dismissal will be considered. Pay protection is unlikely to apply. An addiction to, or dependency on, alcohol, nicotine, or any other substance is excluded from the definition of a disability under the provisions of the Equality Act 2010. Pay protection will only apply if the employee is considered to have a disability, taking into account any advice from the Council's Occupational Health Advisor.

9.11 Where any employee denies the existence of a drug and / or alcohol issue, refuses referral or treatment, does not fully engage with a recovery programme, or is not diagnosed as having an alcohol or drug dependency, appropriate action in response to the problem (e.g. conduct, performance, attendance) will be taken in line with the relevant Council policy.

9.12 If an employee, after completing a course of treatment for drug and / or alcohol dependency, suffers a relapse, the Council is under no obligation to make provision for any further treatment and the employee may face action under the disciplinary or another procedure. Each case will be dealt with on its own merits.

9.13 The Council will take any relevant disability-related issues into account when deciding on any action.

10. Drugs and / or alcohol testing

10.1 The Health & Safety at Work Act 1974 places a duty on employers to provide a safe and healthy working environment and to ensure the health, safety and welfare at work of their employees as well as visitors, members of the public, contractors and clients on Council premises or within the Borough.

10.2 The Road Traffic Act 1988 makes it an offence in law to drive whilst impaired through drugs and / or alcohol. Since 2 March 2015, there is an offence (Section 5A of the Act) which refers to driving, attempting to drive or being in charge of a vehicle with a specified controlled drug in the body, in excess of a specified limit. Roadside drug screening is carried out by the Police to enable prosecution for this offence if above the specified limit.

10.3 In order to comply with this duty of care, the Council may require employees to be tested in the following circumstances:

(i) “Just cause”

Where there is a suspicion or a belief that an employee (or a number from a particular group of employees) is under the influence of drugs and / or alcohol. Any judgment must be based on evidence such as, but not limited to:

- abnormal speech;
- smell of alcohol on the breath;
- behaviour that may be due to the effects of drugs / alcohol;
- an allegation, including whistleblowing, made by another person where there is no evidence that this has been made maliciously. Any evidence of malicious allegations will be investigated under the Council's Disciplinary procedure.

(ii) Accident / incident

A manager may also undertake a drug and / or alcohol test on an employee who has had any involvement in a workplace accident or any incident which has caused or which may have caused a danger to health and safety. Any employee who tests positive for drugs and / or alcohol following an incident or accident may be reported to the Police.

(iii) Random testing

Employees in safety critical roles (see S3) may be required to take an alcohol and / or drugs test as part of a system of random testing. On the grounds of protecting health and safety, the Council reserves the right to carry out alcohol and drug screening tests, without prior notice, on employees in the workplace whose activities and job duties have a significant impact on the health and safety of themselves and others. A request for an employee in a safety critical role to undergo alcohol and drug testing does not indicate that he / she is under any suspicion of wrongdoing.

Random testing will follow these key principles:

- a. Groups will be selected between 6 and 12 times each year. This will only be increased in exceptional circumstances, such as a very high number of positive results.
- b. The Council will maintain a list of posts which are subject to random testing and will inform the postholders that they are on this list.
- c. Postholders may ask their Director to reconsider their inclusion on this list, giving reasons of why they feel their post should not be subject to random testing. Decisions will be based primarily on safety considerations.
- d. The size of the group selected for random testing on each occasion will be between 5 and 10% of the whole eligible group.
- e. Each postholder will be allocated a random number on each occasion and the order of numbers will determine whether an individual is selected for testing.
- f. There will be no set pattern to the time intervals between group random testing occasions.
- g. This system will be reviewed after a year of operation and at agreed intervals thereafter and the Trade Unions will be invited to submit feedback.

(iv) Support / rehabilitation

As part of the support and rehabilitation process employees may be required to undergo periodic screening or testing.

(v) Pre-employment / probation

Testing will form part of the pre-employment checks for potential employees being recruited to all safety critical roles and it is likely that further testing will take place during their probationary period.

10.4 A breathalyser will be used to test for alcohol. For drugs, a saliva and / or sweat swab will be taken. If this shows an initial positive result, it will be followed up by a laboratory test on a urine sample. The Council reserves the right to test for any type of substance that might harm performance at work.

- 10.5 Employees who unreasonably refuse to take tests will be subject to disciplinary action. For safety critical roles, a refusal will be treated as a positive result. For other roles, it may be inferred that the employee believed that the test, if carried out, would give a positive result.
- 10.6 Company vehicles may be searched for alcohol and / or drugs. Desk and lockers may also be searched, if there is reasonable cause for doing so and the employee or their representative will be invited to witness desk or locker searches. These are the property of the Council and employees have no absolute right to privacy regarding these areas.
- 10.7 Testing will be carried out by staff trained in testing procedures and in line with the guidance attached in Appendix 1.

11. Confidentiality

- 11.1 All meetings held with the employee must be held in private. Managers must keep accurate records of meetings. The records of any employee who has suffered with a drug and alcohol misuse problem will remain confidential.
- 11.2 Requests for help will be treated in the strictest of confidence and any information gathered as a result will be held in accordance with data protection legislation. Information regarding individual cases will not be divulged to third parties unless either permission is given in writing by the employee to do so or where the safety of the employee or others may be compromised by not doing so or if disclosure is required by law.

12. Conduct outside of work

- 12.1 It is not the Council's intention to dictate how much an employee drinks outside of working hours. However, it is important that employees consider the amount of time it takes for alcohol to exit their system. How long it takes for drugs to clear from the system is dependent on a number of factors such as body fat and whether a user is occasional, regular or long term. It is the employee's responsibility to ensure that when they report for work, they have no drugs in their system above the workplace cut off level, and any alcohol is below the limit allowed by this Policy.
- 12.2 Employees should note that if they are drinking or using drugs outside of working hours while wearing their uniform, ID badge or anything that would identify them as a Hyndburn Borough Council employee, then this may, depending on the circumstances (for example if they brought the Council into disrepute), become a disciplinary matter.

13. External Contractors

- 13.2 If any external contractor is considered by the Council to be under the influence of drugs or alcohol and behaving in a way that puts the health and safety of themselves or others at risk, they will be asked to leave the premises/site and the contractor / agency will be informed of the situation.

14. Legal Background

- 14.1 Equality Act 2010 - The Act defines a disabled person as someone who has "a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day to day activities". Under the Disability Discrimination (Meaning of Disability) Regulations 1996 SI 1996/1455, addiction to or dependency on alcohol or any other substance is specifically excluded from the scope of the Act unless the addiction is the result of a medically prescribed drug or other medical treatment. Nonetheless, people with

impairments as a result of the addiction, e.g. liver damage as a result of excessive drinking, are covered under the Equality Act.

- 14.2 Employers have a general duty under the Health and Safety at Work etc. Act 1974 (HSW Act) to ensure, as far as is reasonably practicable, the health, safety and welfare at work of employees. Employers also have a duty under the Management of Health and Safety at Work Regulations 1999, to assess the risks to the health and safety of employees. If an employer knowingly allows an employee under the influence of drug misuse to continue working and his or her behaviour places the employee or others at risk, the employer could be prosecuted.
- 14.3 The Transport and Works Act 1992 makes it a criminal offence for certain workers to be unfit through drugs and / or drink while working on railways, tramways and other guided transport systems. The operators of the transport system would also be guilty of an offence unless they had shown all due diligence in trying to prevent such an offence being committed.
- 14.4 The Road Traffic Act 1988 states that any person who, when driving or attempting to drive a motor vehicle on a road or other public place, is unfit to drive through drink or drugs shall be guilty of an offence. An offence is also committed if a person unfit through drink or drugs is in charge of a motor vehicle in the same circumstances.
- 14.5 Misuse of Drugs Act 1971 - This is the principal legislation in the UK for controlling the misuse of drugs. Nearly all drugs capable of misuse and / or dependence liability are covered by it. The Act makes the production, supply and possession of these controlled drugs unlawful except in certain specified circumstances (for example, when they have been prescribed by a doctor). If you knowingly permit the production or supply of any controlled drugs, the smoking of cannabis or certain other activities to take place on your premises you could be committing an offence.
- 14.6 The Psychoactive Substances Act 2016 (PSA2016) – This Act makes it a criminal offence to produce, supply, and offer to supply, possess with intent to supply and import or export, psychoactive substances.
- 14.7 The Council will operate this Policy in line with the Data Protection Act and subsequent regulations.
- 14.8 This policy and its terms will be reviewed on a regular basis and modified as required by any changes in legislation. The first formal review will take place no later than 6 months following the implementation of the policy.

Appendix 1: Drug and Alcohol Testing Process

The employee will be asked to complete and sign the testing consent form and will be allowed to be accompanied through the testing process by a trade union representative or a workplace colleague. If the chosen trade union representative or colleague is unavailable, this will not be allowed to delay the process. An available alternative will be sought.

1. Drug Testing

A competent and trained workplace drug and alcohol tester will perform a drug screen by taking a sweat wipe followed by a saliva wipe, using an approved test.

If the result is negative, this will be recorded. In the event of a positive, a specialist collector will be called out to take a secondary urine confirmation sample under legally defensible gold standard “chain of custody” guidelines. The sample is analysed by a UKAS accredited laboratory. Following the analysis, the results will be sent to the Head of Human Resources usually within 5 working days.

The relevant manager will be informed and a meeting will be arranged with the employee to tell them of the results.

2. Alcohol Testing

A competent and trained drug and alcohol tester will perform an alcohol screen using a Home Office approved breathalyser which will show an immediate result. If this shows any alcohol level, a confirmation sample will be taken after twenty minutes. A positive result above the level allowed (35 / 20 micrograms of alcohol per 100ml of breath depending on the role) from the second breath sample will require action under the policy.

3. Action following a positive result

A positive drugs and / or alcohol screening result may result in an employee being redeployed to alternative duties or suspended from work pending a disciplinary investigation.

If a positive result is recorded and the employee has been driving or has been involved in an accident while driving, the police may be notified.

CONFIDENTIAL

Drug & Alcohol Screening Consent Form

| |
|---|
| <ul style="list-style-type: none">• This is a confidential process• Please read and sign where indicated |
|---|

If consent is refused

Employee signature:

Witness signature:

Reasons for refusal:

I hereby consent to the following screening test(s) and any possible subsequent confirmation test(s) for the detection of alcohol or drugs and / or their metabolites from a sample(s) of breath, sweat, saliva. I am fully aware of the Council's policy if a positive result is detected. I accept the interpretation of my test results will be completed by the Screener and recorded below.

Complete list of medication, Doctor, Chemist or over the counter, in the last week:

| | |
|----|--|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

| | | | |
|-------------------|--|-----------|-------|
| Employee name | | Signature | |
| Form of ID | | | |
| Examined by | | Signature | |
| Date (dd/mm/yyyy) | | Time | AM/PM |

PLEASE TURN OVER

Drug Screen:

Screening device: **DrugWipe Dual**

Batch Number: Expiry Date

Two Control Lines appear **Yes** **No** Circle correct answer, cross out incorrect answer

Any other Result Lines appear? Tick as appropriate

| | | | | | | | | | |
|-------------|--|-----------|--|-----------|--|-----------|--|-----------|--|
| NONE | | Ca | | Co | | Op | | Am | |
|-------------|--|-----------|--|-----------|--|-----------|--|-----------|--|

Alcohol Screen:

Time: hr : min

Result in numbers:

Result in words:

Alcohol Confirmation – if any alcohol present in initial screening:

Time: hr : min

Minimum 20 minutes after initial alcohol screen

Result in numbers:

Result in words:

Signatures to acknowledge the results:

| | | | |
|---------------|--|--------|--|
| Employee Name | | Signed | |
| Screener Name | | Signed | |
| Witness Name | | Signed | |
| Witness Name | | Signed | |

NB. This information must be kept in the strictest of confidence and in line with the Data Protection Act 1998 or subsequent data protection legislation.

Appendix 2: Questions and Answers

Q. How do I know if I have a problem with alcohol or drugs?

A. If you are using illegal drugs, or abusing solvents or prescription drugs, then you risk breaching this policy and facing potentially serious employment consequences, quite apart from the risks to your health. We would urge you to seek support.

Alcohol is legal but can also be harmful. Each individual has to establish the seriousness of their problem by assessing how it affects their own life and / or behaviour. It may be useful if you ask yourself the following questions:

- How much do you drink each week? The benchmarks from the Health and Safety Executive are as follows

Men - If you drink between 3 and 4 units* per day or fewer there are no significant risks to your health BUT.....
If you consistently drink 4 or more units a day, there is an increasing risk to your health.

Women – If you drink between 2 and 3 units* a day or fewer, there are no significant risks to your health BUT.....
If you consistently drink 3 or more units a day there is an increasing risk to your health.

*1 unit = ½ pint of beer/ a single measure of spirit/ a small glass of wine

- Do you drink alone or with others?
- Do you drink every day, or binge after a bad day at work/home?
- If you binge at night are you fit to drive in the morning? (It takes a healthy liver approximately 1 hour to break down and remove 1 unit of alcohol.)
- Can you, when you want to, stop drinking?
- Have you ever decided to stop drinking for a week or so but only managed a couple of days?
- When you start drinking, can you control the amount you drink?
- Do you regularly intend just having one or two drinks, but “get the taste” and carry on?
- Are your relationships or work suffering because of your drinking?
- Do you ever lie about the amount you drink or wish people would mind their own business about your drinking?

In addition to these questions, look at the section “Recognising the symptoms” and decide if any of these apply to you.

You can also complete a drinking self-assessment questionnaire on www.drinkaware.co.uk

Q. If I think a colleague has an alcohol or drug habit or problem and I advise my manager, would this be kept confidential?

A. If you believe that a colleague has a drug or alcohol habit or problem you have a duty of care to inform your manager. You may ask your manager to maintain your anonymity.

Q. If I tell my manager that I have a problem will this mean that I will lose my job?

A. The policy should assure employees that when they seek help they will be supported to get it. However, this will also depend on timing. Reporting a problem following a positive test will mean that your policy breach is also being dealt with as a serious disciplinary matter. If you do not take the necessary steps to address the issue and your work performance, conduct or attendance declines, you may place yourself and others, or the reputation of the Council at risk. If you attend work with drugs and / or alcohol in your system, then you may ultimately face dismissal. If you are being investigated under the Disciplinary Procedure, for example, and you tell us that you have a problem and outline the support measures you are taking, then we will be able to take this into account when deciding what action to take. It is better to be honest and get help than continue to cause harm to yourself and those around you.

Q. Will I lose my job if I arrive at work under the influence but I do not have a drug and alcohol misuse problem, e.g. overindulgence the previous night?

A. Employees who arrive at work with alcohol above the limit allowed, or with any level of illegal drugs in their system may be subject to the Council's disciplinary procedure. This will be considered as gross misconduct and may result in dismissal.

Appendix 3: Commonly Used Drugs in the UK

| Name | How Taken | Effects |
|--|--|---|
| Cannabis (marijuana, grass, pot, weed, dope, ganja, hash, blow, 420) | Compressed into resin or loose dried plant. Usually smoked with tobacco in the form of a reefer or a joint. Also smoked in small pipes. Occasionally eaten | Causes a relaxed, talkative state with a heightened sense of sound and colour. Risk of dependence. May cause respiratory problems, including lung cancer. |
| Cocaine (Coke, crack, nose candy, charlie, snow) | Sniffed, injected, smoked | Causes a sense of wellbeing and alertness. Can cause psychosis and paranoid delusions. Risk of dependency following initial elation |
| Amphetamines (speed, uppers, whizz, blues, berries, sulph) | Sniffed (in powder form), injected, swallowed as capsules or as tablets | Causes a feeling of alertness and energy. Can also increase confidence. Increases the pulse rate and distorts hearing and vision. Can also cause anxiety or panic and paranoid delusions. Increased risk of dependence |
| Alcohol | Swallowed as a beverage | Excessive use can cause double vision, impaired speech, loss of sight and hearing, aggression, depression, respiratory depression, loss of consciousness, liver disorders, circulatory problems. |
| Heroin (smack, junk, horse, scag, H, gear) | Heroin is, smoked or heated on tin foil and inhaled ('chasing the dragon') | Causes a sense of warmth and wellbeing. Also causes drowsiness. Other effects are physical and psychological dependence and impotence. High overdose risk as a result of a loss of tolerance due to abstinence |
| Barbiturates (barbs, downers) | Can be swallowed as tablets or capsules. Injected as an anaesthetic | Causes a calm and relaxed state. May cause clumsiness and a loss of co-ordination. High risk of dependency and possibility of overdose, especially if mixed with alcohol |
| Tranquilizers benzodiazepines such as diazepam (Valium), chloridiazepoxide (Librium), lorazepam (Ativan), oxazepam (Serenid), temazepam (Normissson) | Swallowed as pills, tablets or capsules. Can be injected | Prescribed for the relief of anxiety and for the treatment of insomnia. High doses may cause drowsiness. Risk of dependency and overdose if mixed with alcohol |
| Ecstasy (E, XTC, doves, disco, biscuits, scooby doos) | Swallowed as tablets | Causes alertness and energy and a sense of wellbeing to others. Causes flashbacks, mild intoxication, anxiety, panic, insomnia, visual and auditory hallucinations and paranoid psychosis. Adverse effects include overheating and dehydration if dancing which can also damage lungs |
| LSD (Lysergic acid diethylamide) Acid, trips tabs, dots, | Small squares of paper or tablets taken orally | Causes hallucinations called 'trips'. This may cause anxiety and panic. Can cause a recurrence of feelings experienced previously |

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| blotters | | (flashbacks). Deaths have occurred from perceptual distortions causing reckless behaviour. 'Trips' can last for 8 – 12 hours |
| Magic Mushrooms | Can be eaten fresh or dried and swallowed or brewed like tea | Similar effects as LSD |
| Poppers (alkyl nitrates, including amyl nitrate, can be known as thrust, TNT or Ram) | Sniffed | Causes a brief and intense head rush caused by a sudden surge of blood to the brain. Effects can be nausea and headaches, loss of co-ordination, fainting. Can cause sores around the mouth and nose. Dangerous for those who suffer from glaucoma, anaemia, breathing or heart problems |
| Solvents (including lighter fuels, aerosols, glues, cleaning fluids) | Inhaled or sniffed, usually from a plastic bag | Causes extreme intoxication with perceptual disorientation. Can cause a risk of heart or brain damage. May cause nausea, blackouts, increased risk of accidents |
| Anabolic steroids (many trade names) | Injected or swallowed as tablets | Increases muscle mass and strength, improves physical performance, reduces recovery time required following physical exercise. Side effects include: Acne, liver and kidney disorders, raised blood pressure, increased risk of heart attack and stroke, irritability, aggression, mood swings. Injecting equipment brings risk of HIV or Hepatitis infection. |

Appendix 4: Useful Contacts

| Address & contact details | Service details | Referral method |
|---|--|--|
| Employee Assistance Programme | <p>Self-referral or via line manager / HR</p> <p>The EAP is confidential and free for you to use. It is available 24 hours a day, 7 days a week, 365 days a year and is accessible by phone, e-mail and online.</p> | |
| Workplace Options | <p>The EAP can provide –</p> <ul style="list-style-type: none"> • Practical information • Fact sheets and packs • Resource information on support services in your local area • short-term face-to-face or telephone counselling to help you get back on track • extensive website resources including articles, interactive tools and regular online seminars | |
| <p>Freephone - 0800 243 458</p> <p>E-mail - assistance@workplaceoptions.com</p> <p>Website - http://www.workplaceoptions.com</p> <p>Outside the UK - +44 (0)20 8987 6550</p> <p>SMS (For call back) - +44 (0)7909 341 229</p> <p>Minicom - +44 (0)20 8987 6574</p> | <p>The EAP is designed to help you with a wide range of work, family and personal issues. Topics include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Work-life balance • Elder care information • Life events • Childcare information • Health and well-being • Anxiety and depression • Family issues • Disability and illness • Careers • Education • Consumer rights • Stress • Relationships • Immigration • Debt • Bullying and harassment • Bereavement and loss • Workplace pressure | |
| <p><u>Inspire Accrington - East Lancs</u></p> <p><u>Integrated Substance Misuse</u></p> <p><u>Service</u></p> | | |
| <p>Tel: 01254 282900</p> <p>33 Eagle Street</p> <p>Accrington</p> <p>Lancashire</p> <p>BB5 1LN</p> | <p>Fully integrated substance misuse service offering rapid and open access to assessment and treatment for people experiencing problems with drugs and / or alcohol, promoting recovery from addiction and dependence. Also offers family and</p> | <p>To access support, advice or treatment please drop in. An assessment will be carried out, treatment options discussed and a recovery plan</p> |

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| | carer support services including 1-1 support, free phone helpline. | initiated. |
| <u>Alcoholics Anonymous UK</u> | | |
| Call our National Helpline 0845 769 7555 help@alcoholics-anonymous.org.uk Calls charged at local rate on BT lines. Other networks may vary. | Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership. | AA meetings take place in towns throughout the country on most days (including evening meetings). Details online or via helpline. |
| <u>Narcotics Anonymous</u> | | |
| Helpline: 10.00am - midnight 0300 999 1212 | N.A. is a non-profit fellowship or society of men and women for whom drugs had become a major problem. There is only ONE requirement for membership, the desire to stop using. | NA meetings take place in towns throughout the country on most days (including evening meetings). Details online or via helpline. |
| <u>redroserecovery.org.uk</u> | | |
| East Lancashire Office St James Old School House, Cannon Street, Accrington, BB5 2ER 01254 352580 | Red Rose Recovery is a service user led charity, working with people from the recovery community. This includes people in recovery from addiction to alcohol and substance misuse, their families and others affected. | |
| <u>Needle Exchange & Harm Reduction service - Blackburn</u> | | |
| Tel: 01254 263525 Jarman Centre, 53 James Street, Blackburn, BB1 6BE | This is a comprehensive HIV prevention, sexual health and drugs health promotion service. It is a harm minimisation service, targeting health professionals and members of the public. They offer structured counselling. | Self |
| <u>THOMAS</u> | | |
| Tel: 01254 677321 St Anne's Church, France Street Blackburn, BB2 1LX | THOMAS provides mentoring, a drug and alcohol support group and rehab services for prisoners, ex-prisoners, ethnic minorities, and socially excluded people in the community. Services offered: structured counselling, structured day programme, residential rehabilitation and aftercare. | Self |

Lifeline East Lancashire

| | | |
|---|--|--|
| Tel: 01254 677493 68-70 Darwen Street, Blackburn, BB2 2BL | Lifeline East Lancashire provides specialist drug and alcohol support and recovery services to young people under the age of 25 who reside within the borough of Blackburn with Darwen. The service also delivers open access support to young people, parents, carers and professionals in the borough. | Self, professional, family, carer, please call to discuss. |
|---|--|--|

Inspire Clitheroe - East Lancs Integrated Substance Misuse Service

| | | |
|--|--|--|
| Tel: 01200 413630 44a York Street, Clitheroe, BB7 2DL | Fully integrated substance misuse service offering rapid and open access to assessment and treatment for people experiencing problems with drugs and / or alcohol, promoting recovery from addiction and dependence. Also offers family and carer support services including 1-1 support, free phone helpline. | To access support, advice or treatment please drop in. An assessment will be carried out, treatment options discussed and a recovery plan initiated. |
|--|--|--|

Blackburn with Darwen Substance Misuse Service (Drug and Alcohol Service)

| | | |
|---|---|------|
| Tel: 01254 226062 Regent House, Regent Street, Blackburn, BB1 6BH | Provides confidential support, counselling and advice to drug and alcohol users, their friends and relatives. Refers on to rehabilitation, in-patient detoxification and other drug services. | Self |
|---|---|------|

Discover - Preston

| | | |
|--|---|------------------------------------|
| Tel: 01772 825492 7 Lune Street, Preston, PR1 2NN | Adult substance misuse (drugs and alcohol) and criminal justice services. | Self-referral or via other agency. |
|--|---|------------------------------------|

Addaction Preston Young Persons Service

| | | |
|---|--|--|
| Tel: 01772 255307 Urban Exchange Mount Street Preston Lancashire. PR1 8BS | Services for young people up to the age of 18 with concerns about drug and alcohol use including: Prescribing, Medical help, Professional help, Harm Minimisation advice, Advice and Information, Complementary Therapy, Group work. | Self or via a range of youth programme agencies and organisations. |
|---|--|--|

Appendix 5: Sample Alcohol / Drugs Programme Action Plan

Confidential

Name.....

Date Programme commenced.....

| Action | Timescale | Comments |
|---|------------------------------------|----------|
| Set monitoring meetings during recovery programme | Weekly/ Fortnightly/ Monthly | |
| Set follow up medical appointments (note of appointments scheduled) | | |
| Monitor and report on general attendance at work (sickness absence, lateness) | | |
| Monitor work performance (identify areas of concern, set standards and outline whether these have been achieved) | | |
| Any Other Issues e.g. review of agreed support mechanisms | | |

Note: Not all these areas will be appropriate and this form may need to be designed according to the circumstances of each case. If in doubt contact an advisor from Human Resources

Signed (Manager): _____ Date: _____

Signed (Employee): _____ Date: _____