



STAFF DRUG AND ALCOHOL MISUSE POLICY

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1. Introduction

Sutton House Academy recognises that drug misuse and alcohol related problems are primarily health and social concerns, therefore people with such problems require help and treatment as quickly as possible.

This policy is one of a number of policies concerned with the health, safety and welfare of employees. It should be seen in the context of a desire to promote the wellbeing of all employees and to provide as far as possible a working environment in which stress is at a minimum. The implementation of this policy will minimise the problems related to drug and alcohol misuse. In turn, the Academy will be a better position to provide an efficient and effective service to its customers and service users.

The policy provides for assistance to be given to those employees who request it or who are identified as having a problem or potential problem users.

The intention of the policy is to raise awareness and provide guidance thus ensuring that the possible consequences of drug and alcohol misuse on the individual, other employees, the pupils, the public and the environment are avoided or reduced to a minimum. Employees who suspect or know they have a drug related problem are encouraged to seek help and treatment voluntarily through their manager or other senior member of staff.

2. Aims

The overall aim of the policy is to reassure employees with a drug or alcohol problem that the Academy will support them in their efforts to overcome their problem. However, employees also need to be aware that if drug and alcohol misuse affects their work performance or conduct at work, they could face action which could ultimately lead to dismissal.

The Aim of this policy also includes:

- To increase employee awareness of drug and alcohol misuse.
- To prevent problems in relation to the working environment which may be due to alcohol and drug misuse.
- To provide assistance to those who request it or who are identified as having a problem or potential problem users.

3. Drug and Alcohol Misuse and the Law

Two acts of Parliament relevant to drug/alcohol misuse and work are - the Misuse of Drugs Act 1971 and the Health & Safety at Work Act 1974.

The Health & Safety at Work Act 1974 places duties on both employers and employees. Under Section 2 employers are required to ensure as far as reasonably practicable the health, safety and welfare at work of all their employees. Section 7 of the Act requires employees to take reasonable care of the health and safety of themselves and others who may be affected by their acts or omission at work.

4. What does misuse mean?

Drug misuse refers to the use of illegal drugs and the misuse of prescribed drugs and substances such as solvents which harm or which have the potential to harm the individual both physically and mentally and through the individual's actions, people and the environment.

Alcohol misuse refers to drinking either intermittently or continually which definitely and repeatedly interferes with a person's capability and/or conduct.

5. Identifying Problems

Signs of possible drug and alcohol misuse

- Sudden change in behavioural pattern.
- Tendency to become confused.
- Irritability.
- Abnormal fluctuations in mood and energy.
- Poor time keeping.
- Increase in short term sickness absence.

- Deterioration in relationships with other people.

For additional information on commonly misused drugs and their effect see Appendix 1.

Some of the signs associated with drug and alcohol misuse can be similar to and may be caused by other factors such as stress and should be regarded only as a possible indication of misuse.

6. Employee Support

Employees may be identified as possibly having a drug/alcohol related problem, or may come forward asking for help and encouragement, or may respond to an offer of an opportunity to seek and accept help and treatment:

- If necessary, the employee will be granted leave to undergo treatment and such leave will be treated as sick leave within the terms of the appropriate sick pay scheme.
- When the employee is signed fit to resume working it will normally be in their original post. If for some reason this is not possible every effort will be made to find that employee suitable alternative employment within the Academy or borough via the redeployment process.
- Following return to employment after or during treatment it is recognised that relapse may occur. This will need to be addressed quickly and will require the employee's co-operation in order to continue the rehabilitation programme.
- On the successful return to work the employee should continue to receive support from his/her manager with discreet monitoring of his/her progress.

7. Procedure

Managers or colleagues suspecting or becoming aware of an employee's drug/alcohol misuse should immediately inform the Headteacher or member of the Academy management team. The manager will ensure a confidential discussion takes place with the employee as soon as possible, normally with a senior manager and a representative from HR Services. The employee may be accompanied by a friend or a Trade Union representative.

The senior manager should offer the opportunity of an outside assessment of the problem and if necessary, treatment and advice through the Occupational Health Service and via agencies (See 10).

If any alcohol or drug misuse is identified during Disciplinary or Capability procedures, the employee should normally be offered support through the alcohol and drugs policy. While the various procedures can be run concurrently, this may not always be appropriate and each one must be considered on its own merits.

- In cases being dealt with under the Capability procedure, an employee who is trying to deal with drug or alcohol misuse at the same time as attempting to

improve their performance may require a longer than normal period. Between reviews of performance, HR Services can provide advice to managers.

- An employee with an identified alcohol or drug misuse problem which affects conduct at work or which prevents the achievement of a satisfactory level of work performance and who refuses the opportunity to receive help, may have the matter immediately referred to the Disciplinary or Capability procedure.
- If an employee denies the existence of a problem relating to alcohol or drug misuse or discontinues a course of treatment and then reverts to previous unsatisfactory levels of conduct or performance, he/she may have the matter referred to the Disciplinary or Capability procedure.
- An employee who accepts the opportunity to receive help but whose conduct or work performance subsequently reverts to a level of concern, will have the new situation considered on its merits. If the senior manager, after taking advice from HR Services, and/or Occupational Health Service, considers it appropriate a further opportunity to accept help and treatment will be offered. If this course of action is not thought appropriate the matter may be referred to the Disciplinary or Capability procedure. Again, the employee concerned will be entitled to all the rights and safeguards laid down in those procedures.
- An employee who is absent from work due to drug or alcohol misuse may have the matter referred to the Managing Absence Procedure.

8. The Role of HR Services

HR Services can provide advice to managers in the application of this policy and procedure as well as general advice on the problems of drug and alcohol misuse.

9. Confidentiality

All discussions with staff will be confidential.

10. Further Guidance/Information

Dealing with alcohol or a drug problem is not an easy matter and it may be that some managers and employees may wish to seek specialist advice on this from:

| Drugs | | |
|----------------------|---------------|--|
| Talk to Frank | 0300 123 6600 | frank@talktofrank.com |
| Addiction Helper | 0800 144 8543 | info@addictionhelper.com |
| Alcohol | | |
| Alcoholics Anonymous | 0800 917 7650 | help@aamail.org |

11. Appendix 1

11.1 Depressants – Drugs that Depress the Nervous System

| NAME | HOW TAKEN | EFFECTS |
|---|---|---|
| Barbiturates (sometimes known as downers, barbs) | Swallowed as tablets or capsules | Calming and relaxing – reduce anxiety can cause clumsiness and loss of co-ordination – can lead to dependence – high overdose risk, especially if mixed with alcohol |
| Cannabis (Sometimes known as grass, pot, weed, hash, dope) | Compressed into resin or loosedried plant – usually smoked with tobacco or in the form of reefer or joint. Also smoked in small pipes, and occasionally eaten. | Lack of co-ordination, red eyes, dilated pupils, irrelevant giggling produces a high followed by drowsiness – relaxed feeling and talkativeness – can lead to dependence – sometimes causes respiratory problems including lung cancer – long term use associated with psychosis – can adversely affect performance and psychosomatic performance. |
| Tranquillisers (Sometimes known as Valium, Librium) | Swallowed as pills, tablets or capsules | Induces sleep can lead to dependence – reduce anxiety – risk of overdose if mixed with alcohol. |
| Opiates – Heroin (Sometimes known as H, smack, junk, etc.) Morphine, codeine, opium, dihydrocodeine (DF118) | Sniffed, smoked or heated in a piece of tin foil and inhaled (chasing the dragon), injected mixed with dilute acid such as lemon juice to help it dissolve – most other opiates are swallowed as tablets or crushed and injected. | Creates a sense of euphoria, slows down body functions – causes Constipation – can lead to dependence. Look for nausea, vomiting, red nose, use of toilets, sluggish behaviour – injection marks – sweating. |

11.2 Stimulants - Drugs that stimulate the Central Nervous System

| NAME | HOW TAKEN | EFFECTS |
|---|--|--|
| Amphetamines (Sometimes known as Speed, uppers, whizz, blues, sulph) | Sniffed (in powder form), injected and swallowed as capsules or tablets. | Increased heartbeat – feeling of confidence and cheerfulness – loss of appetite – hearing and vision distorted – panic and paranoia – can lead to dependence. |

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|---|-------------------------------|---|
| Cocaine (Sometimes known as coke, snow, crack) | Sniffed, injected and smoked. | Feeling of euphoria can lead to dependence – paranoia and delusions after repeated doses. |
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11.3 Hallucinogens – Drugs that alter Mood and Perception

| NAME | HOW TAKEN | EFFECTS |
|--|--|---|
| Lysergic acid diethylamide (Sometimes known as LSD, acid) | Small squares of paper or tablets taken orally. | Heightens sensory experiences, causes perceptual distortion can cause anxiety and panic, can lead to dependence – feelings experienced during a trip may recur years after a dose – several accidental deaths have occurred as a result of delusions. |
| Magic Mushrooms | Eaten fresh or dried and swallowed or brewed like tea. | Similar to LSD risk of poisoning by eating poisonous mushroom in error. |
| Designer drugs MDMA (sometimes known as Ecstasy, E, Adam) MDE (Eve) | Inhaled or tablet. | Enhanced visual, auditory and tactile perception – mildly intoxicating can damage the central nervous system. Can cause death in some cases. |

11.4 Solvents – Alter Perception and Mood

| NAME | HOW TAKEN | EFFECTS |
|-------------------|-----------|---|
| Glue and solvents | Inhaled. | Extreme drunkenness – perceptual distortion – risk of heart failure and brain damage – may result in dependence. |