THE UNIVERSITY of EDINBURGH

Code of Practice on Alcohol and Drug Abuse

1. Introduction
The University of Edinburgh is taking positive action in the form of a Code of Practice designed to tackle alcohol and (less commonly) drug-related problems at work. The University, as employer, recognises that this is a more positive strategy than bearing the financial and personal costs of ignoring the problem, such as increased absenteeism, reduced productivity, higher safety risks and the loss of valuable employees. At all times the University wishes to maintain high standards of professional conduct amongst its employees.

The University is required under the Health and Safety at Work Act 1974, to ensure the health and safety of its employees, students and others at work. This document therefore sets out the University's Code of Practice on Alcohol and Drug Abuse. It is not the University's policy to intrude upon the privacy of individuals, particularly in health matters, where their condition does not affect their conduct or performance at work. The University must, however be concerned where health or behaviour impair the conduct, safety or work performance of its staff and it recognises that the misuse of alcohol or drugs may be a cause of such impairment.

The advantages of operating a positive action code, designed to prevent drink and/or drugs-related problems affecting employees, and then to help those so affected, are:

- improved performance of all staff members to ensure the efficient and effective use of resources and for the maintenance of morale and career development of all staff,
- improvement in the view taken of the University of Edinburgh (the University) as a responsible employer,
- reduced safety risks, a decrease in absence levels,
- a more productive and informed workforce.

If an alcohol or drug problem concerning a member of staff comes to the notice of a Head of School/Support Department, supervisor or colleague, the individual should initially be referred, in confidence, to Occupational Health as early as possible. This would normally be done directly by the Head of School/Support Department or his/her nominated deputy ¹ or through a Human Resources adviser ². See Appendix 3 for the Occupational Health Procedure in relation to the Code of Practice on Alcohol and Drug Abuse. Self-referral should also be encouraged. The advice of a Human Resources adviser should be sought as soon as a problem is identified.

All facilities and guidance provided by the University under this code will be arranged on the basis of confidentiality to the individual by those involved.

Confidential support and advice will be provided to the Head of School or his/her nominated deputy ¹ and the employee.

The abuse of drugs and other substances respects no boundaries of sex, status and occupation and the Code of Practice applies equally to all University staff without discrimination.

¹ In this document, Head of School or his/her nominated deputy also refers to Heads of Support Departments and their nominated deputies.
² Human Resources adviser is a generic term referring in this context to any human resources professional with professional accountability to the Director of Human Resources and is not intended to indicate a job title.
2. **General Information**

Whilst this is a joint policy on alcohol and drugs, the situation regarding drugs will be distinguished from that of alcohol where appropriate, due to the legal position on their possession and supply. There is also the issue that potential problems do not solely arise from the use of prohibited and other controlled drugs. Certain prescribed drugs, such as tranquillisers etc. can cause difficulties with performance at work and can themselves create dependency problems and care in their use is essential.

2.1 The condition of individuals with alcohol or drug problems may be capable of treatment to achieve the restoration of acceptable standards of work. Where appropriate advice is sought and followed, the University is willing to encourage and support individuals in following this course. While it is satisfied that the individual is supporting this action, the University will make available guidance, the provisions of its sick pay scheme and withhold disciplinary action if practicable. If appropriate, individuals may be suspended on full pay while undergoing treatment. However, the University’s responsibilities to others, such as students and workplace colleagues, and for the general performance of its functions, will occasionally give cause for an individual's case to be considered under the relevant disciplinary procedures. This latter case is most likely when the individual will not cooperate with appropriate treatment agencies, or comply with recommended treatment or regimes.

2.2 **Defining the Problems**

2.2.1 Drink problems with employees fall into one of two categories:
- an over-indulgence in alcohol which results in socially unacceptable or even dangerous behaviour but which is not related to a physical or psychological dependence
- where a person's dependency on alcohol continually or repeatedly interferes with his/her work.

The problem for employers is distinguishing between the two. The former type of behaviour, fairly obviously, will be a conduct problem which may merit disciplinary action or dismissal, while the latter should be seen initially as an ill-health issue and thus treated as such.

2.2.2 Drinking at Work. The consumption of alcohol is not permitted except by permission of the Head of School or his/her nominated deputy. On such occasions, suitable non-alcoholic alternatives must always be made available.

2.2.3 Drug problems amongst employees will be due to the possession, use, supply, manufacture or theft of prohibited and illegal drugs, such as heroin, cocaine and cannabis, or the misuse of legally prescribed drugs such as tranquillisers or sleeping pills or other substances such as solvents. As with alcohol, drug problems affecting work performance could be either problems of conduct or ill health. 'Off duty' drug-taking incidents may be relevant if they affect job performance.

Employees' work performance may also be adversely affected if they have a close friend or relative who has a drink or drugs problem. If this is the case professional advice should be sought e.g. Staff Counsellor, Occupational Health.

Health & Safety Department Health Promotion Group information on sensible drinking can be found on their website at: www.safety.ed.ac.uk/resources/health/alcohol_drugs.shtm

3. **Legal and Employment Issues**

There are various legal implications for the University where staff misuse alcohol or drugs. The key points are listed below.

3.1 **Dependent Drinkers**

As well as obtaining medical advice the University will normally discuss the matter with the employee before deciding whether rehabilitation is feasible and only then decide how much time the employee can be given to recover. All practicable steps should be taken to establish the true position.

3.1.1 **How long can the University wait?**

The length of time which is acceptable before taking action will vary. The University must show that, bearing in mind all the circumstances, it could not have been expected to wait any longer.

Relevant considerations include:
• the estimated duration of the absence
• the urgency to have the employee's work done
• the ease of providing temporary cover whether or not the employee is prepared to go for
treatment.

3.1.2 Non-Dependent Drinkers

If it is established that an employee's misconduct in the form of drinking or being drunk at work is
not due to a dependency, recourse to the disciplinary procedures may be appropriate.

The seriousness of this type of misconduct and the appropriate action will depend on such factors as:
• clear rules warning employees what will happen if an offence is committed.
• consistency in applying rules
• type of work done by the employee (the University must consider the safety risks of an
employee being under the influence of alcohol).

The University will consider each case individually and endeavour to act reasonably.

3.2 Drug Abuse

Dismissals for drug offences may come about as a result of the University becoming aware of the
employee’s habit through outside sources as well as through employees taking drugs at work.

4. Health and Safety

The University could be committing a criminal offence under the Health and Safety at Work Act 1974
by “turning a blind eye” to an employee's drink or drug problem. Under s.2 of the Act the University has a
duty to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all
employees.

The attention of all employees should be drawn towards their own responsibilities to themselves and
their colleagues under s.7 of the Act. It is an employee's legal duty to "take reasonable care for the
health and safety of himself and of other persons who may be affected by his acts or omissions at work".

The Health and Safety Executive produces a guide for employers on Alcohol at Work, which
recommends that management, in consultation with trade unions, should have a policy of encouraging
staff with drink problems to seek assistance and treatment. Similarly HSE produce "Drug Misuse at
Work: a guide for employers". These are available from Occupational Health or
http://www.safety.ed.ac.uk/resources/occ_health.html

4.1 Misuse of Drugs Act 1971

Under the Misuse of Drugs Act 1971 it is an offence for a person knowingly to allow drugs to be
used, kept or supplied on his/her premises. It is also illegal under the Act to ignore such
occurrences. Under this policy the University is stating clearly that the possession, use or supply
of illegal drugs is strictly forbidden.

5. Policy Statement

The University of Edinburgh will endeavour to ensure that an employee's use of either alcohol or drugs
does not impair the safe and efficient running of the University or the health and safety of its employees.
All employees will be made aware of the long-term and short-term effects of consuming excessive
alcohol or misusing drugs by the universal circulation of this document. It is fundamental that this Code
of Practice is based primarily upon PREVENTION and, if this fails, there should be the backup ability by
relevant professional staff to detect and act upon the problem. Continual monitoring and evaluation of
this policy and procedures is essential.

The University aims to ensure that it will deal with alcohol and drug related problems by the active
management of staff with such problems. This will be by encouraging minimal limits on the acceptability
of drinking, prevention and treatment where possible and disciplinary procedures where necessary.
6. Procedure

6.1 Establishing the Problem

Heads of Schools, Support Departments and Supervisors should be aware that the misuse of drugs or alcohol by employees may come to light in various ways.

Appendix 2 contains Guidelines for the recognition of these problems.

6.2 Intervention

The University will offer support to individuals who recognise they have an alcohol or drug problem and also sanction action by colleagues and managers who wish to help those individuals.

6.2.1 Action by the Individual

Employees who know or suspect that they have an alcohol or drug problem are encouraged to seek help voluntarily. Their first contact may be their G.P., or one of the local voluntary services listed in Appendix 1. Within the University, help should be sought from the Head of School or his/her nominated deputy, Staff Counsellor, Occupational Health Adviser, the University Health Service or a Human Resources adviser.

6.2.2 Action by Colleagues

It is likely that an employee with an alcohol or drugs problem will come to the notice of a Head of School or his/her nominated deputy through the observation of colleagues or through inadequate or deteriorating work performance. It is in the interest of the employee with such a problem to be offered help as soon as possible, as prompt action carries the best hope of successful treatment to be effective. All staff will be made aware of the adverse effects of alcohol and drug misuse by the distribution of this code to all existing and new employees.

Staff are encouraged to address the issue directly [not to cover up for colleagues with a drink or drug problem] as collusion represents a false sense of loyalty and will, in the longer term, damage those employees. The first approach should normally be for colleagues to encourage the employee to recognise his/her problem and to seek advice, either through his/her G.P. or the agencies listed in Appendix 1. If this fails, colleagues are encouraged to alert the Head of School or his/her nominated deputy to the situation so that more formal action may be taken. If this is done timeously, it is far more likely that the treatment will be effective.

6.2.3 Action by the Head of School or his/her nominated deputy

Heads of Schools or their nominated deputies who feel that an employee's unsatisfactory performance may be drug or alcohol-related, should initially interview the employee on a confidential basis. The employee's unsatisfactory performance/conduct and behaviour related to the drug/alcohol misuse should be discussed at the meeting. The Head of School or his/her nominated deputy should restate the University's required standards, making sure the employee understands what is expected of him/her. The Head of School or his/her nominated deputy should try to establish the cause of the problem (although it must be pointed out that individuals with a drug or alcohol problem will often go to great lengths to conceal the situation).

The employee should be informed that the University requires his/her performance to be improved to an acceptable standard and that failure to achieve this will result in the activation of the disciplinary or capability procedures. The Head of School or his/her nominated deputy should agree with the employee what follow-up action is to be taken, including recourse to treatment for his/her problem.

If, after sustained and supportive intervention, the employee denies that either alcohol or drugs are the cause of the problem and the employee refuses to respond to advice, he/she should be treated as for any other disciplinary/capability problem, whichever is judged as appropriate by the Head of School or his/her nominated deputy.

If the disciplinary or capability procedure is activated and there are strong signs that the employee's unsatisfactory performance is drug or alcohol-related and he/she will not admit or acknowledge this, further encouragement should be given at all stages of the procedure to face up
to the true underlying problem. The opportunity should also be taken to record concern for the health and possible predicament of the employee, to highlight the support available, and to request the employee to seek help as soon as possible. This will either be a referral to Occupational Health or a request for the employee to consult with his/her G.P.

6.3 Treatment

Where an employee acknowledges that he/she has a problem and is given help and treatment, this will be on the understanding that:

- whilst he/she is undergoing treatment he/she may be on sick leave and will be entitled to the usual University sick pay benefits
- every effort should be made to ensure that on completion of the recovery programme the employee is able to return to the same or equivalent work.

However, where such a return would jeopardise either a satisfactory level of job performance or the employee's recovery, the Head of School or his/her nominated deputy/line manager with the Director of Human Resources (or his/her nominated deputy) will review the full circumstances surrounding the case and agree a course of action to be taken. This may include the offer of suitable alternative employment, the consideration of retirement on the grounds of ill health through the relevant Sickness Absence Policy or dismissal through the relevant Disciplinary or Capability Policy. (Before a decision on dismissal is made, it should be discussed with the employee and an up-to-date medical report obtained, with the permission of the member of staff in line with the requirements of the Access to Medical Reports Act, 1988, and/or advice of Occupational Health).

6.3.1 Relapse

Where an employee, having received treatment, suffers a relapse, the University will consider the case on its individual merits. Further medical reports (with the permission of the member of staff in line with the requirements of the Access to Medical Reports Act, 1988) will be sought in an attempt to ascertain how much more treatment/rehabilitation time is likely to be required for a full recovery. At the University's discretion, more treatment or rehabilitation time may be given in order to help the employee to recover fully. Further referral to Occupational Health should be made.

6.3.2 Recovery Unlikely

If, after an employee has received treatment, recovery seems unlikely; the University will have to consider the most appropriate course of action to resolve the situation. In such cases, dismissal may result but in most cases a clear warning will be given to the employee beforehand, and a full medical investigation will have been undertaken.

In certain cases, **strictly at the discretion of management**, early retirement may be considered.

7. Other Serious Misconduct Caused By Alcohol Or Drugs

7.1 Intoxication on the Premises

Intoxicated employees - If an employee is known to be, or strongly suspected of being intoxicated by alcohol or drugs during working hours the Director of Human Resources or his/her nominated deputy will be consulted. Arrangements will be made for the employee to be escorted from the University premises immediately. Disciplinary action will be considered when the employee has had time to become sober. Consideration will be as described in paragraph 3.1.2., though intoxication, whether resulting from a dependency problem or not, is considered a serious breach of discipline.

7.2 Drug Abuse on the Premises

Employees who take drugs on University premises which have not been prescribed on medical grounds will, in the absence of mitigating circumstances, be deemed to be committing an act of gross misconduct and may be subject to the disciplinary process as will any employee believed to be buying or selling drugs, in possession of unlawful (i.e. un-prescribed) drugs, the theft of drugs from the University or the attempted manufacture of drugs on University premises.
8. Training and Development
The University is committed to provide training and development to help with the management of alcohol and drug abuse problems.

Heads of Schools and their nominated deputies, line managers and supervisors will be given advice in order to develop "early recognition" techniques for identifying any employee misusing alcohol or drugs. Effective interviewing and counselling skills will be developed so that employees can be dealt with promptly, tactfully and firmly. This training will be provided by Occupational Health in conjunction with Human Resources.

APPENDIX 1

Agencies able to offer help and/or advice with Alcohol/Drug Problems:

<table>
<thead>
<tr>
<th>University of Edinburgh:</th>
<th>External Agencies:</th>
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<tbody>
<tr>
<td>Staff Counsellor: ext 502513</td>
<td>Edinburgh &amp; Lothian Council on Alcohol Abuse</td>
</tr>
<tr>
<td>Occupational Health Unit: ext 508192</td>
<td>6 Clifton Terrace</td>
</tr>
<tr>
<td>University Health Service: ext 502777</td>
<td>EDINBURGH    EH12 5DR</td>
</tr>
<tr>
<td></td>
<td>Tel: 0131 337 8188</td>
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APPENDIX 2

The Following characteristics especially in combinations, may indicate the presence of an alcohol or drug-related problem.

1. ABSENTEEISM
   - instances of unauthorised leave
   - frequent Friday and/or Monday absences
   - leaving work early
   - lateness (especially returning from lunch)
   - excessive leave or sickness absence
   - strange and increasingly suspicious reasons for absence
   - unusually high level of sickness for colds, flu, stomach upsets
   - unscheduled short-term absences, with or without explanation

2. HIGH ACCIDENT LEVEL
   - at work
   - elsewhere, e.g. driving, at home

3. WORK PERFORMANCE
   - difficulty in concentration
   - work requires increased effort
   - individual tasks take more time
   - problems with remembering instructions or own mistakes

4. MOOD SWINGS
   - irritability
• depression
• general confusion

5. Self Referral
• in some instances, employees may seek help and advice themselves.

Appendix 3 - Occupational Health Procedure
Code of Practice on Alcohol and Drug Abuse

Introduction
Occupational Health aims to play an active role in the implementation of the University Code of Practice on Alcohol and Drug Abuse, by providing medical advice and over-viewing the employee's treatment through regular communication with the various agencies dealing with alcohol/drug addiction.

It will accept formal referrals via Human Resources or the Head of School or Support Department of the individual concerned, as well as self-referrals.

1. Formal Referrals

1.1 When disciplinary procedures have been taken or threatened against an individual who admits of having an alcohol or drug related problem, under the Code of Practice on Alcohol and Drug Abuse, any further related disciplinary action will be suspended on condition that the individual:
• admits of having an alcohol or drug related problem,
• agrees to sign the consent form on alcohol and drug abuse treatment plan.

1.2 The employee will be invited to attend Occupational Health for an initial discussion with the Occupational Health Physician or the Occupational Health Adviser.

1.3 If the employee admits to having an alcohol or drug related problem, he/she will be asked to agree to adhere to a specific course of action and to this effect, to sign the document, "consent form - alcohol and drug abuse treatment plan" (see Appendix 1).

1.4 If the employee denies having an alcohol or drug related problem, he/she will be referred back to the original source of referral.

1.5 The Access to Medical Report Act 1988 will be explained to the employee who subsequently will be asked to sign a consent form to enable the Occupational Health professionals to request ongoing medical report(s) from appropriate sources (General Practitioner, Hospital Consultant...). Refusal to sign will withdraw our offer of help and the referring School/Support Department would be immediately informed.

1.6 Follow up appointments will be made at appropriate intervals.

1.7 Regular reports will be sent to Human Resources or the Head of School/Support Department or nominated deputy (as appropriate) advising on the employee's progress and intention of further review.

Equally any relevant information regarding the individual's progress at work should be reported to Occupational Health.

2. Self Referrals

2.1 Employees who either suspect or know that they have an alcohol or drug related problem are advised to seek help from Occupational Health.

2.3 Their disclosure of such information will remain confidential information to Occupational Health, unless the employee decides after discussion that it is in their interest to let Human Resources or his/her own school/department know.

2.4 Advice regarding the different sources of help will be given.
2.5 If the individual agrees to let Occupational Health inform Human Resources, he/she should be treated under this Code of Practice on Alcohol and Drug Abuse (the same conditions as 1.5 above apply).

3. Failure to Comply With The Treatment Plan

3.1 Occupational Health will advise Human Resources or the Head of School/Support Department or nominated deputy of the discontinuation or non-adherence to a course of treatment by the employee who has signed the consent form - alcohol and drug abuse treatment plan.

3.2 Normal disciplinary or capability procedure will then be taken by Human Resources as the Code of Practice on Alcohol and Drug Abuse and its protection would then be rendered invalid.

4. Non Attendance

4.1 Human Resources or the Head of School/Support Department or his/her nominated deputy (as appropriate) will be advised of any failure to attend Occupational Health.

4.2 Following a missed appointment, Occupational Health may wish to discontinue any follow up.

4.3 As a result of non-attendance, appropriate disciplinary or capability procedure may be initiated by. Any recurrence of the problem with an employee who had previously satisfactorily completed a course of treatment will be dealt with on merit. Further treatment may in certain circumstances be possible.

Consent Form
Alcohol and Drug Abuse Treatment Plan

The University aims to ensure that it will deal with alcohol and drug related problems by the active management of staff with such problems. By signing this agreement you will agree to be guided by the Occupational Health Unit of the University of Edinburgh to access the assistance of the external agencies as outlined below;

I …………………………….. ……………………… will consent to being referred to the following;

- General Practitioner
- Alcohol Problems Clinic
- Edinburgh Lothian Council for Alcohol
- Turning Point
- Other (please list)

I give my consent for the Occupational Health Unit representative to request regular reports from the agencies listed above. I understand that all information so gained will be kept confidential between myself and the Occupational Health Unit, however I give my permission for the Occupational Health representative to summarise and to report on my regular progress to my Manager or Head of Department and the Human Resources Adviser (where appropriate) under the terms of the Code of Practice on Alcohol and Drug Abuse. I also agree to keep all my appointments with the Occupational Health Unit. I understand that my Head of Department and or the Human Resource Adviser (as appropriate) will be informed of any missed appointment and that subsequently, disciplinary action may be taken by these representatives.

Signed .................................................................  Date ...........................................

This specific consent will be reviewed in 6 months as will your adherence within the policy.

Guidance is available at:
Alternative Format

If you require this document in an alternative format please contact UHRS@ed.ac.uk or telephone 0131 650 8127.