Employee Alcohol and Substance Misuse Policy

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1. **Introduction**

1.1 This policy relates to all members of staff at Imperial College London, during hours undertaking work and when undertaking activities on behalf of the College or attending College-related social events.

1.2 Contractors are also required to comply with this policy and must ensure that their staff are not allowed to work in Imperial College London under the influence of alcohol and/or substances (non-prescribed) or illegal substances.

1.3 While the College has a general interest in the well-being of its members of staff, what they do in their private lives is generally outside the scope of this policy unless it affects their work, interferes with the legitimate activities of other members of the College or risks their safety or that of others.

1.4 The College is committed to promoting the health and well-being of its members of staff and will ensure any members of staff with alcohol or substance dependency problems have the opportunity to obtain support and are treated sensitively. The College wishes to ensure that the health, safety and welfare of staff are not jeopardised through misuse of alcohol or substances in College. The Health and Safety at Work Act 1974 stipulates that employers have a duty to ensure the health, safety and welfare of employees as far as is reasonably practicable.

1.5 This policy sets out the approach the College will normally take when the consumption of substances and/or alcohol affects the performance of staff. Each case will be considered on its merits. The College is committed to offering guidance and early assistance with the primary concern being to help the individual whose performance and/or behaviour is affected.

1.6 The Misuse of Substances Act 1971 makes it an offence for an employer to knowingly allow the production or supply of controlled substances or illegal substances on their premises.

1.7 The College treats equality of opportunity seriously and has an equality framework that is applicable to staff in order to promote and ensure equality of opportunity. Implementation of this procedure must be clear and transparent and not subject to any unfair discriminatory practices.

Line managers and supervisors are required to familiarise and understand this procedure.

Members of staff, who contravene this policy, refuse support or whose performance and/or behaviour do not improve following support may be subject to the College’s [Disciplinary and Poor Performance Policy and Procedure](#).

2. **Definitions**

2.1 **Substance Misuse** – drinking alcohol, taking drugs or a substance, either intermittently or continuously, such that it adversely interferes with an individual’s health, work performance or conduct or affects the work performance and/or safety of themselves and others.

2.2 **Substances** – This term includes prescription medicines where the prescription medicines have not been prescribed for the person possessing or using them and/or such prescription medicines which are not taken in accordance with a physician’s direction. Includes any substance (other than alcohol) that produces physical, mental, emotional or behavioural changes in the user.

2.3 **Controlled Drug** – includes all chemical substances or drugs listed in any controlled drugs acts or regulations applicable under the law.

3. **Responsibilities**

**Members of Staff:**
3.1 Each member of staff is responsible for ensuring their own behaviour and work performance remains appropriate whilst engaged in College activity (see section 1.) and is not affected by excessive alcohol consumption or substance misuse.

3.2 Members of staff who suspect, or know, that they have an alcohol, or substance-related problem should seek professional help at an early stage to avoid the problem becoming worse. The “Support” section in Appendix 1 provides further information. They may also choose to confidentially refer themselves to the College’s OH service.

3.3 Members of staff should inform their line manager if they suspect another member of staff is under the influence of an aforementioned substance whilst engaged in a College activity that could result in an accident or danger to either the member of staff or other staff. Members of staff may decide to speak directly with a colleague if they believe this to be beneficial.

3.4 Members of staff should familiarise themselves and comply with any Department/School/Institute/Division policy that prohibits consumption of alcohol or being under the influence of alcohol during working hours. There are many roles and activities in College where any reduction of alertness or disturbance of critical faculties could compromise the health and safety of the person involved or others.

3.5 Members of staff must not bring or use illegal substances on College premises under any circumstances.

3.6 Members of staff should notify their line manager if they are taking prescribed medication that could affect their ability to work safely.

**Heads of Department/School/Institute/Division:**

3.7 Ensure that members of staff are aware of the policy and the support available to them.

3.8 Having considered the nature of activities undertaken within their jurisdiction, identify work/locations/tasks with high accident risk and define and implement a ‘dry roles’ policy.

3.9 Where relevant, ensure systems for notification of third parties (for instance, an NHS Trust, a regulatory body or the police; please note this is not an exhaustive list) of their concerns relating to a College individual’s alcohol or substance dependency issue, where they have reasonable grounds to think the person may pose a safety risk to others or if there is a legal requirement. In these cases the Head of Department/School/Institute/Division will normally notify the member of staff before proceeding.

**Line Manager:**

3.10 Ensure compliance with the Policy.

3.11 Communicate which roles have been designated as “dry roles” within their section to members of staff.

3.12 Reinforce to members of staff the requirement for appropriate behaviour at College related social events.

3.13 Refer members of staff for assessment or help to OH where required following the member of staff consent.

3.14 Provide members of staff with support and adjustment to facilitate recovery as far as reasonably practical following advice from OH and HR.

**Occupational Health will:**
3.15 Provide information to members of staff on the harmful effects associated with alcohol/substance abuse and their effects on health and safety.

3.16 Provide advice to managers on the early recognition of individuals misusing alcohol or substances.

3.17 Assess members of staff referred for a medical opinion on their fitness for work.

3.18 Monitor progress and advise on the rehabilitation of members of staff back into work after treatment of a substance or an alcohol problem.

4. Where a member of staff appears to be under the influence of alcohol or a substance

4.1 The *Head of Department/School/Institute/Division/line manager should seek guidance from Human Resources if they suspect a member of staff is under the influence of alcohol or a substance. It is the responsibility of the manager to discuss with members of staff as soon as possible if behaviour, performance or absence indicates a possible problem with substance misuse. *Head of Department/School/Institute/Division/line manager (generically referred to as manager)

4.2 The manager will normally with the members of staff consent make a decision to refer individuals directly to the OH Service where they declare they have a substance abuse problem or where they suspect they may have a substance abuse problem.

4.3 Where the manager suspects that a member of staff is under the influence of alcohol at work or that their performance is acutely impaired through consumption of alcohol or substances guidance should be sought, where practically possible, from HR prior to taking action. The member of staff should be sent home for the day on full pay due to Incapacity. The manager needs to consider whether it is safe for the member of staff to travel home independently: it may be necessary for the member of staff to be accompanied, or to arrange a taxi. If there is uncertainty over a member of staff’s fitness or safety to travel home unaccompanied then advice should be sought from the OH service.

4.4 The manager should arrange to see the member of staff the following workday to investigate the incident. If the member of staff discloses an alcohol or substance abuse problem or if after investigation, the manager considers the abnormal behaviour or performance may be due to alcohol or substance abuse, the member of staff should be referred to the OH Service for assessment.

4.5 Members of staff should also be referred for an OH assessment if, in other circumstances, they disclose a problem of alcohol or substance misuse or if a manager suspects that problems in work performance or attendance may be due to alcohol or substance abuse.

4.6 In support of staff, managers should additionally encourage, on an informal basis, staff whom they believe may have an alcohol or substance misuse problem, but which is not affecting their work, to nonetheless seek help for this.

4.7 The College will be as supportive as possible to the individual; however, there may be situations where the circumstances are such that the situation may be dealt with under the provisions of the Disciplinary policy immediately rather than under the Alcohol and Substance Misuse Policy. Should the individual not be willing to comply with suggested treatment or should the alcohol and/or substance misuse continue, they will be subject to the College’s Disciplinary Policy.

5. The purpose of an OH assessment is to:

- Assess whether the member of staff has an alcohol or substance dependency problem.
- Assess and advise on whether the member of staff would benefit from treatment.
- Advise on fitness to work and on any adjustments to duties or support measures that could enable the member of staff to work safely whilst receiving treatment for a substance or alcohol problem.
• Advise on the need for, and likely duration of sickness absence required for treatment.
• Facilitate referral for treatment.

5.1 A member of staff must consent to an OH referral.

5.2 Members of staff who are concerned that they may have an alcohol or substance dependency problem may seek advice (self-referral), in confidence, from the OH Service.

5.3 If a member of staff is referred for treatment the OH Service will, with the individual’s consent, liaise with their treatment provider to monitor progress during treatment and assist with their rehabilitation back into work.

5.4 Where there has been a breach of the College’s rules, but it is established that the person’s conduct was related to alcohol or substance misuse, and the individual is willing to co-operate with any referral for specialist help and necessary treatment, the College may suspend any disciplinary procedures and continue to provide assistance.

6. **The College and external organisations**

6.1 Where members of staff of the College work on projects with, or for, external organisations the College requires them to comply with that organisation’s own policies relating to alcohol and substance misuse.

7. **Glossary of Terms Used**

<table>
<thead>
<tr>
<th>Dry Roles</th>
<th>Posts designated as ‘Dry Roles’ require the post holder not to drink alcohol during working time (see appendix 4 for full details)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rehabilitation</td>
<td>The required help that enables a member of staff to return to a normal life, i.e. one without alcohol dependency or substance misuse</td>
</tr>
<tr>
<td>Incapacity to work</td>
<td>The condition of being unable to work because of the alcohol or substance misuse</td>
</tr>
<tr>
<td>Occupational Health referral</td>
<td>To recommend the member of staff to Occupational Health for assessment with their agreement</td>
</tr>
</tbody>
</table>
Appendix 1 - Support

For staff:
There are a number of different sources of support for employees, including the Employee Advisory Resource which provides free, confidential and professional help 24 hours per day and the Occupational Health Service which may also refer people on to other sources of treatment and support as well as their own GP. Line managers and HR are also expected to manage such issues with discretion and sensitivity when approached by staff.

Specific Organisations:

Alcohol issues

Al-Anon
61 Great Dover Street, London 32-36, SE1 4YF, London
Tel. 020 7403 0888
www.al-anonuk.org.uk

Alcohol Concern
Waterbridge House, Loman Street, E1 0EE
Tel. 020 7928 7377
www.alcoholconcern.org.uk

Alcoholics Anonymous
PO Box 1
Stonebow House
Stonebow, York
YO1 2NJ
Tel. 020 7352 3001
www.alcoholics-anonymous.org.uk

Institute of Alcohol Studies
Tel. 020 7222 5880
www.ias.org.uk

Alliance House, 12 Caxton Street, London, SW1H 0QS

Substance misuse issues

FRANK
Tel. 0800 77 66 00, Text 82111,
www.talktofrank.com

Narcotics Anonymous
Tel. 0845 373 3366, www.ukna.org

Addiction

Adfam
Tel. 020 7553 7640, www.adfam.org.uk

Confidential Care

Health and Safety Executive
Appendix 2 - The Management of Alcohol at College

Within the range of College activities there are times where alcohol is available at staff and student events. The College’s position is that all events should be as inclusive as possible so that most people are able to attend them without embarrassment or difficulties. Great care should be taken in planning events to respect the views of anyone who does not drink or does not wish to drink alcohol. This is particularly pertinent when welcoming new students in their Freshers’ term.

Licensing arrangements for College venues
College licensees are required to attend a suitable training course. The licensed premises in the College are normally open for the lunch period and the evening, with regular extensions during term-time for the Union bar until midnight on Wednesdays and 1.00 am on Saturdays (i.e. extended from Friday evening). It is College policy that sales of alcohol must not be promoted at lunchtime.

The prices in College bars are, in general, appreciably lower than those in the pubs closest to the College but can often be matched in other pubs not far away. This pricing policy, agreed by College Catering and the Union, is believed to be in the interests of students by encouraging those who drink to do so on the College premises rather than elsewhere.

Several bars and catering outlets in the College have licenses to sell alcohol for consumption on the premises, for members of college and guests.

Post holders with responsibility for the license to sell alcohol are

**Campus Services:** The Head of Commercial Business & Student Support.

**Imperial College Union:** Designated Premises Supervisors (South Kensington and Charing Cross)
Appendix 3 - NHS Guidance on Sensible Levels of Alcohol Intake

The NHS recommends:

- Men should not regularly drink more than 3-4 units of alcohol a day
- Women should not regularly drink more than 2-3 units a day
- If you've had a heavy drinking session, avoid alcohol for 48 hours

"Regularly" means drinking this amount every day or most days of the week.

Drinking more than this can, over time, cause serious health problems such as liver disease, heart disease, strokes and cancer.

A unit of alcohol is defined as 10ml pure ethanol. You can work out how many units there are in any drink by multiplying the total volume of the drink in milliliters by its strength (ABV%) and dividing the result by 1,000

- A pint of a lager (5%ABV) contains 3.5 units
- A half-bottle of wine (13.5%ABV) contains just over 5 units
- A standard (175ml) glass of wine (13.5%ABV) contains 2.4 units
- A single pub measure (25ml) of spirit contains 1 unit.

Drinks served at home tend to be larger than standard pub measures so may contain more units than the above examples. There will be times when one or two drinks can be too much e.g. when about to drive, operate machinery and when taking certain types of medicine.
Appendix 4 - Recognising possible alcohol or substance misuse

Misuse of substances or alcohol can show in a wide variety of ways. As well as episodes of acute intoxication or drunkenness longer term misuse may show up as changes in a person’s work or academic performance, their social behaviour or relationships or through deterioration in their appearance or self-care.

Some of the more common signs of chronic misuse are listed below. None are specific to alcohol or substance misuse so you cannot assume this to be the cause. The effects of some medical conditions may cause a person to appear drunk or intoxicated. However, you should not avoid discussing a valid concern over a person’s performance or behaviour because of uncertainty over its cause.

Inadequate or erratic work performance
- Poor time keeping frequent lateness, repeated short absences away from a person’s normal work location
- Frequent sickness absence with minor illnesses e.g. colds, stomach upsets, headaches
- Poor concentration and forgetfulness
- Proneness to accidents- at work or at home
- Unreliability and unpredictability
- Mistakes or errors of judgement
- Improbable excuses for poor work performance

Changes in behaviour and appearance
- Mood changes, irritability, lethargy
- Hand tremor, slurred speech
- Excitable or inappropriate disinhibited behaviour
- Avoidance of eye contact
- Marked change in alertness or social behaviour after breaks
- Poor personal hygiene

Relationships with colleagues
- Over-reaction to real or imagined criticism
- Unreasonable resentment
- Avoidance of meetings
- Complaints from colleagues
- Borrowing money

Raising the issue
If you need to discuss a performance issue with colleague where you suspect that they may have an alcohol or substance misuse problem:

Do:
1. Prepare for the discussion – allow plenty of time.
2. Explain the reason for interview.
3. Focus on work issues: performance/attendance/relationship with colleagues
4. Be objective and factual, giving concrete, specific examples of problems
5. Acknowledge the person’s positive contributions, past or present

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July 2010, updated February 2011, March 2015
6. Show concern for the person. Offer the opportunity for them to disclose in confidence any personal issues that may be affecting their performance, before deciding improvement targets.

7. Explain exactly what the person must do to improve their work performance.

8. Arrange a review meeting and stick to it.

9. Be firm and consistent with staff. Adopt the same general stance and follow the same procedure in every case.

Do Not:

1. Comment on the person’s private life.

2. Rely on subjective impressions or rumor for which documented evidence is lacking.

3. Make vague accusations.

4. Convey verbally or by your manner that you are judging the employee’s morals.

5. Ignore past or present achievements. Doing so might invite an accusation of unfairness.

6. Argue with the person about their problems or attempt to give advice outside of the work sphere.

7. Leave any room for uncertainty about the person’s situation and what needs to be done to rectify it.

8. Waiver between the heavy-handed exercise of authority and holding out the hand of friendship.

9. Treat members of your staff inconsistently and make exceptions.

Discussing Substance or Alcohol Use

1. Do not accuse a person of having a substance and alcohol problem or require them to describe their use.

2. When discussing personal factors, the member of staff thinks may be affecting their performance if he or she discloses that they have a substance or alcohol problem, offer the opportunity for them to obtain professional help and advice on this. Inform them that the College has a policy of supporting staff whilst they pursue help for a substance & alcohol problem, if present.

3. If the person discloses use of substances or alcohol which they do not consider harmful, but which you think may be contributing towards their poor performance, express concern that it may be a factor and offer the opportunity of obtaining help and advice, as above.

4. If the person makes no relevant disclosure but you are still concerned that their performance might be impaired by substance or alcohol use, consider referring the person for an OH assessment for advice on whether there is an underlying health problem that may account for the performance difficulties observed.

If you would like further advice on how to approach a discussion you can contact Confidential Care’s Managerial Advice Line to talk it through with an experienced counsellor. The advice line is available during office hours, Monday to Friday on 0800 085 3805.

For advice on application of the College Staff Substance and Alcohol Policy contact the HR Staff Hub.
Referral for Occupational Health Assessment
Staff who disclose a problem with alcohol or substance misuse that is affecting them in their work should usually be referred to the College OH Service for assessment and advice: the person may need help to change behaviour, if damaging.

Their manager will benefit from an opinion on how alcohol or substance use may be affecting the person’s performance, and advice on appropriate adjustments to support the member of staff whilst they pursue professional help, if needed and accepted.

A manager can also refer a staff member for OH assessment who does not disclose any alcohol or substance problem but where the manager still has grounds for concern over the person’s performance and reasonable grounds for believing substance or alcohol misuse, or some health problem, may be a factor.

In both instances, referral for assessment can only take place if the person consents to being referred.

The report back to the manager will not necessarily directly address a person’s use of alcohol or substances: any disclosure on this to an OH Advisor will be covered by rules of medical confidentiality. However, if a person’s performance is being affected by substance or alcohol dependency and the person acknowledges this and is willing to accept professional help to overcome any dependency problems, the report will advise that their performance is being impaired by a valid health problem. It will also provide an opinion on prospects and timescale for recovery and advise on the need for sick leave or adjustments to enable the person cope with duties whilst pursuing treatment.

If, at OH assessment, a person does not disclose a substance or alcohol problem, or does not accept the need for professional help where, in the opinion on the OH Adviser, they need this to overcome harmful use of substances or alcohol the report will advise there is no problem affecting performance that is amenable to medical intervention.

Acute Intoxication
If you are uncertain whether or not a person is intoxicated or drunk whilst at work, you can seek advice from an Occupational Health Adviser. Staff however cannot be required to be tested for the presence of substances or alcohol.

Occupational Health,
November 2011
Appendix 5 - Guidance on Dry Roles

Alcohol, and substances even in small amounts insufficient to cause obvious intoxication, can impair physical co-ordination and reflexes. It can also adversely affect concentration and alertness. A person under the influence of alcohol or a substance is at greater risk of an accident, risking harm to themselves and others.

Heads of Department should identify jobs or tasks where there is potential for serious injury or significant damage to property or equipment in the event of an accident and designate these as ‘dry roles’. Jobs which requires sustained vigilance or careful attention and where inattention could result in significant loss or harm to others should also be considered for designation.

Staff in these jobs should be instructed that they must not drink alcohol when at work, including during lunchbreaks or to report for work when they may have a blood alcohol level exceeding the UK limit for safe driving – outlined below. Staff in designated dry roles may need to be advised that heavy drinking after work may mean they could be unfit for work on the following day.

Alcohol should not be served at social events held during the working day for staff in dry roles, or an event at which alcohol is to be available organised in such a way that staff in dry roles are not expected to return to normal duties after the event.

Jobs which should be considered for designation as a dry role include those involving:

- Work in a laboratory where hazardous materials including chemicals, radioisotopes or biological agents are handled
- Operating dangerous machinery, e.g. workshop machinery, food processing equipment, hand tools, cutting equipment.
- Jobs involving work at height, or where an unimpaired sense of balance is essential e.g. working on roof, scaffold or ladders
- Electrical maintenance
- Driving vehicles of any description
- Clinical duties or contact with patients
- Security work
- Work with animals
- Work with children

This is not an exclusive list. As a general rule, jobs with responsibilities that involve use of, or exposure to, hazards sufficient to require a documented risk assessment should be considered for designation, at least for that aspect of the role.
Appendix 6 - Legal Limits for Alcohol and Substances for Drivers in England and Wales

Driving any type of vehicle on College business has been designated as a dry role.

The following information relates to the legal limits which apply in England and Wales, people who drive in jurisdictions outside England and Wales need to be mindful that it is very likely that the legal levels for both alcohol and substances will be different and should familiarise themselves with the local laws.

**Alcohol**
The legal limit for driving is 80mg alcohol/100ml blood. Most men will exceed this figure if they drink more than 4 units (1 ½ pints beer; 300ml wine). Women can reach the limit after drinking only 3 units.

Alcohol is metabolised and excreted at approximately 1 unit per hour. Someone drinking more than 12-15 units of alcohol e.g. 1½ bottles wine, or 6 pints of lager in the late evening may still have an alcohol level exceeding the limit at which it is illegal to drive on the following morning.

**Medicinal and illegal substances**
The Department of Transport has introduced Drug Drive legislation which has come into force from 02 March 2015, it sets low limits for 8 substances commonly associated with illegal use such as cannabis and cocaine along 8 prescription substances; these are listed below.

The limits that have been set for these substances exceed normal prescribed doses, meaning that the vast majority of people can drive as they normally would, so long as:

- Medicine is being taken in accordance with the advice of a healthcare professional and/or as printed in the accompanying leaflet
- Their driving is not impaired.

<table>
<thead>
<tr>
<th>Illegal Substances</th>
<th>Threshold limit in blood</th>
<th>Prescribed Medicinal Substances</th>
<th>Threshold limit in blood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benzoylegonine</td>
<td>50µg/L</td>
<td>Amphetamine</td>
<td>250 µg/L</td>
</tr>
<tr>
<td>Cocaine</td>
<td>10µg/L</td>
<td>Clonazepam</td>
<td>50 µg/L</td>
</tr>
<tr>
<td>Cannabis</td>
<td>2µg/L</td>
<td>Flunitrazepam</td>
<td>300 µg/L</td>
</tr>
<tr>
<td>Ketamine</td>
<td>20µg/L</td>
<td>Lorazepam</td>
<td>100 µg/L</td>
</tr>
<tr>
<td>Lysergic acid diethylamide</td>
<td>1µg/L</td>
<td>Methadone</td>
<td>500 µg/L</td>
</tr>
<tr>
<td>Methylamphetamine</td>
<td>10µg/L</td>
<td>Morphine</td>
<td>80 µg/L</td>
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<tr>
<td>MDMA</td>
<td>10µg/L</td>
<td>Oxazepam</td>
<td>300 µg/L</td>
</tr>
<tr>
<td>Heroin</td>
<td>5µg/L</td>
<td>Temazepam</td>
<td>1,000 µg/L</td>
</tr>
</tbody>
</table>

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