

STAFF NOTICE

.....changes to terms, conditions and procedures affecting staff

STAFF NOTICE No 3 (2004) SUBSTANCE ABUSE POLICY

AIMED AT	ALL FC STAFF
DATED	April 2004
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FILE REF	PP2/1

Purpose

1. This SN replaces NIM68 Alcohol Related Problems Policy & Procedures. It sets out the Forestry Commission policy in relation to any member of staff whose performance, conduct, or behaviour is, or may be, impaired as a result of drinking alcohol, taking drugs or other substance abuse. The purpose of the Policy is to:
 - Make clear that substance abuse and the effect it has on individuals in the workplace is unacceptable;
 - Encourage staff experiencing problems with substance abuse to acknowledge the problem and seek help;
 - Make clear the provisions for helping staff with substance abuse related problems;
 - Define the roles and responsibilities of managers and others when dealing with substance abuse in the workplace.

Scope

2. The Policy applies equally to staff at all levels in the Forestry Commission including staff on short-term temporary appointments.

Action

3. Staff Notices are sent out by email and copies are placed on the Personnel Development eConnect site. Please ensure that all staff who don't have access to email receive a copy of this notice for information. For further information about this notice please refer to the contact box above.

W J Anderson
Director Personnel Development
April 2004

SN3 Substance Abuse Policy

Introduction

1. It is the policy and duty of the Forestry Commission to maintain a safe, healthy, and productive working environment for all staff, contractors, and visitors.
2. In support of this, and in recognition of the continued and growing problem of substance abuse in society, the Forestry Commission will act to prevent and eliminate, in so far as is reasonably possible, any such abuse by staff which will increase the potential for ill health, accidents, absence, or poor performance.
3. While it is the intention of this policy to assist those with substance abuse problems, it does not constitute a waiver of the Forestry Commission's responsibility to maintain discipline and a safe working environment or to respond to poor work performance, misconduct, or unsatisfactory levels of absence. The Forestry Commission regards substance abuse primarily as a health and social concern rather than a disciplinary matter, however the inefficiency/disciplinary procedures may be invoked in certain circumstances.

Definitions

4. For the purposes of this Policy the following definitions apply:
 - **Substance Abuse** - use of illegal drugs or the misuse, whether deliberate or unintentional, of prescribed medicines or solvents; any drinking of alcohol, either intermittent or continual, that interferes with health, work performance, attendance, or conduct
 - **Drug** - refers to any psychoactive drug whether illegal, over the counter from pharmacies and other retail outlets, or legal substances such as solvents. In the case of prescribed drugs, their possession and proper use is acknowledged as legitimate.

Conduct

5. No member of staff should arrive at work under the influence of alcohol, drugs, or other substances.
6. Staff who are required to drive or use machinery, electrical equipment or ladders at work must not consume alcohol, take drugs or other substances during the working day.
7. Staff must not possess, sell, deal, or use drugs whilst at work: this is a criminal offence and any incidence of this will be reported immediately to the police. The Forestry Commission recognises the controlled use and possession of prescribed medicines for personal use an exception.
8. The consumption of alcohol on Forestry Commission premises is prohibited with the exception of official meetings, parties, retirement functions, and similar special events. Non-alcoholic drinks should also be made available.
9. Misconduct will be dealt with under the disciplinary procedures as detailed in Personnel Memorandum 4 - Disciplinary Procedures.

Assistance for Staff

10. Individuals who find that they have problems caused by substance abuse are encouraged to seek help and advice at the earliest possible stage through their line manager, Welfare Officer, GP, or through any other agency of their own choosing. Annex 1 provides a list of helping agencies.

11. In most instances the existence of substance abuse will become apparent through poor attendance, unsatisfactory work performance, or misconduct. In these circumstances individuals will be offered the opportunity to seek help and advice from the appropriate agency in the first instance.
12. When there is clear evidence that an individual has a substance abuse problem and is genuinely seeking assistance, normal inefficiency/disciplinary procedures may be suspended and every effort will be made by the Forestry Commission to assist the individual in a successful rehabilitation.
13. Individuals seeking help to overcome a substance abuse problem will be allowed time off to attend counselling or other treatment and every effort will be made to assist them in returning to good health and full efficiency.
14. The Forestry Commission will endeavour to safeguard the confidentiality of individuals seeking help as far as possible.
15. If an individual successfully completes a course of counselling or other treatment and later relapses, affecting their performance, conduct, or attendance, the continuation of support will be reconsidered.
16. Individuals who decline the offer of referral for help or who fail to complete an agreed treatment programme will be subject to the normal inefficiency/disciplinary procedures.

Roles and Responsibilities

Member of Staff

17. Staff should make themselves familiar with the contents of the Policy and its procedures. If an individual is worried about their alcohol consumption, misuse of drugs, or other substance abuse they should seek assistance from a Welfare Officer, their line or personnel manager, GP, or other helping agency. Annexes 2 and 3 provide guidance on alcohol consumption and the harmful effects of drugs.

Line Managers

18. Line Managers should make themselves fully aware of the contents of the Policy and its procedures. Managers have a responsibility to ensure that their staff understand what is expected of them under it. Managers are not expected to make a diagnosis of an alcohol, drug or substance abuse problem but do need to be alert to changes in work performance, attendance, sickness absence, and conduct which could be due to substance abuse. Annex 4 contains further guidance for managers.
19. In dealing with substance abuse situations managers should offer help and support to individuals after taking advice from personnel or welfare staff. In some circumstances disciplinary or inefficiency action may be appropriate and managers should seek advice on the appropriate procedure from Personnel Managers.

The Welfare Officer

20. The Welfare Officer will:

- provide help and support to managers in dealing with substance abuse issues,
- provide help and support in encouraging individuals to accept any assistance offered,
- help to arrange that assistance,
- act as liaison between agencies and management (both line and personnel),
- advise on referrals to BMI.

Personnel Development Division/National Personnel Managers

21. Personnel staff will:

- provide advice and guidance to managers dealing with substance abuse issues,
- support individuals with substance abuse problems and encourage those individuals to seek help,
- liaise closely with Welfare and line management in dealing with substance abuse problems,
- advise managers on any disciplinary or inefficiency action required,
- advise on referrals to BMI Health Services.

BMI Health Services

22. BMI will advise the Forestry Commission both generally and in relation to any individual case referral.

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[Annex 1](#) - Sources of Help and Information

[Annex 2](#) - Guidance on Alcohol Consumption

[Annex 3](#) - Harmful Effects of Drugs

[Annex 4](#) - Symptoms and Intervention Techniques

Sources of Help and Information

Drinkline – National Alcohol Helpline
0800 917 828

Alcoholics Anonymous National Helpline
0845 769 7555
www.aa-uk.org.uk

NHS Direct
0845 4647
www.nhsdirect.nhs.uk

Samaritans
08457 90 90 90
www.samaritans.org.uk

National Drugs Helpline
0800 766 600
www.ndh.org.uk

Narcotics Anonymous
020 7730 0009
www.ukna.org

Addaction
020 7251 5860
www.addaction.org.uk

Re-Solv (solvent abuse)
0808 800 2345
www.re-solv.org

Alcoholics Anonymous
PO Box 1
Stonebow House
Stonebow
York YO1 7NJ
01904 644026
www.aa-uk.org.uk

Al Anon Family Groups
61 Great Dover Street
London SE1 4FY
020 7403 0888
www.hexnet.co.uk

Alcohol Focus Scotland
2nd Floor
166 Buchanan Street
Glasgow G1 2LW
0141 572 6700
www.alcohol-focus-scotland.org.uk

Alcohol Concern
Waterbridge House
32 – 36 Loman Street
London SE1 0EE
020 7928 7377
www.alcoholconcern.org.uk

Health Education Board for Scotland
Woodburn House
Canaan Lane
Edinburgh EH10 4SG
0131 536 5500
www.hebs.org.uk

Your own GP, local Social Work Department, and Citizens Advice Bureau will also be able to put you in touch with specialist helping agencies in your area. You can find their addresses and telephone numbers in the local phone book or Yellow Pages.

Guidance on Alcohol Consumption

Moderate drinking in appropriate circumstances presents little or no harm to the drinker and can even provide health benefits. However it is strongly recommended that you:

Don't...

- drink and drive;
- operate machinery, use electrical equipment, or work at heights after drinking;
- drink before playing sport or swimming;
- drink while on certain medications - check the labels and ask a doctor if you are unsure;
- binge drink - it can lead to health and other problems;
- drink every day.

Do...

- abstain for 48 hours, if you do have an episode of heavy drinking, to let your body recover;
- remember drinks poured at home are often bigger than pub measures;
- work out how much you drink and try to stick to the guidelines - these are daily benchmarks not weekly targets;
- get help from a doctor or a specialist agency if you are worried about your drinking;
- remember that women are more vulnerable than men to the damaging effects of alcohol on the liver;
- remember that drinking responsibly can be enjoyable and is compatible with a healthy lifestyle.

Counting Your Units of Alcohol

Reckoning drinks in units of alcohol is a quick and easy way to keep a check on how much you are drinking.

The basic rule is that:

one half pint of normal strength beer = one pub measure of spirits = one small glass of wine = one glass of sherry = one unit of alcohol.

To work out the number of units in a drink:

Multiply the % ABV (alcohol content) by the volume of the drink and then divide by 100 if the volume is stated in centilitres (cls) or divide by 1000 if the volume is stated in millilitres (mls). The answer is the number of units of alcohol in the drink.

For example:

- a 70cl bottle of spirits with an alcohol content of 37.5%: $37.5 \times 70 / 100 = 26.25$ units
- a 440ml can of strong lager with an alcohol content of 9%: $9 \times 440 / 1000 = 3.96$ units
- a 75cl bottle of red wine with an alcohol content of 12%: $12 \times 75 / 100 = 9$ units
- a 275ml bottle of alcopop with an alcohol content of 5.2%: $5.2 \times 275 / 1000 = 1.43$ units

Health Risks

- If you are a man and you drink up to 3 - 4 units a day there will normally be no significant health risk.
- If you are a woman and you drink up to 2 - 3 units a day there will normally be no significant health risk.
- Women who are trying to conceive or who are pregnant are advised to consume no more than one or two units of alcohol once or twice a week.
- Increasing your alcohol consumption increases the risk of liver damage and the risk of becoming addicted to alcohol.

Harmful Effects of Drugs

Name	How Usually Taken	Harmful Effects
Amphetamines	In powder form, dissolved in drinks, injected, sniffed, snorted.	Insomnia, mood swings, irritability, panic. The comedown (hangover) can be severe and last for several days.
Anabolic steroids	Injected or swallowed as tablets.	For men: erection problems, risk of heart attack or liver problems. For women: development of male characteristics. Injecting equipment brings risk of HIV or hepatitis infection.
Barbiturates	Swallowed as tablets or capsules, injected - ampoules.	Dependency and tolerance, overdose can lead to coma or even death. Severe withdrawal symptoms.
Cannabis	Rolled with tobacco into a spliff, joint or reefer and smoked in a pipe or eaten.	Impaired co-ordination and increased risk of accidents, poor concentration, anxiety, depression, increased risk of respiratory diseases including lung cancer.
Cocaine	Snorted in powder form, injected.	Dependence, restlessness, paranoia, damage to nasal membranes.
Crack	Smokeable form of cocaine.	As for cocaine but because of the intensity of its effects, crack use can be extremely hard to control, damage to lungs.
Ecstasy	Swallowed, usually in tablet form.	Possible nausea and panic, overheating and dehydration if dancing, which can be fatal. Use has been linked to liver and kidney problems. Long-term effects not clear but may include mental illness and depression.
Heroin	Injected, snorted, or smoked.	Physical dependence, tolerance, overdose can lead to coma and even death. Sharing injecting equipment brings risk of HIV or hepatitis infection.
LSD	Swallowed on tiny square of paper.	There is no way of stopping a bad trip, which may be a very frightening experience. Increased risk of accidents can trigger off long-term mental problems.
Magic mushrooms	Eaten raw or dried, cooked in food or brewed in tea.	As for LSD, with the additional risk of sickness and poisoning.
Poppers	Vapours from small bottle of liquid are breathed in through mouth or nose.	Nausea and headaches, fainting, loss of balance, skin problems around the mouth and nose, particularly dangerous for those with glaucoma, anaemia, breathing or heart problems.
Solvents	Sniffed or breathed into the lungs.	Nausea, blackouts, increased risk of accidents. Fatal heart problems can cause instant death.
Tranquillisers	Swallowed as tablets or capsules, injected.	Dependency and tolerance, increased risk of accidents, overdose can be fatal, severe withdrawal symptoms.

Source - Health & Safety Executive

Symptoms and Intervention Techniques

Possible Signs of Substance Abuse

Alcohol	Drugs
<ul style="list-style-type: none"> · frequent lateness or brief absences e.g. after lunch, Monday mornings, or just after pay-day · increased sickness absence · reduced work performance, poor timekeeping, absence from job, poor productivity · mood changes e.g. irritability, lethargy, dramatic mood swings · physical signs e.g. hand tremors, slurred speech, facial flushing, bleary eyes · more accident prone with minor accidents both at work and away from work · more mistakes and undue errors of judgement · borrowing money from colleagues; seeking loans or advances of pay · a deterioration in relationships with colleagues, customers, or managers · drinking before work, heavy and regular lunch time drinking, drinking during working hours 	<ul style="list-style-type: none"> · sudden mood changes · unusual irritability or aggression · a tendency to become confused · abnormal fluctuations in concentration and energy · impaired job performance · poor time-keeping · increased short-term sickness absence · a deterioration in relationships with colleagues, customers, or managers · dishonesty and theft (arising from the need to maintain an expensive habit)

Note: all the signs listed above may be caused by other factors, such as stress, and should be regarded only as indications that an individual may be misusing alcohol, drugs or other substances.

Intervention Techniques

When an individual's performance, conduct, or attendance deteriorates for whatever reason, the line manager has an obligation to intervene. The line manager does not need to be an expert on alcohol, drug, or substance abuse to intervene because the intervention is focussed on the individual's performance, conduct, or attendance problem.

Line managers who need to deal with an individual who has work performance, conduct, or attendance difficulties should adhere to the following principles:

- Stick to the facts as they affect work performance, conduct, or attendance;
- Have supporting evidence such as documents, records, and notes available to refer to; do not rely on memory;
- If necessary explain the FC policies regarding work performance, conduct, or attendance referring to the Staff Handbook, Personnel Memorandum, and Staff Notices etc as appropriate;
- Explain the standards of work performance, conduct, or attendance expected of the individual;
- Explain the consequences if improvements to work performance, conduct, or attendance are not met;
- Offer help and support to the individual in resolving work performance, conduct, or attendance problems;
- Identify resources for help in addressing personal problems.