



Sheffield Health
and Social Care
NHS Foundation Trust

Policy:

HR 004 Alcohol & Substance Misuse in the Workplace

Executive Director Lead	Director of People
Policy Owner	HR Adviser
Policy Author	HR Adviser

Document Type	Policy
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Date of Approval By PGG	January 2024
Date of Ratification	January 2024
Ratified By	PEOPLE COMMITTEE
Date of Issue	January 2024
Date for Review	January 2026

Summary of policy

Provide a summary description of the policy

Target audience	All staff, governors and potential employees
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Keywords	Disability; Staff; Reasonable Adjustments; Equality; Alcohol; Drugs; Substance Misuse; Testing; Events; Governor; Employee
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Storage & Version Control

Version 4.0 of this policy is stored and available through the SHSC intranet/internet. This version of the policy supersedes the previous version (V3.0 28 January 2019). Any copies of the previous policy held separately should be destroyed and replaced with this version.

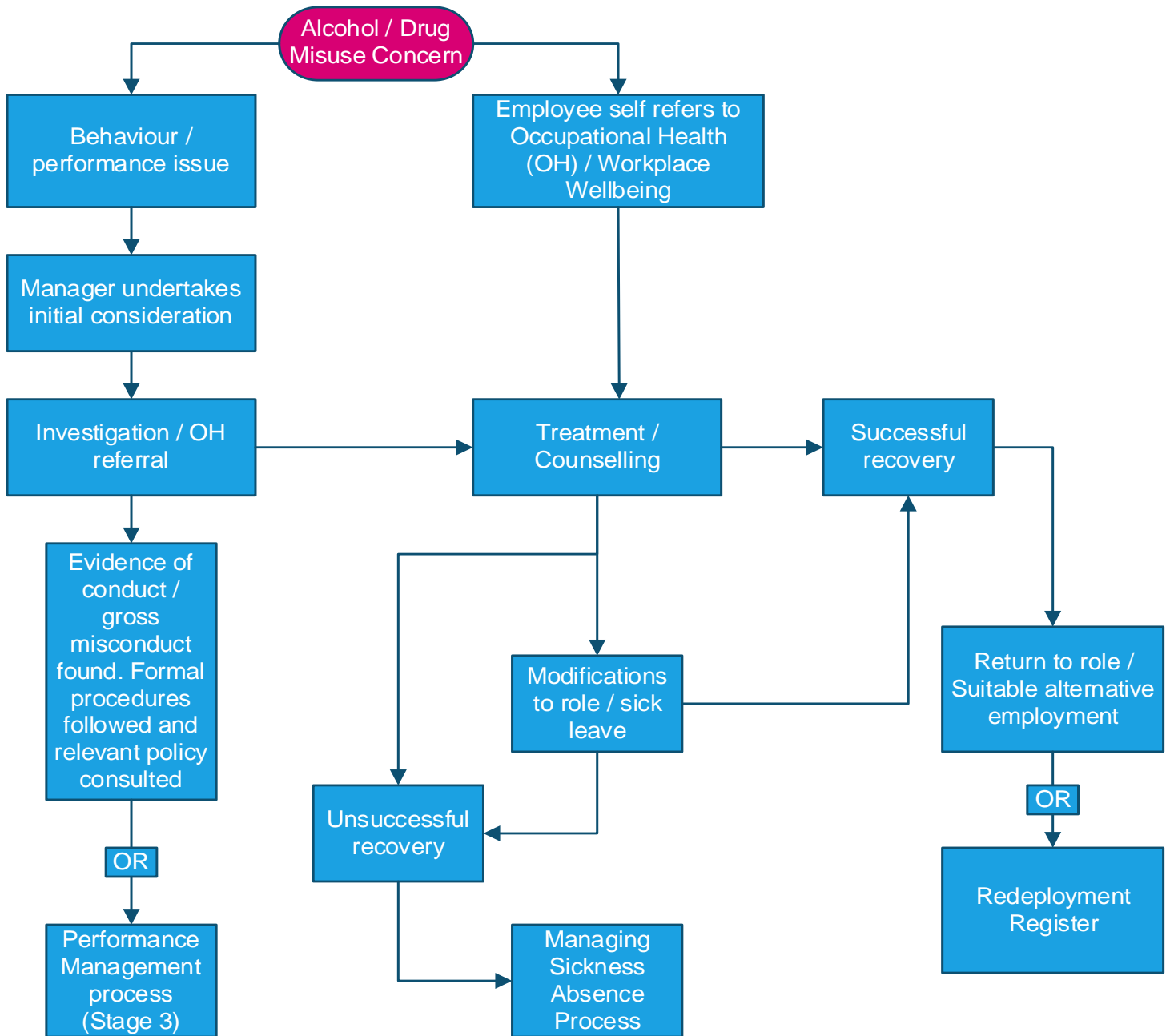
Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
3.0	New draft policy created	June 17	Review of policy to relevant legislation
	Staff Side pre-meet	10/07/17	Amendments to Section 3 & Section 6.4
	Joint Policy Group	31/07/17	Amendments to Section 5
	Policy Governance Group	06/09/17	Minor amendments noted. Policy submitted back to Staff Side
	Joint Policy Group	March 2018	Approved by Staff Side via email.
	Policy Governance Group	June 2018 Dec 2018	Approved for Intranet. Resubmitted to PGG following addition of inclusion on Trust website (as well as the intranet). Not approved at Dec PGG due to amendment required re reference to governors.
	Policy Governance Group	Jan 2019	Policy amended and resubmitted to Jan PGG. Now approved for ratification by EDG.
	EDG	Jan 2019	Ratified by EDG. Re-Submitted and approved for intranet and website.
4.0	Amendments to policy	Jan 2024	Removal of the testing option for drug and alcohol Updated appendix E of useful contacts Updated job titles / departments

Contents

Section		Page
	Version Control and Amendment Log	
	Flow Chart	1
1	Introduction	2
2	Scope	2
3	Purpose	2
4	Definitions	3
5	Details of the Policy	3
6	Duties	4
7	Procedure	6
8	Development, Consultation and Approval	7
9	Audit, Monitoring and Review	9
10	Implementation Plan	10
11	Dissemination, Storage and Archiving (Control)	10
12	Training and Other Resource Implications	11
13	Links to Other Policies, Standards, References, Legislation and National Guidance	11
14	Contact details	11
	APPENDICES	11
	Appendix A – Equality Impact Assessment Process and Record for Written Policies	12
	Appendix B – New/Reviewed Policy Checklist	14
	Appendix C - Signs of Alcohol and/or Substance/ Misuse	15
	Appendix D – Roles	16
	Appendix E – Useful contacts	17
	Appendix F - Recovery and return to work agreement (Alcohol related)	20
	Appendix G - Recovery and return to work agreement (Substance Misuse related)	21

Flowchart



1 Introduction

The Trust recognises the adverse effects of alcohol and substance misuse on the health and wellbeing of staff and governors and the consequential impact on service users.

The Trust will consider what reasonable support and assistance it may be appropriate to provide to employees and governors who suffer from alcohol and substance misuse addiction (drugs and solvents), whilst recognising that in certain situations it may be necessary to consider taking appropriate action under the Disciplinary or Capability policy. Referral will also be made, where appropriate, to Occupational Health and other sources of help/assistance as well as the relevant professional/regulatory body.

The possession or distribution of illicit substances is illegal and will be reported to the police.

This policy does not apply where behaviour or performance is unacceptable and related to drink or drugs but there is no perceived underlying addiction. In such cases the normal performance management policies will apply.

2 Scope

This policy applies to all Trust employees, or those working on behalf of the Trust, whether they are paid, unpaid, volunteers, governors, students on placement, secondees contractors and sub-contractors. (For medical staff, reference should also be made to the local Maintaining High Professional Standards policy as detailed at the end of this policy).

3 Purpose

The purpose of this policy is to:

- Encourage employees and governors with substance misuse or alcohol problems to seek help and accept counselling or treatment at the earliest possible stage (early identification means a better chance of successful treatment).
- To provide appropriate assistance in a sympathetic and confidential manner to employees or governors confronted with problems of alcohol and substance misuse.
- To enable managers to deal effectively with substance misuse and alcohol related problems in the workplace in the interests of health, safety and welfare, in order to maintain acceptable standards of behaviour and/or work performance.
- To emphasise amongst all levels of staff and governors, that specific instances of alcohol and/or substance misuse may still be a disciplinary matter where staff or governors behave in a manner contrary to standards of safety and conduct. Depending on the seriousness of the circumstances, it may be regarded as gross misconduct.

4 Definitions

Alcohol/ Substance addiction, for the purposes of this policy, can be categorised into three main areas:

- Inappropriate use, which may be sporadic but aggravates an existing condition.
- Habitual use, where the individual becomes psychologically dependent on the substance to the extent that the desire for these effects become a dominant concern in their lives.
- Excessive use, which can lead to physical dependence and mental illness, or anti- social behaviour.

The Trust also prohibits the use of (Novel Psychoactive substances) drugs that are synthetically designed to replicate the effects of illegal substances. People may refer to these drugs as “legal highs” but many of the substances are now under the control of the misuse of Drugs Act 1971. These are powerful substances with long lasting effects often over 12 hours in some instances.

The Trust’s response to each situation will take account of the particular circumstances of the case including; the nature of the issue; the implications for organisation/ service provision; and the prospects of recovery for the individual concerned. Addiction is not classified as a disability.

5 Details of the Policy

5.1 Prescribed Medicine

It should be recognised that prescribed/over the counter medicines may cause impairment to an individual’s performance at work. Individuals should seek advice from their GP or pharmacist on any medicines they are taking; if appropriate, they should be encouraged to discuss any problems with the Occupational Health Service if they feel this would be helpful. Individuals should inform their line manager of any possible side effects of their medication prior to commencing work and discuss any reasonable adjustments that may be required to support.

5.2 Alcohol/Drugs in the Workplace

Alcohol/drugs can affect an individual’s concentration, co-ordination, work performance and judgement. They can be damaging to the employee’s or governor’s health and may also cause harm to other colleagues and patients, and as a whole, can affect the quality of service provided.

They can cause serious psychological and physical damage and can be a major contributory factor to accidents at home, on the road and at work. People who misuse alcohol and/or drugs can be found in all professions and work groups at all levels in an organisation. Signs of alcohol/drug misuse can often be overlooked. Appendix 1

5.3 Self help

Employees or governors who suspect or know that they have an alcohol or substance misuse problem should seek advice and support from appropriate sources such as the Occupational Health Service, Workplace Wellbeing Service, their own GP or other alcohol/ drug related advisory agencies Appendix 3.

Employees or governors who are members are encouraged to contact their professional association / union to ascertain what assistance may be available.

Information disclosed to the Occupational Health or Workplace Wellbeing Service will be treated in confidence, however, circumstances may arise where information may have to be disclosed to a manager or third party: for example, where an individual poses a risk of causing harm to themselves or others. In such circumstances, all reasonable steps will be taken to inform the individual of any limitations to confidentiality.

The individual may contact the People department, union representatives or another manager as an intermediary.

Union representatives and colleagues should offer help whenever possible. Union representatives and colleagues have a responsibility to assist those staff or governors they know have a problem with substance abuse or alcohol dependency.

Collusion and cover up by colleagues will often lead to more serious health problems for the employee or governor and pose a risk to patient safety. Early interventions may prevent incidents from occurring and the need for disciplinary action to be taken.

6 Duties

Employees and governors have a responsibility to ensure that they are capable of carrying out their duties efficiently and safely. The consumption of alcohol and/or the misuse of substances can impair performance, judgment and concentration. It can endanger the safety or care of service users and other members of staff. It can also affect the confidence of service users and other staff and damage the reputation of the Trust.

The Trust will take all reasonable steps to prevent employees, governors and contractors carrying out work related activities if they are considered to be unfit/unsafe to undertake the work as a result of alcohol consumption or substance misuse.

Managers are responsible for setting standards of behaviour, performance and taking appropriate action where an issue arises.

For a full list of duties please see Appendix 2.

Drugs/Other Substances

The possession and/or use of illegal drugs and substances, whether at work or not, may result in police prosecution as well as disciplinary action.

Alcohol

Drinking alcohol whilst at work, during breaks or shortly before commencing work is not acceptable.

Managers who are responsible for organising special events such as retirement or Christmas parties should not permit the consumption of alcohol if such events are held on NHS premises and/or during working hours.

Staff members and governors who are invited to represent the Trust at functions and events outside of work are expected to keep the Trust's reputation in mind and conduct themselves professionally at all times.

7 Procedure

7.1 Guidance for Managers

(a) Initial Considerations

Where an employee or governor is reasonably suspected of being under the influence of alcohol, prescribed medication, drugs or other substances which it is reasonably believed could be prejudicial to their ability to perform their duties, then this will generally result in the employee or governor being suspended pending the outcome of an investigation. This includes abuse of prescribed medication.

Where it is believed that the situation is inadvertent (e.g. not being aware of the side-effects of prescribed medication) then the employee may be asked to change their duties on a temporary basis, following an occupational health assessment. This will depend on the circumstances, including risks to patient /staff safety. (If a change in duties is not practicable or agreement cannot be reached on alternative arrangements, then the employee may be sent home on medical grounds.

Where someone is suspected of having consumed alcohol or being under the influence of drugs/other substances and they have driven to work then they will be advised to take alternative means of transport. Should they refuse to do so, then the police may be informed of these concerns.

(b) Further Action

As a first step, the manager will need to identify the nature of the problem.

If a disciplinary or capability issue arises but the employee or governor is not accepted by management as having a drink or drug problem, then appropriate disciplinary/capability or other management action will be taken. This includes abuse of prescribed medication. If it is believed that the situation has arisen from inadvertent use of prescribed medication the issue would generally be dealt with as a health issue not requiring use of the disciplinary procedure. It may, however, be necessary to carry out an investigation to determine whether or not this is the case.

If an issue arises and it is identified by the Trust as being related to alcohol/drug addiction, then a judgement will need to be made as to whether this factor is sufficient to put the normal performance management processes in abeyance pending successful counselling/treatment. In making this judgement it is likely to be relevant as to whether the issue is primarily a disciplinary or capability issue. If the former, then it may still be appropriate to proceed under the Disciplinary Policy and any issues relating to addiction would be taken into account in considering any mitigation. If the latter, then generally it would be appropriate to offer support/assistance without formally invoking the Capability Policy until/unless it was clear that there was not going to be sufficient improvement/recovery within a reasonable timescale. If the employee or governor refuses to accept any help/support, then appropriate disciplinary/capability or other management action will be taken.

Where it is decided that the policy should be set aside pending remedial steps being taken, this does not preclude action being taken to suspend or restrict duties where there is a concern regarding the governor or employee's ability to carry out their duties safely and/or appropriately. However, in principle the recovery programme for the employee or governor with a drink or substance misuse problem may be able to be undertaken while the employee or governor is at work or on certified sick leave, dependent upon the medical advice received.

In seeking to assist an employee or governor with their recovery and return to work/duty, the Trust will consider the adoption of a Recovery and Return to Work Agreement (See Appendices 4 and 5).

If an employee or governor is accepted for counselling/treatment but does not complete the programme without a legitimate reason acceptable to the Trust then consideration of the original poor performance or misconduct, and any subsequent concerns will be taken forward under the relevant capability/disciplinary policies.

Where an employee or governor receives treatment but no improvement in performance/behaviour is achieved within a reasonable timescale, or where a relapse occurs, referral for further treatment should be considered; but continued unacceptable performance/behaviour will be dealt with through appropriate management action. Each case will be considered on its own merits. If a further opportunity to accept treatment is not considered appropriate the following management action will be considered:

- Instigating procedures for ill health retirement, if appropriate.
- Termination of employment on the grounds of capability will be considered. (This will be viewed as a Stage 3 issue under the Capability Procedure).

When an employee or governor has satisfactorily completed treatment, every effort will be made to return him/her to the same job or position. Subject to medical advice, should a return to the post carry with it a risk of recurrence of the condition or a risk of jeopardising the safety/welfare of others in the workplace, suitable alternative employment should be offered if available to those who are employed. (The employee will be placed on the Trust Redeployment Register for 3 months, subject to review by the Executive Director for the employee's current role. The employee will be considered for suitable vacancies. However, preference will be given to any other redeployees who are on the Register as a result of organisational change. Refusal of a

reasonable alternative role will leave the employee liable to dismissal under Stage 3 of the Capability Policy).

7.2 Management help

The Trust will consider what help it can provide when it becomes apparent that an employee or governor has a problem with substance or alcohol misuse which may affect behaviour and/or work performance.

Where an alcohol or substance misuse problem is revealed, the manager should consider referral to the Occupational Health Service, in order to help the employee or governor return to or maintain an acceptable standard of performance and behaviour at work/duty. The employee or governor can also seek other sources of help as set out in **Appendix 3**.

Managers should be aware of their responsibility to identify and alleviate contributing factors in the workplace. Managers should be alerted to and intervene where there are signs of alcohol or substance misuse related problems. Managers are expected to encourage and assist in the rehabilitation of the individual back into the workforce and also to monitor performance.

Strict confidentiality will be observed by managers and all other parties involved in dealing with employees and governors with alcohol and drug-related problems. All reasonable steps will be taken to inform the employee or governor of any limitations to confidentiality.

Reasonable absence from work to receive treatment for a recognised condition will be regarded as sickness absence, provided there is co-operation from the employee or governor and provided the employee or governor adheres to the rules governing the Trust's sickness absence procedure.

Managers may seek general advice on how to deal with substance abuse and alcohol related work problems from the People department with support from Occupational Health, as appropriate.

7.3 Confidentiality

All discussions with an employee or governor considered to have a drug or alcohol problem will be strictly confidential. The governor or employee's trade union representative will be kept informed provided the employee or governor has given his/her consent.

When management refers an employee or governor to the Occupational Health Service, Occupational Health will provide management with sufficient information to monitor attendance and compliance with their planned recovery. All reasonable steps will be taken to inform the individual of any limitations to strict confidentiality.

8 Development, Consultation and Approval

The People Directorate led the development of this policy. This policy was developed in conjunction with best practice, CIPD guidelines on Managing Drug and Alcohol Misuse at Work. The policy was reviewed in conjunction with all relevant stakeholders:

Managers

Professional Leads

Executive Directors (on specific aspects)

Staff Network Policy Group

Joint Policy Group (Trade Unions)

People Directorate Quality, Risk and Governance Meeting

The review that took place in January 2024 and evidenced changes made were;

- Removal of the testing option for testing staff for drugs and alcohol
- A review and update of the support services that are available to staff

The policy was approved the Joint Policy Group in 15th January 2024

The policy will be submitted to the Policy Governance Group on 29th January 2024.

The policy was ratified by People Committee in **DATE.**

9 Audit, Monitoring and Review

This Policy is due to be reviewed at least every 3 years. However, monitoring will be on an on-going basis pending any amendments which may occur due to revised legislation or release of good practice guidance information from relevant organisations, e.g. ACAS. Overall, People policies are subject to joint monitoring and review between management and staff side in the Joint Consultative Forum.

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
To be reviewed in line with relevant legislation	Review policy, review employment legislation changes	People Directorate	Every 3 years	HR Business Partner/HR Adviser	People Directorate policies are subject to joint monitoring and review between management and staff sides in the Joint Consultative Forum	The People Directorate policies are subject to joint monitoring and review between management and staff sides in the Joint Consultative Forum.

Policy documents should be reviewed every three years or earlier where legislation dictates or practices change. The policy review date is 31st of January 2027.

10 Implementation Plan

Action / Task	Responsible Person	Deadline	Progress update
New policy to be sent to Communications and uploaded onto the Intranet and the Trust website	Director of Corporate Governance Communications	Within 5 working days of ratification	March 2024
A communication will be sent to Education, Training and Development to review training provision where necessary	Director of Corporate Governance		March 2024
Send communication to all staff via Connect	Communications		March 2024

11 Dissemination, Storage and Archiving (Control)

This policy will be posted on the Sheffield Health and Social Care NHS Foundation Trust website and will be available to all staff and governors. It will be accessed via the intranet and available on SHSC Policies page.

An email will be sent to managers within the Trust informing them that the policy has been updated and will include a summary of the main changes

Version	Date added to intranet	Date added to internet	Date of inclusion in Connect	Any other promotion/ dissemination (include dates)
1.0	November 2009	November 2009		
2.0	August 2014	August 2014		
3.0	June 2018 and January 2019	Connect January 2019		
4.0	TBC	TBC		

12 Training and Other Resource Implications

There are no specific training implications associated with this policy.

13 Links to Other Policies, Standards (Associated Documents)

- Managing Sickness Absence Policy
- Disciplinary Policy
- Performance Management Policy
- Disciplinary, Capability, Ill-Health and Appeals Policies and Procedures for Medical Practitioners (plus the former PCT Policy for salaried GPs)
- Stress Management Policy

14 Contact Details

Members of the People department (Advice Team) should be contacted for advice and support for issues relating to managing attendance at work.

Contact a HR Adviser or HR Business Partner via the People Directorate.

Equality Impact Assessment Process and Record for Written Policies

Stage 1 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

NO – No further action is required – please sign and date the following statement.
I confirm that this policy does not impact on staff, patients or the public.

I confirm that this policy does not impact on staff, patients or the public.
 Name/Date:

YES, Go to Stage 2

Stage 2 Policy Screening and Drafting Policy - Public authorities are legally required to have ‘due regard’ to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain ‘protected characteristics’ and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don’t know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – Policy Revision - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age	N	N	
Disability	N	Y	Y – consideration of health conditions and links with medications required which may impair – there is an existing section within the policy to advise on how this should be supported
Gender Reassignment	N	N	
Pregnancy and Maternity	N	N	
Race	N	N	

Religion or Belief	N	N	
Sex	N	N	
Sexual Orientation	N	N	
Marriage or Civil Partnership	N		

Please delete as appropriate: - Policy Amended

Impact Assessment Completed by: HR Business Partner
Date 24.01.2024

Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
Engagement		
1.	Is the Executive Lead sighted on the development/review of the policy?	Y
2.	Is the local Policy Champion member sighted on the development/review of the policy?	Y
Development and Consultation		
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	N/A
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	Y
5.	Has the policy been discussed and agreed by the local governance groups?	Y
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	Y
Template Compliance		
7.	Has the version control/storage section been updated?	Y
8.	Is the policy title clear and unambiguous?	Y
9.	Is the policy in Arial font 12?	Y
10.	Have page numbers been inserted?	Y
11.	Has the policy been quality checked for spelling errors, links, accuracy?	Y
Policy Content		
12.	Is the purpose of the policy clear?	Y
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	Y
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	Y
15.	Where appropriate, does the policy contain a list of definitions of terms used?	Y
16.	Does the policy include any references to other associated policies and key documents?	Y
17.	Has the EIA Form been completed (Appendix 1)?	Y
Dissemination, Implementation, Review and Audit Compliance		
18.	Does the dissemination plan identify how the policy will be implemented?	Y
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	Y
20.	Is there a plan to <ul style="list-style-type: none"> i. review ii. audit compliance with the document? 	Y
21.	Is the review date identified, and is it appropriate and justifiable?	Y

Signs of Alcohol and/or Substance/ Misuse

It needs to be emphasised that the indications below do not necessarily indicate abuse. Whilst these are known symptoms, they could also be symptoms of other unrelated conditions. Not all alcohol or substance abusers display all these behaviours.

- a) Decline in work performance.
- b) Frequent lateness, repeated absences for trivial or inadequate reasons – especially Friday/Monday patterns.
- c) Mood changes, irritability, lethargy, impaired concentration or memory.
- d) Accident proneness, increased incidence of mistakes or errors of judgement.
- e) Deterioration in relationships with other workers, borrowing money.
- f) Hand tremors, slurred speech, facial flushing, bleary eyes, poor personal care and hygiene.
- g) Smelling of alcohol, bottles around work area.
- h) Alcohol/drug related driving offences, or other related convictions.

Role of the Manager

- To ensure the setting of appropriate standards.
- To be familiar with the policy and procedures.
- To help inform the workforce of the policy
- To advise staff of their rights and responsibilities under the policy.
- To be alert to and monitor changes in work performance and attendance, sudden changes in behaviour, abnormal fluctuations in mood and energy, deterioration in relationships with other people and sickness and accident patterns.
- To help the employee at work and assist with rehabilitation.
- To encourage employees to seek help voluntarily.
- To use disciplinary/capability measures only when appropriate to do so.
- To identify any aspects of the work situation which could be contributing to alcohol/substance misuse and change them if appropriate.
- To intervene early where there are signs of problems.
- To consider the adoption of a Recovery and Return to Work/ Duty Agreement.
- To ensure confidentiality

Role of the Occupational Health Service

- To provide advice and guidance on how best to help an individual who has a problem with behaviour or work performance which might be related to alcohol/substance misuse.
- To provide assessment of staff who refer themselves for help.
- To respond to referrals from managers or the People Department.
- Monitor the progress of staff undergoing treatment for alcohol, drug or substance misuse in relation to fitness to work.
- To provide an impartial, confidential service to staff which may include counselling, assessment or referral to another agency.
- To assist in any educational initiative to promote sensible drinking.
- To educate and raise awareness of the risks associated with the use of alcohol and drugs and their implications.

Role of the Workplace Wellbeing Service

- To provide a free, confidential counselling and consultation service to staff experiencing personal or work difficulties, including alcohol and drug problems.

Role of the People Department

- To provide advice and assistance on the implementation of the policy.
- To refer staff for assistance where appropriate.
- To advise on the appropriateness, or otherwise, of the disciplinary procedure.

Role of the Trade Unions

- To help inform the workforce of the policy.
- To encourage employees to seek help voluntarily.
- To advise members of their rights and responsibilities under the policy.
- To help the employee at work and assist with rehabilitation.

Role of the employee

- To find out about alcohol/drugs and their effect on work and health.
- To avoid covering up or colluding with colleagues.
- To urge colleagues to seek help if they have a problem with drinking/drugs.
- To seek help, if worried about their own drinking/use of drugs, from managers, Occupational Health, the People department, Workplace Wellbeing or an outside agency.
- To be familiar with the policy and procedures.
- To use alcohol and prescribed medication responsibly.

Role of the employer

- To recognise the stressful nature of many NHS occupations and to provide the necessary attention to working conditions and support to employees through the implementation of the policy.

Useful Contacts

Below is a list of the names and addresses/telephone numbers of local organisations who can provide assistance and advice to staff members with alcohol and/or drug related problems.

Human Kind

This service is for you if:

- 18 or over
- Living in Sheffield
- Worried about your drug or alcohol use or someone else's
- For anybody requiring support with steroid use

They are based at Portland House, Shalesmoor, Sheffield, S3 8UG

Their website is <https://humankindcharity.org.uk/alcohol/>

You can call them on 0114 308 7000

DACT (SHEFFIELD DRUGS AND ALCOHOL CO-ORDINATION TEAM)

The overall purpose of the scheme is to provide a service that provides information and support to family members and friends to enable them to support the person they care for more effectively, while keeping well themselves.

The aim of the service is to provide support, information and involvement of relatives and friends in treatment

Their website is <https://sheffielddact.org.uk/drugs-alcohol/>

If you would like a confidential discussion about yours or someone else's level of drinking or drug use please contact 0114 308 7000 or email info@likewiseshffield.org.uk

FRANK

National Drugs Helpline

You can call them on 0300 123 6600. 24 hours a day, 7 days a week.

Or Text 82111 for support or to ask a question.

Their website is <http://www.talktofrank.com/>

Drinkline (National Alcohol Helpline)

You can call their free helpline on: 0300 123 1110 (weekdays 9am–8pm, weekends 11am–4pm)

ADFAM

National charity tackling the negative effects of drugs and alcohol on family members and friends.

Their website is <https://adfam.org.uk/>

Alcoholics Anonymous

National Helpline and helps individual(s) find local support groups

You call the helpline on 0800 917 7650

Their website is <https://www.alcoholics-anonymous.org.uk/>

UKNA (Narcotics Anonymous in the United Kingdom)

Narcotics Anonymous can help if you have a problem with drugs, they are recovering drug addicts who can help you get and stay clean. They provide a national helpline and local support groups

You can call the helpline on 0300 999 1212

Their website is <https://ukna.org/>

Mind

Have provided a useful contacts page, see below link:

<https://www.mind.org.uk/information-support/types-of-mental-health-problems/recreational-drugs-alcohol-and-addiction/drug-and-alcohol-addiction-useful-contacts/>

Turning Point

Provide support with drug or alcohol issues, a mental health concern, or a learning disability, they will give you the individual support you need.

Their website is <https://www.turning-point.co.uk/>

RECOVERY AND RETURN TO WORK/ Return to Duty AGREEMENT (where alcohol related)

Personal and In Confidence

Date:

Name:

Address:

Dear [insert employee’s name]

RE: Recovery and Return to Work Agreement

Following our discussion on [insert date], I am writing to confirm that I have been advised by Occupational Health that you are undertaking actions which will assist with a return to normal duties.

As part of this planned recovery, you are committing to:

- Not drinking alcohol at a level that is likely to interfere with your health or performance at work. (Please note our Occupational Health Physician has advised total abstinence for the duration of this agreement).
- Providing regular proof of all medical appointments and compliance with any treatment regimes and/or care programmes.
- Undergoing as part of your return to work “for cause” and / or periodic alcohol testing at the request of the People department and arranged using an independent testing agency. Periodic testing will be unannounced and will take place in an appropriate location during a normal working day, for an agreed duration.
- Not behaving in a manner which would lead to a suspicion that you have re- commenced the misuse of alcohol.
- Meeting with Occupational Health as agreed for them to review your progress and report back to management regarding your progress and work capability.

Should your progress be sufficiently satisfactory to enable a return to work (whether full normal working or an agreed alternative) then prior to your return I will need to discuss the arrangements for your return to work. This will include the period over which this agreement will continue to apply. The outcome of this discussion will be confirmed in writing.

Please note that failure to comply with this agreement could lead to disciplinary action.

Two copies of this agreement are enclosed and I would be grateful if you could sign one copy and return it to me as soon as possible to signify your acceptance.

Employee signaturePrint.....Date.....

Manager signaturePrint.....Date.....

RECOVERY AND RETURN TO WORK/ RETURN TO DUTY AGREEMENT (where substance misuse related)

Personal and In Confidence

Date:

Name:

Address:

Dear [insert employee's name]

RE: Recovery and Return to Work Agreement

Following our discussion on [insert date], I am writing to confirm that I have been advised by Occupational Health that you are undertaking actions which will assist with a return to normal duties.

As part of this planned recovery, you are committing to:

- Not taking drugs that are likely to interfere with your health or performance at work. (Please note our Occupational Health Physician has advised total abstinence for the duration of this agreement).
- Providing regular proof of all medical appointments and compliance with any treatment regimes and/or care programmes.
- Undergoing as part of your return to work "for cause" and / or periodic drug testing at the request of the People department and arranged using an independent testing agency. Periodic testing will be unannounced and will take place in an appropriate location during a normal working day, for an agreed duration.
- Not behaving in a manner which would lead to a suspicion that you have re-commenced the misuse of substances.
- Meeting with Occupational Health as agreed for them to review your progress and report back to management regarding your progress and work capability.

Should your progress be sufficiently satisfactory to enable a return to work (whether full normal working or an agreed alternative) then prior to your return I will need to discuss the arrangements for your return to work. This will include the period over which this agreement will continue to apply. The outcome of this discussion will be confirmed in writing.

Please note that failure to comply with this agreement could lead to disciplinary action.

Two copies of this agreement are enclosed and I would be grateful if you could sign one copy and return it to me as soon as possible to signify your acceptance.

Employee signaturePrint.....Date.....

Manager signaturePrint.....Date.....