

Substance Misuse Policy Guidance for Headteacher/Principals & Line Managers

These guidance notes have been produced in accordance with guidance from the Health and Safety Executive and ACAS. Their purpose is to support the Substance misuse Policy and to help you as a manager:

- ❑ Understand some key points about drug and alcohol misuse and why these can be dealt with in a similar manner
- ❑ Promote the early identification of alcohol/substance misuse – what are the signs?
- ❑ Understand our legal obligations
- ❑ Understand the various types of illegal substance that exist
- ❑ Offer Support and manage the procedure
- ❑ Be aware of the range of assistance offered by external agencies.

1) Introduction

Key points – drug misuse

- ❑ Drug and other substance misuse is a growing problem and many who misuse drugs are in employment
- ❑ Many of the problems associated with drug and other substance misuse are similar to those associated with alcohol and may be dealt with in a similar way
- ❑ It is an offence for employers to knowingly allow the supply or production of a controlled drug on premises which they occupy or manage
- ❑ When dealing with problems which may be related to drugs or other substances it is best to concentrate on performance aspects.

2) Alcohol and drug misuse – What are the signs?

Drugs differ from alcohol in that their use is not generally socially acceptable and is often illegal. In addition, the use of some drugs can more rapidly affect physical and mental health than alcohol abuse; consequently the earlier the problem can be dealt with the greater chance of rehabilitation.

It is important to note that other medical problems can be mistaken for alcohol or drug misuse. The early symptoms of diabetes, for example, can be very similar and may even include the smell of alcohol on the breath. Stress too may give rise to some of the symptoms of alcohol/drug misuse listed below.

Drugs:

Drugs can alter the way a person thinks, perceives and feels, and this can lead to either impaired judgment or concentration. Drug misuse can also bring about the neglect of general health and well-being. This may adversely influence performance at work, even when the misuse takes place outside the workplace.

Alcohol:

Alcohol misuse has some typical symptoms.

- ❑ **Absenteeism** – instances of unauthorized leave, short periods of sickness, absences on Mondays and Fridays, lateness in the mornings, lateness getting back from lunch, frequently going missing at work, odd and improbable excuses for absence, often leaving work early.
- ❑ **High accident rate** – at home, at work and in between.

- ❑ **Difficulty in concentration or confusion** – work requires more effort, takes more time, difficulty with complex assignments, memory lapses, difficulty in recalling instructions or own mistakes.
- ❑ **Spasmodic work patterns** – sometimes high productivity, sometimes low, generally unreliable and unpredictable, more often out of the work-place than is required by the job, over-long tea breaks and so on.
- ❑ **Coming to work under the influence** – smelling of alcohol, hand tremors, scruffy appearance, lack of personal hygiene.
- ❑ **Worsening efficiency at work** – missed deadlines, mistakes, wasting time and supplies, poor judgment, bad decisions, improbable excuses.
- ❑ **Poor working relationships** – unreasonable resentments, over-reaction to real or imagined criticism, unusual irritability or aggression, complaints from co-workers, mood swings, getting into debt, avoiding their manager or colleagues.

Remember: all the signs shown above may be caused by other factors, such as stress, and should be regarded only as indications that an Employee *may* have an alcohol problem or *may* be misusing drugs.

Headteacher/Principal/line managers must also be aware that alcohol misuse may be part of a wider issue, as a sign of an underlying disability, such as depression.

If you are in any doubt please speak to the Trusts HR Advisors.

3) The Legal perspective

The principal legislation in the UK for controlling the misuse of drugs is the **Misuse of Drugs Act 1971**. Nearly all drugs with misuse and/or dependence liability are covered by it. The Act makes the production, supply and possession of these controlled drugs unlawful except in certain specified circumstances (for example, when they have been prescribed by a doctor). If you knowingly permit the production or supply of any controlled drugs, the smoking of cannabis or certain other activities to take place on council premises this could be deemed as committing an offence.

The Misuse of Drugs Act 1971 lists the drugs that are subject to control and classifies them in three categories according to their relative harmfulness when misused.

Class A includes ecstasy, cocaine, heroin, LSD, mescaline, methadone, morphine, opium and injectable forms of Class B drugs.

Class B includes oral preparations of amphetamines, barbiturates, cannabis, cannabis resin, codeine and methaqualone (Mandrax).

Class C includes most benzodiazepines (eg Temazepam, Valium), other less harmful drugs of the amphetamine group and anabolic steroids.

It is possible that in certain circumstances charges may be brought against an employer or an Employee under either this Act or the Health and Safety at Work Act or both. It would be up to the courts to decide on the circumstances of each case.

A table showing the most commonly misused substances by adults can be found as section five of these guidelines.

The school has a general duty under the **Health and Safety at Work Act 1974** to ensure, as far as is reasonably practicable, the health, safety and welfare at work of our Employees. The council also has a duty under the **Management of Health and Safety at Work Regulations 1999**, to assess the risks to the health and safety of its Employees. If, as a manager, you knowingly allow an Employee under the influence of drug misuse to continue working and his or her behaviour places the Employee or others at risk, you could be prosecuted. Employees are also required to take reasonable care of themselves and others who could be affected by what they do at work.

The **Road Traffic Act 1988** states that any person who, when driving or attempting to drive a motor vehicle on a road or other public place, is unfit to drive through drink or drugs shall be guilty of an offence. An offence is also committed if a person unfit through drink or drugs is in charge of a motor vehicle in the same circumstances. Some jobs within the Academy require an Employee to drive through the course of their day, whilst the emphasis here lies with the Employee's responsibility those managers managing these services should be vigilant and familiarize themselves with the information contained within the policy and guidance notes as the council also has an obligation to service users and other staff.

4) Support and Procedure

There will be various instances where you may need to offer support to an Employee who has an alcohol or drug problem that may or may not be affecting their work but affecting the health and safety of themselves and others. The majority of these cases will fall into one of the three categories below;

- a) **Voluntary referral by the Employee**- those who admit to having a problem and agree to deal with it and accept support;
- b) **Management referral** - where a manager suspects and/or may have a problem with an Employee's alcohol or drug misuse which is affecting work performance.;
- c) **Formal action** – if the problems persists or the Employee refuses help or to improve the situation..

Note: the school recognises that not all managers feel equipped with the “people skills” to handle sensitive issues such as these. If you feel you need guidance in the best way to approach the Employee seek advice from the Trusts HR advisors.

a) Voluntary referral

Offering confidential support to Employees

This meeting may have been arranged as a result of the Employee approaching you to advise they have a problem. Things to remember:

- Ensure privacy
- Engage in a constructive discussion and encourage the Employee to discuss their problem
- Advise the Employee that any meetings you have on the matter are voluntary, informal and confidential
- Tell the Employee whether you have noticed their work and/or behaviour has changed
- Be sympathetic and supportive, not judgmental
- Stress that early intervention is critical to the success of any treatment
- Provide the Employee with the schools counseling service leaflet

- ❑ Offer a referral to Occupational Health or at the very least suggest they approach their own GP
- ❑ Support the Employee, say how they can take reasonable time off for treatment and this will be treated as sick leave
- ❑ Agree a course of action and review date

Don't forget you do not have to convince or confirm to an Employee that they have a problem with alcohol or drug misuse, and you are not expected to be a medical expert.

b) Management referral

There will be cases where you feel there is a problem with an Employee but they have not come to you voluntarily. However, you have recognized there may be issues that need addressing.

In both suspected alcohol and drug misuse, it is best to concentrate on any performance problems and proceed with caution.

There may be no substantial work problems associated with the suspected alcohol/drug misuse, in which case your involvement arises as a result of your concern for the Employee's health, safety and welfare and your concern for other staff/service users.

Deal with such cases in line with the following principles:

- ❑ Raise the issue early. This helps to safeguard the health of the Employee and prevents further problems before they escalate.
- ❑ Explain the "behaviour" that is giving cause for concern and explore the reasons for this.

Plan to meet the Employee

The meeting will be confidential and the Employee may be accompanied by a trade union representative or work place colleague for support if they feel they need this.

- ❑ Ensure privacy
- ❑ Plan the agenda, including an opportunity for the Employee to put their case or offer explanation
- ❑ If possible, ensure that the Employee is not under the influence of alcohol or a substance at the time of the meeting.

Be clear about the problem:

- ❑ List any problems you have noticed with the Employee's work and attendance
- ❑ Assemble any supporting documents (flexi-time records, complaints and so on)
- ❑ Be objective, consistent and fair.

In meetings with the Employee

- ❑ Engage in a constructive discussion of work problems or potential problems
- ❑ Set standards for work/behaviour, and show the Employee how their work does not match these standards.
- ❑ Give the Employee the chance to explain their side of things. Ask for the Employee's reasons for poor performance (if relevant) and question whether it could be due to a "health" problem, without specifically mentioning drugs or alcohol in the first instance

Where an alcohol or substance problem is identified:

- ❑ Explain the school's position of alcohol and substance misuse and provide the Employee with a copy of the Drugs and Alcohol policy.
- ❑ Discuss possible work related causes such as excessive workload or too much responsibility
- ❑ Offer help in confidence
- ❑ Invite the Employee to discuss the problem.
- ❑ Get the Employee's commitment to overcoming shortcomings
- ❑ Be supportive, not judgmental
- ❑ Stress that intervention is critical to the success of any treatment
- ❑ Advise them of the Academics counseling service.
- ❑ Get the Employee's consent to be referred to Occupational health.
- ❑ Support the Employee, say how they can take reasonable time off for treatment and that this will be treated as sick leave however this will not be monitored in accordance with the triggers for further action as specified in the Management of Sickness Policy,
- ❑ Agree a course of action
- ❑ Arrange regular meetings to monitor progress and discuss any further problems if they arise.

After the meeting, make a note of the discussion (and give the Employee a copy of):

- ❑ What was said
- ❑ What has been agreed
- ❑ Any targets and time-scales for improvement
- ❑ Whether or not the Employee agrees to be referred to occupational health.

c) Formal Procedure

Where an Employee persistently:

- ❑ Refuses to acknowledge that there is a problem affecting work
- ❑ Refuses the opportunity to receive help; or
- ❑ Discontinues a course of treatment with no legitimate reason, and the problem continues;

The matter will be considered under the Capability Procedure at the formal stage.

In some cases, misuse of drugs and/or alcohol may be a matter of misconduct or gross misconduct. If you believe this may be the case, please consult your Schools HR Consultant

5) Most commonly misused substances (drugs) in the UK (list not exhaustive)

Name (<i>street trade names include</i>):	How usually taken:	Effects sought	Hamful effects include:	Legal status:
Heroin (smack, horse, gear, H, junk, brown, stag, scag, jack)	Injected, snorted or smoked	Drowsiness, sense of warmth and well-being	Physical dependence, tolerance, overdose can lead to coma and even death. Sharing injecting equipment brings risk of HIV or hepatitis infection.	Class A
Cocaine (coke, Charlie, snow, C)	Snorted in powder form, injected	Sense of well-being, alertness and confidence	Dependence, restlessness, paranoia, damage to nasal membranes	Class A
Crack (freebase, rock, wash, stone).	Smokable form of cocaine	Similar to those of snorted cocaine but initial feelings are much more intense	As for cocaine but, because of the intensity of its effects, crack use can be extremely hard to control, damage to lungs.	Class A
Ecstasy (E, XYZ, doves, disco bisuits, echoes, Scooby doos) Chemical name: MDMA.	Swallowed, usually in tablet form.	Alert and energetic but with a calmness and a sense of well-being towards others. Heightened sense of sound and colour.	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.	Class A
LSD (acid, trips, tabs, dots, blotters, microdots)	Swallowed on tiny squares of paper.	Hallucinations, including distorted or mixed-up sense of vision, hearing and time. An LSD <i>trip</i> can last as long as 8 –12 hours.	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 psychological problems.	Class A

Cannabis (hash, dope, grass, blow, ganja, weed, shit, puff, marijuana).	Rolled with tobacco into a spliff, joint or reefer and smoked, smoked in a pipe or eaten.	Relaxed, talkative state, heightened sense of sound and colour.	Impaired co-ordination and increased risk of accidents, poor concentration, anxiety, depression, increased risk of respiratory diseases including lung cancer.	Class B
Barbiturates (barbs, downers)	Swallowed as tablets or capsules, injected – ampules.	Calm and relaxed state, larger doses produce a drunken effect.	Dependency and tolerance, overdose can lead to coma or even death. Severe withdrawal symptoms.	Class B
Amphetamines (speed, whiz, uppers, billy, sulph, amp)	In powder form, dissolved in drinks, injected, sniffed/snorted.	Stimulates the nervous system, wakefulness, feeling of energy and confidence.	Insomnia, mood swings, irritability, panic. The comedown (hangover) can be severe and last for several days.	Class B
Amphetamines (speed, whiz, uppers, billy, sulph, amp)	In powder form, dissolved in drinks, injected, sniffed/snorted.	Stimulates the nervous system, wakefulness, feeling of energy and confidence.	Insomnia, mood swings, irritability, panic. The comedown (hangover) can be severe and last for several days.	Class B
Tranquilizers (brand names, include: Valium, Altivan, Mogadon (moggies), Temazepan (wobblies, mazzies, jellies)).	Swallowed as tablets or capsules, injected.	Prescribed for the relief of anxiety and to treat insomnia, high doses cause drowsiness.	Dependency and tolerance, increased risk of accidents, overdose can be fatal, severe withdrawal symptoms.	Class C. Available only on prescription (Medicines Act). Supply is illegal but, apart from Temazepam, not illegal to possess without a prescription. (Misuse of Drugs Act 1971 and assoc, Regs)
Anabolic steroids (many trade names)	Injected or swallowed as	With exercise can help to	For men, erection problems, risk of	Class C

	tablets	build up muscle. However, there is some debate about whether drug improves muscle power and athletic performance.	heart attack or liver problems. For women: development of male characteristics. Injecting equipment brings risk of HIV or hepatitis infection.	
Poppers (alkyl nitrates, including amyl nitrate with trade names such as Ram, TNT, Thrust).	Vapours from small bottle of liquid are breathed in through mouth or nose.	Brief and intense head-rush caused by sudden surge of blood through the brain.	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.	Not illegal to possess but supply without prescription is illegal and can be an offence.
Solvents (including lighter gas refills, aerosols, glues). Some painter thinners and correcting fluids.	Sniffed or breathed into the lungs.	Short-lived effects similar to being drunk, thick-headed, dizziness, possible hallucinations.	Nausea, blackouts, increased risk of accidents. Fatal heart problems can cause instant death.	Not illegal to possess but it is illegal for a shopkeeper to sell solvents to anyone under 18, if they suspect they are intended for misuse.

For further information on the Drug Strategy and substance misuse go to:

- ❑ www.drugs.gov.uk
- ❑ **National Drugs Helpline** Tel: 0800 776600 Free Confidential, 24 hours a day
- ❑ **More local information can also be found at:** www.drugsuk.org
- ❑ **Alcoholics Anonymous (AA)** – self-help organization with local groups to support alcoholics wishing to recover. Helpline 0845 769 7555 www.alcoholics-anonymous.org.uk

Other addictions. Addictions can be formed to any activity or behaviour which allows people to escape from life and its problems and includes shopping or spending, sexual activities, gambling, food, prescribed and illegal drugs, alcohol and even other people.

Whilst this policy focuses on the misuse of drugs and alcohol and defines the support to be offered to Employees with these problems managers should also be aware that there are a number of other addictions (as stated above) that may affect Employee's lives and as a consequence have an impact on work.

Help available.

There is help available to staff who may suffer from any addiction. Listed below are some useful contacts:

Gamblers Anonymous: provides information, support and advice for problem gamblers, their partners, families and friends. There are numerous self-help groups that meet up at least weekly.

Helplines: National and London 020 7384 3040 www.gamblersanonymous.org.ukwww.addictions.co.uk

Addiction Recover Foundation: free self-referral service. Helpline provides support and guidance to those experiencing gambling addiction and other problems. Provides details of selfhelp groups. The foundation also promotes and assists in the teaching and training of anyone engaged in the care or treatment of people with addiction of dependency problems. www.addictiontoday.co.uk

Confidential Counselling Service for TSAT Employees

A confidential counselling service is available for all Employees across the Trust provided by **Workplace Wellness**. The service offers information, advice and support 24 hours a day, 7 days a week. This includes a telephone support line, access to advice and information, coaching and counselling where appropriate. To access the service please use the contact details below:

Free phone from UK landline:

T: 0800 1116 387

From abroad:

T: +44 845 330 5132

Text phone users dial: 18001 followed by 0800 1116 387

Or you can access the online services via www.my-eap.com/login, username: TSATwell

For Management Support: 0800 1116 385

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Life is a rollercoaster:

We're here to make the ride smoother