



## **Part 1. ALCOHOL AND DRUGS MISUSE POLICY**

### **Introduction**

1. The University is committed to promoting the health and wellbeing of staff and will ensure that any member of staff with alcohol or substance dependency problems has the opportunity to obtain support and is treated sensitively. In this context, the University's alcohol and drugs misuse policy is set out hereunder. The provisions of this policy are designed to facilitate the University in addressing alcohol and/or drugs misuse and supporting employees with problems relating to alcohol and/or drug misuse.

2. The approach of the policy is to maximise the discretion available to the University in addressing alcohol and drug misuse matters. In using this discretion, the overall goal of the University is to provide as much support as possible to employees, subject to the general conditions set out in this policy. As well as the obvious benefits for employees, this approach can help to ensure that the University can retain the services of affected employees, often with substantial experience, who will continue to make a worthwhile contribution.

3. Employees disclosing a problem with alcohol and/or drugs will be regarded as having a health issue to be catered for and treated with sensitivity and discretion, even when their conduct may otherwise give rise to disciplinary action. Alcohol and/or drug dependency is of a special nature, which requires a significant effort on the employee's part if recovery is to be achieved and sustained. The University is therefore entitled to expect employees to engage with appropriate treatment.

4. Alcoholism, is classed as a disability within the meaning of the *Employment Equality Acts 1998-2015* and the University is required under the equality legislation to make reasonable accommodation for the needs of a person with a disability (such as alcohol or drug dependency) to allow that person to undertake his/her duties.

Following the procedures set out in this policy would be reasonable accommodation. However, no employer is required to employ any person, who, even where reasonable accommodation has been made, does not have the capacity to do the job. This is a particular consideration where a person fails to engage with necessary treatment or relapses into dependency.

The Employment Equality Acts oblige employers to make reasonable accommodation for people with disabilities. An employer must take 'appropriate measures' to meet the needs of disabled people in the workforce. This means they must make arrangements that will enable a person who has a disability to:

- have equal opportunities when applying for work
- be treated the same as co-workers
- have equal opportunities for promotion
- undertake training.

Reasonable accommodation does not mean that an employer has to recruit, promote, retain or provide training to a person who does not have the capacity to do a particular job. However, an employer cannot decide that a person with a disability is incapable of doing a particular job without considering

whether there are appropriate measures which they could take to support the person to carry out the required duties.

5. The policy is also designed to increase the awareness and understanding of employees and their representatives of alcohol and drug problems and provide a framework to identify, prevent and manage these problems. The policy identifies and explains the processes for invoking the procedures, subsequent actions and who must carry them out.

6. The University must also have regard to the effect on the workplace of misuse of drugs and/or alcohol, in terms of workplace health and safety, absenteeism, unsatisfactory behaviour and underperformance. The *Safety, Health and Welfare at Work Act, 2005* is the statutory framework for securing the safety, health and welfare of persons at work. The University has a general duty of care under Health and Safety legislation to ensure, as far as is reasonably practicable, the health and safety of employees. The University is also entitled to ensure that the safe and effective running of workplaces is not compromised. The University is obliged to manage the issue of misuse of alcohol and drugs in the same way that they manage all other risks to the safety, health and welfare of staff in the workplace.

The policy also extends to all work related functions, for example, work lunches, conferences, Christmas parties and client functions

### **Aims of the Policy on Alcohol and Drugs Misuse**

7. The aims of this policy are:

To prevent alcohol and drug misuse problems in the workplace by raising awareness and providing guidance on symptoms, effects on work and health consequences of alcohol and drug misuse.

To seek to identify alcohol and drug problems at an early stage, minimising the risk to the health of the employee concerned and protecting the health and safety of colleagues and others.

To recognise alcohol and drug problems as conditions that are amenable to treatment and help employees to seek and be offered help in confidence.

To provide support and assistance in the workplace to employees with alcohol and/or drug related problems to facilitate their rehabilitation.

To address appropriately underperformance, misconduct or unsatisfactory behaviour in the workplace caused by alcohol and/or drug misuse.

### **Substances covered by the Policy on Alcohol and Drugs**

8. This policy refers to alcohol misuse, the use of unlawful drugs and the misuse of other mood altering substances such as prescription drugs and non-prescription “over the counter” drugs. Volatile substances such as solvents are also included. More details of the most commonly misused drugs are set out in Part 2 of the policy. The policy does not extend to tobacco.

## **Responsibilities for Implementation**

9. The University, human resources staff, line management and all employees share the responsibility of addressing alcohol and drug misuse in the workplace.

### University Management Team

10. The University must:

- Manage the issue of misuse of alcohol and drugs in the same way that they manage all other risks to the safety, health and welfare of staff in the workplace.
- Endorse and support this policy through an understanding of its contents and lead by example.
- Address and support management and staff concerns in relation to alcohol and/or drug misuse. Failure to do so leads to reduced work performance, damages client and staff relations and may pose a risk to safety, health and welfare of employees.
- Provide support to staff with alcohol and drug problems.
- Ensure that an open and non-discriminatory environment is created and encourage a culture of disclosure.

Produce in consultation with staff a policy regarding testing for intoxicants if relevant to their own circumstances, for example where staff work in safety critical and security areas, and notify it to relevant employees in advance of the policy being implemented. The policy should accord with any regulations/guidance issued by the Health and Safety Authority.

### Human Resources

11. Human Resources staff must:

- Inform new staff of this policy on commencement of employment.
- Distribute this policy to existing employees.
- Assist line managers and other employees by arranging training, where necessary.
- Provide support both to employees with alcohol and drug problems and line managers when implementing the policy.
- Under the Misuse of Drugs Act 1977 it is an offence for a person knowingly to allow drugs to be used, kept or supplied on his/her premises. It is also illegal under the Act to ignore such occurrences. Under this policy the University is stating clearly that the possession, use or supply of illegal drugs is strictly forbidden

## Line Management

### 12. Line Management must:

- Recognise and address alcohol and/or drug misuse as early as possible.
- On becoming aware of a potential problem, consult with HR and act on the advice received.
- Raise with the employee any health concerns that are having an impact on his/her work, including any concerns raised by colleagues. It should not be construed as bullying and/or harassment if it subsequently emerges that the individual does not have such a problem, provided the manager had reasonable concerns.
- Take an early opportunity to speak confidentially with the employee in the context of poor behaviour in the work place, work performance or attendance, or a deterioration in same. Any discussion should avoid personalising the difficulties and a manager should not seek to diagnose the problem.
- Advise the employee of this policy and encourage her/him to make contact with the Employee Assistance Programme and/or her/his doctor where s/he acknowledges that alcohol and/or drugs are a contributory factor in the underperformance.
- Advise that, subject to any legal provisions, the employee's confidentiality will be respected, absence from the workplace for treatment/rehabilitation/counselling will be treated as sick leave, and disciplinary action for underperformance, misconduct, or unsatisfactory behaviour may be deferred provided s/he engages with treatment and her/his work performance improves (subject to the possibility of disciplinary measures being taken where necessary).
- Secure a commitment that the alcohol or drug misuse and any related misconduct, unsatisfactory behaviour or underperformance will be addressed by the employee and set a review date to establish progress. It would normally be appropriate for a written record to be made of the commitments made by the employee.
- Act quickly to address issues of underperformance, unsatisfactory behaviour or misconduct in line with University policy if an employee does not acknowledge an alcohol and/or drug related problem or refuses to seek or follow the necessary treatment.
- Send home immediately any employee who presents at work where management reasonably believe that an employee is under the influence of alcohol and/or drugs. A manager should ask a colleague for their opinion in advance of taking action on the situation. Managers/supervisors should ensure, insofar as is reasonable, the safety of the person concerned in exiting the building and being transported home. It may be appropriate in certain circumstances to arrange transport to ensure the safety of the person concerned in arriving home safely.
- Treat as serious misconduct the possession, use or distribution of unlawful drugs in the workplace and consult with HR.

## Employees

13. All employees must:

Not attend at work while unfit for duty because of the misuse of alcohol or drugs.

Participate in any training provided under this policy.

Inform their line manager or HR if they are on any medication or treatment that may affect their work performance and safety at work, or of any impairment of function that may be a side effect of treatment for a drug and/or alcohol problem.

Disclose to an appropriate person(line/HR manager) if they have or are developing an alcohol and/or drug abuse problem. In such a situation, the person will be facilitated with time off in order to attend appropriate treatment, rehabilitation and counselling in accordance with normal sick leave regulations.

Take reasonable care in the workplace of themselves and others who are affected by what they do. Being under the influence of alcohol and/or drugs whilst in a work environment as well as affecting work output can have serious consequences for both personal safety and the safety of colleagues or clients.

Understand that the possession, use or distribution of unlawful drugs is not permitted in the workplace and will be treated as serious misconduct.

Be sensitive to the needs of colleagues who are recovering from alcohol and/or drug related problems.

7. Each member of staff is responsible for ensuring that his/her own behaviour and work performance remains appropriate whilst engaged in university business and is not affected by excessive alcohol consumption or substance misuse.

In the context of this policy, if an employee thinks that another employee, whatever their level in the organisation, may endanger the safety of himself/herself or others, then they should report it right away to a manager.

## **Implementation of Policy**

14. The actions specified in the policy may arise on the initiative of:

- Management or supervisory staff who may become aware of a problem by reason of the employee's behaviour, poor work performance, attendance record and/or relationships with others at work.
- A person who recognises or suspects that s/he has or is developing an alcohol and/or drugs problem, or their family or doctor (through HR).
- HR, the University's Occupational Health Physician.
- Colleagues or union officials who are concerned about the individual's alcohol and/or drug use.

### **Staff Wellbeing Advisor**

15. HR/Line Managers may recommend that an individual with an alcohol and/or drug problem engages with the Staff Wellbeing Advisor. The work of the Staff Wellbeing Advisor involves the provision of a confidential support service to staff with a view to discussing any concerns which may be impacting on wellbeing and/ or the various support options available.

### **Employee Assistance Programme**

16. HR/Line Managers may recommend that an individual with an alcohol and/or drug problem engage with the Employee Assistance Programme and may facilitate access to professional services, where appropriate. Alternatively, an employee is free to make direct contact with the Employee Assistance Programme or may seek assistance from other professional services if they prefer and this should be facilitated where possible.

17. The work of the Employee Assistance Programme involves the provision of a confidential support and referral service to staff. It includes assisting staff in exploring, evaluating and assessing personal difficulties and problems. They also address any resulting mental health issues which may often develop or be linked with alcohol or substance abuse.

### **Treatment and Rehabilitation**

18. Employees undergoing treatment, rehabilitation and counselling for alcohol and/or drug misuse may be granted sick leave in accordance with the normal sick leave regulations.

19. Medical certificates and notes of attendance for treatment and/or counselling will be required. The cost of treatment will be the responsibility of the employee. Failure to comply with the terms and conditions of a treatment/aftercare programme may result in the recoupment of the expenditure involved in the granting of paid sick leave in respect of the treatment.

20. The organisation will assist the employee in achieving a successful rehabilitation. Current relevant disciplinary procedures may be deferred for the duration of a treatment programme. If an employee's work responsibilities are accepted as an obstacle to their recovery, redeployment may be considered where appropriate.

21. Return to work needs to be carefully managed to ensure that the re-establishment of working practices and the recovery process are properly balanced. Following engagement with the Occupational Health Physician (see hereunder), an employee should have a formal return to work interview on his/her return to work with the line manager and a representative of Human Resources. The meeting should be held in order to set clear boundaries and establish whether appropriate measures should be undertaken in order to assist the employee. It is recommended that a *Return to Work Agreement* should be drawn up. A model agreement is at Appendix 1.

## **Occupational Health Physician**

22. It is recognised that relapses can occur or that treatment for alcohol or drug problems may not be successful. The steps that would be taken in this case could be dealt with in a *Return to Work Agreement*; referral to the Occupational Health Physician may also be appropriate. The advice of the Occupational Health Physician may be required in other circumstances, particularly if it is apparent that the employee may be incapable of provision of regular and effective service. Referrals to the Occupational Health Physician should be made through HR.

## **Performance Management and Disciplinary Procedures**

23. Whilst management will take a sympathetic view of persons who are addressing alcohol and drug misuse issues, nothing in this policy is to be interpreted as constituting a waiver of management's right to tackle underperformance, or to take disciplinary measures where necessary in the normal course under the University's Disciplinary Policy.

24. University management has discretion on a case by case basis not to implement the disciplinary process in cases of underperformance or misconduct where employees disclose their alcohol and/or drug misuse problems at an early stage and engage in full with a treatment programme. In many instances counselling, treatment and re-integration into the workplace may be more successful than invoking the disciplinary procedure. In exercising this discretion, the management will have regard to the overall circumstances of the case, including whether the employee engaged with treatment and, if so, was this the first treatment programme and whether there was any improvement in the employee's work performance and conduct. In determining what course of action to adopt, management will determine whether reasonable accommodation has been made and, if so, whether the individual is capable of regular and effective service.

25. University management will make certain that, before they consider taking disciplinary action in cases of underperformance, staff are given adequate and reasonable warning that action may be taken and have been given a reasonable opportunity to improve their performance in a specified period, with an appropriate level of assistance and, where necessary, training being offered.

26. Behaviour that may warrant immediate disciplinary action includes being unfit on duty through the use of alcohol and/or drugs, or possession and/or sale of illegal drugs.

27. Failure to engage in, or comply with the terms of, appropriate treatment and rehabilitation or non-compliance with the sick leave rules may be a disciplinary matter and may lead to the commencement of measures to deal with unsatisfactory behaviour or misconduct, or the resumption of any disciplinary process already underway.

## **Promotion and Employment Prospects**

28. The promotion or employment prospects of an employee suffering from alcohol or drug dependency will not be prejudiced, provided recovery is achieved and sustained. The usual conditions governing promotion will apply.

## **Confidentiality**

29. The confidential nature of matters arising from the working of this policy will be fully respected so as to protect the dignity of the individual concerned to the greatest possible extent within the limits of what is practicable, safe and within the law. Any counselling will be regarded as strictly confidential and any report compiled by a counsellor will be treated as confidential. No discussions about an employee will take place between management and the alcohol/drugs counsellor without the consent of the person concerned. Certification of treatment will be dealt with in a confidential manner in line with sick leave procedures.

## **Training**

30. Training in relation to this policy will be included in Orientation training. University management will arrange additional specialised training and dissemination of literature on a needs-driven basis, for example, when a problem is suspected.

## **PART 2 - MISUSE OF ALCOHOL OR DRUGS**

Alcohol misuse is defined as alcohol consumption, during work or outside of work, which has an impact on an individual's attendance, performance and behaviour/attitude in the workplace, as well as workplace health and safety. It is recognized that even modest alcohol use can compromise health and safety in the workplace.

Drug use refers to drug usage that is having an impact on an individual's attendance, performance and behaviour/attitude in the workplace, as well as on workplace health and safety. The policy covers unlawful drugs and prescription/non-prescription drugs that are not being used for their intended purpose.

### **Signs and Effects of Misuse of Alcohol and Drugs**

Drug and alcohol use alters how an individual may think, perceive, judge and feel. The effects can last for an hour, days or long-term. Possible indicators of misuse are displayed below:

#### **Possible Indicators of Alcohol/Drug Misuse**

<b>Mental</b>	<b>Physical</b>	<b>Behavioural</b>
Mood Changes	Poor health	Financial difficulties
Irritability	Medical conditions	Poor attendance
Aggression	Accidents	Poor work performance
Confusion	Poor Hygiene	Driving under the influence
Lack of concentration		Relationship difficulties

The effects of both alcohol and drugs vary depending on individual tolerance. Alcohol is absorbed into the blood stream and carried throughout the body within a few minutes of drinking. It starts to affect the brain within ten minutes. Similarly, drugs enter the blood stream quickly and take effect almost immediately.



## Misuse of Alcohol and Drugs

Alcohol is measured in units. **Standard pub measures** of spirits/wine/beer contain the following number of units:

one pub glass of wine	= 1 unit
one pub measure of whiskey/brandy etc.	= 1 unit
one bottle/glass of beer	= 1 unit
one pint of beer	= 2 units

These values are approximations, and some brands of spirits/wine/beer etc. contain substantially higher amounts of alcohol. Glasses vary in size and home measures are usually larger than pub measures. Units cannot be ‘saved up’ from one day to the next. Misuse of alcohol and drugs is found among men and women of all age groups.

Lower-risk drinking reduces the risk of alcohol-related problems. The recommended weekly consumption is:

### WOMEN

**11 standard drinks** spread out over the course of a week, with at least **two alcohol free days**.

### MEN

**17 standard drinks** spread out over the course of a week, with at least **two alcohol free days**.

Drinking over the recommended weekly units can cause serious health risks, including death. Alcohol consumption causes a number of marked changes in behaviour. Even low doses impair judgement and co-ordination, increasing the likelihood of accidents. Low to-moderate doses of alcohol increase the incidence of aggressive acts. Moderate-to-high doses of alcohol cause impairment of higher mental functions including learning and memory. If combined with other drugs, much lower doses of alcohol will produce the effects described. Sudden cessation of alcohol intake can produce withdrawal symptoms including severe anxiety tremors, hallucinations and convulsions.

## Identification of Alcohol Problem

A positive answer to one or more of the following questions suggests a possible alcohol problem. One “yes” suggests a possible alcohol problem whilst two or more “yes” responses indicates a problem is highly likely.

- Have you ever felt concerned about your drinking?
- Have people annoyed you by criticising your drinking?
- Have you ever felt bad or guilty about your drinking?
- Have you ever had a drink first thing in the morning (as an “eye opener”) to steady your nerves or get rid of a hangover?

Professional help should always be sought if an individual suspects that work, relationship, health, legal, etc. problems are alcohol related.

Repeated use of alcohol can lead to dependence which can be indicated by:

- Craving and a strong need or compulsion to drink.
- Loss of control or ability to limit drinking on any given occasion.
- Withdrawal symptoms e.g. nausea, sweating, shaking and anxiety when alcohol is stopped after a period of heavy drinking.
- Increased tolerance i.e. when a greater amount of alcohol is required to become intoxicated.

## ePub

If you are curious about the effects of alcohol, or even just how much it might cost you in a year, find out the real facts by logging on to e-PUB UCC. e-PUB is an evidence based website and is not sponsored or supported by the drinks industry. Although originally developed for students this website is equally beneficial for staff members. If you think you might need help, details of places to contact for support are available from within e-PUB.

The *ePUB* will provide you with accurate and personalized feedback about:

- Your individual drinking pattern
- Your risk patterns
- Your aspirations and goals
- Helpful resources at **University College Cork** and in your community

**Log on to e-PUB UCC by accessing:**

<https://interwork.sdsu.edu/echeckup/epub/alc/coll/index.php?id=UCC>

## Effects of Drug Use

Some of the commonly misused drugs, their effects and length of time they remain in the system are:

Name	Effect	Length in system
Barbiturates	Dependence, respiratory problems, seizures/delirium on withdrawal, overdose	3 – 6 hours
Benzodiazepines (e.g. Valium)	Risk of seizures on withdrawal, affect memory & concentration.	Up to 24 hours
Cannabis	Dependence and possible respiratory problems. Possible link with mental illness.	Light 3 days Moderate 5 days Heavy 10 days
Cocaine	Extreme mood swings, risk of heart attack, stroke and psychosis.	Up to 4 days
Codeine	Causes drowsiness, light headedness, confusion and vomiting. Often combined with Paracetamol (e.g. Solpadine/Solpadol), which can cause liver failure. Also combined with Aspirin type drugs (e.g. Nurofen Plus).	24 hours
Ecstasy	Lack of sleep, poor health, liver/kidney/heart failure.	Up to 3 days
Heroin	Associated with fatal overdose as well as risk of HIV and Hepatitis B, C.	Up to 4 days
LSD	Can cause psychotic and flashback episodes	3 – 4 hours
Magic Mushrooms	Psychosis	Up to 4 hours

## Elimination of Alcohol and Drugs

Getting rid of or eliminating alcohol and drugs from the body can be a slow process. A healthy liver takes about 1 hour to break down and remove 1 unit (10 millilitres) of pure alcohol. Black coffee, cold showers, fresh air etc. will not lower blood alcohol or drug levels. In relation to drugs, their effects can last from minutes to long term.

## Appendix 1

### PRIVATE AND CONFIDENTIAL Model Return to Work Agreement

Undertaking from \_\_\_\_\_ to the University

I \_\_\_\_\_, undertake the following having resumed duty on [Date] following treatment for Alcohol/Drug addiction at : \_\_\_\_\_:

- To abide by the requirements of the aftercare programme as laid down by \_\_\_\_\_ (name of treatment centre).
- To attend weekly aftercare meetings for a period of 2 years.
- To attend \_\_\_\_\_ meetings per week.
- To maintain contact with the Occupational Health Physician at monthly intervals for a period of two years for the purpose of;
  - Confirming attendance at weekly aftercare meetings.
  - Confirming attendance at \_\_\_\_\_ meetings.
  - Getting support in the recovery process.
  - Monitoring progress.
  - Preventing relapse.
- To comply fully with the University regulations regarding sick leave and annual leave.
- To comply fully with the work plan set out by line management.
- To abstain from \_\_\_\_\_ while remaining in the University's employment.

If line management consider you have breached the agreement and have \_\_\_\_\_ you will immediately be asked to leave work and the terms of the Disciplinary Policy may/will be invoked. In the event that you indicate you have not \_\_\_\_\_ the onus will be on you to comply with the requirements of the University's policy and/or provide a blood/urine sample immediately to your doctor for analysis.

I acknowledge that failure to comply with any of these conditions will lead to disciplinary action and may lead to the termination of my services as a University employee.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_  
(HR)