FORUM HOUSING ASSOCIATION

Forum Housing Association is fully committed to all principles of Equality and Diversity and takes an approach which recognises the importance of the nine Protected Characteristics covered by the Equality Act (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion or Belief, Marriage and Civil Partnership, Sex, Sexual Orientation). As a demonstration of our commitment, this policy and procedure has had an Equality Analysis/Equality Impact Assessment undertaken on it to ensure we offer a service and employment that is inclusive for all.

ALCOHOL AND DRUGS - STAFF

POLICY

The Association will endeavour to ensure that staff members’ consumption of alcohol and use or misuse of drugs does not impair the safe and efficient operating of the Association or the health of its staff. Illegal drugs, substance misuse and alcohol abuse, impairs judgement, concentration and coordination (among other problems) and can put residents, colleagues and others at risk.

The Association will support its staff where appropriate whilst never jeopardising or compromising its activities, and will act swiftly in matters of reporting drug use or misuse to protect the Association due to the detrimental impact alcohol and drug misuse may cause to the Association’s reputation and ability to deliver high quality services.

For the purposes of this policy, ‘drugs’ includes the 3 classes of controlled drugs governed by the Misuse of Drugs Act 1971, and classified as Class A, Class B and Class C (please refer to Appendix 1). It does not include any medication prescribed by a qualified doctor or any medication that can be acquired over the counter e.g. paracetamol, cough syrup or hay fever tablets.

For the purposes of this policy, ‘staff’ includes: All Staff, Fixed Term Contracts, Casual Bank Staff, Volunteers, and anyone who would represent the Association.

The Association accept that alcohol or drugs/substance abuse related problems should be treated in the same way as any other illness, and Authorised Absence will be granted in accordance with the Association’s Absence Policy if hospital or outpatient treatment is required.

The Association wish to encourage and assist staff who may know or suspect that they have an alcohol or drugs/substance misuse problem and would strenuously recommend that such employees seek help at an early stage.

It is important to note that employees seeking assistance for a substance misuse problem will not have their employment terminated simply because of their dependence/addiction. However, if performance, attendance or behaviour is unacceptable, or the Association, its staff and residents are put at risk despite any support and assistance that can be offered, dismissal will be unavoidable.
PRINCIPLES

The Association will comply with all legislation in relation to:

- the safety and protection of staff
- evidence of illegal drug use or misuse by a staff member.

The Association will inform and update its staff on all aspects of alcohol abuse and drug use and misuse. To publicise the impact and potential harmful effects of alcohol and drugs/substance misuse, a programme of education and training is in place.

The Association will continue to monitor the performance of the policy and implement changes as and when it is deemed necessary.

ALCOHOL – PROCEDURE

1. Staff who recognise that they have an alcohol problem, or that they are at risk of developing one, should be encouraged to come forward for confidential help. They should seek an appointment, in confidence, with the Human Resources Manager.

2. If the Human Resources Manager believes the problem serious enough to affect performance, or colleagues are at risk, s/he may suggest an Employee Assistance Programme as the way forward.

3. Where staff acknowledge that they have a problem and are given help and treatment, this will be on the understanding that:

   - whilst they are undergoing treatment they will be on sick leave and will be entitled to the usual Association sick pay benefits;

   - every effort should be made to ensure that on completion of the recovery programme staff are able to return to the same or equivalent work.

   However, where such a return would jeopardise either a satisfactory level of job performance or the member of staff's recovery, the Director of Human Resources and Corporate Services will review the full circumstances surrounding the case and agree a course of action to be taken. This may include the offer of suitable alternative employment, the consideration of retirement on the grounds of ill-health or dismissal. (Before a decision on dismissal is made an up-to-date medical opinion will be obtained.)

4. Where a member of staff, having received treatment, suffers a relapse the Association will consider the case on its individual merits. Medical advice will be sought in an attempt to ascertain how much more treatment/rehabilitation time is likely to be required for a full recovery. At the Association's discretion, more treatment or rehabilitation time may be given in order to help the member of staff to recover fully.
5. If, after members of staff have received treatment, recovery seems unlikely the Association may be unable to wait for him/her any longer. In such cases dismissal may result, however in most cases this would be after a clear warning had been already given and a full medical investigation undertaken. In certain circumstances, strictly at the discretion of the Chief Executive on a recommendation from the Director of Human Resources and Corporate Services, early retirement may be considered.

6. If a member of staff is known to be, or strongly suspected of being, intoxicated by alcohol during working hours the Director of Human Resources and Corporate Services or Human Resources Manager will be contacted. Arrangements will be made for him/her to be escorted from the Association premises immediately. Disciplinary action will take place as soon as is practicable.

7. Staff are expressly forbidden to consume alcohol when at work or to bring it onto Association premises under any circumstances. Any breach of this rule will result in disciplinary action being taken which is likely to result in summary dismissal. In addition to this, no staff member should report to duty under the influence of alcohol.

**Staff that do not recognise/admit to having an Alcohol Misuse Problem**

Managers who believe a member of staff's unsatisfactory performance may be alcohol-related, or based on other evidence believes a staff member to have an alcohol problem, will arrange to hold a meeting with him/her, and inform the outcome of the meeting to the Human Resources Manager.

In addition to the above, if the Association has reason to suspect a member of staff as having an alcohol problem, the staff member will be required to attend a medical assessment. If a medical assessment does highlight an alcohol problem and the staff member then acknowledges this, the above procedure will then be followed. However, if the staff member refuses to attend the medical assessment; attends but then refuses recommended treatment; or if the treatment fails, disciplinary action may be taken which could lead to dismissal.

**DRUGS/SUBSTANCE ABUSE – PROCEDURE**

**Identification of Drugs/Substance Misuse**

1. If a Line Manager or staff member suspects that a member of staff has a problem with drugs/substance misuse, then this should be brought to the attention of your Line Manager and/or the Human Resources Manager. All information will be treated in the strictest of confidence.

2. If a member of staff suspects that they themselves may be developing a dependency on drugs/illegal substances, the Association would encourage that member of staff to voluntarily approach their Line Manager and the Human Resources Manager in an attempt to seek help.
DRUGS/ILLEGAL SUBSTANCES – PROCEDURE

1. Staff who recognise that they have a drug/substance misuse problem, or that they are at risk of developing one, should be encouraged to come forward for confidential help. They should seek an appointment, in confidence, with the Human Resources Manager.

2. If the Human Resources Manager believes the problem serious enough to affect performance, or colleagues are at risk, s/he may suggest an Employee Assistance Programme as the way forward.

3. Where staff acknowledge that they have a problem and are given help and treatment, this will be on the understanding that:

   - whilst they are undergoing treatment they will be on sick leave and will be entitled to the usual Association sick pay benefits;
   - every effort should be made to ensure that on completion of the recovery programme staff are able to return to the same or equivalent work.

However, where such a return would jeopardise either a satisfactory level of job performance or the member of staff's recovery, the Director of Human Resources and Corporate Services will review the full circumstances surrounding the case and agree a course of action to be taken. This may include the offer of suitable alternative employment, the consideration of retirement on the grounds of ill-health or dismissal. (Before a decision on dismissal is made an up-to-date medical opinion will be obtained.)

4. Where a member of staff, having received treatment, suffers a relapse the Association will consider the case on its individual merits. Medical advice will be sought in an attempt to ascertain how much more treatment/rehabilitation time is likely to be required for a full recovery. At the Association's discretion, more treatment or rehabilitation time may be given in order to help the member of staff to recover fully.

5. If, after members of staff have received treatment, recovery seems unlikely the Association may be unable to wait for him/her any longer. In such cases dismissal may result, but in most cases a clear warning will be given beforehand and a full medical investigation will have been undertaken. In certain circumstances, strictly at the discretion of the Chief Executive on a recommendation from the Director of Human Resources and Corporate Services, early retirement may be considered.

6. Any Forum member of staff, found in possession of a controlled drug on the Association’s premises will be required to give an account of the following:

   - reasons for possession (which should be supported with medical evidence, if prescribed)
   - accessibility of substances to other staff members or residents
   - any other potential risks to the Association
7. If the conclusion of an enquiry finds

- that the Association, its staff and residents are potentially at risk
- unsatisfactory reasons have been given for possession or use of an illegal substance,

the following will apply

- the Police will be informed
- the staff member or Forum representative will be automatically subjected to the Association’s disciplinary procedure

8. In circumstances when a member of staff is known to be, or strongly suspected of being, under the influence of an illegal substance or suspected of supporting the use of illegal substances during working hours the Director of Human Resources and Corporate Services or Human Resources Manager will be contacted. Arrangements will be made for him/her to be escorted off the premises immediately. Disciplinary action may then follow. If any member of staff is found to be in breach of these rules, they will be liable for instant dismissal on the grounds of serious misconduct.

9. Staff are expressly forbidden to partake in drug taking when at work or to bring illegal drugs onto Association premises under any circumstances. Any breach of this rule will result in disciplinary action being taken which is likely to result in summary dismissal.

Staff that do not recognise/admit to having a Drug/Illlegal Substance Misuse Problem

Managers, who believe a member of staff’s unsatisfactory performance may be drug/illegal substance related, or based on other evidence believes a staff member to have a drug/illegal substance problem, will arrange to hold a meeting with him/her, and inform the outcome of the meeting to the Human Resources Manager.

In addition to the above, if the Association has reason to suspect a member of staff as having a drug/illegal substance problem, the staff member will be required to attend a medical assessment. If a medical assessment does highlight a drug/illegal substance problem and the staff member then acknowledges this, the above procedure will then be followed. However, if the staff member refuses to attend the medical assessment; attends but then refuses recommended treatment; or if the treatment fails, disciplinary action may be taken which could lead to dismissal.

This policy will be reviewed on at least a 3 year cycle, or sooner as directed.

Date of next review September 2013.

Staff non-compliance with this policy may result in disciplinary proceedings.
Classes of controlled drugs

<table>
<thead>
<tr>
<th>Class A Drugs</th>
<th>Class B Drugs</th>
<th>Class C Drugs</th>
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</thead>
<tbody>
<tr>
<td>Cocaine (including Crack)</td>
<td>Amphetamine</td>
<td>Anabolic Steroids</td>
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<tr>
<td>Ecstasy</td>
<td>Barbiturates</td>
<td>(possession for personal use is legal in certain circumstances)</td>
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<tr>
<td>Heroin</td>
<td>Also: Codeine</td>
<td>Benzodiazepine tranquillisers (e.g. Temazepam - although this becomes a Class A drug if prepared for injection)</td>
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<tr>
<td>LSD</td>
<td>Dexamphetamine</td>
<td>Cannabis resin</td>
</tr>
<tr>
<td>Methadone</td>
<td>Dihydrocodeine (DF-118)</td>
<td>Herbal cannabis</td>
</tr>
<tr>
<td>Morphine</td>
<td>Methaqualone</td>
<td>Dextropropoxyphene (Distalgesic)</td>
</tr>
<tr>
<td>Opium</td>
<td>Methylamphetamine</td>
<td>GHB</td>
</tr>
<tr>
<td>Psilocin (magic mushrooms) - dried or stewed</td>
<td>Methylphenidate (Ritalin)</td>
<td>Other mild stimulants similar to amphetamines</td>
</tr>
<tr>
<td>Also: Cocoa leaf</td>
<td>Note: Class B drugs such as codeine and dihydrocodeine (DF118) are treated as Class A drugs when prepared for injection.</td>
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<tr>
<td>Dextromoramide (Palfium)</td>
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<tr>
<td>Dipipanone</td>
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<td>Fentanyl</td>
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<td>Mescaline</td>
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<tr>
<td>Pethidine</td>
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<tr>
<td>Any part of the opium poppy 'head' or seed capsule</td>
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</tr>
<tr>
<td>Any Class B drug that is prepared for injection</td>
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</tbody>
</table>

A comprehensive list can be found included in the Misuse of Drugs Act 1971.