
Drug, Alcohol and Substance Misuse Policy

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SUMMARY OF POLICY

This Policy will explain the responsibilities and principle behind the Trust's approach to managing the misuse of drugs, alcohol and other substances by employees.

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Drug, Alcohol and Substance Misuse Policy

1. INTRODUCTION & PURPOSE

- 1.1 This Policy will explain the responsibilities and principle behind the Trust's approach to managing the misuse of illegal drugs, alcohol and other substances by employees. The Trust aims to ensure that it provides a safe and productive work environment that promotes the health, safety and wellbeing of staff.
- 1.2 The Trust has a responsibility to provide its clients with the best possible service and ensure that all services are delivered effectively and without compromise, at the same time maintaining and promoting the Trust's reputation and integrity.
- 1.3 Employers have a duty under the Health & Safety at Work Act 1974 to ensure, as far as is reasonably practicable, the health, safety and welfare of its staff and others. This includes taking all reasonable steps to resolve drug (illegal, prescription or recreational), alcohol and other substance misuse related problems known within the workplace. Staff also have a duty of care to patients and colleagues and are therefore expected to co-operate with and implement the Trust policies in this respect. The Trust's position is one of not allowing the use, possession or supply of drugs, alcohol or substances by staff whilst on duty or allowing staff to continue working if they are found or if there is reason to suspect that they are under the influence of any substance or if they smell of alcohol.
- 1.4 This policy should be seen in the context of a desire to promote the general wellbeing of all employees and safety for patients, colleagues and others. The Trust is committed to providing confidential support and specialist help where necessary, to any employee making a disclosure regarding their misuse of substances and their intention to manage the situation more effectively.
- 1.5 It is the Trust's intention to ensure that all staff are aware of this policy in order to prevent any such situations occurring, which could render them liable to disciplinary action.

2. SCOPE & DEFINITIONS

- 2.1 This policy applies to bank, locum, permanent and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers), Non-Executive Directors, governors and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, Agency workers, and other workers who are assigned to Solent NHS Trust.
- 2.2 For the purpose of this Policy, substance misuse refers to use and misuse of intoxicating substances which include alcohol, drugs; prescription and over-the-counter medicines,

novel psychoactive substances¹, solvents and other substances, either intermittently or continuously which interferes with an individual's health, work capabilities or conduct, or which affects work performance and / or safety of themselves and others.

- 2.3 For the purposes of this policy being intoxicated can include the smell of alcohol on an individual's breath. Although this characteristic should not be used in isolation. See Appendix 1 for more guidance.
- 2.4 The Misuse of Drugs Act (1971) specifies the different categories of drugs according to their relative harmfulness when abused. Under this policy, the Trust is clearly stating that the possession, use or supply of illegal drugs is strictly forbidden whilst on duty. The Trust will contact the Police where an employee or visitor is found to be in possession, using or supplying illegal substances whilst on duty or visiting any of its premises.
- 2.5 The Trust also prohibits the use, possession or supply whilst on duty of Novel Psychoactive substances, the term given to substances that are used recreationally but are not controlled under the Misuse of Drugs Act (1971), not licenced for legal use, and not regulated as a medicine Medicines Act (1968). These are powerful drugs with long lasting effects often over 12 hours in some cases.
- 2.6 For the purposes of this policy where Disciplinary Procedures are mentioned it equally applies to any procedure in place in the Trust which deals with Absence Management, Poor Performance, conduct issues or outside work criminal convictions.

3. AIMS AND OBJECTIVES

- 3.1 This policy should be seen in the context of a desire to promote the general wellbeing of all employees. It is designed to:
 - Provide a framework to enable instances of drug, alcohol and substance misuse to be handled in an appropriate and consistent way. It sets out the rules regarding the use of intoxicating substances to ensure staff are aware of the likely consequences of their employment if misusing them.
 - Prevent accidents and impaired performance at work which may be alcohol or drug related, safeguarding the safety and welfare of staff and patients.
 - Actively promote awareness and understanding of the effects of alcohol and drug related problems within the workplace, and to emphasise the potential dangers of such misuse for both the individuals' health and work performance and to encourage those with a problem to seek help.

4. ROLES & RESPONSIBILITIES

- 4.1 All staff are expected to adhere to Trust Policies and the principles set out in the Trust Mission, Values and Policies.

¹ Previously known as 'Legal Highs'

4.2 Roles and responsibilities under this Policy are defined as follows:

Staff have the following responsibilities:

- To ensure they report for work and remain in a condition to perform their duties free from the effects of drugs, alcohol or any other substances, whether on Trust premises or at external locations.
- Alcohol remains in the body long after an alcoholic drink is consumed and this must be remembered when drinking outside of working hours, including the previous evening.
- Staff who are 'on call' must ensure they are not under the influence of alcohol, drugs or other substances during the 'on call' period as they may be required to make decisions / drive / attend work. See section 4 for more information for 'On Call' staff.
- Staff taking medication should seek advice on any adverse impact on work performance or behaviour, particularly with regard to safety. They should also notify their manager of this. Advice from Occupational Health can be sought.
- If a problem or suspected problem relating to drugs, alcohol or substance misuse has been identified the member of staff has a responsibility to seek help, by attending for an Occupational Health appointment or a relevant external agency.
- Staff should inform their manager if they know or suspect that a staff member (including volunteers, students, contractors etc.) is under the influence of drugs, alcohol or other substance whilst engaged in a Trust activity.
- All staff must advise their line manager if they are charged with and/or convicted of a drugs / drink driving offence in order to be able to consider the impact upon their role and appropriate action. If the line manager is not informed further action may be taken under the relevant Trust policy.
- Not to bring illegal substances onto Trust premises

Managers have the following responsibilities:

- Publicise the policy and support available to staff, including through induction and after, ensuring policy compliance by reinforcing its requirements to staff.
- Have systems in place for third parties to notify the manager of concerns regarding individuals who they suspect may be intoxicated whilst at work
- Discuss suspected alcohol or substance misuse problems with member of staff and, where applicable refer staff to Occupational Health.
- If a member of staff divulges to their manager a drug/ alcohol /substance misuse problem, the manager should also refer to Occupational Health
- Offer support to staff to facilitate recovery. Work with Occupational Health:
 - to explore work place adjustments where these are indicated and practical
 - to implement and would support the rehabilitation of staff affected by drugs, alcohol or substance misuse - Refer to Trust Special Leave Policy

for time off for appointments associated with rehabilitation and treatment

- Provide information and advice to staff on drug, alcohol and substance misuse as stated in the policy
- All managers should be aware of the changes in work performance; attendance and behaviour which may be associated with alcohol, drug or substance misuse related problems (see Appendix 1).
- Investigate any circumstances that they may become aware of or that are brought to their attention. It may be appropriate to seek support from HR Consultancy team and Occupational Health.
- Inform the Chief Nurse/Chief Medical Officer of any drug / drink driving or other related convictions or outcome of HR process which is found to be related to drugs, alcohol or substance misuse.
- If further deterioration occurs, or previous patterns of behaviour return, the Manager is responsible for bringing this to the member of staff's attention and arranging a further Occupational Health referral. If there is no improvement the Trust's Disciplinary procedure should be followed.
- In the case of individuals not directly employed by the Trust (e.g. volunteers, those seconded) the departmental manager will be the responsible officer in determining the appropriate action.
- The manager is responsible for ensuring the privacy and confidentiality of employee records associated with drug, alcohol and substance misuse.

Occupational Health has the following responsibilities:

- Provide information and advice to staff and managers on drug, alcohol and substance misuse as stated in the policy.
- Assess staff referred under the policy and provide advice on fitness to work and on adjustments to support the rehabilitation of staff affected by drugs, alcohol or substance misuse.
- Where appropriate make onward referral to other health care professionals/ agencies
- Monitor the progress of staff undergoing treatment for drug, alcohol or substance misuse in relation to fitness to work.
- If a substance misuse problem is identified during the pre-employment screening process Occupational Health will assess the individual to ensure they are fit for employment.
- Provide the manager with a written report of the outcome of the referral and the course of action recommended. Specific recommendations may be made regarding the alteration of work schedules (e.g. restrictions on excess hours, shift working, temporary redeployment) or restricting certain types of work for an agreed period, subject to review.
- The usual terms of Occupational Health policy will apply to confidentiality

Human Resources have the following responsibilities:

- Provide training, advice and support to managers in relation to this policy and its applications.
- Advise and support managers when staff are suspected of being under the influence of drugs, alcohol or other substances, although the responsibility for the action rests with the manager.
- Support managers at formal meetings arising from this policy or other related policies.

Contractors and others working on Trust premises have the following responsibilities:

- To comply with the policy by ensuring they and their staff do not work on Trust premises under the influence of alcohol or non-prescribed/illegal drugs or other substances

5. Recruitment of Staff

- 5.1 Individuals with former drug or alcohol problems should not be overlooked with regard to employment by reason of their substance misuse alone. Drug or alcohol dependence can affect anyone and the principles of ensuring that staff are competent to perform the job for which they are being considered should remain the main driver behind recruitment decisions in line with the Trust's policy on equality and diversity. However, due to the nature of the work and the potential vulnerability of service users, all potential applicants must be fit to work and post treatment, and without a current substance misuse problem. It is therefore the responsibility of the applicant to disclose any previous treatment prior to any offer of employment at their pre-employment check. Failure to disclose may lead to the termination of his/her contract of employment.
- 5.2 As part of the recruitment process the following should be considered:
- The nature and seriousness of substance misuse and when this occurred
 - The attitude of the individual in relation to their rehabilitation
 - The commitment of the person to their recovery from substance misuse
 - Criminal convictions
 - Rehabilitation of Offenders Acts
 - Equality Act (Addiction is not a disability in itself so no adjustments are required. However, some adverse health effects or conditions may be interlinked and may need consideration under the Act e.g. depression).
 - Nature of the job they will be performing. For example if driving is required, there are additional considerations if former or current drug and alcohol misusers apply. Applicants who hold a driving licence are required to inform the DVLA of any medical condition that may affect their fitness to drive, including dependence on drug/alcohol / substance misuse problems. A licence is then likely to be refused and therefore may not be able to perform their work duties.

6. Drug Use in the workplace

- 6.1 Drug use refers to the use of illegal drugs, Novel Psychoactive substances and the deliberate misuse of prescribed drugs, non-prescribed drugs and substances such as solvents.
- 6.2 Drugs can alter the way a person thinks, perceives, feels and this can lead to impaired judgement or concentration. Drug use can also bring about the neglect of general health and well-being. This may adversely influence the performance of the member of staff.
- 6.3 It is recognised that the use of novel psychoactive substances and the misuse of legally prescribed and non-prescribed drugs or substances may also impair performance. The effects of which can be long lasting.
- 6.4 Characteristics of drug, alcohol and other substance misuse use are listed in Appendix 1.
- 6.5 It is not permitted for staff to be in possession, under the influence, deal in or take drugs within classes A, B or C in the workplace. A list of these drugs can be obtained from the Trust's Pharmacist.
- 6.6 Convictions of staff for drug offences can damage public confidence in Trust services, irrespective of the role performed by that member of staff and whether the offence was committed at work or socially. Consequently the continued employment of any member of staff is at risk if they are convicted of a drugs offence. If the Trust is made aware of any drug-related convictions against an individual it will carry out an investigation and the Policy for the Employment of Ex-Offenders and Continuing Employment of Offenders may be invoked.
- 6.7 Any recognised drug problem will be treated in strict confidence, subject to the provisions of the law.

7. Alcohol Consumption in the workplace

- 7.1 It is not permitted for staff (as opposed to clients/patients) to drink, smell of alcohol, or be under the influence of alcohol, whilst on duty or on Trust premises.
- 7.2 It is not permitted for staff off duty to drink alcohol in a public place whilst wearing a Trust uniform and / or identification badge.
- 7.3 Staff are asked to note that there is a perceived link between the smell of alcohol on the breath of staff and incompetence. Such perceptions can damage public confidence in Trust services. For these reasons alcohol consumption during meal breaks and before coming on duty is not permitted.
- 7.4 Individuals, who are required to drive as part of their duties or required to drive clients/service users as part of their duties must not consume alcohol before coming on duty or while on duty. Alcohol remains in the body long after an alcoholic drink is consumed and this must be remembered when drinking outside of working hours, including the previous evening.

8. Alcohol consumption for on-call staff

- 8.1 The Trust recognises that it would be unreasonable to require staff not to consume alcohol during periods when they are not at work. However when the individual is on call, and may be required to drive or deal with work related issues they will be covered by this policy in the same way as though they were at work.
- 8.2 The only exception to this would be for named individuals who are permanently on call for Major incidents, for which no payment is made. In these limited cases the consumption of alcohol must be kept below the legal requirements for safe driving.
- 8.3 Individuals who may be expected to see patients or clients whilst on call must not place themselves in a position where they smell of alcohol, or their professional competence is impaired.

9. Support for staff who have drug, alcohol or substance misuse problems

- 9.1 The Organisation recognises that drug and alcohol dependency is a health problem that requires special treatment and help. It also recognises that early identification is more likely to lead to successful treatment. Solent NHS trust is therefore committed to supporting those staff that seek help with drug, alcohol and substance misuse problems and will maintain the strictest confidentiality when dealing with individuals, within the limits of what is practical and written within the law.
- 9.2 Employees seeking help will be supported in their treatment and every effort will be made to assist them to return to good health and efficiency as part of their rehabilitation.
- 9.3 Where an employees work responsibilities are seen to be an obstacle to their recovery, then redeployment may be relevant.
- 9.4 Help can be obtained through the Occupational Health Team or via an external agency. There are a range of support services available for employees and these include:
- Occupational Health – The employee or manager can seek advice and support from the Occupational Health Team. A duty Nurse system is in operation every morning Monday to Friday
 - GP - The employees GP can refer them onto local specialist substance misuse treatment and / or counselling services
 - Specialist substance misuse treatment agencies
 - Private sector substance misuse counselling and treatment agencies
 - These agencies should be officially registered and can offer assessment and treatment support.
 - Self-help groups – Organisations that provide peer-led group and individual support.
 - Employee Assistance Programme
 - Telephone helplines – can be useful for initial advice and times of crisis
 - Alcohol and Substance Misuse support agencies:
 - National Drugs Helpline
 - Southampton Alcohol Service

- Portsmouth Recovery Hub
- Alcoholics Anonymous
- Drink line
- Drugs helpline

10. Drug testing

- 10.1 It is not the policy of the Trust to undertake drug or alcohol testing on employees and if required by law testing will be co-ordinated by the Police.

11. TRAINING

- 11.1 Solent NHS Trust recognises the importance of appropriate training for staff. For training requirements and refresher frequencies in relation to this procedure subject matter, please refer to the Training Needs Analysis (TNA) on the intranet.
- 11.2 Managers will have access to training and support through their HR Consultancy team to deal with any disciplinary matters resulting from noncompliance issues relating to this policy.

12. RELEVANT LEGISLATION

- 12.1 The following legislation is relevant to this policy:
- The Employment Act 2002 (Dispute Resolutions) Regulations 2004
 - Misuse of Drugs Act 1971
 - Health & Safety at Work Act 1974
 - Management of Health & Safety at Work Regulations 1999
 - Data Protection Legislation
 - Human Rights Act 1998 (Article 8)
 - Road Traffic Act 1988
 - Transport and Work Act 1992
 - Equality Act 2010
 - Medicines Act (1968)

13. LINKS TO OTHER DOCUMENTS

- 13.1 This Policy should be read and used in conjunction with other relevant documents:
- Disciplinary Policy and procedures
 - Sickness Absence Policy and Managers Guide
 - Special Leave Policy
 - Performance Management policy
 - Occupational Health & Wellbeing Service Managers guide
 - Policy for the Employment of Ex-Offenders and Continuing Employment of Offenders

14. REVIEW

- 14.1 This policy may be reviewed at any time at the request of either staff side or management, or in response to changes in Legislation / Guidance / best practice. It will be automatically reviewed on a 3 yearly basis.

**SOLENT NHS TRUST
PROCEDURAL GUIDELINES FOR MANAGERS**

1. INTRODUCTION

The desire to promote the wellbeing of employees and to provide support for those who seek it, should be at the forefront for managers when dealing with drug, alcohol and substance misuse matters involving their staff. This does not however, preclude the use of disciplinary action for breaches of this policy.

These guidelines aim to:

- Help managers to be alert to behaviours affecting work performance which may be caused by drug, alcohol or other substances.
- Be able to identify deteriorating work performance in terms of work related problems
- Be aware of how to guide the employee towards professionals that can help.

2. THE PROCEDURE

All Staff are subject to the policy in various ways, such as:

- The individual voluntarily decides to seek help from a manager or specialist department within the Trust or outside agency
- A member of staff may show signs of an alcohol or drug related problem, which may manifest itself in a variety of ways (see section 2.1).
- If following an accident or incident at work there is a suspicion of alcohol abuse, the individual will be asked to attend the Occupational Health Department for an assessment.

The Trust accepts that if a member of staff has an alcohol or drug related problem affecting work performance, then confidential guidance and assistance to overcome the problem should be offered. Such guidance and assistance may be from the Manager/supervisor, Occupational Health or other agencies.

Where staff agree to seek help, and follow advice, the matter will be treated as a medical problem in the first instance. Staff who have, or suspected they may have, an alcohol or substance misuse problem will be given every opportunity to seek help or advice from either the Occupational Health Service or from a recognised external agency (See section 9 of policy).

If time off for rehabilitation / treatment is recommended please refer to the Trust Special leave Policy.

Occupational Health will see staff who have self-referred or been referred by their manager, and with the agreement of the employee may liaise with their GP / specialists in the management of alcohol or substance misuse.

Occupational Health will monitor the individual's progress whilst they are off sick and liaise with the manager and HR Consultancy team to facilitate their return to work.

It is accepted that where support and encouragement has been given and concerns / poor performance continues, recourse to the Trust's Disciplinary Procedure may be appropriate.

Where staff do not identify a problem or fail to seek help, refuse to attend appointments or have been offered assistance to overcome alcohol or drug problems and refuse to co-operate and exhibit unacceptable behaviour, recourse to the Trust's Disciplinary Procedure/ Managing Attendance Policy may be appropriate.

2.1 Identifying the problem

There is no single characteristic, which identifies a person with a drug, alcohol or substance misuse problem, and indeed alcohol or drugs are only two of many possible reasons for deteriorating job efficiency. Some staff will seek help voluntarily, but others may not do this. In this case, if the following characteristics occur in combination or as a pattern over a period of time, alcohol or drug related problems may be indicated.

Below are some indicators for consideration:

ABSENTEEISM

- Multiple instances of unauthorised leave:
 - Excessive sick leave (including frequent self-certified sick leave)
 - Frequent Monday and or Friday absences
 - Excessive lateness, e.g. returning late from meal breaks leaving work early
 - Increasingly improbable excuses for absence.
- High accident rate at home or at work
- Difficulty in concentrating
- Spasmodic work patterns
- Alternative periods of high and low productivity – increasing general unreliability and unpredictability.

REPORTING TO WORK UNDER THE INFLUENCE OF ALCOHOL OR DRUGS

- Attending work in an obviously inebriated condition
- Smelling of alcohol
- Hand tremors
- Increasingly unkempt appearance
- Lack of personal hygiene - Disciplinary Policy

DETERIORATING JOB EFFICIENCY

- Missed deadlines
- Mistakes
- Poor decision making.

POOR RELATIONSHIPS AT WORK

- Over-reaction to imagined or real criticism
- Irritability
- Complaints from colleagues
- Borrowing money from colleagues
- Avoidance of manager or associates.

DISHONESTY AND THEFT

- Theft is considered as gross misconduct under the Trust's Disciplinary procedures, which would normally attract a sanction of dismissal.

2.2 Action to take

Having identified a pattern of deteriorating work performance or obvious signs of drug / alcohol / substance misuse, the following is recommended before raising the issue with the employee. You should consider the possible risks and courses of action and the most appropriate methods to deal with the situation.

Consider the following:

- The nature of the problem and possible causes
- Examine whether there might be other causes of work deterioration
- Do you suspect:
 - Drug
 - Alcohol
 - Other substance
 - Multiple substances
- Why do you suspect misuse? (Consider the characteristics listed in the section above)
- Has an incident or near miss occurred?
- Have there been similar behaviour / issues before?
- What are the employee's duties / responsibilities?
- What equipment do they use?
- Do they require a high level of concentration for their work?
- What risks are they posing to themselves and others?
- Managers should be aware that Drug and Alcohol problems can co-exist with other health issues.

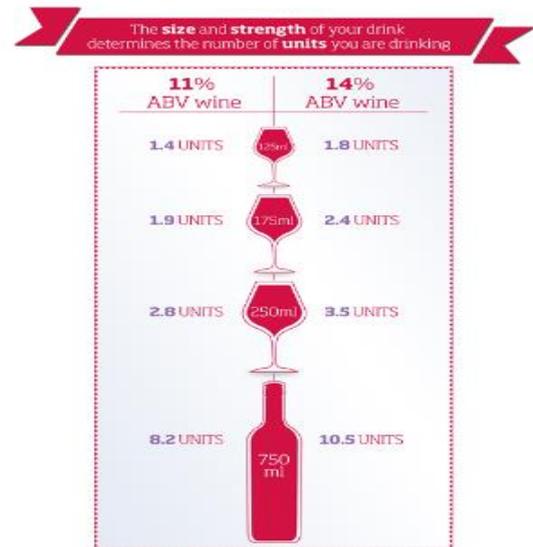
Where practical it is recommended that you seek advice from your HR Business Partner in respect of intended course of action, having considered the above points.

If a member of staff is intoxicated at work they will need to be sent home immediately. Managers are responsible for considering the safety of the individual and will therefore need to determine the risks and issues associated with the member of staff being sent home, whilst intoxicated. Managers will also need decide on what course of action happens after this – depending on whether long term issue or one off excess (disciplinary).

APPENDIX 2

HOW MUCH ALCOHOL IS IN YOUR DRINK?

The most important thing you need to know is the amount of alcohol in your drink and how the different drinks compare. Below are some useful visual references:



<http://www.drinkaware.co.uk/about-us>

ALCOHOL BY VOLUME: (ABV)

(ABV) can be shown as 'alcohol % vol' or '% vol'

Different drinks have different strengths and you should always read the label to be aware of how strong the alcohol content is. Some extra strong lagers can contain 3 times as much alcohol, as ordinary beers.

LOW ALCOHOL DRINKS

Low alcohol drinks, beer, larger, cider and wine can vary enormously.

Some can be as low as 0.5% volume – virtually alcohol free, but some low alcohol beers / lagers and ciders can have an alcohol content of 1/3rd of ordinary strength beer. Some table wines although marked low alcohol are ½ the strength of ordinary table wine

HOW QUICKLY DO THE EFFECTS OF DRINKING ALCOHOL WEAR OFF?

It is recognised, that the risk of accidents at work, is increased when breath alcohol is above 20 micrograms of alcohol per 100 millilitres of breath, or 50 milligrams of alcohol per 100 millilitres of blood.

When alcohol is consumed, **on average**, it takes **one hour** for the body to get rid of the alcohol in **one unit**. However, the rate that alcohol is absorbed into the body and eliminated from the body, can vary due to many factors. (See below)

Nearly $\frac{2}{3}$ of the human body weight is water. In the body the alcohol mixes evenly through this water. The larger the body, the more water it contains to dilute the alcohol consumed. However, people with a lot of body fat, will contain less water than a muscular person of the same body weight. Since alcohol is far less soluble in fat than it is in water, its concentration will reach a higher level in the body of a fatty person than of the muscular person who has consumed the same quantity of alcohol, all other factors being equal.

Women have lower proportional body water content than men, so will have higher concentrated levels of alcohol, in comparison to a man with a similar body weight.

The rate, at which the alcohol is absorbed also depends upon stomach contents and what has been eaten. If the stomach is empty alcohol can be absorbed into the body quickly. Fatty food, milk or a plate of mashed potatoes can impede absorption the absorption of alcohol and so lessen the maximum blood alcohol level reached.

Types and potency of drinks vary and it is difficult to say how many units of alcohol they contain without looking at the bottle, also pub measures of spirit are very small against a 'home' measure.

Strong drinks are able to irritate the stomach wall and delay the valve opening into duodenum, this can delay absorption and alcohol levels can rise higher, much later, than normal. This often happens when a person has been sitting and drinking; they stand up or walk out the door and then fall down!

PREGNANCY OR BREASTFEEDING

If you drink alcohol when you are pregnant, you are actually giving your baby an alcoholic drink too. This is because when you drink, the alcohol passes into your bloodstream, travels across the placenta and is fed to your baby. So if you are planning a pregnancy never drink heavily. If you limit yourself to drinking one or two units once or twice a week the risk to your baby will be small, but if you cut out alcohol completely, you cut out this risk completely. If you drink when you are breast-feeding small amounts in the breast milk may affect your baby's feeding, bowels or sleeping.

Appendix 3:

Equality Impact Assessment

<u>Step 1 – Scoping; identify the policies aims</u>	Answer		
1. What are the main aims and objectives of the document?	<p>Prevent accidents and impaired performance at work safeguarding the safety and welfare of staff and patients.</p> <p>Actively promote awareness and understanding of the effects of alcohol and drug related problems within the workplace, and to emphasise the potential dangers of such misuse for both the individuals' health and work performance and to encourage those with a problem to seek help.</p>		
2. Who will be affected by it?	All employees whether employed directly, through an agency, by a contractor or other organisation, and visitors.		
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	Healthier workforce, safety for employees, patients and visitors, compliance with legislation		
4. What information do you already have on the equality impact of this document?	Previous policy		
5. Are there demographic changes or trends locally to be considered?	The policy applies to all staff groups		
6. What other information do you need?	N/A		
<u>Step 2 - Assessing the Impact; consider the data and research</u>	Yes	No	Answer (Evidence)
1. Could the document unlawfully discriminate against any group?		X	The policy applies to all groups
2. Can any group benefit or be excluded?		X	The policy applies to all groups
3. Can any group be denied fair & equal access to or treatment as a result of this document?		X	The policy applies to all groups
4. Can this actively promote good relations with and	X		The policy offers opportunities to all staff to

between different groups?			access help and support for substance misuse
5. Have you carried out any consultation internally/externally with relevant individual groups?	X		Occupational Health Team, HR, H&S Manager, Policy Group
6. Have you used a variety of different methods of consultation/involvement	X		Via email, face to face at formal meetings
<u>Mental Capacity Act implications</u>		X	
7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)		X	
<u>External considerations</u>			
8. What external factors have been considered in the development of this policy?			n/a
9. Are there any external implications in relation to this policy?			n/a
10. Which external groups may be affected positively or adversely as a consequence of this policy being implemented?			n/a