



Workplace Drug and Alcohol Procedure (Interim)

DCC Procedure	
Document Number	A unique identifier will be assigned to an approved procedure.
Responsible Officer	Town Clerk and Chief Executive
Contact Officer	Head of Human Resources Phone: 028 71 365151 Ext: 6638 Email: sinead.mcnicholl@derrycity.gov.uk
Approval	
Effective Date	4 th February 2013
Modifications	
Superseded Documents	
Review Date	<p>This is an interim procedure. A full Policy and Procedure will be developed over the coming year.</p> <p>However, this Procedure will be reviewed within this timeframe in the event of any one or more of the following:</p> <ul style="list-style-type: none"> ➤ Failure or weakness in the procedure is highlighted ➤ Changes in legislative requirements ➤ Changes in Government/Council or other directives and requirements
File Number	
Associated Documents	<p>This procedure is supported by guidelines for managers and employees and should be read in conjunction with the following;</p> <ul style="list-style-type: none"> • Terms and Conditions of Employment; • Council Policies and Procedures; • Standing Orders; • Code of Conduct for Local Government employees.

1. Introduction

- 1.1. This interim procedure has been put in place pending development and formal adoption of a Drugs and Alcohol Policy. This interim procedure forms a fundamental part of Derry City Council's responsibility and obligations and aims to safeguard and protect the health and safety of its employees and others who may be affected by their acts and/or omissions. This procedure also seeks to offer assistance to any employee who may be suffering from a drug or alcohol-related problem.
- 1.2. Alcohol and drug consumption/dependency affects individual health and work performance in terms of safety, efficiency, productivity and attendance. These affect not only the employee but also the service, work colleagues and clients/service users, friends and family. As a responsible employer and in accordance with obligations under the Health & Safety at Work (NI) Order 1978 and Misuse of Drugs Act 1971, Derry City Council recognises the need to take measures that address issues relating to alcohol and drugs in the workplace.
- 1.3. As well as Derry City Council's obligations with regard to Health & Safety and statutory requirements therein, employees also have specific responsibilities. All employees are personally responsible for their own health and safety as well as the health and safety of others who may be affected by their actions or failure to act. The consumption of alcohol and drugs (including prescribed drugs) may affect an employee's ability to properly perform his or her duties. As such, employees are required to advise their line manager if they are taking prescribed drugs.

2. Aim, Purpose & Scope

- 2.1. This interim procedure aims to contribute to a safe, healthy and productive work environment with the purpose of achieving the following:
 - To Increase knowledge and awareness of alcohol and drugs misuse
 - To Identify drug and alcohol problems at the earliest stage
 - To encourage and support employees who have or might have alcohol/drug related issues
 - To provide an effective and practical response for dealing with alcohol or drug related problems in the workplace
 - Improve the general health and welfare of our employees
 - Decrease absence levels and incident risk from alcohol and drug misuse
- 2.2. This procedure applies to all DCC employees.

3. Responsibilities

3.1. Ms. Sinéad McNicholl (Head of Human Resources) will be the designated officer responsible for:

- Promoting and introducing the procedure throughout Derry City Council
- Communicating the procedure to employees, managers, agency workers and other relevant stakeholders
- Providing advice and guidance to managers in dealing with matters related to alcohol and drug misuse
- Providing procedures where employees can seek confidential help on drug and alcohol matters
- Providing procedures to be utilised in the event of a positive drugs test

3.2. Managers are responsible for:

- Familiarising themselves with the procedure
- Ensuring employees understand the procedures and their responsibilities
- Monitoring changes in employee work performance, attendance, sickness and accident patterns
- Being understanding, respectful and confidential when discussing drug and alcohol related problems with employees.
- Being aware of the characteristics of someone suffering from alcohol and drug problems as identified under Appendix B

3.3. Employees are responsible for:

- Familiarising themselves with the procedures
- Complying with the procedures
- Behaving responsibly in the consumption of alcohol ensuring work performance is not affected.
- Complying with the law on the use of controlled drugs
- Notify Line Management if taking medication that may affect their performance or jeopardise safety on the job.

4. Definitions

4.1. Drugs and alcohol for the purposes of this procedure are defined as those which incorporate a variety of behaviours and actions which may be problematic or jeopardise the safety of the individual, other employees, patrons/public and Derry City Council.

4.2. Controlled drugs are those which are controlled under the Misuse of Drugs Act 1971 as amended. A table of common controlled substances is enclosed (Appendix C).

5. Rules

- 5.1. All employees and persons acting on behalf of Derry City Council are expected to have a responsible approach to the use of alcohol outside of working hours. Attending work whilst in the possession of, or under the influence of drugs or alcohol constitutes gross misconduct and could lead to dismissal/summary dismissal under Derry City Council's Disciplinary procedures.
- 5.2. Prescription drugs and over-the-counter prescriptions can also have an adverse affect on an employee's performance and safety at work. Employees are therefore requested to report to their line manager if they are taking medication which has the potential to have such affects.
- 5.3. An employee must not:
 - Report for work having consumed alcohol or taken drugs which may impair performance or put at risk their own or others safety whilst on duty or within the cartilage of any Council facility
 - Be found possessing or trafficking alcohol or drugs whilst on duty or whilst on or within the cartilage of any Council facility
 - Consume alcohol or abuse drugs whilst on duty or within the cartilage of any Council facility
 - Unreasonably refuse to be tested for alcohol or drugs as described under Section 8.
- 5.4. Contravention of any of these rules and procedures will be considered Misconduct/Gross Misconduct and will be dealt with under Derry City Council's disciplinary Procedures.
- 5.5. Management reserve the right to question employees should a manager believe that an employee displays symptoms or behaviours consistent with alcohol/drug use. Furthermore management reserves the right to conduct/require a drug/alcohol screen should concerns of alcohol/drug abuse remain following questioning. Such screening will only be conducted with the employee's signed consent. However as stated above, refusal to undertake the screening process will be dealt with under Council's Disciplinary Procedures. Furthermore, with regard to the concern of drug/alcohol abuse, Derry City Council will draw its own inference against an employee based on the evidence gathered during investigation.
- 5.6. All employees have an obligation under the Health & Safety at Work (NI) Order 1978 to ensure the health and safety of themselves, work colleagues and other persons affected by their actions or failure to act. Should an employee, supervisor or manager knowingly conceal or collaborate in an illegal act or activity, or fail to provide or disclose information regarding drug/alcohol misuse, then appropriate action will be taken under the Council's Disciplinary procedures

- 5.7. Furthermore, should an employee be found in possession of or trafficking drugs, Council will be obligated to make formal disclosure to the Police Service for Northern Ireland (PSNI).

6. Prevention

- 6.1. Where it is identified that an employee has a drug and/or alcohol problem, or should an employee seek help, then Derry City Council will provide support through internal/external means as appropriate.

- 6.2. Derry City Council is committed to providing appropriate professional help and support to employees who suspect or know they have an alcohol/drug problem and who seek help via their line management, Occupational Health or other external body. Employees are therefore strongly encouraged to disclose any alcohol or drug dependency problems voluntarily and at the earliest opportunity.

Self Referral to Occupational Health

- 6.3. This is available to any employee. Employees wishing to self-refer to Occupational Health may do so by contacting Human Resources on Tel No: (028) 7136 5151 Ext: 6642 and completing an Occupational Health self-referral form.

Management Referral to Occupational Health

- 6.4. An employee may be referred to Occupational Health following an interview/discussion with their line manager, where it is disclosed by the employee that they have a problem with alcohol or drugs.
- 6.5. Following a self referral or informal management referral, feedback will only be given to management with the individual's consent or where there are issues of health and safety which may require adjustments to the role. Examples of situations where feedback may be required to be given to management:-
- Where treatment, rehabilitation or counselling requires absence from work
 - Where consideration is required of a change in the employee's duties or working conditions; or
 - Where the extent of the alcohol or drug-related problem may have an impact on performance or health and safety at work.
- 6.6. Within reason, time off during normal working hours will be granted where treatment, rehabilitation or counselling is required. Employees are expected to cooperate with any rehabilitation or counselling programme they may be required to undertake.
- 6.7. If an employee is absent from work whilst involved in a treatment, rehabilitation or counselling programme, they will be entitled to return to or remain in the same job unless there are justifiable reasons for not doing so. However, in that event, consideration will be given to finding suitable alternative employment. Where

suitable alternative employment cannot be identified, a redundancy situation may arise and Council's redundancy procedures invoked. Should an employee not be satisfied with arrangements offered, such matters will be referred and dealt with under Council's Grievance Procedure.

- 6.8. It is the responsibility of the employee's line manager, in conjunction with advice from HR and Occupational Health, to determine a time frame for an employee to achieve a sustained improvement. Employees will be required to comply with any agreed programme of support.
- 6.9. If an employee refuses the opportunity to receive help, denies the existence of a problem or forgoes a course of treatment, then should an instance of drug/alcohol abuse occur thereafter, the matter will be dealt with under Council's Disciplinary Procedures.

7. Management Response to Alcohol/Drug Abuse at Work

- 7.1. Where management has reason to believe an employee is under the influence of alcohol/drugs at work, the employee will be removed immediately from duty (with pay) and instructed to wait in a private area under the supervision of their line manager or other nominated officer.
- 7.2. The Line Manager will contact their immediate line manager, or in their absence a HR Manager or other nominated HR Officer.
- 7.3. The line manager will conduct an investigatory meeting with the employee to discuss the reason for their removal from duty. The employee will have the opportunity, at this stage to provide explanation in response to management concerns. The employee will be expected to comply with management request and answer any questions management have in relation to their concerns. Failure to cooperate with this process may result in action being taken under Derry City Council's Disciplinary procedures.
- 7.4. Management will make every effort to ensure that an employee is accompanied should such a request be made. However this is not a statutory right and the process will continue should such representation not be readily available.
- 7.5. Consideration should be given to the employee's response. However should any doubt/concern remain, then management reserve the right to instigate the screen process as detailed in Section 8. If screening is conducted, the employee will continue to be supervised and remain within a private area.
- 7.6. Employees whose alcohol or drug-related problem comes to light in the course of disciplinary proceedings should be aware that the admission of dependency may be a mitigating factor but will not necessarily result in the suspension of disciplinary action. All cases will be dealt with in the light of prevailing circumstances.

8. Screening when alcohol or drug misuse is suspected

- 8.1. Screening is not intended to discriminate against any individual or group of individuals. For the purposes of this procedure, only “With Cause” screening is included. Possible examples of “With Cause” screening could include:
- Abnormal Behaviour;
 - Discovery or possession of alcohol, drugs or associated paraphernalia;
 - Signs of current intoxication;
 - A workplace incident, accident or complaint
- 8.2. The testing will be carried out by NIVHA Drug and Alcohol Testing Solutions, who will explain the process to the employee and obtain their written consent. Testing will also require the employee to be breathalysed.
- 8.3. An employee may, if they so wish, ask another employee to accompany them during the test. This could be a work colleague or Trade Union representative. Every effort will be made by Council to arrange for the chosen accompanying employee/representative to be present if reasonably practical. However, if it is not possible for the nominated representative to be present, testing will still take place.
- 8.4. The tester will then make a note of the employee’s brief medical history and of any prescription or over the counter drugs that the employee is taking that could lead to a false positive result. The employee will then be asked to reveal the content of their pockets, to confirm that they are not carrying a sample of someone else’s urine. The employee may also be requested to provide access to any personal belongings located or kept within the workplace.
- 8.5. The employee will be asked to select a Point of Contact Test (POCT) cup and a Medscreen foil top cup and provide a sample of urine in private using the POCT cup. The tester will check the temperature and then push a plastic key into the socket of the POCT cup to activate the instant test. Both the tester and the donor read the test results. If the result is reactive, the sample is split into two vials, sealed in front of the donor and sent to the laboratory for further analysis, together with the POCT cup. If the result is negative, the sample will be disposed of, either by the donor or Medscreen.
- 8.6. The Collecting Officer will record all reactive results sent for further analysis and will submit these to the manager via the Nominated Officer. A copy will be retained by Occupational Health.
- 8.7. If following further analysis, a positive test is reported, employees are entitled to have an independent test carried out on the second sample by a professionally recognised laboratory. If the second test is undertaken by a laboratory, which is on an accredited list maintained by Derry City Council via NIVHA, then the costs of undertaking the test will be borne by Derry City Council.

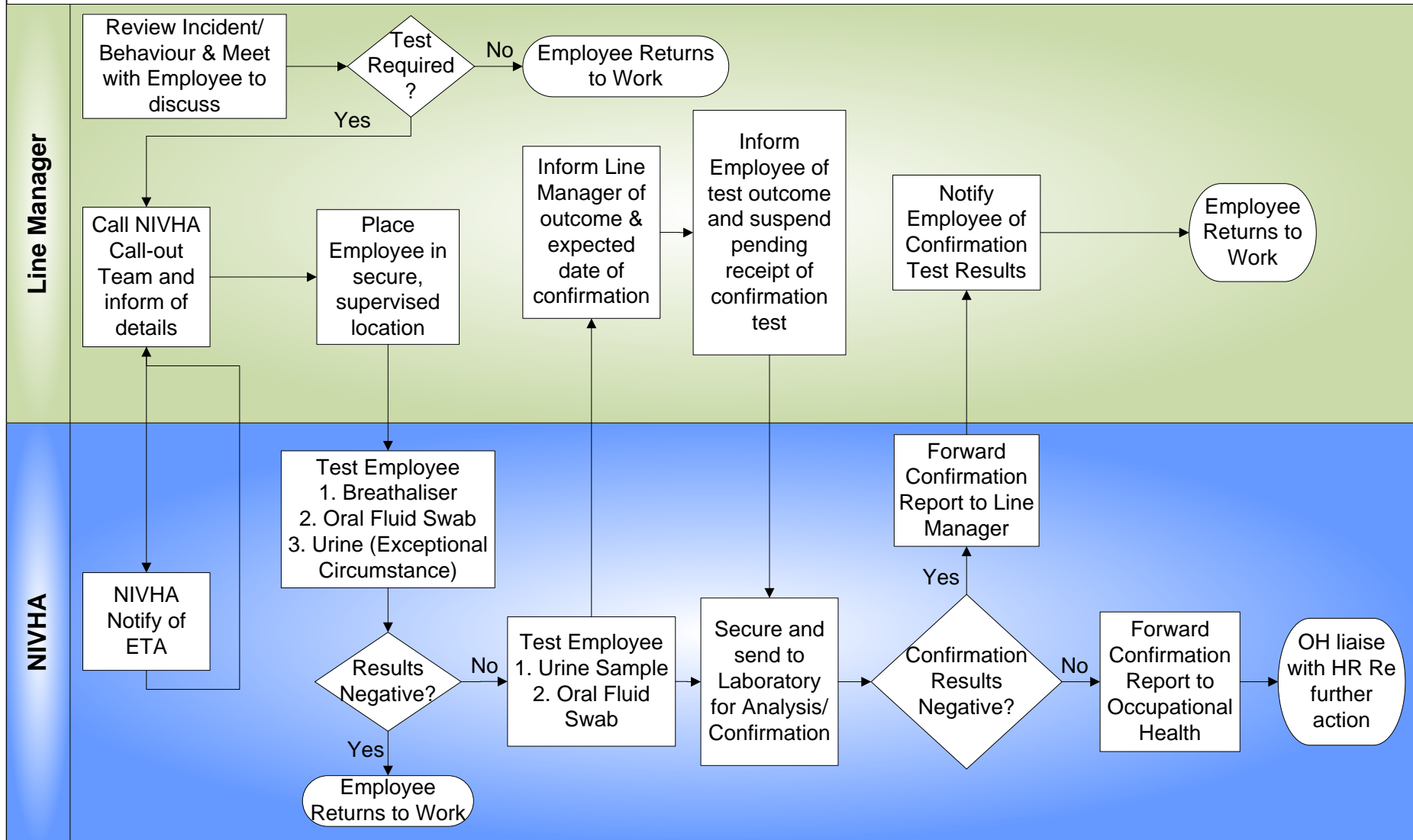
- 8.8. Falsification of a screening test, whether by tampering with, or substituting, specimens or by seeking to change or otherwise influence the results, will be treated as gross misconduct and dealt with under the Council's Disciplinary Procedure and may result in dismissal.
- 8.9. NIVHA will report the outcome of all results which have been sent for further analysis to the HR Section.
- 8.10. In the case of screening for the presence of alcohol, any indication of presence above the Government's legal drink/drive limit, as amended, will be considered to be a positive test result. The current limit, as at the date of this interim procedure, is:

107 milligrams of alcohol per 100 ml of urine,
35 micrograms of alcohol per 100 ml of breath,
or 80 milligrams of alcohol per 100 ml of blood.
- 8.11. In a situation where an individual is admitted to or treated in hospital, testing may still take place after the individual is discharged from hospital if it is felt that relevant information can be gained from doing so.
- 8.12. If during any period in which testing is carried out, Derry City Council believes the employee may be unfit to carry out his/her duties the individual may be given alternative duties or suspended from duty.
- 8.13. A flow chart of the testing procedure can be viewed under Appendix A.

9. Confidentiality

- 9.1. All discussions with an employee in connection with this procedure will be strictly confidential as will any counselling/treatment undertaken by the employee. Whilst personnel records will be maintained, record of treatment will be the property of the person administering such treatment.

Appendix A: Drug & Alcohol Testing Process (With Cause)



Appendix B - Evidence, Symptoms & Behaviours Associated with Alcohol/Drug Abuse

This section aims to provide some guidance to managers regarding the signs and symptoms of alcohol and/or drug abuse.

It is important to keep in mind that if an employee shows any of the following symptoms, it does not necessarily mean that he or she is using drugs/alcohol. The presence of some of these behaviours could be the product of stress, depression or a host of other problems. Whatever the cause, they may warrant attention, especially if they persist or if they occur in a cluster.

The key is change; it is important to watch for any significant changes in physical appearance, personality, attitude or behaviour.

Physical Signs	
Loss/Increase in appetite, changes in eating habits, unexplained weight loss/gain.	Extreme hyperactivity; excessive talkativeness.
Slowed or staggering walk; poor physical coordination.	Needle marks on lower arm, leg or bottom of feet.
Inability to sleep, unusual laziness.	Runny nose; hacking cough.
Red, watery eyes; pupils larger or smaller than usual; blank stare.	Tremors or shakes of hands, feet or head.
Cold, sweaty palms; shaking hands.	Nausea, vomiting or excessive sweating
Puffy face, blushing or paleness.	Slurred Speech
Smell of substance on breath, body or clothes.	
Behavioural Signs	
Change in overall attitude/personality with no other identifiable cause.	Changes in friends; sudden avoidance of old crowd; doesn't want to talk about new friends
Change in activities or hobbies.	Paranoia
Drop in performance at work (Variations in quality/quantity of work previously done)	Excessive need for privacy; unreachable; Secretive or suspicious behaviour.
Poor Attendance/time keeping	Increase in accidents (Slips, Trips and falls).
Difficulty in paying attention; forgetfulness.	Chronic dishonesty.
Lack of concentration/easily distracted	Unexplained need for money, stealing money or items.
General lack of motivation, energy, self-esteem, "I don't care" attitude.	Change in personal grooming habits; deterioration of personal appearance.
Sudden oversensitivity, aggression, or resentful behaviour.	Possession of drug paraphernalia.
Moodiness, irritability, or nervousness.	Silliness or giddiness.

Drug Specific Symptoms:

Marijuana:	Glassy, red eyes; loud talking and inappropriate laughter followed by sleepiness; a sweet burnt scent; loss of interest, motivation; weight gain or loss.
Alcohol:	Clumsiness; difficulty walking; slurred speech; sleepiness; poor judgment; dilated pupils.
Depressants: (including barbiturates and tranquilizers)	Seems drunk as if from alcohol but without the associated odour of alcohol; difficulty concentrating; clumsiness; poor judgment; slurred speech; sleepiness; and contracted pupils.
Stimulants:	Hyperactivity; euphoria; irritability; anxiety; excessive talking followed by depression or excessive sleeping at odd times; may go long periods of time without eating or sleeping; dilated pupils; weight loss; dry mouth and nose.
Inhalants: (Glues, aerosols, and vapours)	Watery eyes; impaired vision, memory and thought; secretions from the nose or rashes around the nose and mouth; headaches and nausea; appearance of intoxication; drowsiness; poor muscle control; changes in appetite; anxiety; irritability; an unusual number of spray cans in the trash.
Hallucinogens:	Dilated pupils; bizarre and irrational behaviour including paranoia, aggression, hallucinations; mood swings; detachment from people; absorption with self or other objects, slurred speech; confusion.
Heroin:	Needle marks; sleeping at unusual times; sweating; vomiting; coughing and sniffing; twitching; loss of appetite; contracted pupils; no response of pupils to light.

Appendix C – Table of Common Controlled Drugs

Name	Street Name	Method	Effect	Damage
Heroin	Smack, Horse, Gear, Brown, H, Junk, Scag, Jack	Injected, Snorted, Smoked	Drowsiness, sense of warmth and well being.	Overdose, damage to cardiovascular and respiratory systems.
Cocaine	Coke, Charlie, Snow, C	Snorted, Injected	Sense of well-being, alertness, and confidence.	Convulsions, heart and respiratory failure, depression.
Crack	Freebase, Rock, Wash, Stone	Smoked	Intense feeling of well-being, alertness and confidence.	Convulsions, heart and respiratory failure, depression, lung damage.
Ecstasy	E, XTC, Doves, Disco Biscuits, Echoes, Scooby Doos	Swallowed	Alert and energetic, with a calmness and a sense of well being towards others. Heightened sense of sound and colour.	Depression, liver, kidney and heart problems.
LSD	Acid, Trips, Tabs, Dots, Blotters, Microdots	Swallowed	Hallucinations including distorted or mixed up sense of vision, hearing and time. An LSD trip can last as long as 8-12 hours.	Flashbacks, mental health problems.
Magic Mushrooms	Shrooms, Mushies	Eaten, Brewed	Similar effects to those of LSD but the trip is often milder/shorter.	Flashbacks, mental health problems.
Cannabis	Hash, Dope, Grass, Blow, Ganja, Weed, Puff, Marijuana	Smoked, Eaten	Relaxed, talkative state. Heightened sense of sound and colour.	Mental health problems, lung disease.
Barbiturates	Barbs, Downers	Swallowed, Eaten	Calm and relaxed state. Larger doses produce drunken effect.	Overdose, severe withdrawal symptoms.
Amphetamines	Speed, Whizz, Uppers, Billy, Sulph, Amp	Ingested, Injected, Snorted	Stimulates the nervous system, wakefulness, feeling of energy and confidence.	Depression, heart strain, mental illness.
Tranquilizers	Moggies, Wobblies, Mazzies, Jellies	Swallowed, Injected	Prescribed for the relief of anxiety and to treat insomnia. High doses cause drowsiness.	Anxiety, short term memory loss, severe withdrawal symptoms.
Anabolic Steroids	Various trade names	Injected, Swallowed	With exercise can help to build up muscle.	High blood pressure, liver failure, stroke, heart attack.
Alkyl Nitrates	Poppers	Inhaled	Brief and intense head rush caused by sudden surge of blood through the brain.	Impotency, headache, fainting.