



## DRUG AND ALCOHOL POLICY

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Version	Date	Author	Details/ Changes
1	October 2018	Karen Smith, HR Manager	New policy – replacing alcohol policy
2	July 2023	Karen Smith, HR Manager	Sections 4,6.1,6.9&9 – updated to reflect changes in staffing structure and national office terminology



## **1. Introduction**

Central to the philosophy of the Alcohol and Drugs Policy is that employees are the most important asset within the organisation. The Ministries (MCMC) wishes to support the recovery of any employee who has a drug or alcohol related problem and ensure that all employees are fit to carry out their jobs safely and effectively in an environment which is free from alcohol and drug misuse. Employees experiencing such problems can expect to be treated in a non-judgmental, fair, consistent, caring and supportive way.

The MC is committed to doing all that it can to support employees, and recognise that alcohol and drug abuse related problems are an area of health and social concern and, as such employees with such problems require treatment, support and assistance. The MC will do all that it can to ensure that employees are treated with understanding and encouraged in every way possible to follow an appropriate course of treatment or therapy.

It is intended that this policy should be used positively and constructively. At all stages discussion with employees and managers will focus on support during treatment or therapy and thereby ensure that the work of the Congregation/Presbytery is carried out. The particular circumstances of each case will be taken into account and relevant support measures implemented where practicable.

## **2. Purpose and Scope**

This policy relates to all MC employees.

The purpose of this policy is to clarify how employees with dependency problems can expect to be supported and managed and to ensure that:-

- all employees are aware of their responsibilities regarding alcohol and drug misuse and related problems;
- employees who have an alcohol or drug-related problem are encouraged to seek help, in confidence, at an early stage; and
- employees who have an alcohol or drug-related problem affecting their work are dealt with sympathetically, fairly and consistently.

This should be distinguished from isolated incidents where employees behave in a manner contrary to the standards expected by the MC as a result of excess consumption of alcohol or any use of drugs; these will be addressed by other Human Resources (HR) Policies and Procedures e.g. Disciplinary, Absence Management, or Capability Procedures.

## **3. Definition**

For the purpose of this Policy:

- Alcohol and drug related problems/misuse are defined as the intermittent or continual use of alcohol or drugs which causes detriment to an employee's capacity to work or to conduct themselves appropriately while at work or representing the organisation, or the consumption of alcohol or drugs during working hours (subject to the exception referred to in Paragraph 6 below), or attending work under the influence of alcohol or drugs.
- Drugs are defined as illegal drugs, prescribed and non-prescribed medication, legal highs and solvents.



**4. Responsibility**

Overall responsibility for policy implementation and review rests with the Head of Faith Action Programme. However, all employees are encouraged to take responsibility for the awareness of the problems and any concerns should be raised with their line manager in the first instance.

**5. Use of Alcohol and Drugs at work**

The MC does not permit:

- drug or alcohol misuse during working hours
- being under the influence of drugs or alcohol while at work
- encouraging others to misuse alcohol or drugs

The social consumption of a small amount of alcohol during working hours is permitted, with the approval and authority of the line manager, in the context of locally organised events to mark particular occasions. It is the responsibility of the line manager to ensure that the provision of alcohol/availability of alcoholic drinks in these circumstances is sensible and moderate. Where alcoholic drinks are offered, non-alcoholic drinks should be offered as an alternative.

**6. General Principles**

6.1 All discussions between an employee and the HR Team and / or line manager or Ministries Development Manager regarding alcohol or drug issues and all medical records produced in the course of such discussions will be treated as confidential and will not be disclosed to any third party without the employee's consent.

6.2 If an employee suspects, or knows, that they have an alcohol, or drug related problem they are encouraged to seek advice and treatment voluntarily, either through a resource of their own choosing or through the procedures outlined in this policy, or a combination of both.

6.3 Where a manager suspects or knows that an employee may have an alcohol or drug related problem, they will have a confidential discussion, in which the HR Team may be involved, with the employee regarding this. If an employee acknowledges that a problem may exist they will be encouraged to seek advice and treatment voluntarily, either through a resource of their own choosing, through the procedures outlined in this policy or a combination of both.

6.4 If a drug or alcohol problem is suspected, when it is not impacting on the employee's work, it is very much up to the individual manager and their relationship with the person concerned and whether or not they feel comfortable in having an informal discussion with them. However managers should be aware at all times of their duty of care to employees. Legitimate concerns could be brought up using open questions in regular working planning/catch up sessions and would provide neutral and non-stigmatising opportunities to find out about any problems.

6.5 If an employee notices a change in a colleague's pattern of behaviour, they should encourage them to seek assistance through their manager or the HR Team. In general,



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employees who notice that a colleague's work or behaviour is persistently suffering, have an obligation to share concerns with their line manager or HR.

- 6.6 Whilst line managers and the HR Team have a supportive role to play, they are not qualified to come to conclusions about whether or not an alcohol or drug problem exists. The HR Team will therefore refer the employee to the Occupational Health Service (OHS). OHS employ doctors and nurses who are specialists in fitness for work in its widest sense, and will undertake the critical role in determining whether a problem may exist and give guidance on what help and support is appropriate, where necessary seeking assistance from outside bodies.
- 6.7 On receipt of the OHS report, the content will be discussed with the employee and their manager. They will be encouraged to avail themselves of the support offered, in conjunction as necessary with their own health care professional. The encouragement or offer of an opportunity to seek and accept help and treatment are made on the clear understanding that:
- The employee will be granted, if necessary, leave to undergo treatment. Such leave will be treated as sick leave within the terms of the MC sick pay scheme;
  - The employee will be granted time off to attend relevant medical appointments and clinics and in recognition of the limited flexibility in obtaining these outwith the working day, the working pattern can be amended to allow attendance;
  - Appointment cards should be produced to the line manager to confirm attendance at appointments where possible. HR may also request a copy of these;
  - The employee will meet regularly with their line manager and a member of the HR Team to discuss progress;
  - If an employee has been off work, on resumption following treatment, the employee will normally return to their normal job unless it is considered that the effects of their alcohol or drug problem renders the employee unfit or unsuitable to resume the same job, or where resuming the same job would be inconsistent with the long term resolution of their alcohol or drug problem. Guidance on this issue will be obtained from OHS;
  - Having accepted help or treatment and resolved the alcohol or drug problem, the employee's normal work prospects will not be impaired.
- 6.8 Following treatment, should performance, conduct or attendance again suffer as a result of alcohol or drug related problems, the individual circumstances of the case will be considered and, where appropriate, further help and treatment may be offered.
- 6.9 In adopting this Policy it is accepted that there may be occasions when colleagues may be placed under stress during the course of treatment and rehabilitation of a fellow colleague with an alcohol or drugs problem. The HR team, Line Managers and Ministries Development Manager will take appropriate measures to address this, whilst maintaining confidentiality.



**7. Unaddressed Problems**

- 7.1 Employees who, having come to notice as possibly having alcohol or drug related problems, decline to accept or seek help as detailed in Para 6.2 above, or who discontinue a course of treatment before its satisfactory completion and whose conduct, performance or attendance remains unsatisfactory, may be subject to the appropriate HR Policies and Procedures.
- 7.2 Possession of and dealing in illegal substances will be immediately reported to the police in all cases and will be treated as a disciplinary offence.

**8. Prescription Drugs**

Employees who are on a course of prescription medication should discuss with their line managers any side effects which may impact upon them at work and measures put in place to accommodate these where possible.

**9. Review**

This policy will be reviewed on a regular basis by HR, The Hub and Faith Action senior managers to ensure adherence to best practice, and any related legislation. If necessary, the policy will be taken to the Faith Action Programme Leadership Team (Ministries Council is the employing body of FAPLT) as part of a consultation process.