

Guide to Alcohol and Drug Misuse in the Workplace **2010**



An Roinn Airgeadais
Department of Finance



Copyright © 2010
and
Published by

The Office of the Chief Medical Officer for the Civil Service
3rd Floor Frederick Buildings
South Frederick Street
Dublin 2
Republic of Ireland

This document sets out the Irish Civil Service Alcohol and Drug Misuse Policy
for employers and employees.

Authors

Dr. Tom O'Connell, Bernadette Lavelle, Eileen Maher
With particular thanks to the Personnel & Remuneration Division of
the Department of Finance to whose work on Circular 08/2009
this document owes its origins.

Contents

	Page
Introduction by Secretary General of PSMD	4
Introduction by the Chief Medical Officer for the Civil Service	5
Section 1 Health Information	6
Section 2 Advice for Employers	10
Section 3 Advice for Employees	13
Section 4 Employee Assistance Service	15
Section 5 Frequently Asked Questions (FAQs)	16
Section 6 Department of Finance Circular 08/2009	19

Introduction by Secretary General of PSMD Department of Finance

Dear Colleagues,

The issue of Alcohol & Drugs Misuse in the Workplace, reflective as it is of the wider problem in society as a whole, is one which should concern all Civil Servants.

I am pleased to see this particular publication coming from the Chief Medical Officer of the Department of Finance, as it follows the issuing of Circular 08/2009 Civil Service Alcohol and Drugs Misuse Policy and a seminar on Civil Service Alcohol and Drugs Misuse, held at Dublin Castle in January of this year.

This is an important and serious issue with which all grade levels of Civil Servants need to familiarise themselves with.

Ciaran Connolly
Secretary General PSMD

July 2010

Introduction by the Chief Medical Officer for the Civil Service

It is over 25 years since the Civil Service Programme on Alcoholism was launched, by the then Department of the Public Service. This was a very progressive document. Since then, alcoholism has been replaced by the broader definition of alcohol misuse, other forms of addiction have become more recognised such as illicit / prescription drug misuse, and employment equality legislation has been introduced giving additional workplace rights to persons with a disability.

The 2008 SLAN Study (Study of Lifestyles Attitudes & Beliefs) commissioned by the Department of Health & Children found that 8% of adults drink 4 or more times a week, 5% of adults report using cannabis within the previous year and that 1% of adults report using cocaine within the previous year. Thus, these are common problems in Irish society and are likely to impact on the workplace including the Civil Service.

This publication is about health education information on alcohol and drug misuse, and also reproduces the Civil Service Alcohol and Drugs Misuse Policy (Circular 08/2009), which was launched in 2009. It outlines how to recognise an addiction problem and what its health effects are. The respective roles and responsibilities of managers and employees are set out. It outlines that an employee disclosing an addiction problem should be treated with sensitivity and discretion both by their line manager and work colleagues. It also states that appropriate treatment must be engaged with at an early stage, and that an employee cannot be in the workplace under the influence of alcohol or drugs.

This publication was produced between the CMO's Office, the Department of Finance and the Civil Service Employee Assistance Service. Sections 1 – 3 and Section 5 have been written by the CMO's Office. Section 4 has been written by the Employee Assistance Service.

Whilst this publication is aimed at the Civil Service and Irish Prison Service, it may be of benefit to other public sector / private sector organisations as well.

Dr Tom O'Connell FRCPI FFOM
Civil Service Chief Medical Officer

Section 1

Chief Medical Officer (CMO) General Health Information

1.1 Alcohol

1.1.1. Introduction

The CMO advises that prevention of an alcohol problem is more effective than dealing with the problem once it become obvious. However, people who misuse alcohol can reform their lifestyle with help and expert advice. The risks from its misuse are many and include accidents, injuries, mental impairment, overdose, relationship difficulties, addiction, financial problems and problems with the law. Different people react to alcohol in different ways and the age, gender and body weight of the individual affects the reaction.

Long term heavy drinking can lead to raised blood pressure, heart failure, stroke and cancer of the mouth, throat, oesophagus, colon and rectum. In addition, it can lead to liver failure and liver cirrhosis.

There is also a risk of psychological and emotional problems and depression. It is important to point out that alcohol is a depressant and not a stimulant.

Alcoholic drinks are described now as standard drinks as opposed to units of alcohol. Modest alcohol consumption can reduce the risk of heart disease in men over 40 years and in women who are post menopausal. However, no overall benefit comes from drinking more than two standard drinks a day of any particular type of alcohol.

1.1.2 Alcohol Absorption

Alcohol is absorbed into the bloodstream within a few minutes of consumption and carried to all parts of body including the brain. The concentration of alcohol in the blood depends on how much is drunk, over what time period, and whether it is consumed with food. It is also influenced by a person's body weight and gender.

In order to help people measure their alcohol consumption, the concept of a 'standard drink' has been developed. In Ireland, a standard drink contains about 10 grams of pure alcohol. Note that a standard drink varies from country to country. For example, a standard drink in Britain contains 8 grams of alcohol, whilst in France a standard drink contains 12 grams of alcohol.

In Ireland, examples of a standard drink are

- A pub measure of spirits (35.5 ml)
- A small glass of wine (12.5% alcohol content)
- A half pint of normal beer
- An alcopop (275 ml bottle)

It takes a healthy liver about 1 hour to break down and remove 1 standard drink. Two pints of ordinary strength beer or half a bottle of wine remains in the blood stream for 3 – 4 hours. Black coffee, cold showers, fresh air etc do not speed up the elimination of alcohol from the bloodstream. Therefore with heavy alcohol consumption, a person can be over the legal alcohol limit whilst driving to work the next day.

Note that Circular 08/2009 refers to units of alcohol rather than standard drinks and is used in this CMO health information section. The two measures of alcohol consumption are similar although not identical.

1.1.3 Safe Limits of Alcohol Consumption

It is generally considered that up to 3 - 4 standard drinks a day for men, or up to 2 - 3 standard drinks a day for women, are not associated with long term health effects. These limits may be lower for teenagers who have not reached physical maturity. Once these limits are exceeded, an individual is at risk of long term health effects. Note that it may be possible for a person to be over the legal alcohol limit for driving with this level of consumption.

Men	Up to 3 – 4 standard drinks a day has no significant risk to health
Women	Up to 2 – 3 standard drinks a day has no significant risk to health

1.1.4 Facts About Alcohol

It is important to point out that not all alcohol problems are seen just in alcoholics or persons with alcoholism. Drinking over the recommended levels on a regular basis or binge drinking can have significant adverse effects. Binge drinking consists of 6 or more standard drinks in one sitting. Binge drinking is harmful to health and increases the risk of accidents and injuries.

1.1.5 Alcohol and Pregnancy

Because there is no known safe amount of alcohol consumption during pregnancy, many experts recommends abstinence from alcohol for women who are pregnant or who are planning a pregnancy. Drinking during pregnancy has been associated with the following effects

- Fetal Alcohol Syndrome (FAS). This is one of the most common causes of learning disability in western countries and is also associated with abnormalities of the head and face. The exact level of alcohol consumption needed to produce FAS is unknown.
- Alcohol Related Neurodevelopmental Disorder. The effects of this may not become apparent until the child is a few years old when they may show poor attention, hyperactivity and difficulty with learning.
- Low birth weight and miscarriage

1.1.6 Reducing Alcohol Consumption

The following interventions can help to reduce a person's alcohol consumption and avoid binge drinking

- Do not drink before going out
- Buy smaller drinks e.g. a glass instead of a pint, a single instead of a double
- Have a break from finishing one drink to getting another
- Drink water or non alcoholic drinks in between alcohol drinks
- Do not take part in rounds
- Be aware that home measures of drinks can be significantly more generous than pub measures
- Rehearse what to say if offered a drink that you don't want
- Plan alternative, enjoyable non-drinking activities to replace drinking periods (e.g. cinema, sports)

1.2 DRUGS

1.2.1 Introduction

This publication provides further information on the misuse of drugs and gives the context for the policy on misuse of drugs as set out in the circular 08/2009. Drug misuse refers to the use of illicit drugs, as well as the misuse of prescribed drugs, over the counter drugs and solvents. All drugs can have side effects and risks, especially illicit drugs. People from all social and educational backgrounds can be involved in drug misuse including people in the workplace. The misuse of drugs can alter the way a person thinks, perceives and feels and can lead to impaired judgement, concentration and performance.

1.2.2 Reasons Why People Use/Misuse Drugs

Research has shown that there are many different reasons why people use illicit drugs. People use illegal drugs out of curiosity, because their friends use them, boredom, fashionable, to feel good etc. The majority of people are introduced to drug misuse by a friend or someone they know. In many cases the person asks to try the drug out of curiosity.

1.2.3 Drug Dependence

Drugs may become part of a person's social life. The misuse of drugs may temporarily make them feel better, more confident, and forget their troubles for a time. This is often referred to as 'recreational' use. Regular use leads to dependence on the drug until finally the person feels they need the drug to function.

There are two different kinds of drug dependence, namely psychological and physical dependence. Psychological dependence is a subjective feeling of a loss of control, cravings and preoccupation with obtaining the drug. Physical dependence is where sudden cessation of the drug results in physical health effects, sometimes so severe as to require supervised hospital based detoxification. For some drugs, both types of dependence occur (e.g. heroin), whilst with others, only psychological dependence occurs (e.g. LSD).

1.2.4 Signs of Drug Misuse

The following can be signs of drug misuse. It should be pointed out that all of these can be signs of other factors such as stress or various medical conditions.

- Sudden mood changes
- Unusual irritability and/or aggression
- Confusion
- Abnormal fluctuations in energy levels
- Poor concentration and performance of tasks
- Poor time keeping
- Repeated short term sickness absence
- Deterioration in relationships with friends, colleagues, managers and customers
- Dishonesty and theft

Under Health and Safety legislation the employer must provide, as far as is reasonably practicable, a safe place of work. Likewise, the employee must also take reasonable care of themselves and others who could be affected by their actions in the workplace.

1.2.5 Types of Drugs

There are five main kinds of drugs. Some of these are legal (e.g. alcohol), some are prescription / non- prescription medicines (e.g. valium, codeine), and some are illicit drugs (e.g. cocaine).

- **Depressants** such as alcohol calm the mind, relieve anxiety and can cause sleepiness
- **Sedatives** are minor tranquillisers e.g. benzodiazepine drugs such as valium is prescribed for short periods to reduce acute anxiety. They have the same kind of effect as the depressants but can be addictive. Short acting sedatives are prescribed for short periods to treat insomnia (e.g. temazepam).
- **Opiates** are narcotic analgesics (pain killers) that give feelings of euphoria and sleepiness e.g. morphine, heroin, methadone, codeine, tramadol
- **Stimulants** are drugs that produce alertness, high energy, more awake and confident e.g. cocaine, amphetamines, caffeine
- **Hallucinogens** give strange and intense visions called hallucinations e.g. LSD (acid) and magic mushrooms.

Some drugs have multiple effects e.g. cannabis can have depressant effects as well as causing euphoria. Ecstasy has both stimulant and hallucinogenic effects. Drugs affect different people in different ways. Some people use the terms 'soft drugs' and 'hard drugs' to attempt to differentiate the severity of social and medical impact that individual drugs have on the user. This is an artificial distinction, and in fact so called 'soft drugs' can have a significant impact on many individuals.

Section 2

Advice for the Employer

2.1 Introduction

Research shows that the misuse of alcohol and drugs by employees is a problem in the workplace because of

- Poor performance and productivity
- Lateness and absenteeism
- Unsafe practices and accidents
- Effects on team morale and poor team relations
- Increased work burden on colleagues
- Damage to organisational image and reputation

Drinking even small amounts of alcohol and the use of drugs can affect judgement and physical co-ordination often resulting in accidents. Many people in all walks of life with drug and alcohol problems are in employment. However, alcohol can be a positive part of life for many and does not cause problems. Drinking too much any time can be harmful.

2.2 Health and Safety Legislation

The Health and Safety at Work Act (2005) deals with this issue explicitly, and defines intoxicants to include alcohol and drugs. Section 13 of the Act states that an employee must not be under the influence of any intoxicant at work, where this may affect their own safety or the safety of others. The act does not specifically refer to unlawful drugs and thus it is reasonable to assume it includes misuse of prescription and over the counter medications as well.

2.3 Employment Equality Legislation

The 1998 and 2004 Employment Equality Acts outlaw discrimination in the workplace on nine separate grounds, one of which is disability. The definition of disability is very broad. It requires that employers offer disabled employees reasonable accommodation in the workplace, provided this does not impose a disproportionate burden on the employer. The legislation also states that an employer is not required to recruit, retain or promote someone who is not capable, competent or available for work.

Persons who feel that they have been discriminated against under employment equality legislation can seek remediation at the Equality Tribunal. In a case taken to the Equality Tribunal in 2005, the tribunal ruled that alcoholism was a disability under employment equality legislation (Case DEC-E2005/034 An Employee v A Government Department). The

case involved an employee who argued that he had not been promoted due to treatment for alcoholism nine years previously. Note also that this case referred to alcoholism and not alcohol misuse.

Thus, employers should take care to offer reasonable accommodation to employees who have alcohol addiction. Reasonable accommodation would include offering employees an opportunity to engage with appropriate treatment. However, this is not open ended or an indefinite requirement.

2.4 Line Managers Responsibilities Under Policy

As is stated in circular 08/2009, line managers need to recognise and address any alcohol and/or drug problem as soon as possible, in consultation with personnel. This is best addressed in the context of attendance, performance and behaviour at work. An ideal forum to do this is at Performance, Management and Development System (PMDS) meetings, although a problem may not be able to wait until the next scheduled PMDS meeting. A manager should not seek to personalise the problem, and should not seek to diagnose an alcohol or drug problem.

It is important to point out that provided the manager has reasonable concerns, it should not be construed as bullying and harassment if it subsequently emerges that the individual does not have an addiction problem as stated in the 2009 Alcohol and Drug Misuse Policy.

The manager should speak confidentially with the staff member. If the staff member acknowledges that alcohol and/or drugs are a factor in their workplace difficulties, they should be encouraged to seek help from the Employee Assistance Service, and/or their doctor. They should be advised that provided they engage at an early stage with rehabilitation and treatment, they may be granted sick leave and any potential disciplinary action may be deferred.

If an employee refuses to address workplace problems and engage with necessary treatment, then these should be addressed quickly within the context of Civil Service codes of practice/policy.

The circular outlines that the manager should ordinarily take written notes of meetings with the employee, secure a commitment to address workplace issues and/or engage with appropriate treatment, and agree a date for a review meeting. It may be appropriate to put in place a return to work agreement, a sample copy of which is provided in Appendix 1 of this guide.

If a staff member presents themselves in the workplace, and management have reasonable grounds to believe they may be under the influence of alcohol and/or drugs, s/he should not be permitted to remain in the workplace. A line manager may wish to confer with a colleague before taking this course of action. It may be necessary to provide the individual with transport home in order to ensure their own safety and the safety of others.

Any possession, use or distribution of illicit drugs in the workplace should be considered as serious misconduct, and should be reported to the personnel officer for further management.

2.5 Workplace Screening for Drugs and Alcohol

The Chief Medical Officer (CMO) cautions that this is a very complex area, with various pros and cons. Significant problems can arise where testing is not done correctly and also where test results are misinterpreted. In general, tests only show evidence of recent past use of substances, rather than giving an indication of the degree of functional impairment.

Currently, in Ireland the only absolute statutory requirement for drug testing in the workplace is under the Railway Safety Act. Section 13 of the 2005 Health, Safety and Welfare at Work Act envisages that regulations may be made by the Health & Safety Authority for workplace screening.

In general alcohol or drug screening should not be initiated without first discussing this with personnel and seeking advice from the CMO's Office, who have an expertise in this area.

2.6 Referral to the Chief Medical Officer (CMO)

Alcohol and drug problems are usually dealt with firstly by the Employee Assistance Service (EAS). The role of the EAS is detailed in Section 4 of this guide.

However, the CMO's Office may need to become involved where it is apparent that the employee may be medically incapable of regular and effective service, and consideration may have to be given to Ill Health Retirement. The criteria for Ill Health Retirement from the Civil Service are outlined in Circular 22/ 2007. In general terms, an applicant is required to have a chronic ongoing medical condition that results in permanent medical disability for work, and all reasonable treatment options have been explored.

In addition, referral to the CMO's Office for advice may also be appropriate where an individual wishes to return to work, and management have concerns on their medical fitness to resume work. The CMO's Office also offers health education programmes on a variety of different topics including alcohol and addiction issues, lifestyle changes, diet, exercise and well being.

Section 3

Advice for Employee

3.1 Signs of Problem Drinking

As outlined in Circular 08/2009, alcohol in moderation can be a positive activity for most people, but drinking too much or drinking at an inappropriate time can have serious consequences, both at home and at work. The following are signs of a possible drinking problem

- Drinking faster than everyone else
- Drinking to cope with problems
- Not being able to stop drinking once started
- High tolerance of alcohol e.g. can drink a lot before it takes affect
- Memory loss or blackouts
- Need a drink first thing in the morning to get going
- Secretly doubling up or sneaking drinks when in company
- Feeling guilty after drinking

3.2 Signs of Drug Misuse

The following are signs of possible drug misuse as set out in the general section. They can arise from misuse of both illicit drugs and also from the misuse of prescription and over the counter drugs. It should be noted that these signs are not specific to drug misuse, and can be caused by a variety of other factors

- Sudden mood change
- Unusual irritability and/or aggression
- Confusion
- Abnormal fluctuations in energy
- Low concentration and performance
- Poor time keeping
- High short term sickness absence
- Deterioration in relationships with colleagues, management and customers
- Dishonesty and theft

3.3 Health Effects of Alcohol and Drug Misuse

Whilst it is correct that drinking small amounts of alcohol may lower the risk of developing heart disease, drinking alcohol over the recommended safe limits can lead to raised blood pressure, heart disease and stroke. There is no evidence to suggest that any particular type of alcohol or drinking more than two standard drinks is of any health benefit. Liver

damage can also occur along with cirrhosis of the liver and cancer of the mouth and throat. Psychological problems and depression can also develop.

The misuse of drugs can cause physical and mental harm. Illegal drugs mixed with legal drugs e.g. alcohol and/or prescribed medication have added side effects. The misuse of drugs can cause heart disease, digestive tract damage, excessive weight loss and cancer.

Drug misuse may trigger schizophrenia in people who have underlying mental health problems. Mental health problems such as psychosis can lead to violence. Many drugs can cause hallucinations and flash backs. The exact long term effects are not known yet with many drugs but regular use can lead to addiction. HIV and hepatitis B and C can be contracted through the sharing of needles.

3.4 Health and Safety Legislation

Under the Health and Safety at Work Act (2005) the employee must take reasonable care of themselves and their colleagues in the workplace and never put themselves or others in danger through their own actions or omissions. In other words, employees have a personal responsibility in relation to their use of alcohol and drugs and their potential impact on the workplace.

3.5 Employee Responsibilities under this Policy

Each employee should have a copy or access to a copy of the Civil Service Alcohol and Drugs Misuse Policy 2009 www.personnelcode.gov.ie. This circular aims to help the employee to identify a problem, receive appropriate treatment and return to normal and productive work. It is reproduced in Section 6 of this document.

Employees should not present at work if they are under the influence of alcohol or drugs. They should at all time take reasonable care of themselves and also others who may be affected by what they do, including members of the public. If they are taking prescribed medication that may affect their work performance, they should bring this to the attention of their line manager. This is especially important in an industrial setting which includes sections within the civil service where employees may be operating machinery, driving vehicles or working at heights, where impairment may pose a danger to themselves or others.

If an employee feels that they have or are developing an alcohol and/or drug problem, they should consider confidentially disclosing this to the appropriate person. They will be facilitated with time off to attend appropriate treatment, rehabilitation and counselling in accordance with the normal sick leave regulations.

Management, supervisors and employees need to be sensitive to colleagues who are recovering from alcohol and/or drug related problems.

The Employee Assistance Service (EAS) is available for consultation to employees. The service has contact with welfare agencies and specialist services outside Departments and maintain effective liaison with line management and staff on a wide range of issues relating to health and welfare.

Section 4

Employee Assistance Service

4.1 Employee Assistance Programme

The Civil Service Employee Assistance Service (CSEAS) is a work based support service, designed to assist employees manage personal difficulties which, if left unattended, may adversely affect their work performance and/or attendance and their quality of life.

Alcohol and drug problems are common in society and it is only to be expected that a proportionate number of Civil Service staff will suffer from similar difficulties.

The work of the Employee Assistance Officer 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. Employee Assistance Officers support in the planning and structuring of ways to resolve difficulties by providing information and advice to all parties regarding work related alcohol and drug misuse including facilitating engagement with appropriate treatment and follow-up.

Personnel Managers may recommend that an individual with an alcohol and/or drug problem engage with the Employee Assistance Service and may facilitate access to professional services where appropriate. Alternatively, an officer is free to make direct contact with the Employee Assistance Service or may seek assistance from other professional services if they prefer and this should be facilitated where possible. Employees are encouraged to approach the CSEAS at an early stage about potential concerns as problems tend to be resolved more successfully when they are addressed at an early stage.

Section 5

Frequently Asked Questions

What Is The Legal Limit Of Alcohol For Driving?

The blood alcohol concentration (BAC) limit has currently been reduced from 80mg/100mls blood to 50mg/100mls (and the equivalent levels in urine or breath) for most drivers and from 80mg to 20mg (and equivalent levels in urine or breath) for specified persons (novice and professional drivers).

Even a small amount of alcohol impairs driving ability and increases the risk of accidents. Of note, one in six of drivers responsible for fatal road traffic accidents in 2003 was below the legal alcohol limit. Thus, significant functional impairment can occur in the workplace even though an individual is below the legal limit of alcohol for driving.

What Is A Standard Drink?

Units of alcohol differ between countries e.g. a standard drink in the UK contains 8 grams of pure alcohol whereas the standard drink in Ireland contains 10 grams of pure alcohol. Examples of standard drinks are

- A pub measure of spirits (35.5ml)
- A small glass of wine (12.5% strength)
- A half pint of normal beer
- An alcopop (275ml bottle)

A bottle of wine with 12.5% alcohol content has about 7 (small glasses) standard drinks.

What Are The Low Risk Drinking Guidelines?

Up to 14 standard drinks in a week for women

Up to 21 standard drinks in a week for men

These weekly limits do not apply to teenagers, or people who are ill, on medication or pregnant women. Drinks should be spaced out over the week and not all consumed on the same day/night. A home measure is often more generous than a pub measure.

What is Binge Drinking?

Binge drinking consists of 6 or more standard drinks in one sitting. Binge drinking is harmful to health and increases the risk of accidents, injuries and violence.

How Long Do The Effects Of Drinking Alcohol Last?

The effects of drinking alcohol are felt within 5 – 10 minutes. It takes 1 hour for the body to eliminate 1 standard drink. For example, 3 standard drinks drunk between 9 – 10pm are eliminated from the body at 1am. The effect of alcohol lasts longer in women than men (due to their higher percentage body fat), and is also influenced by body weight and consumption of food.

Is There A Limit On The Amount Of Alcohol Allowed In The Workplace?

Studies have shown that the majority of the workforce supports a total ban of alcohol during working hours. Some impairment of function can occur after even one drink

What Are The Risks Involved In The Misuse Of Drugs?

The misuse of drugs can cause physical and mental harm to the user and through the user's misuse to other people also.

- **Cannabis** is often mistakenly considered safe but research shows long term use leads to addiction. Smoking cannabis increases the risk of heart disease and cancer and reduces fertility. It may trigger schizophrenia in people who have an underlying mental health problem. It is the most common drug found in the system of drink drivers in addition to alcohol.
- **Ecstasy** – its exact long term effects are not yet known. Week end users regularly 'crash' mid week feeling tired and depressed often for days. Deaths are rare but can happen due to heatstroke, heart attack or asthma attack.
- **Heroin** – regular use leads to addiction. Heroin sold on the street is often mixed with sugar, flour, talcum powder or other drugs which cause damage to the body such as blood clots, abscesses and gangrene when injected. HIV and Hepatitis B and C can be contracted through the sharing of needles. Methadone, a green liquid, is substituted for heroin to treat addiction. Death can occur through overdose as it suppresses breathing.
- **Cocaine** can damage the heart and lungs and high doses can cause death from heart attack or blood clots. Snorting cocaine can permanently damage the inside lining of the nose. Eating cocaine can damage bowel tissue. Depression following the high from cocaine use can lead to suicide attempts.
- **Amphetamines** can cause psychosis and violence which can continue following cessation of the drug. Injecting the drug can cause blood clots, abscesses and gangrene.
- **Solvents** can cause death by sudden constriction of the airways of the lungs or triggering abnormalities of heart rhythm.
- **LSD** can trigger mental illness or cause accidents e.g. feelings of being able to fly or walk on water. Flashbacks can occur unpredictably weeks or months after use.
- **Magic mushrooms** are hallucinogenic with similar effects to LSD. There is the risk of eating poisonous mushrooms by mistake.

How Can Employee Assistance Officers (EAO) Help Employees?

Any member of staff who feels they have an alcohol or drug related problem may approach the EAO directly on a confidential basis for advice, support and assistance. The EAOs

- Are trained in brief interventions for alcohol and drug misuse
- Can liaise with family if requested
- Offer confidential ongoing support

Is the EAO Service Confidential?

Normal professional standards apply in respect of confidentiality. Apart from exceptional circumstances (e.g. life threatening situations, a breach in criminal law, EAO compromise), discussions between the EAO and the employee are confidential. Third parties will not be involved without the employee's consent (e.g. management and any limitations of confidentiality).

How can the EAO Help Managers?

Management can contact the EAO in their department if they are concerned about individual employees. Support and advice is given to the manager with the option to refer the employee(s) to the service if necessary and/or appropriate.

Section 6

Circular 08/2009: Civil Service Alcohol and Drugs Misuse Policy

A Dhuine Uasail

1. I am directed by the Minister for Finance to announce the introduction of the Civil Service Alcohol and Drugs Misuse Policy. The policy is a key part of the reform and modernisation of management practices in the Civil Service and provides a general framework of guidelines, superseding previous circulars and instructions covering these matters. This policy applies to all civil servants (including prison officers) and contract staff and is effective from the date of this circular.
2. The impact of alcohol and drug misuse on Irish society has been the subject of substantial research. Ireland has the second highest per capita consumption of alcohol in the European Union and 24% of adults aged 15–64 years reported using an illegal drug in their lifetime in 2006/7 [see National Documentation Centre on Drug Use, www.ndc.hrb.ie]. It is therefore reasonable to assume that the effects of alcohol and drugs misuse can be expected to adversely impact upon the Civil Service in proportion to any other workplace. Departments¹ must address any misuse where it has an impact on performance, behaviour or conduct at work or on the safety, health and welfare of others at work.
3. The original Civil Service Programme to deal with Alcoholism was introduced in 1984. This revised policy takes on board the experience gained from the operation of the original policy².
4. The main features of the policy are:
 - A recognition that the misuse of alcohol or drugs compromises the safety, health and welfare of officers in the workplace and has a negative impact on organisational performance;
 - Organisations will ensure that an open and non-discriminatory environment is created and encourage a culture of disclosure. Managers will make all reasonable efforts to address concerns in relation to alcohol and/or drug misuse, having consulted with Personnel Section;

¹ For “Department”, read “Department or Office” throughout this Circular.

² It also takes account of a decision by the Equality Tribunal that alcoholism is a disability within the meaning of the Employment Equality Act 1998: Case DEC-E2005/034 An Employee v A Government Department. Departments/ Offices are required to do all that is reasonable to accommodate the needs of a person with a disability to allow that person to undertake his/her duties, such as following the procedures set out in this policy.

- Officers with alcohol and/or drug concerns are encouraged to seek help and treatment voluntarily and engage with appropriate treatment and rehabilitation;
 - Support will be offered to officers who acknowledge alcohol and drug problems and who obtain appropriate treatment;
 - Sick leave for attendance at treatment centres etc. may be approved on the condition that medical certification is submitted confirming attendance for prescribed treatment and/or counselling;
 - The Civil Service Performance Management and Development System (PMDS) or the disciplinary procedures will be used to address underperformance issues, misconduct or unsatisfactory behaviour, including failure to adhere to the provisions of this policy;
 - Personnel Managers will ensure that officers have the support necessary to recognise colleagues that may be at risk and to take appropriate action.
5. This policy, which is available on the Department of Finance's Personnel Code website at www.personnelcode.gov.ie, should be brought to the notice of all officers.
 6. This policy will be evaluated and updated as required.
 7. Officers should address queries in relation to this Circular to the Personnel Manager of their parent Department.

Mise le meas

Patricia Coleman
Director
Personnel and Remuneration Division

Part 1

Civil Service Alcohol and Drugs Misuse Policy

Introduction

1. This document sets out the revised Civil Service alcohol and drugs misuse policy. The arrangements in the revised policy are designed to facilitate Departments in addressing alcohol and/or drugs misuse and supporting officers with problems relating to alcohol and/or drug misuse.
2. Consistent with Civil Service strategic management objectives, the approach of the policy is to maximise the discretion available to Departments in addressing alcohol and drug misuse matters. In using this discretion, the overall goal of Departments should be to provide as much support as possible to officers, subject to the general conditions set out in this policy. As well as the obvious benefits for officers, this approach can help to ensure that Departments can retain the services of officers, often with substantial experience, who will continue to make a worthwhile contribution.
3. Persons disclosing a problem with alcohol and/or drugs will be regarded as having a health problem 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 officer's part if recovery is to be achieved and sustained. Departments are therefore entitled to expect officers to engage with appropriate treatment.
4. In the light of the decision taken by the Equality Tribunal that alcoholism is a disability within the meaning of the Employment Equality Act 1998, Departments are required 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.
5. The policy is also designed to increase the awareness and understanding of officers 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. Departments 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 came into force on the 1st September 2005 and is the statutory framework for securing the safety, health and welfare of persons at work. Departments have a general duty of care under Health and Safety legislation to ensure, as far as is reasonably practicable, the health and safety of officers. Departments are also entitled to ensure that the safe and effective running of workplaces is not compromised. Departments are advised 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.

Aims of the Civil Service 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 officer 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 officers to seek and be offered help in confidence;
- To provide support and assistance in the workplace to officers 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 Civil Service Policy on Alcohol and Drugs

8. This policy refers to alcohol misuse, the use of illicit 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 organisation, personnel managers, line management and all officers share the responsibility of addressing alcohol and drug misuse in the workplace.

Organisation

10. Departments 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. The policy can be tailored or additional guidance provided as appropriate to the organisation's own staff or responsibilities;
- 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 officers;
- Provide support to staff with alcohol and drug problems;
- Help staff to recognise the signs of alcohol/drug misuse and address it appropriately;
- 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 officers in advance of the policy being implemented. The policy should accord with any regulations/guidance issued by the Health and Safety Authority.

Personnel Managers

11. Personnel Managers must:

- Inform new officers of this policy on commencement in the Department;
- Distribute this policy to existing civil servants;
- Assist line managers and other officers by arranging training, where necessary;
- Provide support both to officers with alcohol and drug problems and line managers when implementing the policy;
- On becoming aware that an officer is in breach of the Misuse of Drugs Act 1977, treat it as serious misconduct and refer the matter to the Garda Síochána.

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 the Personnel Section and act on the advice received;
- Raise with an officer any health concerns that are having an impact on his/her work, including any concerns raised by colleagues. This can be done in the course of a performance management discussion under PMDS or at any other time. 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 officer in the context of poor behaviour in the work place, work performance or attendance, or deterioration in same. Any discussion should avoid personalising the difficulties and a manager should not seek to diagnose the problem;
- Advise the officer of this policy and encourage her/him to make contact with the Employee Assistance Service 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 officer'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 officer 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 officer;
- Act quickly to address issues of underperformance, unsatisfactory behaviour or misconduct in line with Civil Service codes of practice/policies, if an officer does not acknowledge an alcohol and/or drug related problem or refuses to seek or follow the necessary treatment;
- Send home immediately any officer who presents at work where management reasonably believe that an officer 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 illicit drugs in the workplace and report the matter to the Personnel Manager.

Officers

13. All officers 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 the Personnel Section 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 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 illicit 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.

Implementation of policy

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

- Management or supervisory officers who may become aware of a problem by reason of the officer's behaviour, poor work performance, attendance record and/or relationships with others at work;
- Individuals who recognise or suspect that they have or are developing an alcohol and/or drugs problem or their families or doctor;
- Employee Assistance Officer, Personnel Manager, Disability Liaison Officer, the Chief Medical Officer;
- Colleagues or union officials who are concerned about the individual's alcohol and/or drug use.

Employee Assistance Service

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

16. The work of the Employee Assistance Officer 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. Employee Assistance Officers support in the planning and structuring of ways to resolve difficulties by providing information and advice to all parties regarding work related alcohol and drug misuse including facilitating engagement with appropriate treatment and follow-up.

17. Where an officer has been referred to the Employee Assistance Officer by his/her manager or by the Personnel Manager, the Employee Assistance Officer will confirm attendance and will also confirm attendance for treatment and/or counselling.

Treatment and Rehabilitation

18. Officers 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 officer. 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 officer in achieving a successful rehabilitation. Current relevant disciplinary procedures may be deferred for the duration of a treatment programme. If an officer'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. An officer should have a formal return to work interview on his/her return to work with the line manager, a representative of the Personnel Section and the Employee Assistance Officer. The meeting should be held in order to set clear boundaries and establish whether appropriate measures should be undertaken in order to assist the officer. It is recommended that a Return to Work Agreement should be drawn up. A model agreement is at Appendix 1.

Chief Medical Officer

22. It is recognised that relapses can occur or that treatment for alcohol or drug problems may not be successful. What occurs then may be dealt with in a Return to Work Agreement or referral to the Office of the Chief Medical Officer may be appropriate. The advice of the Chief Medical Officer may be required in other circumstances, particularly if it is apparent that the officer may be incapable of provision of regular and effective service. Referrals to the Chief Medical Office should be made through the Personnel Manager.

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 Civil Service Disciplinary Code.
24. Departments have discretion on a case by case basis not to implement the disciplinary process in cases of underperformance or misconduct where officers 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 Personnel Manager should have regard to the overall circumstances of the case, including whether the officer engaged with treatment and, if so, was this the first treatment programme and whether there was any improvement in the officer's work performance and conduct. In determining what course of action to adopt, the Personnel Manager should determine whether reasonable accommodation has been made and, if so, whether the individual is capable of regular and effective service.
25. Departments must 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 officer suffering from alcohol or drug dependency will not be prejudiced, provided recovery is achieved and sustained. The usual conditions, including relevant sick leave limits, 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 officer 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 induction courses. Departments will liaise with Training Officers and Employee Assistance Officers, to 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 illicit 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

Mental	Physical	Behavioural
Mood changes	Poor health	Financial difficulties
Irritability	Medical conditions	Poor attendance
Aggression	Accidents	Poor work performance
Confusion		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.

Alcohol Risk Table in Units per Week

Men	Women	Risk Rating
< 14 units	< 7 units	Low
14 – 28 units	7 – 21 units	Medium
> 28 units	> 21 Units	High

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.

Effects of Drug Use

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

Name	Effects	Length in system
Barbiturates	Dependence, respiratory problems, seizures/delirium on withdrawal, overdose	3 – 6 hours
Benzodiazapines (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. Solpadeine/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 milliliters) 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

Return to Work Agreement Undertaking from

to the Department of XXXX

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 Employee Assistance Officer 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 Civil Service 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 this Department'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 Code 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 Department's intoxicants testing 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 civil servant.

Signed: _____ Date: _____

Witness: _____ Date: _____
(Personnel Manager)

Notes

Designed & Printed by

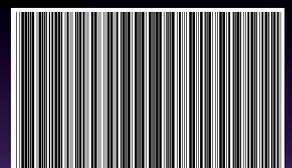
Cahill Printers Limited

IDA Business & Technology Park,
Clonshaugh,
Dublin 17,
Ireland

Tel: +353 1 241 2000

Fax: +353 1 241 2080

www.cahill-printers.ie



978-0-9553902-2-7

Price: €10.00