

**POLICY AND PROCEDURE IN RELATION TO EMPLOYEES SUFFERING FROM ALCOHOL OR DRUG MISUSE**

		<b>POLICY</b>	
<b>Reference</b>	HR/0031		
<b>Approving Body</b>	Joint Staff Side Partnership Forum		
<b>Date Approved</b>	February 2026		
<b>For publication to external SFH website</b>	<b>Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:</b>		
	<b>YES</b>	<b>NO</b>	<b>N/A</b>
	X		
<b>Issue Date</b>	February 2026		
<b>Version</b>	3		
<b>Summary of Changes from Previous Version</b>	Removal of Alere toxicology testing, and inclusion of medical cannabis statement		
<b>Supersedes</b>	2		
<b>Document Category</b>	Human Resources		
<b>Consultation Undertaken</b>	JSPF sub-group		
<b>Date of Completion of Equality Impact Assessment</b>	February 2026		
<b>Date of Environmental Impact Assessment (if applicable)</b>	N/A		
<b>Legal and/or Accreditation Implications</b>	None		
<b>Target Audience</b>	All staff		
<b>Review Date</b>	January 2028		
<b>Sponsor (Position)</b>	Chief People Officer		
<b>Author (Position &amp; Name)</b>	People Services Lead / Head of Occupational Health & Wellbeing		
<b>Lead Division/ Directorate</b>	Corporate		
<b>Lead Specialty/ Service/ Department</b>	Human Resources		
<b>Position of Person able to provide Further Guidance/Information</b>	Deputy Chief People Officer /Head of Occupational Health & Wellbeing		
<b>Associated Documents/ Information</b>		<b>Date Associated Documents/ Information was reviewed</b>	
None			
Template control		April 2024	

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## APPENDICIES

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## 1.0 INTRODUCTION

The Sherwood Forest Hospitals (NHS) Trust, like any other major employer, is aware of the potential problems of alcohol and drug misuse at all levels within the organisation. In addition, it is accepted that in a health care environment, there are additional stresses and temptations for staff who work in close proximity to drugs, anaesthetic gases etc. The main aims of the policy and procedure are:-

- To encourage and assist colleagues who know or suspect that their misuse of alcohol or substances is affecting their behaviour and / or work performance to seek help at an early stage.
- To ensure a consistent and caring approach by managers to assist their staff who have alcohol or drug related problems.
- To provide a flexible procedure to ensure individual cases can be dealt with according to individual needs.
- To operate the policy and procedure in a non-judgmental way. However, managers will be reminded of their responsibilities for reporting concerns where suspected misuse of illegal substances are concerned.

## 2.0 POLICY STATEMENT

The policy and procedure applies to all members of staff employed by the Trust. This policy has been put in place to help staff that have such problems and identify the support available, such as General Practitioners, Trade Unions and Professional Organisations, Human Resources, Occupational Health and outside specialist agencies.

The main principles that underpin the policy and procedure are:

That alcohol or drug misuse is primarily a health problem and thus colleagues require specialist help.

1. That alcohol or drug misuse definitely and repeatedly interferes with the sufferer's health and job performance.
2. Those employees who suspect or know that they have an alcohol or a drug problem are encouraged to seek specialist help voluntarily with assistance from the Occupational Health Service or Staff Counselling Service if required.
3. That colleagues who are identified through observation or by normal procedures following poor work performance as possibly suffering from alcohol or drug misuse, are given the opportunity immediately to seek diagnosis and specialist help. At this stage, managers must consult the People Services Team and the Occupational Health Service.
4. That the encouragement to seek and accept help from a specialist agency is on the understanding that:-

- The colleague, whilst attending that agency can, if required, be put on sick leave and be entitled to normal sickness benefits. In circumstances of this nature advice should be sought from the People Services Team in relation to the application of Trust policy.
- Every effort will be made to ensure that the employee, when considered fit by the Occupational Health Service, is able to return to the same job unless this would risk undermining a return to a satisfactory level of job performance or would jeopardise the welfare and safety of patients or staff.

There would be no demotion or other action taken unless matters of discipline were involved.

That colleagues who have come to notice as possibly suffering from alcohol or drug misuse but who decline to accept referral for diagnosis and / or specialist help, or who discontinue an agreed recovery programme before its satisfactory completion and whose work performance continues to be unsatisfactory, will be subject to action in accordance to relevant Trust policy.

That following a return to employment after completion of, or during, the recovery programme, should work performance or conduct suffer as a result of a further lapse of alcohol or drug misuse, each case will be considered on its merit and if appropriate, a further opportunity to accept an additional recovery programme may be provided.

That the confidential nature of any records of employees with alcohol or drug problems (or other health or social problems) will be strictly preserved.

## **2.1 Statement on Medicinal Cannabis Use**

### Background

Since 1 November 2018, clinicians on the specialist register are allowed to prescribe cannabis-based products under certain restrictions in line with The Misuse of Drugs (Amendments) (Cannabis and Licence Fees) (England, Wales and Scotland) Regulations 2018

Both NHS and private prescribers on the GMC specialist register are legally able to prescribe cannabis-based products. The Chief Medical Officer expects clinicians in a non-NHS setting to follow equivalent processes for prescribing unlicensed special medicines. Private prescriptions from outside the UK will not be permissible as the law indicates that prescribing of cannabis-based products for medicinal use is restricted to clinicians on the General Medical Council's Specialist Register.

The NICE Guidelines on Cannabis-based medicinal products (NG144) outlines the evidence base for use of cannabis in the medical context.

### Implications at the workplace

For the purposes of the Trust's Alcohol and Drug Misuse Policy, medicinal cannabis use means using cannabis-based products in accordance with a legal prescription, under the direction of a specialist medical practitioner on the GMC register. Cannabis use for health purposes without a legal prescription constitutes as illicit use.

Sherwood Forest Hospitals NHS Trust, in line with the BMA's and the RCGP's statement on "CanCard" does not support the use of "CanCard". Sherwood Forest Hospitals NHS Trust is committed to safeguard the health and wellbeing of its employees and therefore strongly encourages colleagues to use evidence-based treatment for their health conditions, i.e. using cannabis-based medicinal products as outlined by the NICE Guidelines on Cannabis-based medicinal products.

Where cannabis use impacts on a colleague's performance at work, the processes outlined in the Trust's Alcohol and Drug Misuse Policy will be followed.

CBD oil sold legally in the UK is a food supplement if it satisfies the exempt product definition, in which case it is not controlled under the MDA 1971. Products purchased from non-reputable sources may contain higher level of tetrahydrocannabinol (THC) and the legislation may apply, rendering them illicit drugs.

### 3.0 DEFINITIONS/ ABBREVIATIONS

<b>Abuse</b>	To make excessive and habitual use of alcohol,
<b>Addiction</b>	The fact or condition of being dependant on alcohol,
<b>Alcohol</b>	A drink that contains ethanol (alcohol). Alcoholic drinks are divided into three general classes: beers, wines, and spirits.
<b>Drugs and Substances</b>	Any Class A, Class B or Class C controlled drug or substance as defined in the Misuse of Drugs Act 1971 and any associated regulations such as the The Misuse of Drugs (Amendments) (Cannabis and Licence Fees) (England, Wales and Scotland) Regulations 2018 . For the purpose of this policy this will also include 'Legal highs' that are not covered by current misuse of drugs laws and substances such as solvents.
<b>Misuse</b>	To use alcohol, drugs or substances in the wrong way or for the wrong purpose.

## 4.0 ROLES AND RESPONSIBILITIES

**Chief Executive and the Trust Board:** Are responsible for ensuring there is a policy in place.

**Chief People Officer:** Is responsible for developing the policy and ensuring the provision support.

**Managers:** Are responsible for implementing this policy and the procedures outlined within it, seeking advice from the People Services Team and Occupational Health at the earliest possible stage. They should ensure that all their employees are aware of the existence of this policy.

**Occupational Health:** Are responsible for supporting colleagues as appropriate when a dependency or misuse problem has been identified or diagnosed. They will also assist and advise line managers that they are supporting in matters such as their return to work.

**People Services Team:** Are responsible for advising managers who are using the policy.

**Trade Unions/Professional Organisation Representatives:** Are responsible for supporting their members and providing them with advice in relation to this policy.

**All Trust Employees:** Have a responsibility to report for duty in a fit and competent state and not be under the influence of alcohol, drugs or other substances. They have a responsibility to follow the procedures detailed in this policy.

## 5.0 APPROVAL

Joint Staff Partnership Forum

## 6.0 DOCUMENT REQUIREMENTS

Consumption of Alcohol at work

- All colleagues have an implied duty of care to present for duty in a fit condition.
- Even small amounts of alcohol can impair individual performance at work. Colleagues must not consume alcohol during their contracted working hours, or on Trust premises
- It is generally expected that colleagues will not consume alcohol prior to reporting for duty. Colleagues must not consume alcohol during paid or unpaid breaks
- Colleagues travelling to or attending a function at any time on behalf of the Trust, at which alcohol is available, are expected to behave responsibly so as not to damage the Trust's image or standing. Anyone who by irresponsible drinking, damages the image / standing of the Trust, may be subject to disciplinary procedures.

Use of prescription or illegal drugs

- Colleagues have an implied duty of care to present for duty in a fit condition.

- If a colleague is currently using drugs prescribed to them by their GP/Specialist and they feel that the side effects may affect their ability to perform their duties safely they must discuss this with their manager or with the Occupational Health Department. A position statement on the use of medicinal cannabis can be found in Appendix 3
- If the prescribed drugs are legally held but are being used for other than the intended medical purpose, the employee may be subject to a full investigation in accordance with Trust disciplinary procedures.
- If a colleague knowingly possesses illegal substances and reports for duty and is subsequently found to be either in possession of, consuming or distributing these substances, they will be subject to the Trust's Disciplinary procedures and the Police will be informed.

#### Procedure for dealing with possible cases of alcohol or drug misuse

The procedure for dealing with suspected cases of alcohol or drug misuse is described in Appendix 1a and Appendix 1b of this policy. Managers will be responsible for initiating the use of the procedure (in consultation with People Services Team and the Occupational Health Service). Up to date training on the use of this policy and procedures will be provided on a regular basis.

Alcohol or drug misuse may be suspected in the following circumstances:-

- a) Frequent lateness, repeated brief periods of absence for trivial or inadequate reasons, impaired concentration and memory.
- b) Smelling of alcohol / illicit substances or under the influence of alcohol / illicit substances during working hours.
- c) Absenteeism, uncertified or certified, particularly related to weekends, holidays etc.
- d) Mood changes, irritability, lethargy.
- e) Proneness to accidents, minor accidents on the job and accidents away from the job, mistakes, errors of judgement.
- f) Deterioration in relationships with fellow workers, borrowing money.
- g) Hand tremors, slurred speech, facial flushing, bleary eyes and poor personal hygiene.

Suspensions may also be aroused following routine sickness absence interviews or appraisal interviews.

## 7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

<b>Minimum Requirement to be Monitored</b>  (WHAT – element of compliance or effectiveness within the document will be monitored)	<b>Responsible Individual</b>  (WHO – is going to monitor this element)	<b>Process for Monitoring e.g. Audit</b>  (HOW – will this element be monitored (method used))	<b>Frequency of Monitoring</b>  (WHEN – will this element be monitored (frequency/ how often))	<b>Responsible Individual or Committee/ Group for Review of Results</b>  (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Effectiveness	JSPF	Audit of policy effectiveness	Quarterly	JSPF

## **8.0 TRAINING AND IMPLEMENTATION**

This policy will be monitored and evaluated to ensure its continued appropriateness. As it is preventative in nature the overall effectiveness or ultimate impact may only be determined over a long time period, however, some components of the policy can be evaluated in the short term:

- Ensuring the policy is promoted and awareness is raised about the policy and is known about and understood by employees and that a copy is accessible.
- Employees are aware of basic facts about alcohol including 'units' of alcohol and sensible drinking through an awareness campaign.
- Monitoring undertaken by Occupational Health of the numbers of self and management referrals within the bounds of confidentiality.

## **9.0 IMPACT ASSESSMENTS**

This document has been subject to an Equality Impact Assessment, see completed form at Appendix 2.

## **10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS**

### **Evidence Base:**

Health and Safety at Work Act 1974  
The Road Traffic Act 1988  
Transport and Work Act 1992  
The Management of Health and Safety at Work Regulations 1999  
The Misuse of Drugs Act 1971  
The Misuse of Drugs (Amendments) (Cannabis and Licence Fees) (England, Wales and Scotland) Regulations 2018

### **Related SFHFT Documents:**

Disciplinary Policy  
Sickness Absence and Wellbeing Policy  
Capability Policy

## **11.0 KEYWORDS**

**N/A**

## 12.0 APPENDICES

### APPENDIX 1a

#### Dealing with possible cases of alcohol or drug misuse

Sherwood Forest Hospitals (NHS) Trust wishes to give employees who, at any time and for any reason may be suffering from alcohol or drug misuse, the opportunity to obtain specialist help.

Should an employee be found to have such a problem, then we are committed to offering every assistance in accordance with the principles of the policy. The procedural arrangements are:-

When an employee believes that they have an alcohol or drug problem, then that person should seek specialist help as soon as possible. The Occupational Health Service is available to give advice. It is obvious that the earlier this is done the greater will be the possibility of recovery, and the economic loss to the employee and the Trust will be kept to a minimum.

If a supervisor or colleague suspects that an employee has an alcohol or drug problem, they must immediately draw this to the attention of the Line Manager concerned. The manager will then arrange to meet with the employee and should advise them of their right to be accompanied by their staff representative, if desired. The interview will be confined to principally cover aspects of work performance and behaviour.

The manager should, however, enquire of the employee whether they have a health problem which might be a contributory factor to the work problem. Any reported concerns about the use of alcohol or drugs should be raised in a sensitive manner, if the employee concerned does not raise this first. Managers should not pass any opinion or judgement on alcohol or drug misuse. The aim should be to get the employee to admit to, and voluntarily seek help for the problem.

In the event of the employee either confirming or denying that there is any health problem, the manager makes a referral to the Occupational Health Service. Alternatively, the employee may wish to propose some alternative therapeutic agency and if this is acceptable, this should be arranged after consultation with the Occupational Health Physician. The manager should discuss with the employee about their work performance. Should poor work performance and behaviour recur, the employee must be met with again informally, with appropriate representation if desired, and consideration given to obtaining further Occupational Health advice. If the employee indicated that they have no health problem appropriate action should be taken within the framework of the relevant Trust policy.

Where the Occupational Health Service confirms that the employee has an alcohol or drug problem, the Occupational Health Clinician will liaise with the employees' treating clinician/s (e.g. GP, Specialist) as appropriate and indicated.

When the employee accepts the treatment/specialist support programme offered they will return to normal work if considered fit by the Occupational Health Service. Should a return to their post carry with it a risk of recurrence of the drug or alcohol misuse or a risk of jeopardising the welfare and safety of the patients or staff a suitable alternative should be provided if available. If a suitable

post is not available, then the employee will be placed or remain on sick leave/ authorised medical absence.

When the employee does not accept the treatment/specialist support recovery programme offered, then Occupational Health Service will refer them back to the Manager who will then assess whether the employee should resume work following relevant Occupation Health Advice. If an employee returns to work and work problems recur, the Manager will take the appropriate action within the framework of the relevant Trust policy, following advice from the People Services Team.

When the Occupational Health Service advises that the employee has no health problem, the manager must assess the position and if necessary, have resource to the disciplinary/capability procedure.

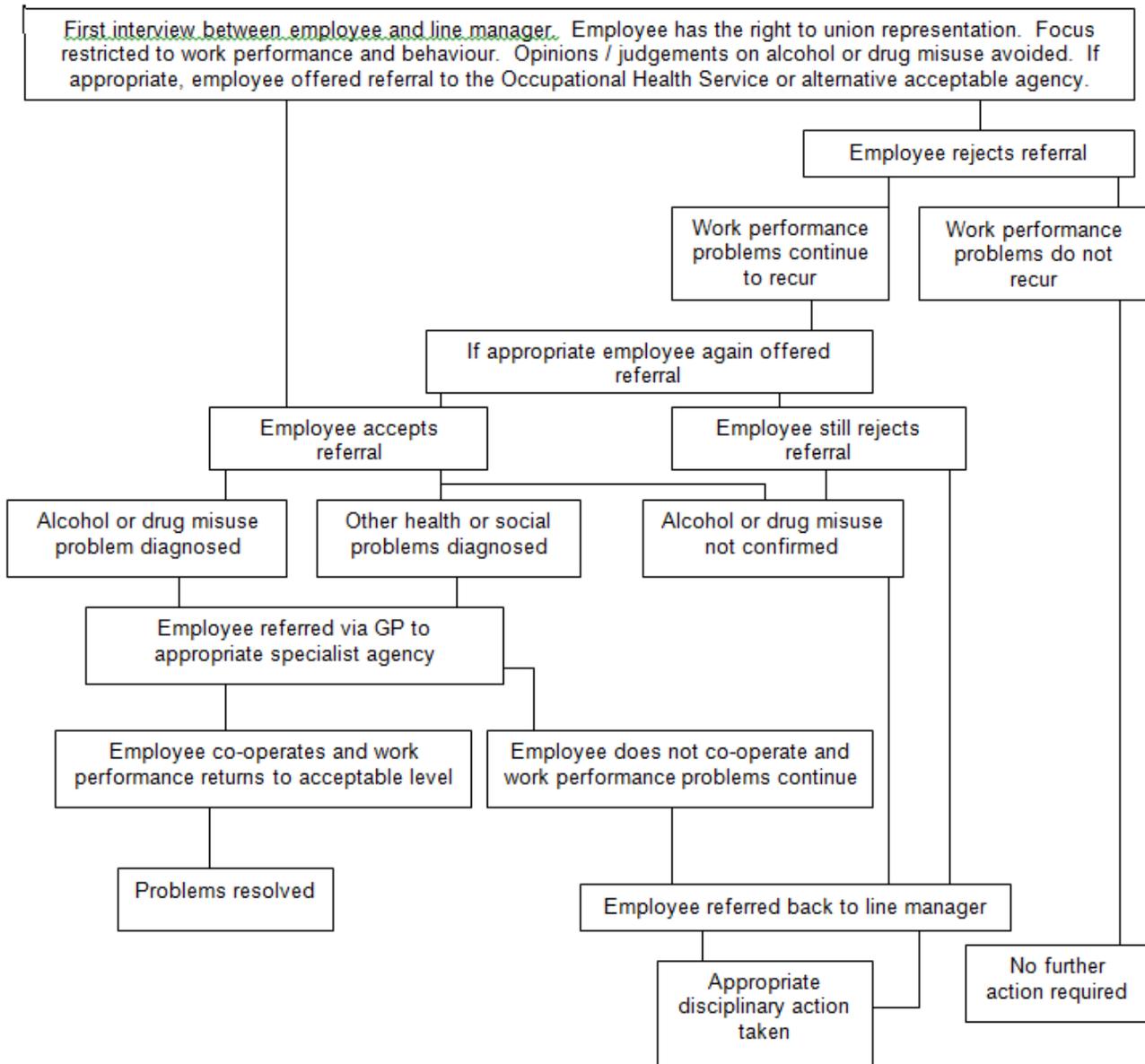
In rare circumstances where employees are suffering from alcohol or drug misuse advice should be taken from the People Services Team in regards to establishing in a referral to any professional bodies are required.

**Note** Managers should note, that guidance on the operation of this procedure must be obtained from the People Services Team.

## APPENDIX 1b

### Flow Chart for dealing with possible cases of alcohol or drug misuse

The following stages in procedure are suggested regarding employees who come to notice as possibly suffering from alcohol or drug misuse, either from observation of behaviour or as a result of a deteriorating pattern of work performance.





**APPENDIX 2 - EQUALITY IMPACT ASSESSMENT FORM (EQIA)**

**EIA Form Stage One:**

<b>Name EIA Assessor:</b> Amber Hardy		<b>Date of EIA completion:</b> 22/01/2026
<b>Department:</b> People Directorate		<b>Division:</b> Corporate
<b>Name of service/policy/procedure being reviewed or created:</b> Policy and Procedure in relation to Employees Suffering from Alcohol or Drug Misuse		
<b>Name of person responsible for service/policy/procedure:</b> Amber Hardy & Adam Grundy		
<b>Brief summary of policy, procedure or service being assessed:</b>		
<b>Please state who this policy will affect:</b> All colleagues of SFH		
<b>Protected Characteristic</b>	<b>Considering data and supporting information, could protected characteristic groups' face negative impact, barriers, or discrimination? For example, are there any known health inequality or access issues to consider? (Yes or No)</b>	<b>Please describe what is contained within the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening. Please also provide a brief summary of what data or supporting information was considered to measure/decipher any impact.</b>
<b>Race and Ethnicity</b>	No	Statistically, young people are more likely to use drugs and alcohol, however, this policy is to be used equitable across all age groups.  The policy emphasis a supportive approach to colleagues who may be misusing drugs or alcohol. Supportive measures include specialist help and counselling services. Where an individual's mental health and wellbeing is impacted, other policies may be referred to, to ensure timely, compassionate and person-centered support is offered.
<b>Sex</b>	No	
<b>Age</b>	No	
<b>Religion and Belief</b>	No	
<b>Disability</b>	No	
<b>Sexuality</b>	No	
<b>Pregnancy and Maternity</b>	No	
<b>Gender Reassignment</b>	No	

<b>Marriage and Civil Partnership</b>	No	
<b>Socio-Economic Factors (i.e. living in a poorer neighbour hood / social deprivation)</b>	No	

If you have answered 'yes' to any of the above, please complete Stage 2 of the EIA on Page 3 and 4.

<b>What consultation with protected characteristic groups including patient groups have you carried out?</b>
JSPF sub-group
<b>As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?</b>
No.

<b>On the basis of the information/evidence/consideration so far, do you believe that the policy / practice / service / other will have a positive or negative adverse impact on equality? (delete as appropriate)</b>					
<b>Positive</b>			<b>Negative</b>		
			<b>Nil</b>		
<b>If you identified positive impact, please outline the details here:</b>					

<b>Protected Characteristic</b>	<b>Please explain, using examples of evidence and data, what the impact of the Policy, Procedure or Service/Clinical Guideline will be on the protected characteristic group.</b>	<b>Please outline any further actions to be taken to address and mitigate or remove any in barriers that have been identified.</b>
<b>Race and Ethnicity</b>		

**EIA Form Stage Two:**

<b>Age</b>		
<b>Religion</b>		
<b>Disability</b>		
<b>Sexuality</b>		
<b>Pregnancy and Maternity</b>		
<b>Gender Reassignment</b>		
<b>Marriage and Civil Partnership</b>		
<b>Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)</b>		

**Signature:**

\*I can confirm I have read the Trust's Guidance document on Equality Impact Assessments prior to completing this form\*

**Date:** 22/01/2026

**Please send the complete EIA form to the People EDI Team for review.  
Please send the form to: [sfh-tr.edisupport@nhs.net](mailto:sfh-tr.edisupport@nhs.net)**