

Alcohol & Substance Misuse Toolkit for Managers Employee Wellbeing

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This document should be used in conjunction with the
[Corporate Health and Safety Policy](#)

1. Purpose

This toolkit complements existing policies and guidance and should be read in conjunction with the Alcohol and Substance Misuse Policy. Its purpose is to assist in managing the potential risks in relation to alcohol and substance misuse in the workplace.

2. Scope

The scope of this toolkit will apply to all establishments and all employees of Carmarthenshire County Council, casual workers, volunteers acting on our behalf, contractors, visitors, agency workers, elected members of the Authority and members of the public who are accessing or using premises owned or occupied by Carmarthenshire County Council.

3. How to use this toolkit

Managers should use this toolkit to assist them in managing the potential risks in relation to alcohol and substance misuse in the workplace.

The toolkit has been divided into relevant sections to enable managers to select the most appropriate information to provide them with relevant guidance and information in order to assist with specific scenarios.

If you have any questions or would like any further advice on any part of this toolkit then contact the Employee Wellbeing Team on:

employeewellbeing@carmarthenshire.gov.uk

4. Action for Managers

4.1 If an employee presents at work under the influence of Alcohol and/or Substance Misuse

1. Take the employee to a private and confidential area to discuss your concerns and to provide the employee with an opportunity to explain the background to the situation.
2. Inform the employee that they cannot continue with their substantive duties on that day and that they will be suspended from duty, pending medical advice and consultation with Human Resources.

3. Log relevant details of the incident in the employee's personnel file i.e. date, time, signs, symptoms, behaviour, outcome and action taken.
4. Ensure that the employee has access to an appropriate form of transport in order to travel home safely, e.g. manager takes them home, a lift from a family member and it is recommended that a family member or friend is at home to observe them.
5. Follow up in writing regarding the suspension and explain a formal meeting must be carried out in relation to the incident.
6. This meeting should help to identify whether the employee may have a dependency issue and requires further support via referral to the Occupational Health Centre or through external support agencies or whether disciplinary action should be taken.
7. Relevant actions are implemented following a fitness to work assessment with Occupational Health and the outcome of the investigation.
8. Monitor and review at regular intervals.

4.2 Supporting employees who declare Alcohol and/or Substance Misuse problems

1. Take the employee to a private and confidential area to discuss concerns and to provide the employee with an opportunity to explain the background to the situation.
2. Establish whether the employee will need time away from the workplace or is able to continue with their duties on that day.
3. Offer support where relevant via external support services (e.g. Dyfed Drug and Alcohol Service, DAN 24/7) and advise employee to seek advice from their GP.
4. A referral to Occupational Health must be made with regards fitness to work and if there are any work performance issues. Confidentiality will be maintained by all parties concerned.
5. Log relevant details of incident in employee's personnel file i.e. date, time, signs, symptoms, behaviour, outcome and action taken.
6. Where treatment is accepted, time off for external treatment is to be arranged as per the requirements of the [Time off Policy](#).
7. If there are any further concerns, contact Occupational Health and HR for further advice.

4.3 Managing employees who declare the use of prescribed medication including medical cannabis

Many conditions treated with certain medications, including medically prescribed cannabis, that can affect a person's concentration, focus and awareness may meet the definition of disability under the Equality Act 2010. In such cases, the Authority will:

- Consider reasonable adjustments, and
- Ensure decisions are made on an individual basis, based on evidence and risk.

Disciplinary action will not be taken solely because an employee uses prescribed medication and/or medical cannabis.

Disclosure from employees

Employees are not required to disclose their medication unless:

- It may affect their ability to work safely or perform safety-sensitive or decision-making duties, or
- Adjustments are needed to support them at work.

Where disclosure is necessary:

- Information will be treated confidentially and in line with data protection principles.
- Managers will only share information on a need-to-know basis (e.g. HR, Occupational Health).

Health and safety and risk assessment

The Authority has a duty to ensure the health and safety of employees and others.

Where an employee uses prescribed medication, including medical cannabis, that can affect their ability to work safely or perform safety sensitive or decision-making duties (e.g. driving, operating machinery, lone working, safeguarding responsibilities), or the manager has concerns with performance in any other role, a risk assessment will be carried out by the manager with advice from Occupational Health, HR and H&S. The focus will be on managing risk, not penalising the employee.

This may involve:

- Medical advice.
- Reviewing medication side effects (e.g. drowsiness, cognitive impact).
- Temporary or permanent adjustments to duties or hours if needed:
 - Adjusted duties or work patterns.
 - Flexible breaks to take medication.
 - Remote or alternative work arrangements.
 - Temporary redeployment from safety-sensitive activities or decision-making tasks.

Clarification of types of roles

Some prescribed medications including medical cannabis can affect concentration, depth perception, reaction time and judgement.

Safety sensitive roles – is any job where a mistake, impairment, or poor judgment could result in:

- Injury or death.
- Serious harm to the public.
- Major property damage.
- Environmental damage.
- Significant safeguarding failure.

Decision making - a decision-making role is any position with formal authority to approve, reject, allocate, set policy, or sign off on actions that affect budgets, services, staff, or strategy. These roles generally fall into three broad categories: Elected members (political decision-makers), Senior Managers (executive decision-makers) and mid-level delegated decision roles.

4.4 Disciplinary Action in relation to Alcohol and Substance Misuse

- Employees should be made aware of the likely consequences if they do not accept the offer of support under the policy.
- Encourage employees to seek assistance and support if experiencing problems from alcohol and substance misuse.
- Immediate disciplinary action for misuse or abuse would not normally be taken against employees who accept help from their employer, unless other matters of discipline are involved.
- Where the use or misuse of alcohol and/or substances by an employee contributes to poor work performance or attendance, despite any support provided by the Occupational Health Centre or external agencies, the employee will be dealt with in accordance with our appropriate [Policies/Procedures](#) with advice from HR Officers (e.g. sickness absence, capability procedures etc.).
- Employment may be terminated in cases of alcohol or substance misuse where the subsequent action taken leads to loss of qualification required to carry out the job e.g. professional registration, driving licence.

- HR Policies should be referred to in conjunction with this Policy. In all cases where the Authority's disciplinary/sickness or capability procedure is used in relation with alcohol and substance misuse, the person concerned will be offered appropriate help at each stage.

4.5 Example where Disciplinary Action applies

Disciplinary action may arise as a direct or indirect consequence of alcohol and substance use for employees who:

- Report for work under the influence of alcohol or substances.
- Possess, use or sell alcohol or substances at work.
- Misuse prescribed medicines at work.
- Have consumed alcohol or taken substances whilst in a safety sensitive role (e.g. being in charge of a vehicle, operating hazardous machinery or mobile plant, handling or using, including disposal, of any substance hazardous to health, working in, on or near water, supervising children and vulnerable adults).
- Have been abusive to members of the public/service users because of alcohol or substance misuse.
- Have deliberately flouted legitimate instructions not to consume alcohol or substances at work.
- Have issues of conduct arising from isolated incidences of alcoholic indulgence or substance use.

The above are some examples, but this is not intended as an exhaustive list.

If an employee is believed to be buying and selling substances, or in possession of unlawful substances during working time, the police will be notified by the Head of Service or Delegated Officer.

5. Scenarios

All case studies are based on fictional characters.

Scenario 1

As a work colleague you are concerned about a co-worker (Pricha) who has been difficult to work with lately. On a few occasions over the past month, he has called in sick, when he seemed okay the afternoon before. He has been seen by work colleagues when leaving the pub on weekends and appears to have had a few too many, and when

normally he has been jolly on nights out, lately he has been morose and quiet at the bar. He just sits there, downing drink after drink. You are getting worried because you and Pricha have a joint deadline to meet and he is constantly complaining about criticism of his efforts, his mistakes here and there, and your constant nagging about deadlines. You feel that you normally have a good working relationship and that his outbursts are unjustified. You make the manager aware of your concerns when one day he calls in sick, as he unexpectedly says that he just can't cope with the pressure, and he is thinking of resigning.

Management action

Once you are made aware of the work colleagues concerns you arrange to meet with Pricha in a confidential setting to discuss what has happened and your concerns for his wellbeing. Try and find out if there are any reasons for his sudden change in behaviour with regards his drinking habits and decision to resign from work, e.g. home life problems or work-related issues. Ask if Pricha needs to attend GP appointments or any other meetings based on what he has confided in you (e.g. financial issues, family illness). Signpost Pricha to the appropriate external alcohol support services and offer a referral to Occupational Health for wellbeing support. Arrange another date and time to discuss outcomes once Pricha has spoken to his GP or the external alcohol support service, as he may require time off work to undertake treatment or any medical support advised.

Scenario 2

Mei a 25-year-old single mail clerk complains that her stomach has been giving her trouble. She has recently cut back on her alcohol consumption and has been experiencing an extremely upset stomach accompanied by trembling and sweating. Her reduced alcohol intake at present is in response to an ultimatum from the senior manager to either cut down on her drinking or undergo disciplinary action and possibly be dismissed. This, in turn, was prompted by her third arrest in two years for drunk driving.

Management action

Meet with Mei in a confidential setting to discuss her health concerns; discuss whether she has seen her GP about the physical symptoms and offer a referral to Occupational Health for further advice with regards her health and wellbeing, and signpost her to appropriate external support services regarding her alcohol dependency. Discuss with Mei if she requires time off work to undergo any treatment and support.

Scenario 3

Callum is in his mid-forties, married with no children and has seven years of experience as a Roadworker. You find him sitting in a darkened room two hours after his shift started and notice that he hasn't shaved for several days and you can smell alcohol on his breath. He says he got little sleep last night because he was drinking with friends until around 3am and is not happy with work.

Management action

Take Callum to a private and confidential area to discuss his concerns and to provide him with an opportunity to explain the background to the situation – Callum tells you that his wife has left him and left him in severe debt. Offer Callum support via Occupational Health and external support services. Inform Callum that he cannot continue with his substantive duties on that day and that he will be suspended from duty, pending medical assessment and consultation with Human Resources.

Make notes during the meeting with regards details of the incident to place in Callum's employee file. Arrange another meeting with Callum and explain that this will be a formal meeting to identify whether he may have a dependency issue and whether he will require further support or whether disciplinary action should be taken. Ensure Callum gets home safely, and a family member or friend is at home to meet him and stay with him. Tell Callum you will arrange for his car to be brought home to him.

Scenario 4

Patricia is a 21-year-old domiciliary support worker, and work colleagues are concerned that she has been acting strangely over the past few months. During a supervision session she discloses to you that she has been drinking and taking "party" drugs regularly. You notice that she seems very sad and you discuss this with her. Patricia discloses that things at home have been really bad and even though she knows that the drinking and drugs are bad for her, it is the only time that she feels good and happy.

Management action

As you have given Patricia the opportunity to explain the background to the situation, establish whether she will need time away from the workplace or is able to continue with her duties on that day. Offer support via external support services (e.g. Dyfed Drug and Alcohol Service, DAN 24/7) and advise Patricia to seek advice from her GP. Explain to Patricia a referral to Occupational Health will need to be made with regards to her fitness to work and to establish if there are any work performance issues and emphasise that confidentiality will be maintained by all parties concerned. Log relevant details of

incident in Patricia's personnel file i.e. date, time, signs, symptoms, behaviour, outcome and action taken.

Scenario 5

Alex is a Highways Maintenance Operative for a local authority. His duties include operating heavy machinery (e.g., road rollers, excavators), working near live traffic, using power tools and responding to emergency callouts. This role is formally designated as safety sensitive because impaired judgement or slowed reaction times could cause serious harm. Alex requests a private meeting with his line manager, Sarah. He explains that they have been prescribed medical cannabis for chronic neuropathic pain. The prescription includes a THC containing product taken in the evenings. Alex says he takes the medication legally and as prescribed and it helps him sleep and manage his pain, but he is unsure how it will affect his fitness for work the next morning.

Management action

Sarah acknowledged Alex's disclosure and thanked him; she did not make assumptions about whether he was impaired or not. Sarah explained to Alex that because he works in a safety sensitive role, the authority must ensure he is fit to perform his duties safely and she referred him to Occupational Health (OH) to ask them to assess:

- Whether the medication could impair performance
- Timing of doses and likely residual effects
- Any adjustments that may be needed
- Whether temporary redeployment is appropriate

Sarah also reviewed the organisation's substance misuse policy to check that any other actions were needed. While awaiting an Occupational health appointment Sarah advised Alex, she would consider temporary adjustments including removing him from machinery operation and assigning non-safety-sensitive tasks and adjusting shift patterns if medication timing is an issue; she ensures him this is a risk management step, not a disciplinary one. Sarah also discusses Alex's case with HR, and she was advised to contact Health and Safety to help in carrying out a risk assessment; a copy of this was provided to Occupational Health for his fitness to work assessment.

Throughout the process Sarah maintained confidentiality and documented each step to protect both Alex and the authority. Once Sarah received Alex's report from Occupational Health the adjustments advised were discussed in a meeting with Alex, and HR and put in place (fit with adjustments – no call-out duties due to taking medical cannabis in the evenings and he may be called out during the night) and a review assessment was recommended in 3 months with Occupational Health, pending possible

medical cannabis prescription changes and regular check-ins with Sarah to ensure ongoing safety and support.

Alex would likely be covered under the decision regarding the disability discrimination provision of the Equality Act 2010 due to his medical condition likely having a substantial and long-term adverse effect on his day-to-day activities if not managed or treated appropriately.

Scenario 6

Priya is a Senior Planning Officer in a local authority. Her responsibilities include assessing complex planning applications, making recommendations that influence multimillion pound development decisions, writing reports for planning committees, engaging with developers, residents, and councillors and exercising professional judgement under tight deadlines.

Although not a physical safety sensitive role, it is a decision-making role in a cognitive sense: impaired concentration, memory, or decision-making could lead to legal challenges, reputational damage, or flawed decisions.

Priya asks for a confidential meeting with her line manager, David. She explains that she has been prescribed medical cannabis for generalised anxiety disorder. Her prescription includes a low dose THC/CBD oil taken twice daily. Priya says that she takes the medication legally and as prescribed, and it helps stabilise her symptoms, but she occasionally feels mildly drowsy after taking it and wants to be transparent because her role requires high-level decision making.

Management action

David acknowledged Priya's disclosure and thanked her for informing him, and he did not make assumptions about whether she was impaired or not; he explained everything would be kept confidential and documented for both the employer and her. David explained to Priya that because her role involves high stakes decision making, legal accountability and public facing professional judgement, he needs to ensure she is fit to perform her duties, and he would refer her to Occupational Health for assessment. David asked the following in the Occupational Health referral:

- Whether the medication could impair concentration, memory, or decision making.
- Whether timing of doses could be adjusted to minimise impact during working hours.
- Whether any temporary adjustments are advisable.
- Whether the employee remains fit for full duties.

David also reviewed the authority's substance misuse policy on prescribed medication use and contacted HR for further advice. David carried out a risk assessment as advised by HR and discussed putting in place temporary adjustments with Priya while she awaited the Occupational Health appointment. The risk assessment looked at the cognitive demands of the role and the potential consequences of impaired judgement, and whether reasonable adjustments can mitigate any risks. Priya was happy to put the following adjustments in place:

- Adjusting her workload to reduce high pressure deadlines.
- Allowing flexible start times if morning drowsiness were an issue.
- Temporarily reallocating the most contentious or legally sensitive cases.

He advised her these were risk management measures, not punitive actions.

Following the receipt of the Occupational Health report and due to the effects of the medication at present it was advised Priya was fit with adjustments – not to undertake high risk decision temporarily until she was experiencing less effects from the medication. A 3-month review was advised with Occupational Health and to have regular check-ins with David to monitor her progress.

Priya would likely be covered under the decision regarding the disability discrimination provision of the Equality Act 2010 due to her mental health condition likely having a substantial and long-term adverse effect on her day-to-day activities if not managed or treated appropriately.

Scenario 7

Jamie works as a Business Support Assistant in a local authority's Housing Services team. Her duties include data entry, filing and document management, booking appointments, responding to routine email enquiries and updating spreadsheets and internal systems. The role is not safety sensitive and does not involve high stakes decision making. Errors could cause inconvenience but are unlikely to lead to significant legal, financial, or safety consequences.

Jamie asks for a quiet word with her manager, Louise. She explains that she has recently been prescribed medical cannabis (a CBD dominant product with a small amount of THC) for chronic back pain. Jamie says she takes the medication legally and as prescribed, and it helps her manage pain and sleep better; she states that she occasionally feels slightly drowsy for an hour after taking her morning dose and wanted to be transparent in case it affects her work pattern.

Management action

Louise thanked Jamie for her informing her and advised that in a low-risk office role, the threshold for concern is different as mild drowsiness may not significantly affect her performance. Louise knew that as a noncritical role, an Occupational Health referral may still be appropriate, but it was less urgent than in safety sensitive or decision-making roles. Therefore, Louise reviewed the substance misuse policy and contacted HR for further advice on whether she could input adjustments and monitor Jamie initially. It was agreed that an adjustment around starting later in the mornings was to be trialled temporarily for 3 months, as this would support Jamie without compromising the service delivery; this was discussed with Jamie who felt this would help her while she became accustomed to the medication effects.

6. Equality

EQUALITY ACT 2010

Addiction to, or dependency on, alcohol or any other substance is specifically excluded from the scope of the Act unless the addiction was originally the result of the administration of medically prescribed substances or other medical treatment. Nevertheless, employees with impairments that are the result of an addiction, for example, liver damage caused by alcohol, will still be covered by the Act.

Therefore, employees who have a recognised alcohol or other related disease may be considered to be disabled under the Act. If that is the case the Council's policy on disability will apply and managers should seek advice from their Human Resources and/or Occupational Health before proceeding with any reasonable adjustments.

7. Further Support

OCCUPATIONAL HEALTH

The importance of employee confidentiality throughout the process of managing this policy cannot be over emphasised. Employees with a misuse or abuse problem should have no fears about seeking advice and help to affect a recovery. The manager should give them assistance willingly and in complete confidence. Both Occupational Health and Managers can signpost an employee to the substance misuse services below for advice and guidance.

The confidential nature of any records or correspondence is subject to the statutory protection of the General Data Protection Regulations, the Access to Medical Reports Act 1988, the Access to Medical Records Act 1990 and the Access to Health Records Act 1990.

Click here to access the [Occupational Health e-referral](#)

OTHER SOURCES OF HELP:

Substance Misuse Team

Over 18's:

Call the Substance Misuse Team on: **01554 744343 or 0300 333 2222.**

Or contact the Wales Drug and Alcohol Helpline on **0808 808 2234.**

Under 18's:

Please call DDAS/Choices on: **03303 639997**

Or go online - [Home | choices](#)

They will be able to offer you confidential advice on the telephone and an appointment with a worker if you wish to discuss your problems and get you the help you need.

There are lots of online resources which give advice and information about alcohol, including some self-help resources. Here are some useful places to look:

- [NHS Direct Alcohol Information](#)
- [Alcohol Change UK](#)
- [Dan 24/7](#)

Advice for parents

Please call Choices on - **03303 639997**

Or go online - [Home | choices](#)

They will be able to offer you confidential advice on the telephone and an appointment with a worker if you wish to discuss your problems and get you the help you need. Or refer to online help links above.

OUT OF HOURS

DAN 24/7 – Wales Drug and Alcohol Helpline

The Wales Substance & Alcohol Helpline, also known as DAN 24/7 is available to people who live in **Wales**. Our helpline is open 24 hours a day, 365 days of the year.

Outside of office hours call the Wales Drug & Alcohol Helpline free on **0808 808 2234**

Or go online - [DAN 247 – Wales Drug and Alcohol Helpline](#)

Dyfed Drug and Alcohol Service (DDAS)

Dyfed Drug and Alcohol Service provides a substance and alcohol advisory service across mid and west Wales, covering Carmarthenshire, Ceredigion and Pembrokeshire.

Contact Number: **03303 639997**

Or go online - [DDAS - Dyfed Drug and Alcohol Service - Barod](#)

Alcoholics Anonymous

AA is concerned solely with the personal recovery and continued sobriety of individual alcoholics who turn to the Fellowship for help.

National Helpline no: **0800 917 7650**

Or go online - [Home - Alcoholics Anonymous Great Britain](#)

Employees who do not reside in Carmarthenshire

Contact the Substance Misuse Team on **01554 744343** and you will be pointed in the right direction for support services in your area.