Torbay and South Devon NHS Foundation Trust

Misuse of Alcohol, Drugs & Other Substances by Staff (WB4)

If you require a copy of this policy in an alternative format (for example large print, easy read) or would like any assistance in relation to the content of this policy, please contact the Equality and Diversity team on 01803 656680.

Torbay and South Devon NHS Foundation Trust

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Date of Issue:	July 2016	**Next Review Date:**	January 2027
Version:	1	**Last Review Date:**	July 2016
Author:	Occupational Health and Wellbeing Manager together with Alcohol and Substance Misuse Team		
Directorate:	Workforce and Organisational Development		

Approval Route	
Approved By:	**Date Approved:**
JCNC	1 July 2016

Links or overlaps with other policies:	
Need to list all policies that are referred to, or have links to this policy. List them in numeric order.	

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1		**Sept 2026**	Review date extended as per Audit and Risk Group Approval	ARC

Torbay and South Devon NHS Foundation Trust

Rapid Equality Impact Assessment

Policy Title (and number)	Misuse of Alcohol, Drugs and other Substances by Staff				
Policy Author	Health & Well Being Lead				
Version and Date (of EIA)	Version 1 July 2016				
Associated documents (if applicable)					
RELEVANCE: Does the aim/purpose of the policy relate to each of the aims of the Public Sector Equality Duty?					
• **Eliminate unlawful discrimination or other conduct prohibited by the Equality Act 2010**					Yes ☐ No☒
• **Advance equality of opportunity between people from different groups**					Yes ☐ No☒
• **Foster good relations between people from different groups**					Yes ☐ No☒
SIGNIFICANCE AND IMPACT: Consider the nature and extent of the impact, not the number of people affected.					
Does the policy affect service users, employees or the wider community? (if no, proceed to sign off)					Yes ☒ No☐
Does the policy affect service delivery or business processes?					Yes ☒ No☐
Does the policy relate to an area with known inequalities (deprivation/unemployed/homeless)?					Yes ☐ No☒
Does the policy use inclusive language throughout and is it fully accessible?					Yes ☒ No☐
EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population? ***PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below***					
Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)					
Age	Yes ☐ No☒	Disability	Yes ☐ No☒	Sexual Orientation	Yes ☐ No☒
Race	Yes ☐ No☒	Gender	Yes ☐ No☒	Religion/Belief (non)	Yes ☐ No☒
Gender Reassignment	Yes ☐ No☒	Pregnancy/ Maternity	Yes ☐ No☒	Marriage/ Civil Partnership	Yes ☐ No☒
Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers; travellers; homeless; convictions; social isolation; refugees)					Yes ☐ No☒
Please provide details for each protected group where you have indicated 'Yes'.					
What if any, is the potential for interference with individual human rights? (consider the FREDA principles of Fairness/ Respect/ Equality/ Dignity/ Autonomy)					
NONE					
RESEARCH AND CONSULTATION					
What is the reason for writing this policy? (What evidence/ legislation is there?)					
Sets out Trust's position on substance misuse and process for supporting staff.					
Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?					
Staff Side, HR, OH Physician, Alcohol and Substance Misuse Service Manager					
ACTION PLAN: Please list all actions identified to address any impacts					
Action			**Person responsible**		**Completion date**
AUTHORISATION					
Name of person completing the form	Trudi May		**Signature**		
Validated by (line manager)			**Signature**		

Please contact the Equalities team for guidance:
For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net
For Torbay and South Devon NHS Trust, please call 01803 656676 or email pfd.sdhct@nhs.net
This form should be published with the policy and a signed copy sent to your relevant organisation.

Torbay and South Devon NHS Foundation Trust

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1 Policy Statement

1.1 ‘’the Trust’’(hereafter referred to as ‘’the Trust’’) is committed to achieving a work place free from misuse of alcohol, drugs and other substances. The Trust is dedicated to the principle of offering support to employees who are identified as having a problem related to alcohol, drugs or substance misuse.

2 Purpose

2.1 The purpose of this policy is to provide a framework within which problems related to ‘alcohol, drug or substance misuse’ will be dealt with by the Trust. The policy sets out the expected standards related to drugs (including prescription only medication) substances and alcohol consumption for all staff working in the Trust.

3 Scope

3.1 This policy applies to all staff employed by Torbay & South Devon NHS Foundation Trust, together with those on a joint contract with the organisation and another employer.

3.2 Although not employees of the Trusts, bank staff, agency staff and outside contractors will be required to comply with the policy.

4 Equality and Diversity Statement

4.1 The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): sexual orientation; gender; age; gender re-assignment; pregnancy and maternity; disability; religion or belief; race; marriage and civil partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.

4.2 The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis.

5 Roles and Responsibilities

5.1 **Managers are responsible for:**

- Ensuring that staff are familiar with the policy and are aware of the consequences regarding the use of alcohol, drugs and other
- mind altering substances.

- Taking initial and prompt action where substance misuse is suspected. This should include speaking to the employee in a sensitive and confidential manner. Refer to Appendix 2.

- To be aware of the signs of alcohol and substance misuse and the effects on performance, attendance and health of employees.

- To treat such matters with the utmost sensitivity and confidentiality as far as is legitimately and legally possible. Providing a supportive and healthy working environment in work to staff is likely to encourage the declaration of substance misuse on the part of employees.

- To intervene at an early stage where changes in performance, behaviour, sickness levels, or attendance patterns are identified to establish whether alcohol or drug misuse is an underlying cause.

- Provide support and assistance, where appropriate and for a reasonable period, to staff who are using substances problematically to help their recovery.

- To refer employees to the Occupational Health Service when appropriate.

5.2 **Employees are responsible for:**

- Ensuring they are fit to attend work at all times during their employment and are not impeded by the consumption of alcohol, drugs or any other mind-altering substances. They should not attend work when their health, work performance, conduct or social functioning is adversely affected.

- Adhering to any professional code of practice as it relates to the individual's profession.

- Co-operating fully with any support and assistance provided by the Trust to address an alcohol or drug problem e.g. attendance at Occupational Health.

- Members of staff will be expected to take action themselves if substance or alcohol use or misuse is affecting their work in any way. Confidential support and assistance will be made available to employees who know, or suspect, that they have a problem related to substance misuse. They are encouraged to seek help through the Occupational Health Service, their Manager or Human Resources, their General Practitioner, or specialist treatment services e.g. Torbay Drug and Alcohol Service | Healthy Lifestyles Service

- Staff who know, or suspect, that a colleague may have a problem related to substance misuse that is, or may be, affecting their work have a responsibility to bring their concerns to the Trust's attention. They should notify an appropriate Manager or Freedom to Speak Up Guardian where they have concerns that another member of staff may be under the influence of a substance at work or misusing a substance.

5.3 **Occupational Health is responsible for:**

- Maintaining confidentiality unless it is necessary to disclose relevant information to protect the safety and wellbeing of others. In these circumstances, advice provided by the relevant Professional Regulatory Body will be considered and consent from the employee will be sought to release information.

- Responding to referrals from managers or self-referrals from employees and provide advice and guidance on how best to help an employee who has a problem which might be related to alcohol or substance misuse. This may include liaison with external

- agencies, such as GP or any other practitioner providing care to the affected employee. This could include referring the individual to specialist substance misuse services with their consent.

- Liaising with an individual's General Practitioner, and facilitate further specialist support as appropriate.

- Providing a medical opinion with regard to an employee referred following an admission or discovery of substance/alcohol misuse problem.

- Monitoring progress, on behalf of the Trust and the individual, with respect to impact upon work of their condition and / or adherence to a treatment programme.

- Advising management and individuals about possible modifications to duties, hours, workload and responsibilities which may facilitate continuation at work or rehabilitation to work.

- Assisting in education and awareness raising, through health promotion and related activities.

6 Definitions

6.1 For the purpose of this policy, the terms alcohol misuse and substance misuse means the use of alcohol, legal or illegal drugs, solvents and other substances in an excessive, habitual or harmful way or in any other way that results in an impairment to the user's health and wellbeing, safety, work performance, conduct at work or social functioning.

Illegal drugs/those bought over the internet are those that have not been obtained by legal means.

Legal drugs are 'prescription only' drugs on a prescription, or 'non-prescription' drugs obtainable from pharmacist/chemist/convenience stores etc. e.g. cold remedies, pain killers.

Mind-altering substances are substances that change the way the user feels mentally or physically. They include alcohol, illegal drugs, legal drugs, prescription medicines, volatile substances i.e. solvents, glue, lighter fluid etc.

Controlled drugs are drugs covered by the Misuse of Drugs Act 1971. They include both drugs with no current medical uses as well as medicinal drugs that are prone to misuse. All are considered likely to result in substantial harm to individuals and supply of such substances may result in heavy penalties including unlimited fines and imprisonment. This would also include Novel Psychoactive Substances that are subject to a Temporary Class Drug Order (TCDO).

Harmful/hazardous use or misuse is the use of an intoxicating substance or substances that has potential to harm physical or psychological health and wellbeing, and social or work performance but without dependency being present.

Dependency is the compulsion to keep taking an intoxicating substance either to avoid effects of withdrawal (physical dependence) or to meet a need for stimulation or tranquillising effects or pleasure (psychological dependence).

Alcohol/Drug/Substance misuse. A person is considered as suffering from an alcohol, drug or substance misuse problem if their drinking or use of drugs and/or substances interferes with their health, social function, work capability, performance or conduct whilst at work.

6.2 Appendices A to C provide further detail on substances and there effects.

7 Supporting Staff Experiencing Substance Misuse

7.1 The Trust wishes to promote the general well-being of employees, to avoid unnecessary ill health, absences, accidents and job losses caused through substance misuse.

7.2 A distinction must be drawn between regular/recurrent behaviour caused by alcohol misuse or drug abuse, and similar behaviour resulting from isolated or occasional excessive consumption of alcohol and/or other substances.

7.3 The Trust recognises that alcohol and substance misuse is a bio psychosocial (biological, psychological and social) problem requiring treatment and support. Any person identified as having a problem relating to the misuse of alcohol or other substances will be treated sympathetically, reasonably and positively, including the offer of appropriate advice and other necessary assistance in overcoming the problem. All issues concerning alcohol and substance misuse will be dealt with in confidence.

7.4 Recovery (even from problematic or entrenched substance misuse) is possible, and staff experiencing such problems should be encouraged to access appropriate treatment, and supported in doing so.

7.5 Managers have the authority to send home from work any employee who provides cause for concern regarding their ability to safely carry out their role. Where a manager feels it necessary to take this course of action they are advised to seek advice from Human Resources.

7.6 If, whilst under the influence of alcohol, drugs or other substances, a member of staff were to report for duty/be at work and behave in a way which could be regarded as misconduct, irrespective of whether support may also be appropriate for an underlying problem, disciplinary action may be taken, which could result in dismissal.

7.7 Absence from work to obtain help or treatment with alcohol or substance related problems will be regarded in the same way as absence which complies with the sickness provisions of the individual's Contract of Employment.

7.8 In general the Trust would not inform the police of the illicit use of substances, however if a serious crime has been committed or suspected to have been committed then the Trust would have a duty to pass this information on to the police.

8 Training and Awareness

8.1 Advice and support will be provided by the HR team and Occupational Health to support staff and managers in adhering to this policy and their understanding of dealing with Substance Misuse.

8.2 The HR team will raise awareness of this policy through the publication of information on ICON and to advise staff of changes to the policy through the staff bulletin and ratification processes.

9 Contact Details

9.1 Any queries regarding this policy should be directed to the HR team of the Directorate of Workforce and Organisational Development.

- HR Helpline – 01803 655754 (ext. 55754) Monday – Friday 09:00 – 12:00
- HR department – 01803 654506

10 Monitoring, Audit and Review Procedures

10.1 This policy will be monitored and audited on a regular basis. A full review will take place every two years by the Directorate of Workforce and Organisational Development unless legislative changes determine otherwise.

11 Appendix 1 – Consumption of Alcohol

1. GENERAL STATEMENTS

1.1 Alcohol, even at a low dose, has demonstrable effects on physical and mental faculties. These effects persist for some time after consumption – see box below. Staff should, therefore, consider most carefully the implications of drinking before work, during breaks or when they may be called for work: staff have responsibilities not to put others at risk by their own actions.

1.2 As a general principle, staff on call should not drink alcohol. The Trust requires many staff to be on call for long periods and, during such times; the only absolutely safe policy would be one of no alcohol. The Trust acknowledges that some would consider this unduly restrictive. It does not condone drinking during such periods, but it accepts the reality that it is not in a position to have an absolute ban on alcohol consumption. However, staff who do drink whilst on call, or at any other time, are accountable for any adverse consequences in the workplace.

1.3 In general, the provision or consumption of alcohol in any of the Trust premises is not allowed, except for patients in clinical areas with medical permission. However, for social functions which are held on site, it is permissible for alcohol to be consumed, but any staff who are returning to work or are on-call should abstain from drinking alcohol and will be subject to the terms of this policy.

1.4 Alcohol and positive images of healthcare do not go well together. Staff are requested to respect the standing of the NHS in the eyes of the public, and be mindful that if they drink off site whilst identifiable by uniform or name badge, associations may be drawn between the NHS and their behaviour.

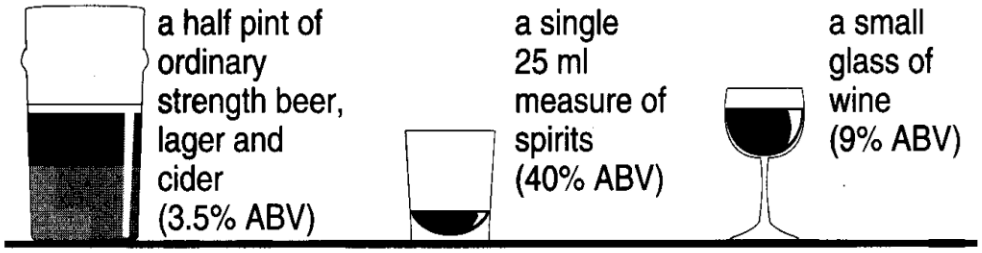
1.5 The following table gives a reminder that even 1 unit of alcohol has a measurable effect, and that it takes time for alcohol to be cleared from the blood stream: think very carefully before drinking when work may be required.

BOX 1 WHAT HAPPENS WHEN YOU DRINK ALCOHOL

- Alcohol is absorbed into your bloodstream within a few minutes of being drunk and carried to all parts of your body including the brain.

- The concentration of alcohol in the body, known as the 'blood alcohol concentration', depends on many factors, but principally, how much you have drunk, how long you have been drinking, whether you have eaten, and your size and weight. It is difficult to know exactly how much alcohol is in your bloodstream or what effect it may have.

- It takes a healthy liver about 1 hour to break down and remove 1 unit of alcohol. A unit is equivalent to 8 gm or 10 ml (1 cl) of pure alcohol. The following all contain one unit of alcohol:



a half pint of ordinary strength beer, lager and cider (3.5% ABV)

a single 25 ml measure of spirits (40% ABV)

a small glass of wine (9% ABV)

- If someone drinks 2 pints of ordinary strength beer at lunchtime or half a bottle of wine (ie 4 units), they will still have alcohol in their bloodstream 3 hours later. Similarly, if someone drinks heavily in the evening they may still be over the legal drink drive limit the following morning.

- Black coffee, cold showers and fresh air won't sober someone up. Only time can remove alcohol from the bloodstream.

Appendix 2 – Managing an Employee Suspected of Alcohol or Substance Misuse

Alcohol and drug misuse impairs judgment, concentration and co-ordination. The following indicators are signs of possible alcohol or drug misuse. It is important to note that these can also be caused by other factors such as stress, physical illness, mental health problems or the effects of prescription drugs; each case should therefore be considered on its own merit.

Increased absenteeism Unexcused absences Excessive disability Repeated short absences Abnormally high absences for minor illnesses Excessive tardiness	**Spasmodic work patterns** Extremes of high and low productivity Extremes in quality of work Having to work overtime to finish work
'on the job' absenteeism Continues absence from desk/work station Increased numbers of 'coffee breaks' Increased visits to the toilet Physical illnesses reported during work	**Lowered job efficiency** Increased number of errors Wasted time and materials Poor decision making
Concentration problems Appears drowsy or sleepy	**Friction with other employees** Over reaction to real or imagined criticism Noticeable mood swings Complaints from co-workers Unreasonable resentments Avoidance of co-workers irritability
Confusion Difficulty in recalling instructions and details Increasing difficulties in handling and completing assignments Difficulty in recalling own mistakes	
High incident rate	**Unusual behaviour** Detachment from reality
Unreasonable complaints	

Where managers have any concerns about deteriorating performance and potential substance misuse in an employee or has received such concerns from other staff, it is essential the managers sensitively explore any concerns about deteriorating performance with the employee and potential substance misuse before making a referral to Occupational Health.

Those who know or suspect they have a problem are encouraged to seek help from their manager, HR, Occupational Health Service or Staff Support.

If it is evident or suspected that an employee is misusing alcohol or other substances and work performance is being affected, the manager should contact Human Resources to discuss arranging a meeting with the employee concerned.

The manager will hold a supportive meeting with the employee to discuss the suspected problem of misuse. The meeting should take place in a quiet environment where there will be no interruptions and allow plenty of time.

The purpose of the meeting is to determine from the employee whether there is possibility of an alcohol or substance misuse problem or whether there is some other problem affecting performance or conduct.

If a problem is disclosed, the manager should also advise the employee as to what help and support can be provided SEE SOURCES OF HELP.

Reasonable time off for Specialist drug/alcohol treatment should be discussed and regular contact should be maintained by the Manager.

If during the discussion the employee denies that they are under the influence of substances, or the employee admits to having a problem with substances/alcohol, and the manager remains concerned that this may impact in the workplace, then the manager should inform the employee that a management referral will be sent to Occupational Health in order to support them and ensure any further treatment/monitoring is laid down in the best interests of the employee, the manager and the clients. In some instances it may be suggested, by the OH Physician, to support the overall treatment and progress of the employee that they would benefit, if the employee agreed to partake in random alcohol/drug testing which will be carried out by Occupational Health in the department. This would be on a voluntary basis, but if consent is not given any inference may be drawn from a refusal.

Where an employee has been absent from work a return to work plan must be drawn up the plan should be drawn up in conjunction with Occupational Health and taking into account any advice from external agencies who may have been involved in the care and treatment of the affected employee.

As part of the return to work programme the manager will hold regular meetings with the employee to monitor their work performance, behaviour and progress.

Should the employee deny a problem, refuse help or discontinue with any programme of treatment they may be subject to formal action up to and including their dismissal if their conduct at work or work performance is not satisfactory.

If, despite the full co-operation of the employee there is no improvement the matter will be dealt with under the sickness, improving performance or disciplinary policy as appropriate and could lead to action up to and including dismissal.

Torbay and South Devon NHS Foundation Trust

12 Appendix 3 – Most Commonly Misused Substances in the UK

Name (Street/Trade names include	***How usually taken:***	***Effects sought:***	***Harmful effects include:***	***Legal Status:***
Heroin (smack, horse, gear, H, junk, brown, stag, scag, jack) Novel Psychoactive Substances – NPS's - Legal Highs	Injected, snorted or smoked	Drowsiness, sense of warmth and well-being.	Physical dependence, tolerance, overdose can lead to coma and even death. Sharing injecting equipment brings risk of HIV or hepatitis infection	Class A
Cocaine (coke, charlie, snow, C)	Snorted in powder form, injected	Sense of well-being, alertness and confidence	Dependence, restlessness, paranoia, damage to nasal membranes.	Class A
Crack (freebase, rock, wash, stone	Smokable form of cocaine	Similar to those of snorted cocaine but initial feelings are much more intense.	As for cocaine but, because of the intensity of its effects, crack use can be extremely hard to control, damage to lungs.	Class A
Ecstasy XTC, superman, Rolexs, Pink superman, Pills, Mitsubishi's, MDMA, Mandy, E, Dolphins, Crystal, Cowies, Brownies	Swallowed, usually in tablet form.	Alert and energetic but with a calmness and a sense of well-being towards others. Heightened sense of sound and colour.	Possible nausea and panic, overheating and dehydration if dancing, which can be fatal. Use has been linked to liver and kidney problems. Long term effects not clear but may include mental illness and depression.	Class A

Name (Street/Trade names include	***How usually taken:***	***Effects sought:***	***Harmful effects include:***	***Legal Status:***
LSD (acid, trips, tabs, dots, blotters, microdots)	Swallowed on tiny square of paper	Hallucinations, including distorted or mixed up sense of vision, hearing and time. An LSD trip can last as long as 8 – 12 hours.	There is no way of stopping a bad trip which may be a very frightening experience. Increased risk of accidents can trigger off long term mental problems.	Class A
Magic mushrooms	Eaten raw or dried, cooked in food or brewed in tea.	Similar effects to those of LSD but the trip is often milder and shorter.	As for LSD, with the additional risk of sickness and poisoning.	Not illegal in raw state but Class A once dried or processed in any way.
Cannabis (hash, dope, grass, blow, ganja, weed, shit, puff, marijuana)	Rolled with tobacco into a spliff, joint or reefer and smoked, smoked in a pipe or eaten.	Relaxed, talkative state, heightened sense of sound and colour.	Impaired co-ordination and increased risk of accidents, poor concentration, anxiety, depression, increased risk of respiratory diseases including lung cancer.	Class B
Barbiturates (barbs, downers)	Swallowed as tablets or capsules, injected – ampules.	Calm and relaxed state, larger does produce a drunken effect.	Dependency and tolerance, overdose can lead to coma or even death. Severe withdrawal symptoms.	Class B
Amphetamines (speed, whizz, uppers, billy, sulph, amp)	In powder form, dissolved in drinks, injected, sniffed/snorted.	Stimulates the nervous system, wakefulness, feeling of energy and confidence.	Insomnia, mood swings, irritability, panic. The comedown (hangover) can be severe and last for several days.	Class B

Name (Street/Trade names include	***How usually taken:***	***Effects sought:***	***Harmful effects include:***	***Legal Status:***
Tranquillisers (brand names include: Valium, Altivan, Mogadon(moggies) Temazepam, (wobblies, mazzies, jellies)	Swallowed as tablets or capsules, injected.	Prescribed for the relief of anxiety and to treat insomnia, high doses cause drowsiness.	Dependency and tolerance, increased risk of accidents, overdose can be fatal, severe withdrawal symptoms.	Class C. Available only on prescription (Medicines Act) Supply is illegal but, apart from Temazepam, not illegal to possess without a prescription. (Misuse of Drugs Act 1971 and associated Regulations).
Anabolic steroids (many trade names)	Injected or swallowed as tablets.	With exercise can help to build up muscle. However, there is some debate about whether drug improves muscle power and athletic performance.	For men: erection problems, risk of heart attack or liver problems. For women: development of male characteristics. Injecting equipment brings risk of HIV or hepatitis infection.	Class C
Poppers (alkyl nitrates, including amyl nitrate with trade names such as RAM, TNT, Thrust)	Vapours from small bottle of liquid are breathed in through mouth or nose.	Brief and intense head-rush caused by sudden surge of blood through the brain.	Nausea and headaches, fainting, loss of balance, skin problems around the mouth and nose, particularly dangerous for those with glaucoma, anaemia, breathing or heart problems.	Not illegal to possess but supply without prescription is illegal and can be an offence.
Solvents (including lighter gas refills, aerosols, glues) Some painter thinners and correcting fluids.	Sniffed or breathed into the lungs.	Short-lived effects similar to being drunk, thick-headed, dizziness, possible hallucinations.	Nausea, blackouts, increased risk of accidents. Fatal heart problems can cause instant death.	Not illegal to possess but it is illegal for a shopkeeper to sell solvents to anyone under 18, if they suspect they are intended for misuse.

13 Appendix 4 – Drugs Alcohol and Driving

What are the legal responsibilities around drugs, alcohol and driving?
If you hold, or applying for, any type of driving licence, it is your legal responsibility to inform DVLA [Driving, Vehicle, Licensing Authority] of any medical conditions which may affect your fitness to drive – this includes drug or alcohol misuse/dependence.

Why do I have to inform the DVLA that I am a drug or alcohol user?
DVLA rules state that you must inform them if you have experienced drug or alcohol misuse or dependency in the last three years because it may affect your fitness to drive. DVLA also states that you must inform them if you are prescribed methadone or buprenorphine, [Subutex programme].

How do I inform the DVLA?
DVLA can send you the forms to fill out and return. Their address is:
Drivers Medical Group,
DVLA,
Swansea,
SA99 1TU.

Tel: 08706000301 [Monday – Friday 08:15 – 16:30]
Email: eftd@dvla.gsi.gov.uk
Download the forms from DVLA Website: http://www.direct.gov.uk/en/motoring/index.htm

What happens when I inform DVLA of my drug/alcohol use?
This depends on the extent of your drug/alcohol use and what type of driving licence you hold/have applied for. However it is likely that your doctor would be contacted for a medical report and you may be required to attend a medical appointment. If DVLA believe that your fitness to drive is affected, your driving licence /application could be revoked for a *minimum* period of six months. If you are complying with a methadone or Subutex programme and are not using any other drugs [including cannabis] you may be permitted to drive, but you will still be required to demonstrate that you have been free of illicit drug use [e.g. 12 months from Heroin]. Decisions about your license made by DVLA are generally reviewed every year.

Will my doctor or key worker inform DVLA?
Although it is your responsibility to inform DVLA key workers can notify DVLA if they believe that by continuing to drive, you may cause a danger to yourself or other people. If this happens the key worker will always try to discuss this with you first unless there is a risk of danger to life by waiting until the matter can be discussed.

Are there any other medical conditions I should inform DVLA about?
If you have any mental ill-health conditions [including depression] or any psychiatric illnesses which need hospital admission, you are required to inform DVLA. You are advised to discuss any other medical conditions with your GP/consultant or contact DVLA to discuss this further.

I don't intend to drive until I have sorted out my drug/alcohol use – do I need to let DVLA know?
Even if you do not intend to drive for the short, medium or foreseeable future, you are still required to inform the DVLA. You may wish to consider surrendering your licence to DVLA voluntarily and re-applying for it at a later date. This may make it easier for you to re-apply to DVLA for your licence when you have sorted out your drug/alcohol use. You can find out more information on

license surrender and a declaration of surrender form from: http://www.direct.gov.uk/en/motoring/driverlicensing/medicalrulesfordrivers/dg_4022414

What if I don't inform the DVLA?
Failure to inform the DVLA is a criminal offence and you could receive a fine of up to £1000.

How can I find out more?
Contact DVLA or if you have access to the internet log onto www.direct.gov.uk/motoring

14 Appendix 5 – Sources of Support

Internal:

- Drug and Alcohol Team Walnut Lodge 01803 604334
- Occupational Health 01803 653489
- Staff Support Counsellor 01803 653499
- Human Resources Department (Helpdesk) 01803 655754
- Hospital Chaplain 01803 654186
- Wellbeing@work Web site address
- Hospital Alcohol Team 01803 604361

The Union to which you belong:

• UNITE	Regional Office	01752 424 129
• BMA	Head Office	020 7387 4499
• GMB	Regional Office	01752 660219
• RCN	Regional Office	0345 772 6100
• UNISON	Local Office	01803 655660
	Regional Office	01392 442650
• RCM	Regional Office	03003030444
• CSP	Regional Office	02073066666
• SOCP	Regional Office	02072348620
• SOR	Regional Office	02077407200
• BDA	Regional Office	01212008080
• BOS	Regional Office	01353665541
• Sick Doctors Trust		03704445136
• Doctors Support Network		08443953010

Drug helplines and services:

FRANK 0300 123 6600
Offers free and confidential advice about drugs and alcohol

Release 020 7324 2989
This confidential helpline offers advice on drug use and legal issues

Families Anonymous 0845 498 4680
Supports self-help groups around the country for families and friends of people with drug-related problems

Narcotics Anonymous 03009991212

RISE Recovery

Exeter- Exeter, Mid and East Devon	01392 492360
Newton Abbot	01626 351144
Barnstaple	01271859044

Walnut Lodge, Torquay 01803 604334

Support for alcohol problems:

Torbay Drug and Alcohol Service | Healthy Lifestyles Service (01803) 604334
Public Health Provider Zone
Torbay and South Devon NHS Foundation Trust
Walnut Lodge
Walnut Road
Torquay TQ2 6HP

Drinkline 0300 123 1110
Gives confidential information and self-help advice, can put callers in touch with local alcohol advice centres for one-to-one help, and supports family and friends of people who are drinking.

Al-Anon Family Groups 020 7403 0888
Provides self-help sessions for people whose lives are affected by someone else's drinking.

Statutory/Non Statutory Agencies

Drug and Alcohol Service (01803) 291129
Shrublands House
8 Morgan Avenue
TORQUAY
TQ2 5RS

Harbour Drug and Alcohol Service (01752) 434343
9-10 Ermington Terrace
Mutley
PLYMOUTH
PL4 6QG

RISE Recovery (Devon)

Newton Abbot

Templer house, Scott Close, Newton Abbot
TQ12 1GJ (01626) 351144

Exeter

81 Heavitree Road, Exeter
EX1 2LX (01392) 492360

Barnstaple
Unit 6, Riverside Court, Barnstaple
EX31 1DR (01271) 859044

Tiverton
Unit 3, Chinon Court, Tiverton
EX16 6SS (01884) 259748

Okehampton
Ockment Centre, North Street, Okehampton
EX20 1AR (01837) 659476