

### **DOCUMENT INFORMATION**

Origination/author:	Ali Fleming, HR Advisor
This document replaces:	Alcohol and Substance Misuse Policy
Date/detail of consultation:	August/September 2014
Date of Council approval:	22 December 2014
Review date:	December 2015

# **Alcohol and Substance Misuse Policy**

## **1. Introduction**

- 1.1 The Council recognises that alcohol and drug problems can have a detrimental effect on work performance and behaviour and that we have a responsibility to our employees and customers to ensure that this risk is minimised. This policy therefore seeks to offer help and support to employees who are suffering with alcohol or drug related problems and to encourage an environment in which employees feel able to speak about any issues or admit an alcohol or drug related problem. It also seeks to enforce the relevant disciplinary or capability policies and procedures where appropriate.
- 1.2 For the purpose of this policy alcohol or drug misuse is defined as any drinking of alcohol or taking of drugs, either intermittent or continual, which impedes or has the potential to impede an employee's work performance in the areas of efficiency, productivity, safety or attendance. Please see appendix A for details of alcohol and drugs and definitions of units.
- 1.3 This policy is not directed at social drinking, rather at instances that affect performance at work, put the health and safety of the individual and others at risk, adversely affect working relationships or reflect adversely on the service provided to the public by the Council.
- 1.4 This policy applies to all employees at all levels. It also applies to contractors and agency staff working on Council premises.
- 1.5 This policy should be read in conjunction with our Alcohol and Substance Misuse Procedure, Disciplinary Policy and Procedure, Capability Policy and Procedure and the Sickness Absence Management Policy.
- 1.6 A person is under the influence of alcohol or drugs when, as a result of drinking any amount of alcohol or taking any amount of an illegal drug, their mental or physical faculties are impaired, reducing their ability to think and act with ordinary care. A person does not necessarily have to be 'drunk' to be under the influence.

## 2. Relevant Legislation

- 2.1 Within The Road Traffic Act 1998, Misuse of Drugs Act 1971 and the Health and Safety at Work etc Act 1974 it states that:
- it is a criminal offence for certain workers, such as drivers or operators of public transport systems, to be unfit for work due to taking drugs or alcohol,
  - it is a criminal offence to drive, attempt to drive or be in charge of a motor vehicle when under the influence of drugs or alcohol,
  - the possession, supply or production of controlled drugs is unlawful except in special circumstances (e.g. when they have been prescribed by a doctor),
  - employees are legally required to take reasonable care of themselves and to behave in a way that does not pose risks to the health and safety of themselves or others in the workplace. This includes consideration of the effects that intoxication through taking alcohol or drugs may have.

## 3. Aims and Objectives

- 3.1 This policy is intended to:
- support the Council's commitment that, all its employees will work within the Law and associated Acts,
  - ensure the Council complies with relevant legislation such as the Health and Safety at Work Act 1974, the Misuse of Drugs Act 1971 and so on,
  - help protect employees by raising awareness of the problems of drug and alcohol misuse and to encourage those with a problem to seek help,
  - ensure that drug and alcohol related problems are dealt with effectively and consistently,
  - ensure that employees' use of either drugs or alcohol does not impair the safe and efficient running of the Council, or result in risks to the health and safety of themselves, other employees, customers and the general public,
  - help identify alcohol and drug problems at an early stage,
  - create a climate that encourages employees experiencing problems with drug or alcohol misuse to admit the problem and seek help,
  - ensure that managers adopt a consistent and fair approach to dealing with alcohol or drug related incidents,
  - reintegrate employees with drug and alcohol problems back into the workplace,
  - ensure that the image and reputation of the Council is maintained.

## 4. The Council's standards (please read in conjunction with Appendix A)

- 4.1 The Council has set out the rules regarding the use of intoxicating substances so that employees are aware of the likely consequences for their employment if they misuse them.
- Employees are responsible for maintaining sensible and safe drinking levels.
  - Employees are not allowed to drink alcohol during their normal working hours (this includes functions and events that may occur outside normal office hours where the employee is on duty and providing a service).
  - Social drinking for safety-critical roles (e.g. driving (including driving to site for work related activities), operating machinery, care roles etc) during lunch or other breaks is not permitted.

- Social drinking for other roles is permitted within reasonable limits (e.g. during lunch breaks, outside of working hours, special events) however if this adversely affects the employee's subsequent behaviour or performance, this may make them subject to the Alcohol and Substance Misuse Procedure.
- No employee should report for duty while under the influence of alcohol or drugs, or smelling of alcohol.
- No employee should engage in excessive consumption of alcohol prior to their duty shift where sufficient time has not been allowed for the effects of the consumption to wear off. For example, if they have been drinking heavily the night before then they may still be unsafe to drive the next morning. If this results in lateness for work or absence, this will be dealt with through the appropriate disciplinary, unauthorised absence, or sickness policies.
- Alcohol related incidents which break the law will be reported to the police where appropriate (e.g. drunk driving, violent incidents).
- Any employee who is found to be under the influence of illegal drugs may be dealt with under the disciplinary procedure, which may lead to dismissal.
- No employee may possess, consume or provide illegal drugs (or legal 'highs') while at work whether on duty or on breaks (except drugs prescribed to that individual). In the case of prescribed medication, the employee may be asked for proof.
- The following are considered to be serious offences (gross misconduct) which may warrant referral to the police (where appropriate), suspension and possible dismissal subject to full investigation and the disciplinary procedure:
  - possessing, using or providing illegal drugs in the workplace,
  - being convicted of any criminal offence connected with drugs, regardless of whether the incident took place inside or outside the workplace,
  - reporting for duty while over the drink or drug driving limit (as determined by either testing or reasonable suspicion),
  - damage to Council property or acts of violence while under the influence of alcohol or drugs.

#### 4.2 Disciplinary Action

- Any employee who disregards the above rules may be subject to the Council's disciplinary rules which may ultimately result in dismissal. Please refer to our Disciplinary Policy and Procedure.
- Where the employee admits to a drug and/or alcohol problem and this is affecting their performance, we may decide to deal with this through the capability procedure. Please refer to the Council's Capability Policy and Procedure and the Sickness Absence Management Procedure. Any employee who denies the existence of a drug or alcohol problem, or who withdraws from a programme of support, and reverts to previously unsatisfactory performance or behaviour may then become subject to the disciplinary or capability procedure which may ultimately result in dismissal.

## 5. Managers' responsibilities

#### 5.1 Managers should:

- be aware of the signs of drug or alcohol misuse (please refer to Appendix A of the Alcohol and Substance Misuse Procedure), the effect on performance, attendance and health, and take appropriate but supportive action.

- ensure that all staff understand the policy and are aware of the rules and consequences regarding the use and misuse of alcohol, drugs and other intoxicating substances.
- be responsible for ensuring that visitors, contractors and volunteers are made aware of the policy.
- monitor the performance, behaviour and attendance of their employees and ensure that support and assistance are available.
- intervene at an early stage where any changes in behaviour, absence levels, performance etc 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 dependent on intoxicating substances to help their recovery (please refer to the Council's Alcohol and Substance Misuse Procedure).
- immediately seek the advice of their Human Resources Partner or Advisor when substance misuse is suspected.
- instigate disciplinary or capability measures where appropriate (having taken advice from Human Resources).

## **6. Employees' responsibilities**

### 6.1 Employees should:

- be responsible for familiarising themselves and adhering to the policy and for reporting any breaches.
- co-operate with any support and assistance provided by the Council to address an alcohol or drug misuse problem.
- report for work in a fit and safe condition to undertake their duties and not be under the influence of drugs or alcohol, or over the legal limit for driving and/or operating machinery. They must remain so throughout the working day.
- present a professional and efficient image to their colleagues and the public and therefore adopt a responsible attitude towards drinking and taking prescribed or over the counter drugs.
- take responsibility for informing their line manager if they are prescribed medication which may affect performance, or if they experience side effects as a result of taking prescribed or over the counter drugs.
- be aware of colleagues around them and report any concerns to an appropriate manager.

## **7. Employee Assistance**

- 7.1 Where an employee has been diagnosed by their doctor or by our Occupational Health Advisor as having a drug or alcohol problem, we will fund up to 3 counselling sessions with an external service (provided by the Council) and reasonable time off will be allowed for counselling. This time will usually be paid by the Council if the sessions take place during working hours.
- 7.2 We will also allow reasonable time off for other treatments made available through the employee's doctor or consultant. This time will usually be paid by the Council up to 3 sessions after which the time will be unpaid, or the employee may choose to use flexi-time or annual leave with the agreement of their manager.

- 7.3 Occupational health services will be made available to all employees at an early stage once the problem has been identified.
- 7.4 If an employee has successfully completed a course of counselling or other treatment and later relapses, or where the employee fails to co-operate in referral or treatment, and there continues to be an issue with performance or conduct, we will consider whether to permit another period of treatment (if appropriate) or to deal with the failure in work performance and/or behaviour through the disciplinary or capability procedures.
- 7.5 All employees must maintain the strictest confidentiality when dealing with individuals, within the limits of what is practicable and within the law. All managers and other individuals who are aware of an employee's substance misuse problem must maintain the strictest confidentiality.

## **8. Random and 'with cause' testing**

- 8.1 The Council believes that having effective workplace drug and alcohol policies and providing an environment where employees can discuss any drug or alcohol problems they may have, with the prospect of gaining help and support, will be more effective than a testing regime.
- 8.2 However we reserve the right to introduce random and 'with cause' testing after full consultation with employees.

## **9. Equality Impact Assessment**

- 9.1 The Council has conducted a scoping Equality Impact Assessment on this policy and is satisfied that its application should not result in a differential and negative impact on any groups of employees identified under the protected characteristics: gender, race, disability, age, sexual orientation, religion or belief, marriage or civil partnership, pregnancy and maternity, gender reassignment.

## Appendix A

### Understanding alcohol

1. Alcohol is absorbed into the bloodstream within a few minutes of being consumed and is carried to all parts of the body including the brain.
2. The concentration of alcohol in the body, known as the 'blood alcohol concentration', depends on many factors, but principally, how much the individual has eaten, their size and weight. For indicators of whether an individual may have an alcohol misuse problem please refer to Appendix A of the Alcohol and Drugs Misuse Procedure.
3. The UK drink driving limit is:  
  
35 micrograms of alcohol in 100 millilitres of breath; or  
80 milligrams of alcohol per 100 millilitres of blood; or  
107 milligrams of alcohol per 100 millilitres of urine.
4. The legal drink drive limit cannot be safely converted into a certain number of units, as it depends on a number of factors to include gender, body mass and how quickly your body absorbs alcohol into the blood stream.
5. It takes a healthy liver around 1 hour to break down and remove 1 unit of alcohol (equivalent to 10ml of pure alcohol).
6. The following contain one unit of alcohol:
  - Half a pint of ordinary strength beer, lager or cider (3.5% ABV (alcohol by volume)
  - A single (25 ml) measure of spirits (40% ABV)
  - A small (125ml) glass of lower strength wine (9% ABV)

Source. Health and Safety Executive 2011
7. If someone drinks 2 pints of ordinary strength beer at lunchtime or half a bottle of wine (at only 9% ABV), 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.
8. Black coffee, cold showers and fresh air will not sober someone up. Only time can remove alcohol from the bloodstream.

### Understanding drugs

1. The Misuse of Drugs Act 1971 makes the production, supply and possession of controlled drugs unlawful (except when prescribed by a doctor). The Act classifies controlled drugs according to their relative harmfulness when misused as follows:
  - a. Class A includes ecstasy ('E', 'doves', 'scoobydoos'), cocaine ('coke', 'charlie', 'snow', 'C'), heroin ('smack', 'brown', 'gear'), LSD ('acid', 'trips', 'dots' 'blotters'), mescaline, methadone, morphine, opium and injectable forms of Class B drugs.
  - b. Class B includes oral preparations of amphetamines, barbiturates ('barbs', 'downers'), cannabis ('hash', 'dope', 'weed', 'puff'), cannabis resin, codeine and methaqualone (Mandrax).
  - c. Class C includes benzodiazepines (for example Tamazepam, Valium), other less harmful drugs of the amphetamine group, and anabolic steroids.
  - d. Solvents – it is not illegal to possess solvents but supply without prescription is illegal and can be an offence.
  - e. 'Legal highs' are substances which produce the same, or similar effects, to drugs such as cocaine and ecstasy, but are not controlled under the Misuse of Drugs Act. They are considered illegal to sell, supply or advertise for "human consumption" under current medicines legislation. To get round this, sellers will refer to them as

research chemicals, plant food, bath crystals or pond cleaner. It is becoming increasingly clear that 'legal highs' are far from harmless and can have similar health risks to drugs like cocaine, ecstasy and speed.

- f. Prescription drugs. It is illegal in England and Wales to drive with legal drugs in your body if it impairs your driving. Talk to your doctor if you have been prescribed any of the following drugs: amphetamine, clonazepam, diazepam, flunitrazepam, lorazepam, methadone, morphine or opiate/opioid based drugs (e.g. codeine, tramadol or fentanyl), oxazepam, tamazepam. You can drive after taking these drugs if you have been prescribed them and followed advice from a healthcare professional, and they aren't causing you to be unfit to drive even if you are above the specified limits

Source: Health and Safety Executive 2011, FRANK 2011, [www.gov.uk](http://www.gov.uk)

It is not possible to list the physical effect of every drug available or the effects of alcohol on different individuals however for general guidance on some indicators of whether an individual may have an drug or alcohol misuse problem please refer to Appendix A of the Alcohol and Drugs Misuse Procedure.

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This document replaces:	Alcohol and Substance Misuse at Work Procedure
Date/detail of consultation:	August/September 2014
Date of Council approval:	22 December 2014
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## **Alcohol and Substance Misuse Procedure**

Where an employee needs help reading, understanding or engaging in the process below, because English is not their first language or they have learning difficulties or a disability which affects their ability in this area, Human Resources will arrange for someone to assist them. This will apply to the whole process and the support will include reading and explaining letters or documentation. To access this support the employee must ask Human Resources as otherwise they may not be aware of the need.

### **1. Employees covered by this procedure**

- 1.1 This procedure applies to all Council employees and volunteers (including probationers, casual staff and employees on fixed-term or temporary contracts).
- 1.2 This procedure should be read in conjunction with our Alcohol and Substance Misuse Policy, Disciplinary Policy and Procedure, Capability Policy and Procedure, and the Sickness Absence Management Policy.

### **Introduction**

- 2.1 Conduct and capability issues should be addressed whether the employee acknowledges that alcohol or drugs are the cause of the performance issue or not, however the Council will adopt a supportive approach to these issues within the limits of the law.
- 2.2 The main aim of this procedure is to encourage any employee with a drug or alcohol dependency problem to voluntarily seek treatment and to provide a framework so that managers have the confidence and skills to identify issues and intervene should problems arise in the workplace.
- 2.3 Managers and any other individuals concerned must maintain the strictest confidence in all dealings with the employee, within the limits of what is practicable and within the law.



### 3. Procedure

3.1 The way a manager deals with suspected substance misuse, where performance or capability issues have arisen from this, will vary according to whether there has been a 'one off' incident (e.g. abuse, violence, insubordination, reporting for duty under the influence of drugs or alcohol and so on), or whether there have been a series of issues leading the manager to suspect longer term substance misuse (e.g. behavioural issues, drop in performance, increased absenteeism). It will also be affected by the employee's willingness to admit to a problem (where one exists) and whether they are prepared to undergo appropriate treatment and accept help.

#### **One off incident or occurrence.**

- 3.2 Examples of one off incidents/occurrences could include reporting for duty under the influence of alcohol or drugs (or smelling of alcohol or drugs), being over the legal drink or drugs drive limit on reporting for, or while on duty, aggressive or destructive behaviour at work, insubordination and so on.
- 3.3 If the employee appears to be under the influence of alcohol or drugs (please refer to the indicators in Appendix A), or the manager suspects that they may be over the legal driving limit, the manager should take the employee off duty and ensure that they are not allowed to drive or operate machinery. If the incident is in breach of the law the manager should speak to their HR Advisor or Partner to discuss involving the police.
- 3.4 The manager should inform the employee that they suspect the employee is under the influence of alcohol or drugs and ensure that they understand what has led the manager to believe this.
- 3.5 It is not necessary to have concrete proof (e.g. through testing) that the employee is unfit to work due to alcohol or drugs, it is enough for the manager to have a reasonable suspicion that this is the case. Please refer to appendix A for indicators of alcohol and drug taking.
- 3.6 The manager should send the employee home with clear instructions that their pay will be suspended for that day pending an investigation. The employee should be informed that they should report for duty (fit and not under the influence of alcohol or drugs) at their normal time the next day (or on their next shift) for a meeting.
- 3.7 Every effort should be made to ensure that the employee does not drive home and other means of getting home should be offered if possible (e.g. a lift home, taxi or bus fare).
- 3.8 It is advisable to attempt to withhold car keys if the employee wishes to drive home. If the manager is unable to withhold car keys and the employee insists on driving home, the manager should record the fact that they have advised the employee not to drive and that they tried to take their keys.

3.9 The manager should set up the meeting for the next day (or as soon as reasonably practicable) and arrange for a Human Resources Advisor or Partner to be present. They should also contact Payroll to arrange for the employee's pay to be suspended for that day.

3.10 At the meeting the manager should:

- discuss the issue or incident
- inform the employee of the unacceptable behaviour
- try to find out whether this is symptomatic of a deeper problem or just one isolated incident
- encourage the employee to admit to any problems that they may have.

A record should be kept of the meeting with the time, date, those present and any agreed actions.

3.11 If the employee **does not admit to, or does not have**, a substance misuse problem, the issue may be considered to be misconduct and may be investigated accordingly. Please refer to the Disciplinary Policy and Procedure for guidance.

3.12 If the employee **does admit** to a substance misuse problem it may still be necessary to deal with the incident through the disciplinary procedure however the manager should first discuss with the employee ways in which the Council can help and support them.

This could include a referral to Occupational Health, counselling, support from their doctor, treatment, objectives, targets and so on. The manager should discuss this with their Human Resources Advisor or Partner before taking any action.

If the employee agrees to undergo treatment or accept other support, it may be necessary to delay the disciplinary process until this is finished.

3.13 The manager should continue to meet with the employee and monitor their performance and conduct while they are undergoing treatment and document this accordingly. They should discuss whether there are any further ways that the Council can provide support.

3.14 Should a further incident occur or at the end of the treatment (whichever is sooner), the manager should seek advice from their Human Resources Advisor or Partner to discuss whether the initial incident should now be dealt with through the disciplinary procedure. Please refer to the Disciplinary Policy and Procedure.

#### **4. Series of incidents or occurrences leading the manager to suspect alcohol or drug misuse.**

4.1 Examples of this could include ongoing performance issues, persistent misconduct, lateness or absence, changes in behaviour and so on. Please refer to Appendix A for indicators of longer term substance misuse.

4.2 As soon as the manager is aware of the issues (this could include performance, conduct or capability issues, or a suspicion that alcohol or drug misuse is taking place) they should hold an initial meeting with the individual to:

- inform the employee what the behaviour or performance issues are or what has led to the manager's suspicion that the employee may have a substance misuse problem
- discuss the issues with the employee including dealing with any work related or personal issues that arise,
- try to find out whether this is symptomatic of a longer term substance misuse problem,
- encourage the employee to admit to any problems that they may have
- agree objectives or targets to improve the unacceptable performance or behaviour (in the case of capability issues)
- agree a review period during which the employee's behaviour or performance will be monitored.

The meeting should be as informal as possible and supportive rather than confrontational. During this meeting the relevant issues should be made clear to the employee and the possible causes discussed (not assumed). The employee can request to be accompanied and the manager should consider whether this is appropriate.

A record should be kept of the meeting with the time, date, those present and any agreed actions.

4.3 If the employee **admits to having** an alcohol or drug related problem and agrees to seek treatment the manager should arrange for their Human Resources Partner or Advisor to refer the employee to Occupational Health. They should also discuss and encourage the employee to seek other forms of support such as counselling and help from the employee's doctor. In this case the timescale may need to be longer in order to give time for treatment.

4.4 The manager should allow reasonable time off for treatment and support. It may be necessary to meet with the employee again once they have been to Occupational Health in order to discuss the report and, if appropriate, set targets, objectives and so on in order to address the performance or capability issues.

4.5 If the employee **does not admit to, or does not have**, an alcohol or drug related problem (or they refuse to seek treatment), the manager should still conduct the meeting as above however the timescale for review may be shorter as it will not involve taking account of treatment or further support. The manager should seek advice from the Human Resources Advisor or Partner to discuss whether it would be more appropriate to deal with this through the Capability Policy and Procedure (in the case of capability issues) or the Disciplinary Policy and Procedure (in the case of conduct issues).

4.6 At the end of the review period the manager should meet with the employee again to review the objectives and targets and to discuss the treatment received (if applicable). This meeting should take account of any advice from Occupational Health or the employee's doctor and a record kept with the time, date, those present and any agreed actions.

- 4.7 If performance has improved then the manager should monitor the situation providing support and guidance to ensure that the unacceptable behaviour or performance does not re-occur. This should include providing ongoing support for any drug or alcohol problems.
- 4.8 If performance hasn't improved or it has deteriorated further then the manager should meet with the employee to discuss further action to be taken. This could include a extending the monitoring period to enable the employee to seek further help if the manager feels this is appropriate.
- 4.9 If there has been no improvement or the manager does not wish to extend the review period they may consider dealing with the performance issues through the disciplinary procedure (in the case of conduct issues) or the capability procedure (in the case of capability issues) whichever is appropriate. This must be done in consultation with Human Resources.

## **5. Equality impact assessment**

- 5.1 The Council has conducted a scoping equality impact assessment on this policy and is satisfied that its application should not result in a differential and negative impact on any groups of employees identified under the protected characteristics: gender, race, disability, age, sexual orientation, religion or belief, marriage or civil partnership, pregnancy and maternity, gender reassignment.

## Appendix A

### Indicators of intoxication through alcohol

- Smelling of alcohol.
- Involuntary eye movements.
- Bloodshot eyes.
- Difficulty standing.
- Swaying and staggering.
- Inability to sit straight.
- Vomiting.
- Making inappropriate sexual advances or comments.
- Bumping into things or falling down.
- Talking loudly, slurred or rambling speech.
- Verbal aggressiveness or violent behaviour.
- Carelessness, clumsiness.
- Sleepiness.

### Indicators of being under the influence of drugs

- Bloodshot eyes or pupils that are larger or smaller than usual.
- Changes in appetite or sleep patterns.
- Sudden weight loss or weight gain.
- Deterioration of physical appearance and personal grooming habits.
- Unusual smells on breath, body or clothing.
- Tremors, slurred speech or impaired coordination.
- Sudden change in friends, favourite hangouts and hobbies.
- Unexplained change in personality or attitude.
- Sudden mood swings, irritability or angry outbursts.
- Periods of unusual hyperactivity, agitation or giddiness.
- Lack of motivation; appears lethargic or 'spaced out'.
- Appears fearful, anxious, or paranoid, with no reason.

**Indicators of possible longer term alcohol or drug misuse.** It is important to note that this is not an exhaustive list and could also be caused by other factors such as stress, physical illness (e.g. dementia, epilepsy, diabetes), mental health problems or side effects of prescription drugs. Each case should be considered on its own merits.

- Repeated patterns of depression, or fatigue from sleeplessness, lasting two to three days.
- Erratic performance.
- Unusual irritability or aggression
- Overconfidence.
- Inappropriate behaviour.
- Sudden mood swings from extreme happiness to severe depression.
- Tendency to become confused.
- Reduced productivity.
- Absenteeism or poor time-keeping.
- Lack of discipline.
- Deterioration in relationships with colleagues, customers or management.
- Dishonesty and theft.
- Financial irregularities.
- Frequently getting into trouble (fights, accidents, illegal activities).

## **Appendix B**

### **Sources of advice and information**

#### **The Health and Safety Executive (HSE)**

The HSE's Infoline is available to provide general advice about health and safety issues related to work.

Tel: 0845 345 0055 (Infoline)**Action on Addiction**

This organisation takes action to disarm addiction through its research, treatment, family support, education and training.

Call 0845 126 4130 or visit [www.actiononaddiction.org.uk](http://www.actiononaddiction.org.uk)**Addaction**

UK wide treatment agency, helping individuals, families and communities to manage the effects of drug and alcohol misuse.

Visit [www.addaction.org.uk](http://www.addaction.org.uk) **ADFAM**

Information and advice for families of alcohol and drug users. The website has a list of local family support services.

Call 020 7553 7640 or visit [www.adfam.org.uk](http://www.adfam.org.uk)

#### **Alcoholics Anonymous Great Britain**

The British branch of this worldwide network, AA is an organisation of men and women who share their experience with each other hoping to solve their problems and help others to recover from alcoholism.

Visit [www.alcoholics-anonymous.org.uk](http://www.alcoholics-anonymous.org.uk)

#### **Alcohol Concern**

The national agency on alcohol misuse for England and Wales.

Provides general information about alcohol, and can help put you in touch with your nearest alcohol advice centre.

Call 020 7928 7377 or visit [www.alcoholconcern.org.uk](http://www.alcoholconcern.org.uk)

#### **FRANK**

Provides a friendly, confidential and non-judgemental service to anyone wanting help, information or advice about drugs. FRANK is available 24 hours a day, 365 days a year.

The service is free, and operated by fully trained advisers. Advice can be accessed through the FRANK helpline (0800 776600), the FRANK website ([www.talktofrank.com](http://www.talktofrank.com)), email and text message.

#### **DRUGSLINE**

Freephone Crisis & Support Line

Call 0808 1 606 606

#### **SURREY DRUG AND ALCOHOL CENTRE (SDAC)**

SDAC can offer confidential, 24/7 advice, explain options available and refer the individual to treatment services

Call 01483 300112 or email [info@surreycare.org.uk](mailto:info@surreycare.org.uk)

Alcohol and Drug misuse procedure flowchart.

