

Alcohol and Drugs Policy and Procedure

1. Introduction

- 1.1. LSE ('the School') is committed to providing a safe and positive working environment, and to promoting the health, safety and wellbeing of all staff. LSE also has a duty of care towards staff and others on the School's premises and during work-related interactions. This includes an approach to the misuse of alcohol and/or drugs which is proportionate to the nature of the individual circumstances, as well as appropriate support where a dependency is identified.
- 1.2. This policy operates on the following assumptions:
 - 1.2.1. All staff are aware of their responsibilities regarding alcohol and drugs, as well as the potential consequences that can arise from misuse or abuse of such substances.
 - 1.2.2. Staff who have a recognised alcohol or drug-related problem are encouraged to seek help, in confidence and at an early stage.
 - 1.2.3. Where a recognised alcohol or drug problem is affecting an employee's performance, conduct and/or general wellbeing,

that the situation is managed in a fair, sympathetic and consistent manner.

- 1.3. Staff and managers should be aware of the following School resources that complement much of the content in this policy. In addition, a list of useful external links is attached as Appendix A.
- The [Wellness Toolkit](#), which provides in-depth advice and guidance to support the health and wellbeing of staff.
 - LSE's in-house [staff counselling services](#), which can be contacted by staff to discuss any problem or situation which is causing them concern or stress, including alcohol and drug problems.
 - The [Employee Assistance Programme \(EAP\)](#) which provides confidential telephone counselling on all aspects of wellbeing.
 - The [staff wellbeing webpages](#) which set out the full range of wellbeing resources available to staff.
 - The [Mental Health First Aiders Network](#), which can provide a first point of contact for an employee experiencing problems relating to alcohol or drugs, as well as other wellbeing issues.
- 1.4. This policy is accompanied by an Equality Impact Assessment (EIA) which aims to identify the policy's impact in terms of protected characteristics as well as ways in which any negative impact may be mitigated. Further details on the School's EIA process can be found on the [EDI webpages](#).

2. Policy aims

This policy aims to:

- 2.1. Set out how LSE will meet its legal duty of care to employees on School premises and during all work-related interactions, as regards the consumption of alcohol and other substances.

- 2.2. Promote greater awareness of the ways in which alcohol and drug dependencies (and their associated risks) may impact on an individual employee and those around them.
- 2.3. Promote an encouraging and supporting working culture, including means for self-referral (or intervention) at an early stage of dependency.
- 2.4. Where an alcohol or drug problem develops (or is revealed), detail the ways in which the employee may be supported, signposted to appropriate resources and their dependency managed.

3. Policy scope

- 3.1. This policy and its supporting guidance apply to all LSE staff, whether salaried or hourly paid. Outside these staff groups, the School also has a duty of care to agency staff, contractors and other individuals on LSE business.
- 3.2. This policy may be read alongside a number of other School policies that relate to employee performance and conduct. Some of these policies cover specific staff groups; others apply across all staff. These policies are listed here alphabetically - staff and managers should refer to the most appropriate policy or policies to address a given situation.
 - The [Academic Annex](#) clarifies performance and conduct expectations for academic staff.
 - The [Capability Health Policy and Procedure](#), under which certain cases where an alcohol and/or drug problem is having a long-term continuous impact on an employee's performance and/or attendance may be addressed.
 - The [Capability Performance Policy and Procedure](#) clarifies the ways in which capability concerns relating to the performance of a member of professional services staff should be addressed and managed.
 - The [Disciplinary Policy and Procedure](#) clarifies performance and conduct expectations for professional services staff, including definitions of behaviour related to alcohol or drugs which may constitute gross misconduct.
 - The [Discrimination, Harassment and Bullying Policy](#) sets out the process by which staff (and other members of the School community) may take formal action if they feel that they have been subject to discrimination, harassment or other adverse treatment. This applies to both behaviour by, and towards, employees with alcohol or other substance problems.
 - The [Etiquette Policy for Email and other Online Communication Tools](#), which focuses on behaviours and etiquette when working and collaborating online.
 - The [Grievance Policy and Procedure](#) provides a formal mechanism for professional services staff to raise concerns, problems or complaints at work.
 - The [Sickness Absence Procedure](#) sets out how periods of sickness absence, including those related to an alcohol and/or drug problem, should be recorded and managed.
- 3.3. In addition, the following documents also have a bearing on expectations of staff conduct:

- The [Dignity at Work Statement](#) which applies to all School staff and clarifies expectations of behaviour, as well as setting out the means by which inappropriate behaviour which falls short of bullying or harassment can be easily identified, addressed and resolved.
- The [Ethics Code](#) sets out core principles for behaviour that apply across the LSE community.

3.4. Where, during a formal procedure relating to an employee's performance or conduct, it is revealed that an alcohol and/or drug problem may be a contributing factor, this policy should be referred to – depending upon the circumstances, this may include pausing the formal procedure so that appropriate support or information may be sought in relation to this policy. If, during a disciplinary hearing for unacceptable conduct, it becomes apparent that an alcohol or drugs problem is strongly linked to the alleged offence, the disciplinary procedure may be suspended and an offer made of referral for assessment and advice on treatment. If this offer is declined, the disciplinary procedure shall continue as normal.

4. Definitions

4.1. The following definitions apply for interpreting this policy and related School resources. It should be noted that conditions and dependencies may exist on a continuum in terms of the level of impact on an individual; this will likewise influence the most appropriate support for that individual.

4.2. **Alcohol abuse:** can generally be defined as drinking either intermittently or continually, and which interferes with a person's health, social functioning, and/or work performance or conduct.

4.3. **Alcohol dependence** – also known as alcoholism or alcohol addiction – as an identified medical condition refers to the most serious form of alcohol abuse. An individual who is alcohol dependent experiences a strong and often uncontrollable desire to drink – in practice, this means drinking at a level that causes harm to the individual's health. People who are becoming dependent on alcohol may notice that they need to drink more to get the same effect.

4.4. For the purposes of this policy, there is a distinction between 'drug misuse' and 'drug abuse'.

Drug misuse: generally refers to 'over the counter' pharmaceutical medications or medication on prescription by a healthcare professional.

Drug abuse: refers to the deliberate use of illegal drugs or solvents, either intermittent or continuous, which may interfere with the individual's health and/or social functioning and/or work performance or conduct.

4.5. This policy recognises that there are circumstances where some drugs (e.g. medical cannabis oil) are legitimately used to help manage a range of health conditions. Such drugs will not come under the scope of this policy, although other policies may be relevant

depending upon the circumstances, e.g. the Disability Policy where an individual requires support to manage a chronic condition.

5. Policy responsibilities

5.1. Employees:

- Should be aware of and follow School policy (including that set out here) concerning alcohol and other substances, including that which applies to the workplace as well as other work-based interactions (e.g. work events).
- Are encouraged to share information about an alcohol or drug problem at an early stage so that appropriate support may be offered.
- Should notify their line manager if prescribed medication may be having an adverse impact on their health and safety, conduct or performance.
- Have a role to play by treating everyone with dignity and respect, both if they are themselves experiencing alcohol or drug problems, and/or are interacting with others who may have such problems.

5.2. Line managers are responsible for:

- Being aware of this policy and the related resources that exist to support staff, including where an alcohol or drugs problem may be impacting upon an individual.
- Incorporating discussions about wellbeing into one-to-one meetings and catch-ups with staff, including prompting employees where (for example) there has been a sudden and/or unexplained change in performance or conduct.
- Spotting the signs, and taking action, where it might reasonably be ascertained that an employee may be experiencing alcohol and/or drug dependency issues, e.g. if there is a sudden and/or unexplained change in appearance.
- Where an employee shares that they have an alcohol and/or drug problem, taking timely and appropriate steps, in conjunction with the HR Partner and available information (e.g. medical advice).
- Escalating appropriately where, for example, criminal acts have (or are reasonably suspected to have) taken place or where health and safety has been put seriously at risk.
- When organising work and/or social events (including those off School premises), ensuring that staff are aware of conduct expectations, including alcohol consumption (if relevant).
- Seeking further advice in a confidential and appropriate manner (e.g. from their HR Partner) before taking formal action in relation to an employee who has an alcohol or drug problem, e.g. before instigating a disciplinary or capability procedure.

5.3. Human Resources (HR) are responsible for:

- Providing support and advice to line managers and staff in line with this policy and related resources.

- Treating information shared in relation to an alcohol or drug problem confidentially and only sharing on a strictly 'need to know' basis.
 - Where an alcohol or drugs problem requires intervention, working with individuals and managers to put in place supportive measures and to monitor the situation as required.
 - Working in conjunction with line managers to seek specialist advice (such as via an Occupational Health referral) where required.
- 5.4. The Staff Counselling service is also available for helping and advising staff who approach them with alcohol or drug problems, and for signposting to additional support as appropriate.
- 5.5. In addition to the above, other members of staff – such as trade union safety representatives and staff network representatives - play a role towards a safe and positive working environment, as well as contributing in specific cases, e.g. a trade union representative accompanying an employee to a formal meeting held under a relevant School procedure.
- 5.6. The School also uses external services to provide additional support and advice which may inform the management of individual alcohol and/or drug problems (such as Occupational Health) as well as general wellbeing (such as the School's Employee Assistance Programme).

6. Policy principles

- 6.1. Whilst there is no specific regulation relating to alcohol or drug use in the workplace, these come within the scope of LSE's duties under the Health and Safety at Work Act 1974¹ and the Management of Health and Safety at Work Regulations 1999². In addition to the School's legal obligations as an employer, the Health and Safety at Work Act also places certain duties on employees to take reasonable care for the health and safety of both themselves and others³. It is an implied term in all LSE contracts of employment that the School (as the employer) will take reasonable care for an employee's health and safety.
- 6.2. Among other effects, alcohol and/or drug dependency can potentially result in:
- 6.2.1. Jeopardised health and safety for the individual and/or those around them
 - 6.2.2. Conduct, behaviour and/or performance which falls short of what is expected.
 - 6.2.3. Adversely affected working relationships.
 - 6.2.4. Absenteeism and/or sickness absence.
 - 6.2.5. Jeopardised career progression for the individual.
- 6.3. Alcohol and drug dependence are recognised medical problems and should be approached in a compassionate and empathetic manner. Discrimination, harassment, bullying or victimisation will not be tolerated towards, or by, employees with alcohol or other substance

¹ Health and Safety at Work Act 1974, S.2

² Management of Health and Safety at Work Regulations 1999, S.5

³ Health and Safety at Work Act 1974, S.7

problems and will be addressed through the School's formal procedures. Slander and/or spreading malicious rumours about alcohol or drugs in relation to an individual (whether true or untrue) will similarly be subject to formal action.

- 6.4. While a dependency on alcohol or any other substance does not in itself amount to a disability for the purposes of the Equality Act 2010, it is possible that an addiction or sufficiently serious dependency may qualify as a disability and would be treated as such, e.g. by providing reasonable adjustments under LSE's Disability Policy.
- 6.5. This policy promotes a supportive working culture which recognises that dependency on alcohol and/or drugs can be successfully treated. It is recognised that alcohol and/or drug-related difficulties can be the result of a single occurrence or can become problematic over a longer period. The early identification of a dependency (where possible) is an important principle for the management of all cases.
- 6.6. While there is no obligation for an employee with a recognised alcohol or drug problem to share this with their line manager, employees are strongly encouraged to do so at the earliest opportunity so that appropriate support can be put in place. This is particularly important where an alcohol or drug problem is affecting the employee's health and safety, performance, conduct or another aspect of their employment with LSE.
- 6.7. Where information is revealed or shared in relation to an employee's alcohol and/or drug problem, they have the same rights to confidentiality and support as they would with any other medical or psychological condition. Information relating to an alcohol or drug problem should only be shared on a strictly 'need to know' basis, for example where information needs to be shared for the effective implementation of agreed support measures. This may on occasion include third parties, such as Occupational Health and other medical professionals. Where information needs to be shared in relation to a particular case, the person who initially disclosed the information should be advised what is being done. Written records relating to an alcohol or drug problem are kept confidentially in accordance with LSE's data protection procedures and GDPR obligations.
- 6.8. Alcohol and drug problems can often be secondary to (or triggered by) other events or circumstances within a person's life. Therefore, whenever an individual's alcohol and/or drug dependency impacts on their work or otherwise becomes a cause for concern, the School will endeavour to understand the fuller picture before taking formal action.

While any employee who acknowledges an alcohol or drug problem will be treated in a compassionate and supportive manner, employees are expected to reasonably engage with attempts by the School to support and/or manage the situation. Where help is refused and performance and/or conduct concerns remain (or worsen), the appropriate disciplinary procedure may be invoked. Conduct deemed unacceptable on School premises is also not acceptable elsewhere (including off-campus work events and remote work interactions such as virtual meetings) and may be addressed under the relevant School procedure.

7. Consumption of alcohol and other substances

- 7.1. All staff attending work functions and/or social events on School premises are expected to behave responsibly and with due concern for others, including regarding the consumption of alcohol. Guidance on calculating units is available on the [NHS website](#). Line managers and other organisers of work-related events have a role to play in making expectations clear to staff in advance and (where necessary) repeated during the event. Such clarity is important to ensure that a 'drinking culture' is not encouraged and excessive consumption of alcohol does not occur. In addition, alcohol-free wine and beer is available to be ordered at LSE-catered events.
- 7.2. Work-related events – including but not limited to parties, dinners, quizzes, drinks after work and other social gatherings – are considered to still be within the contract of employment, even if they are not held on School premises. All staff attending such events should be aware of conduct expectations and should ensure that their behaviour does not have a negative impact on either working relationships or the School's reputation with outside contacts.
- 7.3. Alcohol can only be consumed by employees on School premises – which include Halls of Residence – on the express authority of the relevant line manager. Where consumption of alcohol on School premises (including the School's bar facilities) leads to unacceptable behaviour, even outside working hours, this may lead to a complaint under the relevant procedure (e.g. Disciplinary or Grievance).
- 7.4. The use of illegal drugs on School premises and/or at events connected with the School (such as off-campus social events) is not permitted and will typically constitute gross misconduct under School procedures. This may also result in criminal charges.

8. Management of absence

- 8.1. All absence related to an alcohol or drug problem should be recorded in line with the relevant procedure (typically the School's Sickness Absence Procedure), including self-certification through [MyView](#).
- 8.2. Where an employee's condition constitutes a disability, any related absence should be recorded and managed separately from other categories of sickness absence, as set out in the Disability Policy.
- 8.3. Employees with alcohol and/or drug problems may need to take time away from work to attend medical appointments related to the ongoing management of their condition. Where possible, staff should try to arrange such appointments for the beginning or end of their normal working day. Part-time staff and shift workers should try to schedule appointments for when they are not working. In line with the School's sickness absence procedures, such appointments are not recorded as sickness absence unless they require more than half a day away from work. In all cases, managers and employees are expected to be flexible so that relevant treatment is received and any work gaps are addressed.

- 8.4. On occasion, an employee may undertake a longer period of absence from work which is planned and agreed in advance, e.g. to attend treatment and/or rehabilitation. Where employees anticipate the need for such arrangements, they should discuss this with their line manager as early as possible.
- 8.5. Where an employee's absence record (including any absences related to an alcohol or drug problem) is having a significant impact on their attendance and/or performance in their role *and* recommended reasonable adjustments have been explored, the Capability Health Policy and Procedure for Professional Services Staff (or equivalent procedure for other staff groups) may apply.

9. Ill health retirement

- 9.1. Where, as a consequence of an alcohol or drug problem, an employee's health has deteriorated to the extent that they can no longer perform their duties, and all reasonable efforts to redesign their role or secure redeployment have been unsuccessful, retirement on the grounds of ill health will be considered if the employee is a member of one of the School's pension schemes. An application for ill health retirement will be referred to the HR Pensions team. All applications will need to be supported by appropriate medical reports, which individuals will be required to obtain and authorise for release to the pension scheme Trustee. In these circumstances, the School will support the employee as far as possible with their application, although it is ultimately the decision of the pension scheme Trustee whether to approve individual applications. In the event that an application is rejected, the process will revert to the relevant capability health procedure.

10. Review

- 10.1. This policy and its accompanying EIA will be reviewed in line with HR's policy schedule as well as any changes in the statutory environment.

Alcohol and Drugs Procedure

1. Introduction

- 1.1. This procedure sets out the steps to be followed in the event that an employee shares information about an alcohol and/or drug problem, or if such information becomes known in another way (such as the result of a colleague raising a concern). The procedure also sets out the ways in which different individuals may become involved in the management of an ongoing case; while this is not intended to be overly prescriptive, it aims to ensure a level of consistency in how cases are managed.

2. Monitoring wellbeing

- 2.1. It is expected that line managers will monitor absence rates in their team(s) as part of their normal managerial responsibilities. Line managers should be aware that increased absence rates, or a high absence rate sustained over a period of time, may potentially be linked to an alcohol or drug problem. At the same time, it should also be appreciated that an alcohol or drug problem may not be especially visible either in an individual's absence record or (for example) their general demeanour.
- 2.2. Line managers can also keep an eye on the general wellbeing of staff by checking in with them during the working day; this may be particularly important where staff are working remotely and casual social interactions are less frequent. Such catch-ups should not be intrusive and should (where possible) be agreed in advance with the employee.

3. Sharing information about an alcohol or drugs problem

- 3.1. There are a number of ways in which a line manager or other relevant individual (e.g. an HR Partner) could become aware that an employee has, or may have, an alcohol and/or drug problem. However such information is obtained, it should always be treated confidentially and on a strictly 'need to know' basis.
- 3.2. While it is not obligatory to do so, employees are encouraged to share with the School if an alcohol or drug problem is affecting their performance, conduct or general wellbeing. Sharing information about personal circumstances in this way allows for the School to offer appropriate support. An admission of an alcohol or drugs problem may be difficult for an individual to make and any such sharing of information should be treated with compassion, empathy and confidentiality.
- 3.3. Where possible, the sharing of information should happen at an early stage. In addition to allowing any wellbeing concerns to be addressed as soon as possible, early sharing of information also reduces the likelihood of a formal School procedure being initiated in the event of a decline in the employee's performance or conduct.

4. Confidential discussion

- 4.1. A manager who has concerns that an employee's performance and/or conduct may be being impacted by an alcohol or drug problem – for example, if the employee's appearance or conduct deteriorates without any obvious reason - may choose to raise this with the employee in an appropriate manner which respects the employee's right to confidentiality, such as during a one-to-one meeting. The manager may also raise the matter confidentially with a relevant HR Partner or another appropriate individual within the School. Such discussions should be approached sensitively and non-judgmentally, with the primary aim of ascertaining the impact on the employee's wellbeing and to agree upon the best way to support the employee going forward.
- 4.2. Individuals who have shared that they have an alcohol and/or drugs problem should be encouraged to seek help. In addition to School resources (such as Staff Counselling and the School's Employee Assistance Programme), advice and support can be sought from:
 - The individual's General Practitioner (GP)
 - A specialist external organisation: Appendix A provides a list of relevant organisations and contacts (this list is not exhaustive)

5. Next steps

- 5.1. The next steps to be followed will depend to an extent upon the nature of the initial discussion. If medical advice is required (for example, if the reasons for the change in the employee's performance/conduct remain unclear), the line manager in conjunction with the HR Partner may make a referral to Occupational Health, in which case the manager should advise the employee of the reason(s) for the referral. On an ongoing basis, information and advice from specialist organisations may also provide confidential support to the employee from a distance, as well as helping to inform appropriate actions agreed between employee and manager.
- 5.2. While the individual's confidentiality should be respected as far as possible, there may be occasions where it is appropriate and justifiable for such confidentiality to be superseded – typically, where there is an immediate or imminent health and safety concern. For example, an employee who is aware that a colleague in a safety-sensitive job is, or may be, under the influence of alcohol and/or drugs should inform their line manager as soon as possible in a discrete and appropriate way. Concealment in such circumstances may not be in the best interests of the colleague in question or others, and a failure to take action could lead to negative consequences, including potential action against the School.
- 5.3. Where an individual does raise concerns regarding a colleague, they should not feel under any obligation to become further involved in the matter. Also, where other colleagues are aware of an employee's alcohol or drug problem, it may be appropriate to offer them support

as well. Such a situation may directly or indirectly impact on others, e.g. there may be feelings of concern or resentment, or the situation may have personal resonance for others and have a triggering effect. Managers should be aware of and should signpost to appropriate resources (such as Staff Counselling or the Employee Assistance Programme) as required.

- 5.4. If, at any time, the line manager believes that the law has been breached or infringed and/or that serious harm may result to the individual or another person, they should immediately seek advice from their HR Partner. Depending upon the individual circumstances, appropriate actions may also include contacting the police and/or other emergency services.
- 5.5. In some circumstances, it may be appropriate for the employee to be absent from work for an agreed period of time. The duration and nature of this absence will depend upon the details of the individual case. Absence for treatment and/or rehabilitation should be agreed by both the line manager and HR Partner; such absence will normally be counted as sickness absence and should be regarded as such under the School's sickness absence procedure, including for the purposes of absence triggers. It is acknowledged that relapses may occur and that successful treatment may require the employee to be away from work for more than one period. Return to work after a successful treatment period should be to the same job where reasonably practicable.

Appendix A: External resources

A wide range of resources exist to support and inform the management of alcohol and drug dependencies. The following is an alphabetical summary of some of these key resources. While this list is accurate at the time of writing, it is not (and is not intended to be) exhaustive and these external resources should complement, rather than replace, supportive discussions between staff and managers.

Adfam is a national charity working with families affected by drugs and alcohol. Adfam operates an online message board and a database of local support groups.

Al-Anon Family Groups provide support to anyone whose life is, or has been, affected by someone else's drinking, regardless of whether that person is still drinking or not.

Alcoholics Anonymous (AA) is a free self-help group. AA's '12 step' programme involves getting sober with the help of regular support groups.

Carers Trust includes guidance and contact organisations for individuals who caring for someone with alcohol or substance misuse issues.

Drinkaware provides alcohol-related information and support

Frank provides national confidential drugs advice, including email, text, telephone and live chat functions.

Mind on 'recreational drugs and alcohol': this UK charity provides guidance on recreational drugs and alcohol, including mental health effects and suggestions of where to find support.

The National Association for Children of Alcoholics (Nacoa) provides a free, confidential telephone and email helpline for children of alcohol-dependent parents and others concerned about their welfare.

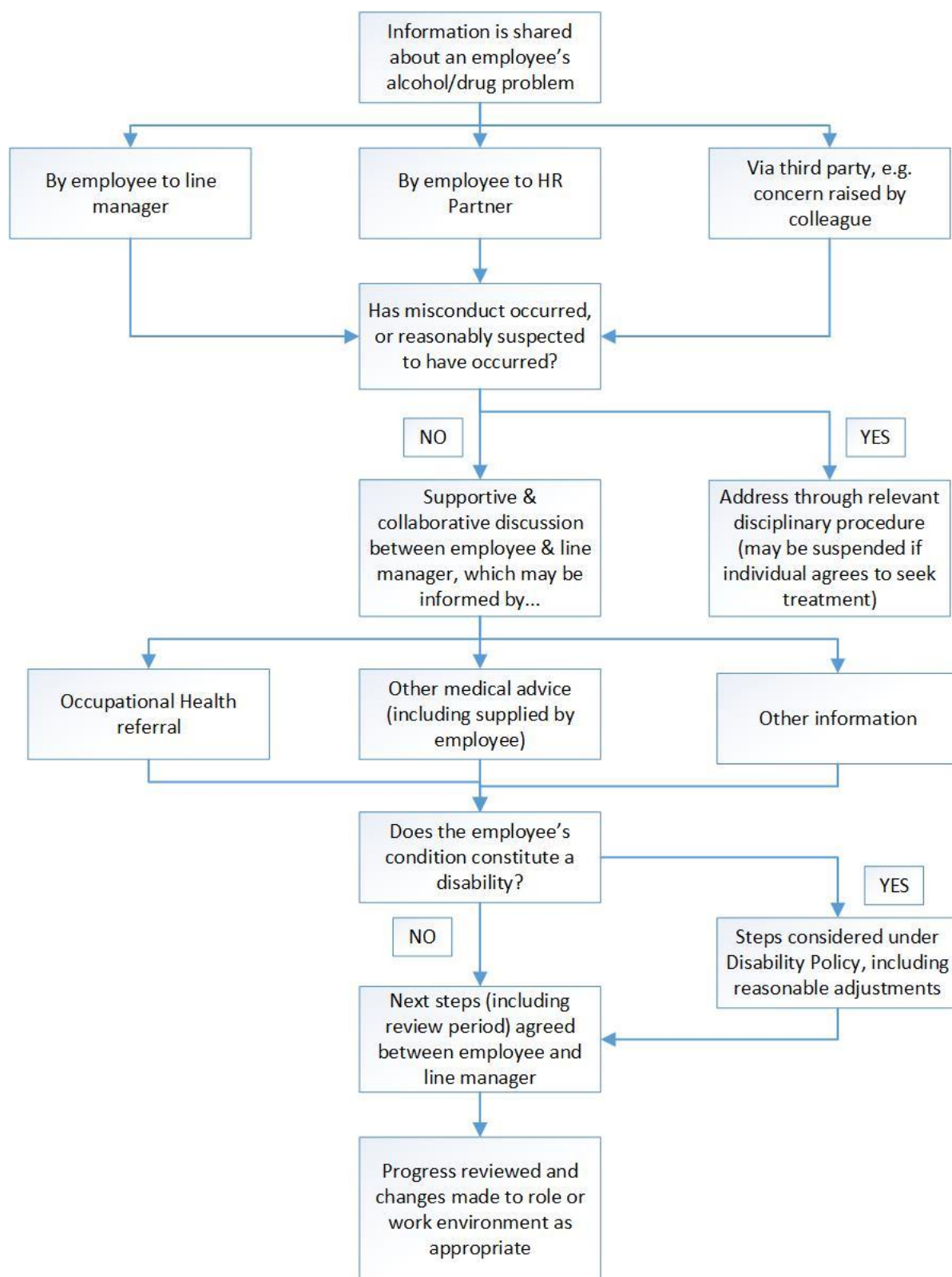
Narcotics Anonymous: a free service which includes meetings across the UK and supports members to achieve and maintain a drug-free recovery and lifestyle.

NHS webpages include guidance as to what constitutes alcohol misuse, an overview of risks and a summary of treatment options. Similar guidance exists for individuals seeking help for drug addiction.

SMART Recovery groups help people decide whether they have a problem with addictive behaviour, build up their motivation to change, and offer a set of proven tools and techniques to support recovery.

We Are With You is a UK-wide treatment agency that helps individuals, families and communities manage the effects of drug and alcohol misuse.

Appendix B: Alcohol and Drugs Policy Flowchart



Review schedule

Review interval	Next review due by	Next review start
3 years	November 2026	May 2026

Version history

Version	Date	Approved by	Notes
1	July 2019	JNICC	
2	November 2023	JNICC	

Links

Reference	Link

Contacts

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Communications and Training

Will this document be publicised through Internal Communications?	Yes/ No
Will training needs arise from this policy	Yes/ No
If Yes, please give details Awareness of this policy will be promoted via communications and training for managers	