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Department : **Public Safety**
North West Provincial Government
REPUBLIC OF SOUTH AFRICA

*ANTI-SUBSTANCE AND DRUG ABUSE
POLICY*

**“Managing Health and Wellness in the
workplace”**

**NORTHWEST PROVINCE:
DEPARTMENT OF PUBLIC SAFETY
HUMAN RESOURCES POLICY**

POLICY NO: HR2009/009
NAME OF POLICY: ANTI-SUBSTANCE ABUSE AND DRUG ABUSE POLICY
EFFECTIVE ON:
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CONTENTS

Contents	Page
Preamble	
1. Abbreviations and Definitions	140-141
2. Purpose and Objectives	141
3. Principles	141
4. Legislative Framework	141-142
5. Scope of Application	142
6. Policy Statement	142
7. Employee Assistance Programme	142-143
8. Referral procedures	143-144
9. Referral outcomes	144
10. Information, Education and Training	144
11. Dispute Resolution	145
12. Monitoring, Evaluation and Review	145
13. Related Policies	145
14. Commencement of this policy	145

PREAMBLE

The North West Department of Public Safety ("the Department"):

ALIGNS itself with former President of South Africa, Mr Nelson Mandela, who, singled out alcohol and drug abuse as social pathologies requiring urgent attention, in his opening address to Parliament in 1994,

BELIEVES that substance abuse is a major contributor to crime, poverty, reduced productivity, unemployment, dysfunctional family life, political instability, the escalation of chronic diseases such as AIDS and tuberculosis (TB), injury and premature death.

IS CONVINCED that substance abuse transcends social, racial, cultural, language, religious and gender boundaries and affects everyone directly or indirectly. Even tobacco use has been shown to exacerbate poverty and reduce productivity and, together with alcohol, is also recognized as a gateway to the use of other drugs.

RECOGNIZES the extent of the problem and is committed to responding positively in order to ensure a safe and productive workplace, as well as healthy employees.

The response of the Department includes the development of this policy, strengthening the training and awareness of its employees, and support and treatment through its Employee Assistance Programme.

1. ABBREVIATIONS AND DEFINITIONS

AIDS:	Acquired Immuno Deficiency Syndrome.
EAP:	Employee Assistance Programme.
TB:	Tuberculosis.
PSCBC:	Public Service Co-ordinating Bargaining Council.
Alcohol Related Problems:	For the purposes of the following policy, any employee whose use of alcohol interferes with the efficient and safe performance of assigned job duties is considered to have an alcohol related problem. S/he may or may not yet be an acute or chronic alcoholic.
Department:	Department of Public Safety, North West.
Substance Abuse:	means the consumption of alcohol and/or other lawful drug, illegal drugs or controlled substances, by a person, which interferes with his/her work performance or ability to work and/or his/her relationships at work.
Substance Dependence:	is a clinical diagnosis characterized by specific physiological and behavioural symptoms caused by a pattern of pathological substance use that leads to personal distress or significant impairment in social or occupational functioning.

Treatment: is a process aimed at the promotion of the quality of life of the drug dependant and his/her support system (husband/wife, family members and significant other persons in his/her life) with the help of a multi-professional team.

Work performance: To conform to the reasonable expectation of management, including availability for work and levels of conduct and behaviour.

2. PURPOSE AND OBJECTIVES:

2.1 The purpose of this policy is to:

- (a) Promote a culture of respect for co-workers and the communities we serve by encouraging the development of a safe and productive environment;
- (b) Promote safety and wellness in the workplace;
- (c) Promote compliance with legislative obligations; and
- (d) Inculcate awareness that substance abuse is counter productive.

2.2 The objectives of this policy are to:

- (a) Protect the safety, health and wellbeing of the employees of the Department;
- (b) Protect the safety and wellbeing of the people served by the Department;
- (c) Define employer and employee responsibilities and roles where cases of substance abuse present themselves; and
- (d) Provide mechanisms for the detection, treatment, management and rehabilitation of persons who may have a substance abuse problem.

3. PRINCIPLES

3.1 Health and wellness for all employees;

3.2 Workplace safety;

3.3 Employee assistance and rehabilitation; and

3.4 Respect for co-workers and colleagues.

4. LEGISLATIVE FRAMEWORK

4.1 Occupational Health and Safety Act, 1993;

4.2 Labour Relations Act, 1995;

4.3 Employment Equity Act, 1998;

4.4 Basic Conditions of Employment Act,

4.5 National Road Traffic Act,

4.6 Prevention and Treatment of Drug Dependency Act,

4.7 Medicines and Related Substances Control Act,

4.8 Criminal Procedure Act, and

4.9 National Drug Master Plan.

5. SCOPE OF APPLICATION

This policy is applicable to all the employees of the department.

6. POLICY STATEMENT

6.1 The Department values the safety, health and wellbeing of all its employees and their families.

6.2 Substance and drug abuse is strictly prohibited and all reported cases shall be dealt with in accordance with procedures outlined in this policy.

7. EMPLOYEE ASSISTANCE PROGRAMME (EAP)

7.1 The Department maintains an Employee Assistance Programme to assist employees with personal problems, including those related to substance abuse/dependence, which has an impact on work performance.

7.2 The EAP policy provisions and procedures are applicable in the identification, referral and treatment of employees with substance abuse / dependency problems.

7.3 The EAP will provide employees and their families with confidential, professional assessment and referral for assistance in resolving or accessing treatment for addiction to, dependence on, or problems with alcohol, drugs, or other personal problems adversely affecting their work performance.

7.4 Confidential assessment and referral services will be provided without cost to the employee or family member. The cost of treatment, counselling or rehabilitation resulting from EAP referral will be the responsibility of the Department.

7.5 When documented job impairment has been observed and identified, a supervisor may recommend participation in the EAP. Any action taken by the supervisor, however, will be based on work performance. Refusal to participate in or failure to complete the EAP-directed program will be documented. The employee is however, free to utilize external services at own cost. Should work performance not improve after a reasonable amount of time, the employee is subject to progressive corrective action up to and including termination of employment.

7.6 Self-referral by employees or family members is strongly encouraged. The earlier a problem is addressed, the easier it is to deal with and the higher the success rate. While self-referral in itself does not preclude use of corrective actions, participation in an EAP-directed program may enable the supervisor to allow time for completion of such program before initiating or determining additional corrective actions.

7.7 EAP-related activities, such as referral appointments, will be treated on the same basis as other personal business or health matters with regard to the use of sick leave.

7.8 Confidentiality is assured. No information regarding the nature of the person will be made available to supervisors, nor will it be included in the permanent personnel file.

- 7.9 Participation in the EAP will not affect an employee's career advancement or employment, nor will it protect an employee from disciplinary action if substandard job performance continues. The EAP is a process used in conjunction with discipline, not a substitute for discipline. An employee through self-referral or through referral by a supervisor can access EAP. Information will be distributed about the EAP to employees for their confidential use.

8. REFERRAL PROCEDURES

The Department will provide an environment in which those with alcohol-related problems are encouraged to obtain guidance and advice as soon as possible. Names and addresses of specialist agencies are available, in confidence, from the EAP office. Referral to specialist agencies must always include the agreement of the person with the substance abuse problem.

8.1 Self-referral

- (a) An employee who believes that he/she is experiencing substance abuse problems is encouraged to obtain specialist advice. When troubled employees seek the advice of EAP practitioners directly, it is known as a self-referral.
- (b) Employees may call for information or to make appointments without the knowledge or participation of their supervisors. If attendance at such counselling sessions is during the employee's normal work time, this should be by mutual agreement with the person's supervisor.
- (c) Any employee who, as a result of self-referral, is required to undertake a course of treatment that requires absence from work will be deemed to be absent from work on ill-health grounds.

8.2 Supervisory referral

- (a) A Supervisor who has reasonable evidence to support the view that an employee for whom he/she has responsibility, may have an alcohol-related/substance abuse problem that is affecting his/her work performance, should arrange to discuss this with the person concerned. The purpose of the discussion is not for the supervisor to "diagnose a substance abuse problem", rather it will be to raise problems in his or her work performance.
- (b) If normal supervisory procedures do not assist in rectifying the situation, a supervisor may refer the employee to an EAP practitioner.
- (c) While it is appreciated for the supervisor to raise questions about performance in the context of the person's use of alcohol or other substances, the employee has an absolute right to refuse to discuss the matter. If the employee does not wish the matter to be considered under the departmental substance abuse prevention and management policy, it will be dealt with under the normal disciplinary procedures.
- (d) If the employee accepts that there may be aspects of his or her performance that are alcohol or substance related, the supervisor will offer assistance. Normally the matter will be referred to the EAP for further action.
- (e) Any employee who, as a result of supervisory referral, is required to undertake a course of treatment that requires absence from work, will be deemed to be absent from work on ill-health grounds.
- (f) In order to strengthen the capacity of supervisors to intervene timeously and to make the necessary referrals, training should be provided to them in this regard.

8.3 Responsibilities of the Supervisor:

- (a) Always inform all staff members of what is expected of them in terms of performance.
- (b) Be alert to changes in performance and changes in patterns of attendance. Record such changes in consultation with the employee.
- (c) Any employee reporting to work visibly impaired, will be deemed unable to perform required duties and will not be allowed to work. The supervisor will then consult privately with the employee to determine the cause of the observation, including whether substance abuse has occurred. If, in the opinion of the supervisor, the employee is considered impaired, the employee will be sent home. An impaired employee will not be allowed to drive state vehicles or to operate state machinery/property.

9. REFERRAL OUTCOMES

- 9.1 Employees referred under these procedures accept and are accepted by the Department as having had performance problems because of substance abuse. Any disciplinary action that might have been pending as a result of substance abuse problems will be held in abeyance pending the outcome of the referral programme.
- 9.2 If, as a result of the referral programme, the employee is able to sustain a return to working at an acceptable level of performance, references to pending disciplinary action will be deleted. The period of sustained evidence of a successful outcome of the referral programme will normally be two years.
- 9.3 Employees who embark on, but refuse to follow, the referral programme will be dealt with under the normal disciplinary procedure.
- 9.4 Employees who return to working at an acceptable standard but whose performance again deteriorates as a result of alcohol-related problems may, if appropriate, be given further opportunities under the referral procedures. It should be noted, however, that the opportunities to deal with problems created by substance abuse under the referral procedures would not be unlimited. If an employee appears incapable of dealing with the problem, the Department may take steps to terminate the employment on the grounds of incapacity/misconduct.

10. INFORMATION, EDUCATION AND TRAINING:

- 10.1 In actualizing the Substance Abuse Prevention and Management policy, the employer should introduce alcohol and drug awareness education and training for the workforce as a whole. It should also provide training for the supervisors in particular with the skills to identify and address employees with the problem themselves or suffering due to some other employees drug and alcohol misuse.
- 10.2 The Department will provide drug and alcohol awareness information to all employees.
- 10.3 Identified persons in the Sub-directorate: Integrated Employee Health and Wellness in conjunction with the Human Resources component should be trained as master trainers in order to roll out training throughout the Department for all staff, including new staff during Induction Programmes.

11. DISPUTE RESOLUTION

11.1 Should a complaint emanating from the un-procedural application of this policy not be satisfactorily resolved by internal procedures set out in this policy, either party may within 30 days of the dispute having arisen, refer the matter to the relevant dispute resolution procedure. Should the dispute remain unresolved, either party may refer the dispute to the Labour Court within 30 days of the receipt of the certificate issued by the conciliator.

11.2 Any contravention of this policy/disciplinary infraction shall be dealt with in terms of the relevant PSCBC Resolutions relevant to the public service.

12. MONITORING, EVALUATION AND REVIEW

12.1 The implementation, monitoring and evaluation of this policy shall be the responsibility of the Sub-Directorate Integrated Employee Health and Wellness.

12.2 This policy shall be reviewed after every five years of its coming into operation.

13. RELATED POLICIES

This policy must be read with departmental policies on incapacity and ill – health, Leave and EAP.

14. COMMENCEMENT OF THE POLICY

This policy shall be implemented by the Department with effect from the date of approval and signature by the HOD.

APPROVED


OB MONGALE
HEAD OF DEPARTMENT

21/09/2009
Date: