



Province of the  
**EASTERN CAPE**

SOCIAL DEVELOPMENT  
& SPECIAL PROGRAMMES

**SUBSTANCE ABUSE  
MANAGEMENT POLICY**

Policy Registration No: 2012-304



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## DEFINITION OF TERMS

*For the purposes of this policy, unless otherwise stated, the following definitions shall apply:*

- i. **Substance abuse** - A chronic illness and behaviour disorder, characterized by the abuse of lawful and unlawful substances or beverages which interferes with the employee's job performance, interpersonal relations as well as physical and emotional wellbeing.
- ii. **Substance abuse Related Problem** - any use of substance or beverages that interferes with the effective and efficient performance of assigned duties. An employee may or may not yet be an acute or chronic substance abuser.
- iii. **Drug** - A drug is any chemical substance that produces physical, mental, emotional or behavioural change in the user.
- iv. **Denial** - is a shorthand term for a wide range of psychological defences and manoeuvres which substance abusers unwittingly set up to protect themselves from the realization that they are, in fact, substance abusers.
- v. **Fitness for Duty** - To work in a manner suitable for the job. To determine "fitness", a medical evaluation may include drug and/or substance abuse testing.
- vi. **Immediate family**- Refers to a person's parents, parents – in-law, spouse, and children. Stepchildren and adopted children are included under the range of immediate family.
- vii. **In-patient treatment** entails patients remaining in an institution for the duration of the treatment.
- viii. **Intervention** – therapeutic and professional guidance to any employee in order to overcome his or her problem.
- ix. **Intoxication** - refers to the acute effects of excessive amounts of substance abuse or other drugs in the body.
- x. **The Department** – The Eastern Cape Department of Social Development and Special Programmes.
- xi. **Out-patient treatment** entails patients attending treatment sessions at a centre at scheduled times. This enables employee to continue their normal daily routines.
- xii. **Prevention** – It is appropriate action to counteract the emergency and/or development of unfavourable conditions in a given population/community.
- xiii. **Registered treatment Centres** - A registered centre is established, administered and managed by the private sector, for the treatment of drug dependants – mainly voluntary treatment admission. These centres may be private or partially subsidized by the department.
- xiv. **Substance Dependence** - is a clinical diagnosis characterised by specific physiological and behavioural symptoms caused by a pattern of pathological substance use that lead to personal distress or significant impairment in social or occupational functioning.
- xv. **Treatment** - is a process aimed at the promotion of the quality of life of the drug dependant and his/her system (husband/wife, family members and significant other persons in his/her life) with help of a multi-professional team.
- xvi. **Under the influence** - means the use of substance, to the extent that the individual:
  - Is unable to perform in a safe and productive manner, or
  - Is in a physical or mental condition that poses a risk to the safety/security and well-being of the individual, co-workers, customers, the general public, and government properties
  - Has a level of such substance in his/her body, which corresponds with or exceeds accepted medical or legal standards.
- xvii. **Well-being**- a positive state of physical and emotional wellness
- xviii. **Work performance** - To conform to the reasonable expectation of management, including availability for work and levels of conduct and behaviour
- xix. **IEWP**- Integrated Employee Wellness Programme

## LEGISLATIVE FRAMEWORK

- I. Labour Relations Act, Act no 66 of 1995, the Code of Good Practice:
- II. Employment Equity Act, Act no 55 of 1998
- III. The Basic Conditions of Employment Act, Act no 75 of 1997
- IV. The Compensation for Occupational Injuries and Diseases Act, Act no 130 of 1993
- V. The Occupational Health & Safety Act No 85 of 1993 and Regulations (OHSACT)
- VI. The Constitution of S.A., Act 108 of 1996
- VII. National Road Traffic Act No. 93 of 1996
- VIII. Prevention and Treatment of Drug Dependency Act 20 of 1992
- IX. The Prevention and treatment of Drug Dependency Amendment Act, Act no 14 of 1999
- X. Procedure Act, 1977 (Act 51 of 1977)
- XI. Hazardous Substance Act No. 15 of 1973 and Regulations

## 1. PREAMBLE

- 1.1 A workplace substance management policy may be defined as a formal set of principles, guidelines and rules governing the job-related behaviour of employers, employees, contractors with regard to the use, misuse and abuse of substance and other beverages.
- 1.2 Substance abuse is a chronic illness and behaviour disorder, characterized by the abuse of lawful and unlawful substances or beverages which interferes with the employee's job performance, interpersonal relations as well as physical and emotional wellbeing. The social, psychological, emotional and physical consequences affect the lives of men and women regardless of age or status, ethnic origins, sexuality or disability. Most people with substance abuse problem are employed, and it is therefore also a workplace problem. It has serious consequences in the workplace on health, safety, staff relationships and productivity. Substance abuse has a negative effect on the workplace due to absenteeism, increased use of medical benefits, worker's compensation claims, poor productivity, high job turnover, interpersonal conflict, injuries and damage to property
- 1.3 The problem of alcohol and substance abuse has reportedly cost the country's economy R11,9-billion (South African Community Epidemiology Network on Drug Use 2006). A study conducted by the Medical Research Council's (MRC) Alcohol and Drug Abuse Research Group suggest that there is a strong link between risky sexual behaviours that lead to contraction of STIs, HIV and Alcohol Abuse. In the Eastern Cape Department of Social Development there have been a few (seven) reported cases (as in December 2010) of employees with substance abuse problem. Based on the above facts it became crucial that the Department develops its own policy as a preventative measure in order to maintain safe, productive and drug-free environment as well as a supportive measure to those who are already affected to improve service delivery.
- 1.4 The Disease Profiling Project commissioned by OTP in 2009 reveals that the Department of Social Development has the second highest HIV infections. While a policy on HIV and AIDS Management exists, Alcohol and Substance Abuse as an Organizational issues impacts on issues of safety, performance and risk to the mandate. It calls for unique and specific processes for managing the problem.

## 2. PURPOSE

- 2.1. To maintain a safe, productive and drug-free environment.
- 2.2. To offer a helping hand to those who need it while sending a clear message that the abuse of substance is incompatible with employment in the Department.
- 2.3. To prevent the abuse of substance and beverages in the Department.

## 3. OBJECTIVES

The objectives of this Policy are as follows:

- (a) To create an environment where the adverse effects of substance abuse on job performance are minimized and employee health is improved.
- (b) To define employer and employee responsibilities with regard to prevention of substance abuse in the work place.
- (c) To create an awareness of substance abuse-related problems, by defining standards of behaviour and providing educational programs, thereby preparing individuals to act responsibly.
- (d) To create an environment where productivity will increase, safety and employer liability are reduced.

## 4. SCOPE OF APPLICABILITY

This policy is applicable to all employees of the Department.

## 5. PRINCIPLES AND VALUES

### 5.1. Promoting Prevention

Education and self-awareness is adopted as the first principle of self-management and employee empowerment.

### 5.2. Rehabilitation services

Provide access to rehabilitation services for employees diagnosed as having or who have acknowledged a drug or alcohol abuse problem.

### **5.3. Non-discrimination**

Ensure that rehabilitated employees, following a successful completion of an approved treatment programme, are not discriminated against in terms of career decisions.

### **5.4. Acknowledging drug and alcohol abuse to be a medical condition**

Encourage those with drug and alcohol abuse problems to seek assistance thereby reducing health and safety risks to other employees and the workplace.

### **5.5. Confidentiality**

- (a) To ensure that any information disclosed to IEWP personnel is not unduly revealed to anyone outside the IEWP.
- (b) Personal information of employees utilizing the IEWP will at all times be treated in a confidential manner.
- (c) Records pertaining to the content of the counseling sessions will not form part of any personnel records.
- (d) Only recording of management referrals to IEWP service may be noted on relevant disciplinary and safety records.
- (e) There are limits to confidentiality which are covered in legal obligations related to harm to self, others and children and safety-sensitive work environments (such as driving a government vehicle under the influence of substance).
- (f) The information should be disclosed with the employee's written consent.

### **5.6. Voluntarism**

- (a) To provide an environment that enables the employee with personal concerns to voluntarily seek assistance at the earliest possible opportunity, preferably before such problems become job affecting and/or debilitating.
- (b) The decision to participate in the IEWP is voluntary regardless of the source of referral without denying management the prerogative of recommending employees for assistance.

### **5.7. Timely intervention**

- (a) This refers to early identification of troubled employees. The latter should be referred to the programme as soon as it becomes apparent/clear that they need to deal with a particular concern in their personal life or performance related issue.

### **5.8. Existing procedures and agreements**

- a) To create an environment where the IEWP does not unduly interfere with existing workplace practices.
- b) All aspects of health and safety that are covered by legislation will be strictly applied in order to ensure not only legal compliance but also the maintenance of human dignity. The IEWP services will not change the existing procedures for correcting poor performance, attendance, conduct issues and maintaining a safe workplace. The IEWP services will not change the existing collective agreements between Department and the Union.
- c) Employees participating in the IEWP should not expect any special privileges or exceptions to normal work rules or performance standards.

## **6. POLICY STATEMENT**

### **6.1 Provision of services**

The Employee Assistance Programme (EAP) will provide employees and their immediate family members with confidential, professional assessment and referral for assistance in resolving or accessing treatment for addiction to, dependence on, or problems with substance abuse, drugs, or other personal problems adversely affecting their job performance.

### **6.2. Assessment and Referral**

EAP policy provision and procedure is applicable in the identification, referral and treatment of employees with substance abuse, dependency problems.

6.2.1 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 employee.

6.2.2 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 job

performance. Supervisor referrals to the EAP will include employee's release of information consent form to be returned to the supervisor by the EAP. Refusal to participate in, or failure to complete the EAP-directed program will be documented. Should job performance not improve after a reasonable amount of time, the employee is subject to progressive corrective action up to and including termination of employment.

- 6.2.3 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.
- 6.2.4 EAP-related activities, such as referral appointments, will be treated on the same basis as other personal business or health matters with regards to use of sick leave.
- 6.2.5 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.

### **6.3 Treatment Services:**

- (a) Seeking private counselling or treatment outside the Department is always an individual option.
- (b) The counsellor or health worker will provide the employee with a certificate of attendance, if requested by that employee or supervisor.
- (c) Employees may attend treatment or counselling in their own time or work time in accordance with normal departmental procedures. (Sick Leave or special arrangement with supervisor.)

## **7. THE APPROVING STRUCTURE**

7.1. Head of Department has the responsibility to approve this policy.

## **8. ADMINISTRATION OF THE POLICY**

8.1. General Manager: Corporate Services and individual Programme Managers shall be responsible for the administration of this policy.

## **9. ROLES AND RESPONSIBILITIES**

Every employer and employee must take on some responsibility in making this policy work.

### **9.1. Role of Line function Managers or Supervisors**

- (a) To set a good example to their subordinates and others;
- (a) To be familiar with policies and procedures;
- (b) To ensure that their subordinates understand the policy and their own responsibilities;
- (c) To be alert to, and monitor changes in work or study performance, attendance, sickness and accident patterns;
- (d) To take an objective and non-judgmental approach when interviewing employees;
- (e) Reviewing employees' progress who are in a programme of assistance;
- (f) To refer employees for assistance as appropriate;
- (g) To identify any aspects of the environment which could lead to substance abuse and, if possible, change them;
- (h) To intervene early where there are signs of problems.

### **9.2. Role of employees**

- (a) To seek information about all substances that may be misused and their social, health and employment effects;
- (b) To avoid covering up or colluding with colleagues;
- (c) To encourage colleagues to seek help if they have problems arising from substance misuse or refer the matter to a supervisor;
- (d) To seek help if they themselves have problems with substance misuse;
- (e) To be familiar with the policy and procedures;



### **9.3. Role of the Employee Assistance Programme:**

- (a) To provide advice and guidance to help an employee who has a problem which might be related to substance misuse; this may be by self-referral or in response to referrals by supervisors;
- (b) To provide an impartial and confidential service to employees which may include counselling, assessment and referral to other agencies;
- (c) To help identify and assist in any education initiative to promote knowledge of substance misuse;
- (d) To keep the supervisor informed of any member of staff's progress against agreed plans of treatment at a supervisor's request.

### **9.4. Role of the Human Resource Management Directorate**

- (a) At whatever level that is appropriate, to refer employees for assistance, and to advise on appropriateness or otherwise of the disciplinary procedure;
- (b) To plan and provide training for those in managerial and supervisory capacity. To equip them with the necessary knowledge of substance misuse and, where appropriate, basic counselling and interviewing skills;
- (c) To increase understanding amongst all employees about substance misuse and the concepts of sensible drinking;
- (d) To maintain a level of internal awareness via refresher and induction training.

### **9.5. Role of employee representatives:**

- (b) To take part in discussions about this policy;
- (c) To help inform the workforce about the policy;
- (d) To encourage members to seek help voluntarily;
- (e) To advise members of their rights and responsibilities under the policy;
- (f) To encourage members to take part in appropriate educational and training programmes;
- (g) To represent members, if requested, in any problem or dispute about the application of the policy.

## **10. IMPLEMENTATION PLAN**

### **10.1. Policy Awareness**

- 10.1.1 All employees will be introduced to and made familiar with the department drug and alcohol abuse policy at training sessions.
- 10.1.2 Employees will be provided with hard copy of the policy to ensure each employee is fully aware of the requirements. In addition to receiving a copy of the policy, it may be helpful for employees to meet with management to discuss and ask questions concerning the policy on an individual basis.
- 10.1.3 Training sessions will be planned and co-ordinated so as to ensure the maximum numbers of employees are reached in the shortest possible time span.
- 10.1.4 Topics to be covered in training sessions should include the following:
  - i. The department policy and the reasons why the company has a drug and alcohol prevention programme;
  - ii. Rules concerning the use of alcohol and drugs on or off duty and the consequences of violating the rules;
  - iii. How to get assistance for a drug or alcohol problem including assistance offered by the department and assistance available through external resources

### **10.2. Training for Managers**

- 10.2.1 Managers are pivotal to the success of any drug and alcohol abuse prevention programme. Top management must be sure that those selected for training understand the policy and are able to explain it to subordinates. Being in direct contact with the workers, managers should be able to detect performance problems that may indicate a drug or alcohol related problem and take action when necessary.
- 10.2.2 Training must be designed and tailored to meet the specific and on-going needs of the department. In addition to the kind of information and education provided, key personnel need additional training to help them meet their responsibilities for implementing the policy and ensuing programme. They should be given more in-depth training in areas such as:
  - iv. Department policy and documented procedures;
  - v. The impact of drugs and alcohol on the department's operations, productivity and employee health and safety;

- vi. Problem identification and intervention;
- vii. Physiological and psychological aspects of drug and alcohol dependence including the potential for contracting HIV/AIDS

### 10.3. Problem Identification and Intervention

- 10.3.1 Managers have a legitimate right to initiate corrective actions when an individual's performance declines. If it appears that a personal problem - including the possibility of substance abuse - may be affecting performance, the use of constructive confrontation is one of the most effective ways known to persuade an employee to seek help.
- 10.3.2 However, the supervisor's responsibility for monitoring job performance and counselling *does not* extend to diagnosing and resolving a personal problem. As the result of training, management, supervisors should be able to carry out the following functions:
  - i. Develop, document and communicate objective job performance standards;
  - ii. Observe and document incidents and examples of unsatisfactory work performance or behaviour;
  - iii. Recognise symptoms of drug or alcohol abuse,
  - iv. Discuss with employees work related problems,
  - v. Determine whether equipment, lack of training or working condition are affecting performance, and work with the employee to alleviate any identified problem to the degree possible;
  - vi. Set appropriate time limits for improvement of performance and inform those involved of the consequences of continued poor performance according to department policy;
  - vii. Inform the employee of the availability of assistance for personal problems and encourage the use of the resources, emphasising that if the problem is personal, it is the employee's responsibility to take appropriate action;
  - viii. Help individuals re-enter the workplace after treatment and rehabilitation.

### 10.4. Crisis Management

- 10.4.1 The policy should encourage individuals to voluntarily seek assistance and should provide for the confidentiality and anonymity of the individual to the degree possible. When crisis situation involving alcohol and/or drugs occurs it needs to be handled in the same way as any other medical condition
- 10.4.2 Withdrawal from drugs and alcohol can result in rapid development of serious medical problems. In the case of withdrawal from alcohol this can result in death. In the event of a crisis at work, it is critical that managers treat this as a medical emergency. Senior Managers undergoing training should be trained to recognise drug and alcohol problems and to consult with the IEWP.

### 10.5. Employee Education

- 10.5.1 To have a successful drug and alcohol prevention programme, it is essential to provide all employees with alcohol- and drug-related information and to implement on-going education initiatives. Information that may be of assistance would include self-test questionnaires; brochures describing drugs and alcohol and the various physiological and psychological effects of these substances and guides that allow employees to quantitatively determine the effects of alcohol on their health.
- 10.5.2 A number of key factors determine the long-term impact of an information and education programme:
  - ix. The degree of commitment by top management, senior managers and shop stewards
  - x. The duration and scale of an overall campaign;
  - xi. The number of employees reached;
  - xii. The credibility and relevance of the key messages;
  - xiii. The repetition of messages;
  - xiv. The use of a variety of methods of communication;
  - xv. The availability of programme and self-help material; and
  - xvi. Campaign feedback/progress reviews.
- 10.5.3 Topics to be covered in an information and education initiative should include the following:
  - i. Basic facts on drugs and alcohol and their effects on health;
  - ii. How misuse of drugs and alcohol impact on the department operations, productivity, employee health and safety;
  - iii. How drugs and alcohol affect the family, work relationships and the community as a whole;
  - iv. The use of self-assessment tools to help individuals identify the status of their drug and alcohol use;
  - v. The relationships between drug and alcohol use and HIV/AIDS and other diseases;

- vi. The dangers and penalties involved in drug trafficking;
- vii. Examples of accidents that have occurred involving drug and alcohol use

**10.6. Counselling, treatment and rehabilitation**

- 10.6.1 It is important that individuals with drug or alcohol problems have access to counselling, treatment and rehabilitation services. In fact, one of the most effective tools for persuading individuals to seek treatment is the possibility of job loss and consequent loss of earning frequently used to pay for their alcohol and drugs.
- 10.6.2 Elements:
  - i. Recognition that drug and alcohol dependency are treatable conditions, provided that the individual fully co-operates; access to counselling, treatment including relapse prevention therapy
  - ii. Counselling, treatment including relapse prevention therapy, and rehabilitation may be provided by the department through the IEWP separate from supervisory structures or by public or private agencies unconnected with the employer
  - iii. Upon successful completion of a rehabilitation programme or participation in a recognised continuing recovery programme

**11. MONITORING MECHANISMS**

- 11.1 Upon approval of this policy the IEWP shall be responsible for the roll-out of this policy in the Department.
- 11.2 Data of cases will be captured in the Office of the Premier EAP Case Management System.
- 11.3 Quarterly statistics will be made available by IEWP.
- 11.4 Monthly, quarterly, half-yearly and annual reports will be conducted.

**12. COMPLIANCE TO THE POLICY**

- 12.1. Non-compliance to this policy will be dealt with in terms of the relevant prescripts.

**13. REVIEW OF THE POLICY**

The policy will be reviewed every three years and whenever necessary to maintain relevance.

**14. POLICY RECOMMENDATION & APPROVAL**

Comments:

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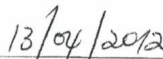


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Head of Department: Dept. of Social Development & Special Programmes

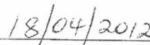


Date

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MEC: Dept. of Social Development & Special Programmes



Date