# People and TalentPolicy

## Substance Misuse Policy

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| **Version Control** | **Changes Made** | **Author** |
| Version 1July 2023 | New template. Changes to format. Test categories expanded. All employees are in scope. Updated language and renaming of policy. Appendices updated.  | Orlanda WrightPeople and Talent |

### Introduction

The aims of this Substance Misuse policy are to are to safeguard the public and employees, maintain service delivery, and to support members of staff who are tackling substance misuse. This policy stresses CFRS’s commitment to creating an environment where those employees who suffer with substance misuse are supported in dealing with their disorder and can seek advice and treatment.

This policy and associated procedure also applies in cases of conduct, unsatisfactory work performance, and poor attendance, directly related to substance misuse.

Our organisation reserves the right under this policy to exercise alcohol and drug testing of its employees.

### Scope

This policy covers all Cumbria Fire and Rescue Service employees.

The term "substance" includes alcohol and all drugs (including those formerly known as "legal highs") that could adversely affect behaviour or performance and lead to an increased risk of accident and/or injury occurring whilst on duty. This includes definitions of drugs as agents not prescribed by a registered medical practitioner.

NOTE: Substance misuse disorders are not considered to be disabilities under the Equality Act 2010.

### Principles

Substance misuse can adversely affect the health and quality of life of an individual. It can impair an individual’s ability to carry out their duties efficiently, effectively, and safely, and may jeopardise the safety of other personnel and members of the public and impair the Service’s ability to fulfil its commitments.

This policy aims to:

* Promote an environment where substance misuse carries no stigma, and people with a substance use disorder are supported in a compassionate and confidential way.
* Promote an awareness of the potential risks associated with substance misuse and an understanding of the likely symptoms of misuse.
* Promote a working environment which is, as far as is reasonably practicable, safe and without unnecessary risk to the health of Cumbria Fire & Rescue Service (CFRS) personnel or the communities they serve.
* Ensure the safe and efficient operation of CFRS by preventing substance misuse at work.
* Provide information on how to access confidential support and advice for employees who are dealing with a substance misuse disorder.
* Promote an environment which encourages employees to ask for help voluntarily and for Managers to ensure support is given.

* Ensure that where substance misuse is identified, it is addressed in a positive and constructive manner where this is consistent with the Service’s legal responsibilities.

### [Procedure](http://www.intouch.ccc/elibrary/Content/Intranet/536/671/5053/6001/41410105256.doc)

## Alcohol

1. No employee should report for work with a blood alcohol concentration (BAC) level exceeding 13 micrograms of alcohol in 100 millilitres of breath or equivalent 30 milligrams of alcohol in 100 millilitres of blood – the is the level used for safety critical roles in organisations, including the railways.

## Drugs

1. No employee should report for work with any illicit or recreational drugs in their body systems. The Service has zero tolerance of illegal drug consumption.

## Prescription Medication

3. Employees taking prescription medicines which may impact on their performance at work, must declare this to the Occupational Health Department (OH) and their line manager before commencing work in order that an appropriate risk assessment may be carried out.

## Individual Responsibilities

1. All personnel have a duty to ensure that:

* + They are aware of the details of this policy.

* + Their performance is not impaired because of substance misuse.
	+ They adhere to the standards set out within the code of conduct.
	+ They advise their managers if they believe they have a substance use disorder which may potentially affect their capacity to carry out their work safely and effectively.
	+ They advise OH and their manager if they are taking prescribed or ‘over the counter’ medicines, which may affect their capacity to carry out their work safely and effectively. All personnel have a responsibility to familiarise themselves with any possible side effects of prescription or ‘over the counter’ medication.

* + They comply with any advice to refrain from consuming alcohol when taking medication prescribed by a health professional or that purchased from a pharmacy, as there can be an unknown combined effect and therefore an increased risk.

* + Where they have reasonable cause to believe that the performance of another member of the workforce is impacted by potential substance misuse, such concerns are brought immediately and confidentially to the attention of an officer-in-charge, line manager, or outside the line management chain as appropriate. Please contact HR for advice.
	+ They must present themselves for duty in a fit state without any function impaired through substance misuse.
	+ They do not consume substances (alcohol or drugs) whilst **on duty**:

For guidance, **on duty** shall be defined as:

* 1. For Wholetime personnel:

At any time during a recognised shift at their workplace (inclusive of meal breaks) and whilst attending any training course i.e., during instruction periods and meal breaks. Evenings etc. (when on residential courses after instruction has finished) are not considered duty periods, however, personnel must always be fit for duty the following day.

* 1. For corporate staff:

At any time during a recognised shift at their workplace (inclusive of meal breaks) and whilst attending any event or course where they are representing CFRS, i.e., during instruction periods and meal breaks. Evenings etc. are not considered duty periods, however, personnel must always be fit for duty the following day.

* 1. For On Call personnel:

At any time during which they are “booked on duty”, this includes awaiting a turnout, when responding to their alerter, and either turning out or qualifying for an attendance payment or performing any other duties and whilst attending any training course. i.e., during instruction periods and meal breaks. Evenings etc. (when on residential courses after instruction has finished) are not considered duty periods, however, personnel must always be fit for duty the following day.

* 1. For Flexible Duty managers:

At any time whilst rostered for duty, including periods of stand-by and whilst attending any training course. i.e., during instruction periods and meal breaks. Evenings etc. (when on residential courses after instruction has finished) are not considered duty periods, however, personnel must always be fit for duty the following day.

* 1. For Continuous Duty managers:

At any time whilst rostered for duty as “first call” manager, including periods of stand-by and whilst attending any training course. i.e., during instruction periods and meal breaks. Evenings etc. (when on residential courses after instruction has finished) are not considered duty periods, however, personnel must always be fit for duty the following day.

## Management Responsibilities

1. Management will as far as is reasonably practicable ensure that:
* A safe working environment is provided for all employees.
* The policy is enforced and supported in a manner evident to employees.
* The policy is administered fairly and consistently to all.
* When an individual has a substance use disorder, any support and necessary management action is taken.
* Management will seek HR advice as soon as possible.
* The policy is communicated effectively and that employees are made aware of the policy and guidelines and adhere to relevant procedures.
* All employees are effectively made aware of where internal and external support is available.

## Raising Awareness

1. To supplement this policy, the Service will promote health initiatives in conjunction with OH, which will include raising employees’ awareness of substance misuse, the signs and symptoms of misuse, and how to seek confidential treatment, guidance, and advice.
2. The Service will provide information on the sources of support available for those with a substance use disorder, a person in long-term recovery, or any employee seeking assistance relating to substance misuse.

## Employee Support

1. The aim will be to provide support to individuals with a substance use disorder to achieve a full recovery, thereby allowing a return to work to undertake full duties as appropriate to the individual’s position within the organisation.
2. Substance misuse may develop for a variety of reasons and over a long period of time. It is further recognised that it will certainly impact on an employee’s life and ability to function and carry out work safely, effectively, and without risk to themselves or others. As far as the disorder is treatable, it should be considered in a similar way to other health matters.
3. Individuals suffering from such disorders are encouraged to seek help and treatment. To this end, CFRS will provide:

* The opportunity for referral through OH to appropriate treatment agencies subject to the individual’s consent and agreement of the individual’s own General Practitioner (GP).

* Appropriate time off work to attend such treatment as recommended. Managers will need to be flexible when supporting these periods of treatment and should contact HR for advice on how to record and manage them.

* Appropriate modification of duties in line with advice received from OH during any period of treatment and for any agreed period thereafter.

* Any other support considered reasonable.

## Testing

1. A cornerstone of any substance misuse policy is effective application. This will be achieved by the requirement for all employees to provide consent and possibly samples for screening when requested to do so in the circumstances outlined in this policy.
2. If an employee has a disability, physical or mental, it is essential to ensure any reasonable adjustments or support measures are in place for the testing. Please contact HR if you need any advice.
3. An employee who unreasonably refuses testing in accordance with CFRS instructions will be subject to disciplinary action.
4. Employees are advised that any request for an individual to undergo testing does not indicate that they are considered to have a substance use disorder.
5. Employees will be given the opportunity just before the test is undertaken to confidentially declare any prescriptions or ‘over the counter’ substances they may have taken that might impact the test results. This will be to the test provider or the relevant manager, if appropriate.
6. Testing is a process in which a sample is collected with the specific aim of determining whether substances (alcohol or drugs) may be present.

## Test Categories

1. Drug and Alcohol testing are performed by either the hosted OH service or our current external provider, Abbott Toxicology. OH complete the drug test and Abbott Toxicology complete the alcohol test.

1. A programme of substance screening will be implemented which will incorporate the following:

1. **Pre-employment screening for operational roles** – candidates selected for employment will be screened for drugs. Any candidate who refuses to be screened will not be employed. Any candidate who receives results identifying they have a substance use disorder will not be employed. Pre-employment screening includes appointment of existing employees to posts for which a medical assessment is included e.g., for an on-call employee converting to a wholetime post.
2. **With-cause testing -** where there is reasonable cause to believe that an individual has a substance use disorder, such individuals will be requested to undertake a test. Testing for substance misuse outside of work will only be done if it is deemed workplace safety is at risk.

Examples of circumstances where this may be appropriate are:

* Obvious signs of impairment that may be caused by substance misuse (mental/physical).
* Recognition by managers, supervisors or colleagues of symptoms affecting work performance.
* Complaints by the public indicating that substance misuse may be a factor.
* The discovery of items in possession of an employee that could indicate involvement in substance misuse whilst in the workplace.
* Following safety accidents or an incident that resulted in injury or damage (including ‘near miss’ incidents) where substance misuse may have contributed to the event.
1. **Random testing** – CFRS will carry out random testing and this applies to all employees, both operational and corporate, including managers. By properly operating a random programme of testing, it should not be discriminatory, and the service will monitor any random testing completed.

Random testing will be facilitated by the identified testing provider (see point 17). The provider will randomly select a location to arrive at and will batch test all employees present at that location. The test provider will aim to randomly test 10% of the workforce per year.

The random testing programme will be regularly monitored to ensure employees are being treated fairly and without discrimination.

1. **Testing following incidents –** Individuals directly involved in any accident or incident at work may be tested if:
* The incident has resulted in death or major injury to a colleague, contractor, or member of the public.
* Where there was potential to cause major injury or death to a colleague, contractor, or member of the public.
* Where individual caused an injury to a colleague, contractor, or visitor that requires medical treatment beyond basic first aid.
* Where the individual injured a member of the public or caused damage to their property
* Where an individual caused non-trivial damage to CFRS property or equipment

The above list is not exhaustive and CFRS reserve the right to test following accidents or incidents if there is cause for concern. Managers should contact HR to discuss.

1. **Testing for those who have agreed to a Substance Misuse Contract** - Part of the agreed contract for individuals going through recovery/treatment may be a requirement for periodic alcohol/drug testing.
	* Screening for drugs can be delivered in house by OH at the request of the line manager. In such cases, if the test carried out by OH does not indicate a negative result for the drugs indicated, or if the sample validity checks are not acceptable, the specimen will be sent to the provider of analytical services for full analysis. If the individual does not complete the procedure and give their consent for the specimen to be analysed by the provider, disciplinary action may be taken on the basis of the result obtained by OH.
	* Testing for alcohol will be arranged by the line manager with an external provider. If the individual does not complete the procedure and give their consent, disciplinary action may be taken.

## Voluntary Referral

1. Employees with a substance use disorder may make direct contact with OH, where the matter will be treated confidentially. However, OH may reveal the individual’s identity to the Service if their misuse presents a potential risk to themselves or others. In these circumstances, OH will encourage the individual to inform their manager of the situation, and will give sufficient time for this, and will then make a formal report to the Service advising of any potential risk.
2. The individual’s consent for disclosure will be encouraged at the outset, but if consent is not given, the Occupational Health Physician/Nurse may pass on this information without consent if they consider the individual represents a risk to others at work or outside work. However, the employee will be informed that action will be taken to disclose information to relevant parties.
3. Details of the specific problem should be shared with either the employee’s line manager or an identified manager that can support the employee. Consent will be sought for the individual to share the issue fully with the relevant manager, or OH will share appropriate detail to ensure management support. This is unless the problem is already known to management.
4. If it is considered that an individual’s substance misuse presents a risk to themselves or others, management, following medical advice, will take any necessary management action to ensure that the individual is absent from work until it is safe to return or, redeployed to other duties that afford a safer environment, as appropriate. Management should refer to the Directed Medical Absence guidance and contact HR.
5. The Service will treat in strictest confidence all dealings with individuals coming within the scope of this policy and any personal records associated with a case will only be seen on a need-to-know basis. Medical records will remain available only to OH under standard confidentiality guidelines unless the employee consents to their disclosure.

## Management Referral to Occupational Health and Treatment

1. Any manager, after consulting with a HR Advisor, may refer an individual to OH, where management suspects substance misuse. Managers should aim to discuss this in a supportive way with the employee and seek consent for the referral.
2. When an individual is referred to OH, this should be followed up by a management brief, giving the background to the case. The manager should ensure the individual understands the reason for the referral and is made aware of the information shared on there.

1. Following the OH appointment, the Occupational Health Physician/Nurse will provide a formal report to the manager. They may advise that there isn’t substance misuse, in which case the manager will fully reassess the situation which led to the referral to determine appropriate management action.

1. Should OH advise that substance misuse does exist, in appropriate cases they will take the necessary action to provide support to the individual themselves, to refer the individual to their GP or to refer them directly to an external specialist provider to begin recovery. The Occupational Health Physician/Nurse may recommend restriction of duties or that the employee is unfit for work on Health & Safety grounds. In these circumstances, OH will make the manager aware and will arrange subsequent follow-up checks, ensuring the confidentially of the employee is always key.

**Substance Misuse Contract and Employee Passport**

1. In instances where OH is providing support to the individual themselves, a report will be provided from OH to the line manager (or identified manager) on their progress. OH may consider it appropriate to set up a “Substance Misuse contract” with the individual, setting out the arrangements and obligations relating to the recovery process.
2. In certain cases, managers and employees may find the Employee Passport a supportive tool to help with treatment and requirements. An employee in long-term recovery or who previously used drugs may also find the Employee Passport helpful in identifying if they need anything to support their on-going recovery. Managers are advised to contact HR for further discussion around the Employee Passport.

## “With Cause” Testing

1. Where a manager supposes believes substance misuse may be occurring, a risk assessment should be conducted if the individual has reported for work in a state which makes it likely that they will be unable to complete their duties safely and they may pose a danger to themselves or others when performing those duties. HR should be contacted.
2. The manager should conduct the risk assessment with the employee to assess the health and safety risks of the employee being able to perform their role. The manager is not required to determine whether the person has a substance use disorder but only to discuss the behaviours and actions they have observed and seek the employee’s responses. Where the employee disputes the behaviour/actions observed by the manager, the manager may, following HR advice and if practical and confidential, seek a second view from another manager.
3. Following the managers initial assessment, if necessary, they should contact the Duty Principal Officer who, following discussion with HR, will instigate a “with cause” test if considered appropriate.
4. If the employee refuses to take the test they will be advised that formal proceedings will be considered, including suspension, and action will be taken based on the information available. Managers should seek HR advice as soon as this situation arises.
5. If the employee seeks to leave the premises or scene in their own vehicle, they should be advised by the manager that if it is deemed to be unsafe to do so and that if the employee insists on doing so, then the police will be advised.
6. Once the Duty Principal Officer has instigated a “with cause” test, all efforts must be made to ensure that the individual remains under supervision in a safe environment. The employee should be advised that it may take up to two hours for the Test Officer to arrive. It is important that they are also informed that they may have a colleague or other representative present during the testing procedure and managers should support the arrangements of these where needed.
7. Employees will be subject to disciplinary procedures if they attempt to evade the test by leaving the premises.
8. A suitable private area should be identified for the alcohol and drug test to be conducted. If the employee is out in the community/at an incident/at a place that is not their work base, arrangements will be made to take them to the most appropriate Station, and the organisation of this should be done as confidentially as possible.
9. When the test officer arrives, they will:
	* Calibrate their breath test machine
	* Request formal identification of the individual
	* Conduct the tests
	* Notify both the individual being tested and the manager on site the results of the tests.
	* Complete the relevant paperwork.
10. If the breath test identifies the employee is engaging in substance misuse, the manager should inform the individual that they are suspended from duty and arrange for the individual to be taken home. This should be done confidentially, supportively, and safely, with understanding of the individual’s circumstances. HR must be contacted in this instance.
11. If the drug test identifies the employee is engaging in substance misuse, the manager should arrange for the individual to be taken home. This should be done confidentially, supportively, and safely, with understanding of the individual’s circumstances.

The manager should also inform the individual that they are suspended until the laboratory results are available (up to 5 days). HR must be contacted in this instance.

1. If both test results show that the individual is not engaging in substance misuse, the individual is to remain on duty. If the process of the testing has impacted the individual’s health and/or wellbeing, management support should be given. The manager should discuss the circumstances leading up to the testing with the employee and offer any wellbeing support that may be needed.
2. The manager should subsequently document the circumstances leading up to the testing and/or suspension process to assist any disciplinary investigation. Managers should seek HR advice and access template letters for both positive and negative test outcomes.

## Testing following Incidents

1. When an individual has been directly involved with an accident or incident and substance testing is required, this should happen as soon after the incident/accident as possible.
2. If an employee is involved with an incident and they seem to be affected by substance misuse, they should be removed from the incident and taken to the closest station, in as supportive and confidential a way as possible, and the testing undertaken as soon as is possible.
3. For incidents that occur outside the working hours of the OH service or testing provider, the individual should be supported home, in a safe and confidential way, and the testing take place as soon as possible.
4. Managers should follow points 31 – 42, as above.

## Treatment/Recovery

1. It is important managers are understanding of potential timescales for recovery for any employee with a substance use disorder. Often, it can take a few different tries to find the right treatment (including medication), and in cases where employees are fully supported through the process, it is more likely to be successful. It can be a lengthy process and managers are advised to regularly review the process with OH and the employee, taking it step by step.

1. To ensure confidentiality and support, one manager will be identified to support the employee in recovery, and this manager will liaise directly with OH and the employee. This manager should be identified with the consent of the employee.
2. When a recovery programme necessitates time off work, the individual must first discuss this with their line manager who will, in consultation with a HR Advisor and OH, consider the terms on which any absence from work should be supported.
3. In certain cases, an employee may still be able to attend work throughout the treatment process, and in these instances HR advice, OH advice, and an appropriate Risk Assessment must be sought. For operational colleagues, managers may consider redeployment where reasonable, to support them to stay in work.
4. During treatment, OH will liaise with the recovery provider and/or the GP to provide progress reports to the identified manager. These reports will not contain any confidential detail but will advise the manager how the employee is engaging with the recovery process.
5. If required, OH will arrange and undertake drug testing as part of the recovery process. The OH staff will act as technicians in terms of collecting samples and sending them to the agency used for analysis. The results of the testing will be provided confidentially and directly to the manager.
6. If alcohol testing is required, this will be undertaken by management with the identified testing agency, following guidance from OH on frequency or other requirements as part of the recovery programme. The results of the testing will be provided confidentially and directly to the manager.

1. If management determines any substance misuse continues, OH will be advised so they can continue testing of the individual in appropriate cases.
2. OH will report to the manager if recovery so far has been successful, or if it has been discontinued, either by the provider because of lack of progress, or by the individual discontinuing themselves.
3. If following a period of recovery, or during a recovery process, the individual suffers a relapse, the case will be discussed with HR and all relevant information considered. If it is considered appropriate, management action will be taken.
4. It must be understood by all staff that the Service will reserve the right to apply formal procedures at its discretion and with full consideration of all relevant information.

## Expected Standards of Performance & Implications of Breaches

1. Staff who are socialising in licensed premises and consuming alcohol when not on duty, should ensure that they are not visibly displaying the CFRS uniform or ID Badge in order to maintain the community perception of the Fire and Rescue Service. It is not appropriate for any staff to visit licensed premises whilst on duty in readily identifiable CFRS vehicles unless for wholly work-related reasons and then no alcoholic beverage must be consumed.
2. The possession, supply, or sale of illegal drugs on CFRS premises or during working time will be regarded as an act of gross misconduct.
3. The Misuse of Drugs Act 1971 covers the possession, supply, and manufacture etc. of illegal drugs. The Service would be committing an offence if it were known that illegal drugs were used, supplied, or manufactured on its premises. Therefore, such matters will be reported to the Police as soon as possible.

## Data Protection and Privacy

1. All testing will be conducted in accordance with an equality impact assessment that the service has carried out to ensure that testing is necessary and proportionate. Testing is carried out to ensure the health and safety of workers and others.
2. All possible measures will be in put in place to ensure confidentiality of test results, and checks will take place to avoid any false results. Test results are processed in accordance with our data protection policy. Access to test results is strictly limited to the people for whom it is necessary, such as the employee's line manager, HR, and occupational health. Unauthorised access to test results will be treated as a disciplinary matter and dealt with in accordance with the disciplinary procedure.
3. Arrangements are in place with the external testing company to ensure that it has measures safely and securely to process employees' test results.
4. Testing will be carried out only by qualified and competent personnel from OH or an external testing company who will use accepted and reliable methods and ensure that tests are carried out with the least possible intrusion into employees' privacy.
5. Test results are retained in accordance with our data protection policy.
6. Employees have rights in relation to their data, including the right to make a subject access request and rights to have data rectified or erased in some circumstances. You can find further details of these rights and how to exercise them in our data protection policy.

## Complaints

1. If an employee has a complaint about the way in which a test has been conducted, they can raise this informally with their line manager. If an employee prefers to raise a formal complaint, they should refer to our grievance procedure.

## Equal opportunities

1. This policy must not be used in a discriminatory manner against any employee and no individual should be unfairly targeted. CFRS will take steps to ensure that employees' dignity is always respected.

### Appendix A – Advice and Support

Please see below resources on where to seek advice and support for any substance misuse or recovery.

We also encourage staff to reach out to Trade Union resources for discussions on where to get support and advice.

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| **Organisation/Charity** | **Website** | **Contact details** |
| **NHS** - substance misuse advice and support for drugs | <https://www.nhs.uk/live-well/healthy-body/drug-addiction-getting-help/> |  |
| **NHS** - substance misuse advice and support for alcohol | <https://www.nhs.uk/live-well/alcohol-support/> |  |
| **Frank -** Helpline for anyone concerned about substance misuse. Advice and information for drug misusers, their families, friends, carers. | [www.talktofrank.com](http://www.talktofrank.com/) | **Helpline:**0300 123 6600 (24Hr)**SMS:**82111 |
| **Release –** Free and confidential drugs helpline that also provides free legal advice on drug issues for people who use drugs and their families. | [www.release.org.uk/](http://www.release.org.uk/) | **Helpline:**0207 324 2989**Email:****ask@release.og.uk**  |
| **Narcotics Anonymous –** support for people who have substance use disorders or who are in recovery.  | [Welcome to UKNA | UKNA | Narcotics Anonymous in the United Kingdom](https://ukna.org/) | **Helpline:** 0300 999 1212(10.00am – midnight) |
| **Alcoholics Anonymous –** support for people with a drinking problem | [Alcoholics Anonymous Great Britain (alcoholics-anonymous.org.uk)](https://www.alcoholics-anonymous.org.uk/) | **Helpline:** 0800 9177650**Email:** help@aamail.org  |
| **Al-Anon Family Groups –** they offer support and understanding to the families and friends of people with alcohol use disorders, whether they're still drinking or not.  | [Al-Anon UK | For families & friends of alcoholics](https://al-anonuk.org.uk/) | **Helpline** - 0800 0086 811 (UK residents)**Email –** helpline@al-anonuk.org.uk  |
| **Drinkline –** a free, confidential helpline for people who are concerned about their drinking or someone else’s. |  | **Helpline:** 0300 123 1110(Weekdays 9am – 8pm, weekends 11am – 4pm) |
| **Cumbria Alcohol & Drug Advisory Service** – substance use disorder support in Cumbria. |  | **Free Helpline:**0800 2 54 56 58(Wed 11-7 /Weekdays 11-5) |
| **Mind –** support options for drug and alcohol misuse problems. | <https://www.mind.org.uk/information-support/types-of-mental-health-problems/recreational-drugs-alcohol-and-addiction/support-for-drug-and-alcohol-problems/>  |  |
| **Antidote –** run by members of the LGBTQ+ community, it offers and online alcohol and drug drop-in clinic via Zoom, as well as peer support and advice.  | [Antidote: Drugs & Alcohol Support - London Friend](https://londonfriend.org.uk/antidote/) | **Helpline:** 020 7833 1674 (10am-6pm, Monday to Friday). Ask for someone from the Antidote Team.  If you would like to contact a member of the Antidote team, please email: antidote@londonfriend.org.uk   |
| **TransSober** – support with drug and alcohol use for the trans and non-binary community.  | [TransSober | Support with drug and alcohol use for the trans and non-binary community in Brighton](https://transsober.org/)  |  |

### Appendix B – Substance Misuse – Terms to use, terms to avoid, and why.

It is key when discussing substance misuse, CFRS personnel use language that reduces harmful stigmatisation and negativity around substance use disorders. Simple changes can stop discrimination, encourage conversation, support people to seek treatment, and ensure we are treating everyone with dignity and respect.

Where possible, we should always use person-first language that focuses on the person and not their disorder/illness. Saying ‘person with a substance use disorder’ is neutral and separates the individual from their disorder. If you are ever unsure with how to discuss substance misuse with someone, you can always ask them how they refer to themselves and the language they are comfortable with.

The below table has been created to help managers and employees when it comes to talking about substance misuse, and it offers explanation as to why certain familiar terms are no-longer advised to be used.

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| **Instead of…** | **Use…** | **Because…** |
| Addict | Person with substance use disorder | The person has a problem, the person isn’t a problem.Negative associations and bias with the words.Instead using neutral language, it separates the individual from their disorder, and reduces shame.  |
| User | Person with opioid addiction or person with substance use disorder  |
| Junkie | Person in active use, or use the person’s name and then say “is in active use” |
| Alcoholic | Person with alcohol use disorder |
| Drunk  | Person who misuses alcohol, or person who engages in alcohol misuse |
| Former Addict | Person in recovery/long-term recovery |
| Reformed Addict | Person who previously used drugs |
| Habit | Substance use disorder | The word ‘Habit’ undermines the seriousness of the disease. It also implied that the person is choosing to do this and can choose to stop.  |
| Abuse | Use / Misuse / Used other than prescribed | Negative associations and bias with the word ‘abuse’. Some prescription medications are allowed to be consumed by the person, but when they consume more than prescribed, this is misuse.  |
| Clean / passing a test | Testing negative.Not drinking or taking drugs.Not currently or actively drinking or taking drugs. | The phrase ‘clean’ is stigmatising slang and adds morality to substance misuse. It is important to use neutral and non-stigmatising words when discussing people who are not currently drinking or taking drugs, as relapse is common in substance misuse and people should not feel ashamed of this.   |
| Dirty / failing a test | Testing positive.Person who uses drugs. | The phrase ‘dirty’ is stigmatising, with negative associations, and it adds morality to substance misuse. It is important to use neutral and non-stigmatising words when discussing people who are currently using drugs. If negative and blameful language is used, it can stop open and supportive conversation and people can feel hopeless and isolated.  |

The information above was supported by research from the National Institute on Drug Abuse.