

Health and Safety Executive Board Paper

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HEALTH AND SAFETY EXECUTIVE

The HSE Board

Review of HSE's Alcohol Policy

A Paper by John Gould
Advisor(s):

Cleared by Vivienne Dews on 2 July 2004

Issue

1. Review of HSE's alcohol policy. The review was commissioned by the HSE Board as a contribution towards improving health and safety standards in HSE.

Timing

2. Routine - for the meeting of 7 July 2004.

Recommendation

3. The Board are invited to:
 - Comment on the issues raised in this paper;
 - Provide a steer on whether the present alcohol policy should be in changed and if so, on the option Personnel should pursue (see paras 9 – 13);
4. If the Board feel that change is not appropriate at this stage, to commission Personnel Division to publicise the present policy and to discuss monitoring arrangements with Directorates:

Background

5. HSE's present policy on alcohol and drug use has been in place since 2001. It was developed very much along the lines set out in HSE's guidance to employers on alcohol in the workplace entitled "Don't Mix It" and conforms to the model policy set out therein. The policy aims to raise awareness and minimise the risks and dangers that can arise from the misuse of alcohol, drugs or solvents. The objectives of the policy are to promote a healthy and safe working environment; ensure that the use of alcohol and drugs does not impair the safe and efficient running of the organisation; that appropriate standards of behaviour are maintained at all times; and encourage those who may have a problem to seek help. It applies to all permanent and temporary HSE staff, agency and contractor staff and visitors to HSE premises.

6. The present policy does not ban the consumption of alcohol during work time but relies on the fact that HSE has standards of conduct which staff are expected to adhere to. These standards apply to work and all work-related events, including, for example, awaydays, conferences and training courses. The policy states that HSE will not accept breaches of these standards through the excessive or inappropriate use of alcohol.
7. Where a member of staff declares that they are alcohol dependent, then in the first instance at least, HSE will treat this as a medical problem and staff will be encouraged (and supported in their efforts) to seek help. Where breaches in standards of conduct occur and dependency is not an issue, then these are dealt with under the normal disciplinary procedures.
8. We have very little hard information on which to judge the efficacy of the present policy on alcohol. We do not know (and currently have no way of measuring) what effect alcohol consumption has on levels of sickness absence¹ or on productivity in HSE, for example. Over the last three years there has only been one recorded accident with a drink related element. The number of alcohol-related cases reaching Personnel for some kind of investigative and/or disciplinary action is low; records show only three since the policy was implemented in 2001, but two of these have occurred in the last year or so. Observation suggests that lunchtime drinking remains part of the culture for a significant minority of staff.

Argument

9. A question has been raised about whether the present alcohol policy is sufficiently clear and robust for today's business environment. This has been prompted by the fact that two of the three cases mentioned in paragraph 7 have occurred within the last year and in the face of some evidence to suggest that employers, particularly in the private sector, are taking a tougher line on alcohol in the workplace². Also, HSE's tolerance of modest consumption of alcohol – for example, at lunchtimes – is out of kilter with the line taken by some of the industries we regulate.
10. In broad terms there are three basic options for changing HSE's policy on alcohol consumption: first, to implement a complete ban on alcohol consumption while on official duty. This would be the most radical measure and akin to the stance taken by many safety-critical organisations where there is a nil-tolerance attitude to alcohol in the workplace. In practical terms, this would mean a ban on drinking at lunchtimes and at events such as awaydays and conferences (because staff are regarded as being on official duty). In a sense it is the least ambiguous option and would send a clear signal to staff about HSE's stance on mixing alcohol and work.
11. However, there are also some very real practical difficulties in introducing a ban of this sort. It is arguable that this would be a change to the contract of employment and

¹ While there are no specific figures for HSE, an HSE report published in 1998 suggested that 3 – 5 % of all sickness absence was related to alcohol consumption. In HSE this would amount to something between 1000 and 1600 days of absence.

² See, for example "Alcohol and Drug Policies in UK Organisations," CIPD, December 2001. This reported that a growing number of companies are introducing alcohol policies. It also found that public sector organisations were twice as likely as private sector companies to allow parties with alcohol on their premises and in working hours. Under HSE's present policy, both are permissible.

would therefore have to be negotiated with the Trade Unions. We would need to explore this further with our legal advisors, but at the very least, for compliance purposes, we would have to persuade staff that there were good reasons for the change; otherwise it could be received badly, particularly in the current climate. The issue of how to effectively enforce a policy of this sort would also require some careful thinking.

12. The second option would be a general alcohol ban as in option one, but with permitted exceptions, or with approval in advance by senior management. This would set out the expectation of abstinence as the norm, but would retain the provision in the present policy for alcohol to be allowed at events such as retirement parties or the occasional celebration of a business success or during the evening at a residential event. We would need a clear line about drinking during a journey back from official duty (which might be regarded as permissible if it did not precede driving). The risk is that this option could send a slightly fuzzy message about HSE's attitude to alcohol at work and it could be open to misinterpretation, or inconsistent application, with some managers taking a more permissive attitude than others. Furthermore, the practical issues outlined under option one would still need to be addressed.
13. The third option would be to ban alcohol on HSE premises either during the normal working day or altogether. In all probability, this would be easier to explain to staff and relatively straightforward to enforce. The downside is that while this would have an effect on the possession of alcohol during work time, it would not directly address the issue of consumption by staff and hence the risks to the business and the health and safety of the workforce.
14. It may well be possible to produce variations of the broad options outlined above, whatever the precise details, staff opinion is likely to be divided. The many who already refrain from alcohol might either welcome a clearer prohibition or regard this as nannying. Those who drink might resent a change.
15. The alternative course to change at this stage would be to re-publicise the existing policy and (with the help of Directorates) to monitor the position carefully to see whether the case for change emerges. This may also enable any changes to be made with greater precision to address specific risks which emerge.

Consultation

16. To date consultation has been confined to colleagues in Personnel. If the Board decide that a change of policy is required, we would need to consult wider and particularly with the Trade Unions.

Presentation

17. A change in the present alcohol policy will need careful explanation and presentation to staff. Advice should be sought from Communications Directorate as to how this should best be tackled.

Costs and Benefits

18. There are likely to be costs associated with introducing a change to the present policy, although the scale of costs will depend on the nature of the change. As pointed out in paragraph 7 there is little hard information available to help quantify benefits.

Financial/Resource Implications for HSE

19. The detailed development of a policy change would require resource input from PD. Any emerging policy proposals would need to be costed for Board approval.

Environmental Implications

20. None

Other Implications

21. None

Action

22. The Board are asked to:

- Comment on the issues raised in this note;
- Provide a steer on whether the present alcohol policy should be in changed and if so, on the option Personnel should pursue;
- If the Board feel that change is not appropriate at this stage, to commission Personnel Division to publicise the present policy and to discuss monitoring arrangements with Directorates