

## **Standard Operating Procedure for assistance to Civil Servants with Drugs and/or Alcohol Abuse issues**

### **1. Purpose:**

- 1.1 To help in the efforts to deter use of drug and to advocate a drug free civil service
- 1.2 To ensure a healthier, safer and more productive working environment free of drug abuse
- 1.3 To support Civil Servants overcome Drug or Alcohol Addiction
- 1.4 To guide the agencies to handle Drug and Alcohol cases
- 1.5 To guide the individual civil servant to seek help for self-improvement
- 1.6 To facilitate/carryout appropriate interventions where necessary

### **2. Scope**

**This SoP will be used in the event a civil servant is:**

- 2.1 tested positive during the drug test carried out under RCSC Drug Testing Procedure;
- 2.2 observed to be under the influence of drugs/alcohol at workplace;
- 2.3 referred to the Agency/RCSC by a Law Enforcement Agency;
- 2.4 seeking voluntary treatment.

### **3. Definitions**

3.1 **Assessment Committee:** This committee consists minimum of four members headed by a Chairperson who is a Doctor and panel members shall be Counsellor, Legal Officer and Program Officer from BNCA. The certificate issued from them shall be accepted to provide the medical leave above one month.

3.2 **Drug Testing Program:** This program shall as per the SOP for Workplace Drug Testing and Employee Assistance Programme

3.3 **Prescribed Treatment Plan:** A therapeutic plan that describes the patient's condition and procedure that will be needed, detailing the treatment to be provided and expected duration of the treatment prescribed by the physician/medical doctor.

3.4 **Residential Treatment:** Residential treatment describes either a mental health facility or a drug and/or alcohol or process addiction treatment program that is provided to patients in a residential setting. It is a treatment for substance abuse, alcohol addiction and other mental problems in which patients live in facilities together with other patients and therapists, receiving therapy and medication on a 24-hour basis.

3.5 **Agency:** This refers to the working Agency of the CS found using drugs/alcohol.

### **4. Responsibilities:**

4.1 **Supervisor of the CS:** He/she shall be responsible for forwarding the case of the CS found under the influence of drugs or alcohol to the HRO.

4.2 **HRO:** The HRO of the Agency shall receive the case and follow the procedure mentioned in this SoP

**5. Procedure to Register a Civil Servant (CS) found under the influence of Drugs and/or Alcohol for treatment:**

5.1 The Agency shall review and study the case of the CS found abusing alcohol or drugs and extend an opportunity to the civil servant to undergo an improvement plan.

5.2 The HRO shall submit such cases to the HRC of the Working Agency and seek the recommendation from the HRC to allow the CS to undergo the improvement plan and refer the CS for treatment.

5.3 The Agency shall based on the recommendation of BNCA/competent medical authority, identify the hospital/rehabilitation centre and provide support to the CS in accordance with this SoP.

5.4 *The Agency shall caution the CS with a reprimand letter in line with Chapter 19 of BCSR. Reprimand letter should be if they do not show up for work. Given reprimand only if they relapse. Do not give reprimand letter for voluntarily seeking treatment. If there is a test carried out and CS test positive, first reprimand.*

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5.5 The Agency -shall also forward the relevant documents of the case to Well-being Services (WS), RCSC for record and inform the Parent agency.

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5.6 The Agency may consult the Civil Service Support Desk, under Well-being Services at RCSC.

5.7 A civil servant using this treatment plan shall be granted leave under medical leave and shall be adjusted against the total medical leave available for the civil servant.

5.8 The CS shall bear the nominal fees incurred.

**6. Procedure For Treatment**

**6.1) Alcohol Issues**

6.1.1 A CS recommended/ volunteering for treatment shall follow the treatment plan prescribed by the competent medical authority/hospital/rehabilitation centre.

6.1.2 The treating medical doctor may prescribe medical leave up to one month (Chapter 10, BCSR). The medical leave approved shall be as per the number of days prescribed by the medical doctor.

6.1.3 The Agency shall facilitate the referral of CS to undergo detoxification at approved Centers/Counselors.

6.1.4 The Agency shall support the CS to seek higher intensity treatment after detoxification, if the CS is required to do so.

6.1.5 The CS shall process with the Working Agency concerned for medical leave. The Agency shall forward all relevant documents to the RCSC before the exhaustion of initial medical leave

up to one month. This is to ensure that the Agency or the WS can process for medical leave from the Board of Doctors (BoD) for the CS to avail the higher intensity treatment.

6.1.6 The Agency shall refer to the WS, RCSC for final approval for any leave beyond one month for purpose of treatment of the above or similar conditions.

6.1.7 The Agency shall process the medical leave for the CS to attend the higher intensity treatment at an approved Center based on the written advice from the treating medical doctor and admittance letter from the approved Center on emergency basis. However, this is only an interim measure to prevent delay in treatment.

6.1.8 The Agency shall submit the following documents to the WS, RCSC and upon receipt of the documents, the WS shall assist the Agency in obtaining his/her medical certificate for medical leave (1-6 months) from the BoD.

- a. Recommendation letter from medical doctor attesting that the CS needs to undergo higher intensity treatment at approved Center;
- b. Admittance letter from approved Center;
- c. Others as deemed relevant

6.1.9 The CS shall return to office and resume duties upon completion of the prescribed treatment plan.

6.1.10 The Agency shall submit a copy of the joining order of the CS to the WS, RCSC.

## **6.2) Drugs Issues**

6.2.1 The Agency shall provide leave, where applicable, for a CS to undergo the Drug Testing Programme which is done by Assessment Committee appointed by the BNCA.

6.2.2 The Agency shall accord medical leave to a CS in accordance with BCSR if s/he is recommended for treatment after the Drug Testing Programme and a certificate is issued by the Assessment Committee of BNCA.

6.2.3 The Agency shall facilitate and monitor the CS during the treatment period.

6.2.4 The Agency shall obtain the certificate upon the completion of treatment and the attendance sheet as a evidence that s/he has fully attended the treatment from the BNCA.

6.2.5 The CS undergoing residential treatment shall resume duties upon completion of the prescribed treatment plan.

6.2.6 The Agency shall forward copies of all the above documents and the joining order of the CS to WS, RCSC.

## **7. Post First Treatment (Drug and/or Alcohol Issues)**

7.1 The Working Agency shall place the CS back to their last served position or to another position in the same position level as per the decision of the HRC.

7.2 The immediate supervisor shall closely monitor the CS who shall be kept under observation for six months

7.3 The immediate supervisor shall submit monthly report on the progress of the CS in the workplace to the WS, RCSC.

7.4 The CS shall be made to undergo a random drug test at any point of time after the first treatment.

7.5 The CS shall be referred one additional time, if s/he relapses.

[7.6 The Agency shall issue a reprimand letter to the CS](#)

#### **8. Second Treatment Plan Opportunity (Drug and Alcohol Issues)**

8.1 The CS shall be given support and opportunity to undergo a second round of treatment in case s/he relapses.

8.2 The CS will be cautioned with a final reprimand letter from the Agency.

8.3 The HRO shall re-submit the relapse to the HRC of the Agency and the Agency shall again follow the process mentioned as per section 6 of this SOP.

8.4 If the CS relapses a third time, the CS shall be compulsory retired from the civil service (Chapter 19, BCSR).

8.5 The Agency shall follow the separation procedures outlined in the BCSR.

#### **9. Confidentiality**

9.1 The CS's right to privacy will be respected and any written record, working note will be kept safe and confidential by the Agency.

9.2 All kinds of issue and concern registered with Well-being Services will be treated confidentially.

9.3 Other officials concerned must ensure that the cases are kept confidential.