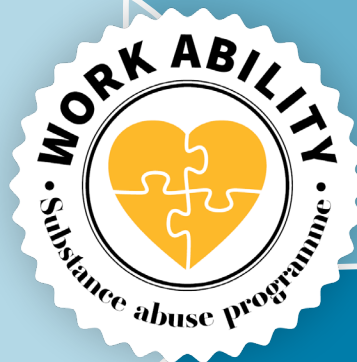


# Substance abuse programme

Company name:





# Substance abuse programme

We have worked together to prepare a substance abuse programme for our workplace. Its purpose is to make our workplace a safe and healthy space for everyone and support the work performance of all employees. The programme also includes instructions on how to remove an intoxicated employee from the workplace.

Intoxicants include alcohol, drugs, and all other substances used for intoxicating purposes.

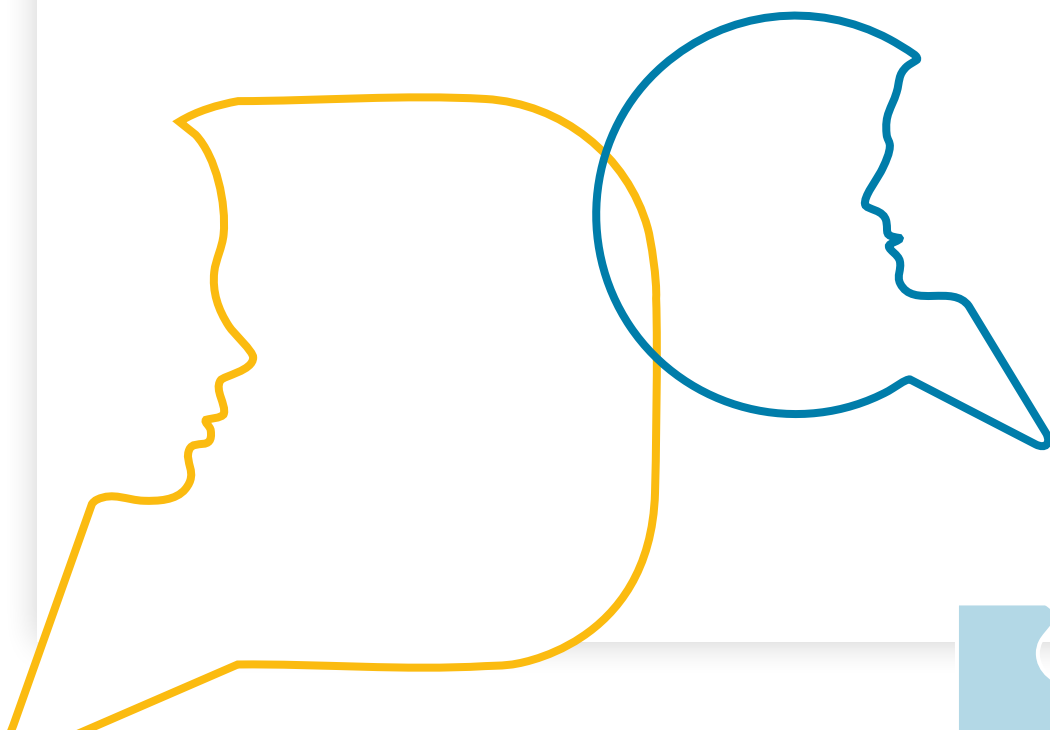
## Prevention

Employees may not work or be present at the workplace when intoxicated during working hours.

If an employee has any concerns about their personal substance use, they can discuss the matter with occupational health care or their supervisor, as they are obligated to provide their help.

At our workplace, we share information on substance abuse and healthy lifestyle choices. We also offer training and coaching on these themes together with occupational health care. Our events always include non-alcoholic options.

We regularly monitor and evaluate the substance abuse programme. The programme is available to all employees, and they are aware of its contents.



## Early support in suspected cases of substance abuse

If you suspect that someone has a substance abuse problem, follow the operating model for early support.



### 1. Concern

The supervisor or another member of the work community suspects that an employee's problems are the result of substance abuse. This suspicion may be related to the employee's behaviour or changes at the workplace (e.g. in their work, competence, performance, health, work ability, sickness absences) that could stem from intoxicant use.



### 2. Discussion

When the suspicion of substance abuse is raised, the supervisor brings up the problem with the employee.

The purpose of the discussion is to inform the employee that substance abuse will not be tolerated at the workplace, as it can impact their work ability and occupational safety. The other purpose is to show the employee that they are cared for and that they can receive help for their problem.



### 3. Solutions

The aim is to ensure that the employee truly understands their situation and knows how they can receive support for their ability to work. The supervisor can also ask occupational health care for additional support. The employee, occupational health care, or the supervisor can suggest a treatment referral (see the section titled “How we act in substance abuse situations”).



### 4. Follow-up

Agree with the employee on how and when you will next follow up on the situation.



### 5. Support

If the situation is not resolved and the problems persist, discuss again with the employee how you could solve the situation. The employee may need other types of support to continue their work.

# How we act in substance abuse situations

If a person is under the influence of intoxicants, they must be removed from the workplace. You must also ensure that they do not pose a risk to themselves or others.



## 1. Observation

If you notice or suspect that an employee is intoxicated at work, take action. The situation endangers the safety of the employee, customers, and other employees.



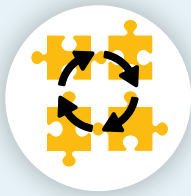
## 2. Response

Every member of the work community is obliged to take action if they suspect substance abuse at the workplace. Inform your supervisor or other employer representative of the suspected substance abuse.



### **3. Removal from the workplace**

The supervisor discusses the matter with the suspected employee to determine whether they are intoxicated or their work ability has deteriorated. The supervisor takes the necessary measures (substance abuse test / no substance abuse test) and removes the person from the workplace. The supervisor must also issue a written notice to the employee (Notice on substance abuse during working hours, Appendix 1).



### **4. Cooperation with occupational health care**

As soon as possible after the intoxicated employee has been removed from the workplace, the employee / their supervisor must book an occupational health visit. Occupational health care will assess how the employee's substance use has affected their work ability and what kind of care they need. The employee and their possible support person, an occupational health representative, and the employee's supervisor negotiate on the referral to treatment. An agreement is made on the treatment referral (Treatment commitment, Appendix 3).

The aim of the treatment is to support the employee's ability to work. The treatment plan is implemented during the employee's own time, and the employer does not usually reimburse the costs of the substance abuse treatment. All measures are recorded as agreed with occupational health care.



## 5. Support and follow-up


The way in which the treatment is monitored is specified in the treatment referral agreement. If the substance abuse problems recur during treatment, the treatment plan may need to be amended and the treatment monitored more closely. Some cases may even warrant disciplinary action. The employer may choose to terminate the employment relationship if the employee discontinues the treatment and their problems continue, or they start having problems again after the conclusion of the treatment.

Any changes to the care plan can be made in mutual collaboration between the employee, supervisor, occupational health care, and the party providing the treatment, but the final decision is always made by the employer.

## Penalties: thresholds and processing

Under the Employment Contracts Act and the Occupational Safety and Health Act, the use of intoxicants or appearing intoxicated at the workplace is grounds for the cancellation or termination of an employment relationship. The termination of an employment relationship always requires overall consideration.

Our workplace has specific thresholds in place for substance abuse-related notices, warnings, and cancellations and terminations of employment.



Notice:

Warning:

Cancellation of employment:

Termination of employment:

### **Entry practices:**

Notices are recorded on a specific form (Notice on substance abuse during working hours, Appendix 1).

Warnings are recorded on a specific form (Warning about repeated substance use, Appendix 2).

The notice and warning are signed by the employee, supervisor, and possible witnesses (when necessary). The form is submitted to the shop steward or occupational safety and health representative, as well as occupational health care.





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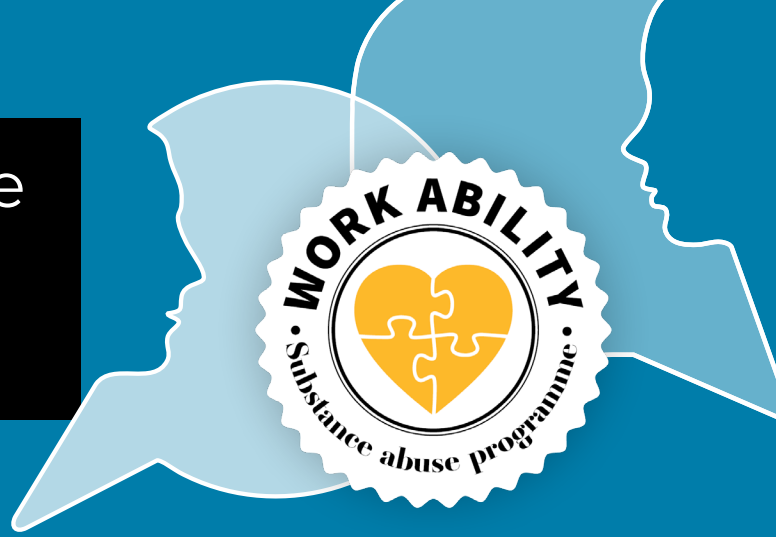
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[www.xamk.fi/raty](http://www.xamk.fi/raty)

# Notice on substance abuse during working hours

Company name:



Appendix 1

On this date \_\_\_\_\_ received a notice on substance abuse during working hours. This notice will remain valid for 12 months.

Date:

Supervisor:

On this date, I received the aforementioned notice. I commit to visiting occupational health care within one week of receiving this notice.

Date:

Employee:

We hereby certify that the aforementioned notice has been issued on this date.

Date:

Witness:

Witness:

The use of witnesses is necessary only if the employee concerned does not sign the notice that was given to them.



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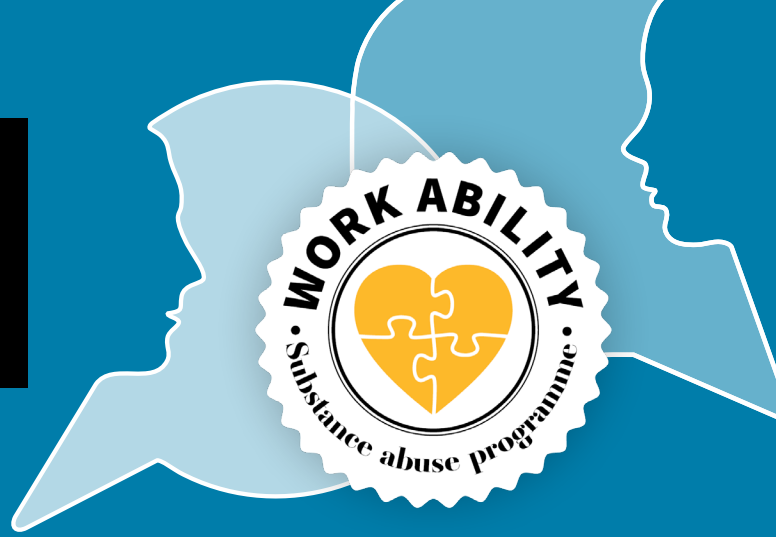


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# Treatment commitment



Company name:

Appendix 3

Name:

Date of birth:

Phone number:

## Treatment plan:

Treatment begins on:

Duration:

Place of treatment, name and phone number:

Contact person for occupational health, name and phone number:

Due to my substance abuse problem, I commit to receiving treatment at a jointly agreed place of treatment, in accordance with a separately prepared treatment plan.

I commit to following the instructions given by my place of treatment and notifying the contact person if I discontinue the treatment.

The treatment plan also specifies how the progress of the treatment will be monitored.

This commitment is valid for the period specified in the treatment commitment.

The cost of the treatment is divided as follows:

Place and date

Signature of the employee

Signature of the representative of the place of treatment

Signature of the supervisor

Signature of the contact person for occupational health



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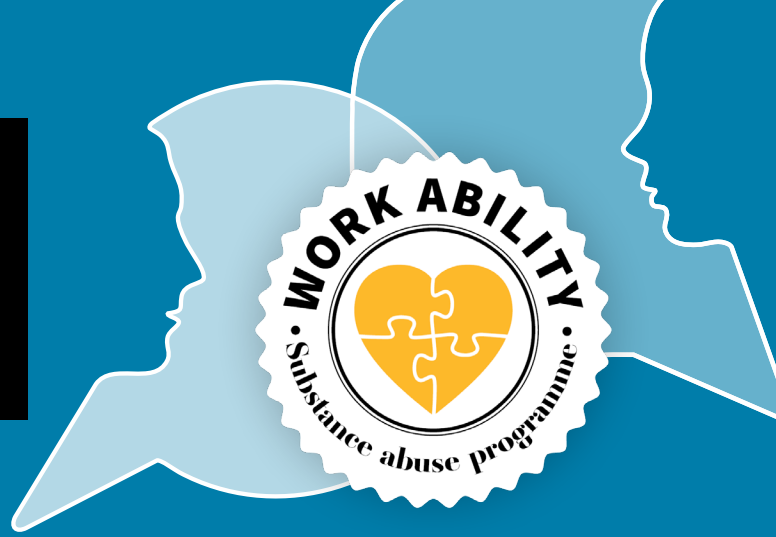
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# Warning about repeated substance use

Company name:



Appendix 2

On this date \_\_\_\_\_ received a warning about their repeated substance use and a request to seek treatment due to their substance abuse problem. This warning is subject to:

A) a treatment agreement, in accordance with the treatment referral procedure of \_\_\_\_\_

B) an employment termination notice, on the basis of the Employment Contracts Act.

Date:

Supervisor:

On this date, I received the aforementioned warning and the related follow-up measure.

Date:

Employee:

We hereby certify that the aforementioned warning and related follow-up have been issued on this date.

Date:

Witness:

Witness:

The use of witnesses is necessary only if the employee concerned does not sign the document.



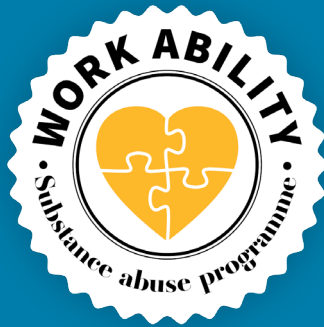
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Yrityksen nimi / Company name:

**Täydentävä liite / Complementary appendix**

Tämä liite täydentää päihdeohjelman mallia. Kirjaa päivämäärä ja asia.  
This appendix complements the substance abuse programme model.  
Write the date and the matter.





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osarahoittama**



**Kaakkois-Suomen  
ammattikorkeakoulu**



**Elinkeino-, liikenne- ja  
ympäristökeskus**