

CMA Guidance Note 5

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CMA notes are issued on an irregular basis to provide information and advice on matters of current importance in occupational health.

Managing Drugs and Alcohol Issues in the Workplace

Introduction

This Guidance Note has been developed to help businesses deal with drug and alcohol-related problems at work. It is aligned with the Government's commitment in *The Health of the Nation* to encourage employers to introduce workplace drug and alcohol policies and evaluate their impact.

In a 2007 CIPD survey, four out of ten employers believed alcohol misuse was a significant cause of employee absence and lost production. One third of organisations reported that drug misuse has a similar negative impact. In a 1994 survey, 17% of personnel directors described alcohol consumption as a 'major problem' for their organisation. The main concerns are:

- **Drug and alcohol-related absenteeism and sickness absence.** Alcohol is estimated to cause 3-5% of all absences from work; about 8 to 14 million lost working days in the UK each year.
- **The effects of drugs and alcohol on productivity and safety.** Drug-taking or alcohol consumption may result in reduced work performance, damaged customer relations, and resentment among employees who have to 'carry' colleagues whose work declines because of their habits. There are no precise figures on the number of workplace accidents where drug and alcohol is a factor, but they are known to affect judgement and physical co-ordination. Drinking even small amounts of alcohol before or while carrying out work that is 'safety sensitive' will increase the risk of an accident.

Contrary to popular belief, the majority of people who have a drug or alcohol problem are in work. The good news is that people with such problems can and do cut down or stop, and that there are agencies and resources throughout the country where people with drug or alcohol problems can go for expert help.

The prospect of tackling when and how much employees drink can be daunting, especially for businesses without a personnel specialist. But acting to prevent problems before they occur can save time in the end and is often more effective than dealing with a problem that has become too serious to ignore.

Any business, however small, can take practical steps to minimise the risks associated with inappropriate drinking or drug-taking.

Drinking alcohol: Effects on the individual

It is worth considering how drinking alcohol affects people and the legal responsibilities of an employer.

Alcohol is a positive part of life for many people and most of the time drinking alcohol does not cause any problems. But drinking too much or at the wrong time can be harmful. The Government's guidance on sensible drinking, published in December 1995, lists the following as examples of specific situations when the best advice is not to drink at all:

- before or during driving;
- before using machinery, electrical equipment or ladders;
- before working or in the workplace when appropriate functioning would be adversely affected by alcohol.

Even at blood alcohol concentrations lower than the legal drink/drive limit, alcohol reduces physical co-ordination and reaction speeds. It also affects thinking, judgment and mood. People may feel more relaxed and less inhibited after a couple of drinks but getting drunk can lead to arguments, mood swings, and even violence. Large amounts of alcohol in one session can put a strain not just on the liver but other parts of the body as well, including muscle function and stamina.

After getting drunk, drinking alcohol for 48 hours should be avoided to give the body tissue time to recover. However, this is a short-term measure and people whose pattern of drinking places them at significant risk should seek professional advice.

Drinking alcohol raises the drinker's blood pressure. This can increase the risk of coronary heart disease and some kinds of stroke. Regularly drinking more than the daily benchmarks also increases the risk of liver damage, cirrhosis of the liver, and cancers of the mouth and throat. People who drink very heavily may develop psychological and emotional problems, including depression. Studies show that people who regularly drink small amounts of alcohol tend to live longer than people who do not drink. The main reason is that alcohol gives protection against the development of coronary heart disease. However, this protective effect is only significant when people reach a stage of life when they are at risk of coronary heart disease. For men, this is over the age of 40. For women, it is after the menopause. The benefits come from drinking small amounts of alcohol fairly regularly - i.e. between 1 and 2

**CMA Guidance Note 5****Revised April 2010**

units a day. No overall additional benefit comes from drinking more than 2 units a day, or from drinking a particular type of drink (e.g. red wine).

Taking drugs: Effects on the individual

Drugs can affect the brain and the body in a number of ways. They can alter the way a person thinks, perceives and feels, and this can lead to either impaired judgment or concentration. Drug misuse can also bring about the neglect of general health and well-being. This may adversely influence performance at work, even when the misuse takes place outside the workplace.

Signs of drug misuse which you might look for include: sudden mood changes, unusual irritability or aggression, a tendency to become confused, abnormal fluctuations in concentration and energy, impaired job performance, poor time-keeping, increased short-term sickness absence, a deterioration in relationships with colleagues, customers or management and dishonesty and theft (arising from the need to maintain an expensive habit).

It should be remembered that all these signs may be caused by other factors, such as stress, and should be regarded only as indications that an employee *may* be misusing drugs.

The legal position

Employers have a general duty under the Health and Safety at Work etc Act 1974 (Section 2) and the Management of Health and Safety at Work Regulations 1999 to ensure, as far as is reasonably practicable, the health, safety and welfare of their employees. If an employee, known to be under the influence of drugs or alcohol is allowed to continue working and this places the employee or others at risk, the employer could be prosecuted. Similarly, employees are also required to take reasonable care of themselves and others who could be affected by what they do.

It is an offence under the Misuse of Drugs Act 1971 for persons to knowingly permit the production or supply or use of controlled substances on their premises.

In the transport industry, there is additional legislation in place to control the misuse of alcohol and drugs. The Transport and Works Act 1992 makes it a criminal offence for certain

workers to be unfit through drink and/or drugs while working on railways, tramways and other guided transport systems. The operators of the transport system would also be guilty of an offence unless they had shown all due diligence in trying to prevent such an offence being committed.

What can employers do?

A straightforward four-step process for dealing with drug and alcohol problems at work is set out below. All companies can benefit from an agreed policy on drugs and alcohol. A model policy is described under Step 3.

Step 1 Find out if there is a problem

Problems may come from employees:

- taking drugs or drinking during working hours;
- taking drugs or drinking during breaks or before coming on shift;
- regular heavy drinking or drug-taking outside working hours;
- drug-taking or getting drunk outside working hours.

It may be useful to find out from employees what they know about the effects of drugs and alcohol on health and safety, what they feel currently about drug-taking or drinking alcohol during working hours and their understanding of any restrictions or rules on drug taking or alcohol use in their employment.

It may also be useful to explore the available information on:

- sickness absence;
- productivity;
- accident records;
- disciplinary problems.

This may help to find out if drugs or alcohol are harming the business.

There are many reasons why someone develops a drug or alcohol problem. Working conditions – e.g. stress, excessive work pressure, unsocial hours or monotony - may be a factor in someone starting to take drugs or drink more. Opportunity can also be a factor; for example in jobs where there is ready access to alcohol or where drinking and entertaining is a normal part of doing business. Lack of supervision combined with opportunities to drink during working hours may mean that a drinking problem goes unnoticed.

People with drinking or drug problems are not, however, the sole cause of drug or alcohol-related problems at work. A business will suffer if any employee takes drugs or drinks during

CMA Guidance Note 5

Revised April 2010

working hours in such a way that the work suffers, phones in sick after a heavy drinking or drug-taking session the night before, or comes to work with a hangover.

Step 2 Decide what to do

A good start is to ask the following four questions:

- Is it acceptable for employees to drink alcohol or take drugs during working hours?
 - during lunch and other breaks?
 - on special occasions?
 - when entertaining clients?
- Is the same expected from staff working in safety-sensitive jobs when it comes to not taking drugs or drinking alcohol as from staff working in non-safety-sensitive jobs or management positions?
- How would an employee be dealt with who is finding it difficult to control his or her drinking or taking drugs and whose work is suffering as a result?
- How would an employee who turns up for work drunk or under the influence of drugs or flouts known restrictions on drinking alcohol or drug-taking be managed?

Consulting others

In deciding what to do, it will almost certainly necessary to consult others. In larger organisations, good practice would be to set up a working party led by a senior manager to look at the issue of drugs and alcohol as it affects the business, also involving Serco Occupational Health. In smaller businesses, it will find it useful to talk to:

- other managers
- supervisors
- staff representatives/trade union representatives
- employees.

Gaining the support of the workforce for any change in company rules will be much easier if staff feel that they have been consulted beforehand. The culture surrounding drug-taking or drinking during working hours has changed dramatically over the past decade. The 1994 Health Education Authority survey found that 63% of workers and 69% of manual workers supported a total ban on drinking during working hours. The same survey found that 66% of

workers thought that senior employees should be subject to exactly the same controls on alcohol as the rest of the workforce while 25% believed senior employees should set an example and be subject to tighter controls!

The local drug and alcohol advisory services will advise about the best way to deal with any employees who are finding it difficult to control their drinking or who are taking drugs. Establishing an early link could make things easier if problems arise in the future.

Step 3 Taking action

In taking action, the support of other managers and employees is essential. The personal involvement of the senior management will also make a huge difference when it comes to introducing any changes. The most important questions are:

- **What** needs to be done?
- **Who** needs to do it?

Good communication and training will be needed. How will current staff and any recruited in the future know the company's rules about drugs and alcohol? Does anyone need more information or training?

Supervisors and other managers need to be clear about company rules and what to do if they suspect employees' drinking or drug-taking is affecting their work. They also need to be aware of the implications of not tackling possible drug and alcohol misuse, especially where safety is an issue. The local drug and alcohol advisory services may be able to help train managers to recognise if someone has an alcohol or drug problem and the best way to handle the situation. The services may charge for training.

A written drug and alcohol policy has many advantages, for example leaving less room for misunderstanding than an informal 'understanding'. Factors to be considered when developing a drug and alcohol policy are described in Appendix 1. It does not have to be a long or complicated document.

Providing information

By making general information about drugs and alcohol and health available to your staff, they may be encouraged to adopt sensible drinking outside working hours. The local health promotion unit can supply leaflets and posters.

Dealing with an employee with a possible drug or alcohol problem

CMA Guidance Note 5

Revised April 2010

- Employees with a drink or drug problem have the same rights to confidentiality and support as they would if they had any other medical or psychological condition.
- Disciplinary action should be a last resort. A court may find a dismissal unfair if an employer has made no attempt to help an employee whose work problems are related to drinking alcohol or taking drugs.
- The cost of recruiting and training a replacement may be greater than the cost of allowing someone time off to obtain expert help.
- Many people with an alcohol or drug problem are able in time to regain full control over their lives and return to their previous work performance.
- It may be very difficult for people to admit to themselves or others that their drinking is out of control or that they are dependent upon drugs. They need to know that you will treat their problem as a health problem rather than an immediate cause for dismissal or disciplinary action.
- If employees' drinking or drug-taking is a matter of concern, they should be encouraged to seek help from their GP or a specialist drugs and alcohol agency.

Step 4 Checking what you have done

As with any other kind of initiative, it should regularly be checked to see if it is working and whether any changes need to be made.

Screening: What is involved

More companies - particularly those in safety-sensitive industries - are using screening and testing as a way of controlling drugs and alcohol problems. It can be used in various ways:

- as part of a selection process for job applicants; testing all or part of the workforce routinely, occasionally or on a random basis;
- in specific circumstances, such as after an accident or incident, where there is evidence of drinking or drug-taking that contravenes the company's regulations, or as part of an aftercare rehabilitation programme;
- to monitor a particular problem, e.g. employees reporting for work with drugs or alcohol in their bloodstream from the previous evening's ingestion.

Drugs and alcohol screening is a sensitive issue. Securing the agreement of the workforce to the principle of screening is essential, partly because of the practical and legal issues involved. Screening is only likely to be acceptable if it can be seen to be part of a company's occupational health policy and is clearly designed to prevent risks to others. Cost is another consideration because of the need to ensure the accuracy and validity of test results.

Screening by itself will never be the complete answer to problems caused by drug and alcohol misuse and its results must always be supplemented by a professional assessment of the employee.

The implications of introducing alcohol screening

Agreement to the principle of screening must be incorporated in each employee's contract of employment. For new staff, this is fairly straightforward but existing staff are under no legal obligation to agree to changes in their terms and conditions of service. If an employer tried to force a test on an unwilling employee, the employee could resign and claim 'constructive dismissal'.

In addition to changes to the contract of employment, written consent of the individual should be obtained for each test. This consent should specify whether the test is for alcohol or other drugs. Medical confidentiality should be assured so that managers should only be told when an employee is considered fit or unfit for work.

Testing requires the introduction of a 'chain of custody' procedure to ensure that samples are actually provided by the person being screened, samples cannot be tampered with, accurate laboratory analysis and interpretation is guaranteed, and appropriate action is taken when a test result is positive. Any laboratory accredited by the National Measurement Accreditation Service (Tel: 020 8943 7140) will have satisfied assessors that it provides a service that meets all criteria.

Summary checklist

1. Find out if there is a problem.
2. Make a list of who should be consulted.
3. Decide how the company expects employees to limit their drinking.
4. Consider how to make sure that if an employee has a possible alcohol problem, this is noticed and help is offered.
5. Decide at what point and in what circumstances an employee's drinking will be treated as a matter for discipline rather than a health problem.



CMA Guidance Note 5

Revised April 2010

6. Think about how the workforce will be informed about company policy on alcohol and consider introducing a formal written alcohol policy.
7. Find out if any managers or other staff needs more information or training.
8. Consider providing staff with general information about alcohol and health.

Resources & References:

Faculty of Occupational Medicine: Guidance on Alcohol and Drug Misuse in the Workplace, July 2006.

HSE Website: Alcohol & Drugs at Work <http://www.hse.gov.uk/alcoholdrugs/index.htm>

CMA Guidance Note 42: Alcohol Abuse and Ill Health Retirement

CMA Guidance Note 44: Substance Abuse

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Appendix 1

Considerations in Developing a Drugs and Alcohol Policy

A model workplace alcohol policy would cover the following areas.

Aims

Why have a policy?

Who does the policy apply to? Does it cover all employees and are contractors included? (Note: best practice would be for the policy to apply equally to all grades of staff and types of work.)

Responsibility

Who is responsible for implementing the policy? (Note: all managers and supervisors will be responsible in some way but it will be more effective if a senior employee is named as having overall responsibility.)

Testing Arrangements

Not all policies have testing as part of the process

Special circumstances

Do the rules apply in all situations or are there exceptions?

Confidentiality

A statement assuring employees that any alcohol problem will be treated in strict confidence.

Help

A description of the support available to employees who have problems because of their drinking.

Information

A commitment to providing employees with general information about the effects of drinking alcohol on health and safety.



CMA Guidance Note 5

Revised April 2010

Disciplinary action

The circumstances in which disciplinary action will be taken.

Appendix 2

Most Commonly Misused Substances in the UK

<i>Name (street/trade names)</i>	<i>How usually taken</i>	<i>Effects sought</i>	<i>Harmful effects</i>
Heroin (smack, horse, gear, H, junk, brown, stag, scag, jack)	Injected, snorted or smoked	Drowsiness, sense of warmth and well-being	Physical dependence, tolerance, overdose can lead to coma and even death. Shared needles
Cocaine (coke, charlie, snow, C)	Snorted in powder form, injected	Sense of well-being, alertness and confidence	Dependence, restlessness, paranoia, damage to nasal membranes
Crack (freebase, rock, wash, stone)	Smokable form of cocaine	Similar to those of snorted cocaine: initial feelings are much more intense	As for cocaine. Intensity of its effects, makes crack use hard to control, damage to lungs
Ecstasy (E, XTC, doves, disco biscuits,	Swallowed, usually in tablet form	Alert and energetic but with calmness and a sense of well-being towards others. Heightened sense of sound	Nausea and panic, overheating and dehydration if dancing, which can be fatal. Liver and kidney problems. Long-term effects not clear but may include mental



CMA Guidance Note 5 Revised April 2010

echoes, scooby doos)		and colour	illness and depression
LSD (acid, trips, tabs, dots, blotters, microdots)	Swallowed on tiny square of paper	Hallucinations, including distorted or mixed-up sense of vision, hearing and time. An LSD <i>trip</i> can last as long as 8-12 hours	Bad trips unstoppable which may be a frightening. Increased risk of accidents can trigger off long-term mental problems
Magic mushrooms (shrooms, mushies)	Eaten raw or dried, cooked in food or brewed in a tea.	Similar effects to those of LSD but the trip is often milder and shorter	As for LSD, plus risk of sickness and poisoning
Cannabis (hash, dope, grass, blow, ganja, weed, shit, puff, marijuana)	Rolled with tobacco into a spliff, joint or reefer and smoked, smoked in a pipe or eaten	Relaxed, talkative state, heightened sense of sound and colour	Impaired co-ordination and increased risk of accidents, poor concentration, anxiety, depression, increased risk of respiratory diseases including lung cancer
Barbiturate (barbs, downers)	Swallowed or injected	Calm, relaxed state, larger doses produce a drunken effect	Dependency, tolerance, overdose can lead to coma or even death. Severe withdrawal symptoms
Amphetamines (speed, whizz, amp, uppers, billy, sulph)	Dissolved in drinks, injected, sniffed/ snorted	Stimulates nervous system, wakefulness, feeling of energy and confidence	Insomnia, mood swings, irritability, panic. The comedown (hangover) can be severe and last for several days

Tranquillizers (Valium, Altivan, Mogadon (moggies), Temazepam (wobblies, mazzies, jellies))	Swallowed as tablets or capsules, injected	Prescribed for the relief of anxiety and insomnia, high doses cause drowsiness.	Dependency and tolerance, increased risk of accidents, overdose can be fatal, severe withdrawal symptoms
Anabolic steroids (many trade names)	Injected or swallowed as tablets	With exercise can help to build muscle. There is some debate about whether drug improves power and performance.	Men: erection problems, risk of heart attack or liver problems. Women: development male characteristics.
Poppers (alkyl nitrates, including amyl nitrate such as Ram, TNT, Thrust)	Vapours from small bottle of liquid are breathed in through mouth or nose	Brief and intense head-rush caused by sudden surge of blood through the brain.	Nausea and headaches, fainting, loss of balance, skin problems around the mouth and nose, particularly dangerous for those with glaucoma, anaemia, breathing or heart problems
Solvents (including lighter gas refills, aerosols, glues paint thinners and correcting fluids).	Sniffed or breathed into the lungs.	Short-lived effects similar to being drunk, thick-headed, dizziness, possible hallucinations.	Nausea, blackouts, increased risk of accidents. Fatal heart problems can cause instant death