NORTHERN IRELAND DRUGS AND ALCOHOL CAMPAIGN

GUIDELINES ON DEVELOPING AND IMPLEMENTING WORKPLACE DRUGS AND ALCOHOL POLICIES

This booklet is an integral part of the Workplace Resource Pack on Drugs and Alcohol which has been developed as part of the Northern Ireland Drugs and Alcohol Campaign. The Pack also includes an Information Booklet for Workers and an example of a Model Policy.

Workplace Guidelines

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GUIDELINES FOR DEVELOPING WORKPLACE DRUGS AND ALCOHOL POLICIES

Introduction and Rationale for Drugs and Alcohol Policies

Northern Ireland's strategies on Drugs and Alcohol aim to reduce the harm caused to individuals and society through the misuse of alcohol and the use of illicit drugs. Both strategies are implemented through the Northern Ireland Drugs and Alcohol Campaign which addresses the specific needs of the working community through the following action points:

- **Producing guidelines for employers to enable them to develop drug and alcohol policies using a collaborative approach; and**

- **Overseeing a regional promotional strategy aiming to implement their widespread adoption and support.**

These guidelines demonstrate the commitment of the Health and Safety Executive for Northern Ireland (HSENI) and the Department of Health, Social Services and Public Safety to work together to improve health at work.[1] Both "Investing for Health"[2] (2002) and the regional workplace health strategy "Working for Health"[3] (2003) acknowledge the strengths of workplaces as settings in which health can be promoted. The latter also emphasises the importance of the holistic approach to health at work and the benefits of appropriate support and rehabilitation, aspects of which apply to drugs and alcohol policies.

Work is an integral part of the lives of the 781,000 people who are employed in Northern Ireland. It is through their output that health and social services, education and training and other services are sustained. The health and well-being of the working community is of utmost importance for sustainable development. Alcohol and illicit drugs through their effects on health, safety, work performance and absenteeism can jeopardise productivity, deny businesses the leading edge and curtail competitiveness.

Effectively implemented drugs and alcohol policies will help employers in their legal duty to safeguard the health, safety and welfare of their employees and may, in some instances, influence the scale of insurance premiums and the availability of cover. They also have a role in reducing health and safety risks to the public.

[1] *Statement of Intent: Healthier Workplaces DETI, DHSSPS March 2001.*

[2] *Investing for Health DHSSPS 2002.*

[3] *Working for Health: A long-term workplace health strategy for Northern Ireland: HSENI 2003.*

Workplace Guidelines

Raising Awareness
Early Recognition
Support

Workplaces present opportunities for early detection, intervention and support. They are settings which can promote the health of workers and influence the health of their families and community. The stability which ensues from holding a job is frequently an important factor in facilitating recovery from alcohol and drug-related problems. Similarly support and treatment may help to enable employees with a problem to return to work after receiving help. Thus employers, the business community, employees, families and society as a whole will benefit.

Many employers already recognise the benefits of effectively implemented drug and alcohol policies. A sense of duty to help their fellow man, the legal imperative and the potential for enhanced competitiveness and productivity are the key motivators.

What is the aim of the guidelines?

The overall aim is to have safe and healthy working communities in workplace environments, which both protect and promote health and safety and thereby sustain health, enhance productivity and strengthen business performance.

This aim has the following three objectives:

- To prevent drug and alcohol problems affecting the workplace through awareness raising;
- To identify problems at the earliest stage;
- To protect the health, safety and welfare of employees by offering support to those who have a problem.

What is their scope?

The guidelines extend to alcohol, illicit drugs and 'over the counter' or prescription medication which may be abused. Volatile substances such as solvents are also included. They do not extend to tobacco.

Who are these guidelines aimed at?

- Workplaces which do not have a drugs and alcohol policy;
- Workplaces which have a policy which needs to be updated or reviewed;
- Workplaces which currently have a policy but wish to benchmark against best practice.

The guidelines are aimed primarily at small to medium enterprises. Self-employed workers such as construction workers and farmers as well as larger organisations will also find specific sections relevant. The guidelines target those who have responsibility for addressing drugs and alcohol-related issues in workplaces. These include employers (including the self-employed), managers, trade union representatives and other staff who are involved in implementing such policies. Human resources staff, occupational health and safety practitioners, occupational health services and specialist services providing support to employers will also find them of benefit.

Central to the guidelines are the principles of employee participation and commitment from the top. They also encourage a caring, responsible and supportive work culture.

The guidelines give practical advice on how to develop a workplace policy, describe the major issues which require consideration and provide a framework to start the process. They identify sources of information and advice and are supplemented by a template for a model policy and an information booklet for workers in a comprehensive workplace resource pack.

What is the scale of drugs and alcohol problems?

In Northern Ireland alcohol is the most commonly abused substance and cannabis the most commonly misused illicit drug.

Contrary to popular belief the majority of people with a drinking problem are in work.[1] In a recent workplace survey conducted in Northern Ireland 25% of male drinkers and 14% of female drinkers exceeded sensible limits whilst 70% of drinkers reported that they drank alcohol in large quantities on single occasions. This pattern of binge drinking which is evident in Northern Ireland is likely to be particularly damaging to health and to workplace performance and safety. With regard to drugs the same study found that 17% of employees reported that they had used drugs at some time and 3% were current users.[2]

Workplace problems relating to drugs have started to emerge. In a recent survey of employers 60% reported problems due to alcohol misuse and 27% due to drug misuse.[3]

Alcohol causes an estimated 3-5% of absences from work.[4] Drugs and alcohol pose risks to safety as well as to health and well-being; moderate drinkers have a 20% increased risk of absence due to injury compared to light drinkers.[5]

With regard to volatile substances a survey of school children in Northern Ireland conducted in 1999 found that around one fifth of boys and girls aged 15 to 16 years said they had tried volatile substances.[6]

Overall the social cost to Northern Ireland industry as a consequence of alcohol-related harm was estimated in 1997 to be £238 million.[7]

1 *Health and Safety Executive. Don't mix it! A guide for employers on alcohol at work. IND(G) 240L HSE 1996.*

2 *Northern Ireland Civil Service (2001) Workforce Health Survey 2000. Northern Ireland Civil Service Occupational Health Service and Northern Ireland Statistics and Research Agency Belfast. http://www.nisra.gov.uk/uploads/publications/NICS.*

3 *Personnel Today 2000.*

4 *Holtermann S. Burchell A. Government Economic Service Working Party. No 37.1981 DHSS.*

5 *Work environment, alcohol consumption and ill health. The Whitehall II Study. HSE Contract Research Report 422/2002.*

6 *The ESPAD Study: see Plant M. and Miller P. Drug use has declined among teenagers in the United Kingdom. BMJ 2000; 320:1536.*

7 *Reducing Alcohol-Related Harm in Northern Ireland. A report to the DHSS by the Project Team. Annexes Vol 1 1999.*

Getting Started - What a Workplace Drugs and Alcohol Policy looks like

Why should I have a policy?

There are sound moral, economic and legal reasons for having a policy on drugs and alcohol at work. Given the current pattern of drinking and the use of illicit drugs, problems relating to their use are likely to arise in workplaces. Employers who have implemented a policy will be well placed to deal with such problems.

What are the aims of a policy?

The following are the aims of drugs and alcohol policies:

- To prevent drugs and alcohol problems by raising awareness and providing guidance on the symptoms, effects on work and health consequences of both drugs and alcohol;
- To seek to identify a problem at an early stage and thus minimise risks to the health and safety of the employee and potentially safeguard the health and safety of fellow employees and others;
- To recognise drugs and alcohol problems as medical conditions, which are potentially treatable and provide the means whereby those who have a problem can seek and be offered help in confidence;
- To provide competent assistance and support to employees with problems with the aim of reintegrating them back in work.

What are the benefits of a policy?

An effectively implemented policy will ensure:

- A clear understanding within the workplace of the rules relating to drugs and alcohol;
- A greater awareness in workplaces of the effects of drugs and alcohol and consequently early recognition;

- That the necessary structures and procedures are in place should a problem arise;
- That key staff have been trained to understand the issues involved and have the skills to deal with problems when they arise;
- A willingness amongst workers to acknowledge that they or a fellow colleague have a problem.

How do I produce a policy?

A policy is a formal statement of an organisation's intent. It sets out clearly the rules and procedures for dealing with issues relating to drugs, alcohol and other substances. In many organisations this will need to include details of staff training in the correct procedures for handling incidents and dealing with colleagues who give cause for concern. More directive policies are likely to be necessary in workplaces which have the potential to pose a significant risk, where individuals have responsibility for the safety of other people and where human factors such as an error of judgment can harm people or the business. It may be helpful to integrate drugs and alcohol policies with other policies such as those relating to employment and health and safety. In small organisations a basic code of conduct may be sufficient, whilst for the self-employed awareness of the issues and how to seek help may be sufficient.

Who should a policy apply to?

A policy should apply to all staff without exception and it should ensure equity of application and of support. It is important for each organisation to identify its own particular needs and to reflect these in the policy. Employers' requirements of contractors as regards a policy should be agreed at the start of the contract.

Should the policy apply to prescription drugs, over the counter preparations and volatile substances?

Certain prescription drugs and over the counter preparations can affect performance and create a safety risk.[1] Some of these drugs may also be abused (see page 30).[2] The policy should therefore state what employees are expected to do if they start taking medicines which have the potential to affect work performance e.g. reporting to supervisors/management etc. All those at work including the self-employed should check with their doctor or pharmacist before taking any medicines which could affect work performance or cause drowsiness.

Which approaches to effective workplace policy development have the best results?

Management commitment and the involvement of employees and their representatives at the early stage of policy development are critical in ensuring that the policy will work and that it is sustainable. Engagement with employees at the early stages fosters credibility and trust. It allows discussion on issues over which they have concerns and should result in a meaningful policy with defined procedures and clear lines of accountability.

This dialogue between the employee and the employer will enable all to see the potential dangers to themselves, other colleagues and the organisation if drugs or alcohol are misused. It should be made clear that help will be given to all those who need it and the consequences of refusing to accept help should also be explained.

Occupational heath professionals and personnel managers should be involved. Trade unions, employers' organisations and professional bodies have already produced guidance and this may be of assistance. In larger organisations occupational and welfare services can provide support to employees who think they have a problem. They are also a resource for managers who have concerns about employees. In smaller organisations it may be appropriate to identify and train a key worker.

1 *Haslam C, Brown S, Hastings S, Haslam R. Effects of prescribed medication on performance in the working population. Research report 057. Health and Safety Executive 2003.*

2 *Where employees work with human or veterinary medicines health and safety legislation requires that safe working practices should be in place.*

Where can I get help to develop a drugs and alcohol policy?

The local Drugs and Alcohol Co-ordination Team (DACT) can identify organisations which provide assistance in the development of a policy (see page 33). They can also signpost sources of training, counselling, support and advice.

What are the practicalities?

- A realistic timescale will be needed to consult on the policy and to develop and implement it;
- In the case of small to medium enterprises the consultation process, whilst more straightforward, may also have to be handled more sensitively and commitment from the top will also need to be more visible;
- The legal and ethical aspects of the policy will require consideration, as will training needs;
- Testing for drugs and alcohol may have to be considered (see page 21);
- Information on the sources of support should be readily available;
- In larger organisations a working group should monitor the policy's effectiveness, ensure ongoing implementation and adjust it if needs change.

A Format for a Workplace Drugs and Alcohol Policy.
(SEE ALSO MODEL POLICY INCLUDED IN THE PACK)

All policies need to take account of specific workplace circumstances and the views obtained during the consultation. Employers should decide on the merits of separate drugs and alcohol policies or a combined policy. The following framework may act as a guide to what your policy should include.

Aims:

These should describe why the policy exists and those to whom it applies.

Responsibility:

The policy should set out who has overall responsibility for implementing the policy and the responsibilities of management at all levels as well as those of employees.

Definition:

It should be clear what is defined as a drug/substance problem.[1]

The Rules:

These should state how the organisation expects employees to behave to ensure that neither drugs nor alcohol affect their work. In relation to drinking there are a number of options which need to be considered from a total ban to sensible, responsible drinking. Similarly where safety critical staff are employed, the rules on presentation to work should be explicit.

Safeguards:

- Absence for treatment and rehabilitation should be regarded as normal sickness;
- The normal conditions during periods of absence will apply;

[1] *In its broadest sense this incorporates a variety of behaviours caused by drugs or alcohol which may be problematic to the individual and to the organisation for which the individual works.*

- It is recognised that relapses may occur, therefore the process for dealing with these should be defined;
- The policy should be monitored and reviewed regularly in consultation with workplace representatives;
- There should be agreed arrangements to ensure strict confidentiality.

Procedures:

The procedures in place for dealing with drug and alcohol problems should be stated.

Safety Critical Jobs:

There should be a definition of safety critical jobs.

Disciplinary Procedures:[1]

The policy should make it clear when disciplinary procedures are likely to be invoked. For example:

- State the consequences of reporting to work while unfit due to alcohol or drugs;
- Explain that if help is refused and/or impaired performance continues disciplinary action may result;
- State the consequences of possessing and/or dealing in drugs while at work;
- Explain when dismissal action may be taken e.g. in cases of gross misconduct.

There should be due consideration of all the circumstances before choosing a course of action. In many instances counselling, treatment and reintegration into work are more appropriate than a disciplinary procedure. The flowchart in the Appendix provides an overview of the alternatives.

1 *See Appendix. Further information is available from the Labour Relations Agency. Particular note should be made of The Employers' Handbook: Guide to Employment Law and Good Practice, and the Agency's series of Information Notes (including one specifically addressing drug and alcohol problems in the workplace), available through the website www.lra.co.uk and in hard copy from the Agency's offices*

Testing for Drugs and Alcohol:

If it is intended to introduce drug and alcohol testing, the rationale, safeguards and procedures need to be explicitly stated (see page 21).

Help:

The arrangements for employees who need help and support should be described.

Information:

There must be a commitment to provide information on the effects of drugs and alcohol on health, well-being and safety and on the procedures in place.

ISSUES TO BE CONSIDERED IN POLICY IMPLEMENTATION

Helping employees who have problems

The policy should describe sources of assistance for employees who have a problem. This assistance may take the form of counselling, referral for treatment or reintegration into the workplace.

Where an occupational health service is available it will probably be identified as the initial point of referral. In the absence of such a service human resource personnel should contact the local Drugs and Alcohol Co-ordination Team (see page 33) who can identify relevant referral agencies. Some agencies accept direct referrals whilst others will require a referral from a medical practitioner. It is helpful if they have experience of working with employees and employers and understand the nature of their relationship with both the employee and the employer. Ideally all three should work in partnership with the stated aim of restoring the employee to productive working. In small to medium enterprises the initial referral is frequently to the general practitioner.

When referring the employee, the employer should distinguish self-referral from referral as a consequence of an incident, misconduct etc. There may also be benefits in having the referral form jointly completed by the employee and for it to include relevant information regarding absence from work, quality of work etc. Subject to the agreement of the individual, arrangements can be made to enable the agency/GP to provide progress reports to an employer's occupational health service or to a named designated person.

As the problem is identified and throughout the stages described in the following paragraphs, the employer should, subject to the agreement of the employee, involve the employee's trade union representative, where appropriate.

How do I know if the employee is making progress?

At the initial assessment the specialist agency/GP will consider the case and decide if a problem exists and the action required. A contract may be agreed between a specialist agency, the employer and the employee which describes the period of assistance and the nature and frequency of progress reports within the bounds of confidentiality. Under such an arrangement the employee agrees to attend and the circumstances for the employer to be told about missed appointments are defined.

What do I do if absence for treatment is required?

In many circumstances and particularly if problems are detected early, support can be provided without the need for any absence from work. In other cases absence for treatment/rehabilitation should be regarded as normal sickness.

What should I do to assist employees to reintegrate into the workplace?

The policy should recognise that after a period of absence from work due to a drug, alcohol, or substance problem, the employee may need a period of settling back into the job. It should clearly describe the stages of the process of return to work, the organisation's expectations of the employee and the support which is available to the returning employee. Consideration should be given to flexible working arrangements that may facilitate this process e.g.

- part-time gradually increasing to full-time working;
- gradual assumption of responsibility;
- redeployment within the workplace;
- stress reduction measures e.g. allocating to day shift as opposed to rotating night shift etc.

Most people recovering from problems have some degree of loss of confidence in their skills and in socialising with their colleagues at work and measures such as those outlined above may help regain it.

The policy could also encourage informal contact with other employees when the person visits the workplace prior to their return to work. Many returning employees have fears of what their colleagues think and expect from them and such contact, along with a workplace culture of support may help alleviate these. Similarly this approach can help to reassure fellow employees.

What will it mean if an employee needs ongoing support and treatment?

- To enable recovery counselling sessions may be offered by local agencies. The policy should recognise the necessity for these and allow for flexibility for employees to attend.

- Ongoing liaison between treatment services and occupational health services, human resources staff or managers may be useful to ascertain that there is continuing contact and that the employee is following advice. However, confidentiality needs to be scrupulously observed.

- A small number of people may be prescribed medication which is dispensed daily from a local pharmacy and employees may need additional flexibility in their working hours to facilitate this. Occupational health services, human resources staff or managers should have procedures to ensure that they are made aware of such arrangements and they should give the employee such considerations as are reasonably practical.

- For health and safety reasons redeployment of the returning employee may need to be considered. It is important that the reasoning behind the decision is discussed with the employee concerned, the period for redeployment defined and a review date set.

- It is also necessary to be sensitive to employees' needs and potential difficulties during work-related social occasions where alcohol may be available.

How should I deal with a relapse?

Relapses are common, particularly in the early stages of recovery and the policy should describe the organisation's approach to ongoing monitoring. This monitoring may be gradually decreased over an agreed period e.g. two years, depending on the frequency and nature of relapses.

An open culture should be developed that will encourage family members and colleagues not to cover up. Sensitive and supportive handling will ease recovery from relapses.

Provision for non-compliance with agreed conditions of the monitoring process should be made clear in the policy, so that employees understand at what stage the disciplinary procedures will be considered.

How do I deal with new employees?

Some employers may wish to consider in their policy the issue of new recruits who reveal a history of a problem with drugs or alcohol. These may be individuals with skills to offer employers who are considered as fit to return to employment having received appropriate intervention and support. In this case the policy should include liaison by the employer with any training or other agencies involved in the process of pre-vocational rehabilitation of the individual. The induction process for all new employees offers the ideal opportunity to make them aware of the drugs and alcohol policy and their responsibilities.

Legal Issues Relating to Drugs and Alcohol in the Workplace

The following summarises the main legislation. In certain circumstances expert legal advice should be sought.

The Health and Safety at Work (Northern Ireland) Order 1978 (the Order)

Employers have general duties under this Order to ensure, so far as is reasonably practicable, the health, safety and welfare at work of their employees. Consequently should an employer knowingly let an employee, who is under the influence of alcohol or drugs, to the extent that he is liable to expose himself or others to risk, as a result of being under the influence, continue to work, the employer could be in breach of his legal duties and liable to enforcement action.

Employees are also required to take reasonable care of themselves and of others who could be affected by what they do. Specifically they must act responsibly by not exposing themselves or others to safety risks due to impairment caused by alcohol or drugs. Breach of this duty could lead to enforcement action.

The Management of Health and Safety at Work Regulations (Northern Ireland) 2000

These Regulations expand on the general duties under the Order and place duties on employers to assess the risks to the health and safety of their employees.

The Disability Discrimination Act 1995

The Disability Discrimination Act (DDA) 1995 makes it unlawful for employers of 15 or more employees to discriminate against disabled people. Furthermore it requires employers to make 'reasonable adjustments' within their workplace for disabled workers. The Act does not however, regard as an impairment dependency on alcohol, nicotine or any other substance other than as a consequence of the substance being medically prescribed. However, people with impairments such as liver damage caused by alcohol will be protected by the Act.

Data Protection Act 1998

All health and medical information is sensitive personal data under the terms of this Act. All information surrounding possible drug or alcohol problems must be handled securely and confidentially (see also page 21).

Access to Personal Files and Medical Reports (Northern Ireland) Order 1991

This Order governs the application for medical reports by employers from doctors who are providing ongoing care for an individual. It places requirements on the employer, the employee and the doctor.

Human Rights Act 1998

This Human Rights Act incorporates much of the European Convention on Human Rights into the domestic law for the United Kingdom. It applies to public authorities or those who are carrying out public functions but are not otherwise public authorities. For public authorities the Act applies to all their work, including the employment function. Issues, which need to be considered in relation to the Human Rights Act, are likely to arise in relation to Articles 2 and 3.

Article 2 concerns the right to life and there is to some extent a positive duty to protect life arising from this. Article 3 concerns the prohibition against torture, inhuman and degrading treatment. Article 6 (concerning the right to a fair hearing where either criminal charges or the determination of civil rights or obligations are engaged) and Article 8 (the right to protection for the family, home and privacy) may also apply. The latter is relevant in the context of testing. Emerging case law suggests that if there are justifiable safety grounds for checking that the employee has taken illegal drugs the policy will be deemed not to violate the Human Rights Act.[1] It is possible that consideration should also be given to Article 14, which is the prohibition against discrimination, although it should be noted this provision can only be relied on where another Article of the Convention is engaged. Articles 2 and 3 are absolute but the other Articles are qualified which means that interferences with the rights protected may be justified on the grounds permitted by that article.

Misuse of Drugs Act 1971

This is the principal legislation in the UK for controlling the misuse of drugs. It makes the production, supply and possession of named controlled drugs unlawful except in certain specified circumstances. The Act lists the drugs that are subject to control and classifies them in three categories according to the level of harm associated with misuse (see page 26).

[1] *D. Kloss. Drug Tests and the Human Rights Act. Occupational Health Review 2002; 10.*

Class A includes: ecstasy, cocaine, heroin, LSD, mescaline, methadone, morphine, opium and injectable forms of Class B drugs.

Class B includes: oral preparations of amphetamines, barbiturates, cannabis, cannabis resin[1], codeine and methaqulaone (Mandrax).

Class C includes: most benzodiazepines e.g. Temazepam, Valium, other less harmful drugs of the amphetamine group and anabolic steroids.

Road Traffic Order (Northern Ireland) 1995

This describes the offence of driving or attempting to drive a motor vehicle while unfit through drink or drugs. It set the 'prescribed' limit for alcohol at 80 mg of alcohol per 100mls of blood. However, risk-taking increases and decision-making skills begin to decline at blood alcohol levels as low as 25-50mg/100mls.

In workplaces both employers and employees have responsibilities. The employer must ensure that the employee holds the appropriate licence for the vehicle they are required to drive. In the case of forklift trucks drivers there is a need for appropriate training and certification. All licence holders are required to advise the Driver and Vehicle Licensing Northern Ireland (DVLNI) of any change in their medical circumstances, or any medical condition, which may affect their fitness to drive.

DVLNI recognises two medical standards of fitness to drive vehicles on public roads; Group 1 (ordinary driving) and Group 2 (vocational driving which in Northern Ireland includes taxi drivers). Employers can, however, set standards of fitness which are above those legally required having taken into account any special risks associated with the activities performed. Thus there may be circumstances such as where dangerous loads are being carried where an employer will decide that the higher Group 2 medical standard is more appropriate.

The current medical standards applied by the DVLNI can be found in the publication 'At a Glance Guide' found on the Driver and Vehicle Licensing Northern Ireland web-site http://www.dvlni.gov.uk. Medical Advisors to DVLNI can be contacted for advice through the DVLNI.

1 *The government is proposing to reclassify cannabis to Class C.*

Workplace Testing for Drugs and Alcohol

Workplace testing for drugs and alcohol is a sensitive issue. If this is to form part of a policy it is essential that the workforce and any recognised trade union is consulted. This is so because of the practical, legal and ethical issues involved. Testing for drugs and alcohol cannot measure to what extent an employee's performance is impaired by a substance that has been detected. Likewise, testing cannot determine the exact time when the substance was used and in some cases, exactly which substance was used.

It is essential that management has a sound understanding about how drugs and alcohol affect work performance. A positive drug test can lead to severe social consequences and therefore, in advance, the rationale for testing must be defined. The legal implications will require careful consideration, as will the procedures, quality control arrangements, confidentiality and toxicological principles. A post-implementation evaluation should be carried out.

Occupational physicians and other healthcare staff involved should be familiar with the Faculty of Occupational Medicine Guidelines on Testing for Drugs of Abuse in the Workplace.[1] These refer to urine sample collection and laboratory analysis as the recommended procedures. The guidelines also state that legal advice should be sought before embarking on a testing programme. Arrangements should be in place to ensure that a medical review officer is available to enable authoritative assessments of positive test results. Case law under the Human Rights Act is emerging in this area (see above), therefore legal advice and the views of the Labour Relations Agency on procedures should be sought in advance of commencing testing. The Information Commissioner is in the process of concluding the Employment Practices Data Protection Code, part 4 of which will include a section on drug testing.[2]

The following should be considered:

- The objectives of testing;
- Type of testing;
- Protocol for collecting test samples;
- The arrangements to ensure their security and that they are not tampered with;
- The actions which the organisation will take when a result is positive;
- Costs;
- Expertise both medical and laboratory;

1 *Guidelines on Testing for Drugs of Abuse in the Workplace. Faculty of Occupational Medicine. Royal College of Physicians. London. 1991.*

2 *See www.dataprotection.gov.uk/dpr/dpdoc.nsf*

- Quality standards in the laboratory used; [1] [2]
- Confidentiality and legal issues.

The organisation will also need to consider the impact which testing may have on voluntary presentations of problems both directly to management and as a consequence of peer encouragement.

Options for testing

Testing may be carried out in a number of circumstances each of which must be lawful and clearly defined as specific considerations relate to each:

- Pre-employment;
- Unannounced;
- For cause, for example, after an accident or incident or as part of an aftercare rehabilitation programme;
- Associated with a clinical assessment;
- Follow up testing.

Positive results are not an end in themselves and must always be supplemented by a medical assessment of the employee. Each individual who has a positive test should be offered an assessment by a medical review officer to determine the basis of the result. If a drug or alcohol problem is confirmed the procedures outlined in the policy should be followed. These should also determine if the individual has a problem which will require referral and rehabilitation. There should be due consideration of all the circumstances before choosing a course of action. The use of the flowchart in the Appendix may be of assistance.

1 *United Kingdom Laboratory Guidelines for Legally Defensible Workplace Drug Testing:www.wdtforum.org.uk*

2 *De La Torre R, Segura J, De Zeeuw R, Williams J. Recommendations for the reliable detection of illicit drugs in urine in the European Union with special attention to the workplace. Ann Clin Biochem 1997;34:339-344.*

Alcohol and its Effects[1]

What happens when you drink alcohol

- Alcohol is absorbed into your bloodstream within a few minutes of being drunk and carried to all parts of your body including the brain.

- The concentration of alcohol in the body, known as the 'blood alcohol concentration', depends on many factors, but principally, how much you have drunk, how long you have been drinking, whether you have eaten, and your size and weight. It is difficult to know exactly how much alcohol is in your bloodstream or what effect it may have.

- It takes a healthy liver about 1 hour to break down and remove 1 unit of alcohol. A unit is equivalent to 8 gm or 10 ml (1 cl) of pure alcohol. The following all contain one unit of alcohol:

A half pint of ordinary strength beer, lager and cider (3.5% ABV)[2]

A single 25ml measure of spirits (40% ABV)

A small glass of wine (9% ABV)

- If someone drinks 2 pints of ordinary strength beer at lunchtime or half a bottle of wine (i.e. 4 units), they will still have alcohol in their bloodstream 3 hours later. Similarly, if someone drinks heavily in the evening they may still be over the legal drink drive limit the following morning.

- Black coffee, cold showers and fresh air will not sober someone up. Only time can remove alcohol from the bloodstream.

1 *Don't Mix it – a guide for employers on alcohol at work produced by HSE Books IND(G) 240L (rev11/96).*

2 *ABV: Alcohol By Volume.*

Daily Benchmarks

The following benchmarks are a guide to how much adult men and women can drink in a day without putting their health at risk. They apply whether you drink every day, once or twice a week, or occasionally. The benchmarks are not targets to drink up to. There are times and circumstances when it makes sense not to drink at all.

Men

If you drink between **3 and 4 units** a day or less, there are no significant risks to your health BUT….

If you consistently drink **4 or more units** a day, there is an increasing risk to your health.

Women

If you drink between **2 and 3 units** a day or less, there are no significant risks to your health BUT….

If you consistently drink **3 or more units** a day, there is an increasing risk to your health.

Note: the benchmarks don't apply to young people who have not yet reached physical maturity.

Alcohol & Pregnancy

Women trying to become pregnant or who are at any stage of pregnancy should be advised to set a limit of one or two units a week e.g. one or two small glasses of wine, and avoid getting drunk. Drinking too much alcohol may make it harder for a woman to become pregnant, as well as directly affecting the developing baby in the womb. Even after the baby is born, alcohol can be passed to the baby in small amounts through breast milk and this may affect the baby's feeding habits, bowel movements and sleeping patterns.

Harm from Alcohol

Disorder	Associated Illnesses
Liver Disorders	Hepatitis; Cirrhosis; Fatty liver; Cancer.
Gastrointestinal Problems	Pancreatitis; Cancer of the oesophagus; Gastritis; Digestive problems.
Heart and Circulatory Problems	High blood pressure; Stroke; Abnormal heart rhythm; Chronic heart muscle damage.
Brain Disorders	Blackouts and memory loss; Impaired co-ordination, judgement and concentration; Wernicke's Encephalopathy; Korsakoff's Syndrome; Cerebellar degeneration; Dementia.
Cancer	Cancer of the larynx, the throat, the gullet and the oesophagus.
Reproductive Problems	Impotence and infertility in men; disruption of menstrual cycle in women.
Malnutrition	Impaired metabolism; Reduced food intake; Weight loss; Obesity.
Respiratory Problems	Pneumonia; Fractured ribs.
Pregnancy	Damage to foetus; Foetal Alcohol Syndrome; Miscarriage; Premature delivery; Stillbirth; Growth retardation.
Mental Health	Anxiety; Depression; Suicide.

Harm From Alcohol[1]

Alcohol consumption is implicated in :

- 80% of deaths from fires
- 65% of serious head injuries
- 50% of murders
- 40% of road traffic accidents
- 30% of accidents in the home

1 *Chick J. Understanding Alcohol and Drinking Problems. BMA 1999.*

Illicit Drugs, Prescribed Drugs and Volatile Substances and their Effects[1]

Name (street/trade names include):	How usually taken:	Effects sought:	Harmful effects include:	Legal status:
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. Sharing injecting equipment brings risk of HIV or hepatitis infection.	Class A.
Cocaine (coke, charlie, snow, C)	Snorted in powder form, injected.	Sense of well-being, alertness and confidence.	Dependence, restlessness, paranoia, damage to nasal membranes.	Class A.
Crack (freebase, rock, wash, stone)	Smokable form of cocaine.	Similar to those of snorted cocaine but initial feelings are much more intense.	As for cocaine but, because of the intensity of its effects, crack use can be extremely hard to control, damage to lungs.	Class A.
Ecstacy (E, XTC, doves, disco biscuits, echoes, scooby doos) Chemical name: MDMA	Swallowed, usually in tablet form.	Alert and energetic but with a calmness and a sense of well-being towards others. Heightened sense of sound and colour.	Possible nausea and panic, overheating and dehydration if dancing, which can be fatal. Use has been linked to liver and kidney problems. Long-term effects not clear but may include mental illness and depression.	Class A.

1 *Drug Misuse at Work – a guide for employers HSE Books IND(G) 291 (rev2)*

Name (street/trade names include):	How usually taken:	Effects sought:	Harmful effects include:	Legal status:
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 trip can last as long as 8-12 hours.	There is no way of stopping a bad trip which may be a very frightening experience. Increased risk of accidents can trigger off long-term mental problems.	Class A.
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	As for LSD, with the additional risk of sickness and poisoning. and shorter.	Not illegal in raw state but Class A once dried or processed in any way.
Barbiturates (barbs, downers)	Swallowed as tablets or capsules, injected	Calm and relaxed state, larger doses produce a drunken effect.	Dependency and tolerance. Overdose can lead to coma or even death. Severe withdrawal symptoms.	Class B.
Amphetamines (speed, whizz, uppers, billy, sulph, amp)	In powder form, dissolved in drinks, injected, sniffed/snorted.	Stimulates the nervous system, wakefulness, feeling of energy and confidence.	Insomnia, mood swings, irritability, panic. The comedown (hangover) can be severe and last for several days.	Class B.

Name (street/trade names include):	How usually taken:	Effects sought:	Harmful effects include:	Legal status:
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.	Class B.
Tranquillisers (brand names include: Valium, Altivan, Mogadon (moggies), Temazepam (wobblies, mazzies, jellies))	Swallowed as tablets or capsules, injected.	Prescribed for the relief of anxiety and to treat insomnia, high doses cause drowsiness.	Dependency and tolerance, increased risk of accidents, overdose can be fatal, severe withdrawal symptoms.	Class C. Available only on prescription (Medicines Act). Supply is illegal but, apart from Temazepam, not illegal to possess without a prescription. (Misuse of Drugs Act 1971 and associated Regulations).
Anabolic steroids (many trade names)	Injected or swallowed as tablets.	Will result in increased muscle bulk and strength. Possibly helps recovery from intensive exercise.	For men: erection problems, risk of heart attack or liver problems. For women: development of male characteristics. Injecting equipment brings risk of HIV or hepatitis infection. Increased aggression, acne, increase in blood pressure and cholesterol.	Class C.

Name (street/trade names include):	How usually taken:	Effects sought:	Harmful effects include:	Legal status:
Poppers (alkyl nitrates, including amyl nitrate with trade names 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.	Not illegal to possess but supply without prescription is illegal and can be an offence.
Volatile Substances[1] including solvents, lighter gas refills, aerosols, glues, paint, some 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.	Not illegal to possess but it is illegal for a shopkeeper to sell solvents to anyone under 18, if they suspect they are intended for misuse.

1 *The use of these substances is mainly among young people. See also booklet entitled Volatile Substance Abuse - A guide for professionals. Health Promotion Agency 2002.*

Prescribed and Over the Counter Drugs

The following categories of medication have the potential to cause side effects, which could have an impact on work performance.

Prescription medicines

- Antidepressants;
- Some antihistamines;
- Certain medications used to treat high blood pressure;
- Certain medications used to treat joint diseases;
- Benzodiazepines;
- Some cough medicines;
- Certain muscle relaxants;
- Certain painkillers (e.g. morphine, codeine);
- Tranquillisers;
- Sleeping pills;
- Certain drugs used for the treatment of epilepsy.

Certain medical conditions can also affect work performance as can some treatments for diabetes including insulin.

Over the counter medications

- Some antihistamines;
- Some cold and cough medicines.

Both prescribed drugs and over the counter medications may be abused either because they are not taken in accordance with the directions or, in the case of prescribed drugs, if they are used by a person for whom they have not been prescribed.

Sources of Advice and Information

THE HEALTH PROMOTION AGENCY FOR NORTHERN IRELAND
18 Ormeau Avenue
Belfast
BT2 8HS
Tel: 028 9031 1611
Fax: 028 9031 1711
Website: www.drugsprevention.net or www.healthpromotionagency.org.uk
E-mail: info@hpani.org.uk

In respect of drugs and alcohol the Agency provides information for professionals and the public, carries out research and training and provides policy advice.

THE HEALTH AND SAFETY EXECUTIVE FOR NORTHERN IRELAND (HSENI)
83 Ladas Drive
Belfast
BT6 9FR
Tel: 028 9024 3249
Fax: 028 9023 5383
Website: www.hseni.gov.uk
E-mail: hseni@detini.gov.uk

The Health and Safety Executive for Northern Ireland provides advice on all aspects of health and safety legislation. It can provide information on sources of occupational health support.

THE NORTHERN IRELAND COMMITTEE, IRISH CONGRESS OF TRADE UNIONS (NICICTU)
3 Crescent Gardens
Belfast
BT7 1NS
Tel: 028 9024 7940
Fax: 028 9024 6898
Website: www.ictuni.org
E-mail: info@ictuni.org

Many trade unions have produced guidelines on drugs and alcohol and these are available through NICICTU.
It also provides training courses.

LABOUR RELATIONS AGENCY
Head Office
2-8 Gordon Street
Belfast
BT1 2LG
Tel: 028 9032 1442
Fax: 028 9033 0827
Textphone:028 9023 8411
E-mail: info@lra.org.uk

Regional Office
1-3 Guildhall Street
Londonderry
BT48 6BJ
Tel: 028 7126 9639
Fax: 028 7126 7729

The Labour Relations Agency is an independent public body established to assist both employers and employees on employment law and employee relations matters.

BOARD HEALTH PROMOTION DEPARTMENTS

Health Promotion Departments can assist workplaces in developing and implementing drugs and alcohol policies by providing advice and information and facilitating training for all staff.

To contact the Health Promotion Departments:

EASTERN HEALTH AND SOCIAL SERVICES BOARD

General Information and Health Promotion Material:
Communication Resource and Information Service (CRIS)
EHSSB
Champion House
12-22 Linenhall Street
Belfast
BT2 8BS
Tel: 028 9032 1313

HEALTH PROMOTION DEPARTMENT

North and West Belfast Trust
Grove Tree
106 Cullingtree Road
Belfast
BT12 4BA
Tel: 028 9033 2299

HEALTH PROMOTION DEPARTMENT

Down and Lisburn Trust
Mayrhona Bungalow
Thompson House Hospital
19-21 Magheralave Road
Lisburn
BT28 3BP
(temporary address)
Tel: 028 9264 1152

HEALTH PROMOTION DEPARTMENT

Ulster Community Hospitals Trust
Ards Community Hospital
Church Street
Newtownards
BT23 4AD
Tel: 028 9151 0181

HEALTH PROMOTION DEPARTMENT

South and East Belfast Trust
Belvoir Health Centre
Drumart Square
Belfast
BT8 4EY
Tel: 028 9049 1555

NORTHERN HEALTH AND SOCIAL SERVICES BOARD

Health Promotion Service
Homefirst Community Trust
Spruce House
Cushendall Road
Ballymena
BT43 6HL
Tel: 028 2563 5575

SOUTHERN HEALTH AND SOCIAL SERVICES BOARD

Southern Area Health Promotion Department
Lisanally House
87 Lisanally Lane
Armagh
BT61 7HW
Tel: 028 3752 0500/1

WESTERN HEALTH AND SOCIAL SERVICES BOARD

Health Promotion Department
Westcare
Lime Villa
12c Gransha Park
Londonderry
BT47 6WJ
Tel: 028 7186 5127

DRUGS AND ALCOHOL CO-ORDINATION TEAMS (DACTS)

Drugs and Alcohol Co-ordination Teams are an integral part of the Northern Ireland Campaign on Drugs and Alcohol. They can help signpost you to resources in your locality to meet your specific needs.

NORTHERN BOARD

Co-ordinator, NDACT
County Hall
182 Galgorm Road
Ballymena
BT42 1QB
Tel: 028 2566 2575
Fax: 028 2566 2090

EASTERN BOARD

Co-ordinator, EDACT
Champion House
12-22 Linenhall Street
Belfast
BT2 8BS
Tel: 028 9055 3663
Fax: 028 9055 3682

SOUTHERN BOARD

Co-ordinator, SDACT
30a Arderys Lane
Banbridge
BT32 3RE
Tel: 028 4066 0982
Fax: 028 4066 2534

WESTERN BOARD

Co-ordinator, WDACT
15 Gransha Park
Londonderry
BT47 6FN
Tel: 028 7186 0086
Fax: 028 7186 0311

NATIONAL WORKPLACE ORGANISATIONS

CBI
Centre Point
103 New Oxford Street
London
WC1A 1DU
Tel: 020 7379 7400
Website: www.cbi.org.uk/home

CHARTERED INSTITUTE OF PERSONNEL AND DEVELOPMENT (CIPD)
CIPD House
35 Camp Road
Wimbledon
London
SW19 4UX
Tel: 020 8971 9000
Website: www.cipd.co.uk
This is the UK's largest institute for those involved in the management and development of people.

TRADES UNION CONGRESS (TUC)
23-28 Great Russell Street
London
WC1B 3LS
Tel: 020 7636 4030
Website: www.tuc.org.uk

Appendix

Guidance from the Labour Relations Agency on the Employment Rights (Northern Ireland) Order l996 and its application to cases relating to drugs or alcohol.[1]

Provided that they meet the appropriate qualifying conditions, employees have the right not to be unfairly dismissed. If an eligible employee takes a case of unfair dismissal to a tribunal the law requires the employer to show that the reason or principal reason for dismissal was equitable and properly handled in respect of the case facts. The specific legal statute, which covers dismissal is Article 130 of the Employment Rights (Northern Ireland) Order 1996.

Generally, employees gain unfair dismissal rights after one year in continuous employment, but there are many exceptions to this one year rule – e.g. where an employer is covered by the Disability Discrimination Act 1995. While addiction to alcohol, nicotine or any other substance is not covered by the Act (unless the addiction was originally the result of administration of medically prescribed drugs or other medical treatment), an impairment resulting from the addiction will still be protected by the Act.

On any set of facts only the tribunals/courts can determine the correct legal position, with an employer's response ultimately subject to House of Lords guidance. It is important to note, however, that the inequality in the relationship between the employee and employer is implicitly recognised in the unfair dismissal legislation. In this respect the legislation provides strength to an employee's position within the employment relationship, by providing as applicable a right to legal redress before a tribunal, where damages on an unfair dismissal claim can alone exceed £55,000. In essence, a tribunal provides a source of appeal which examines whether the employer conducted itself against an external standard of fairness which is embodied in statute and derived from case law.

In determining the appropriate action for an employer to take in respect of drugs or alcohol problems which can present in the workplace, the investigation of the presenting incident or pattern of behaviour is crucial. By way of example, the remedial procedural requirements differ according to the classification of the problem, so to follow an incorrect procedure in response to the problem would be to invite a clear risk of a finding of unfair dismissal. Case law emphasises the necessity of fairness towards employees through the use of appropriate procedures. In the case of drugs or alcohol problems simply following a disciplinary procedure to correct the behaviour could be not only ineffective in assisting the employee but also legally 'invalid' in terms of the subsequent tribunal analysis.

1 *See also Section on Workplace Testing for Drugs and Alcohol*

MANAGEMENT FLOWCHART

The flowchart opposite describes four possible outcomes when the circumstances of a particular incident are considered namely:

(a) no action is required when everything is examined and understood in context; or

(b) it is appropriate that the disciplinary procedure should be followed regarding a person who, for example, under the influence disregards organisational rules causing a health & safety incident or risk; or

(c) misconduct and an ongoing problem relating to drugs and alcohol exists and in this context invoking the disciplinary procedure alone could be invalid without an offer of support or finally;

(d) an offer of support is the appropriate response to the incident or pattern of behaviour.

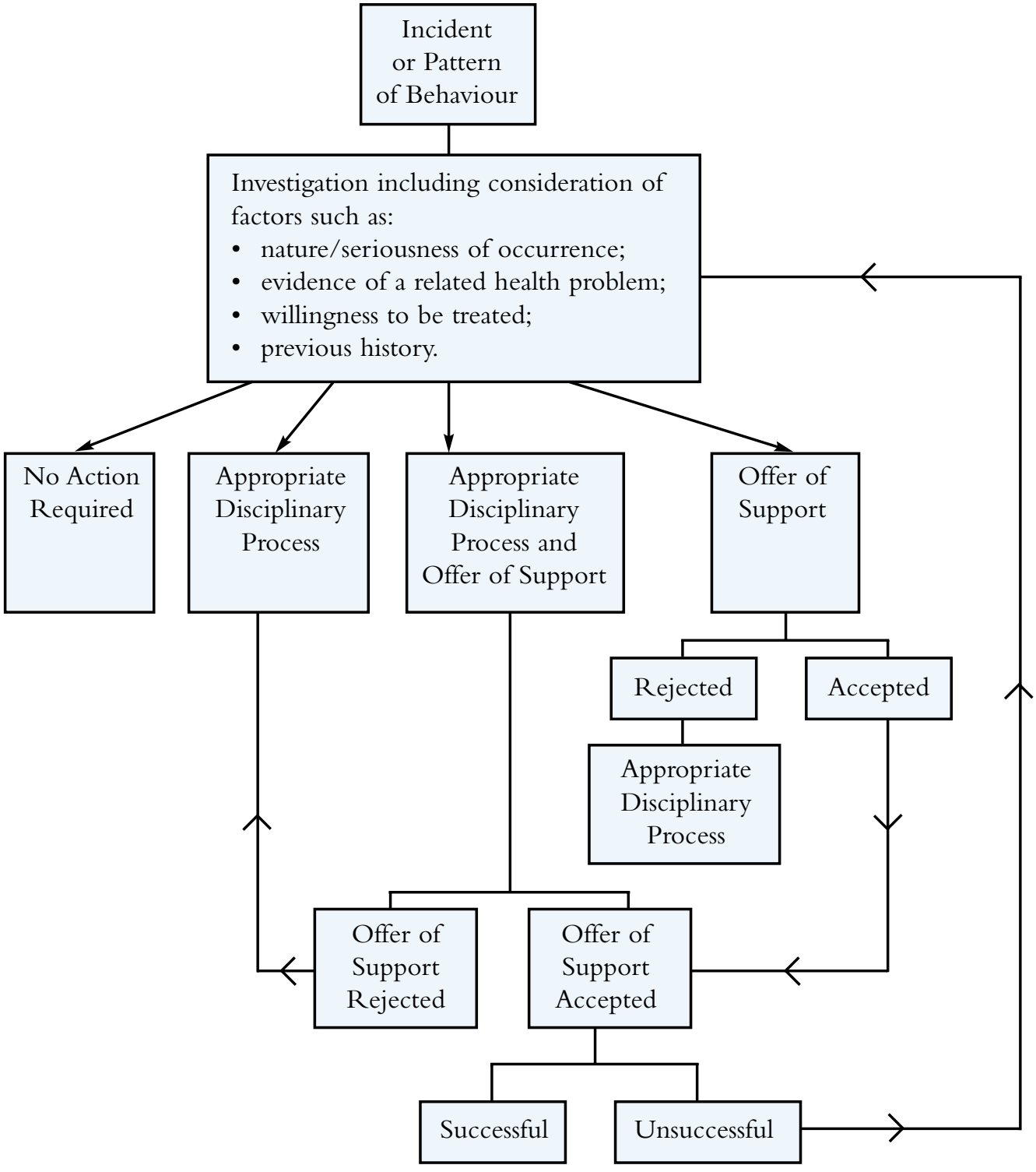
A further note in respect of the flowchart is that there may be circumstances where a relapse occurs. If one did occur then the same legal considerations reflected in the flowchart still apply and it will be appropriate and necessary, in law, to consider again the offer of support. Failure to do so can result in a weak defence to any case under Article 130.

To summarise the foregoing, the response to the presenting incident or pattern of behaviour has to be based in equity. If a dismissal did occur (e.g. due to a failure to accept assistance with an ongoing drugs or alcohol problem etc), and such a dismissal was subject to a tribunal hearing, then in effect an audit trail of responsibility in respect of the employer's responses from the outset would be applied by the tribunal.

Simply put, drugs and alcohol problems are always best treated with sympathy and support where misconduct is not an issue. Even if it is an issue, that does not preclude sympathy and support. An employer who fails to recognise this can face clear legal risks and potential high damages.

Further information is available from the Labour Relations Agency. Particular note should be made of The Employers' Handbook: Guide to Employment Law and Good Practice, and the Agency's series of Information Notes (including one specifically addressing drug and alcohol problems in the workplace), which are available on the website address www.lra.co.uk and in hard copy from the Agency's offices.

MANAGEMENT FLOWCHART



Note: The employee should be given a clear indication of the possible consequences of refusing an offer of support.

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