

ECI Briefing Note: Drugs and Alcohol



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Introduction

This guide highlights the main reasons for the establishment and management of a drug and alcohol policy in the workplace. It outlines potential pitfalls to be avoided when doing so, along with recommendations for what to include in such a policy.

There is ample evidence that substance abuse among workers is associated with a variety of negative outcomes, including accidents, absenteeism, turnover and other sources of performance and productivity losses (*Normand et al. 1990; Mangione et al. 1999*).

Useful data on drug use in Europe can be found at:
<http://www.emcdda.europa.eu>

For example, 'it is conservatively estimated that cannabis has been used at least once (lifetime prevalence) by about 78 million Europeans, that is over one in five of all 15- to 64-year-olds.' 'Cocaine is, after cannabis, the second most tried drug, though levels of use vary greatly between countries. It is estimated that about 14.5 million Europeans have used cocaine at least once in their life, on average 4.3% of adults aged 15–64 years'

Source emcdda website: <http://www.emcdda.europa.eu/stats11/gps> (accessed 19 Sept 2012).
Emcdda – European Monitoring Centre for Drugs and Drug Addiction

Background

Alcohol and drugs have far reaching implications for health and safety in construction and society. Furthermore, accidents damage the reputation of the employing organisation, in particular where alcohol or drug use is implicated. Under health and safety legislation across Europe, an offence may be committed where failings by an organisation's senior management are a breach of the duty of care owed to an organisation's employees or

others. Having a clear D&A policy and clear arrangements in place demonstrates commitment in dealing with drugs and alcohol issues in the workplace.

The focus of a D&A policy should be work-related rather than social, out of work use. This is particularly the case across Europe, where there are significant national differences regarding tolerance to lifestyle choices in this area. Nevertheless, social use of D&A can, and often does, directly affect the work situation. For example, alcohol may have been consumed either during a shift (whilst at lunch) or the previous evening before a shift.

Testing programmes should be focussed on the detection of substances that might impair judgement and, as such, affect the health and safety of the individual and others whilst at work.

The use of alcohol and prescribed or “over the counter” medicines is to be expected. However, these could still impair performance at work and could be an issue for safety critical tasks.

Many prescribed drugs will have an effect on performance, health and safety. There are many ‘over the counter’ drugs containing substances such as codeine or morphine. Casually taken ‘recreational’ drugs and substances can include:

- Amphetamines
- MDMA (ecstasy)
- Barbiturates
- Benzodiazepines
- Cannabis/cocaine
- Heroin/LSD/methadone/PCPs
- Methaqualone

Compared with alcohol, drug use is a relatively recently recognised problem and as such any research and subsequent conclusions are far less sophisticated. Figures, statistics and guidelines for legal recreational drugs both across Europe are not widely available. Unlike alcohol, the mere presence, when detected, of recreational drugs almost always elicits a disciplinary procedure similar to those of exceeding the alcohol limits.

Effects

Some prescribed medicines and others available “over the counter”, can produce similar effects to alcohol consumption and drug use in an individual. These often include:

- drowsiness
- lack of coherence
- deterioration of work performance
- absenteeism
- sudden mood changes including irritability or aggression
- random variations in energy levels
- confusion
- recklessness
- loss of concentration
- frequent nose bleeds and repeated sniffing or running from the nose

There are also some circumstantial and physically visible clues in the workplace that may give rise to the suspicion of alcohol or drug use, such as:

- empty cans and bottles
- used syringes
- burnt chewing gum wrappers (or silver foil and occasionally rolled up paper tubes)
- large quantities of discarded pens that have been disassembled to administer substances
- incidents of frequent theft that may indicate the need for someone to pay for their habit

Why do we need testing and surveillance policies?

The main reason is safety. Any individual who has taken drugs or alcohol could put at risk both themselves and others by experiencing one or more of the symptoms described earlier, including the resulting behaviour.

Example:

Scaffolders could misjudge distances, trip, miss a handhold or drop an item due to the effect of substances. This may not only affect the individual themselves. Other workers walking by underneath the scaffold being erected or other people adjacent to the scaffold, either on floors below driving machinery past the area may also be injured.

Some tasks are deemed “safety sensitive”, for example crane operators. Personnel are also employed to look after the safety of others, e.g. maintenance teams at work on a railway where trains are still running, public event staff controlling crowd movements and those who oversee the movements of large plant and machinery items on a construction site or road. Could drugs or alcohol affect how these people perform their duties properly and safely?

Other reasons for having such policies include:

- the maintenance of productivity and performance of all individuals after using drugs or alcohol,
- the ability to determine (either by test or employee declaration) those who are taking medically prescribed substances to mitigate a condition, so that they can be assigned the most appropriate tasks and remain safe
- successful rehabilitation of an individual who is found to have a dependency
- the reduction of accidents; such that the project does not experience delays whilst sourcing replacement people, plus the reduction of unexpected additional costs and delay resulting from an accident (and the subsequent investigation)
- promotion of a proactive health and safety culture
- the welfare of the workforce generally
- protecting the reputation of the organisation externally

Guidelines and recommendations

Company Policy should set the level of alcohol or drugs in the body at which it is deemed safe to work. There are no national or trade level recommendations to follow so situation-specific risk assessments may be required. Some companies adopt the same levels as their national driving limits, but certain sectors have a stricter policy. For example the rail sector and road transport.

There should be a 100% consistent approach – no excuses – top to bottom - it could be a senior member of staff that has a positive result!

- Run an instruction and information programme, made available to the whole of the workforce including all others. This should also include any person who is considering pursuing employment with your organisation in the near future. Include facts, figures and statistics from your Local and National Institutions as part of an information pack; such that both a clear position is set out by your organisation and an informed choice can be made by any individual.
- Establish a testing and on-going screening programme. This is generally done as part of wider corporate Occupational Health provision, but can also be done as a standalone exercise should this not be the case.
- Decide the scope of the programme: i.e. pre-employment; post-accident; for cause (suspicion); random.
- An on-going screening programme should involve the testing of at least 5-10% of your workforce per year, on a genuinely random basis
- Stipulate that the testing and screening programme is mandatory for all individuals, regardless of status.
- Ensure that all personnel are aware of this process, and include all temporary, part time, agency and consultant personnel, along with

visitors, delivery personnel and subcontract organisations employed to perform maintenance tasks in the workplace.

- Identify all personnel who carry out “safety sensitive” tasks in your organisation. This may highlight other considerations or extra arrangements you may need to deploy.
- Establish a rehabilitation programme for any individual who may fail a test, or who may voluntarily seek the assistance of such a service, should it be that they are using a medically prescribed substance or that they voluntarily inform the company that they may be an habitual user of a substance likely to be detected in a test.
- Ensure that the programme is part of the induction process, such that there can be no doubt from anyone that any positive results will elicit the actions you prescribe. This is especially useful for visitors and those individuals working part time.

The programme can (and should) be a condition of employment, such that any individual may make an informed choice as to whether or not to proceed with any employment opportunities, given the knowledge that such tests will be undertaken and their own personal knowledge of their circumstances. Use the human resources department to assist with this in employment conditions and contracts.

Testing and surveillance programme

- Make sure you get professional advice in the work location before trying to implement a standard programme.
- Describe how the tests will be run and by whom, offering choices if possible. Testing may be by existing medical staff, or a dedicated independent team, as part of a wider corporate Occupational Health programme, or an external organisation. Similarly, testing can be done at a general medical service.

Some organisations have arrangements already in place, which your personnel must accept and adhere to, as a condition of entering their premises or infrastructure to perform work. This detail should be apparent in any contract documents you receive as part of the invitation to tender. These organisations have a variety of testing procedures that differ in cost and depth of scrutiny.

Testing methods

Most alcohol tests involve devices similar to a breathalyser, but saliva, blood or urine can also be taken where this is legally acceptable.

Most drug tests use chemical based analysis kits, using blood or urine samples similar to alcohol tests.

Advantages of tests

- produce quick “on the spot” results
- identifies possible areas of concern or trends
- devices are readily available to purchase cheaply
- ideal for visitors and other occasional personnel requiring access

Disadvantages of tests

- may not detect an underlying problem as blood and urine is used as the detection source

However, a more detailed medical examination, similar to a full medical may be carried out. This may involve different testing of blood and hair, examining the different components that make up blood. Some of these components react in a certain way to prolonged use of a substance over time, for instance alcohol.

Advantages of medical examinations

- more detailed results, given that the rigour of the test will reveal consumption habits that cannot be detected with a more simple test kit

Disadvantages of medical examinations

- cost - the examination requires the use of medical professionals, expensive machinery and processes (e.g. chain of custody) and, sometimes laboratories
- time - the results are not immediate at the time of the test

Subsequent action

Frequently, a positive result can mean dismissal, suspension or rehabilitation for the individual. This has the effect that both the testing procedure and process becomes the subject of legal scrutiny, should such actions be contested by the individual in a court of law. Therefore a procedure should be established that covers:

- how each test is carried out
- how the test samples are kept secure (and not tampered with either during the taking of the sample nor during transit to and from a testing facility)
- how the analysis is confirmed, offers an identical sample from the same specimen to the individual under test such that they may pursue a private test of their own
- how the results are communicated and how that information is kept secure and remains only in the domain of the tester and the individual

The effective control of the sample from source to the results is generally known as “chain of custody”. Many organisations have such established procedures, which must be adhered to by the testing company, both as an on-going process and when that company initially tenders for the work contract. This will describe how long the analysis will take and what options are open to an individual should the result prove positive.

Your HR department must be aligned and committed to the process, as they will be part of any disciplinary procedures.

When to test?

Post-accident - Incidents and accidents may occur for other reasons, but good practice generally leads to the conclusion that the testing of all individuals involved in an incident may result in a greater understanding of why the accident occurred. This may be inconclusive if all the results are negative, but to rule out the possibility in the first instance is sufficient reason to undertake the tests anyway.

For cause - There may be a suspicion that a group or an individual has taken drugs or alcohol. This suspicion could be derived from physical or circumstantial evidence (as described earlier) observed by a member of your workforce. Irrespective of whether an incident has occurred or not, good practice leads to the testing of those individuals under suspicion.

Other factors to consider

There have been instances of “false positives” in preliminary screening tests. In the case of kit failure, the custody of the samples and differing results very often point to this. Some medicines can contain substances that the kit tests for. Even in small doses, in the case of drugs, a positive is a failure. An appeal and verification process mostly takes care of this. Be prepared to supply information relating to medicines, and give advice as to how they should be used, and how an individual declares that he has been prescribed such a medicine, before he or she starts a work shift.

Drugs are generally either a pass or fail. There is not yet sophisticated equipment that can determine the quantity or when the drug was taken. Unlike alcohol, drugs can remain in the human system for quite a long time, months or more. Consider as part of the appeals process other means of verification of positive results. Clinicians use a hair sample, as this can indicate the number of occurrences and approximately when the drug was taken.

Certain drugs are not necessarily banned substances throughout Europe or across the world. Any global policy needs to take this into account, or use a suite of country-wide policies. Consider also the position of the drug failure from the view of safety. If an individual has consumed a drug several weeks ago, he will fail a test, but would this be indicative of any safety risk at the time of the test failure?

Office parties and outings are to be considered carefully. Alcohol is generally not a banned substance across Europe, hence the use of limits of consumption. But what is to be the position of your company the morning after an outing, or the Christmas party?

Consider the national law as a guide also if you are unsure of a safe limit. Driving motor vehicles is one of the most universal guides in Europe. Using the European response to alcohol and driving, consider what action is to be taken by you in the event of refusal of an individual to undertake any testing.

In the event of physical evidence of drug use (described earlier), carefully prepare the response you will take, as it may be deemed by some to invade personal privacy.

Useful information:

Alcohol & Accidents www.alcoholconcern.org.uk
Institute of Alcohol Studies – Alcohol and You www.ias.org.uk
HSE INDG 240 – Don't mix it www.hse.gov.uk/pubns/indg240.pdf
European Monitoring Centre for Drugs & Drug Addiction
(links to 29 country profiles & legal frameworks)
www.emcdda.europa.eu/html.cfm/index5174EN

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