tackling alcohol and drugs in the workplace

a toolkit for business

Revised 2007
Introduction

This toolkit seeks to address the issues which businesses face around alcohol and drug use in a useful and accessible way. It does not provide draft policies or ‘off-the-shelf’ solutions for every situation. This is not an area in which one size can, or should, fit all. However, the advice within this toolkit provides a sound basis upon which a company can build an effective response to the problems of substance misuse.

In particular it has recognised that smaller companies, lacking in-house human resource departments, may be in particular need of help and advice. If even one key individual is affected, the impact of misuse problems on any company can be overwhelming.

In addition to the information contained within the toolkit there are contact details for organisations which offer specialist help and advice. We hope the toolkit will boost employers’ confidence in being able to tackle the problem of substance misuse in the workplace effectively.

For some years the London Drug Policy Forum and its partners have been the lead organisations in this field and have been represented on the Home Office Workplace initiative, as well as delivering policy advice and training to major companies.
**Why should I have a Substance Misuse Policy?**

It is tempting to assume this to be a problem that affects others, or perhaps only companies with hundreds of employees. This is simply not true. Most employers can at some time expect to encounter problems related to substance misuse. However, it is important to keep things in proportion. Whilst alcohol and drug abuse issues are often sensationalised, no employer can afford to ignore the risks to their company and staff. In responding to a substance misuse incident, modest preparation can pay huge dividends.

Whilst the number of people who develop a serious drug or alcohol problem is statistically small (approximately 2% of drug users and around 4% of drinkers) the impact on individuals, employers and society is enormous. Think of the impact on your organisation if staff are impaired by drink or drugs. In a small business, one person with a drug or alcohol problem may be 10% of the workforce.

**The cost to employers**

A number of studies have sought to calculate the cost to industry of alcohol and drug misuse, with some £3 billion a year accounted for by absenteeism. However, calculating costs arising from underperformance and errors is more difficult. All too evident is the fact that alcohol contributes to nearly one-in-four workplace accidents according to the Health & Safety Executive, with mounting evidence showing that drugs are also often a factor.

As well as the health and safety issues and the impact on productivity, employers should consider the damage to their reputation of being presumed unwilling to combat substance misuse.

All employers need to think about substance misuse in the context of their commitment to the safety and health of their key assets: their staff. It can only make business sense.

**To support staff**

It is understood that a lot of people who start to take substances will do so because of difficult times in their lives such as bereavement, financial troubles, relationship difficulties or many other social problems. It is also accepted that it is easier and cheaper to intervene early with an effective Employee Assistance Programme than ignore it and have to rely on the disciplinary process later on.

**How will I recognise the problem?**

It may be a fools errand to look for the drugs. Deal with the conduct, capability and performance issue. In most cases it is the behaviour associated with alcohol and drug misuse that will be evident to managers and colleagues. Possible indicators are listed below. It is essential to bear in mind that other factors, such as illness or stress, can also produce these signs – so thoroughly examine each situation before acting.

**Possible indicators of misuse**

- Patterns of depression or fatigue (often after the weekend)
- Absenteeism – short term/frequent patterns
- Poor timekeeping
- Erratic performance
- Lack of discipline
- Unusual irritability or aggression
- Over-confidence
- Sudden mood swings
- Inappropriate behaviour
- Reduced response times
- Becoming easily confused
- Reduced productivity
- Deterioration in relationships with colleagues, customers or management
- Financial irregularities
- Dishonesty and theft

*Remember*: These are only signs – they can all be caused by other factors.

Deal with what you see.

**Section 8 Misuse of Drugs Act 1971**: a person commits an offence if, being the occupier or concerned in the management of any premises, he knowingly permits or suffers any of the following activities to take place on those premises, that is to say:

- (a) producing or attempting to produce a controlled drug in contravention of section 4(1) of this Act;
- (b) supplying or attempting to supply a controlled drug to another in contravention of section 4(1) of this Act, or offering to supply a controlled drug to another in contravention of section 4(1);
- (c) preparing opium for smoking;  
- (d) smoking cannabis, cannabis resin or prepared opium.

This is a criminal offence with individual liability.

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1. A Maynard (Yorkshire Addictions Research Training and Information Consortium)  
2. London Chamber of Commerce  
4. Economic Activity and Social Functioning of Adults with Psychiatric Disorders, OCPS, HMSO.
How do I produce a policy?

A policy is a formal statement of an organisation’s intent, clearly stating the rules and procedures for dealing with the issue of substance misuse. For some organisations, this would need to include details of staff training on the correct procedures for handling incidents and dealing with colleagues who give cause for concern. It must be consistent with other areas of the staff guidelines/contract. In smaller or less formal organisations, a basic code of conduct may be sufficient. Each company will have different needs from a policy.

A key element is clearly stating the policy’s meaning. For a drugs policy, it would be sensible to define the term ‘drug’ as being applied to substances controlled under the Misuse of Drugs Act 1971, prescribed drugs, over-the-counter medication, solvents and alcohol. When drawing-up your policy it may help to consider your objectives. For example:

- comply with your legal responsibilities;
- assist managers and supervisors in dealing with substance misuse-related incidents in the workplace;
- establish clear, easily-understood guidelines for dealing with misconduct arising from substance misuse;
- demonstrate your organisation’s commitment to staff health and safety;
- raise awareness amongst staff of the effects of drugs and alcohol, and the impact on themselves and the workplace of inappropriate use;
- a clear statement that the company is committed to offering help in appropriate cases.

It is important to establish your organisation’s needs. The concerns and legal obligations of those working in safety-critical industries, employing drivers etc. may differ from those in the entertainment industry or where staff are office-based. Small companies may not perceive a need for a formal substance misuse policy. However, we advise that they consider the threat posed to their business and employees and respond appropriately. This may be a simple code of conduct setting out what is and what is not acceptable in the workplace. No business can afford to ignore the problem.

A key issue is whether to have separate alcohol and drugs policies, or a combined policy. Given the illegality of drugs but not alcohol, a combined policy may seem odd. Yet the way they can effect the workplace are similar, as are the procedures for tackling problems that arise. In a combined policy, there may be concerns that staff may focus purely on the drugs element, and consider that it does not apply to them. This issue should be clarified in the policy.

The policy must also clarify what would be deemed inappropriate or unacceptable; for example: inability to report for work; working or attempting to work while impaired through the use of alcohol or drugs. There are also legal implications relating to the dispensing, distributing, manufacturing, selling, possessing, using or offering to buy or sell substances (principally drugs in this context).

Should I involve staff in building a policy?

A policy requires formal consultation between management, staff and their representatives. Many trade unions have experience of work in this area and may be able to offer real assistance in drawing-up a policy. In other situations a steering group with a good cross-section of staff representation may be appropriate. Consulting with staff will not only ease policy implementation and foster credibility, but may also allow you to shape the policy to reflect staff concerns.

If the policy is presented as part of the organisation’s commitment to health and safety, and staff involvement is encouraged in implementation, the policy is more likely to work. People will recognise the potential danger to themselves, colleagues and the company if colleagues are impaired by substance misuse. If it is made clear that help is available to those who need it, the policy is more likely to be accepted. Ignoring a substance abuse problem can have a detrimental effect on staff morale, as well as exposing the organisation to legal and financial risks.

The essentials

To introduce an effective policy you will need:

- a realistic timescale for consultation, development and implementation;
- to provide confidentiality (for staff and managers), consider the data protection act;
- to provide the resources for any necessary training;
- resources to permit time off for treatment (if necessary);
- to have gone through the legal, practical and ethical considerations surrounding contracts and issues such as drugs testing (which we consider on pages 6-10);
- a working group to review the policy on a regular basis;
- provide training for supervisors and managers to make your policy and procedures clear.

Understanding the issues

A lot of people may be drawn into substance misuse because of outside factors such as bereavement, housing issues, financial problems, relationship problems or stress brought on by work itself.

Content of the policy

The following is purely a framework to give you an idea of what a policy should include. You will need to build on it to reflect your own company’s characteristics.

Aims and objectives: set out why your company is introducing a policy and what its objectives are. Explain how you have involved staff and, where appropriate, trade unions.

Education and training: the policy should detail how staff will be made aware of the policy and how it will operate. Ideally the company will also commit to promoting awareness of the dangers of drugs and alcohol. Specific education and training may also be required for managers and supervisors to help them recognise problems, dealing with the consequences, discipline, grievance and referral procedures.

Managing incidents and discipline: you will need to clarify individual responsibilities – be they for staff or supervisors/managers. The policy must make clear what the procedures are and who should follow them. For an employer, a full investigation of all circumstances is crucial before choosing a course of action.

It is important to remember that, in certain circumstances, implementation of disciplinary procedures may be inappropriate, or only part of the necessary response. Supporting an individual through treatment may be better for both them and your company. Avoiding replacing staff and associated costs.

Drug testing (if applicable): a potentially complex area in which many employers have lost money and goodwill through ill-conceived testing programmes. If you decide to introduce testing (See pages 6-10 for more information) the rationale and procedures need to be explicitly stated.

If the involvement of staff is encouraged, the policy is more likely to be effective

Help, assistance and support: the policy should give employees information on where to seek advice and help, as well as clearly setting out the company’s procedures for accessing specialist treatment or support. It is important to consider the wider implications of substance abuse. An employee may have concerns about loved ones outside the workplace; providing them with the knowledge of where and how they can obtain advice can help prevent domestic issues from effecting the workplace.

The policy needs to be accessible and brought to the attention of all staff.

Making it work

The finest crafted policy will fail unless it is applied fairly and consistently in a day-to-day manner. To support this, key individuals must be made responsible for all (or elements of) the policy. All staff must have ready access to a copy, and consultation must be given to incorporating personal experience and views on the policy’s operation.

Is it working?

The policy will need to be monitored in order to:

- ensure your aims and objectives are being met;
- provide the opportunity to reassess elements of it and reflect organisational and social changes;
- gather evidence of how it is working;
- ensure it is being effectively implemented;
- update it in-line with current legislation.

* Health and Safety (Consultation with Employees) Regulations 1996 - employers must consult on any issue significantly affecting the health or safety of employees
What are the legal issues?

**The legal issues**

As with many legal issues, organisations are advised to seek expert legal opinion on their specific circumstances. Substance misuse may involve employers in both employment and even criminal law.

Outside certain industries, such as public transport, there is little legislation directly relating to drugs and alcohol in the workplace. However there is legislation on substance abuse which can affect an employer and an employee.

**Misuse of Drugs Act 1971**: this is the key UK legislation relating to the control and classification of drugs. This Act and its subsequent amendments set down the penalties for possession and supply of various illegal drugs. Section 8 of the Act (see page 2). Not taking reasonable action to prevent this has been legally found to constitute ‘permitting’ – turning a blind eye is not an option.

**Health and Safety at Work etc. Act 1974**: sets out the duty of care of employers to employees in the workplace. Section 2 places a duty on employers to provide a safe place of work and competent employees. Failure to deal with an employee who is under the influence of drugs or alcohol, who may constitute a risk to other employees, could leave an organisation open to prosecution. There is a particular emphasis on young people under 18 years of age.

**Road Traffic Act 1988**: sets the offence of driving or attempting to drive a motor vehicle while unfit through drink or drugs. With regard to alcohol it sets the legal limit (80 milligrams of alcohol per 100 millilitres of blood). Companies should ensure this is reflected within their car policy.

**The Transport and Works Act 1992**: makes it a criminal offence for specified jobs to be undertaken by those unfit through drink or drugs. Employers may be liable unless they can show ‘all due diligence’.

**The Railways and Transport Safety Act 2003**: sets out the limits and numerous offences that can be committed by people working in the field of aviation transport and shipping, parts 4 and 5 of the act apply.
The disciplinary issues
Your drug policy/code of conduct/disciplinary regulations will make clear what constitutes a disciplinary matter; for example, by prohibiting:

- the use of drugs defined by the Misuse of Drugs Act (except prescribed or over-the-counter medication†) during the working day; provided they do not have any adverse effects on the individual or affect the safety of others;
- working under the influence of drugs and alcohol (which may need to be defined and may be dependent upon type of employment);
- be in possession of an illegal substance in the workplace.

If testing is part of your policy, an employee’s failure to provide a sample must also be included.

†Many prescribed and over-the-counter medications can impair individual performance. The policy should clearly state that individuals have a responsibility for reading the advice supplied with their medicines and seeking medical advice where appropriate.

The following is applicable when poor work performance is identified as being related to substance misuse:-

When raising the issue with an employee, it is important to:
- identify the problem within its work context;
- clearly explain the action required of the employee to overcome this problem;
- offer support and, where appropriate, access to counselling or treatment;
- emphasise that disciplinary procedures may be suspended (depending on the seriousness of the incident) while the employee seeks assistance for a problem. Realistic timescales and outcomes will need to be agreed;
- clearly explain that failure to show improvement in the area identified is liable to have disciplinary consequences;
- emphasise the consequences of not following the agreed supportive programme and the likelihood of resumption of the disciplinary procedure.

Employers are legally obliged to conduct reasonable investigations into misconduct matters and to take into account mitigating factors.

Even if the police or other law enforcement agencies have been involved, you still need to consider whether dismissal is an effective option. Pending charges will not necessarily be seen as legitimate grounds for dismissal. Substance misuse problems can be successfully dealt with. Consider the full costs of recruiting and training to replace staff; supporting an employee’s recovery may be more cost-effective.

Many prescribed and over-the-counter medications can impair individual performance.

CONFI DENTIALITY
An employee with a substance misuse problem has the same rights to confidentiality as they would have for any other health-related condition. As this kind of information is sensitive personal data under the Data Protection Act, it must not be included on an individual’s personnel record etc. Also, conjecture or gossip must be excluded from official memos or individual personnel records. If staff lack faith in the company’s ability to maintain confidentiality, the policy cannot effectively function.

Prescribed Medication
If a member of staff is taking prescribed medication they should be encouraged to inform a manager or HR in confidence so that any adverse effects can be understood. This will save any confusion with illicit substances.

Many prescribed and over-the-counter medications can impair individual performance.
What about testing – how and why?

Beyond those industries where there is an effective legal requirement, or if the safety-critical aspect of the job makes testing a logical option - the building industry, transport or anything involving driving: it is worth considering a number of issues.

Why are you doing it?
What will be the company’s response if someone tests positive?
In what circumstances will you test?
Pre-employment?
With reasonable cause (which will need defining)?
Post incident/accident?
Random testing
False positive test
False negative test

Generally a positive test does not prove an individual to be impaired (the exception arguably being alcohol breath tests). It simply indicates the presence of certain substances in urine, hair, blood, etc. Depending on the type of test and the substance concerned, a positive reading could relate to an activity that took place up to a month before (cannabis may be detected in urine up to five weeks after consumption).

An individual may apparently ‘fail’ a test due to prescription or over-the-counter medications. Codeine, for example, is contained in a number of over-the-counter products; once metabolised, it shows in tests as morphine.

Samples need to be obtained and handled appropriately via a reputable company and be processed by an accredited laboratory. A list of laboratories with accredited procedures is available from UKAS. (See ‘Sources of advice and help’ for details). Failing this there is a risk of contamination, and where tests are performed in a laboratory. A list of laboratories with accredited procedures is available from UKAS. (See ‘Sources of advice and help’ for details).

Where do I get help?

When faced with a situation where an employee has been under-performing, or if there has been an incident that may be linked to a drug or alcohol problem, it is important not to panic. A good policy will provide a framework on how to respond as a line manager and as an organisation. What may not be so clear, however, is how to manage the individual in question.

In large organisations it may be possible to refer the individual to the occupational health department. Some companies may have this area covered within their health insurance package. If this isn’t the case, help is available. Throughout the country, there are local agencies which offer a range of counselling and treatment services. You’ll find details of FRANK, Alcohol Concern and other useful contacts under ‘Sources of advice and help’.

Individuals may wish to make their own arrangements (self-refer) rather than have you do it for them. A key issue here will be how well you can monitor progress. Substance misuse services will normally provide reports detailing the programme’s progress, but only with an individual’s express consent.

Types of service
Across the UK there is a huge range of services offering differing types of assistance to those suffering from substance misuse.

One way of defining services is by breaking them down into:

- statutory sector (part of the National Health Service) – GPs and community alcohol/drug teams;
- voluntary sector (may provide many of the same services as the statutory sector, but often with a focus on counselling and advice services);
- private sector – there are a wide range of services provided by the private sector – everything from counselling to residential treatment. Details on these services can be found on the FRANK website.

Here is a brief guide to the services you may deal with:

General Practitioners: the majority of referrals to specialist services are made via GPs or mainstream NHS services. This has a number of advantages, as the GP will be aware of the individual’s medical history and is normally well placed to monitor the situation.

Inpatient and day treatment: inpatient and day treatment is available for heavily-dependent users – though individual practises vary widely. Residents must be drug-free, normally meaning they have undergone detox prior to admission. Some may provide this themselves prior to the main programme.

Self-help groups: Alcoholics Anonymous and Narcotics Anonymous are two well-known organisations of this type. Different organisations may have differing philosophies.

Substitute prescribing: for substances such as heroin there are substitutes which may be prescribed by either a GP or a specialist service. The substitute, normally methadone, can be prescribed either on a gradually-reducing basis to wean the user off drugs (reduction programme) or at a steady rate to stabilise the user (maintenance programme). An organisation needs to consider its response to individuals in this position.

Relapse

As with trying to give up anything, there is a strong desire to have the thing that is being denied. This is the same with any addictive substance, so it must be understood that there is a high likelihood of a relapse, which is a return to the addictive behaviour. We can compare this to giving up smoking or chocolate; where we all know the chance of sneaking off to have ‘just one’ is high. This is part of the recovery process and should be built into any policy in an understanding way. The best way to help the individual steer clear of multiple relapses is to avoid the ‘trigger’ mechanisms that set the person on the drug or alcohol road in the first place.

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First Aid and dealing with incidents

First Aid

What should you do if confronted by an employee apparently suffering from an excessive consumption of alcohol or drugs in the workplace? The answer depends on that person's condition. In a real emergency, action may be necessary before calling an ambulance; in other situations, an ambulance may not be necessary. If a first- aider is available, they should be asked to attend. It is vital to keep calm, assist the first-aider and allow them to make decisions based upon their experience and knowledge. If for any reason a first-aider is not available, use the following as a guide.

Here are three scenarios with advice on how to respond:

If a person appears half-asleep or drunk:
- keep them awake. Don't allow them to lie down; if they fall asleep and vomit there is a risk of choking, with potentially fatal results;
- they may be dehydrated without realising it, so encourage them to drink small amounts of water if they are conscious. Do not offer coffee or other caffeine rich drinks – these could worsen the situation;
- if you have concerns over safety you should call an ambulance or doctor. To assist medical personnel in treating the person you may wish to hand over any tablets, packets, solvents, silver foil etc. you believe to be connected with their condition.

If a person faints or appears unconscious:
- if a first-aider is not available, check to see if the person is breathing. If not, summon immediate emergency assistance. If they are breathing, loosen their clothing and ensure their airways are clear;
- do not attempt to give mouth-to-mouth resuscitation, or other first aid, if you are not trained to do so;
- place them in the recovery position (on their side, with one leg straight and one leg bent).

If a person appears agitated, anxious or tense:
- keep calm – they're more likely to relax;
- speak quietly and softly;
- reassure them that you will make sure they are okay;
- try to create as quiet an atmosphere as possible (eg turning off loud equipment). Turn down bright lights;
- try to regulate their breathing (e.g. “that’s it, breathe in, relax”);
- they may be dehydrated without realising it. Encourage them to drink small amounts of water – do not give them coffee.

Incidents

If there has been an accident in the workplace or an employee is clearly impaired, your policy will need to set out who needs to take action and how to respond. But what do you do if you discover drugs or evidence of drug-taking on your premises? Are there delivery drivers or machine operatives you suspect of drinking? What if it appears a member of your staff is dealing in illegal substances?

Individual circumstances should determine your reaction – the only non-option is turning a blind eye, because of potential legal liabilities (under the Misuse of Drug Act and Health and Safety, etc.) and because these issues will not simply disappear.

It may be appropriate to remind all staff of the company’s policy as regards substance misuse and potential disciplinary outcomes. If drugs are found on the premises or you suspect dealing, you will need to contact the local police. It is a breach of health and safety legislation to just flush them away and you may be left in a vulnerable legal position. Drugs which have been found should be placed in a secure container (a sealable bag or an envelope is ideal) and handed to the police. Should you be taking the drugs from your workplace to a police station, it is a good idea to telephone the police beforehand and so lessen any risk of confusion. In certain work situations it may be sensible to discuss with your local police the needs and concerns of your company and how you can work together.

Record all incidents and the action taken.
Appendix I:
Risk assessment guide

Risk Assessment is a legal requirement under the Management of Health & Safety at Work Regulations 1999. It can assist an employer in evaluating risks from alcohol and substance abuse. The results of the risk assessment can be used to shape a company’s substance misuse policy. A sample risk assessment form is shown below.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Hazard – potential for harm</th>
<th>Risk (to whom) – result of uncontrolled hazard</th>
<th>Existing control measures</th>
<th>Severity (S)</th>
<th>Likelihood (L)</th>
<th>Risk factor (= SxL)</th>
<th>Further controls needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating machinery under the influence of alcohol or illegal substances</td>
<td>Impaired reactions, poor judgement</td>
<td>Malfunction due to poor maintenance of machinery, injury to operator or maintenance engineer</td>
<td>Risk assessments and safe systems of work for operating machinery state no drinking allowed before or during working hours</td>
<td>4</td>
<td>1</td>
<td>4</td>
<td>Monitor for changes or accidents involving machinery. Consider introducing post-accident testing following full consultation with workforce if evidence found to warrant it</td>
</tr>
<tr>
<td>Working under the influence</td>
<td>Anxiety, depression, increased stress, poor relationships with clients or colleagues</td>
<td>Violent or unpredictable reactions - injury to self or others. Company business and reputation put at risk</td>
<td>Company offers free confidential counselling service to those concerned about substance misuse in themselves or others. Policy drafted on substance and alcohol misuse</td>
<td>4</td>
<td>2</td>
<td>8</td>
<td>Consult with workforce on draft policy through selected representatives on working party. Issue to all staff on agreement. Check on working hours to ensure staff not under increased pressure leading to misuse</td>
</tr>
<tr>
<td>Selling drugs on premises</td>
<td>Creating climate of fear and mistrust, influence on new staff and younger ones</td>
<td>Bullying and harassment of staff not involved but observing, prosecution - vicarious liability of company</td>
<td>Staff aware they may be asked to be searched on leaving the premises. Included in policy</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>Monitor for evidence of change</td>
</tr>
<tr>
<td>Keeping and consuming illegal substances on the premises</td>
<td>Turning a blind eye by management</td>
<td>Vicarious liability to company, risk of individual staff overdose, encouraging use by not stopping</td>
<td>All staff receive information and training about illegal substances. Policy clarifies position on this</td>
<td>4</td>
<td>1</td>
<td>4</td>
<td>Monitor for changes. Ensure all new staff receive copy of policy and are warned of consequences of abuse</td>
</tr>
<tr>
<td>First-aiders treating person under the influence of alcohol or drugs</td>
<td>Mouth-to-mouth resuscitation causing exchange of bodily fluids</td>
<td>HIV, viral hepatitis etc - first-aiders at risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evidence of illegal consumption on premises e.g. paraphernalia</td>
<td>Discovery of used needles etc during maintenance or cleaning</td>
<td>Needle stick injuries - cleaners, maintenance or refurbishment contractors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discovery of person ‘under the influence’ on the premises</td>
<td>Assuming drunk or on drugs</td>
<td>Missing real cause of problem causing more severe illness or death</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attending functions on behalf of employers</td>
<td>Social obligation to consume to boost sales</td>
<td>Addiction due to ease of access to illegal substances or alcohol</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contractors working on site</td>
<td>Controlling consumption of alcohol and drugs by contractors</td>
<td>Personal injury to company staff or security if discovering or challenging</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

__________________________________________

Signature of Manager: Date: Date of review:
Appendix II: Key drugs and their effects

Alcohol

Even a small quantity of alcohol can cause a lack of co-ordination, slow reaction times and impaired judgement. Following a drinking session the night before it is still possible to exceed the legal limit in the morning. Even after the alcohol level drops below the legal limit, performance may still be impaired.

There are two forms of alcohol misuse: problematic and dependant drinking. Problematic drinkers may experience difficulties as a result of drinking, for example non-attendance at work on Monday mornings. Dependant drinkers are unable to control their drinking; they are physically and psychologically dependant on alcohol.

Cannabis

Cannabis is the most commonly-used illegal drug. In many respects its effects are similar to alcohol; it reduces reaction times and co-ordination and can lead to disorientation. There are clear risks for those using machinery or driving. Regular use can lead to a lack of motivation.

Ecstasy

When first taken it makes users feel very alert and ‘in tune’ with their surroundings. Ecstasy remains primarily associated with the clubbing scene. For the workplace, a major implication is that for days after use the individual can feel depressed, ‘spaced out’ and unable to concentrate.

Cocaine

A powerful stimulant that can make users feel energetic, excited and self-confident for a short period of time. Cocaine is highly addictive and can leave users feeling tired and depressed for several days after use. ‘Crack’ is a smokeable form of cocaine, providing an intense high. Regular use is associated with chaotic lifestyles.

Heroin

Makes the user feel very relaxed and distant from their surroundings. Highly addictive, its regular use can lead to dependence, the user needing to take the drug just to feel ‘normal’. Heroin can be smoked or injected.

Evidence of substance misuse

Empty cans and bottles are all clear indications of drinking. Perhaps less well-known are the indications of drug misuse. Syringes and needles, silver foil and burnt spoons may indicate the smoking or preparation of heroin. Look out for home-made pipes from cans or water bottles which may indicate the smoking of substances. Small paper packets, known as ‘wraps’ are used to package heroin and cocaine. Small plastic wraps are often used for crack. Hand-rolled cigarettes with cardboard filters and ripped-up cigarette paper packets may indicate the smoking of cannabis.

Sources of advice and help

There is a wide range of agencies offering advice and help to employers and individuals. Some of the key contacts who may be able to assist you are:

Drinker: a government-funded free information service, offering advice on any aspect of drinking; legal position; health information and local agencies. Drinker also produces posters and leaflets to support an education programme.
Helpline 0800 917 8282

Talk to FRANK: is also funded by the government and offers a free, confidential, 24-hour service providing information and advice on all aspects of drug use. FRANK holds a database of nationwide agencies offering assessment and treatment. Information and advice is also available in other languages. FRANK also produces posters and promotional material.
Helpline 0800 717 66 00
www.talktofrank.com

Alcohol Concern: a national organisation which (working with DrugScope) provides advice on workplace training and policy development, as well as details of local agencies.
Tel 020 7395 4000
www.alcoholconcern.org.uk

DrugScope: a national organisation which aims to advise on policy development and reduce drug-related risk. Its website provides information on different drugs, trends in misuse and a range of related issues.
Tel 020 7940 7500
www.drugscope.org.uk

Alcoholics Anonymous: self-help support group providing free group support from recovering alcoholics for those who wish to remain teetotal.
Helpline 020 7833 0022
www.alcoholics-anonymous.org.uk

Adfam National: confidential support, information on drugs and local support groups for the families and friends of drug users.
Helpline 020 7928 8900
www.adfam.org.uk

Release: offers a range of services dedicated to meeting the health, welfare and legal needs of drug users and those who live and work with them.
Helpline 0845 4050 215
www.release.org.uk

Re-Solv: provides information for the prevention of solvent abuse.
Helpline 01785 810 762
www.re-solv.org

United Kingdom Accreditation Service (UKAS): UKAS is the sole national body recognised by government for the accreditation of testing laboratories, certification and inspection bodies.
Tel 020 8917 8400
www.ukas.com

South East England Development Agency (SEEDA): SEEDA has produced a document regarding alcohol and drugs in the workplace and is well worth looking at, follow the link below.

UKAS is the sole national body recognised by government for the accreditation of testing laboratories, certification and inspection bodies.
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