IOSH Essex Branch Event

Event Subject: Alcohol & Drugs at Work

Essex Branch

Date: 03/02/2010

IOSH Essex Branch Event

- **Welcome**
- **Essex Branch Executive Committee**

- **Events**
- **Event Subject**
- **Timing**

Alcohol and Drugs at Work

- A range of factors, both at the workplace and in our private lives, impact on our ability to work safely. These factors, as they relate to the workplace, must be dealt with through the normal procedures for dealing with safety issues at the workplace.
- The use of alcohol and drugs becomes an occupational safety and health issue if a person's ability to exercise judgment, coordination, motor control, concentration and alertness is affected at the workplace, leading to an increased risk of injury or illness to themselves and others.
- The effects of a range of substances including alcohol, cannabis, opiates, analgesics, hallucinogens, volatile substances and stimulants will be discussed but it must also be remembered that prescription and over-the-counter (OTC) medication may affect a person's ability to work safely, as can combining different drugs or mixing drugs with alcohol.

What the Law Says

The HSE encourages employers to adopt an alcohol and drugs policy to address matters such as:

1. How employees are expected to limit their drinking
2. How problem abuse is recognised and help offered
3. At what point and in what circumstances alcohol and drug misuse is treated as a matter of discipline rather than a health problem

Employers and Employees have general and specific legislative duties:

- **Misuse of Drugs Act 1971**
  The Act creates three classes of "controlled substances" A, B or C, and ranges of penalties for illegal or unlicensed "possession" and "possession with intent to supply". There is a potential criminal liability for Managers and Directors who knowingly allow or at the very least tolerate, the use of controlled drugs on company premises. This can lead to fines, imprisonment or both.
- **Health and Safety at Work Act 1974**
  Employers have a duty to ensure the health, safety and welfare at work of all employees. Employers must manage employees in a way that ensures that people are not exposed to health & safety risks. If a Manager knowingly allows an employee under the influence of drugs to continue working and their behaviour places themselves or others at risk then they can be prosecuted.

What the Law Says

- **Road Traffic Act 1988**
  Any person who, when driving or attempting to drive a motor vehicle on the road or other public place, is unfit to drive through drugs or alcohol shall be guilty of an offence. An offence is committed if a person unfit through drugs or alcohol is in charge of a motor vehicle in the same circumstances.
  The Road Traffic Act does not differentiate between illegal or prescribed drugs and does not state any legal limit for drugs as it does for alcohol. This means that anyone found driving whilst unfit, due to any drug, could be prosecuted.
- **Transport and Works Act 1992**
  It is an offence to knowingly allow certain workers to work on rail, tram and other guided transport systems when unfit through drugs or alcohol. Operators of such systems must exercise due diligence to avoid those workers being unfit for work.
- **Management of Health and Safety at Work Regulations 1999**
  The Management Regulations generally make more explicit what employers are required to do to manage health and safety; they apply to every work activity. The main requirement on employers is to carry out a risk assessment, record significant findings, make arrangements to implement necessary control measures, appoint competent people and arrange for appropriate information and training.

What the Law Says

- **Corporate Manslaughter and Corporate Homicide Act 2007**
  The Act sets out a new offence for convicting organisations where failure in the way activities are managed or organised results in a person's death. It applies across both public and private sectors.

  In England and Wales and Northern Ireland, the new offence is called Corporate Manslaughter. It is called Corporate Homicide in Scotland. Courts will look at management systems and practices across the organisation, providing a more effective means for prosecuting corporate failures to manage health and safety.
- **Managing risks – not risk aversion**
  The offence does not require organisations to comply with any new regulatory standards. It means that those who disregard the safety of others at work, with fatal consequences, are much more vulnerable to extremely serious criminal charges.

What the Law Says

The Law States that breaches of Health and Safety Regulations are breaches of criminal law and can result in fines imprisonment or both. However these regulations if adhered to:

1. **Help ensure the Health, Safety and Welfare of employees at work**
2. **Help safeguard against claims for compensation**
3. **Help prevent bad publicity (brand protection)**
4. **Lead to a more cost effective and efficient business**

What the Law Says

- British business incurs massive financial losses (TUC state at least £2bn per annum)
- 74.6% of drug users aged 18+ are employed. Up to 21% of UK workforce may be using drugs (CIPD 2004)
- 78% of the workforce would prefer to work for an employer who maintains a robust drugs and alcohol policy (Guardian 2004)
- The illegal drug market in the UK is worth at least £10bn per year. (ONS 1998)
- 10% of adults aged 16 to 59 living in England and Wales used one or more illicit drugs in the last year (2008)
- Men are more likely to take illicit drugs than women with 13.2% of men reported taking drugs in the last year compared with 6.9% of women
- For younger adults aged 16 to 24, drug use in the last year was 24.1%
- More people use cocaine in the UK than any other European country

What the Law Says

Classification under the Misuse of Drugs Act

Class A drugs
Include: Ecstasy, LSD, heroin, cocaine, crack, magic mushrooms (whether prepared or fresh), methylamphetamine (crystal meth), other amphetamines if prepared for injection
Penalties for possession: Up to seven years in prison or an unlimited fine. Or both
Penalties for dealing: Up to life in prison or an unlimited fine. Or both

Class B drugs
Include: Cannabis, amphetamines, Methylphenidate (Ritalin), Pholcodine
Penalties for possession: Up to five years in prison or an unlimited fine. Or both
Penalties for dealing: Up to 14 years in prison or an unlimited fine. Or both

Class C drugs
Include: Tranquilisers, some painkillers, GHB (Gamma hydroxybutyrate), ketamine
Penalties for possession: Up to two years in prison or an unlimited fine. Or both
Penalties for dealing: Up to 14 years in prison or an unlimited fine. Or both

Why people use Alcohol and other Drugs

There are four major motivations underlying the use of drugs:

1. To self-manage body, mind and spirit
2. To conform to social norms
3. To create individual identity
4. To escape personal distress

There are four main groups of drugs:

1. **Sedatives** (Downers or Depressants)
2. **Stimulants** (Uppers)
3. **Hallucinogens** (Trips)
4. **Analgesics** (Painkillers)

Why people use Alcohol and other Drugs

- **Sedatives**

  Includes alcohol, barbiturates and benzodiazepines (Valium). They are used to slow down the activity of the mind. They are often prescribed for people who are suffering from anxiety to help calm them. But they are also commonly abused by users of illicit substances.

- **Stimulants**

  Includes caffeine (found in coffee, tea, cola and most stimulant drinks), nicotine, amphetamine and cocaine. They do the opposite of sedatives. They speed up the activity in the brain and make people more awake, confident and alert. They are particularly chosen by some night workers.

  Next to cannabis, cocaine is the second most commonly abused drug. The UK (currently the biggest market for cocaine outside the US) is enveloped in a cocaine epidemic with £361M worth washed up on the shores and beaches of Cornwall, Wales and Southern Ireland in the past year.

Why people use Alcohol and other Drugs

- **Hallucinogens**

  Includes marijuana (cannabis), LSD and 'magic mushrooms'. They cause people to have hallucinations where they experience sensations that are not real, but they believe are very real to them. Though amphetamine based, Ecstasy has mild hallucinatory properties.

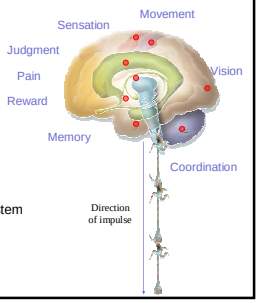
- **Analgesics or Painkillers**

  Includes Codeine, Co-codamol, Co-dydramol, Dihydra-codeine, morphine, diamorphine and heroin. They reduce our sense of pain.

  These drugs are referred to as narcotics, all opiates - they are produced from the opium poppy plant - have sedative side-effects and can make users feel drowsy.

Why people use Alcohol and other Drugs

- Certain parts of the brain govern specific functions:
- Neurons connect one area to another via pathways to send and integrate information
- A message (electrical impulse), moves down a neuron and toward the space between the cells (synapse) where it triggers the release of molecules (neurotransmitters)



The Central Nervous System

Why people use Alcohol and other Drugs

The Spectrum of Drug Use

Experimentation	Casual/ Recreational/ Regular	Dependent/ Problematic/ Chaotic
▪ Usually a conscious decision ▪ Peer pressure or curiosity ▪ Persistence may be required ▪ Most people don't continue	▪ Taken when easily available ▪ Chosen for specific effect on a particular occasion ▪ Taken on most days, or weeks ▪ Most believe that life is enhanced	▪ Often begins with personal difficulties or emotional pain ▪ Used regularly for a long time ▪ Results in unwanted, harmful, physical, social, financial or mental health consequences

Alcohol the Drug

Alcohol the Drug

- Alcohol is the most commonly consumed drug in the UK. It is a depressant drug that slows brain activity and impairs coordination.
- The UK legal blood alcohol level for driving a road vehicle is 80mg% and 29mg% for driving a rail vehicle. However the effects of alcohol impairment have been shown to begin at lower concentrations of blood alcohol.
- The quantity of alcohol in a person's deep lung breath is dependent on the concentration of alcohol in their pulmonary arterial blood, and so may be used as an *indication* of assumed impairment.
- Alcohol is a major cause of accidents and accidental injury. For these reasons alcohol consumption is closely regulated in relation to the operation of transport systems and other safety sensitive environments and activities.
- Alcohol has a range of psychomotor and cognitive effects that increase accident risk on reaction times, cognitive processing, coordination, vigilance, vision and hearing.

Alcohol the Drug

- **Effects on the Central Nervous System**
  At a BAC of 30mg% impairment begins in:
  - Cognitive function
  - Motor coordination
  - Sensory perception

At 50mg% BAC changes in mood and behaviour begin, particularly euphoria.

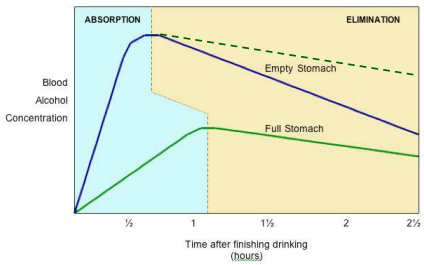
- **Effects on Performance**
  At a BAC of 30mg% impairment begins in:
  - Focussing and ability to follow objects with the eye
  - Breadth of visual fields
  - Ability to discriminate between lights of different intensity
  - Discrimination of sound
  - Reaction time
  - Performance on standard intellectual tests

Alcohol the Drug

The effects of alcohol vary according to a number of factors, primarily:

1. Gender
2. Body size and weight
3. State of health
4. Built up tolerance and dependence
5. The amount and strength of alcohol and the way it is consumed
6. Environmental and psychological factors
7. Whether alcohol is used with other drugs or substances
8. The task being carried out
9. Food in stomach

Alcohol the Drug



Alcohol the Drug

To avoid health risks associated with the drug alcohol, the Department of Health defines "Moderate Drinking" as:


Women: 2 units per day
Men: 3 units per day

This does **not** include people who are:

- Medication - either prescribed or OTC (can negate or amplify effects of other drugs)
- Recovering alcoholic or can't control intake

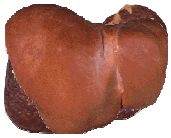
The Department of Health defines "Binge Drinking" as:

Women: 7 units per day
Men: 9 units per day

Binge drinking involves:

- Drinking alcohol quickly to "get drunk"
- Drinking large quantities of alcohol regularly

Alcohol the Drug



- **Cirrhosis of the liver** A chronic liver disease which causes damage to liver tissue, scarring of the liver, progressive decrease in liver function, excessive fluid in the abdomen, bleeding disorders, increased pressure in the blood vessels, and brain function disorders.
- Excessive alcohol use is the leading cause of cirrhosis by far
- **There has been a 40% increase in cases in the UK over the past five years**
- If alcohol is consumed over a long period, the rate of increase in BAC may be close to the breakdown rate in a healthy liver.
- This is roughly equivalent to **half a pint of beer** or a **single measure of spirits** every hour (one unit).

Alcohol the Drug

Other associated health consequences:

- Alcohol Hepatitis
- Gastritis
- Stomach ulcers
- Oesophagitis
- Oesophageal varices
- Pancreatitis
- Hypertension
- Cardiomyopathy
- Stroke
- Dementia
- Cerebellar degeneration
- Peripheral neuritis
- Osteoporosis
- Gout
- Muscle degeneration
- Dermatological abnormalities
- Tuberculosis
- Pneumonia
- Malnutrition
- Cancer (mouth, larynx, pharynx, oesophagus)
- Miscarriage
- **F**oetal **A**lcohol **S**yndrome:
  - growth deficiencies
  - CNS defects
  - lowered IQ
  - facial malformation

Alcohol the Drug

According to the Institute of Alcohol Studies (2007) between **20% and 25%** of all accidents at work involve intoxicated people injuring themselves and innocent victims.

In 2004, there were **15,400** casualties in England and Wales involving drivers exceeding the legal alcohol level, including **590 deaths** and **2,100** serious injuries.

Raised accident risk can also remain some time after drinking, as skills and faculties do not necessarily return to normal even when all alcohol has left the body:

- A study on airline pilots performing routine operations showed that after reaching a BAC of **10**mg%, **89** per cent could not perform all tasks correctly.
- **14 hours** later, after all alcohol had left their systems, **68** per cent could not perform all tasks correctly.

Alcohol the Drug

According to the most recent European Commission report

Experts believe that accident fatalities have reached a plateau and the only way of reducing the figures is to lower the UK legal limit of BAC from 80mg% to a harmonised European standard of 50mg%.

A lower limit of 20mg% has been recommended for young drivers, drivers of public service vehicles and heavy goods vehicle drivers.

Look into my eyes

Commonly abused Drugs

Cannabis

Commonly abused Drugs

Cannabis

Commonly abused Drugs

Cannabis

MARIJUANA

Marijuana is the dried leaves and flowers of the cannabis plant. It changes brain messages that affect perception and coordination. Recently been classified a Class B controlled drug, cannabis oil is a Class A controlled drug, not legally available for medical use. It is an offence to possess or to supply it to others.

Street name

Weed, blow, skunk, sensi, draw, pot, dope, grass, hash

Street use

Tends to be recreational in nature. Smoked or eaten

Commonly abused Drugs

Cannabis

Drug effect

- Mood lift, euphoria
- Rapid, loud talking and burst of giggling or laughter in early stages
- Relaxation, stress reduction, sleepy or stuporous in later stages
- Creative, philosophical or deep thinking : ideas flow easily
- Increased appreciation of music
- Increased awareness of senses. (eating, drinking, smell)
- Forgetfulness in conversation
- Inflamed whites of the eyes ; pupils unlikely to be dilated
- Increased appetite : "munchies"
- Boring or repetitive tasks can become more interesting or funny
- Heavy arms and legs
- Panic attacks, memory loss, paranoia, schizophrenia, bipolar disorder, and immunodeficieny

Look at the chart and say the COLOUR not the word

In this case, your right brain tries to say the colour but your left brain insists on saying the word.

Similarly, the effects of marijuana are manifested by slowing the brain's capacity to process information.

YELLOW	BLUE	ORANGE
BLACK	RED	GREEN
PURPLE	RED	YELLOW
ORANGE	GREEN	BLACK
PURPLE	BLUE	GREEN
BLUE	ORANGE	RED
BLACK	YELLOW	BLUE

Commonly abused Drugs

Cannabis

Use (%) of cannabis in the last twelve months, by age and gender.
British Crime Survey (England and Wales)

Age	Male	Female	All
16-19	28	21	25
20-24	30	24	27
25-29	23	12	17
30-34	15	6	10
35-39	9	4	6
40-44	6	3	4
45-59	3	1	2
All 16-59	12	7	9
All 16-29	27	18	22

Commonly abused Drugs

Amphetamine

Commonly abused Drugs

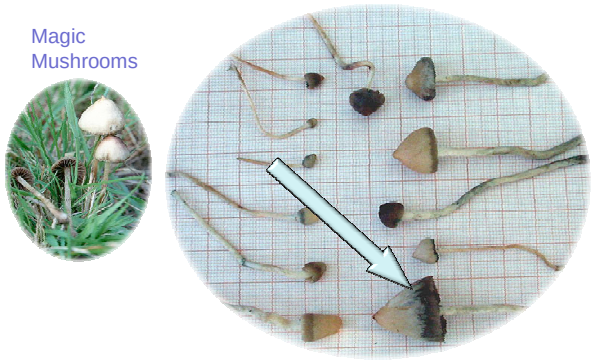
Amphetamine

Drug effect

- Increased alertness, motivation
- Talkative : speech impaired, conversation lacks continuity
- Positive mood shift, sense of well-being
- Reduced appetite/sleep
- Dilated pupils with large amounts
- Flushing of the skin
- Loss of coordination, dizziness
- Restless, irritable, argumentative, nervous, aggressive
- Dry mouth and nose, bad breath, frequent lip licking
- Runny nose, cold or sinus/nasal problems, nose bleeds
- Uncontrollable movements
- Exhausted, down and empty days after (crash / rebound / sledging)

Commonly abused Drugs

Magic Mushrooms



Commonly abused Drugs

Magic Mushrooms

There are more than 180 species of magic mushrooms which contain the psychedelic psilocybin grown naturally in the wild. Like all hallucinogens, users to experience hallucinations. Trips last for hours - can feel good, while other parts can feel terribly bad. Users have a hard time concentrating, communicating, or telling the difference between reality and illusion. Most commonly available species is "psilocybe semilance" or the "liberty cap"

Street name
Mushies, Mushers, Shrooms
Street use
Cooked and eaten or boiled in water to make a "tea"
Mushrooms can also be dried for storage
Drug effect
Imagined experiences that seem real
Legal status
Classified as a Class A controlled drug

Commonly abused Drugs

Commonly abused Drugs

Drug effect

- Increase in energy (stimulation)
- Increased awareness & appreciation of music
- Increased awareness of senses. (eating, drinking, smell)
- Closed and open eye visual hallucinations
- Profound life-changing spiritual experiences
- General change in consciousness
- Extreme pupil dilation/difficulty focusing
- Increased salivation and mucus production
- Causes coughing in some people
- Rapid emotional swings (happiness, fear, giddiness, anxiety, anger, joy)
- Altered perceptions and delusions
- Acute anxiety
- Acute depression ; resulting in suicides

Commonly abused Drugs

Cocaine

Commonly abused Drugs

Cocaine

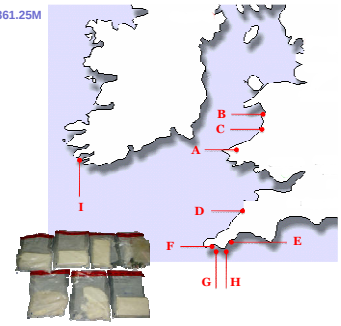
Drug effect

- Increases alertness, wakefulness, concentration elevates mood
- Mild to high degree of euphoria
- Increases athletic performance, increases energy
- Decreases fatigue
- Increased irritability, insomnia, restlessness
- May become extremely antisocial and aggressive
- Increases heart rate, blood pressure, body temperature
- Dilates the pupils
- Decreases sleep and appetite
- Can decrease seizure threshold and is associated with strokes, and heart attacks in susceptible individuals
- Injected, cocaine use can lead to life-threatening infections, and shared needle-related blood diseases etc.

Commonly abused Drugs

Cocaine

£361.25M



May, 2008
A Cardigan Bay: 30kg, £1.5m

February, 2008
B Meirionnydd, Gwynedd: 30kg, £1.5m
C Tywyn, Gwynedd: 30kg, £1.5m
D Bude, Cornwall: 25kg, £1.25m
E Rosevine Beach, Cornwall: 25kg, £1.25m
F Mounts Bay, Cornwall: 25kg, £1.25m
G Kynance Cove, Cornwall: 20kg, £1m
H Carleon Cove, Cornwall: 50kg, £2m

July, 2007
I Dunlough Bay, Ireland: 1.5 tonnes, £350m

Commonly abused Drugs

Commonly abused Drugs

"Flashbacks" reported with repeated use

What are the effects of Ecstasy (MDMA)?

- Effects of Ecstasy vary with purity & amount
- Takes about 30-60 minutes to take effect
- Effects peak for about 2 hours - may persist for more
- Requires frequent drinking of water or other fluids
- Causes salt imbalance and fainting
- Adversely affects motor skills, attention and memory
- Associated with 50 serious medical complications; 14 of which are fatal

Commonly abused Drugs

Commonly abused Drugs

ug effect

roin (and other opiates) produce effects other than its analgesia:

- Relaxed detachment from pain and anxiety
- Feelings of warmth (from dilation of blood vessels)
- Feelings of euphoria (particularly from iv injection)
- Clouding of mental functioning, slurred speech
- Reduction in respiration and heart rate, constricted pupil size
- Most commonly used by injection
- Active if smoked ("chasing the dragon")
- Effects achieved by rapid conversion to morphine
- Acute intake by injection is highly reinforcing
- First 1-2 minutes after injection characterised by surge or "rush"
- Feelings in the lower abdomen (resembling an orgasm)
- Warm flushing of the skin, followed by a floating, intoxicated feeling
- Accompanied by euphoria, decreasing respiratory rate
- Effects generally last 3-4 hours

Commonly abused Drugs

GENERAL SIGNS AND SYMPTOMS

- Abrupt changes in work attendance, performance, discipline
- Unusual flare-ups or outbreaks of temper
- Withdrawal from responsibility
- General changes in overall attitude
- Deterioration of physical appearance and grooming
- Wearing of sunglasses at inappropriate times
- Association with known substance abusers
- Unusual borrowing of money from co-workers
- Stealing small items from employer
- Continual wearing of long-sleeved garments particularly in hot weather or reluctance to wear short sleeves when appropriate

Workplace Drug Testing

Four recognised categories:

1. Pre-employment
2. Random, unannounced, compliance
3. For-cause (just-cause)
4. Post accident / incident

Pre-employment testing

- Early testing can effectively minimise the risk of accepting employees with an existing problem.
- It is not normal to include an alcohol breathalyser test at the pre-employment stage since there is no legal basis to refuse employment for a positive alcohol test.
- Where employers operate a testing programme that may be widely known internally, prospective recruits are often largely unaware how long certain drugs (particularly cannabis) can remain in the system and therefore produce a positive result.
- Even when recruits are informed well in advance of their pre-employment assessment, positive rates can be as high as **78%**.

Workplace Drug Testing

Unannounced, Random and Compliance testing

- Random screening aims to reinforce the drugs and alcohol policy in order to ensure continued compliance following initial pre-employment screening. A percentage of the workforce (usually between 5% and 20%) is stipulated at the outset whereby a random selection procedure is implemented. Random screening is most effective where tests are performed on-site, thus enabling minimum notice time to be given to donors.

- Experience shows that alcohol breathalyser tests can be effectively performed where less than two hours notice is given. It is recommended that as little notice of the test as possible be given to those employees selected for random sampling.

For-Cause testing

- For-Cause testing ensures immediate testing on employees who present themselves for work appearing to be under the influence of drugs or alcohol intoxication, or where there are reasonable grounds to suspect employees' actions or omissions have contributed to an accident or incident.

Workplace Drug Testing

Near Donor Testing (Point Of Care)

For testing combinations of:

- Amphetamine
- Methylenedioxymethamphetamine (MDMA/Ecstasy)
- Methamphetamine
- Cocaine
- Marijuana
- Methadone
- Opiate
- Barbiturates
- Benzodiazepines
- Phencyclidine (PCP)
- Tricyclic Antidepressants

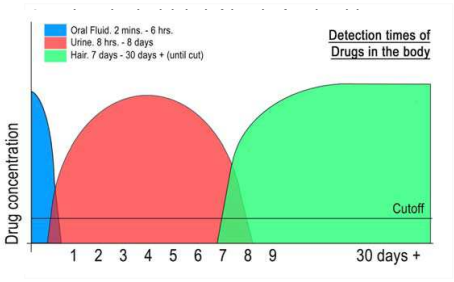
Saliva

Urine

Oral Fluid

Sweat

Workplace Drug Testing

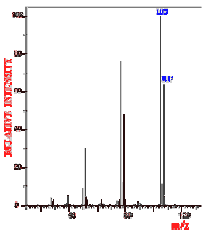


Workplace Drug Testing

Confirmation Analysis

- All initial screening techniques and point-of-care devices only provide a preliminary (qualitative) analytical result.
- A more specific alternate method must be used to obtain a confirmed (quantitative) analytical result.
- Gas Chromatography/Mass Spectrometry or GC/MS is the approved confirmatory method for workplace testing.
- GC/MS has been the 'Gold Standard' for drugs of abuse testing for many years.
- GC/MS uses predefined cut-off levels to international standards
- Approved laboratories hold UKAS accreditation to ISO 17025

Workplace Drug Testing



Gas Chromatography is the process by which a specimen is vaporized and introduced into a stream of carrier gas (helium) where it is conducted through a chromatographic column and separated into its constituent parts. These fractions pass through the column at characteristic rates, and are detected as they emerge in a time sequence by a thermal cell. The detecting cell responses are recorded on a strip chart, from which the components are identified both qualitatively and quantitatively.

Mass Spectrometry is the process by which a specimen is vaporised at low pressure then exposed to a stream of electrons that causes the formation of ionized fragments. The ions are then sorted magnetically according to their mass-to-charge ratio. They are measured electrically and appear as a spectrum on a recorder chart.

Workplace Drug Testing

Underlying Limitations

Drug testing will reduce drug use only if people believe they will experience negative consequences if discovered (individuals with pro-drug attitudes and little respect for societal norms are less likely to stop drug use and can view a positive test as status)

Without negative sanctions (e.g. disciplinary action) drug testing is unlikely to deter use. Suspension from certain duties may be desirable and sometimes welcomed

Individuals may use masking agents, avoid providing a sample (by being absent on planned testing days or refusing), or switch to using less detectable, and potentially more harmful drugs

Can result in a lack of appropriate treatment/intervention after testing positive

Can give a false sense of a drug-free workplace

Workplace Drug Testing

Guidance for Testing

- The contract of employment should state that testing will take place and consent required. Abuse of alcohol and drugs should be a disciplinary matter. Refusal to test to be treated the same as a positive result.
- Ensure tests are conducted by Collection Officers qualified in Chain of Custody procedures.
- Ensure quality assurance of testing laboratories. UKAS accreditation to ISO 17025 is the standard.
- Ensure confidentiality of results.
- Provide training for Managers and Supervisors.
- Offer support and counseling to employees diagnosed as *addicted.* Straightforward disciplinary procedures may not be appropriate.

Workplace Drug Testing

Adopting the right strategy

Deciding which strategy to adopt will depend on the extent of alcohol and drug use, the nature of the industry and the size and resources of the business. While there is no single way to address the problem of alcohol and other drugs at the workplace, there are a number of strategies that may be adopted.

The objective of any strategy should be to eliminate or reduce alcohol and drug related harm as far as practicable.

Workplace Drug Testing

This objective can be achieved through a three-tiered approach:

1. Preventing harm through providing information, training and education

2. Management of hazards through introducing procedures for dealing with affected persons at the workplace

3. Provision in the strategy for the return to usual work duties of affected employees

Workplace Drug Testing

WHAT CAN YOU DO TO HELP MAINTAIN YOUR POLICY?

PREVENTION

- Lead by example
- Know and support Company policy
- Ensure you attend and provide briefs/education
- Promote an alternative climate

OBSERVATION

- Warning signs and behaviors
- Troubles at work
- Troubles off the job
- Changes in friends/relationships
- Personality changes

Workplace Drug Testing

WHAT CAN YOU DO TO HELP MAINTAIN YOUR POLICY?

There are a number of ways in which you can do something about your concerns:

- **Don't "look the other way."**
  If you suspect drugs are being used, consult your team
- **Don't intervene on your own**
  Drug abuse and drug dealing are serious problems that should be handled by qualified professionals
- **Don't worry about jeopardizing an abuser's job**
  You place co-workers in far greater jeopardy when you don't report concerns

Workplace Drug Testing

Policies, programmes, campaigns and definitions

All mean nothing without proactive support and commitment at all levels of the organisation from the very top to the bottom.

Treatment v Prevention

"Treatment is like repairing the bodies after they've fallen off the cliff onto the rocks below. Prevention is doing simple things like building a fence to stop them from falling."

Fr. Martin
(renowned speaker in the field of alcohol awareness)

Workplace Drug Testing

Conclusion

Drugs and alcohol misuse is everyone's concern and with the wealth of statistics indicating drugs is a problem in our society, it seems illogical and costly for employers to think that drug and alcohol abuse stops at the employer's gates. It impacts on occupational health, safety and welfare, it restricts individuals' performance, it threatens business continuity, it damages brand image, it impacts negatively on co-workers, and it costs employers billions in sickness, absenteeism, security expenditure, theft, insurance premiums, and reduced productivity.

A robust alcohol and drugs policy, implemented professionally and embraced by all, goes a long way in reducing the impact of substance misuse at work.

Questions