

Survey report September 2007

Managing drug and alcohol misuse at work

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Summary of key findings

This report sets out the findings of the CIPD *Managing Drug and Alcohol Misuse at Work* survey. The analysis is based on replies from 505 UK-based HR professionals in organisations employing a total of more than 1.1 million people.

Policies and procedures

- Six out of ten respondent organisations use the disciplinary procedure when managing drug and/or alcohol misuse at work.
- Just under 60% of organisations have rules in place about the possession of drugs and alcohol on the premises. And a similar proportion have a combined policy for drug and alcohol problems and rules about alcohol consumption during work time.
- More than a quarter of employers use a capability procedure as part of their approach to managing drug and alcohol problems in the workplace.

Communication of policies and procedures

- The most common method of communicating policies on drug and alcohol misuse is through the staff handbook, with two-thirds of respondent organisations providing information in this way.
- Under half of organisations use their intranet to communicate policies on drug and alcohol misuse.
- Only 33% of employers train managers as part of their efforts to communicate policies on drug and alcohol misuse at work. Just 22% train employees generally in the organisation's policies, procedures and approach to tackling the issue.

Alcohol at work: is it a disciplinary, health or performance issue?

- By far the most common approach to managing alcohol and drug problems at work adopted by employers is to treat it as a combined disciplinary and health issue. About eight in ten employers use this approach.

Illegal drug use

- Just over a quarter of respondents say that employees found to have used illegal drugs would be reported to the police.
- Slightly more than half of respondents state that it would depend on the circumstances, with 12% responding that it would depend on the type of drug used.

Testing

- In all, 22% of respondent organisations carry out any testing of employees for drugs or alcohol misuse – up from 18% in the 2001 CIPD survey on *Drug and Alcohol Policies and Procedures*.
- A further 9% of organisations are planning to introduce testing for the use of drugs and/or alcohol at work.
- In all, 65% of employers don't test and have no plans to start.
- The majority of testing for drug and alcohol misuse is carried out by safety-critical organisations. In all, 53% of safety-critical organisations carry out testing of employees for drugs or alcohol and a further 18% are planning to introduce this approach.

Types of testing

- Among organisations that test employees for drug or alcohol misuse at work, the most common approach is to test when an employee is suspected of drug or alcohol misuse as a result of performance issues or because of inappropriate behaviour. More than a fifth of employers that test use this approach for either suspected alcohol misuse or drug misuse.
- Random testing for drugs or alcohol is rare, with only about one in ten of employers that test using this approach.

Managing employees with drug and/or alcohol problems

- The three most common management interventions to help employees with drug and/or alcohol problems are the provision of specialist counselling services, the use of disciplinary procedures and referral to occupational health practitioners, with about half of respondent organisations adopting all of these approaches.

Preventing employees from developing drug and alcohol problems

- The most common interventions to help prevent employees developing drug or alcohol problems are the provision of occupational health services, flexible working opportunities and access to counselling services.

Reasons for introducing policies on managing drug and/or alcohol problems in the workplace

- The top three reasons why organisations introduce policies to help manage drug and alcohol misuse at work are: to promote safety at work; to support employee health; and because of concerns over deteriorating employee performance.

Disciplinary action and drug and alcohol misuse at work

- In the last two years, about half of employers have disciplined employees for alcohol misuse at work and about a quarter have disciplined individuals for drug misuse.
- Almost a third of organisations have dismissed employees in the last two years where the reason or a significant underlying reason was alcohol problems. And 15% have dismissed members of staff where the reason, or a significant underlying reason, was drugs.

Referral for specialist treatment and rehabilitation

- A third of employers have referred employees with alcohol problems for specialist treatment and rehabilitation in the last two years, with 12% having done so for drug problems.
- Out of those employees that organisations have referred to treatment or supported through rehabilitation, just over 60% remained working for the organisation after successfully managing their problem.

Policies and procedures

Under six in ten employers have a combined policy that covers drug and alcohol misuse at work and only a minority of organisations proactively communicate policies to all employees or train line managers to handle this challenging issue appropriately.

Policies and procedures for managing drug and alcohol problems in the workplace

Respondents were asked to identify – from a list of 14 policies – which their organisation uses to help manage drug and alcohol misuse at work.

The use of the disciplinary procedure for managing alcohol- or drug-related problems is the most common approach, with just over 60% of respondent organisations citing this approach. See Table 1.

Six out of ten respondent organisations' health and safety policies refer to alcohol and/or drug problems in the workplace.

Just under 60% of organisations have rules in place about the possession of drugs and alcohol on the premises. And a similar proportion have a combined policy for drug and alcohol problems and rules about alcohol consumption during work time.

In all 46% of respondents report they have an employee assistance programme in place to provide advice and support for individuals with alcohol or drug problems.

More than a quarter of employers use a capability procedure as part of their approach to managing drug and alcohol problems in the workplace. And 23% of respondent organisations have in place guidelines for drug and alcohol testing.

Only about a fifth of organisations have a recording procedure in place for alcohol- and/or drug-related incidents.

A minority of respondent organisations have rules about drug or alcohol use outside work or have rules in place regarding periods of abstinence prior to starting work.

Sector differences

Manufacturing and production organisations and private services organisations are more likely than non-profit and public services employers to have a range of policies and procedures on drug and alcohol problems at work.

Public services and non-profit organisations more commonly than the other two sectors use capability procedures to help manage drug and alcohol misuse.

Safety-critical organisations

Among employers where the whole organisation is safety-critical, almost three-quarters have health and safety policies that refer to drug and/or alcohol problems. Employers in this category are also significantly more likely than the survey average to have guidelines in place for drug and/or alcohol testing and recording procedures for alcohol- or drug-related incidents or issues.

Employers that have some employee groups in safety-critical occupations most commonly use the disciplinary procedure for alcohol- and/or drug-related issues or incidents. In all, 69% of such employers use disciplinary procedures to manage drug and/or alcohol problems at work compared with 62% of employers where the whole organisation is safety-critical.

Table 1: Policies and procedures for managing drug and alcohol problems in the workplace

	All	Manufacturing and production	Private services	Non-profit organisations	Public services
Disciplinary procedure for alcohol- and/or drug-related incidents/issues	62	70	64	56	57
Health and safety policy refers to alcohol and/or drug problems	60	66	63	56	54
Rules about possession of alcohol on the premises	59	73	64	47	43
Rules about possession of drugs on the premises	59	69	66	47	47
Combined policy for drug and alcohol problems	57	60	58	54	53
Rules about alcohol consumption during work time, including breaks	57	64	61	53	49
Employee assistance programme	46	44	43	44	54
Capability procedure for alcohol- and/or drug-related issues/incidents	27	24	24	32	35
Guidelines for drugs and alcohol testing	23	43	24	2	11
Recording procedure for alcohol- and/or drug-related incidents/issues	21	31	22	11	21
Rules about alcohol consumption outside work	14	15	16	12	15
Rules about drug use outside work	13	16	15	7	14
Rules about period of abstinence prior to attending work	12	13	16	5	11
Alcohol policy	10	9	8	9	16
Drug policy	9	9	7	7	10

Size of organisation

Not surprising, perhaps, but smaller organisations are significantly less likely than larger ones to have policies in place to help manage drug and alcohol misuse at work.

For example, just 48% of organisations with 1–50 employees have a health and safety policy that refers to drug and alcohol problems, compared with a survey average of 60%.

And only 52% of employers of this size have a combined drug and alcohol policy.

Case study

A theatre production company has introduced a policy banning the consumption of alcohol during working hours, including break times, because of health and safety concerns. The HR director said the policy was introduced 18 months ago following consultation with employees:

‘We wanted to embed a safety-first culture across the company so we decided to go for a complete ban on drinking for all employees even though only some people are in safety critical roles.

‘Our company health and safety adviser provided training for all line managers when the policy was first introduced to make sure everyone felt confident about briefing staff and addressing any potential problems.

‘And we have made sure the policy is backed up with a range of support for anyone who might have drug or alcohol dependency problems. This includes an Employee Assistance Programme with a confidential helpline and access to face-to-face counselling sessions if people ask for this. We also have an occupational health adviser who is available to staff to provide advice on sources of expert support and rehabilitation.’

Communication of policies and procedures on drug and alcohol problems in the workplace

The survey indicates that only a minority of organisations are actively communicating their policies and procedures on drug and alcohol misuse. See Table 2.

The most common method of communicating policies on drug and alcohol misuse is through the staff handbook, with two-thirds of respondent organisations providing information in this way.

However, the use of the staff handbook to inform employees about the organisation's approach to managing drug and alcohol problems at work is unlikely to ensure the issue is seen as an ongoing priority, as in most cases such handbooks are put away in a drawer or locker and rarely referred to.

Under half of organisations use their intranet to communicate policies on drug and alcohol misuse.

Only 33% of employers train managers as part of their efforts to communicate policies on drug and alcohol misuse at work. Just 22% train employees generally in the organisation's policies, procedures and approach to tackling the issue.

Other proactive methods for communicating policies and procedures on drug and alcohol misuse at work, such as poster or publicity campaigns, the use of internal noticeboards, newsletters and email alerts, are not widely used.

Table 2: How organisations communicate policies on drugs and/or alcohol at work

	All	Manufacturing and production	Private services	Non-profit organisations	Public services
Training for line managers	33	39	31	30	34
Training for staff	22	28	24	19	18
Staff handbook	66	76	72	67	49
Intranet	46	36	41	40	68
Email alerts	6	8	3	2	8
Newsletter	7	8	5	7	10
Noticeboards in communal areas	16	27	15	5	10
Poster/publicity campaign	10	13	9	7	12
There's no specific promotion about the policy	7	8	6	5	5

Sector variations

There is little significant difference between the sectors in terms of how organisations communicate their policies and procedures. Manufacturing and production organisations are more likely than the survey average to train managers and staff and provide information in the staff handbook. Public services organisations are most likely to use their intranet to communicate policies and procedures.

Safety-critical organisations

Safety-critical organisations are much more likely to train managers and staff in policies on drug and alcohol misuse at work (59%) than employers that have some employee groups in safety-critical occupations (37%) or non-safety-critical organisations (20%).

Safety-critical employers are twice as likely as the survey average to communicate information on the issue of drugs and alcohol at work through communal noticeboards or publicity or poster campaigns.

Alcohol at work: is it a disciplinary, health or performance issue?

By far the most common approach to managing alcohol problems at work adopted by employers is to treat it as a combined disciplinary and health issue. More than 80% of employers use this approach.

In all, 16% of respondent organisations primarily approach alcohol problems at work as a performance issue, while 8% regard this matter as mainly a disciplinary issue and 6% regard alcohol problems as a health issue.

Sector variations

There is little significant variation across the sectors in how alcohol problems at work are categorised and managed, although manufacturing and production employers are marginally more likely than the survey average to treat the matter as a combined disciplinary and health issue (83%). Private services sector employers most commonly treat the matter as a performance issue (20%).

Table 3: Policies on alcohol consumption at work

	All	Manufacturing and production	Private services	Non-profit organisations	Public services
Allow alcohol consumption on the premises	15	7	17	16	16
Prohibit alcohol consumption on the premises	58	75	54	53	53
Allow alcohol consumption when entertaining in work time	33	30	42	35	20
Prohibit alcohol consumption when entertaining in work time	24	28	22	26	32
Allow lunchtime drinking	22	13	23	32	22
Our organisation has no policy regarding alcohol consumption on the premises or entertaining at work	15	10	13	16	23

Drugs at work: is it a disciplinary, health or performance issue?

Organisations are slightly more likely to treat drug problems at work as a disciplinary issue compared with alcohol problems. In all, 11% of respondents report that drug misuse is dealt with as a disciplinary issue. A total of 78% of organisations treat the matter as a combined disciplinary and health issue, just 5% typically treat drugs at work as a health issue and 16% report that drug misuse is managed as a performance issue.

There is little difference between the sectors in how this issue is typically handled.

Policies on alcohol consumption at work and after work

Almost 60% of employers prohibit alcohol consumption on the organisation's premises and 24% prohibit alcohol consumption when entertaining in work time. See Table 3.

A third of respondent organisations allow alcohol consumption when employees are entertaining in work time, 22% of employers allow lunchtime drinking and 15% allow the consumption of alcohol on the organisation's premises.

In all, 15% of organisations have no policy regarding alcohol consumption on the premises or entertaining at work.

Sector differences

Manufacturing and production respondents are most likely to prohibit alcohol consumption on the premises, as well as when entertaining in work time. Private services sector organisations have the most relaxed policies regarding alcohol consumption at work, although non-profit organisations are most likely to allow lunchtime drinking.

Illegal drug use and the police

The survey asked respondents if it was the organisation's policy to report employees to the police if they are found to have used illegal drugs.

In all, 27% say that employees found to have used illegal drugs would be reported to the police. Just over half of respondents state that it would depend on the circumstances, with 12% responding that it would depend on the type of drug used. Only 4% say they would not report employees to the police for illegal drug use.

A quarter didn't know what the organisation response would be.

Sector differences

Manufacturing and production employers and those in the public services are more likely than the survey average to report employees to the police for illegal drug use, with a third of these respondents stating they would take this action.

Safety-critical organisations

Safety-critical organisations are much more likely to take a hard line over the use of illegal drugs, with 62% of such employers saying that employees caught using illegal drugs would be reported to the police. However, there does appear to be some flexibility in the response to tackling this issue, as 33% of safety-critical organisations say it would depend on the circumstances and 14% state it would depend on the type of drug involved.

Only 26% of organisations employing some groups of employees in safety-critical occupations say that employees caught using illegal drugs would be reported to the police. Nearly 60% of this sample state that the approach taken would depend on the circumstances.

Testing

Testing employees for drug and alcohol misuse at work is only conducted by a minority of organisations, with most of these testing as a result of health and safety concerns. The most common approach to testing is ‘for cause’, where an individual’s behaviour or performance has led to the suspicion of substance misuse.

In all, 22% of respondent organisations carry out testing of any employees for drug or alcohol misuse. A further 9% of organisations are planning to introduce testing for the use of drugs and/or alcohol at work. See Table 4.

In all, 65% of employers don’t test and have no plans to start.

Sector differences

Manufacturing and production organisations are much more likely to test employees than employers in the other main sectors. More than a third of such organisations already have a testing regime and a further 16% are planning to introduce one. This is in complete contrast to the non-profit sector – here, just 2% of organisations test employees for drug or alcohol misuse.

Safety-critical organisations

Not surprisingly, safety-critical organisations are most likely to carry out testing of employees. In all 53% of such organisations carry out testing of employees for

drugs or alcohol and a further 18% are planning to introduce this approach. Among organisations that have some employee groups in safety-critical occupations, 26% already test and 10% are planning to introduce testing.

Organisations’ approaches to testing

Among organisations that test employees for drug or alcohol misuse at work, the most common approach is to test when an employee is suspected of drug or alcohol misuse as a result of performance issues or because of inappropriate behaviour. More than a fifth of employers that test use this approach for either suspected alcohol misuse or drug misuse. See Table 5.

The next most common approaches are post-incident testing and pre-employment testing.

Random testing for drugs or alcohol is rare, with only about one in ten of employers that test using this approach. A similarly small proportion of organisations test for drugs and/or alcohol when employees are returning to work after rehabilitation.

Table 4: Organisations that test employees for drug or alcohol misuse

	All	Manufacturing and production	Private services	Non-profit organisations	Public services
Yes	22	37	20	2	17
No	65	43	67	91	74
We don’t currently but we are planning to	9	16	9	2	3
Not stated	4	4	4	5	5

Table 5: Organisations' approaches to testing

	All	Manufacturing and production	Private services	Non-profit organisations	Public services
Pre-employment testing – alcohol	12	28	11	–	3
Pre-employment testing – drugs	13	29	12	–	4
Post-incident testing – alcohol	18	35	17	4	9
Post-incident testing – drugs	16	34	14	4	7
Testing when employee is suspected of alcohol misuse	23	39	24	5	12
Testing when employee is suspected of drug misuse	21	38	22	5	9
Random testing – alcohol	11	20	14	–	2
Random testing – drugs	10	20	12	–	3
On return to work after rehabilitation – alcohol	10	20	9	2	4
On return to work after rehabilitation – drugs	10	20	9	2	4

Sector differences

Manufacturing and production organisations are more likely than employers in the other main sectors to adopt a range of approaches to testing. Almost four out of ten of these organisations will test when individuals' behaviour or performance suggests they're under the influence and about a third will conduct post-incident testing. Nearly 30% of manufacturing and production employers will test pre-employment and a fifth conduct random testing.

Safety-critical organisations

About 40% of safety-critical organisations conduct post-incident testing and 35% test pre-employment for drugs and alcohol. About 27% of safety-critical employers conduct random testing for alcohol and 20% random test for drugs.

Organisations that have some employee groups in safety-critical occupations also commonly use a wide range of approaches to testing. In all, 22% post-incident test for alcohol and 20% post-incident test for drugs. In all 14% of employers in this category conduct pre-employment testing for both drugs and alcohol and a similar proportion random test for drugs and alcohol.

Types of testing

Organisations that test for drugs and/or alcohol are most likely to use breath-testing or to test urine or a combination of both types of test. More than half of employers that test employ breath-testing and nearly two-thirds test employees' urine. See Table 6 on the following page.

About a fifth of employers test individuals' saliva and just 4% test employees' hair for evidence of drug use.

Among organisations that don't test currently but are planning to introduce testing, the most common approaches being considered are testing on suspicion of drug or alcohol misuse, followed by random testing. See Table 7 on the following page for sector breakdown.

Table 6: Types of testing used

	All	Manufacturing and production	Private services	Non-profit organisations	Public services
Breath	55	62	61	–	26
Hair	4	4	5	100	11
Urine	64	71	61	–	47
Saliva	20	22	22	–	11

Table 7: Approaches to testing that organisations are planning to introduce, by sector

	All	Manufacturing and production	Private services	Non-profit organisations	Public services
Pre-employment testing – alcohol	4	9	2	2	3
Pre-employment testing – drugs	4	9	2	2	3
Post-incident testing – alcohol	5	7	4	2	5
Post-incident testing – drugs	5	7	4	2	5
Testing when employee is suspected of alcohol misuse	10	16	10	4	8
Testing when employee is suspected of drug misuse	10	16	10	5	7
Random testing – alcohol	8	16	7	2	3
Random testing – drugs	8	15	8	–	3
On return to work after rehabilitation – alcohol	4	7	3	2	4
On return to work after rehabilitation – drugs	4	7	3	2	4

Case study

Siemens Magnet Technology has recently introduced drug and alcohol testing into their policy for use where there is suspicion that an employee is misusing drugs or alcohol at work.

The Company previously had a statement which did not enable Managers to take further steps for gaining evidence of their suspicions and therefore decided to introduce testing to clarify the Company approach to Drugs and Alcohol and to support individuals where appropriate.

Julie Parkin-Morse, HR Business Partner for Siemens Magnet Technology, said: "Health and safety is a major concern for us within our manufacturing environment. We want to get the message across to employees that this is not just about their health and safety it is about their colleagues as well. We do not feel we have a problem of drugs and alcohol abuse but want to ensure we have the tools in place to deal effectively with any misuse or counselling for employees where they volunteer a drug or alcohol dependency.

"We decided that testing 'for cause' (where there is a suspicion an individual is under the influence as a result of their behaviour or performance) was the right approach. "We did not want to start testing all staff or randomly testing as we felt that would have been too much like a 'Big Brother' approach."

The Company is not unionised but consulted with their Employee Consultative Council about the new approach before the policy was launched.

All line managers have been trained in the testing 'for cause' procedure to ensure the new policy is clearly understood and properly implemented. They have been issued with a full pack including step by step instructions for initiating the testing procedure. The HR team has also produced information sheets for employees with frequently asked questions about the policy, as well as fact sheets with information about alcohol and drug misuse, such as how long substances stay in the blood stream after consumption, what is a unit of alcohol and categories of Drugs. Communication of the introduction of testing was also distributed by e-mail and displayed on staff notice boards and all employees have been given a hard copy of the policy and asked to sign as acknowledgement of receipt.

The Company's policy is also aimed at supporting employees where they co-operate and discuss with their Manager any issues they may have in relation to a dependency problem.

There is access to occupational health services as well as to an employee assistance programme that provides a confidential staff helpline and up to six face to face counselling sessions where needed. All employees have the opportunity to benefit from free private medical insurance, and bi-annual medical screening at a subsidised rate.

Managing and supporting employees with drug and/or alcohol problems

The provision of specialist counselling services, the use of disciplinary procedures and referral to occupational health practitioners are the most commonly used interventions for managing and supporting employees with drug or alcohol problems. Only just over a third of employers provide co-ordinated rehabilitation support to help individuals with drug or alcohol problems return to work after treatment.

Managing employees with drug and/or alcohol problems

The three most common management interventions to help employees with drug and/or alcohol problems are the provision of specialist counselling services, the use of disciplinary procedures and referral to occupational health practitioners, with about half of respondent organisations adopting all of these approaches. See Table 8.

About four in ten employers refer individuals with drug and/or alcohol problems to a GP or medical practitioner, and a third provide stress counselling in recognition that individuals may turn to drink or drugs because of excessive pressure from work or home or a combination of the two.

Slightly more than a third of employers provide co-ordinated rehabilitation support to help individuals with drug or alcohol problems return to work after treatment.

Approximately a quarter of organisations provide unpaid time off for treatment and a similar proportion provide paid time off for treatment.

Overall, organisations are marginally more likely to provide support where individuals have held their hands up and admitted they have a problem than when problems have been discovered as a result of testing or an incident at work.

Employers are significantly less likely to use the disciplinary procedure where individuals have informed the organisation that they have a problem than when such a problem is discovered.

Table 8: The policies and procedures used by employers to manage employees with drug and/or alcohol problems

	All	Manufacturing and production	Private services	Non-profit organisations	Public services
Alcohol counselling					
Where an employee's alcohol problem is discovered	53	52	43	53	68
Where an employee informs the organisation	52	50	45	51	64
Drug counselling					
Where an employee's drug problem is discovered	48	50	39	44	61
Where an employee informs the organisation	49	48	43	47	61
Alcohol rehabilitation					
Where an employee's alcohol problem is discovered	25	28	19	18	39
Where an employee informs the organisation	29	34	23	18	39
Drug rehabilitation					
Where an employee's drug problem is discovered	24	26	19	16	33
Where an employee informs the organisation	27	31	23	16	35
Stress counselling					
Where an employee's drug/alcohol problem is discovered	33	27	22	28	61
Where an employee informs the organisation	36	34	27	26	57
Disciplinary process for alcohol misuse					
Where an employee's alcohol problem is discovered	48	51	47	46	48
Where an employee informs the organisation	38	34	35	44	43
Disciplinary process for drug misuse					
Where an employee's drug problem is discovered	45	48	44	44	43
Where an employee informs the organisation	37	32	34	46	42
Referral to GP/medical practitioner for alcohol misuse					
Where an employee's alcohol problem is discovered	39	43	36	40	39
Where an employee informs the organisation	39	38	37	42	42
Referral to GP/medical practitioner for drug misuse					
Where an employee's drug problem is discovered	36	39	33	40	34
Where an employee informs the organisation	37	38	35	42	40

(continued)

Table 8 (continued)

	All	Manufacturing and production	Private services	Non-profit organisations	Public services
Referral to occupational health practitioner for alcohol misuse					
Where an employee's alcohol problem is discovered	50	53	31	53	75
Where an employee informs the organisation	49	49	33	53	75
Referral to occupational health practitioner for drug misuse					
Where an employee's drug problem is discovered	48	51	28	47	75
Where an employee informs the organisation	48	48	29	51	77
Paid time off for treatment – alcohol					
Where an employee's alcohol problem is discovered	23	20	18	25	36
Where an employee informs the organisation	26	24	18	26	43
Paid time off for treatment – drugs					
Where an employee's drug problem is discovered	22	19	16	25	33
Where an employee informs the organisation	26	24	17	26	41
Unpaid time off for treatment – alcohol					
Where an employee's alcohol problem is discovered	26	28	24	26	26
Where an employee informs the organisation	28	24	30	35	25
Unpaid time off for treatment – drugs					
Where an employee's drug problem is discovered	25	27	23	23	25
Where an employee informs the organisation	27	24	28	32	25
Employer pays for treatment – alcohol					
Where an employee's alcohol problem is discovered	7	8	7	5	7
Where an employee informs the organisation	8	11	5	2	10
Employer pays for treatment – drugs					
Where an employee's drug problem is discovered	7	8	6	5	7
Where an employee informs the organisation	8	11	5	2	10

Table 8 (continued)

	All	Manufacturing and production	Private services	Non-profit organisations	Public services
Referral to a specialist GP or substance misuse service for drug/alcohol misuse					
Where an employee's drug/alcohol problem is discovered	23	25	18	16	33
Where an employee informs the organisation	23	28	18	9	34
Rehabilitation back to work following substance misuse treatment					
Where an employee's drug/alcohol problem is discovered	38	31	30	40	57
Where an employee informs the organisation	28	27	25	26	36

The 'management' policies organisations are planning to introduce

The survey also asked respondents to indicate which policies they're considering introducing to manage drug and alcohol misuse at work. Almost a fifth of employers are planning to introduce a combined policy on drug and alcohol misuse at work, and 8% of organisations are planning to change their policies on their disciplinary procedure so that it refers to drug and alcohol misuse at work. In all, 7% are looking to extend the provision of occupational

health services and a similar proportion are planning to introduce stress counselling.

Preventing employees from developing drug and alcohol problems

The provision of access to occupational health services is the most commonly provided support to help prevent individuals developing drug and alcohol problems. Nearly 60% of organisations surveyed provide access to occupational health services. See Table 9.

Table 9: Support provided by organisations to help prevent employees from developing drug and alcohol problems

	All	Manufacturing and production	Private services	Non-profit organisations	Public services
Training to help line managers recognise the symptoms of drug and alcohol problems	30	37	29	18	34
Improving management practice	22	24	20	32	25
Employee assistance programme	40	36	38	40	50
Counselling	45	38	34	46	75
Stress management training	24	15	15	23	51
Stress risk assessments	25	17	16	35	49
Access to occupational health services	58	56	39	60	90
Flexible working	46	25	36	56	84
Health promotion programmes	29	29	21	26	48
Private medical insurance	33	36	48	23	7

Early intervention and referral to occupational health services can help identify underlying problems, which may be leading an individual to become dependent on alcohol or drugs as a coping mechanism.

Flexible working is the next most commonly provided support to prevent employees from developing drug and alcohol problems by helping them to balance their work and home lives and the competing pressures they have to manage.

Other commonly provided sources of support are counselling services and employee assistance programmes, provided by 45% and 40% of organisations respectively.

About a third of organisations have health promotion programmes to support employee well-being and provide advice on healthy lifestyles, and a quarter of employers provide stress management training and conduct stress risk assessments.

Only 30% of respondents provide training for line managers to help them recognise the behaviours or symptoms that might indicate that an individual is developing a drug and/or drink problem. Unless line managers are aware of the early warning signs that might indicate an employee is misusing drugs or alcohol, and unless they have an understanding of the actions they can take to start addressing the issue, employee drink- or drug-related problems will escalate to the point where someone has an accident, takes time off work, or needs to be disciplined for poor performance or inappropriate behaviour.

Used properly, return-to-work interviews, absence review meetings and performance appraisals are good opportunities for line managers to try and explore underlying issues around poor performance, attendance or behaviour with a view to encouraging individuals to volunteer that they have a problem and need support. This is only likely to happen if the organisation has a clear policy on drug and alcohol

Employers can play a role in helping people who are drinking too much to find strategies to help them moderate their weekly consumption of alcohol, according to chartered psychologist Noreen Tehrani.

Tehrani believes that the majority of people whose misuse of alcohol has an impact on their behaviour or performance at work are not addicted – they're just drinking too much.

She said that providing guidance reminding people of the Government's recommended maximum consumption limits for men and women, as well as the harm that excessive drinking causes, can ensure the issue is taken seriously in the workplace.

'I think most people are aware they are drinking too much but because it has become part of their lifestyle they often find it difficult to cut down. You tend to find that people tend to underestimate what they are consuming – you can usually add half as much again to what someone might think they are drinking.

'This is why it can be really useful to provide people with strategies to help them find ways of cutting back.'

Tehrani thinks a good starting point is to get employees who are drinking too much to take a medical so that they can be given objective evidence of the damage that drinking is doing to their health.

She also advises employees referred to her to think about having a number of dry days a week and to think about the circumstances where they are inclined to drink too much.

'If it is social drinking then people need to think about alternative things to do some lunchtimes or after work.'

Tehrani recognises that peer pressure can be one of the reasons behind excess drinking and she recommends that people who are trying to cut down explain to friends or colleagues that they are trying to reduce their consumption for health reasons.

Another strategy for reducing alcohol consumption advocated by Tehrani is alternating alcoholic drinks with soft drinks.

misuse that underlines that, wherever possible, the organisation will help support individuals with problems in this area.

Sector differences

Public services organisations provide the widest range of support in this area, with 90% of these employers providing access to occupational health services, 84% providing flexible working and 75% providing access to counselling services.

Manufacturing and production organisations most commonly provide training for line managers, while private services sector organisations are most likely to provide private medical insurance.

The 'support' policies organisations are planning to introduce

Just over a fifth of organisations are planning to introduce training for line managers to help them

identify drug and alcohol problems at work and respond appropriately, 17% of employers are looking to invest in developing line managers' generic people management skills and 13% of employers are considering the introduction of health promotion programmes. About 10% of respondent organisations are planning to introduce employee assistance programmes, counselling and stress management training.

Reasons for introducing policies on alcohol and/or drug misuse

Health and safety at work is seen as the most significant reason for introducing policies on managing drug and alcohol misuse at work. Respondents were asked to rate their top five reasons for introducing policies in this area, with 1 being the most significant reason and 5 being the least significant. See Table 10.

Table 10: Reasons for introducing policies on managing drug and/or alcohol problems in the workplace, by sector

	All	Manufacturing and production	Private services	Non-profit organisations	Public services
Health and safety	2.0	1.8	2.1	2.1	2.2
Employee health	2.7	2.7	2.6	2.8	2.9
Deterioration in individual performance	2.9	3.0	2.8	2.9	2.9
Rising accident levels	2.9	2.9	2.7	2.7	3.0
Corporate social responsibility	2.9	3.1	2.9	2.4	2.7
Damage to customer/client relations	3.0	3.4	2.8	2.8	3.0
Employee absence	3.1	3.2	3.0	3.5	3.0
Disciplinary offences arising from drug or alcohol misuse	3.1	3.3	3.0	3.1	3.0
Organisational reputation	3.1	3.3	3.2	3.0	3.1
Risk from poor decision-making	3.1	3.5	3.1	2.8	2.8
To avoid employment tribunal case(s)	3.1	3.4	3.0	3.2	3.2
To avoid employee dismissals arising from drug- or alcohol-related incidents	3.2	3.6	3.0	3.1	2.8
Decreasing staff morale	3.3	3.7	3.2	3.0	3.2
As a result of outcomes of testing for alcohol or drugs misuse	3.4	3.1	3.3	3.0	4.0
Feedback from employees	3.4	3.4	3.6	3.1	3.3

Supporting employee health is also seen as a key reason for introducing policies in this area, as is responding to deteriorations in individual performance and combating rising accident levels.

External reputation is another driver of policy development in this area, with corporate social responsibility and damage to customer or client relations rated highly as reasons for introducing policies on managing alcohol and drug misuse at work.

Sector differences

Health and safety is rated most highly as a reason for introducing policies for managing drug and alcohol misuse at work by manufacturing and production organisations. Employee health is regarded as a particularly significant factor behind the development of policies in this area among private services sector organisations.

Non-profit organisations and public services employers consider corporate social responsibility as a key driver in this area. Damage to customer or client relationships is rated most highly as a reason for developing policies on managing drug and/or alcohol misuse by private services organisations and non-profit employers.

Safety-critical organisations

Not surprisingly, health and safety is a particular concern among safety-critical organisations and those with some employee groups in safety-critical occupations.

Non-safety-critical organisations are more likely to identify employee health and deterioration in individual performance as reasons for introducing policies to manage drug and alcohol misuse at work. See Table 11.

Table 11: Reasons for introducing policies on managing drug and/or alcohol problems in the workplace

	Non-safety-critical organisation	Whole organisation is safety-critical	Some employee groups are in safety-critical occupations
Health and safety	2.4	1.6	1.9
Employee health	2.4	3.0	2.8
Deterioration in individual performance	2.7	3.1	3.0
Rising accident levels	3.2	2.6	2.8
Corporate social responsibility	2.6	2.7	3.1
Damage to customer/client relations	3.0	3.5	2.9
Employee absence	3.0	2.8	3.2
Disciplinary offences arising from drug or alcohol misuse	2.9	3.4	3.1
Organisational reputation	3.1	3.5	3.2
Risk from poor decision-making	3.0	3.1	3.2
To avoid employment tribunal case(s)	3.1	3.4	3.3
To avoid employee dismissals arising from drug- or alcohol-related incidents	3.1	3.9	3.2
Decreasing staff morale	3.5	3.3	3.3
As a result of outcomes of testing for alcohol or drugs misuse	3.4	3.8	3.3
Feedback from employees	3.5	4.0	3.3

Recruitment of individuals with previous drug and/or alcohol problems

Three-quarters of employers ask job applicants to fill in health questionnaires and of these more than half include a question on drug and/or alcohol problems.

Pre-employment health questionnaires

Nearly three-quarters of employers ask prospective employees to fill in health questionnaires. This rises to more than 80% among employers in the manufacturing and production and public services sectors, and falls to 62% among private services employers.

Of those organisations that require prospective employees to fill in health questionnaires, more than half (58%) include a question on drug and/or alcohol problems.

Again, it is manufacturing and production employers (72%) and public services organisations (60%) that are most likely to ask for this information.

Safety-critical organisations

More than 80% of safety-critical organisations and those with some employee groups in safety-critical occupations ask potential employees to fill in health questionnaires, compared with under 60% of non-safety-critical organisations.

Almost 70% of safety-critical organisations include a question on drug and/or alcohol problems in their pre-employment health questionnaire, compared with nearly 60% of employers that have some employee groups in safety-critical occupations and 51% of non-safety-critical employers.

Recruitment of individuals with previous drug and/or alcohol problems

Just 9% of respondents indicate that their organisation has actively chosen to recruit individuals with previous alcohol problems in the last two years, while 6% report they have chosen to recruit individuals with previous drug problems over this period of time.

Just under a quarter of respondents say their organisation has not chosen to recruit individuals that fall into these categories and about 60% did not know one way or the other.

Sector differences

Public services organisations and those working in the non-profit sector are most likely to have chosen to recruit individuals with previous drug and/or alcohol problems in the previous two years.

Attitudes to recruiting individuals with drug and/or alcohol problems

In all, 16% of respondents say their organisation would consider recruiting someone with prior drug and/or alcohol problems, with 6% reporting they would not.

Nearly 60% of employers would consider recruiting individuals with prior drug and/or alcohol problems in some circumstances.

Sector differences

Again, non-profit organisations (33%) and those in the public sector (18%) are more likely to recruit individuals with drug and/or alcohol problems than manufacturing and production organisations (13%) and private services employers (15%).

Safety-critical organisations

Only 9% of respondents from safety-critical organisations say they would definitely choose to recruit an individual with prior drug or alcohol problems, with almost 80% of these respondents stating that they would in some circumstances and just 3% responding that recruitment of such individuals would never be considered.

Among employers that have some employee groups in safety-critical occupations, 16% would be happy to recruit individuals with previous drug and/or alcohol

problems, 56% state it would depend on the circumstances and 7% say they would not recruit such people.

In all, 21% of non-safety-critical employers would choose to recruit someone with previous drug and/or alcohol problems, with 5% saying they would be happy to and just under 60% of this category of employers responding that they would in some circumstances.

Work placements

Only 17% of respondents say they would consider offering a work placement to someone with previous drug and/or alcohol problems. This rises to 39% of non-profit organisations and falls to 11% of manufacturing and production employers. See Table 12.

About half of respondents say they would consider offering work placements to individuals with prior drink- or drug-related problems in some circumstances.

Table 12: Organisations that would offer work placements to individuals with prior drink or drug problems

	All	Manufacturing and production	Private services	Non-profit organisations	Public services
Yes	17	11	12	39	24
No	9	11	10	4	5
In some circumstances	51	58	53	39	49
Don't know	15	15	17	14	11

Disciplinary action and drug and alcohol misuse at work

Almost a third of organisations have dismissed employees in the last two years where the reason or a significant underlying reason was alcohol problems and 15% have dismissed members of staff where the reason or a significant underlying reason was drugs

In the last two years, about half of employers have disciplined employees for alcohol misuse at work and about a quarter have disciplined individuals for drug misuse (see Table 13).

Almost a third of organisations have dismissed employees in the last two years where the reason or a significant underlying reason was alcohol problems and 15% have dismissed members of staff where the reason or a significant underlying reason was drugs. See Table 14.

Table 13: Organisations that have disciplined employees for drug and/or alcohol problems in the last two years

	All	Manufacturing and production	Private services	Non-profit organisations	Public services
Alcohol problems					
Yes	50	54	46	46	54
No	38	40	42	40	30
Don't know	9	5	9	12	15
Drug problems					
Yes	25	27	24	23	22
No	54	61	55	60	43
Don't know	15	7	14	12	30

Table 14: Organisations that have dismissed employees in the last two years where the reason or a significant underlying reason was drug or alcohol problems

	All	Manufacturing and production	Private services	Non-profit organisations	Public services
Alcohol problems					
Yes	31	35	31	19	30
No	53	54	53	61	47
Don't know	13	9	12	12	20
Drug problems					
Yes	15	17	18	9	10
No	60	63	59	70	55
Don't know	16	11	15	12	27

The survey finds that although organisations are more likely to have dismissed employees for alcohol problems than for drug problems, in the last two years they have dismissed more employees for drug misuse than for alcohol misuse. See Table 15.

On average, organisations have dismissed two employees for alcohol problems in the previous two years compared with an average of three and a half employees for drug misuse at work.

Table 15: Average number of employees organisations have dismissed for drug and/or alcohol problems in the previous two years

	All	Manufacturing and production	Private services	Non-profit organisations	Public services
Alcohol	1.9	2.3	1.9	1.2	1.8
Drugs	3.5	4.4	3.6	1.0	2.2

Rehabilitation of employees with drug or alcohol problems

A third of employers have referred employees with alcohol problems for specialist treatment and rehabilitation in the last two years, with 12% having done so for drug problems. Of those employees that organisations have referred to treatment or supported through rehabilitation, just over 60% remained working for the organisation after successfully managing their problem.

Referral for specialist treatment and rehabilitation

A third of employers have referred employees with alcohol problems for specialist treatment and rehabilitation in the last two years.

Public services employers (47%) and manufacturing and production organisations (36%) more commonly refer employees with alcohol problems for specialist treatment and rehabilitation than non-profit organisations (28%) and private services sector employers (26%).

Just 12% of respondent organisations have referred employees with drug problems to specialist treatment and rehabilitation in the last two years. This rises to 17% among manufacturing and production employers and falls to 8% among private services sector employers.

Proportion of employees with drug and/or alcohol problems that are successfully rehabilitated in the workplace

Out of those employees that organisations have referred to treatment or supported through rehabilitation, just over 60% remained working for the organisation after successfully managing their problem. See Table 16 overleaf.

Non-profit organisations report the greatest success, with 80% of employees with drug and/or alcohol problems retained as members of staff after managing their problems following referral to treatment and

rehabilitation. Public services employers report the lowest level of success, with 56% of such employees retained as members of the workforce.

Organisations report that about a third of employees with drug and/or alcohol problems that remained working with the organisation needed repeated treatment before overcoming their problems.

This was most likely to be the case among such employees working in the public services (54%) and least likely to be the case among employees with drug and/or alcohol problems in the private services sector.

About two-thirds of employees that overcome drug and/or alcohol problems following specialist treatment and rehabilitation support and that remain working for the organisation stay in the same job, while 8% are redeployed into different roles.

Respondents report that just over 40% of employees with drug and/or alcohol problems who are referred to specialist treatment and given rehabilitation support by their employer fail to overcome their problems and leave employment altogether.

Table 16: Proportion of employees with drug and/or alcohol problems who are referred to specialist treatment or given rehabilitation support and are retained in employment

	All	Manufacturing and production	Private services	Non-profit organisations	Public services
Remained working for the organisation after successfully managing their problem	63	64	63	81	56
Overcame their problems after their initial treatment but needed repeated treatment	34	28	21	40	54
Remained in employment in the same job	63	60	56	82	67
Remained in employment for the organisation but redeployed into a different role	8	5	6	–	17
Failed to overcome their problems and left employment altogether	41	36	41	70	41

Impact of drug and/or alcohol misuse at work on employee absence and productivity

Survey respondents were asked to rate how important drug and/or alcohol misuse at work is as a cause of employee absence. See Table 17.

Four out of ten respondents believe that alcohol misuse is either a very important cause or an important cause of absence from work. In all, 14% of respondents assess alcohol misuse as neither an important nor unimportant cause of absence. A total of 34% of respondents rate alcohol misuse as either not very important (22%) or not at all important (12%) as a cause of absence.

Manufacturing and production organisations and private services employers regard alcohol misuse as a more important cause of absence than organisations in the other two main sectors.

A total of 34% of respondents report that drug misuse at work is either a very important or important cause of absence from work.

Again, manufacturing and production employers and private services organisations more commonly regard drug misuse as an important cause of employee absence than employers in the public services and non-profit sectors.

Drug and alcohol misuse is also regarded as a significant cause of lost productivity. In all, 41% of respondents identify alcohol misuse as a very important or important cause of lost productivity. A total of 34% of respondents regard drug misuse as a very important or important cause of lost productivity. See Table 18.

Sources of advice and support that organisations have used or referred employees with drug and/or alcohol problems to

Local drug action teams (DATs) are the most commonly used sources of advice and support by organisations seeking to help employees with drug and/or alcohol problems, followed by NHS Direct, Alcohol Concern and Narcotics Anonymous. See Table 19 on page 28.

Organisations are more likely to refer employees with drug and/or alcohol problems to sources of advice and support if they have voluntarily informed the organisation that they have a problem.

Public services and manufacturing and production organisations are more likely to have referred employees to a range of sources of advice and support than employers from the other two main sectors.

Table 17: How important organisations regard drug and alcohol misuse as a cause of absence

	All	Manufacturing and production	Private services	Non-profit organisations	Public services
Very important					
Alcohol	20	26	22	11	15
Drugs	19	24	22	11	16
Fairly important					
Alcohol	21	25	23	7	22
Drugs	15	21	17	5	10
Neither important nor unimportant					
Alcohol	14	11	14	16	17
Drugs	16	16	15	16	18
Not very important					
Alcohol	22	21	17	37	23
Drugs	21	17	18	35	23
Not at all important					
Alcohol	12	7	15	14	11
Drugs	18	11	19	18	21

Table 18: How important are drug and alcohol misuse as a cause of lost productivity?

	All	Manufacturing and production	Private services	Non-profit organisations	Public services
Very important					
Alcohol	19	26	22	11	14
Drugs	19	25	22	11	15
Fairly important					
Alcohol	22	26	21	14	25
Drugs	15	21	15	9	11
Neither important nor unimportant					
Alcohol	15	11	16	12	17
Drugs	16	15	15	12	20
Not very important					
Alcohol	23	22	19	37	22
Drugs	22	16	19	39	22
Not at all important					
Alcohol	10	6	12	11	10
Drugs	17	13	18	14	19

Table 19: The sources of advice and support organisations have used or referred employees with drug and/or alcohol problems to

	All	Manufacturing and production	Private services	Non-profit organisations	Public services
Local drug action team (DAT)					
Where an employee's drug or alcohol problem is discovered	14	15	9	9	23
Where an employee informs the organisation	19	20	12	19	32
Alcohol Concern					
Where an employee's alcohol problem is discovered	6	6	6	5	8
Where an employee informs the organisation	9	10	5	12	13
Alcoline					
Where an employee's alcohol problem is discovered	1	0	2	0	2
Where an employee informs the organisation	1	0	1	0	3
Al-Anon					
Where an employee's alcohol problem is discovered	3	3	3	0	5
Where an employee informs the organisation	3	3	2	0	5
Drinkline					
Where an employee's alcohol problem is discovered	1	1	2	2	2
Where an employee informs the organisation	2	1	2	0	4
NHS Direct					
Where an employee's drug or alcohol problem is discovered	9	10	8	9	13
Where an employee informs the organisation	14	13	12	14	18
Narcotics Anonymous					
Where an employee's drug problem is discovered	5	4	5	2	6
Where an employee informs the organisation	7	5	7	4	9
Talk to FRANK					
Where an employee's drug problem is discovered	3	3	3	2	4
Where an employee informs the organisation	4	3	3	4	7

Conclusions

One of the most encouraging findings from the survey is that more than 60% of employees with drug or alcohol problems who are referred to specialist treatment or given rehabilitation support are successfully retained in the workplace. Retaining valuable employees is just one element of the business case for providing support where individuals acknowledge they have a dependency problem. Providing appropriate support will also help ensure that organisations meet their legal obligations when managing people with drug and alcohol dependency problems.

However, worryingly, the survey also finds that about 40% of employers have no policy on managing drug and alcohol misuse at work. Of course developing a policy is just a starting point, but policies are essential in ensuring that the organisation's approach to managing the issue is set out clearly and in providing a framework to help managers tackle the issue in a consistent way across the organisation. Just as importantly, policies can highlight to employees that help and support is available if they are willing to confront their problems. Unless it is very clearly understood by employees that dependency problems will be dealt with sympathetically and that they will not automatically be disciplined or lose their jobs, they will not have the confidence to acknowledge that they need help.

Another issue highlighted by the survey is that even among those organisations that do have policies, a significant proportion place very little emphasis on communicating them effectively or on training key staff, such as line managers, to ensure they are properly implemented. By far the most common approaches to communicating policies on drug and alcohol misuse at work is via the staff handbook (66%) and through the organisation's intranet (46%). Other more proactive approaches to communication of policies, such as email alerts, poster campaigns and

newsletters, are not widely used. Less than a third of respondent organisations train line managers and just a fifth train staff about drug and alcohol misuse at work.

In terms of the sort of support that organisations typically provide to employees with drug and alcohol problems, the picture is quite mixed. About half of employers provide access to counselling, a similar proportion refer employees to occupational health services and about 40% refer individuals to GPs or other medical practitioners. Only about 25% of employers provide paid time off for treatment and a similar proportion provide unpaid time off for treatment. These findings suggest that many employers could do more to provide more support for employees suffering from substance dependency problems.

Of course, prevention is better than cure and the survey shows that many organisations have in place a range of policies and services to help employees manage the pressures that they may be under in the workplace or at home, which could contribute to poor lifestyle choices. Just under half of respondent organisations provide flexible working opportunities, about 45% of organisations provide access to counselling to all employees and 40% have an employee assistance programme in place. Health promotion initiatives and training for managers to help them identify the early symptoms of drug and alcohol misuse are provided by about a third of employers.

Background to the survey

In April 2007, 9,993 survey questionnaires were sent out to a sample of people management specialists in the UK. Of these, 5,655 were paper-based questionnaires and 4,338 were online questionnaires that were emailed to respondents. There were a total of 503 usable replies received. There were 274 responses to the paper-based survey – a response rate of 4.8%. There were 229 responses to the online survey questionnaire – a response rate of 5.3%. The overall response rate was just over 5%.

The questionnaire included 40 questions on the policies and procedures organisations have in place to manage drug and alcohol misuse at work. It also covered questions on how policies are communicated, testing and what support is provided for people with drug and/or alcohol problems. Other issues covered included the recruitment of people with drug and/or alcohol problems and their rehabilitation in the workplace.

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Chartered Institute of Personnel and Development
151 The Broadway London SW19 1JQ
Tel: 020 8612 6200 Fax: 020 8612 6201
Email: cipd@cipd.co.uk Website: www.cipd.co.uk

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