



Chartered Institute
of Personnel and
Development

Alcohol and drug policies in UK organisations

A photograph of several Erlenmeyer flasks on a white surface. The flasks contain a clear blue liquid. One flask in the center-right is in sharp focus, showing a scale with markings at 200, 300, and 400 ml. The other flasks are blurred in the foreground and background.

Survey report

December 2001

Contents

Key findings	Page 3
About the research	Page 5
Methodology	Page 6

Key findings

This report sets out the findings of the first major survey of alcohol and drug policies and practices in UK organisations to be undertaken by CIPD. The analysis is based on replies from 281 organisations in the UK, together employing over a million people. One in five of these organisations indicated that some or all of their employees worked in safety-critical areas.

- | Nearly 60 per cent of organisations had a formal policy on alcohol or drugs. In two-thirds the disciplinary policy covered both alcohol and drug misuse. Safety-critical organisations were more likely to have alcohol and drug policies than organisations operating in non-safety-critical areas. One in ten organisations had rules relating to alcohol and drug use outside of work.
- | Only a minority of organisations (18 per cent) carried out any testing for alcohol and drugs. Organisations conducting such tests were overwhelmingly concentrated in the safety-critical sector.
- | Responses to alcohol and drug problems among their employees varied across employers. Almost two-thirds of organisations indicated that an employee would be disciplined for misuse, while around half reported offering counselling services for alcohol and drug problems.
- | Quite significant proportions of employers referred individuals with problems to an occupational health or other medical practitioner. Around a third would allow the employee paid leave while they received treatment.
- | Organisations in the public sector were more likely than those in the private sector to report the use of disciplinary procedures and referral to an occupational health practitioner as responses to employee difficulties. Public sector organisations were also more likely to give paid leave for treatment.
- | Safety-critical organisations were more likely to report the use of all types of response (including discipline, referral to medical practitioners, counselling and paid time off for treatment) than employers operating in non-safety-critical sectors.
- | Many organisations reported the use of preventative approaches to drug and alcohol problems. Employee Assistance Programmes (EAPs), management training, health promotion programmes and stress management training were all offered by around one in five organisations. Out of these, people management and development professionals believed that EAPs and training to help managers recognise employee problems and improve management practice were the most effective, with over 70 per cent of those offering such approaches, believing they were effective in helping reduce drink and drug problems. A smaller proportion offered private medical insurance, but only just over a third of those offering this benefit believed this helped in dealing with employee alcohol and drug problems.
- | Public sector employers were more likely to have each of these approaches in place than private sector organisations, with the sole exception of private medical insurance.
- | Higher proportions of safety-critical organisations had each type of preventive approach in place, with the exception of EAPs.

- | Asked about the most and least effective ways of tackling alcohol and drug problems, people management and development professionals were divided in their opinions. Counselling was cited most often as being the most effective way of tackling alcohol and drug problems, but nearly as many cited disciplinary action or referral to an occupational health practitioner. However, larger numbers of people management and development professionals believed that discipline was the least effective approach than believed it was the most effective.
- | Organisations were asked if there had been any reason for the introduction of their current policies, or for leading them to consider introducing any policies regarding drugs and alcohol. The most frequently cited reason was employee absence (55 per cent), followed by employee disciplinary offences (45 per cent). Deterioration in employees' performance (40 per cent) and employee illness (39 per cent) came close behind this.
- | Far higher proportions of public sector organisations than those in the private sector reported each of these as reasons for introducing policies or considering introducing new policies.
- | Just under half (46 per cent) of organisations were currently planning changes to their approaches to drug and alcohol misuse. The procedures that people management and development practitioners were most likely to be considering introducing were alcohol testing and a combined policy on alcohol and drugs. In general, more private than public sector organisations were planning to change their policies or procedures.
- | Most employers viewed alcohol- and drug-related problems as a combined health and disciplinary issue. In over two-thirds of organisations employees were able to seek the services of an occupational health practitioner for alcohol or drug problems. In half of these organisations, respondents said that the issue would be treated as a confidential medical issue. Half, however, would expect the occupational health practitioner to inform the Personnel or human resources department.
- | Forty per cent of employers kept records of alcohol-related incidents, and slightly fewer did the same for drug-related incidents. Higher proportions of private sector organisations kept records. Safety-critical organisations were more likely to keep records of alcohol- and drug-related incidents than were non-safety-critical.
- | Slightly less than half (44 per cent) of all organisations allowed parties involving alcohol to be held on company premises. Less than a third of organisations (30 per cent) allowed parties with alcohol within work hours. Public sector organisations were twice as likely to allow parties with alcohol on organisational premises and to allow parties within work hours than organisations in the private sector.
- | A tenth of organisations reported that there had been incidents of employees being disciplined as a result of alcohol-related incidents at Christmas parties. Twelve per cent of respondents reported an increase in disciplinary problems around Christmas time. Finally, a small number (4 per cent) reported an increase in complaints of sexual harassment during the Christmas period.

About the research

Department of Health advice suggests that men who consistently drink more than four units of alcohol a day, and women consistently consuming three or more units on a daily basis face progressive health risks. Data for 1998–99 from the General Household Survey indicates that 27 per cent of men and 15 per cent of women consume above the weekly-recommended limits. The data also indicates that excessive alcohol consumption is higher among those in work than among either unemployed or economically inactive people.

Consistent figures on the use of illegal drugs are less readily available. However, the incidence of illegal drug use appears to be considerably lower than the misuse of alcohol. Commentators, such as the campaigning organisation Drugscope, suggest that around one-third of people have used illegal drugs at least once in their lives.

In a survey conducted in 1994 by the Health Education Authority, 17 per cent of personnel directors described alcohol consumption as a major problem confronting organisations. In addition, the vast majority of survey participants said that alcohol posed some problem for their organisation, even if this was relatively minor in scale.¹ According to the Health and Safety Executive (HSE), alcohol causes 3–5 per cent of all absences from work.² On the basis of other HSE research this amounts to between 600,000 and one million working days lost a year.³ Recent estimates indicate that alcohol misuse is costing British industry up to £3.3 billion a year,⁴ while the annual costs of drug abuse are currently estimated at around £800 million.

Existing research and guidance on drug and alcohol misuse in the workplace indicates that it can have the following costs in the workplace:

- | lateness and absenteeism
- | reduced work performance/productivity
- | damaged customer relations
- | increased risks to safety and health
- | damage to workforce morale.

In addition, the duties of care imposed on employers by statute and common law mean that employers are obliged to take reasonable steps to ensure that employees are not under the influence of drink or drugs, if this would pose a risk to their health and safety or to the health and safety of others.⁵

The effective prevention of, and response to, drug and alcohol misuse has obvious benefits for employers. Previous research conducted for the CIPD found that 60 per cent of organisations had an alcohol policy and around half had a policy on the use of illegal drugs. Therefore, in autumn 2001, CIPD decided to commission further research into the details of alcohol and drug policies in workplaces, and the perceived advantages and disadvantages of different ways of addressing substance abuse.

This report summarises the key findings of that research into the strategies adopted by employers within the UK to manage alcohol and drugs misuse by employees.

¹ *Attitudes Towards Alcohol in the Workplace*, HEA 1995.

² *Don't Mix It! A guide for employers on alcohol at work*, HSE.

³ *Self-Reported Work-Related Illness in 1995. Results from a Household Survey*, HSE, 1998.

⁴ Alcohol Concern Press Release, 11 May 2000.

⁵ 'Guidance Note: Drink and Drugs in the workplace', *Industrial Relations Law Bulletin* 590, April 1998.

Methodology

In October 2001, 2,000 questionnaires were sent out to a random sample of people management and development professionals. The questionnaire included detailed questions on employers' approaches to detecting and managing abuse of drugs and alcohol, and also sought information regarding whether the responding organisations operated in a safety-critical sector.

A total of 281 usable replies were returned – a response rate of 14 per cent. Respondents indicated that they were responding on behalf of organisations that employed a total of 1,006,685 employees. Table 1 shows how these replies were distributed across the economy, while Figure 1 gives distribution by workforce size.

Figure 1: Distribution of responses by size of workforce

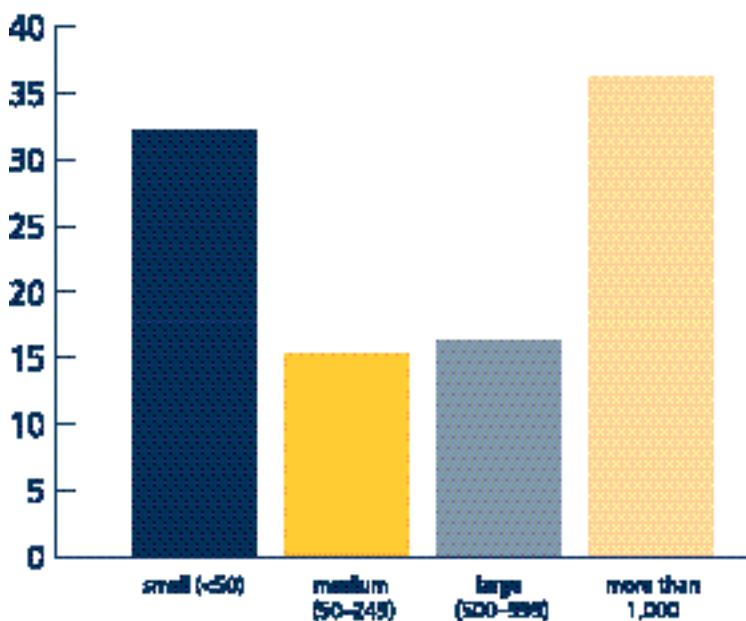


Table 1: Distribution of responses across the economy

	Number of organisations replying	Per cent
Agriculture and forestry	2	0.7
Electricity, gas and water	4	1.4
Chemicals	2	0.7
Construction	5	1.8
Engineering and metals	8	2.8
Food, drink and tobacco	8	2.8
General manufacture	23	8.2
Finance	23	8.2
General services	7	2.5
Hotel, restaurants and leisure	5	1.8
Retail and wholesale	13	4.6
Textiles	1	0.4
Transport, storage and communications	12	
Other private sector	59	21.0
Total, private sector	172	61.6
Education	29	10.3
Central government admin	7	2.5
Local government admin	27	9.6
Defence	1	0.4
Health	16	5.7
Other public sector	29	9.7
Total, public sector	109	38.4

Of these, 56 (20 per cent) reported that the whole organisation was considered as operating in a safety-critical area. A further 108 (38 per cent) reported either that certain parts of their operation (eg chemical plant) fell into the safety-critical category or that certain groups of employee (eg drivers) were considered to work in safety-critical roles. A total of 127,428 employees were reported as working in safety-critical areas.

Policies relating to drink and drugs

- | Nearly half of the organisations in our survey did not have a formal drugs or alcohol policy.
- | Where such a policy did exist, it most commonly related to both drugs and alcohol.
- | The most common aspect of employers' approaches to alcohol and drugs was having disciplinary procedures that cover their misuse.
- | Organisations that described themselves as safety-critical were more likely to have policies on drugs and alcohol in the workplace than others.
- | Only a minority of organisations carried out any testing for alcohol and drugs.
- | Organisations conducting such testing were overwhelmingly concentrated within the safety-critical group.

Respondents to our survey included 125 (44 per cent) who do not have a policy to deal with alcohol or drugs at work. Of the remainder, 138 organisations (49 per cent) had a combined alcohol and drugs policy. Just 16 (6 per cent) had a policy relating to alcohol only, while even fewer – just two organisations – had an organisational policy relating to drugs alone.

Two-thirds of companies (185) had a disciplinary procedure that covered both drug and alcohol misuse. Eleven (4 per cent) had a disciplinary procedure relating to alcohol alone. No organisation had a disciplinary procedure relating solely to drugs.

Almost half (47 per cent) of respondents reported that their organisation had rules relating to the possession of alcohol on organisation premises. Furthermore, half of the organisations prohibited employees from consumption of alcohol on company premises. However, a quarter of organisations allowed the consumption of alcohol while employees were engaged in business entertaining. Just 8 per cent prohibited the use of alcohol in this context.

Forty per cent had rules relating to possession of drugs on company premises. However, fewer than one in five organisations would report an individual found possessing drugs to the police (51, or 18 per cent).

A minority of employers had a policy on drugs and alcohol that went beyond the workplace. One in ten organisations (32 per cent) had rules that related to the consumption of alcohol outside of work hours, such as requiring employees to refrain from drinking alcohol in the eight hours prior to reporting for work. Twenty-nine (10 per cent) had rules relating to drug use outside of work.

Out of the 281 respondents, only 30 (11 per cent) reported that they had in place guidelines for testing employees, and in all cases the testing guidelines were for both alcohol and drugs.

Safety-critical organisations

Policies on drugs and alcohol were most common in safety-critical organisations, as Table 2 shows:

Table 2: Proportion of safety-critical organisations having policies relating to alcohol and drugs, compared to non-safety-critical

	Non-safety-critical N = 101 per cent	Some employee groups/sectors safety-critical N = 108 per cent	Whole organisation safety-critical N = 56 per cent
Combined policy for drugs and alcohol	35	55	75
Guidelines for alcohol and drug testing	2	12	25
Recording procedure for alcohol- and drug-related incidents	10	20	30
Disciplinary procedure for alcohol- and drug-related incidents	62	65	88
Rules about possession of alcohol on organisation premises	42	49	63
Rules about possession of drugs on organisation premises	36	40	54
Rules about alcohol consumption outside work	8	10	18
Rules about drug use outside work	6	10	16
Rules about alcohol consumption on company premises	32	41	61
Alcohol consumption prohibited on premises	47	48	66

Public/private differences

In general, similar proportions of public and private sector organisations reported that they had policies, guidelines and recording procedures in place (see Table 3). However, a far higher proportion of private

than public sector organisations reported having rules about the possession of alcohol and drugs on organisational premises, and rules prohibiting the consumption of alcohol on company premises.

Table 3: Proportion of public and private sector organisations having policies and procedures for drug and alcohol misuse

	Private sector per cent	Public sector per cent
Combined policy for drugs and alcohol	52	44
Alcohol policy	1	13
Drug policy	–	2
Guidelines for alcohol and drug testing	13	7
Recording procedure for alcohol- and drug-related incidents	16	20
Recording procedure for alcohol-related incidents	<1	1
Disciplinary procedure for alcohol- and drug-related incidents	67	63
Disciplinary procedure for alcohol-related incidents	2	7
Rules about possession of alcohol on organisation premises	53	38
Rules about possession of drugs on organisation premises	46	31
Rules about alcohol consumption outside work	12	11
Rules about drug use outside work	10	10
Alcohol consumption allowed on company premises	8	17
Alcohol consumption prohibited on premises	57	39
Alcohol consumption allowed when entertaining	29	22
Alcohol consumption prohibited when entertaining	8	9
Individuals found with drugs reported to police	17	19

Testing for drugs and alcohol

Fifty-two organisations (18 per cent of the total) reported the use of one or more types of testing procedure. Nine of these were non-safety-critical organisations (9 per cent of the whole sample of non-safety-critical organisations), 20 were organisations in which some employees or sections were safety-critical (19 per cent) and 19 were from organisations that were wholly safety-critical (34 per cent).

Respondents who reported that their organisation tested for drugs or alcohol were asked for further details of the circumstances under which they tested employees. Employees were most likely to be asked to undergo a drug or alcohol test if they were suspected of alcohol or drug misuse, with 33 respondents (12 per cent) reporting that testing would be used in these circumstances. Twenty-six respondents (9 per cent) reported that their company used pre-employment drug tests, and 20 (7 per cent) reported use of pre-employment tests for alcohol.

Only a small number of employers, predominantly those with safety-critical concerns, used tests in other circumstances. Seven per cent of all organisations tested for drugs and alcohol following incidents such as accidents or 'near misses'. Slightly fewer – 6 per cent – conducted random tests. Sixteen organisations (6 per cent) had a policy of testing individuals on their return to work following treatment and/or rehabilitation. Just five organisations (under 2 per cent) said that they would test an individual for drink and drugs prior to confirming their promotion.

If an employee is involved in an accident or injury, or appears to be in an impaired condition at work, they may be required to submit to tests for the presence of illegal drugs, alcohol or other substances. Tests that may be used include breathalyser and blood and urine tests.

Private sector, safety-critical organisation

Table 4: Testing for drugs and alcohol by safety-critical and other organisations

	Non-safety-critical N = 101 per cent	Some employee groups/sectors safety-critical N = 108 per cent	Whole organisation safety-critical N = 56 per cent
Pre-employment testing – alcohol	0	8	18
Pre-employment testing – drugs	4	9	20
Post-incident testing – alcohol	2	9	14
Post-incident testing – drugs	3	8	14
Testing when suspected of alcohol misuse	3	15	23
Testing when suspected of drug misuse	4	13	25
Random testing – alcohol	1	7	14
Random testing – drugs	1	8	14
Prior to transfer/promotion – alcohol	1	2	4
Prior to transfer/promotion – drugs	0	3	4
On return to work after rehabilitation – alcohol	1	7	13
On return to work after rehabilitation – drugs	1	7	13

Public/private sector differences

Somewhat higher rates for use of almost all types of testing were seen in the private sector than in the public sector. Pre-employment drug-testing and post-incident and random tests for both drugs and alcohol were at least twice as likely to be used in the private than public sector. However, this difference is probably explained by the greater incidence of safety-critical jobs within the private sector.

Table 5: Testing for drugs and alcohol in public and private sector organisations

	Private sector per cent	Public sector per cent
Pre-employment testing – alcohol	9	5
Pre-employment testing – drugs	12	6
Post-incident testing – alcohol	10	3
Post-incident testing – drugs	10	3
Testing when suspected of alcohol misuse	13	11
Testing when suspected of drug misuse	13	10
Random testing – alcohol	8	3
Random testing – drugs	9	3
Prior to transfer/promotion – alcohol	2	1
Prior to transfer/promotion – drugs	2	1
On return to work after rehabilitation – alcohol	6	6
On return to work after rehabilitation - drugs	5	6

Changes to employment contracts

Where policies and procedures had been introduced, respondents were asked if they had taken any steps to secure employee agreement to changes in their employment contracts arising from these changes. Few respondents gave details in this section of the survey. Of those who did reply to this section, twenty-two (8 per cent of all respondents to the survey) reported that they had not had to take any action as the changes applied only to new employees and to those issued new contracts as a result of moving to new positions within the organisation. Twenty-four organisations, (9 per cent of the total survey respondents), had however taken some steps to secure employee agreement to changed contracts or conditions of service, with equal proportions seen within the public and private sectors. The most frequently reported action (15 out of the 24) was that the organisation had undertaken collective negotiation with a trade union, or had gone through a consultation process with staff-side representatives. Some, however, indicated that this process was one of reaching an understanding of the new policy, rather than an agreement.

How employers respond to alcohol and drug misuse within the organisation

- | A third of organisations had no approach to managing employee drug or alcohol problems.
- | Safety-critical organisations were the least likely to report having no responses in place.
- | Organisations reported using a range of tools including disciplinary action, counselling, medical referral and rehabilitation.
- | Public sector and safety-critical organisations were more likely to report the use of all types of response.

A third (93) of all organisations reported that they had no approaches to managing either alcohol or drug problems in their workforce. Safety critical organisations were far less likely to report that they had no approaches to managing alcohol or drug misuse in comparison with non-safety-critical organisations. While 55 per cent of non-safety critical organisations had no management responses to alcohol and drug misuse in place, just 24 per cent of partly-safety-critical and 20 per cent of wholly-safety-critical organisations said the same.

Organisations reported using a range of tools, including disciplinary action, offering counselling and rehabilitation services and referral for medical treatment, to deal with employees who had alcohol or drug problems. Public sector and safety-critical organisations were more likely to report the use of all of these types of response.

Disciplinary responses to alcohol and drug problems

Almost two-thirds of respondents to the survey (187 or 63 per cent) indicated that an employee would be disciplined for alcohol misuse. Surprisingly, slightly fewer indicated that employees would be disciplined for drug misuse (167 or 59 per cent).

Key Findings

Provision of counselling and rehabilitation services

Of those that reported having some type of response in place, 144 (51 per cent of all respondents) reported that their organisation provided alcohol counselling, the majority of these (98, or 35 per cent of all responding organisations) through external counselling services, while 29, or a little over 10 per cent, provided in-house counselling services. Seventeen organisations reported offering both in-house and external alcohol counselling.

Just under half of all organisations (134, or 48 per cent) also offered drug counselling services. Of these, 97 provided counselling through an external counsellor or organisation, 24 provided drug counselling in-house, and 13 provided both in-house and external counselling services. Almost half (47 per cent, or 131 organisations) offered stress counselling services. The majority (88) offered this counselling externally, while 27 offered it in-house and 16 organisations offered both in-house and external services.

The Authority will treat such employees sympathetically, will arrange counselling and will encourage them to actively seek appropriate help.

Public sector, part-safety-critical organisation

Fewer but nonetheless substantial numbers of organisations offered rehabilitation programmes for alcohol and drug problems. A total of 66 organisations (23 per cent) offered alcohol rehabilitation services (six offering these in-house, 54 using an external organisation and six offering both in-house and external rehabilitation services) while 64 (23 per cent) offered drug rehabilitation support (53 using an external service, six offering this service in-house and five offering both).

Medical assistance for employees with drug or alcohol problems

Over 40 per cent of organisations would refer individuals to a medical practitioner or GP for alcohol problems, while 38 per cent would do the same for drug problems. Slightly more would refer individuals to an occupational health practitioner or similar, with half (142) saying they would do this in response to alcohol problems, and 133 (47 per cent) saying this would be their response in the event of an employee experiencing drug problems.

Where it is established that alcohol or drugs are the cause of the problem an appointment should be arranged with the company doctor or an independent medical practitioner.

Private sector, part-safety-critical organisation

A sizeable proportion of employers was prepared to give paid time off for treatment of alcohol and drug problems. Over a third of respondents (104, or 37 per cent) reported that their employees would receive paid time off for treatment of alcohol problems, while 95 (34 per cent) indicated that this was the case for drug difficulties. Surprisingly, fewer reported that they would grant unpaid leave for treatment of alcohol and drug problems: just 34 (12 per cent) in the case of alcohol problems, and 32 (11 per cent) for drug difficulties.

You will be granted time off, if necessary, to attend medical appointments, receive treatment and participate in a programme designed to help your recovery. This will be treated as sick absence.

Public sector, safety-critical organisation

A minority of organisations – just over 5 per cent would be prepared to pay for treatment for alcohol problems for their employees, and just under 5 per cent would pay for treatment of drug problems.

Public/private sector differences

The public sector was more likely to use disciplinary action against employees found to have alcohol or drug problems. However, they were also more likely to

refer individuals to an occupational health practitioner, and to give paid time off while the individual received treatment for their problem. Table 6 shows a comparison of responses from respondents in the public and private sectors.

Table 6: Public and private sector responses to alcohol and drug misuse

	ALCOHOL		DRUGS	
	Private sector per cent	Public sector per cent	Private sector per cent	Public sector per cent
Disciplinary procedure	59	71	58	62
Referral to medical practitioner	41	43	40	35
Referral to occupational health practitioner	37	71	36	64
Poster/publicity	9	21	9	18
Paid time off for treatment	31	46	30	39
Unpaid time off for treatment	11	14	10	13
Pay for employee treatment	5	6	5	5

Safety-critical organisations

It was also clear that safety-critical organisations were far more likely to report the use of both therapeutic and disciplinary approaches. Table 7 shows the

proportional responses from organisations having a part-safety-critical and wholly-safety-critical workforce, in comparison with non-safety-critical organisations.

Table 7: Safety-critical and non-safety-critical organisations' responses to drugs and alcohol

	Non-safety-critical N = 101 per cent	Some employee groups/sectors safety-critical N = 108 per cent	Whole organisation safety-critical N = 56 per cent
Alcohol counselling	40	58	64
Drug counselling	36	54	66
Alcohol rehabilitation	16	23	39
Drug rehabilitation	16	21	41
Stress counselling	39	54	55
Disciplinary process for alcohol misuse	55	69	79
Disciplinary process for drug misuse	53	61	77
Referral to GP/medical practitioner for alcohol misuse	37	45	50
Referral to GP/medical practitioner for drug misuse	35	39	48
Referral to occupational health practitioner for alcohol misuse	34	60	68
Referral to occupational health practitioner for alcohol misuse	32	55	66
Poster/publicity about alcohol misuse	4	19	21
Poster/publicity about drug misuse	4	19	18
Paid time off for treatment for alcohol misuse	30	40	52
Paid time off for treatment for drug misuse	28	34	50
Unpaid time off for treatment for alcohol misuse	11	13	13
Unpaid time off for treatment for drug misuse	11	11	13
Pay for treatment for alcohol misuse	6	6	7
Pay for treatment for drug misuse	5	5	7

While there are differences between private and public and safety-critical/non-safety-critical organisations, it can be seen that these differences are not restricted to one type of response (eg disciplinary or therapeutic). Rather than the public sector or

safety-critical organisations being more likely to invoke one type of approach than another, public sector and safety-critical organisations are more likely to use almost all approaches, both punitive and therapeutic.

Deciding which approach to use

A few organisations indicated that their response would depend on the way in which an employee's problem came to light or on subsequent progress of the case. In cases where an employee informed the employer of their difficulty, employers were likely to be sympathetic and offer assistance. However, in cases where an employee attempted to conceal their problem and it was subsequently discovered via an incident at work, then the same employers were likely to invoke disciplinary action instead.

The company will assist in the rehabilitation of staff who voluntarily seek help for drug or alcohol problems. Such staff must, however, seek assistance at the earliest possible opportunity. Subsequent discovery or a disclosure prompted by impending screening will not be acceptable.

Private sector, safety-critical organisation

Others reported that disciplinary action would be used where a medical review and support proved not to be effective, or in cases where an employee refused an offer of rehabilitation.

Preventative approaches to drug and alcohol problems:

- | A range of assistance options that may contribute towards preventing or managing employee alcohol and drug problems were in use in organisations.
- | These included training approaches, health promotion and employee assistance schemes, specialised training programmes and private medical insurance.
- | For all of these options except private medical insurance, a majority of organisations using each approach believed that it helped with managing employee alcohol and drug problems.

- | Safety-critical organisations were more likely to believe these approaches to be efficacious than were non-safety-critical organisations.
- | Public sector organisations were more likely to be offering each option with the exception of private medical insurance.

Respondents were also asked about forms of general employee health assistance that might contribute to reducing drink and drug problems. These included: health promotion programmes EAPs, medical insurance, stress management training, training to improve managerial practice (and hence reduce employee stress) and training to help managers recognise employee problems. Where these were offered, respondents were asked if, in their opinion, this form of assistance contributed to managing drug and alcohol problems in the workforce. In most cases the majority of respondents felt that these approaches do help, with the only exception being private medical insurance.

Employee assistance programmes. Seventy-four respondents (26 per cent) reported that their organisation had an EAPs in operation. Of these, 53 (72 per cent of those offering EAPs) believed that EAPs contributed to the management of alcohol and drug problems.

Training to help managers recognise employee problems. Sixty-six organisations (23 per cent) offered training designed to help managers recognise employee problems. Of the respondents reporting use of this approach, 76 per cent (50) believed that it contributed to managing drug and alcohol problems in employees.

Health promotion programmes. A total of 61 respondents (21 per cent) reported that their organisation had a health promotion programme. Of these 61 respondents, 40 (66 per cent) believed that the health promotion programme contributed to managing drug and alcohol problems among employees.

Stress management training. Sixty-four organisations (22 per cent) offered stress management training, and a majority of respondents in organisations offering this believed that it helped with managing drug and alcohol problems (44 respondents, or 69 per cent of those reporting said this option was available).

Private medical insurance. Sixty organisations (21 per cent) offered their employees this benefit. Few, however (23, or 38 per cent), believed that it contributed to helping with alcohol and drug problems.

Training to improve management practice. Only 53 organisations (19 per cent) reported that they offered training to improve managerial practice in the hope that this would reduce employee stress. Among

those adopting this strategy, however, the majority believed that improved managerial practice contributed to the management of employee drug and alcohol problems (38, or 72 per cent of those reporting they offered this option).

Looking at the responses of those organisations for which safety is a particular concern reinforces the value of these approaches in preventing drugs and alcohol problems. For this analysis, part- and wholly-safety-critical organisations were grouped together due to the reduced numbers of respondents for this part of the survey. The figures indicate that there is, on the whole, somewhat more support within safety-critical organisations for the idea that these preventative methods contribute towards managing drink and alcohol problems.

Table 8: Support for preventative approaches in safety-critical and non-safety-critical organisations

	Non-safety-critical per cent	Safety-critical per cent
Training to recognise employee problems	71	76
Improving management practice	66	72
EAPs	73	71
Stress management training	55	70
Health promotion programmes	55	66
Private medical insurance	29	43

Public/private sector differences

There were marked public-private sector differences in the use of these preventative approaches. Table 9 reveals that the public sector was far more likely to provide training to improve management skills and to enable

managers to look for signs of employee problems. The public sector was also more likely to offer stress management training, and to have a health promotion programme in place. Private sector organisations were more likely to offer private medical insurance.

Table 9: Use of preventative approaches in public and private sector organisations

	Private sector per cent	Public sector per cent
Stress management training	11	42
Health promotion	14	36
Training to recognise employee problems	17	35
Training to improve management practice	10	33
EAPs	26	27
Private medical insurance	34	4

Publicising existing assistance options

Among the 188 organisations that reported having some form of response for managing alcohol and drug problems in their staff, just over half (97) publicised their availability. Nearly twice as many organisations within the public sector as in the private sector publicised the availability of existing assistance options (47 per cent of all public sector respondents compared with 27 per cent of private sector organisations). A wide range of means to publicise the available options was reported, with employee handbooks, information leaflets and posters, the use of intranet and e-mail, induction and other training events, materials provided through the occupational health service and awareness-raising events being among the most frequently cited.

What works?

Practitioners were also asked to indicate which, in their opinion, were the most and least effective aspects of their organisation's approach to managing alcohol and drug misuse. In general, the same approaches were seen as being equally effective in dealing with drug misuse as in addressing alcohol problems.

A range of responses was given, but the majority fell into broad categories. There was some element of disagreement between practitioners. While disciplinary action was the second most frequently cited response as the most effective means of responding to alcohol and drug problems, it was also the most frequently cited answer given as the least effective response.

Table 10: Most and least effective ways of tackling alcohol problems

Most effective	Number of employers citing	Least effective	Number of employers citing
Counselling	16	Discipline	23
Discipline	14	Lack of awareness/ ignoring the problem	7
Occupational health	14	Lack of training	5
Management training/awareness	8		
Having a policy	7		
Support	6		

What leads organisations to introduce policies and procedures on drug and alcohol misuse?

- Over a third of organisations cited specific reasons that had prompted them to introduce, or consider introducing, drug and alcohol policies and procedures.
- The most common reasons given by organisations for having changed, or for planning to change policies and procedures on drugs and alcohol were: employee absence, the incidence of disciplinary offences relating to drugs and alcohol and decline in employee performance.
- These were particularly strong drivers for change in the public sector.

Organisations were asked if there had been any particular reasons that had led them to introduce policies regarding alcohol and drug misuse. Respondents were given a list of possible reasons that they could endorse, or they could write in their own reason(s). Forty-four organisations that had alcohol, or drug and alcohol, policies (ie 28 per cent of those with a policy) indicated there had been no reason for introducing these policies. A total of 105 (37 per cent) organisations endorsed one or more of the listed reasons; in addition, 46 gave reasons of their own for having introduced alcohol and/or drug policies.

Of the 105 organisations that indicated there had been one or more reasons for introducing their policies (or for currently considering introducing policies and procedures), the most frequently cited reason was employee absence, with over half of respondents citing this (55 per cent), followed by disciplinary offences connected with alcohol- and drug-related incidents (46 per cent), deterioration in individual performance (40 per cent) and employee illness (39 per cent).

Table 11: Reasons for introducing policies on drug and alcohol misuse

	Number of respondents	Per cent
Employee absence	58	55
Employee disciplinary offences arising from alcohol/drug-related incidents	48	46
Deterioration in individual performance	42	40
Employee illness	41	39
Damage to customer/client relations	23	22
Feedback from employees	22	22
Employee dismissal(s) arising from alcohol/drug-related incidents	22	22
Decreasing productivity	10	10
Decreasing staff morale	8	8
Employment tribunal case(s)	4	4
Rising accident levels	3	3
Outcome of alcohol/drug testing	3	3

Reasons given for introducing drug and alcohol policies were compared across the private and public sectors. Employee absence, employee illness, deterioration in individual performance and employee disciplinary

incidents were all cited by higher proportions of public sector organisations. For all of the other listed reasons the proportion of public and private sector respondents citing each were similar.

Table 12: Differences between public and private sector organisations in reasons for introducing drug and alcohol policies and procedures

	Private sector per cent	Public sector per cent
Employee absence	14	31
Employee illness	8	25
Deterioration in individual performance	10	22
Employee disciplinary offences	14	22

Other reasons

Respondents were given the option of entering any additional reason that had led their organisation to introduce, or consider introducing, policies on drug and alcohol misuse. Forty-six respondents gave other reasons for introducing or considering new policies. Among these reasons, the most frequently cited were health and safety responsibilities, legal requirements and risk management. A sizeable number, however, cited best practice (both in general and in comparison with competitor companies) and the wish to be proactive in dealing with these issues. Several cited recent media reports that had focused their attention on the need for policy.

Introduction of new procedures

Just under half (46 per cent) of the organisations in the survey were planning changes in their approaches to drugs and alcohol misuse.

A total of 152 organisations were planning no further changes to their procedures for dealing with drink and drug problems. Fifty-one of these (18 per cent) were organisations that had reported that they had no procedures for managing drug and alcohol problems, while 101 organisations already had some procedures

and were not planning to introduce any others. Almost equal proportions of organisations in the public and private sectors were considering introducing new policies, 45 per cent and 47 per cent respectively. Those that were considering changes were given the same list as in the previous section (showing a range of institutional responses to drug and alcohol problems) and were asked to indicate which were being considered by their organisation.

It can be seen from Table 13 that the procedures that people management and development professionals were most likely to consider introducing were alcohol testing and a combined policy on drugs and alcohol. In addition, 30 per cent of respondents were considering introducing a disciplinary procedure for drug and alcohol offences, while around a quarter of organisations were considering introducing policies on the recording of drink-and drug-related incidents and/or referral to occupational health professionals.

In general, a slightly higher proportion of private sector organisations was planning to introduce almost all policies listed. The exceptions were stress management training, a combined alcohol and drug policy, rehabilitation and paid treatment for employees. The relative proportions are shown on the next page in Table 13.

Table 13: Organisations considering or planning changes

Considering introducing ...	Private sector per cent	Public sector per cent	All organisations per cent
Combined policy on drugs and alcohol	45	47	45
Combined disciplinary procedure for alcohol- and drug-related incidents	36	20	30
Recording alcohol-related incidents	29	14	23
Recording drug-related incidents	26	16	22
Referral to OH practitioner for alcohol- and drug-related problems	23	20	22
Counselling for alcohol and drug misuse	23	16	20
Drug testing	20	10	16
Alcohol testing	16	12	15
Referral to GP/medical practitioner for alcohol- and drug-related problems	18	8	14
Stress management training	9	18	12
Paid time off for treatment	11	8	10
Policy on drug misuse	12	8	9
Unpaid time off for treatment	13	4	9
Policy on alcohol misuse	10	6	8
Rehabilitation	5	4	5
Paying for employee treatment	4	4	4

Note: percentages given are calculated with number of organisations planning to introduce changes as the base, not whole sample.

Drugs and alcohol: a disciplinary or health issue?

- Two-thirds of employers view employee drug and alcohol problems as a combined health and disciplinary issue.
- The remainder are equally likely to view such problems either as a discipline or as a health issue.
- Public sector organisations are more likely to expect occupational health practitioners to respect client confidentiality when assisting employees.

The vast majority of employers, over 60 per cent, viewed alcohol- and drug-related problems as a combined health and disciplinary issue. However, 46 (16 per cent) viewed them primarily as a health issue, while a further 15 per cent viewed them primarily as a disciplinary issue.

Slightly higher proportions of respondents in private sector organisations (20 per cent) viewed alcohol- and drug-related problems as a disciplinary issue than those in public sector institutions (6 per cent). However, higher proportions of private sector organisations also viewed alcohol- and drug-related problems primarily as a health issue. Public sector organisations were more likely to see drink and drug problems as a combination of the two (71 per cent compared with 55 per cent).

195 respondents (69 per cent) reported that their organisation had access to the services of an occupational health practitioner. The majority of these were externally contracted (119, or 61 per cent of those having access to occupational health services). Public sector organisations were more likely to have the services of an occupational health practitioner available to them than were private sector organisations (84 per cent compared to 61 per cent, respectively).

Respondents were asked whether, in the event of an individual reporting to an occupational health practitioner that they had a drug- or alcohol-related problem, this would be treated as a confidential medical issue or if the organisation would require the OH practitioner to inform personnel/HR. Organisations were divided on this issue: half said the issue would be treated as a confidential medical issue and half said that in their organisation, personnel would be informed. More private sector organisations reported that they would inform personnel (58 per cent) than did public sector organisations (41 per cent).

All self-referrals to the Occupational Health and Safety Service will be treated in strict confidence: no details of the referral will be given to the employee's line manager or to Human Resources without the express consent of the employee. The only exception to this is where an Occupational Health professional considers it necessary in defence of public interest.

Public sector, safety-critical

Recording of alcohol- and drug-related incidents

- Forty per cent of employers recorded alcohol-related incidents while 32 per cent kept records of drug-related incidents.
- More private sector organisations kept records.
- Safety-critical organisations were more likely to keep records of drug- and alcohol-related incidents.

Participants in the survey were asked if they kept records of alcohol- and/or drug-related incidents. While 40 per cent (113) indicated that they kept records for alcohol-related incidents, and 91 (32 per cent) recorded drug-related incidents, few were able to provide figures for the number of alcohol- or drug-related incidents for the past year.

Safety-critical organisations were more likely to record both alcohol and drug incidents than non-safety-critical. Proportions are shown in Table 14.

Table 14: Recording of drug-and alcohol-related incidents

	Non-safety-critical per cent	Part-safety-critical per cent	Wholly-safety-critical per cent
Record alcohol-related incidents	31	47	54
Record drug-related incidents	26	39	45

Higher proportions of private than public sector organisations kept records of alcohol- and drug-related incidents at work. Forty-five per cent of private sector organisations and 33 per cent of public sector institutions maintained records of alcohol-related incidents, while for drug-related incidents the figures were 38 per cent and 25 per cent, respectively.

Let's party!

- Employers allowing parties with alcohol to be held on the organisation's premises were in the minority.
- Only a third of employers allowed parties involving alcohol to be held during work hours.
- Employers in the public sector were almost twice as likely to allow parties with alcohol on organisational premises and in work hours than private sector employers.
- Ten per cent of respondents reported that employees had been disciplined as a result of alcohol-related incidents at Christmas parties.

'Tis the season to be jolly

With Christmas fast approaching, participating organisations were asked about their attitude towards alcohol during the festive season. Survey participants were asked if their organisation allowed parties involving alcohol to be held on company premises. Forty-four per cent of respondents reported that their organisation allowed parties involving alcohol to be held on company premises, while 154 (55 per cent) did not.

Almost half of organisations (47 per cent) required parties involving alcohol to be held outside of work hours. Eighty-five organisations (30 per cent) allowed parties with alcohol during work hours.

Almost double the proportion of public sector organisations allowed parties involving alcohol to be held on organisational premises, compared with those in the private sector. The same pattern was also seen for those allowing parties to be held in work hours.

Table 15: Are parties with alcohol allowed?

	Allow parties with alcohol on organisational premises (per cent Yes)	Allow parties within work hours (per cent Yes)
Private sector	33	23
Public sector	61	42

So here it is, Merry Christmas, everybody's having fun ...

Finally, we asked respondents if any employee had been disciplined as a result of alcohol-related incidents at Christmas parties. One in ten respondents (10 per cent) knew of disciplinary incidents that had happened at their organisation. These included incidents of assault on another employee, public abuse of a line manager, sexual harassment, fighting after a Christmas party and rowdy and aggressive behaviour.

Even though the public sector has a more liberal attitude to seasonal celebrations than the private sector, private sector employers are more likely to have problems associated with alcohol or drug misuse around the festive season. Twice as many private sector organisations reported that disciplinary cases

had arisen out of festivities at Christmas (13 per cent compared with 6 per cent).

Organisations were asked whether the number of disciplinary problems arising from alcohol increased around Christmas. While the majority of organisations reported no change, 12 per cent of respondents (35) reported an increase in disciplinary problems. Three respondents (1 per cent) reported a fall in disciplinary incidents at this time of year.

Finally, organisations were asked if they had found any change in the number of sexual harassment complaints received over the Christmas period, compared to the rest of the year. Again, while the majority reported no change, 4 per cent of organisations reported an increase in complaints at this time of year. Two organisations reported a drop in complaints of sexual harassment.

Chartered Institute
of Personnel and
Development

CIPD House Camp Road London SW19 4UX
Tel: 020 8971 9000 Fax: 020 8263 3333
E-mail: cipd@cipd.co.uk Website: www.cipd.co.uk
Incorporated by Royal Charter Registered charity no.1079797

