Drugs & Alcohol in the Workplace

It’s Easy To Get It Wrong!

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Innovative Testing Solutions
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About me…

• UK expert with international industry knowledge

• 18+ years in Drug & Alcohol (D&A) Policy, Training and Testing Industry (I am NOT a toxicologist!)

• Policies, Procedures, Training, Education, Testing

• Active member & event committee member of IFDAT (International Forum for Drugs & Alcohol Testing)

• Active member of EWDTS (European Workplace Drug Testing Society) – helped to formulate the EWDTS POCT Guidelines
• Dedicated to the advancement of global employee screening systems & processes
• Platform for Global experts from D&A and related disciplines to meet and discuss various topics regarding current & future developments in international employee screening
• World leading 2 day conference program packed with expert speakers from around the Globe
• Education, networking and social
A Whistle Stop Tour – What Will We Cover?

- The impact across and organization
- Policy & procedures
- Training & education
- Testing types & equipment
- Support & Return to Work
- Considerations due to COVID19
- How to spot a Methamphetamine Lab in your area
Drugs & Alcohol

- What is a drug?
- “Under the influence” & “Impairment”
- Why is it a risk?
- Testing categories – why/when/what/how to test
- 2 Parts to a drug test – Screening & Confirmation
- Getting it wrong can cost ’0000s or even a life
# The Impact Across an Organisation

## Areas to consider

<table>
<thead>
<tr>
<th>Areas to consider</th>
<th>Implications</th>
</tr>
</thead>
</table>
| HIDDEN DEPENDENCY   | • Unsafe to commute or be at work (depending on role)  
                        • Absenteeism and impact on Human Resources (HR) budgets  
                        • Presenteeism and impact on morale/culture  
                        • Dismissal and cost to organisation to replace  
                        • “Tokenistic” employee assistance programmes (EAPs)                                                                                       |
| USING AT WORK        | • Industrial accidents  
                        • HR drain in terms of swabbing/testing/retaining  
                        • Culture and colluding colleagues  
                        • Implementation of robust, legally defensible Policy & Procedures (P&P) and quality testing scheme that is fit for purpose and stands up to tribunal scrutiny if it leads to dismissal  
                        • Do you test on a Monday morning? On a night shift?                                                                                         |
| CULTURE              | • Only part of the workforce is tested (shop floor not office…)  
                        • Misunderstanding about typical substance users  
                        • Older colleagues setting poor examples for early careers staff  
                        • Culture of drinking (lunchtimes, celebrations?)                                                                                           |
## The Impact Across an Organisation

### Areas to consider

<table>
<thead>
<tr>
<th>INSURANCE</th>
<th>Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Are you valid if you don’t uphold all parts of your P&amp;P?</td>
</tr>
<tr>
<td></td>
<td>• Are you aware of the link to your insurer ref an incident relating to substances?</td>
</tr>
<tr>
<td>SOCIAL USERS</td>
<td>• Those without an obvious dependency but who are unaware that they may be over the limit</td>
</tr>
<tr>
<td></td>
<td>• Legalised substances (e.g. Cannabis)</td>
</tr>
<tr>
<td>LINK BETWEEN ADDICTION &amp; DEBT</td>
<td>• Site security and staff open to corruption</td>
</tr>
<tr>
<td>LONG TERM HEALTH IMPLICATIONS OF STAFF</td>
<td>• Heavy social drinkers / drug users, long term employees</td>
</tr>
<tr>
<td></td>
<td>• Prescription addiction (“Pharmageddon”)</td>
</tr>
<tr>
<td></td>
<td>• Raised pension age – older workforce</td>
</tr>
<tr>
<td></td>
<td>• Increase in life limiting conditions relating to drinking – huge cost to employer re sickness absence</td>
</tr>
<tr>
<td>RESPONSIBILITY TO VULNERABLE EMPLOYEES</td>
<td>• Apprentices – first wages, reduced parental supervision and increased freedom</td>
</tr>
<tr>
<td></td>
<td>• Staff with mental health support needs and the link between substance use and mental health</td>
</tr>
</tbody>
</table>
Policy & Procedures

• Often inadequate – “copy & paste”
• Often lacking detail and “generic”
• Open to interpretation and challenge
• Should ideally be 3 documents and bespoke
• Written by experts – not just “legal dept.”
• Easy to follow – clear, detailed, legally defensible
Training & Education

- Help to meet your obligations under Health & Safety (H&S) legislation and “local law”
- Ensure responsible and consistent action
- Confidence to follow Policy & Procedures
- Signs & Symptoms / Chain of Custody
- Qualified trainers. Allow correct time & cost
- Employee engagement. Education (NOT propaganda)
### Signs & Symptoms

<table>
<thead>
<tr>
<th>Constricted Pupils</th>
<th>Red Eyes</th>
<th>Dilated Pupils</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin</td>
<td>Marijuana</td>
<td>Amphetamines</td>
</tr>
<tr>
<td>Morphine</td>
<td>Cocaine or Crack (i.e. Xanax)</td>
<td>Methamphetamines</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>Benzodiazepines (i.e. Depressants)</td>
<td>Cocaine or Crack (i.e. LSD or mushrooms)</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>(i.e. Alcohol or Sedatives)</td>
<td>Hallucinogens</td>
</tr>
<tr>
<td>Methadone</td>
<td></td>
<td>Opiates</td>
</tr>
<tr>
<td>Codeine</td>
<td></td>
<td>(prescription painkillers)</td>
</tr>
<tr>
<td>Hydrocodone</td>
<td></td>
<td>Heroin</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Marijuana</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Speed</td>
</tr>
</tbody>
</table>
Signs & Symptoms – What to Look Out For
(not an exhaustive list!)

**Attendance at Work**
- Multiple instances of unauthorised leave
- Excessive sick leave
- Excessive late arrival for duty (mornings and after lunch)
- Excessive Monday or Friday absences
- Improbable excuses for absence
- Excessive single days sick leave
- High sick leave for colds, migraine, gastric causes etc.
- Missing from the place of work
- Leaving work early

**Performance in Work**
- Late for work
- Taking too long to complete a task than would otherwise be expected
- High number of errors and poor performance in role
- Unreliable and unpredictable
- Greater effort required than would normally be expected
- Covering up of own mistakes and difficulty in recalling same
- Difficult to recall instructions and handle complex duties
- Detrimental effects on relationships with work colleagues
- Deterioration in personal appearance and dress
- Smell of alcohol or other substance
- Drowsiness, lethargic
- Shaking hands
- Financial difficulties, problems with relationships with own family

ENSURE THAT ALL MANAGERS AND SUPERVISORS RECEIVE THE APPROPRIATE TRAINING TO CARRY OUT THEIR RESPONSIBILITIES UNDER THE POLICY!
Testing Types – What to Consider

- Breath, Blood, Oral Fluid, Urine, Hair, Sweat etc
- Windows of detection
- On site (“Point of Care”)/Lab SCREENING
- Industry / Customer requirements
- Self collect? 3rd party collection?
- Facilities available
Testing Equipment – Fit for Purpose?

- Made for UK (Europe) or USA [“split-key cup”]

- Drug panel. Cut-off Levels

- Accuracy. Sensitivity. Specificity

- Does quality matter? Cost?

- Breathalyser – e.g. U.K. Home Office / U.S. Dept Of Transport approved?

- Environmental impacts. Innovations
<table>
<thead>
<tr>
<th>Drug Class / Metabolite</th>
<th>UK/EWDTS Screening Cut-Off Guideline [Urine]</th>
<th>Generic (often USA) Point Of Care Screening Cut-Off [Urine]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amphetamines (AMP)</td>
<td>500 ng/mL</td>
<td>1000 ng/mL</td>
</tr>
<tr>
<td>Benzodiazepines (BZO)</td>
<td>200 ng/ml</td>
<td>300 ng/ml</td>
</tr>
<tr>
<td>Buprenorphine (BUP)</td>
<td>5 ng/ml</td>
<td>10 ng/ml</td>
</tr>
<tr>
<td>Barbiturates (BAR)</td>
<td>200 ng/ml</td>
<td>300 ng/mL</td>
</tr>
<tr>
<td>Cocaine (COC)</td>
<td>150 ng/mL</td>
<td>300 ng/mL</td>
</tr>
<tr>
<td>Ecstasy (MDMA)</td>
<td>500 ng/mL</td>
<td>1000 ng/mL</td>
</tr>
<tr>
<td>Ketamine (KET)</td>
<td>1000 ng/ml*</td>
<td>1000 ng/mL</td>
</tr>
<tr>
<td>Marijuana / Cannabis (THC)</td>
<td>50 ng/mL</td>
<td>50 ng/mL</td>
</tr>
<tr>
<td>Methamphetamine (MET)</td>
<td>500 ng/mL</td>
<td>1000 ng/mL</td>
</tr>
<tr>
<td>Methadone (MTD)</td>
<td>300 ng/ml</td>
<td>300 ng/ml</td>
</tr>
<tr>
<td>Opiates (OPI)</td>
<td>300 ng/mL</td>
<td>2000 ng/mL</td>
</tr>
<tr>
<td>Phencyclidine (PCP)</td>
<td>25 ng/ml</td>
<td>25 ng/ml</td>
</tr>
<tr>
<td>Propoxyphene (PPX)</td>
<td>300 ng/ml</td>
<td>300 ng/ml</td>
</tr>
</tbody>
</table>

*No current UK/EWDTS screening cut-off guideline available/under investigation or discussion*
Support & Return to Work

- Needs a consistent approach – Policy
- When is support available
- When is support suitable vs disciplinary action
- Confidentiality
- Occupational Health. Signposting. 3rd party resources
- Compliance & return to work (Testing? Relapse?)
COVID19 Considerations

Medical journal ‘The Lancet’ (April 2020) presented research linking the COVID-19 pandemic (and in particular the distancing and isolation control measures) to a significant public health crisis, leading to a “spike in alcohol misuse, relapse and potentially, development of alcohol disorders in at-risk individuals, therefore placing further strain on addiction and drug and alcohol services, and the health service in general, during and after the pandemic”

https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30088-8/fulltext

- Isolation
- Loneliness
- Boredom
- Poor mental health
- Bereavement
- Financial worries / debt / redundancy
COVID19 Considerations

• Change the way you test?
• Return to work (RTW) testing?
• Increase random testing?
• Appropriate Personal Protection Equipment (PPE) for collection agents & increased hygiene standards
• Refresher training & education – highlight risks & Policy
• Include questions about D&A in RTW questionnaire
How to Spot a Meth Lab in Your Area
Questions?

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“ITS...Exceeding standards, not just meeting them!”