CIPD

Championing better work and working lives

Managing drug and alcohol misuse at work

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Report

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① Introduction

Drug and alcohol misuse are considerable issues within society and therefore also in the workplace. They are significant health, safety and employee wellbeing concerns and it's important that employers have preventative and supportive measures in place in addition to a clear policy on drug and alcohol misuse and any necessary disciplinary procedures.

When we talk about 'misuse', we are referring to drinking alcohol or using drugs in a way that adversely interferes with an individual's health, work performance or conduct, or that affects the work performance and/or safety of themselves or others. However, there is a broad spectrum of behaviours and situations that HR professionals may deal with related to drugs or alcohol, from one-off or occasional use outside of work (which may impact an employee's performance or safety at work) to addiction or dependence.

The causes of substance misuse can be complex, and for some people it can have extensive consequences for an individual's life both inside and outside of work. It's vital that employers create an environment where people feel able to ask for help and confident that they will be supported to get the help they need. Employers also need to ensure that job design and the culture of the organisation is not part of the problem, for example frequent client entertaining involving alcohol, long working hours or excessive workloads or pressure.

In addition, people professionals need to recognise that everyone's situation will be different and it's important not to make assumptions or reinforce unhelpful stereotypes. People's lives are complex and people professionals should be cognisant that an individual may be dealing with substance misuse along with other problems, such as poor mental health.

There is much that employers can do in terms of both preventative action and to support people experiencing difficulties, with mutual benefits for the organisation and employees. This report provides an overview of current employer practice in preventing and managing drug and alcohol misuse at work. Most importantly, we highlight where more action is needed and what people professionals should consider in their own organisations.

The need for employer support is accentuated during difficult social and economic times

There is a strong argument for greater preventative action and employer support for drug and alcohol misuse in difficult social and economic times, when people may feel anxious and more vulnerable. This CIPD survey was conducted prior to the COVID-19 pandemic, in November 2019. However, at the time of publication, the economic downturn and widespread uncertainty about people's livelihoods has led to concern about whether people may be more likely to use alcohol and drugs as a coping mechanism.

If we look at the current situation, those in key worker roles are working in difficult conditions, many are facing pressured situations, and there is a high degree of risk and many unknowns. Other UK workers are now working remotely, perhaps for the first time, and many people across the board are juggling home and work responsibilities, including childcare, home schooling and care for elderly relatives or vulnerable friends and family. People may be feeling socially isolated as a result of the 'lockdown' and may feel their support systems are weaker as well as feeling financial and emotional pressure. Unemployment is also a risk factor as, for many people, work provides a sense of purpose, structure, routine and social contact. As a result of redundancy, furloughing and working remotely, people won't have their usual work routine.

Alcohol Change UK warns that, *'in times of stress we can find ourselves drinking more often and more heavily'*. And research from Drinkaware, published 15 May 2020, found that a third (36%) of furloughed workers are drinking more since lockdown began, compared with 26% of those working from home as a result of the lockdown and 24% of people overall in the UK average.

This may also be a very difficult time for those in rehabilitation. An article in *The Times* (Mahon, 1 April 2020) states, *'Addiction rehabilitation services are worried that people may relapse due to the social distancing measures introduced to combat Covid-19'* [sic]. In the article, a spokesperson from Narcotics Anonymous talks about how the move from face-to-face meetings to virtual meetings can be 'daunting' and it may be difficult for some to join the online meetings.

It is essential that employers have support mechanisms in place, for example, line managers and HR feeling capable and confident to discuss sensitive issues with staff and support them to get the help they need. Also, that employees are made aware of what support is available to them, should they need it, including signposting to external professional sources of help. The practical guide that accompanies this survey report outlines both the preventative action you can take as an employer as well as how to support and manage employees who are struggling with alcohol and/or drug use.

What happened in the last economic recession?

Looking back at the impact of the 2008 economic recession on alcohol and drug use highlights the worrying effect of uncertainty and rising unemployment among particular parts of the population. Studies have shown that during difficult economic times, certain groups may be particularly vulnerable and require additional support.

Dom et al's (2016) systematic review into the effect of the 2008 economic crisis in EU countries found there was a decrease in substance abuse (drugs, alcohol and nicotine) in the population overall, but in specific subgroups *'an increase in harmful use and negative effects is found'* (such as among those who have lost their job, are long-term unemployed and have pre-existing vulnerabilities).

Looking specifically at alcohol use, a study by Harhay et al (2014) found that in the overall population there was a decrease in frequent drinking (drinking on four or more days in the past week), the units of alcohol consumed on the heaviest drinking day, and the number of days individuals said they drank over the previous seven days. However, unemployed people who drink were found to have an elevated risk of binge drinking in 2009 and 2010, which was not seen between 2004 and 2008 (pre-recession).

A US study (Dávalos et al 2012) also found that *'changes in the unemployment rate are positively related to changes in binge drinking, alcohol-involved driving, and alcohol abuse and/or dependence'*. Binge drinking is a concern as it has been found to be associated with *'a higher risk on medical, mental health and social adversities'* (Dom et al 2016). Dávalos et al (2012) concluded that *'problematic drinking may be an indirect and unfortunate consequence of an economic downturn'*. They suggest people may self-medicate to cope with economic distress and may drink more due to their current additional leisure time.

Looking specifically at drug use, Dom et al (2016) found that (the limited number of) studies show a consistent increase in use. However, the studies also found the drug market changed during this time, as although people were using more, there was less use of expensive drugs and an increase in the use of cheaper, laboratory-made drugs.

Similarly, Nagelhout et al (2017) carried out a systematic review of 28 studies on illegal drug use during times of economic recession and found that difficult economic times and unemployment increase psychological distress, which leads to increased drug use. They conclude that *'during times of recession, psychological support for those who lost their job and are vulnerable to drug use (relapse) is likely to be important'*.

Why drug and alcohol misuse are significant workplace issues

Drug and alcohol misuse are significant issues in UK society that also filter through to UK workplaces. Dame Carol Black's 2016 independent review into the impact of drug or alcohol addiction and obesity on employment outcomes states that *'around a million adults in this country have some form of alcohol dependence'*. Research by Drinkaware (Gunstone et al 2018) found that 15% of the UK adult population are classed as high-risk drinkers (according to the Alcohol Use Disorders Identification Test scoring system, which is based on the amount drunk and frequency of drinking), with 2% of that group classed as 'possible dependence'. In addition, in the Global Drugs Survey (Winstock et al 2019), UK respondents said they got drunk 51 times in the previous 12 months, compared with a global average of 33 times.

The 2018/19 Crime Survey for England and Wales (CSEW) published by the Home Office found that 9.4% of adults aged 16 to 59 had taken a controlled drug (as classified under the Misuse of Drugs Act 1971) in the last year (up from 8.3% in the 2015/16 survey), 3.7% had taken a Class A drug in the last year and 5% had taken a drug in the last month. In addition (p12), *'2.4 per cent of all adults aged 16 to 59 years were classed as "frequent" drug users (had taken a drug more than once a month in the last year). This equated to around 811,000 people.'* In terms of the cost to businesses of drug use, the British Medical Association (BMA 2016) cites Scottish Government Social Research that *'the total cost of absenteeism, lost productivity and lost output associated with illicit drug use in Scotland was estimated at £818.9 million'*.

These issues reach into workplaces. For example, research by the BMA (2016, p2) found that *'individuals in employment are more likely to drink frequently compared to those who are unemployed',* and that those *'in managerial and professional occupations drink more frequently than those in routine and manual occupations'.*

In our CIPD 2019 UK Working Lives survey of over 6,000 UK employees, we asked respondents whether they had experienced alcohol or drug dependence in the past 12 months, with 2% saying yes. More men (3%) than women (1%) reported experiencing it. We then asked those who said they had experienced alcohol or drug dependence in the past 12 months whether their job was a contributing factor. Over half (59%) said yes. Furthermore, our data suggests that work pressure is a contributing factor in drug and alcohol problems. Those who said their workload is too much are significantly more likely to say they experienced alcohol or drug dependence in the past 12 months than those who say their workload is about right (3% versus 1%). It's important to note here that we asked specifically about 'dependence'.

Other studies have also found aspects of work to be linked to alcohol and drug use. For example, a study published in the *British Medical Journal* by Virtanen et al (2015) looked at the link between long working hours and alcohol consumption and found that working more than 48 hours per week is associated with risky alcohol consumption (defined in their study as more than 14 drinks per week for women and more than 21 drinks per week for men). In addition, the TUC states that *'many people use alcohol or drugs to help cope with work-related stress'*. And Dame Carol Black's detailed review (2016, p18) found that *'some working conditions, such as long working hours and job insecurity, have been linked to an increased likelihood of high-risk alcohol consumption'*. She expands on the potential risk factors, identifying *'long working hours, jobs with high physical demand and risk of injury, monotonous work, poor supervision and job insecurity'* (p47).

Furthermore, the BMA (2016) explains that aspects of the work and the workplace associated with the use of alcohol and illicit drugs include shift work or night work, travelling for work, working remotely, business meals, job stress, lack of supervision and interface with a demanding or aggressive public.

The BMA (2016) discusses the negative effects alcohol use can have at work:
> **Alcohol use increases the risk of problems in the workplace, such as absenteeism, presenteeism, and inappropriate behaviour. Use of alcohol or illicit drugs can impair a person's performance at work through poor decision making and impaired reaction times causing lost productivity, inferior goods/services, errors and accidents.**

An impact assessment conducted by the Home Office in 2012 states that *'the cost of alcohol misuse in England is estimated to be around £21bn per year made up of the following:*

- NHS costs, at about £3.5bn per year at 2009–10 costs
- Alcohol-related crime, at £11bn per year at 2010–11 costs
- Lost productivity due to alcohol, at about £7.3bn per year at 2009–10 costs (UK estimate).'

Dame Black (2016, p47) concludes that:

Employers are clear that alcohol and drugs problems cost them money. In one survey, four out of ten employers saw alcohol as a significant driver of lost productivity through absenteeism, and a third of respondents reported similar concerns for drugs. This is supported by evidence provided by Drinkaware of the increased absence and reduced reliability of high-risk drinkers.

What are UK employers doing to prevent and manage drug and alcohol misuse at work?

Alcohol and drug misuse are clearly safety, health and wellbeing concerns that need to be on employers' radars, in terms of preventative action, to support people who need it, and to take disciplinary action where necessary. So, what are UK employers doing?

This survey report provides data and insight into current practice as well as highlighting what more organisations can do to prevent and manage drug and alcohol misuse at work. We ran a similar survey back in 2007 and now provide updated figures as well as including a section on 'nootropics', which are often commonly referred to as 'smart drugs' or 'cognitive enhancers'.

'Nootropics', also commonly referred to as 'cognitive enhancers' or 'smart drugs'

The terms nootropics, cognitive enhancers and smart drugs are often used interchangeably to refer to dietary supplements, synthetic compounds and prescription drugs that are thought to improve cognitive functioning. For the purposes of this survey, it is employees' use of the latter, prescription drugs, that we are interested in.

In the survey questions we referred to the term 'nootropics', explaining up front what we meant:

The next questions are about pharmaceutical nootropics. These drugs are commonly known as 'smart drugs' or 'cognitive enhancers' and are largely regulated substances taken to improve cognitive function such as memory, creativity and concentration.

And we gave the examples of Ritalin and Modafinil as drugs taken for this purpose. However, other studies we reference below and later in the report may refer instead to smart drugs or cognitive enhancers. Despite differences in language used, it's useful to reference these studies as they provide helpful background as to what we're talking about.

A British Medical Association report (Nicholson et al 2015, p3) explains what 'cognitive enhancers' are:

Pharmacological cognitive enhancers are available and licensed to improve cognitive functioning in those suffering from specific medical disorders. These include anti-dementia drugs, eg acetylcholinesterase inhibitors (donepezil, galantamine, rivastigmine) and memantine; drugs used to treat attention deficit hyperactivity disorder eg atomoxetine, dexamphetamine and methylphenidate; and the wakefulness agent – modafinil – indicated in the treatment of excessive daytime sleepiness associated with narcolepsy.

The report also states: *'There is growing evidence that healthy individuals use pharmacological cognitive enhancers without a prescription for non-medical purposes.'* It is this latter form of use, where they are used with the aim of improving performance at work, for example by enhancing concentration and memory, that we are interested in for the purposes of this survey. The use of nootropics (or cognitive enhancers or smart drugs) is an issue of much debate, with concerns over the ethics of their use as well as about an individual's wellbeing. Only 27% of HR professionals we surveyed said they were aware of smart drugs before taking the survey. It's important that these issues are on HR's radar, including serious consideration of the reasons why people feel they need to use them in a particular work context.

What we cover in this report

At the beginning of this survey report we provide a summary of key findings as well as a discussion about what the findings mean for HR practice. We then go into detail on the survey findings, looking at:

- HR policies and procedures on drugs and alcohol
- support for staff
- social events
- testing for drugs and/or alcohol
- disciplinary action
- supporting employee rehabilitation
- sources of further information and support.

We highlight any significant differences in survey responses between sector and size of organisation. We also draw attention to any significant differences in responses from those organisations that have at least some employees in safety-critical roles (for example, driving, operating machinery, patient care, and so on) or carrying out safety-critical tasks, and those that don't.

The CIPD has produced an accompanying practical guide to this report for employers, focusing on how to prevent and manage drug and alcohol misuse at work. There are sections on understanding drug and alcohol misuse at work and their implications (including the legal framework), how to develop an inclusive, supportive culture in your organisation, your policy and process, and alcohol and drugs testing. We have also created guidance for line managers on providing support and dealing with disclosures, top tips for training line managers, and a set of training scenarios to help them gain awareness of how to manage drug- and alcohol-related situations.

We hope you find this report and the accompanying practical guidance useful in designing or reviewing your current approach.

(2) **Summary of key findings**

Here are the key findings from a survey of 787 HR decision-makers, in businesses of more than ten employees in the UK, about their organisation's approach to managing and preventing drug and alcohol misuse at work.

Further information about the research method and the sample is provided in Section 11 of this report.

HR policies and procedures on drugs and alcohol

- Approximately three-quarters of organisations (77%) have a specific policy on drugs and/or alcohol, whether that's a joint policy or individual ones.
- Around half (51%) of employers have a disciplinary procedure for alcohol and/or drug-related incidents/issues.
- However, far fewer provide information for employees about sources of support for drug and/or alcohol-related problems (33%), guidelines for managers on how to deal with disclosure and how to signpost to support (30%), or information for employees about disclosing a problem with alcohol and/or drugs (27%).
- The top three reasons for introducing policies and procedures on drug and/or alcohol misuse in the workplace are health and safety (57%), employee wellbeing (51%) and to prevent inappropriate workplace behaviour (48%).
- Few organisations remind staff about their drug and alcohol policies and procedures, and few train line managers about them (12% provide one-off training for line managers and 25% provide regular refresher training).
- Over half (58%) of employers have a policy or rules about alcohol consumption and a third do not.
- The majority of organisations (78%) prohibit alcohol consumption during working hours, and a similarly high number (68%) also prohibit lunchtime drinking.
- Drinking is more likely to be allowed at out-of-hours work-related events or when entertaining for work (for example at networking events or out with clients) (58%).
- Approximately three-quarters of employers (74%) allow alcohol consumption at employer-organised social events (for example the Christmas party). (See 'Social events' section below for further detail.)
- Just over a quarter of HR professionals surveyed said they were aware of nootropics (often referred to as 'smart drugs' or 'cognitive enhancers') before this survey and just 30% of those aware said their organisation had a formal position on them.
- More than one in ten (13%) of those aware of nootropics said they were also aware that some employees in their organisation were using them.

Support for staff

- Just over half (53%) of employers view and manage both alcohol and drug misuse as a combined performance/disciplinary and health, safety and wellbeing issue.
- However, around a fifth (19%) of employers see alcohol and drug misuse mainly as a performance/disciplinary issue.
- All forms of support are more likely to be provided to an employee when they inform the organisation of their problem, as opposed to it being identified by someone else.
- Disciplinary processes are less likely when an employee themselves discloses a problem.
- However, just over a quarter of employers provide information for employees about disclosing a problem with alcohol and/or drugs (27%).
- And just three in ten provide guidelines for managers on how to deal with disclosure and how to signpost to support.
- The top three methods of proactive support provided by employers to help prevent substance misuse are an employee assistance programme (46%), access to occupational health services (46%), and access to/signposting to mental health support (44%).
- A fifth (21%) of employers don't provide any proactive support.
- Too few employers provide training to line managers on either recognising signs of stress (38%), recognising the symptoms of drug and alcohol problems (26%), or improving management practice more generally, for example how to manage and support employees (32%).
- However, these investments in line manager capability were rated highly in terms of effectiveness in helping prevent drug and alcohol misuse.

Summary of key findings

Social events
- Most employers (84%) said official organisation social events typically involve alcohol, with just 14% saying they don't.
- Professional services organisations are most likely to say their official social events typically involve alcohol (93%). Those working in public services were least likely to say they do (61%).
- Almost half of employers (47%) said having alcohol at social events generally has a positive effect.
- However, two-fifths (41%) said alcohol consumption can lead to problems at their organisation's social events.
- And a quarter (25%) of HR professionals said some people don't go to social events because of the expectation to consume alcohol.
- Most employers (78%) said they were having a Christmas party in 2019. Of those having a party, just 29% said they remind employees about their drug and alcohol policy before the party.

Testing for drugs and/or alcohol
- Half (51%) of the HR professionals we surveyed said some employees at their organisation were in safety-critical roles or carry out safety-critical tasks.
- Of those who employ people in safety-critical roles, a fifth (20%) do random testing for drugs or alcohol across all employees and the same proportion (19%) do random testing for certain roles in safety-critical areas. Almost half (48%) said they didn't test employees for drugs or alcohol.
- Random testing was the most popular method used, followed by testing when an employee is reasonably suspected of alcohol or drug misuse and then post-incident testing.
- Alcohol is the most commonly found substance through testing, followed by Class B drugs (for example, amphetamines, barbiturates, cannabis, codeine, ketamine, methylphenidate (Ritalin)).
- Of those employers who have no employees in safety-critical roles, 24% said they have a policy or contractual terms that would enable them to ask an employee to be tested for drugs or alcohol if they reasonably suspect the employee was under the influence at work.

Disciplinary action
- Just over a third (35%) of employers have disciplined someone in the past two years for alcohol misuse and just over a quarter (26%) for drug misuse. In just 7% of cases, the employee disclosed the issue themselves.
- Around a fifth of employers have dismissed someone in the last two years where a significant reason was drug and/or alcohol misuse.

Supporting employee rehabilitation
- Just 22% of employers have referred employees with drug and/or alcohol problems to specialist treatment and/or rehabilitation support.
- Around two-thirds (69%) said the most recent employee they'd referred to treatment or rehabilitation support had remained working for the organisation. Just 19% said the employee failed to overcome their problems and left the organisation altogether.

What's changed since 2007?

We previously ran a survey on drugs and alcohol misuse at work back in 2007. Where the same questions were asked, we can compare the findings. How far have we come in better supporting and managing employees?

- Employers' investment in improving management practice to help prevent employees developing drug and alcohol problems has increased since 2007, when just 22% of employers told us they were doing so, compared with 32% in 2019.
- More organisations have an employee assistance programme in place now than in 2007 (46% versus 40%) and more are conducting stress management training (30% versus 24%) to help prevent employees from developing drug and alcohol problems.
- Fewer employers now provide access to occupational health services to help prevent employees from developing drug and alcohol problems than in 2007 (46% versus 58%).
- In 2019, all methods of supporting and managing employees for alcohol and drug misuse that we asked about in the survey are more likely to be provided to someone if they notify their employer of their problem themselves, compared with when an employee's problem is identified by someone else. On the whole, this pattern wasn't observed when the question was asked of HR professionals in 2007, suggesting something has changed in perceptions of drug and alcohol misuse problems.
- However, in both the current and the 2007 survey, disciplinary processes are notably less common when an employee notifies their employer of their problem.

③ Recommendations for people professionals

Alcohol and drug misuse at work is a health and safety as well as an employee wellbeing concern. Although the majority of employers have a policy in place on alcohol and drug misuse, there is still a lot more that can be done to support employees who may have a dependency issue as well as putting preventative measures in place – for example, to prevent employees making 'bad choices', including coming to work under the influence of drugs or alcohol, and to encourage people to access support or advice when they first start struggling.

Employers should take a proactive and preventative approach and create a safe environment where people feel able to ask for help, in addition to any necessary disciplinary actions. HR and line managers should feel prepared, confident and capable to respond appropriately to suspected problems, disclosures or incidents.

Given the prevalence of alcohol and drug misuse in the UK and the findings of this survey that around a third of employers have disciplined employees for alcohol misuse in the past two years, and more than a quarter for drug misuse, many HR professionals and line managers will need to manage and support employees at some point.

We encourage people professionals to:

- Have a clear policy in place that prioritises genuine support for employees and their wellbeing.
- Focus on prevention.

- Train line managers so they feel capable and confident to manage and support employees.
- Create an environment where people feel able to ask for support.
- Avoid fuelling a drinking culture – consider the implications for wellbeing and inclusion.
- Support employee rehabilitation.

We now look at each of these recommendations in turn.

Have a clear policy in place that prioritises genuine support for employees and their wellbeing

The first step employers need to take is to design a policy on drug and alcohol misuse at work. Our survey found that 77% of employers have a specific policy on drugs and/ or alcohol. A policy sets expectations about what is acceptable and what is not, and the consequences of contravening the policy. But most importantly, it should detail who in the organisation an employee can go to if they have a problem and signpost people to where they can get help. As well as having a policy in place, it is essential that it is implemented fairly, and the necessary support is provided to employees, either by the organisation or through signposting to external organisations. You can find a list of expert organisations in both drug and alcohol misuse at the end of this report.

When dealing with alcohol or drug misuse at work, employers need to strike the appropriate balance between the need for disciplinary procedures and providing support for individuals. There will be instances where disciplinary action is required, but it shouldn't be the default position just because substance use is identified. We advocate that support and a general concern for the individual's wellbeing is provided, regardless of whatever else is going on. However, when our survey asked employers about their approach to dealing with drug and alcohol misuse at work, we found that around a fifth see alcohol and drug misuse mainly as a performance/disciplinary issue. It's concerning that only around half of employers said they deal with both drug and alcohol misuse as a combined performance/disciplinary and health, safety and wellbeing issue.

The BMA (2016) advocates that:

> *The burden that alcohol and illicit drug use places on organisations makes it, at the very least, advisable for employers to have an alcohol and drug (substance) use policy. These policies are more successful when conceived as a component of health and welfare policy rather than primarily a disciplinary matter.*

It is important to regularly review your approach to preventing and managing drug and alcohol misuse at work as the landscape changes. Policies and approaches need to consider how to deal with recent trends. For example, it is prudent to not ignore issues such as nootropics (also commonly referred to as 'smart drugs' or 'cognitive enhancers'), which may affect employees' health and wellbeing. An article in *HR Magazine* (Sharp 2018) said, *'there are rumblings that "smart" drugs and microdosing are making their way into the fabric of UK working life'.* A survey by *The Telegraph* (Urban et al 2018) found that one in twelve adults had taken smart drugs, with most trying them at work. However, the CIPD's 2019 *UK Working Lives* survey asked a representative sample of over 6,000 UK employees whether they had taken smart drugs to improve their performance at work over the last year. Just 1% said they had, and it's only through monitoring usage over time that we will know if smart drugs are a growing trend.

The use of nootropics by employees to improve their performance at work is clearly a health and wellbeing concern. Employers should be aware of the workplace factors in their particular context that may lead some people to taking nootropics and take the initiative

to address those. The article in *HR Magazine* discusses some of these workplace factors, including if people are expected to consistently work long hours, work across time zones or they are faced with a high workload.

A drug/alcohol misuse policy should refer to both illegal and prescription/over-the-counter drugs and appropriate use. Including the organisation's view on 'smart drugs' in a substance misuse policy can send a clear signal to the workforce, and HR should have a plan in place of how to tackle situations where employees are known to be taking them to improve their performance at work.

Focus on prevention

As discussed in the introduction, aspects of work have been associated with drug and alcohol use. As part of preventative measures, employers need to regularly assess workloads, stress levels and the working conditions of their staff. However, as mentioned above, too few organisations are providing training to line managers to recognise signs of stress and about how to manage and support employees. As line managers are best placed to manage workloads and spot early warning signs of issues and signpost people to support, they need to have the training to feel confident and capable to do so effectively.

Employers should consider drug and alcohol misuse when designing their wellbeing programme and offerings. For example, encouraging healthy lifestyles and providing support for people to try and prevent potential problems escalating. In her detailed review into the impact of drug or alcohol addiction and obesity on employment outcomes, Dame Carol Black recommends that *'employers encourage those who are still in work to reduce hazardous drinking and avoid drug use entirely'* (2016, p11).

Train line managers so they feel capable and confident to manage and support employees

Of course, prevention is the preferred route, and it's clear that line managers play a key role in employees' working lives, shaping the culture of the team and being the formal first point of contact for any problems. They can play a critical role in both helping prevent issues and in providing support when a problem with alcohol or drugs emerges.

The HR professionals we surveyed rated training to help line managers recognise the symptoms of drug and alcohol problems as the most effective method to help prevent misuse, closely followed by improving management practice on how to manage and support employees in general.

However, too few employers provide training to line managers on either recognising signs of stress (38%), recognising the symptoms of drug and alcohol problems (26%), or on how to manage and support employees more generally (32%).

It is reassuring that employers' investment in improving management practice appears to have increased since 2007, when just 22% of employers told us they were doing so, although the figures are still quite low given that line managers have a strong influence on the working culture and are ideally placed to be able to spot and address issues such as high workloads, long working hours and stress, as well as early warning signs of issues and signpost people to support if needed.

If line managers are not dealing with such instances regularly, what they need to do might not be front of mind. On-demand resources with a key point of contact in HR can be helpful to ensure both the employee and the line manager feel supported.

Create an environment where people feel able to ask for support

Although having a clear policy in place is a necessary first step, HR needs to ensure the

workplace culture makes people feel able to disclose a problem and that employees know about the support available to them. Reassuringly, our survey found that the top three reasons for introducing policies and procedures are a concern for health and safety, employee wellbeing and to prevent inappropriate workplace behaviour. However, despite these focuses, we found that a fifth of employers don't provide any proactive support to help prevent drug and alcohol misuse.

Knowing where to go for help is important, so communication to staff about the policy, and information about what to do if they're struggling, or if they suspect someone else is struggling, is essential. Staff need to know these resources exist and where to find them. Our survey found that 62% of employers communicate their policies and procedures to staff as part of the on-boarding process or have the policy/procedures in the staff handbook (64%). However, easy access is important and just two-fifths say their policy and procedures are on their intranet (42%), and few organisations remind staff about their drug and alcohol policies and procedures or train line managers about them.

Creating an environment where people feel able to ask for help, knowing they will be supported and signposted to help, is important. Employees should be aware of who they should talk to as well as the kind of support that might be available to them. Our survey found that just 27% of employers currently provide information to employees about disclosing a problem with alcohol and/or drugs.

In addition, line managers should treat disclosure of a problem in a non-judgemental way. They also need to maintain confidentiality as far as possible – there may be some degree of information-sharing that's necessary, for example with HR.

Furthermore, all forms of support we asked about in the survey are more likely to be provided to someone if they notify their employer of their problem themselves, compared with when an employee's problem is identified by someone else. On the whole, this pattern wasn't observed when the question was asked of HR professionals in 2007, suggesting something has changed in perceptions of drug and alcohol misuse problems. However, in both the current and the 2007 surveys, disciplinary processes are notably less common when an employee notifies their employer of their problem. We believe it's very important that employers support people's health and welfare, regardless of how the problem comes to light or whether there is cause for disciplinary action.

In sum, employers need to make sure people feel able to ask for help when they need it by having genuine support mechanisms in place that employees know about, and signposting to external sources of help. Employees also need to feel confident that their employer will try to support them if they have a problem.

Avoid fuelling a drinking culture – consider the implications for wellbeing and inclusion

HR needs to consider how the work environment affects employee wellbeing – including the extent to which alcohol features and may be encouraged in working life. For example, does 'fitting in' or showing dedication require people to attend after-work drinks at the pub, or do job roles require client entertaining involving alcohol? And are employer-organised social events typically based around drinking? A 2017 BBC Worklife article (Belton 2017) quotes a survey by Glassdoor which found that 11% of employees report having alcohol available at work, whether that's in a beer fridge, a bar or a drinks trolley that comes around. And a survey by Drinkaware (2019) found 43% of working adults who drink said there is too much pressure to drink when socialising with work colleagues.

Employers have a duty of care to employees and should consider this when planning any event, from thinking about employee safety to ensuring enough soft drinks are available.

Plans should strike the appropriate balance between rewarding employees for good work and improving morale, with a genuine commitment to employee wellbeing. Big social events are also a good time for HR and line managers to remind employees about what is acceptable behaviour and the consequences of inappropriate behaviour.

In addition, there is an important inclusion element to consider. In our survey, a quarter of HR professionals told us that some people don't go to social events because of the expectation to consume alcohol. Many people don't drink for a whole host of reasons (for example, faith, being in recovery, pregnancy, needing to drive and being teetotal) and may feel excluded if activities typically revolve around alcohol.

There is an opportunity to think more creatively about official social events to make them more inclusive. Social events, such as Christmas parties, are a good opportunity to bring people together and boost morale, but try varying the activity and thinking about when and where to hold the event to ensure everyone feels able to join in.

Support employee rehabilitation

Helping people to get professional support can be valuable for both the employer and the employee. The organisation can hopefully hang on to talented and valuable people, and the individual still has a job after seeking treatment or professional support.

Our survey found that around a fifth of employers overall have referred employees with drug and/or alcohol problems to specialist treatment and/or rehabilitation support. This question was asked of all employers surveyed and we do not know the proportion of employers who haven't dealt with employees with drugs and/or alcohol problems and therefore had no opportunity to make a referral. However, it's interesting to look at the outcomes of the referrals that were made. The majority (69%) of those that have referred employees said the employee had remained working for the organisation. Just 19% of those who had referred an employee to support said the individual failed to overcome their problems and left the organisation altogether.

Providing time off for someone to get treatment or support relating to substance misuse is important. There will likely be a broad spectrum of the amount of time off people need, ranging from needing to attend appointments but remaining in work, to taking leave from work to get help. Whether employees can stay in work will, however, also be dependent on the nature of their role and the tasks they undertake. A risk assessment should be carried out on a case-by-case basis. Only around a fifth of employers said they provide paid time off for people to get the support they need for alcohol or drug misuse. And it is disappointing that around half of organisations don't even provide unpaid time off for this purpose.

It's important to note that we don't know whether respondents have read the survey question about paid or unpaid time off as being just about taking a period of leave away from work to get help, or if it is also about providing a few hours of flexibility each week to attend appointments while staying in work. Such appointments could include, for example, mutual aid meetings, or appointments with a counsellor, drug workers or health professionals. Both leave and flexibility are important to consider when enabling an individual to get the specific help they need and the employer to retain a talented person.

Another vital part of rehabilitation is support when an employee returns to work following substance misuse treatment. Around half of employers say they don't provide this for individuals who have taken time out to receive treatment for alcohol or drug misuse. However, we deem return-to-work support from any period of leave as important. It's an opportunity to check in, see if any further support or adjustments to the job role or ways of working are required, and enable the individual to make a successful return to work.

We hope you find these insights helpful in designing or reviewing your approach to preventing and managing drug and alcohol misuse at work. It is important to regularly review and update your policy and approach.

In the next sections we look in depth at the survey findings.

④ HR policies and procedures on drugs and alcohol

Key findings

Although the majority of employers have a policy and procedures in place about drug and/or alcohol misuse at work, notably fewer provide information for employees about disclosing an issue or about sources of support. Furthermore, only three in ten provide guidelines for managers on how to deal with disclosure and signpost people to support.

Alcohol and drug misuse policies are communicated mainly via the staff handbook, during the on-boarding process or via the intranet. However, few employers remind staff about their policy and few train line managers about them.

Just over half (58%) of employers have a policy or rules about alcohol consumption, but a third (33%) do not. Around three-quarters (78%) prohibit alcohol consumption during working hours and around two-thirds (68%) prohibit lunchtime drinking. However, just 14% prohibit drinking at out-of-hours work-related events such as networking events or going out with clients.

Around a quarter (27%) of HR professionals surveyed are aware of nootropics (often referred to as 'smart drugs' or 'cognitive enhancers'). Just 30% of those have a formal position on them, stated in a policy, and 13% are aware of employees in their organisation using nootropics.

The policies and procedures employers have in place

Just over three-quarters of organisations (77%) have a specific policy on drugs and/or alcohol, whether that's a joint policy or individual ones (shown in bold text in Table 1). In addition, around half (51%) say they have a disciplinary procedure for alcohol and/or drug-related incidents/issues. However, far fewer provide information for employees about sources of support for drug and/or alcohol-related problems (33%), guidelines for managers on how to deal with disclosure and how to signpost to support (30%) or information for employees about disclosing a problem with alcohol and/or drugs (27%).

Those organisations with at least some employees in safety-critical roles or carrying out safety-critical tasks are significantly more likely to have a specific policy on drugs and/or alcohol, whether that's a joint policy or individual ones. They are also significantly more likely to have the majority of the policies and procedures listed in Table 1 in place, apart from an employee assistance programme, clear guidance on who staff can raise concerns to about negative work-related influences on their personal wellbeing, support for employees who have friends or relatives with a drug/alcohol problem, and information about how to access mental health support.

We asked those employers who didn't have a policy in place whether they are planning to introduce one and just 12% said yes (Figure 1).

The top three reasons for introducing policies and procedures on drug and/or alcohol misuse in the workplace are health and safety (57%), employee wellbeing (51%) and to prevent inappropriate workplace behaviour (48%).

Those employers with at least some staff in safety-critical roles were significantly more likely to say health and safety was a core motivation for introducing policies and procedures than those with no staff in safety-critical roles (66% versus 49%). They were also more likely to say they introduced policies and procedures as a result of outcomes of testing for alcohol or drugs misuse (8% versus 1%), to avoid employee dismissals from drug or alcohol-related incidents (18% versus 12%), because of rising accident levels (6% versus 1%) and because of disciplinary offences arising from drug or alcohol misuse. They are also significantly less likely to have introduced them to avoid employment tribunal cases.

In the majority of organisations (75%), the policies and procedures on managing drug and/or alcohol misuse at work apply to those on atypical or non-standard contracts, for example temporary, agency staff as well as 'traditional' employees (Figure 2). This is more likely to be the case in the voluntary sector (80%) than in the private (73%) or public (78%) sectors. It is also significantly more likely to be the case in organisations with at least some safety-critical roles than those without (85% versus 64%).

Table 1: Which of the following policies or procedures does your organisation have in place to help manage drug and alcohol misuse at work? (%)

HR policy that covers both drug and alcohol misuse	**66**
Disciplinary procedure for alcohol and/or drug-related incidents/issues	51
Information about how to access mental health support	48
Employee assistance programme	45
Rules about possession of drugs on the premises	39
Rules about possession of alcohol on the premises	38
Information for employees about sources of support for drug and/or alcohol problems	33
Clear guidance on who staff can raise concerns to about negative work-related influences on their personal wellbeing	33
HR policy on alcohol	**31**
HR policy on drugs	**31**
Guidelines for managers on how to deal with disclosure and signpost to support	30
Information about what to do if you suspect a colleague may have a drug and/or alcohol problem	27
Information for employees about disclosing a problem with alcohol and/or drugs	27
Another policy (for example health and safety) that covers alcohol and drugs	26
Capability procedure for alcohol and/or drug-related incidents/issues	22
Support for employees who have friends or relatives with a drug/alcohol problem	21
Recording procedure for alcohol and/or drug-related incidents/issues	20
Guidelines for alcohol and drugs testing	20
Rules about drug use outside of core working hours, for example when away on business or at networking events	18
Rules about period of abstinence before attending work	11
None of these	8

Base: n=787

Figure 1: Is your organisation planning to introduce a policy on drugs and/or alcohol misuse at work or include it within another policy? (%)

Yes 12

No 60

Don't know 27
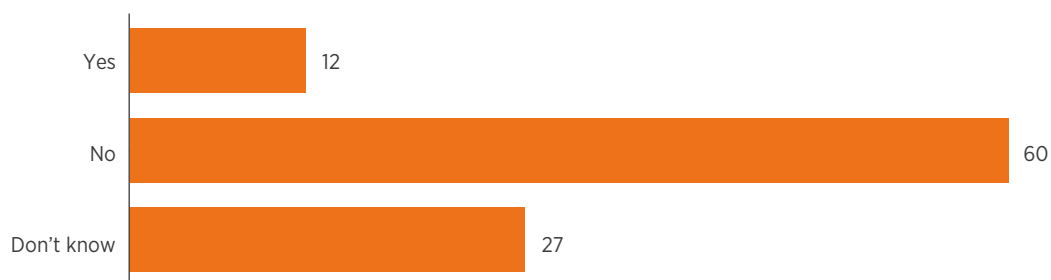
Base: n=145

Table 2: Which, if any, of the following are reasons why your organisation introduced policies and/or procedures on managing drug and/or alcohol misuse in the workplace? Please select up to five (%)

	All	With at least some employees in safety-critical roles	With no employees in safety-critical roles
Health and safety	57	66	49
Employee wellbeing	51	48	55
To prevent inappropriate workplace behaviour	48	49	45
Organisational reputation	35	35	35
Corporate social responsibility	33	35	31
Damage to customer/client relations	21	22	20
Risk from poor decision-making	16	18	14
To avoid employee dismissals from drug or alcohol-related incidents	15	18	12
Employee absence	14	16	12
Disciplinary offences arising from drug or alcohol misuse	14	17	10
Deterioration in individual performance	12	12	14
To avoid employment tribunal case(s)	7	5	10
Feedback from employees	5	6	5
As a result of outcomes of testing for alcohol or drugs misuse	5	8	1
Rising accident levels	4	6	1
Decreasing staff morale	3	2	4
Don't know	7	5	9
Other	2	3	1

Base: n=722

HR policies and procedures on drugs and alcohol

Figure 2: Do the policies and procedures on managing drug and/or alcohol misuse at work apply to those on atypical or non-standard contracts, for example temporary, agency staff? (%)

Yes	75
No	10
N/A – the organisation doesn't have any atypical workers	15
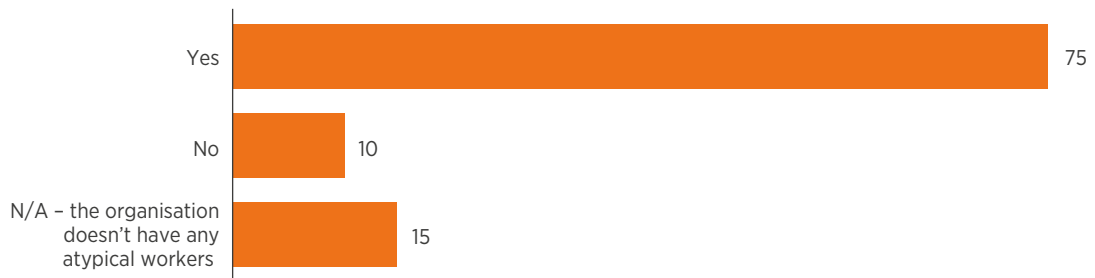
Base: n=722

Communicating policies and procedures

Figure 3: The top three methods of communicating policies and procedures on drug and/or alcohol are:

in the staff handbook **64%**

as part of the on-boarding process **62%**
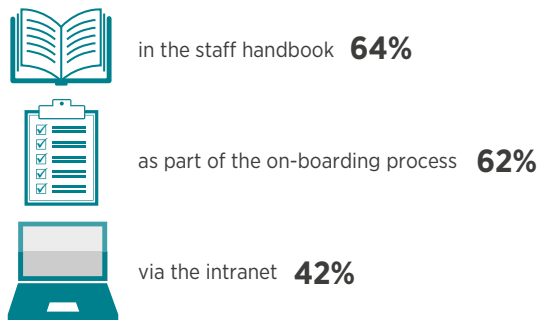
via the intranet **42%**

Figure 3 shows the top three methods employers use to communicate their policies and procedures on drug and/or alcohol use. It's important to have the policies and procedures within the staff handbook as a point of reference, but if this is the only place they can be found, they are unlikely to be front of mind for employees. Communicating via a number of methods is important. However, few employers use many of the communication methods listed in Figure 4. Few train line managers about the policies and procedures (12% provide one-off training for line managers and 25% provide regular refresher training). In addition, later in the survey we ask employers whether they remind people of their drug and alcohol policy before their Christmas party and just 29% said they do.

There are some significant differences in the ways in which sectors communicate their policies and procedures on drug and alcohol misuse. The private and voluntary sectors are significantly more likely than the public sector to communicate their policies and procedures in a staff handbook (67% and 71% versus 49%) or as part of the on-boarding process (64% and 68% versus 53%).

However, the public sector is more likely to communicate them via the intranet (61% versus 37% of private sector and 43% of voluntary sector organisations) or a newsletter (17% versus 9% of private sector and 4% of voluntary sector organisations).

The private and public sectors are more likely than the voluntary sector to provide one-off training for line managers on the policies and procedures on drug and alcohol misuse (11% and 16% versus 3%).

Organisations with at least some employees in safety-critical roles or carrying out safety-critical tasks are significantly more likely to say communication of policies and procedures

on drugs and alcohol is part of the on-boarding process (69% versus 56% of organisations with no safety-critical roles). They are also more likely to provide regular refresher training for managers (30% versus 20%) and for non-manager staff (16% versus 8%) as well as to do a poster or publicity campaign (17% versus 7%) or newsletter (14% versus 6%) to communicate policies on drugs and alcohol.

Figure 4: How does your organisation communicate your policies and procedures on drugs and/or alcohol? Please select all that apply (%)

Category	Value
Staff handbook	64
Communication is part of the on-boarding process	62
Intranet	42
Regular refresher training for line managers	25
Poster/publicity campaign	13
Regular refresher training for non-manager staff	13
Email alerts	12
One-off training for line managers	12
Newsletter	10
One-off training for non-manager staff	6
Other	1
There's no specific promotion about the policy	5

Base: n=722

Rules about alcohol consumption

Employers have different rules about what is acceptable alcohol consumption and in what circumstances. Over half (58%) of employers have a policy or rules about alcohol consumption and a third do not. Employers in the manufacturing and production (66%), hospitality and retail (62%) and health and education (61%) industries are all more likely to have such rules than professional services organisations (46%). Not surprisingly, those with at least some employees in safety-critical roles are also more likely to have rules about alcohol consumption than those who don't have such roles (66% versus 49%) (Figure 5).

Figure 5: Does your organisation have a policy or rules about alcohol consumption? For example, if people are allowed to consume alcohol during working hours or at out-of-hours events (%)
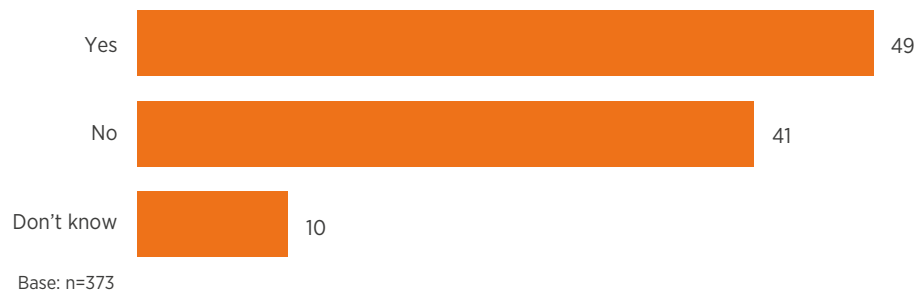
All organisations
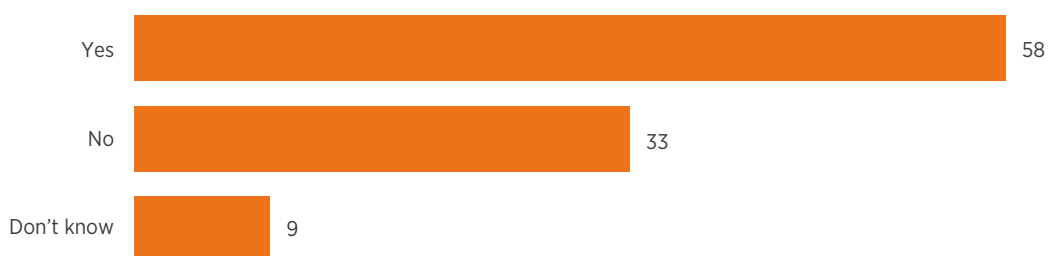
Category	Value
Yes	58
No	33
Don't know	9

Base: n=787

Organisations with at least some employees in safety-critical roles

Yes	66
No	28
Don't know	6

Base: n=393

Organisations with no employees in safety-critical roles

Yes	49
No	41
Don't know	10

Base: n=373
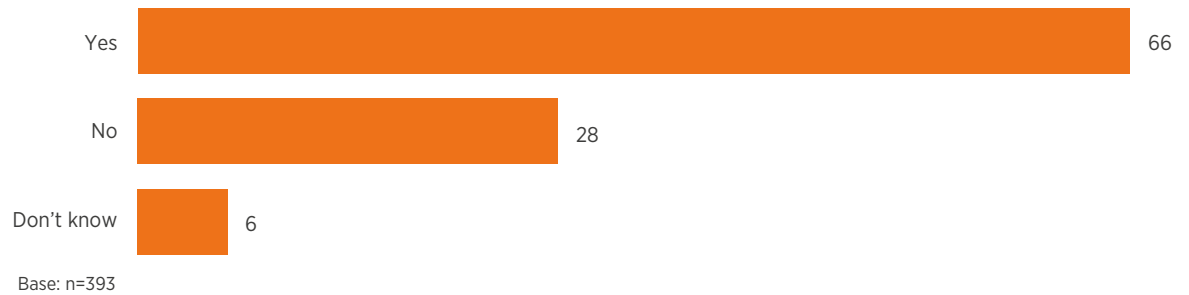
We asked those who have such rules in place to tell us more about them. Figure 6 shows that the majority of organisations (78%) prohibit alcohol consumption during working hours, with 6% allowing it and 11% allowing it but setting limits on the amount of alcohol that can be consumed. Employers in the manufacturing and production (85%) and health and education (86%) industries are more likely than professional services (66%) to prohibit alcohol consumption during working hours. As expected, those with at least some employees in safety-critical roles are significantly more likely to prohibit alcohol consumption during working hours than those with no staff in safety-critical roles (85% versus 68%).

A similarly high number (68%) also prohibit lunchtime drinking (when an employee will be returning to work), with just 9% allowing it. A further 9% allow alcohol consumption at lunchtime but set limits on the amount that can be drunk.

Employers in the manufacturing and production (78%) and health and education (73%) industries are more likely than professional services (54%) to prohibit lunchtime drinking of alcohol (when an employee will be returning to work). Employers with at least some employees in safety-critical roles are significantly more likely to prohibit lunchtime drinking of alcohol (when an employee will be returning to work) than those with no staff in safety-critical roles (76% versus 55%).

Figure 6: You told us that you have a policy or rules about alcohol consumption. From each of the following sets of statements, which of these, if any, reflect the policies/rules in your organisation? Please select all that apply (%)

Alcohol consumption during working hours

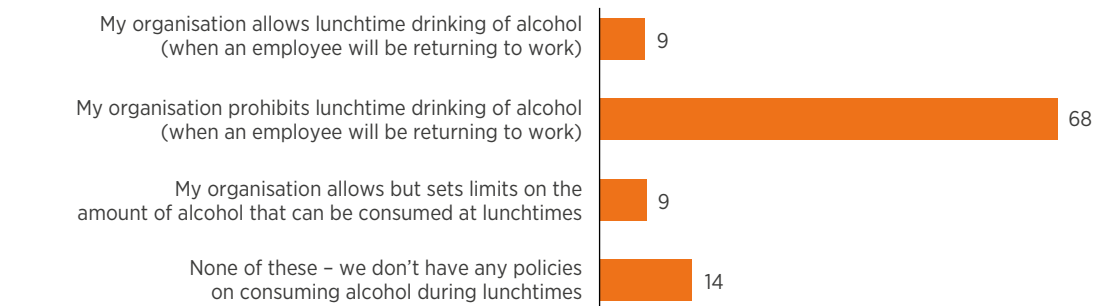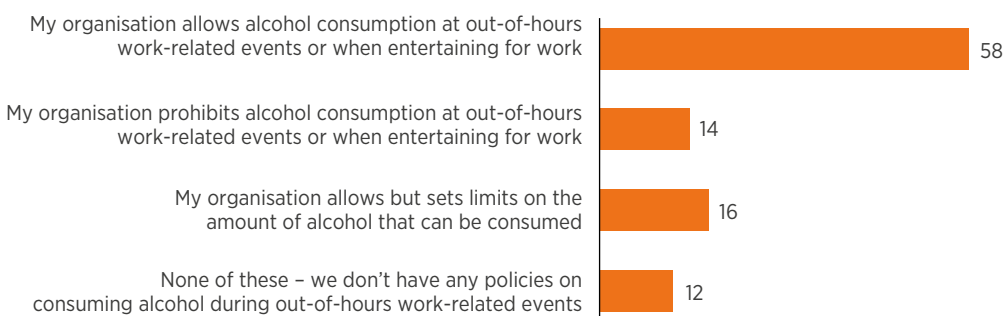|	
My organisation allows alcohol consumption during working hours	6
My organisation prohibits alcohol consumption during working hours	78
My organisation allows but sets limits on the amount of alcohol that can be consumed during working hours	11
None of these – we don't have any policies on consuming alcohol during work hours	5
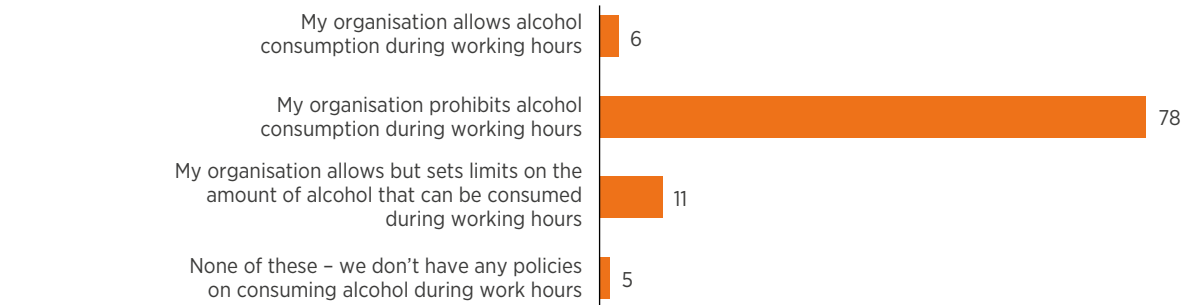
Base: n=450

Lunchtime drinking

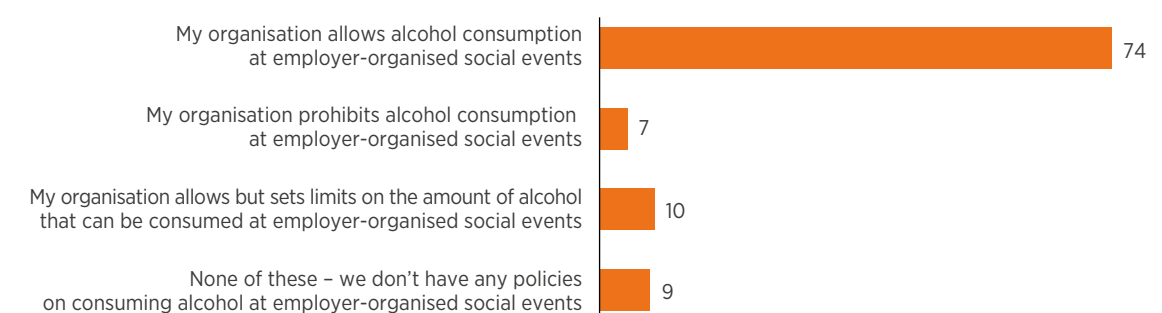|	
My organisation allows lunchtime drinking of alcohol (when an employee will be returning to work)	9
My organisation prohibits lunchtime drinking of alcohol (when an employee will be returning to work)	68
My organisation allows but sets limits on the amount of alcohol that can be consumed at lunchtimes	9
None of these – we don't have any policies on consuming alcohol during lunchtimes	14

Base: n=450

Alcohol consumption at out-of-hours work-related events or when entertaining for work (for example at networking events or out with clients)

My organisation allows alcohol consumption at out-of-hours work-related events or when entertaining for work	58
My organisation prohibits alcohol consumption at out-of-hours work-related events or when entertaining for work	14
My organisation allows but sets limits on the amount of alcohol that can be consumed	16
None of these – we don't have any policies on consuming alcohol during out-of-hours work-related events	12

Base: n=450

Alcohol consumption at employer-organised social events (for example the Christmas party)

My organisation allows alcohol consumption at employer-organised social events	74
My organisation prohibits alcohol consumption at employer-organised social events	7
My organisation allows but sets limits on the amount of alcohol that can be consumed at employer-organised social events	10
None of these – we don't have any policies on consuming alcohol at employer-organised social events	9

Base: n=450

Drinking is more likely to be allowed at out-of-hours work-related events or when entertaining for work (for example at networking events or out with clients) (Figure 6). Over half of employers (58%) allow alcohol consumption in this scenario and just 14% prohibit it.

And around three-quarters of employers (74%) allow alcohol consumption at employer-organised social events (for example the Christmas party). Just 7% prohibit drinking at these events and 10% set limits on the amount of alcohol that can be consumed. (For further detail on social events, please see Section 6.)

There are no significant differences between the sectors in terms of who allows alcohol consumption at these kinds of social events. However, at an industry level, manufacturing and production employers (84%) are significantly more likely to allow alcohol consumption at employer-organised social events than professional services (66%).

The private sector (12%) is more likely than the public sector (4%) to set limits on the amount of alcohol that can be consumed at employer-organised social events (for example the Christmas party).

Nootropics, also referred to as 'smart drugs' or 'cognitive enhancers'

This section is about the non-medical use of substances, taken with the aim of improving performance at work through improving cognitive function such as memory, creativity and concentration. A 2018 article in *Nature* explains that, *'The non-medical use of substances – often dubbed smart drugs – to increase memory or concentration is known as pharmacological cognitive enhancement.'* Drugs taken for this purpose include amphetamines, Ritalin and Modafinil.

Just over a quarter (27%) of HR professionals surveyed said they were aware of nootropics before this survey (Figure 7). Employers with at least some employees in safety-critical roles were significantly more likely to say they are aware of them than those with no safety-critical roles (31% versus 23%).

As Figure 8 shows, around two-fifths (41%) of those said their organisation had a position on them, although just 30% said this position was a formal one. For the other 11% it was an informal position. If the organisation has rules on alcohol consumption, they are more likely to also have a position on nootropics than those who don't have rules on alcohol consumption. Further, if they have at least some employees in safety-critical roles, they are significantly more likely to have a position on them than those who do not (52% versus 29%).

More than one in ten (13%) of those aware of nootropics said they were also aware that some employees in their organisation were using them (Figure 9). HR professionals in the private sector (15%) were more likely to say they are aware of employees using them than in the public sector (3%). Those with at least some employees in safety-critical roles were more likely than those who don't to say they're aware of their use in their organisation (18% versus 5%).

Employers who say nootropics (also referred to as smart drugs or cognitive enhancers) are covered in their drug policies and procedures are more likely to say they're aware of employees in their organisation using them, compared with those whose policies don't cover them (31% versus 3%). However, cause and effect is not clear, that is, whether the employer is more aware because they have a formal policy and the issue is therefore on their radar, or whether the employer includes nootropics in the substance misuse policy because it's an issue in their workplace.

Figure 7: Those aware, before this survey, of pharmaceutical nootropics (often commonly referred to as 'smart drugs' or cognitive enhancers) (%)
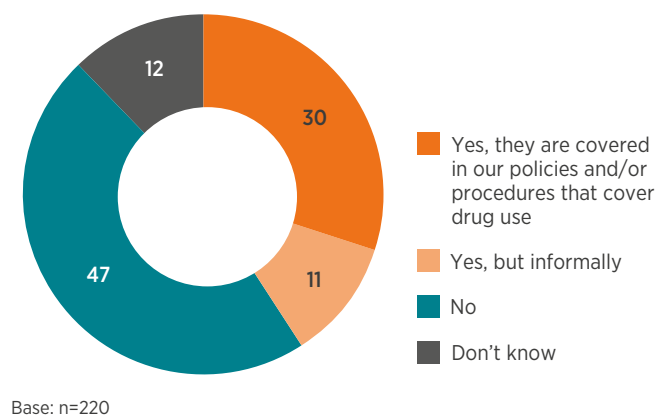
All respondents

Yes — 27

No — 73

Base: n=787

Organisations with at least some employees in safety-critical roles

Yes — 31

No — 69

Base: n=393

Organisations with no employees in safety-critical roles

Yes — 23

No — 77

Base: n=373

Figure 8: Does your organisation have a position on nootropics? (%)

- 30 — Yes, they are covered in our policies and/or procedures that cover drug use
- 11 — Yes, but informally
- 47 — No
- 12 — Don't know

Base: n=220

Figure 9: Are you aware of employees in your organisation using nootropics? (%)

- 13 — Yes
- 87 — No

Base: n=220
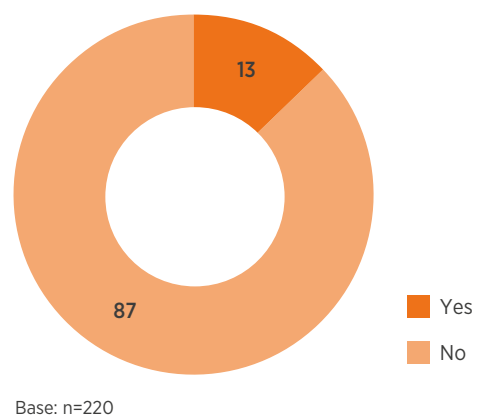
⑤ Support for staff

Key findings

Just over half (53%) of employers view and manage both alcohol and drug misuse as a combined performance/disciplinary AND health, safety and wellbeing issue. However, it's concerning that a fifth (21%) see it mainly as a performance/disciplinary issue.

All forms of support, for both alcohol and drug misuse, are more likely to be provided to an employee when they inform the organisation of their problem, as opposed to it being identified by someone else. Also, disciplinary processes are less likely when an employee discloses a problem themselves. A substantial proportion of employers don't provide time off for treatment (either paid or unpaid).

Too few employers provide training to line managers on recognising the signs of drug and alcohol problems (26%) or improve management practice more generally, such as training on how to manage and support employees (32%). However, those who do invest in line managers rate the practice highly in terms of its effectiveness in helping prevent drug and alcohol misuse.

The public and voluntary sectors are more likely than the private sector to offer most forms of proactive support to help prevent drug and alcohol misuse.

Approach to managing alcohol and drug misuse

Just over half (53%) of employers view and manage both alcohol and drug misuse as a combined performance/disciplinary and health, safety and wellbeing issue (Figure 10). However, it's concerning that around a fifth of employers see alcohol and drug misuse mainly as a performance/disciplinary issue rather than also having an emphasis on health, safety and wellbeing.

Figure 10: How are alcohol and drug misuse viewed and managed in your organisation? (%)
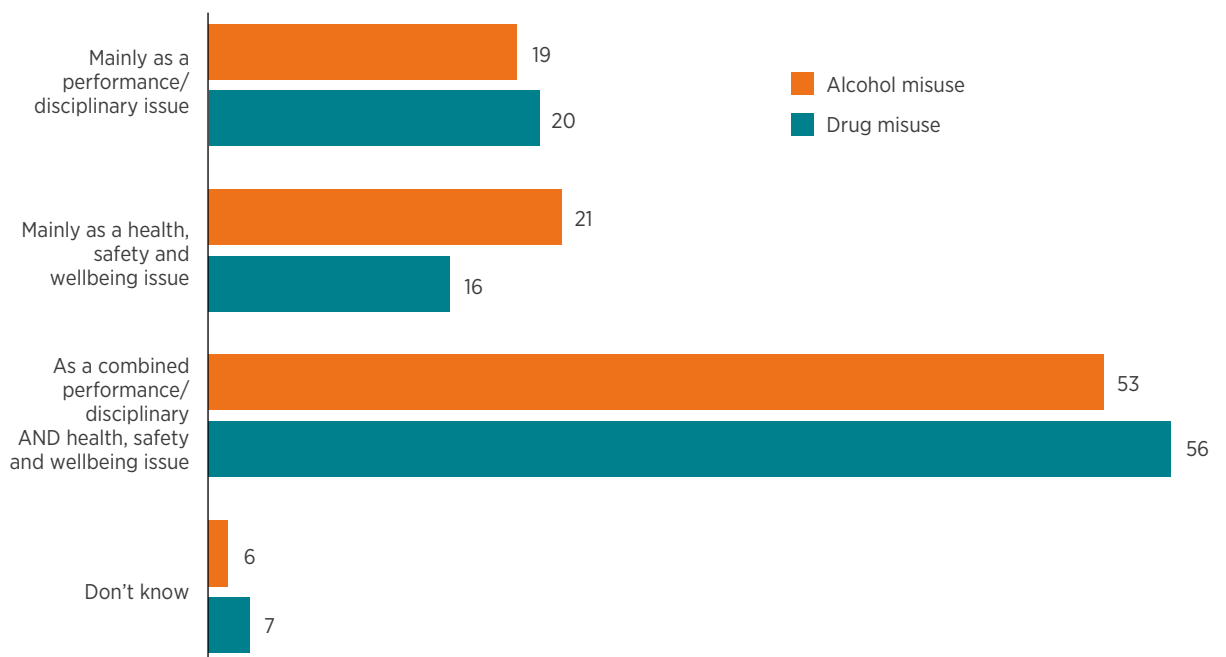
Base: n=787

Methods of supporting and managing employees

All forms of support, for both alcohol and drug misuse, are more likely to be provided to an employee when they inform the organisation of their problem, as opposed to it being identified by someone else (Tables 3 and 4). This is an important finding, as when we asked the same question to HR professionals in 2007, this pattern was only observed in relation to the provision of rehabilitation back to work following substance misuse treatment. For all other forms of support, they were almost equally likely to be provided, regardless of how the problem came to light.

However, in both the current and the 2007 study, disciplinary processes are less likely when an employee themselves discloses a problem.

It is therefore concerning that we also found (see page 15) that just over a quarter of employers provide information for employees about disclosing a problem with alcohol and/or drugs (27%), and just three in ten (30%) provide guidelines for managers on how to deal with disclosure and how to signpost to support.

A significant number of organisations don't provide time off for treatment, whether paid or unpaid. Sixty-one per cent of employers don't provide paid time off for treatment to support staff with alcohol misuse and 65% don't provide it for treatment for drug misuse. Forty-nine per cent don't provide unpaid time off for treatment for alcohol misuse and 50% don't provide it for drug misuse.

Around three in ten don't use disciplinary processes for alcohol misuse (27%) or drug misuse (31%).

Table 3: Which of the following policies or procedures does your organisation use to support and/or manage employees for ALCOHOL misuse? Please select all that apply (%)

	Where an employee's alcohol problem is identified by someone else	Where an employee informs the organisation of their problem	We don't use this
Alcohol counselling	25	43	53
Alcohol rehabilitation	18	28	68
Stress counselling	35	55	40
Disciplinary processes for alcohol misuse	64	36	27
Referrals to GP/medical practitioner/ specialist for alcohol misuse	27	44	51
Referrals to occupational health practitioner for alcohol misuse	38	56	39
Paid time off for treatment	20	35	61
Unpaid time off for treatment	26	45	49
Employer-funded treatment	12	21	76
Referral to a substance misuse service for alcohol misuse	24	40	56
Rehabilitation back to work following substance misuse treatment	27	46	50
Referral to specialist rehabilitation centre	14	22	74

Base: n=787

Table 4: Which of the following policies or procedures does your organisation use to support and/or manage employees for DRUG misuse? Please select all that apply (%)

	Where an employee's drug problem is identified by someone else	Where an employee informs the organisation of their problem	We don't use this
Drug counselling	24	41	56
Drug rehabilitation	17	27	70
Stress counselling	33	51	45
Disciplinary processes for drug misuse	58	45	31
Referrals to GP/medical practitioner/ specialist for drug misuse	27	44	53
Referrals to occupational health practitioner for drug misuse	33	51	45
Paid time off for treatment	21	32	65
Unpaid time off for treatment	28	47	50
Employer-funded treatment	12	20	77
Referral to a substance misuse service for drug misuse	23	36	60
Rehabilitation back to work following substance misuse treatment	27	44	52
Referral to specialist rehabilitation centre	15	25	72

Base: n=787

Proactive support to help prevent drug and alcohol misuse

We asked HR professionals what proactive support their organisation provides to help prevent drug and alcohol misuse (Table 5). The top three methods are an employee assistance programme (46%), access to occupational health services (46%) and access to/ signposting to mental health support (44%).

However, a fifth (21%) of employers don't provide any proactive support. Private sector organisations are significantly more likely than those in the public and voluntary sectors to say they don't provide this support (24% versus 11% and 12% respectively). In addition, too few provide training to line managers on either recognising signs of stress (38%), recognising the symptoms of drug and alcohol problems (26%), or improving management practice more generally, for example how to manage and support employees (32%). This latter practice has increased in use since 2007, when just 22% of HR professionals said they invest in improving management practice.

However, when we asked HR professionals who use each method of support to tell us how effective it is in helping prevent drug and alcohol misuse (Figure 11 on page 28), the different kinds of investment in line manager capabilities were rated highly. In fact, training to help line managers recognise the symptoms of drug and alcohol problems was the most effective method, with 84% of those who use it saying it is effective or very effective. And the second most effective method is improving management practice in general, for example training on how to manage and support employees (78%).

Table 5: What proactive support, if any, does your organisation provide to help prevent drug and alcohol misuse? Please select all that apply (by sector, %)

Method of proactive support	All	Private sector	Public sector	Voluntary sector
Employee assistance programme	46	44	51	56
Access to occupational health services	46	39	69	52
Access to/signposting to mental health support	44	40	61	53
Flexible working	43	38	54	61
Line manager training to help them to recognise signs of stress	38	34	53	36
Counselling	35	29	57	47
Health promotion programmes	33	30	46	28
Improving management practice, for example training on how to manage and support employees	32	30	40	35
Stress management training	30	26	45	37
Private medical insurance	29	36	4	12
Stress risk assessments	28	22	50	39
Training to help line managers recognise the symptoms of drug and alcohol problems	26	26	28	23
Referral to specialist rehabilitation centre	10	10	12	8
Other (please specify)	2	2	–	2
N/A – My organisation does not provide proactive support	21	24	11	12

Base: n=787 (private sector: n=488; public sector: n=178; voluntary sector: n=121)

There are significant sector differences in terms of the proactive support offered. Public and voluntary sector employers are significantly more likely than those in the private sector to provide access to occupational health services, access to/signposting to mental health support, flexible working, counselling, stress management training and stress risk assessments. The private sector is, unsurprisingly, most likely to provide private medical insurance. The public sector is more likely than the other two sectors to provide line manager training to help them recognise signs of stress and health promotion programmes.

As Table 6 shows, organisations with at least some employees in safety-critical roles, or doing safety-critical tasks, are significantly more likely than those without such roles to provide access to occupational health services, access to/signposting to mental health support, counselling, health promotion programmes and stress risk assessments. They are also more likely to invest in line manager skills, including line manager training to help them to recognise signs of stress, training to help line managers recognise the symptoms of drug and alcohol problems, and improving management practice, for example training on how to manage and support employees.

However, organisations with at least some safety-critical roles are less likely than those without to provide private medical insurance and less likely to not provide any proactive support.
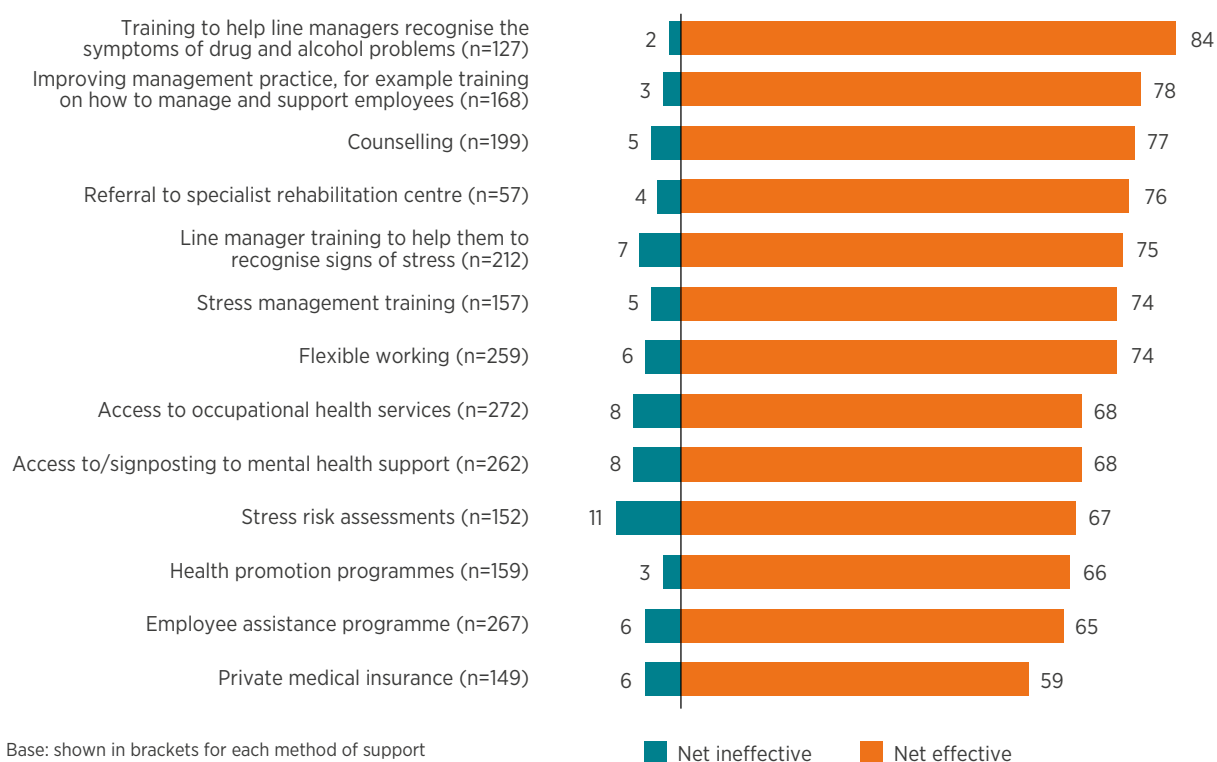
There are some differences of opinion in terms of the effectiveness of different sources of proactive support between those organisations with at least some safety-critical roles and those without. More organisations with safety-critical roles rate improving management practice and stress management training as effective in preventing drug and alcohol misuse than organisations with no safety-critical roles. However, more organisations with safety-critical roles say that flexible working and an employee assistance programme are ineffective than organisations with no safety-critical roles.

Table 6: What proactive support, if any, does your organisation provide to help prevent drug and alcohol misuse? Please select all that apply (safety-critical versus non-safety critical organisations) (%)

Method of proactive support	All	Safety-critical employers	Non-safety-critical employers
Employee assistance programme	46	48	45
Access to occupational health services	46	55	36
Access to/signposting to mental health support	44	49	40
Flexible working	43	41	45
Line manager training to help them to recognise signs of stress	38	43	33
Counselling	35	40	30
Health promotion programmes	33	38	28
Improving management practice, for example training on how to manage and support employees	32	37	28
Stress management training	30	33	28
Private medical insurance	29	25	33
Stress risk assessments	28	33	23
Training to help line managers recognise the symptoms of drug and alcohol problems	26	34	18
Referral to specialist rehabilitation centre	10	12	9
Other (please specify)	2	2	2
N/A – My organisation does not provide proactive support	21	17	24

Base: n=787 (organisations with at least some safety-critical roles: n=393; those with no safety-critical roles: n=373)

Figure 11: You said your organisation provides the following support to employees. How effective is each in helping prevent drug and alcohol misuse? (%)

Method of support	Net ineffective	Net effective
Training to help line managers recognise the symptoms of drug and alcohol problems (n=127)	2	84
Improving management practice, for example training on how to manage and support employees (n=168)	3	78
Counselling (n=199)	5	77
Referral to specialist rehabilitation centre (n=57)	4	76
Line manager training to help them to recognise signs of stress (n=212)	7	75
Stress management training (n=157)	5	74
Flexible working (n=259)	6	74
Access to occupational health services (n=272)	8	68
Access to/signposting to mental health support (n=262)	8	68
Stress risk assessments (n=152)	11	67
Health promotion programmes (n=159)	3	66
Employee assistance programme (n=267)	6	65
Private medical insurance (n=149)	6	59

Base: shown in brackets for each method of support

External sources of support

We asked employers to tell us about the support the organisation has used or that they direct people to (Table 7). With a few obvious exceptions, employers themselves can't be experts in this area and shouldn't try to be. It's therefore important that employees get signposted to the appropriate external support.

Employers with at least some employees in safety-critical roles were significantly less likely than those with none to say they hadn't used or referred employees to these resources.

Table 7: Which, if any, of the following sources of advice and support has your organisation used or referred employees to? Please select all that apply (%)

Source of advice or support	%
The organisation's employee assistance programme	25
NHS Direct	18
Alcoholics Anonymous	14
Local substance misuse treatment service	12
Drinkaware	8
Talk to FRANK	8
Narcotics Anonymous	6
Alcohol Change UK	5
Dan 24/7	2
Other	2
Don't know	23
N/A – My organisation has not used or referred employees to these resources	32

Base: n=787

Case study: University of Manchester

This case study outlines the range of manager guidance developed at the University of Manchester to accompany a refreshed substance misuse policy. It also explains how substance misuse is positioned within the wider wellbeing portfolio to encourage people to seek help, and summarises the wellbeing offerings that supplement the direct support offered.

About the organisation

With over 12,000 staff, the university is one of the biggest employers in Greater Manchester. People work on different shift patterns and job roles are diverse, including academic and teaching staff, researchers, administrators, clerical/secretarial/library assistants, technical officers, nursing and medical professionals, manual and craft roles and IT professionals. The university has over 40,000 students. In the QS World University Rankings, the university is ranked sixth in the UK and eighth in Europe.

Enabling managers to support staff on substance misuse

HR Policy and Engagement Manager Gemma Dale was tasked with refreshing all of the university's HR policies, including the substance misuse policy, to bring them to life for staff and managers and make them easier to understand.

The substance misuse policy:

sets out the University's position with regard to substances within the workplace and the approach it will take when the consumption of drugs, alcohol or substances affects staff performance at work. The associated procedures cover the courses of action which will be taken in one-off situations of staff being under the influence of substances whilst at work, as well as the action to be taken when a member of staff has an underlying substance related problem.

The aims of the policy are:

To provide a healthy and safe working environment for all members of staff, students and visitors, and to help those with a substance problem to be restored to health quickly to the benefit of themselves, their colleagues and the University, and to return to an acceptable pattern of working.

Gemma explains that the policy reflects the university's overall approach to substance misuse:

We aim to support staff who are experiencing issues with substance misuse. This does of course have to be balanced against implications to the organisation, students and colleagues. Our policy encourages employees to come forward and seek help at an early stage. We will then offer support through our occupational health services, as well as provide time off to seek treatment. If someone needs to take time off work as part of their recovery, we will work with them to help them return to their normal duties when possible. Every situation is different and will require a different response, but we follow these policy principles in all cases. Overall, we treat substance abuse as a medical condition and a wellbeing issue, rather than a disciplinary matter, wherever possible.

The policy is accompanied by one-page guidance and FAQs on substance misuse as part of an online toolkit, called Managers' Essentials, which was developed by HR. Managers can drill down on the online platform into a specific topic and watch 90-second videos, access e-learning, podcasts, FAQs and how-to guides on all operational management-related topics and managers know this is the place to go for information.

As the university has very few issues around substance abuse, sending managers on a training course to learn how to deal with issues at the start of employment was not considered the best option, as they will have forgotten a lot of the training by the time an issue emerges. Instead, online resources are available at the point of need, and there's a quick how-to guide on what to do in an emergency (for example, someone appears to be under the influence at work), with the HR team always there to support managers with the practicalities as well.

The substance misuse policy is supported by the wider wellbeing support at the university

Substance misuse is positioned within the wider wellbeing portfolio. Gemma explains:

Staff wellbeing is a significant focus for the university, and our approach encompasses all aspects of wellness, including physical and mental health. We aim to provide a wide range of wellbeing interventions, available to access in a range of ways from lectures to online resources, fitness classes and specific support services. We encourage all our staff to seek support for any wellbeing issue, including substance misuse.

The university has an in-house counselling service which allows self-referral for employees who don't wish to go through HR or their manager to get help. The service aims to see employees within three days (as well as offering same-day appointments for people who need them), so they will typically get support much quicker than waiting for a GP referral.

The university has a qualified team of wellbeing coaches who support staff for any wellbeing issues that don't need a medical specialist. Employees also have access to a range of online self-help resources for those who would prefer to engage through this method (available through audio or in booklet form). People prefer different approaches, so the wellbeing offering is purposefully broad to encourage people to interact with the services.

There are a range of workshops, learning opportunities and online support for all mental health-related issues, which support employees as part of a broader programme of help.

(6) Social events

Key findings

Most employers (84%) said official organisation social events typically involve alcohol, with just 14% saying they don't. Private sector organisations are more likely to say they do than those in the public and voluntary sectors.

Almost half (47%) said having alcohol at social events generally has a positive effect. However, two-fifths (41%) said alcohol consumption can lead to problems at their organisation's social events. And a quarter (25%) of HR professionals said some people don't go to social events because of the expectation to consume alcohol.

Note: This survey was conducted before the COVID-19 pandemic. Since then, with social distancing guidelines and many people working from home, social gatherings tend to have been held virtually. Looking further ahead, it is unlikely that employers will be hosting traditional Christmas parties. However, the findings in this section still have relevance in the near term as we navigate different ways of coming together and certainly in the longer term when life returns to normal. This could in fact be an opportunity to rethink the nature of workplace socialising, with a focus on employee wellbeing.

Alcohol provision at official organisation social events

We asked employers about alcohol provision at official organisation social events (such as the company Christmas party) and its effects (Figure 12). Most employers (84%) said these social events typically involve alcohol, with just 14% saying they don't.

Private sector employers are significantly more likely to say their official social events typically involve alcohol than those in the public and voluntary sector (88% versus 70% and 78% respectively).

At an industry level, professional services organisations are most likely to say their official social events typically involve alcohol, with 93% of respondents working in this industry saying they do. Those working in public services were least likely to say they do (61%).

Figure 12: Do official social events organised by your organisation typically involve alcohol (such as the company Christmas party)? (%)

- Yes
- No
- Don't know
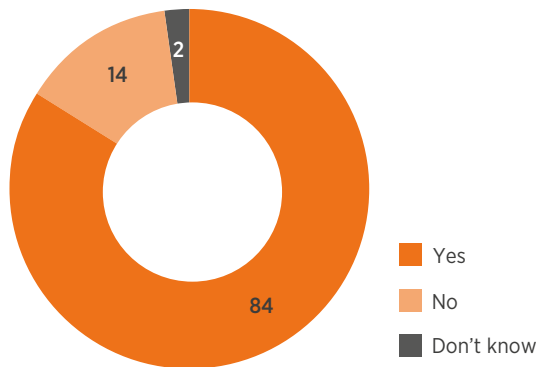
Base: n=787

We asked HR professionals whether they agreed or disagreed with a list of statements about their social events. Figure 13 shows that almost half (46%) of employers said alcohol is integral to their organisation's social events and just over a quarter (27%) disagreed.

Private sector employers are significantly more likely to agree that alcohol is integral to their organisation's social events than those in the public and voluntary sector (52% versus 24% and 33% respectively).

Unsurprisingly, those employers who said official social events organised by their organisation typically involve alcohol are significantly more likely to say alcohol is integral to their organisation's social events than those whose events don't typically involve alcohol.

Almost half of respondents (47%) agreed that having alcohol at social events generally has a positive effect (for example, brings people together, increases morale).

However, 41% of employers said alcohol consumption can lead to problems at their social events, with just a third (34%) disagreeing. Private sector employers are significantly more likely to agree that alcohol consumption can lead to problems at their organisation's social events than those in the public and voluntary sector (43% versus 32% and 33% respectively).

A quarter (25%) of HR professionals told us that some people don't go to social events because of the expectation to consume alcohol.

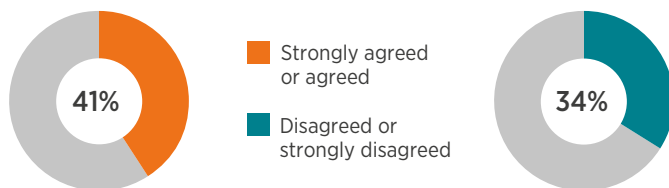**Figure 13: To what extent do you agree or disagree with the following statements?**

Alcohol is integral to our organisation's social events

- Strongly agreed or agreed
- Disagreed or strongly disagreed

Having alcohol at social events generally has a positive effect (for example brings people together, increases morale)

- Strongly agreed or agreed
- Disagreed or strongly disagreed

Support for staff

Alcohol consumption can lead to problems at our organisation's social events

41%

- Strongly agreed or agreed
- Disagreed or strongly disagreed

34%

Some people don't go to social events because of the expectation to consume alcohol

25%

- Strongly agreed or agreed
- Disagreed or strongly disagreed

46%

Base: n=787

Christmas parties

The survey was conducted at the end of 2019, and therefore we asked HR professionals about their organisation's plans for Christmas parties. We have included the responses here as they provide useful insight for planning for social events more generally.

Most employers (78%) said they were having a Christmas party in 2019. Just 19% said they were not. The private (80%) and voluntary sectors (80%) were significantly more likely than the public sector (67%) to say they were having a work Christmas party. At an industry level, professional services organisations were significantly more likely than organisations in the manufacturing and production, health and education, and public services industries to be having one.

Of those having a party, just 29% said they remind employees about their drug and alcohol policy before the party (Figure 15). Employers in the manufacturing and production industry were the most likely sector to remind people about their drug and alcohol policy before the Christmas party.
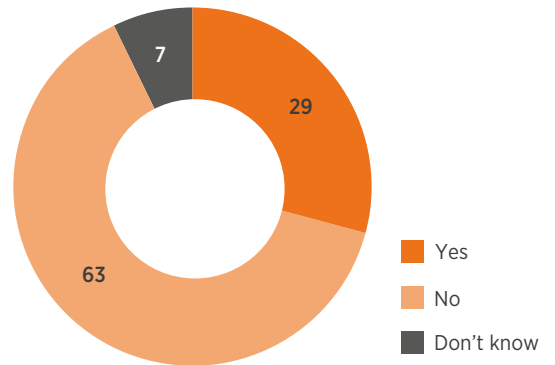
Two-fifths (40%) of respondents said alcohol would be freely available at the Christmas party, provided by the organisation, whereas a similar number (39%) said it would be freely available to purchase. Seventeen per cent said limitations would be imposed on consumption (for example limited number of drinks vouchers or a limited supply). The private sector was more likely than the public and voluntary sectors to say alcohol will be freely available, all provided by the organisation. In contrast, the public services and voluntary sectors were more likely than the private sector to say alcohol will be freely available, but to purchase.

**Figure 14: Is your organisation planning to have a work Christmas party this year? (%)**

- Yes: 78
- No: 19
- Don't know: 3
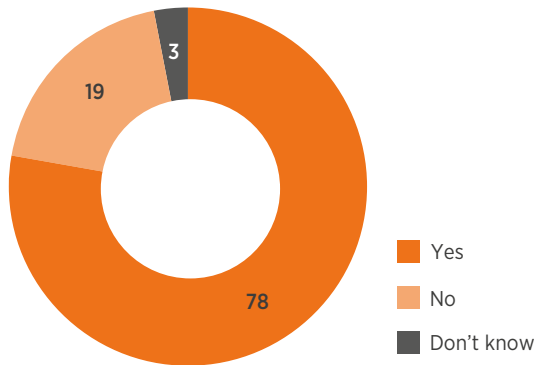
Base: n=787

Figure 15: Do you remind people about your drug and alcohol policy before the party? (%)

- Yes: 29
- No: 63
- Don't know: 7

Base: n=607

Figure 16: Will alcohol be available at the work Christmas party? (%)

- Yes, freely available, all provided by the organisation: 40
- Yes, freely available to purchase: 39
- Yes, but with limitations imposed on consumption (for example limited number of drinks vouchers or a limited supply): 17
- No: 4
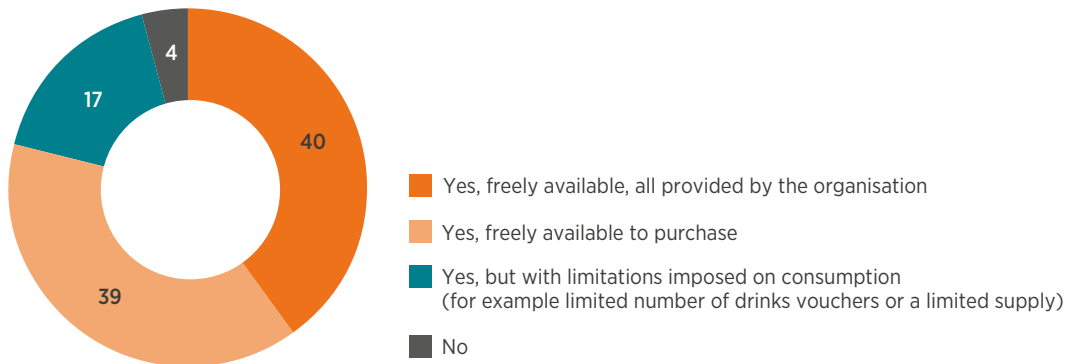
Base: n=607

Reasons for not having a Christmas party

We asked the 19% of HR professionals who said their organisation wasn't having a Christmas party in 2019, why that was (Figure 17).

Around half (47%) said they don't usually have one and around a fifth (22%) said they were cutting back on spending. Thirteen per cent said the number attending is typically low and 6% said they weren't having a Christmas party due to a previous bad experience of employee conduct involving drugs and/or alcohol.

Figure 17: Why is your organisation not having a Christmas party this year? (%)

We don't usually have one	47
We're cutting back on spending	22
Number of people attending is typically low	13
We had a previous bad experience of employee conduct involving drugs and/or alcohol	6
Other	13
Don't know	2
We don't have them every year	14

Base: n=156

Social events
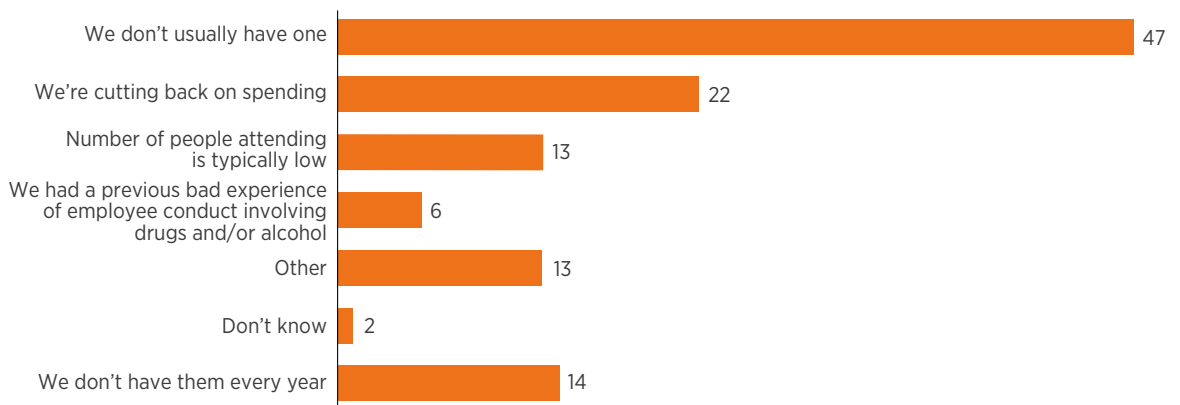
⑦ Testing for drugs and/or alcohol

Key findings
Half (51%) of employers said some employees at their organisation work in safety-critical roles (for example, driving, operating machinery, patient care, and so on). Two-fifths (39%) of employers with employees in safety-critical roles test for drugs and/or alcohol. Random testing is the most popular approach used. The most commonly found substance through testing is alcohol, followed by Class B drugs.

This section of the survey is concerned with whether, when and how employers test staff for drugs and/or alcohol. (Information on what to consider when deciding whether to introduce testing is included in the guide which accompanies this report.)

First, we asked employers if any of their employees work in safety-critical roles. If they did, we then asked them about their approach to testing.

In addition, we asked those that don't have employees in safety-critical roles whether or not they had a policy or contractual terms that would enable them to ask an employee to be tested for drugs and alcohol if they reasonably suspect they are under the influence at work.

Do any of your employees work in safety-critical roles?
Around half (51%) of the HR professionals we surveyed said some employees at their organisation were in safety-critical roles (for example, driving, operating machinery, patient care, and so on) or carry out safety-critical tasks.

We asked these employers what proportion of employees work in these types of roles. Figure 19 shows a spread of responses. The whole organisation is most likely to be safety-critical in the public sector, where 24% say this is the case. Private and voluntary sector employers are more likely than public sector employers to say 50–75% of roles are safety-critical (23% and 30% versus 12% respectively). And the private sector is most likely to say 25–49% of roles are safety-critical, with 20% saying this is the case.

Figure 18: Do any of the employees at your organisation work in safety-critical roles (for example driving, operating machinery, patient care, and so on) or carry out safety-critical tasks? (%)

- 2
- 46
- 51

- ■ Yes
- ■ No
- ■ Don't know
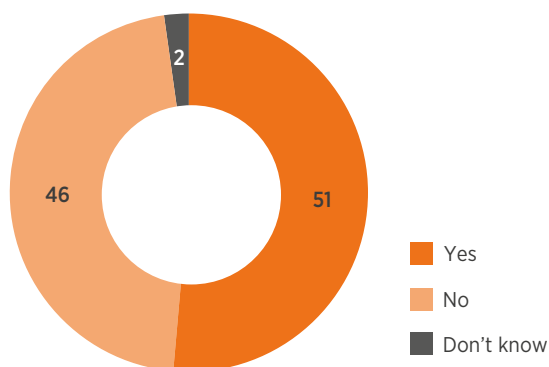
Base: n=787

Figure 19: You said some employees work in safety-critical roles or carry out safety-critical tasks. Roughly what proportion of employees work in these roles? (%)
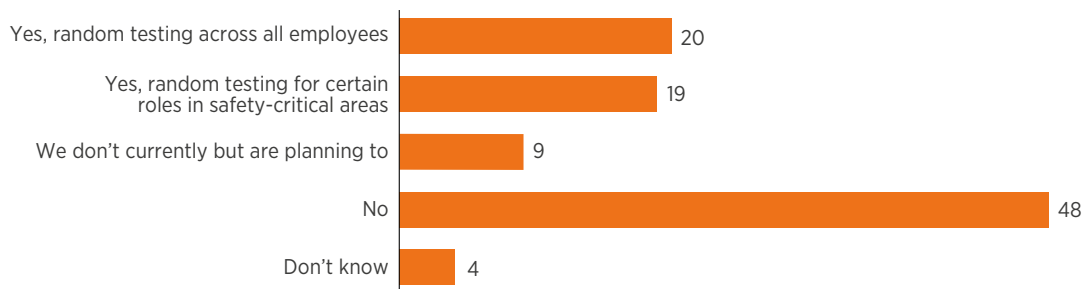
The whole organisation is safety-critical	14
Over 75% of roles are safety-critical	17
50–75% of roles are safety-critical	21
25–49% of roles are safety-critical	17
Less than 25% of roles are safety-critical	29
Don't know	2
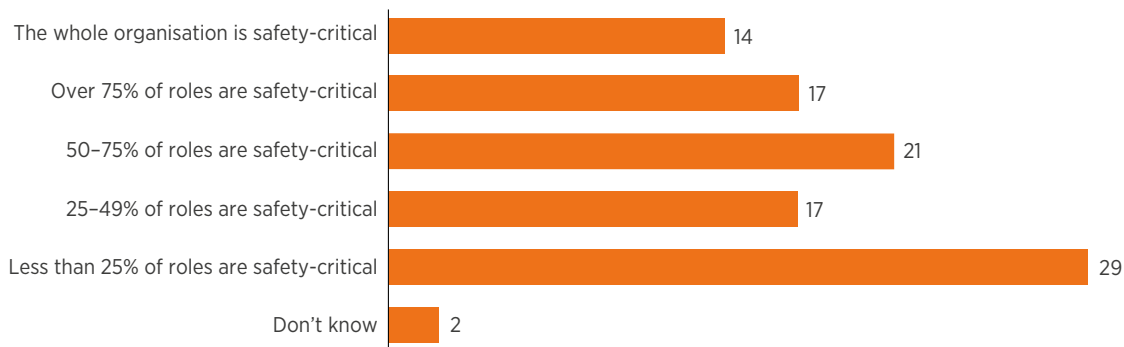
Base: n=393

Do you test for drugs and/or alcohol?

Those employers who have employees in safety-critical roles were asked if they tested employees for drugs or alcohol. A fifth said they do random testing across all employees and a further 19% said they do random testing for certain roles in safety-critical areas. Almost half (48%) said they didn't test employees for drugs or alcohol.

Figure 20: Does your organisation test employees for drugs or alcohol? (%)

Yes, random testing across all employees	20
Yes, random testing for certain roles in safety-critical areas	19
We don't currently but are planning to	9
No	48
Don't know	4

Base: n=393
[This question was asked if the organisation has employees in safety-critical roles.]

If the employer has employees in safety-critical roles and they test, HR professionals were asked about their approaches to testing. Table 8 shows that random testing is the most popular method used (65% for alcohol and 62% for drugs), followed by testing when an employee is reasonably suspected of alcohol (58%) or drug misuse (49%). Just over a third of employers carry out pre-employment testing for drugs (36%) and a similar number for alcohol (35%).

Alcohol is the most commonly found substance through testing, followed by Class B drugs (for example amphetamines, barbiturates, cannabis, codeine, ketamine, methylphenidate (Ritalin)) (Table 9). Please note that there may be some overlap between categories in our table.

Key factors for how employers should treat drugs are likely to be whether the drug has been legitimately prescribed to an employee and what its effect is.

Testing for drugs and/or alcohol

Table 8: Which approach(es) to testing do you use? Please select all that apply (%)

Random testing for alcohol	65
Random testing for drugs	62
Testing when an employee is reasonably suspected of alcohol misuse	58
Testing when an employee is reasonably suspected of drug misuse	49
Post-incident testing for alcohol	42
Post-incident testing for drugs	42
Pre-employment testing for drugs	36
Pre-employment testing for alcohol	35
On return to work after rehabilitation for alcohol	24
On return to work after rehabilitation for drugs	23
Don't know	4
Other	1

Base: n=137
[This question was asked if the organisation has employees in safety-critical roles and they do tests.]

Table 9: Which, if any, types of substances are most commonly found through testing at your organisation? Please select the three most commonly found substances (%)

Alcohol	54
Class B drugs (for example, amphetamines, barbiturates, cannabis, codeine, ketamine, methylphenidate (Ritalin))	43
Class A drugs (for example, cocaine, ecstasy, crack cocaine, LSD, heroin, methadone, methamphetamine/crystal meth)	32
Class C drugs (for example, anabolic steroids, benzodiazepines (diazepam), gamma hydroxybutyrate (GHB))	15
Prescription drugs obtained without a prescription	9
Other	1
Don't know	24

Base: n=137
[This question was asked if the organisation has employees in safety-critical roles and they do tests.]

Does your organisation have a policy or contractual terms that would enable you to ask an employee to be tested for drugs or alcohol if you reasonably suspect they were under the influence at work?

We asked this question to employers with no employees in safety-critical roles. Those employers who do have employees in safety-critical roles are more likely to be able to justify random/mandatory testing, but we wanted to find out if those without may have a policy or contractual terms that would enable them to ask an employee to be tested for drugs or alcohol if it was reasonably suspected that they were under the influence at work.

Of those employers who have no employees in safety-critical roles, approximately a quarter (24%) said they have a policy or contractual terms that would enable them to ask an employee to be tested for drugs or alcohol if they reasonably suspect they were under the influence at work.

Private sector employers (27%) are significantly more likely than public sector (15%) and voluntary sector (13%) employers to say they have a policy or contractual terms that would enable them to ask an employee to be tested for drugs or alcohol if they reasonably suspect they were under the influence at work.

Testing for drugs and/or alcohol

Figure 21: Does your organisation have a policy or contractual terms that would enable you to ask an employee to be tested for drugs or alcohol if you reasonably suspect they were under the influence at work? (%)

24

11

65

- Yes
- No
- Don't know
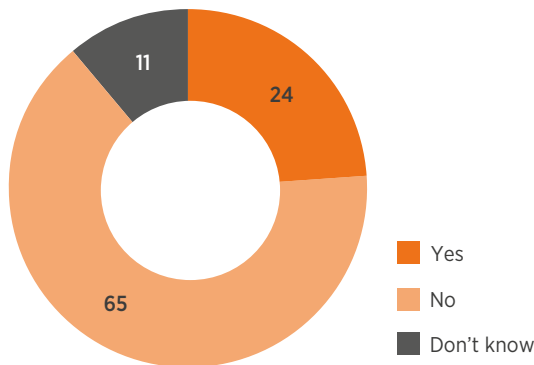
Base: n=373

⑧ Disciplinary action

Key findings

Just over a third (35%) of employers have disciplined someone in the past two years for alcohol misuse and around a quarter (26%) for drug misuse. In just 7% of cases, the employee disclosed the issue themselves.

Employers in the private and public sectors are more likely to have disciplined someone for both drug and alcohol misuse than those in the voluntary sector. And large employers are more likely to have done so than those with fewer than 250 employees.

Around a fifth of employers have dismissed someone in the last two years where a significant reason was drug and/or alcohol misuse.

The proportion of employers who have disciplined employees in the last two years for alcohol and/or drug misuse

Just over a third of employers (35%) have disciplined employees in the last two years for alcohol misuse and just over a quarter (26%) for drug misuse, showing it's a significant issue and one that HR and line managers need to be skilled up on to deal with effectively, balancing a need for health and wellbeing support with any necessary disciplinary action.

Figure 22: Has your organisation disciplined employees for drug and/or alcohol misuse in the last two years? (%)

Yes — 35 / 26

No — 40 / 47

Don't know — 24 / 27

Base: n=787

- For alcohol misuse
- For drug misuse
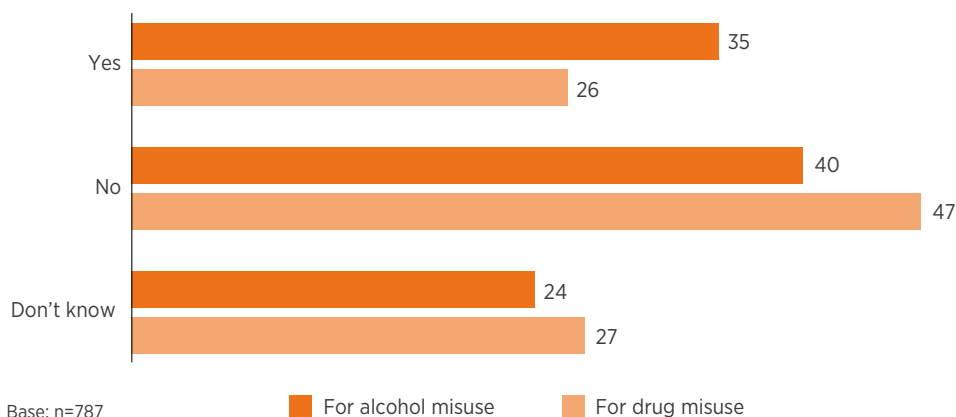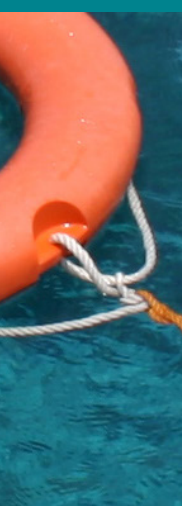
The private and public sectors are much more likely to have disciplined employees for alcohol misuse in the last two years than the voluntary sector (37% and 34% versus 19%). This is also the case for drug misuse (28%, 27% versus 11% respectively).

Respondents from the public sector are much more likely to say they don't know than those from the private and voluntary sectors (39% versus 21% and 24%). This is also the case for drug misuse (42% versus 23% and 28% respectively).

In terms of sector, employers in the manufacturing and production industry are significantly more likely to have disciplined employees for both alcohol and drug misuse in the last two years than those in the hospitality and retail, professional services, health and education, and charity industries.

Large organisations are significantly more likely to have disciplined employees for alcohol misuse in the last two years than those with fewer than 250 employees (46% versus 22%).

We asked all those who said their organisation has disciplined an employee in the last two years how the most recent example came to their attention. In just 7% of employers, the most recent example was disclosed by an employee themselves. Fifty-seven per cent said drug and/or alcohol misuse was suspected due to the employee's behaviour and in around a fifth (22%) of cases, another employee brought it to the employer's attention. The misuse was revealed by random testing in just under one in ten cases (9%).

Figure 23: How did the drug/alcohol misuse come to your attention? If your organisation has disciplined employees more than once, please think about the most recent example (%)

Base: n=274
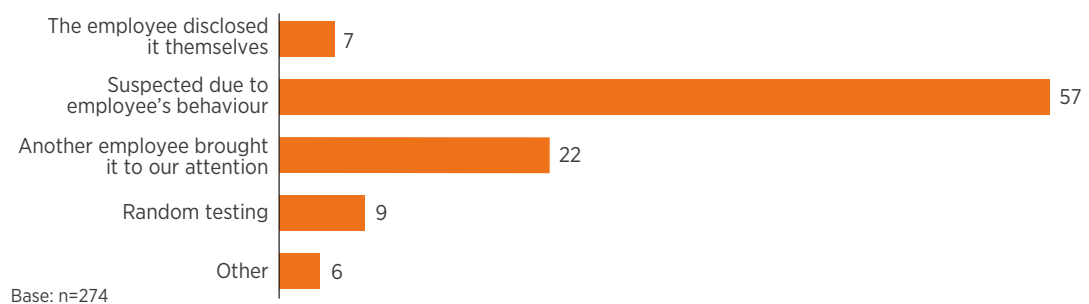
The proportion of employers who have dismissed employees in the last two years for alcohol and/or drug misuse

Figure 24: Has your organisation dismissed employees in the last two years where the reason, or a significant underlying reason, was drug and/or alcohol misuse? (%)

Base: n=787

For alcohol misuse   For drug misuse
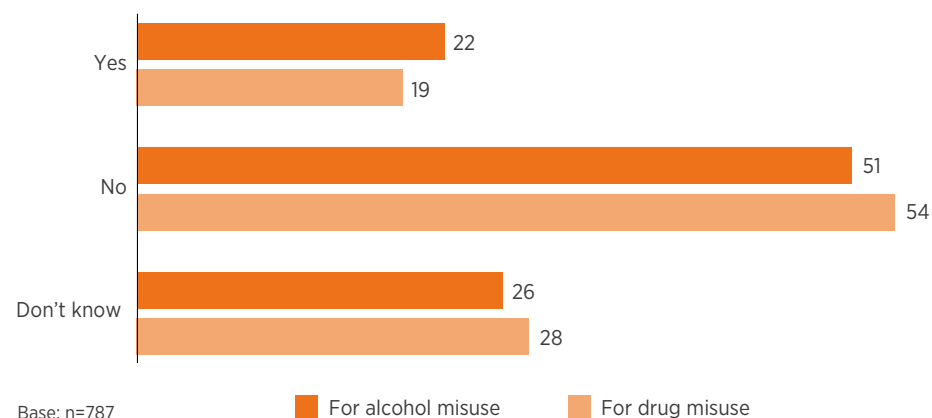
Disciplinary action

Figure 24 shows that around a fifth of employers have dismissed someone in the last two years for alcohol misuse (22%) or drug misuse (19%).

Looking specifically at alcohol misuse, employers in the private sector are significantly more likely to have dismissed someone where a significant reason was alcohol misuse than those in the voluntary sector (24% versus 11%). Employers in the manufacturing and production industry were the most likely to have done so. Public sector employers were the most likely to say they didn't know whether someone had been dismissed for these reasons (43% versus 23% of the private sector and 24% of the voluntary sector).

Looking specifically at drug misuse, employers in the private sector are significantly more likely to have dismissed someone where a significant reason was drug misuse than those in the public or voluntary sectors (21% versus 12% and 7%). Again, HR professionals in the public sector were more likely than those in the private or voluntary sectors to say they didn't know whether someone had been dismissed for these reasons (47% versus 23% and 26% respectively).

Employers in the manufacturing and production industry were significantly more likely to have dismissed employees in the last two years where the reason, or a significant underlying reason, was drug and/or alcohol misuse, than those in hospitality and retail, professional services, health and education, public services and charities. Within that, hospitality and retail were more likely to have done so than professional services, health and education, and charities.

Employers with at least some safety-critical roles are significantly more likely than those who don't have such roles to have dismissed employees for drug misuse (27% versus 9%) and for alcohol misuse (34% versus 10%) in the last two years.

We asked those who said they had dismissed employees during the last two years, where a reason had been drug and/or alcohol misuse, to tell us how many employees they had dismissed during this timeframe (Figure 25). Just under half (48%) said one to five employees. Seven per cent of employers said they'd dismissed over ten employees for reasons relating to drug and/or alcohol misuse during the previous two years.

There were significant differences in responses between those employers with at least some employees in safety-critical roles and those with none. Those with none were significantly more likely to say they'd dismissed between one and five employees in the past two years for drug or alcohol misuse, whereas those with safety-critical roles were significantly more likely to say they'd dismissed ten or more people for this reason.

Figure 25: In the past two years, how many employees has your organisation dismissed where the reason, or a significant underlying reason, was drug and/or alcohol misuse? (%)


Base: n=190

⑨ Supporting employee rehabilitation

Key findings

Just over a fifth of employers (22%) have referred employees with drug and/or alcohol problems to specialist treatment and/or rehabilitation support. Around two-thirds (69%) of those who had referred employees said the employee had remained working for the organisation after successfully managing their problem – 52% in the same role and 16% in a different role.

Just 22% of employers have referred employees with drug and/or alcohol problems to specialist treatment and/or rehabilitation support. We asked those who had referred employees to think about the most recent employee they referred and tell us the outcome. Around two-thirds (69%) said the employee had remained working for the organisation, comprising 52% who remained in the same role after successfully managing their problem, and 16% who remained working for the organisation but in a different role. Just 19% said the employee they had most recently referred to treatment or rehabilitation support failed to overcome their problems and left the organisation altogether.

Figure 26: Has your organisation referred employees with drug and/or alcohol problems to specialist treatment and/or rehabilitation support? (%)

- Yes
- No
- Don't know
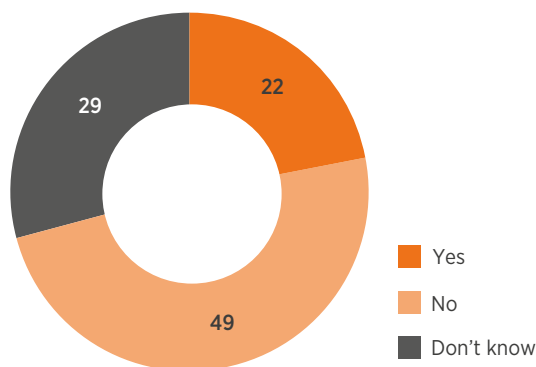
Base: n=787

Table 10: What was the outcome after treatment and rehabilitation support? If your organisation has referred more than one person to this support, please think about the most recent example (%)

Remained working for the organisation in the same role after successfully managing their problem	52
Remained working for the organisation in a different role after successfully managing their problem	16
Failed to overcome their problems and left the organisation altogether	19
Don't know	13

Base: n=165

Conclusion

We hope you find this report useful in considering your approach to supporting and managing staff with drug and alcohol misuse. It's important to regularly review your approach and update your policies as well as ensure managers feel confident and supported to deal with issues that arise in their teams.

Please take a look at the CIPD practical guide *Managing Drug and Alcohol Misuse at Work* and the accompanying guidance specifically for line managers to find out more about specific issues and what you should consider to create a supportive workplace where employees feel able to ask for help and know they will be supported to get help, regardless of other circumstances.

10 Sources of further information and support

Drug and alcohol services

Adfam National
Organisation that works with and on behalf of families affected by drug and alcohol problems. Helpful for the family of the alcohol or drug user.

Al-Anon UK
Al-Anon Family Groups UK & Eire, for families and friends of alcoholics, is there for anyone whose life is or has been affected by someone else's drinking.

Alcohol Change UK
Leading UK alcohol charity formed from the merger of Alcohol Concern and Alcohol Research UK. Work for a society that is free from the harm caused by alcohol.

Alcoholics Anonymous
The largest self-help group for people who acknowledge they cannot handle alcohol and want a new way of life without it. Services are free. The comprehensive website explains the philosophy of AA, what to expect, and local groups.
Helpline: 0800 917 7650

Cocaine Anonymous
National self-help group specifically for cocaine users.
Helpline: 0800 612 0225

Drinkaware
An independent UK-wide alcohol education charity. Provides advice and information to anyone concerned about their own drinking or someone else's and a range of support tools to help people reduce their drinking, change their relationship with alcohol and improve their health. Free, confidential advice is provided through the online chat service, DrinkChat, and helpline, Drinkline. A workplace awareness training programme is provided by Drinkaware at Work.
Helpline: 0300 123 1110

Narcotics Anonymous
The largest self-help group for people who want to stop using drugs. Services are free.
Helpline: 0300 999 1212

Release
A registered charity able to advise on specialist areas of drugs law.
Helpline: 020 7324 2989

Talk to FRANK
A government-funded free service offering information and sources of support. The website provides detailed information on drugs that the non-specialist can understand.
Helpline: 0300 123 6600

We Are With You (formerly Addaction)
Drug, alcohol and mental health charity.

WDP
Charity providing drug and alcohol treatment and recovery services across England.

There are likely to be community providers within an individual's local area who may also be able to provide support.

Useful resources
- Acas: Alcohol and drugs policies
- Health and Safety Executive: Managing drug and alcohol misuse at work
- NHS: Drug addiction: getting help
- NHS: Alcohol support
- United Kingdom Accreditation Service (UKAS) – the sole national body recognised by government for the accreditation of testing laboratories
- Faculty of Occupational Medicine: Information for employers on using occupational health services
- The Employee Assistance Professionals Association: EAPA is the professional body for employee assistance programmes (EAPs). It represents the interests of professionals concerned with employee assistance, psychological health and wellbeing in the UK
- UK Chief Medical Officers have published guidelines on how to keep health risks from drinking alcohol to a low level. They provide the public with the most up-to-date information to help people make informed decisions about their own drinking.

(11) Background to the survey

This report presents the findings from a survey of 787 HR decision-makers about their organisation's approach to managing and preventing drug and alcohol misuse at work. All the respondents work in businesses with more than ten employees in the UK.

- All figures, unless otherwise stated, are from YouGov Plc.
- Fieldwork was undertaken between 15 November and 1 December 2019.
- The survey was carried out online.
- The figures have been weighted and are representative of all HR decision-makers by business size and work sector.
- Some survey respondents did not answer all of the survey questions, therefore we give the respondent 'base' for each question under tables or figures.
- Due to rounding, percentages may not always total 100.

Table 11: Breakdown of the sample, by sector

Sector	Count
Private sector	488
Public sector	178
Voluntary/third sector	121

Table 12: Breakdown of the sample, by size of organisation

Size of organisation	Count
10–49	161
50–99	99
100–249	119
250–499	72
500–999	62
1,000+	274
Net: 10–249	**379**
Net: 250+	**408**

Table 13: Breakdown of sample, by industry

Industry	Count
Professional services	177
Health and education	174
Manufacturing and production	117
Hospitality and retail	115
Public services	60
Charity	58
Transport	14
Other	72

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