

DRUG MISUSE AT WORK

a guide for employers

**Produced by HSE in partnership with the Home Office,
the Department of Health, the Scottish Executive,
the Health Education Board for Scotland, the National Assembly
for Wales and the Health and Safety Executive Northern Ireland.**



WORKING TOGETHER FOR A HEALTHIER NATION

INTRODUCTION

This booklet has been developed by the Health and Safety Executive (HSE), the Home Office, the Department of Health, the Scottish Executive, the Health Education Board for Scotland, the National Assembly for Wales, the Health and Safety Executive Northern Ireland and other organisations. It will help owners and managers of businesses and other organisations, particularly small and medium-sized enterprises, deal with drug-related problems at work.

It provides a basic understanding of the signs, effects and risks of drug misuse. It also sets out a best practice approach to dealing with drug-related problems at work.

WHAT IS DRUG MISUSE?

In this booklet, 'drug misuse' refers to the **use** of illegal drugs and the **misuse**, whether deliberate or unintentional, of prescribed drugs and substances such as solvents. Drug misuse can harm the misuser both physically and mentally and, through the misuser's actions, other people and the environment. Historically, society regards alcohol, tobacco and caffeine differently from other drugs and the problems associated with their use are well documented. They are therefore not considered further in this booklet. However, remember that simultaneous use of alcohol and drugs is particularly dangerous.

The joint HSE/Department of Health booklet *Don't mix it: A guide for employers on alcohol at work* (Leaflet INDG240 HSE Books 1996 (single copy free or priced packs of 10 ISBN 0 7176 1291 0)) offers separate guidance. The Health Education Board for Scotland's guide *Alcohol in the workplace: A simple guide* (Health Education Board for Scotland 2001) is available to employers in Scotland.

IS IT MY CONCERN?

Yes. Drug misuse can be a serious problem not only for the misuser but also for the business where they work and, sometimes, for their co-workers. The possession of some drugs is illegal, exposing the misuser to the risk of criminal charges as well as causing harmful effects to their health. You could be breaking the law if you knowingly allow drug-related activities in your workplace and you fail to act. It is just as important to know the implications to both your employees and business of not tackling drug misuse, particularly where safety is involved.

Successfully tackling drug misuse can benefit both your business and your employees. For example by:

- ❑ saving on the cost of recruiting and training new employees to replace those whose employment might be terminated because of untreated drug misuse;

- ❑ reducing the cost of absenteeism or impaired productivity;
- ❑ creating a more productive environment by offering support to those employees who declare a drug-related problem, improving employee morale;
- ❑ reducing the risk of accidents caused by impaired judgement;
- ❑ enhancing the public perception of your organisation as a responsible employer;
- ❑ contributing to society's efforts to combat drug misuse.

WHO IS AT RISK?

All kinds of people are involved in drug misuse - they do not conform to any stereotype. A lot of people who are involved in drug misuse are in work.

TAKING DRUGS - WHAT ARE THE SIGNS?

If you are going to tackle drug misuse at work effectively, you may want to start by examining your own knowledge about the types of drugs available and the harmful effects they can have on the misuser and your business. So your first task will probably be to gather information to raise your awareness and that of your managers or supervisors. This booklet can be a starting point but you may also want to approach some of the organisations listed at the end for useful reading material, educational videos and other information.

Drugs can affect the brain and the body in a number of ways. They can alter the way a person thinks, perceives and feels, and this can lead to either impaired judgement or concentration. Drug misuse can also bring about the neglect of general health and well-being. This may adversely influence performance at work, even when the misuse takes place outside the workplace.

BOX 1

Signs of drug misuse which you might look for include:

- sudden mood changes;
- unusual irritability or aggression;
- a tendency to become confused;
- abnormal fluctuations in concentration and energy;
- impaired job performance;
- poor time-keeping;
- increased short-term sickness absence;
- a deterioration in relationships with colleagues, customers or management;
- dishonesty and theft (arising from the need to maintain an expensive habit).

Remember: all the signs shown above may be caused by other factors, such as stress, and should be regarded only as indications that an employee *may* be misusing drugs.

THE LEGAL POSITION

You have a general duty under the **Health and Safety at Work etc Act 1974** (HSW Act) to ensure, as far as is reasonably practicable, the health, safety and welfare at work of your employees. You also have a duty under the **Management of Health and Safety at Work Regulations 1999**, to assess the risks to the health and safety of your employees. If you knowingly allow an employee under the influence of drug misuse to continue working and his or her behaviour places the employee or others at risk, you could be prosecuted. Your employees are also required to take reasonable care of themselves and others who could be affected by what they do at work.

The **Transport and Works Act 1992** makes it a criminal offence for certain workers to be unfit through drugs and/or drink while working on railways, tramways and other guided transport systems. The operators of the transport system would also be guilty of an offence unless they had shown all due diligence in trying to prevent such an offence being committed.

The **Road Traffic Act 1988** states that any person who, when driving or attempting to drive a motor vehicle on a road or other public place, is unfit to drive through drink or drugs shall be guilty of an offence. An offence is also committed if a person unfit through drink or drugs is in charge of a motor vehicle in the same circumstances.

The principal legislation in the UK for controlling the misuse of drugs is the **Misuse of Drugs Act 1971**. Nearly all drugs with misuse and/or dependence liability are covered by it. The Act makes the production, supply and possession of these controlled drugs unlawful except in certain specified circumstances (for example, when they have been prescribed by a doctor). If you knowingly permit the production or supply of any controlled drugs, the smoking of cannabis or certain other activities to take place on your premises you could be committing an offence.

The Act lists the drugs that are subject to control and classifies them in three categories according to their relative harmfulness when misused.

- CLASS A** - includes ecstasy, cocaine, heroin, LSD, mescaline, methadone, morphine, opium and injectable forms of Class B drugs.
- CLASS B** - includes oral preparations of amphetamines, barbiturates, cannabis, cannabis resin, codeine and methaqualone (Mandrax).
- CLASS C** - includes most benzodiazepines (eg Temazepam, Valium), other less harmful drugs of the amphetamine group, and anabolic steroids.

The penalties for offences involving controlled drugs depend on the classification of the drug. Penalties for misuse of Class A drugs are more severe than those for Class B drugs which in turn are more severe than the penalties for Class C drugs. The Act also distinguishes, in terms of the penalties that may be imposed, between the offences of possession and drug trafficking or supplying, with the latter attracting higher penalties.

It is possible that in certain circumstances charges may be brought against an employer or an employee under either this Act or the Health and Safety at Work Act or both. It would be up to the courts to decide on the circumstances of each case.

A table showing the most commonly misused substances by adults in the UK appears on pages 16-19.

WHAT CAN I DO?

A policy on drug misuse

All organisations - large and small - can benefit from an agreed policy, applying to **all** staff, on drug misuse.

As with alcohol, such a policy should form part of your organisation's overall health and safety policy. Many large organisations have policies that describe their position on drug misuse. A written drugs policy has many advantages, for example leaving less room for misunderstanding than an informal 'understanding'. The key elements of a policy on drug misuse are described in Box 3.

A straightforward four-step process to establish and implement a policy for dealing with drug misuse at work is set out below.

Remember: it is good practice to have a policy even if you do not find any evidence of current drug misuse. A policy which is in place will enable you to deal with any future problems which may arise. Follow the complete four-step process.

Step 1 - Find out if there is a problem

You may want to explore carefully some key areas of your business:

- sickness record - are there any periods of unexplained or frequently taken absence?
- behavioural changes - what behavioural changes have you noticed in any employee (see Box 1)?
- productivity - are there any unexplained dips in productivity?
- accident records/near misses - have the number of accidents or near misses increased or involved particular employees?
- disciplinary problems - have you noticed particular performance or conduct problems with any employees?

These may help you to find out if drug misuse is harming your business.

Step 2 - Decide what to do

Following Step 1 allows for a better understanding of the many aspects of drug misuse at work. It will provide you with a clearer picture of how drug misuse affects your business. But how do you make this work in practice?

You may want to think about the following:

- A programme of awareness for **all** your staff using the same information described in Step 1. There are many ways to provide such training: group sessions, seminars etc. This programme may also cover an explanation of your drugs policy (see Step 3) so you may want to incorporate it into your induction process for new employees.
- A programme of training for managers or supervisors on recognising the signs of drug misuse. This could be the most crucial part of managing drug misuse at work as they will need to be clear about the business' rules about drug misuse. They will need to know what to do if they suspect an employee is misusing drugs or if they are approached by an employee who declares a drugs problem. Local drug or health advisory services may be able to help train managers to recognise the signs of misuse and how to handle the situation. The service may charge for training.
- Encouraging those with a drugs problem to seek help (some useful organisations are listed at the end of this booklet).
- The need for confidentiality if an employee admits to a drugs problem. People with a drugs problem may be persuaded to come forward if they are assured that their problems will be dealt with discreetly. However, you will also have to consider your own legal position, if evidence or information supplied to you suggests that an employee's drug problem has involved breaking the law at work (see 'The Legal Position', page 6)
- The nature of the work you do. Are there any aspects of the work that are safety-critical, eg: using machinery, electrical

equipment or ladders, as well as driving or operating heavy lifting equipment, where instances of drug misuse could have serious consequences?

Consulting others

In deciding what to do, you will almost certainly need to consult others, particularly your employees. You should consult safety representatives appointed by recognised trade unions under the Safety Representatives and Safety Committees Regulations 1977. If your employees are not covered by such representatives, you should consult them either directly, or indirectly through elected representatives of employee safety, according to the Health and Safety (Consultation with Employees) Regulations 1996.

In larger organisations, good practice would be to set up a working party led by a senior manager to look at the issue of drug misuse as it affects the business. You need to involve the occupational health physician or nurse and personnel managers also where available, as well as workers' representatives.

This may not be feasible for smaller businesses, but you may find it useful to talk to:

- other managers or supervisors;
- national or local drug misuse agencies (some of them are listed at the end of this booklet) for advice;
- the local business forum or health promotion unit to get an idea of what other businesses have done in your area.

Remember, getting the support of your workforce for any change in company rules will be much easier if staff or their representatives have been involved.

Some useful contacts appear at the end of this booklet.

BOX 2

WHAT CAN I DO IF I SUSPECT AN EMPLOYEE HAS A DRUG PROBLEM?

Employees with a drug problem should have the same rights to confidentiality and support as they would if they had any other medical or psychological condition.

What if they won't admit that they have a problem?

It may be very difficult for people to admit to themselves or others that they have a drug problem. They may feel there is a stigma attached to drug misuse and they may well fear reprisals if they admit to taking illegal drugs. Whilst your freedom to act may be limited if it becomes clear that an employee has broken the law at work, you should let staff know that you will, as far as possible, treat drug misuse as a health issue rather than an immediate cause for dismissal or disciplinary action.

Should I dismiss them? Disciplinary action may be taken as a last resort. You could be judged (by an industrial tribunal) to have unfairly dismissed employees whose work problems are related to drug misuse if you have made no attempt to help them. However, you may need to temporarily move them to another job if their normal work is safety-critical. See 'disciplinary action' in Box 3.

Should I allow them time off to get help?

The cost of recruiting and training a replacement may be greater than the cost of allowing someone time off to get expert help.

Who else can help them?

If one of your employees is misusing drugs, you should encourage them to seek help from your organisation's occupational physician or nurse (if you have one), their GP or a specialist drug agency.

In taking action, you need to ensure that you have the support of other managers and gain the support of your employees. When you have gathered together your information and consulted relevant people you will be ready to take action.

Step 3 - Taking Action

Implement your agreed policy on drug misuse.

BOX 3

KEY ELEMENTS OF A POLICY ON DRUG MISUSE

A model workplace policy on drug misuse may cover the following:

Aims

A statement on why the policy exists and who it applies to.
(Note: the policy must be seen to apply equally to all staff, including managers, and types of work.)

Responsibility

Who is responsible for carrying out the policy.
(Note: all managers and supervisors will be responsible in some way, but it will be more effective if a senior employee is named as having overall responsibility.)

Definition

A definition of drug/substance* misuse.

The rules

How your organisation expects employees to behave to ensure that drug misuse does not have a detrimental effect on their work.

* Solvents at work can be misused.

Safeguards

Statements which make it clear that:

- absence for treatment and rehabilitation will be regarded as normal sickness;
- you recognise that relapses may occur;
- the policy will be monitored and reviewed regularly in consultation with workplace representatives.

Confidentiality

A statement assuring employees that a drug problem will be treated in strict confidence, subject to the provisions of the law.

Help

A description of the support available to employees who have a drug problem. (*Note: this might include local advisory services.*)

A statement encouraging those with a drug problem to seek help voluntarily.

Information

A commitment to providing employees with general information about the effects of drugs on health and safety.

Disciplinary action

The circumstances in which disciplinary action will be taken. You might:

- explain that if help is refused and/or impaired performance continues disciplinary action is likely;
- explain that dismissal action may be taken in cases of gross misconduct;
- state that possession/dealing will be reported immediately to the police and that there is no alternative to this procedure.

Step 4 - Checking what you have done

You should regularly check to see if the policy is working and whether any changes need to be made. You may need to look again at the aspects set out in Step 1 and see if the situation has changed, eg has sickness absence or the number of accidents altered? You might also want to check whether your employees are still sufficiently aware of the issue of drug misuse and its consequences.

DRUG SCREENING AND TESTING

Drug screening or testing is a sensitive issue because of the many employment implications involved. Securing the agreement of the workforce to the principle of screening is essential (except in cases of pre-employment testing), partly because of the practical and legal issues involved. These might include:

- How much will a screening system cost?
- What type of testing is needed?
- How will test samples be collected?
- How will test samples be kept secure to ensure they cannot be tampered with?
- What action will be taken if a positive result is given?

Screening can be used in various ways, for example:

- as part of a selection process for job applicants;
- testing all or part of the workforce routinely, occasionally or on a random basis;
- in specific circumstances, such as after an accident or incident or as part of an aftercare rehabilitation programme.

More organisations - particularly those in safety-sensitive industries - are using screening and testing as a way of controlling drug

problems. There may be a case for considering the introduction of screening, particularly in certain critical jobs (eg staff who have responsibility for making safety-critical decisions such as drivers, pilots and some machinery operators) in which impairment due to drugs could have disastrous effects for the individual, colleagues, members of the public and the environment.

Screening is only likely to be acceptable if it can be seen to be part of an organisation's occupational health policy and is clearly designed to prevent risks to the misuser and others.

Screening by itself will never be the complete answer to problems caused by drug misuse and its results must always be supplemented by a professional assessment of the employee. Prevention is just as important and the guidance set out earlier in the booklet is relevant to all businesses, whether screening is introduced or not.

Laboratories that are accredited by the United Kingdom Accreditation Service (UKAS) will have satisfied assessors that they provide a service that meets all testing criteria. UKAS contact details appear at the end of this booklet.

MOST COMMONLY MISUSED SUBSTANCES IN THE UK

See page 4 for the Misuse of Drugs Act 1971.

| <i>Name (street/trade names include):</i> | <i>How usually taken:</i> | <i>Effects sought:</i> |
|--|---|---|
| Heroin (smack, horse, gear, H, junk, brown, stag, scag, jack) | Injected, snorted or smoked. | Drowsiness, sense of warmth and well-being. |
| Cocaine (coke, charlie, snow, C) | Snorted in powder form, injected. | Sense of well-being, alertness and confidence. |
| Crack (freebase, rock, wash, stone) | Smokable form of cocaine. | Similar to those of snorted cocaine but initial feelings are much more intense. |
| Ecstasy (E, XTC, doves, disco bisuits, echoes, scooby doos) Chemical name: MDMA | Swallowed, usually in tablet form. | Alert and energetic but with a calmness and a sense of well-being towards others. Heightened sense of sound and colour. |
| LSD (acid, trips, tabs, dots, blotters, microdots) | Swallowed on tiny square of paper. | Hallucinations, including distorted or mixed-up sense of vision, hearing and time. An LSD <i>trip</i> can last as long as 8-12 hours. |
| Magic mushrooms (shrooms, mushies) | Eaten raw or dried, cooked in food or brewed in a tea. | Similar effects to those of LSD but the trip is often milder and shorter. |
| Cannabis (hash, dope, grass, blow, ganja, weed, shit, puff, marijuana) | Rolled with tobacco into a spliff, joint or reefer and smoked, smoked in a pipe or eaten. | Relaxed, talkative state, heightened sense of sound and colour. |

| <i>Harmful effects include:</i> | <i>Legal status:</i> |
|---|--|
| Physical dependence, tolerance, overdose can lead to coma and even death. Sharing injecting equipment brings risk of HIV or hepatitis infection. | Class A |
| Dependence, restlessness, paranoia, damage to nasal membranes. | Class A |
| As for cocaine but, because of the intensity of its effects, crack use can be extremely hard to control, damage to lungs. | Class A |
| Possible nausea and panic, overheating and dehydration if dancing, which can be fatal. Use has been linked to liver and kidney problems. Long-term effects not clear but may include mental illness and depression. | Class A |
| There is no way of stopping a bad trip which may be a very frightening experience. Increased risk of accidents can trigger off long-term mental problems. | Class A |
| As for LSD, with the additional risk of sickness and poisoning. | Not illegal in raw state but Class A once dried or processed in any way. |
| Impaired co-ordination and increased risk of accidents, poor concentration, anxiety, depression, increased risk of respiratory diseases including lung cancer. | Class B |

MOST COMMONLY MISUSED SUBSTANCES IN THE UK (continued)

See page 4 for the Misuse of Drugs Act 1971.

| <i>Name (street/trade names include):</i> | <i>How usually taken:</i> | <i>Effects sought:</i> |
|--|--|---|
| Barbiturates (barbs, downers) | Swallowed as tablets or capsules, injected - ampules. | Calm and relaxed state, larger doses produce a drunken effect. |
| Amphetamines (speed, whizz, uppers, billy, sulph, amp) | In powder form, dissolved in drinks, injected, sniffed/ snorted. | Stimulates the nervous system, wakefulness, feeling of energy and confidence. |
| Tranquillizers (brand names include: Valium, Altivan, Mogadon (moggies), Temazepam (wobblies, mazzies, jellies)) | Swallowed as tablets or capsules, injected. | Prescribed for the relief of anxiety and to treat insomnia, high doses cause drowsiness. |
| Anabolic steroids (many trade names) | Injected or swallowed as tablets. | With exercise can help to build up muscle. However, there is some debate about whether drug improves muscle power and athletic performance. |
| Poppers (alkyl nitrates, including amyl nitrate with trade names such as Ram, TNT, Thrust) | Vapours from small bottle of liquid are breathed in through mouth or nose. | Brief and intense head-rush caused by sudden surge of blood through the brain. |
| Solvents (including lighter gas refills, aerosols, glues). Some painter thinners and correcting fluids. | Sniffed or breathed into the lungs. | Short-lived effects similar to being drunk, thick-headed, dizziness, possible hallucinations. |

| <i>Harmful effects include:</i> | <i>Legal status:</i> |
|--|---|
| Dependency and tolerance, overdose can lead to coma or even death. Severe withdrawal symptoms. | Class B |
| Insomnia, mood swings, irritability, panic. The comedown (hangover) can be severe and last for several days. | Class B |
| Dependency and tolerance, increased risk of accidents, overdose can be fatal, severe withdrawal symptoms. | Class C. Available only on prescription (Medicines Act). Supply is illegal but, apart from Temazepam, not illegal to possess without a prescription. (Misuse of Drugs Act 1971 and associated Regulations). |
| For men: erection problems, risk of heart attack or liver problems. For women: development of male characteristics. Injecting equipment brings risk of HIV or hepatitis infection. | Class C |
| Nausea and headaches, fainting, loss of balance, skin problems around the mouth and nose, particularly dangerous for those with glaucoma, anaemia, breathing or heart problems. | Not illegal to possess but supply without prescription is illegal and can be an offence. |
| Nausea, blackouts, increased risk of accidents. Fatal heart problems can cause instant death. | Not illegal to possess but it is illegal for a shopkeeper to sell solvents to anyone under 18, if they suspect they are intended for misuse |

USEFUL ORGANISATIONS AND PUBLICATIONS

National Drugs Help Line
Tel: 0800 776600

Free, confidential, 24 hours a day

National workplace organisations

HSE Information Services
Caerphilly Business Park
Caerphilly CF83 3GG

Tel: 08701 545500 (HSE's Infoline) or contact your nearest HSE office (see the telephone directory).

The Employment Medical Advisory Service of HSE can advise on all aspects of occupational ill health including drug misuse.

Drug Action Teams

Over one hundred Drug Action Teams have been established across England to implement the strategy at a local level. They are made up of senior personnel from health, local authorities and the criminal justice agencies. Their role is to agree local priorities and resources for all relevant agencies, both statutory and voluntary. Drug Action Teams are helped by Drug Reference Groups which are made up of people who have professional expertise and/or local knowledge. Drug Reference Groups can include representatives from the business community.

For details of your nearest Drug Action Team contact:

Drugs Strategy Directorate
50 Queen Anne's Gate
London
SW1H 9AT
Tel: 020 7273 3765
Website: drugs.gov.uk

Scotland

The Scottish Drugs Forum
Shaftesbury House
5 Waterloo Street
Glasgow
G2 6AY
Tel: 0141 221 1175
Fax: 0141 248 6414

The SDF can provide advice on drug agencies and local drug services in Scotland and details of your nearest Drug Action Team.

NHS Health Scotland
Woodburn House
Canaan Lane
Edinburgh
EH10 4SG
Tel: 0131 536 5500
Fax: 0131 536 5501

The Board aims to promote good health by providing information on health and factors which affect it; helping people to develop the motivation and skills they need to live a healthy life; encouraging healthy environments. HEBS works closely with the 15 Scottish Area Health Boards. The Area Health Boards' health promotion departments should be the first point of contact for local enquiries.

Wales

Responsibility for planning and implementing actions to tackle substance misuse rests with the responsible authorities and their partners which come together in 22 Community Safety Partnerships based on local authority boundaries. A strategic level of support has been established in the four Welsh police areas and delivered by Welsh Assembly Government staff - Substance Misuse Advisory Regional Teams (SMARTs).

The regional teams in each area advise responsible authorities and their partners on the development and implementation of their Local Substance Misuse Action Plans. For details of your Community Safety Partnership please contact the nearest Substance Misuse Advisory Regional Team.

Addresses of the teams are:

Dyfed Powys SMART
Government Buildings
Picton Terrace
Carmarthen
SA33 3BT

Gwent SMART
Brecon House
Mamhilad
Pontypool

North Wales SMART
Bromfield House
Mold

South Wales SMART
1 Alexandra Gate
Ffordd Pengam
Tremorfa
Cardiff
CF24 2SB

Wales TUC
Transport House
1 Cathedral Road
Cardiff

CBI Wales
Pearl Assurance House
Greyfriars Road
Cardiff CF1 3JR

Health Promotion Wales
Fynnon Las
Ty Glas Avenue
Llanishen
Cardiff CF4 5DZ

Northern Ireland

Health and Safety Executive Northern Ireland
83 Ladas Drive
Belfast
BT6 9FR
Tel: 028 90243249
Fax: 028 90235383
e-mail: hzeni@detini.gov.uk
Website: www.hzeni.gov.uk
Helpline: 0800 032 0121

Other work-related organisations

Trades Union Congress (TUC)
Congress House
23-28 Great Russell Street
London
WC1B 3LS
Tel: 020 7636 4030
Fax: 020 7636 0632

An independent association of unions, it represents virtually every sort of worker across a whole range of industries and services. Its main job is to help unions achieve things together which they could not do alone, through representation, research and campaigning. The TUC is represented on the Health and Safety Commission.

Confederation of British Industry (CBI)
Centre Point
103 New Oxford Street
London
WC1A 1DU
Tel: 020 7379 7400
Fax: 020 7240 1578

The employers' organisation, covering large and small firms and trade associations, aims to provide the means of formulating, making known and influencing general policy in regard to industrial questions and to act as a national point of reference for industry's views. The CBI is represented on the Health and Safety Commission.

Chartered Institute of Personnel and Development
CIPD House
35 Camp Road
London
SW19 4UX
Tel: 020 8971 9000
Fax: 020 8263 3333
Website: www.cipd.co.uk
e-mail: cipd@cipd.co.uk

The IPD has over 80 000 members and is the world's largest institute for those involved in the management and development of people.

Specialist organisations

Drugscope
32-36 Loman Street
London
SE1 0EE
Tel: 020 7928 1211
Fax: 020 7928 1771
e-mail: emailservices@drugscope.org.uk

Provides specialist advice on local drug services and best practice information on drug treatment and care, prevention and education.

Scottish Addiction Studies
Department of Applied Social Science
University of Stirling
Stirling FK9 4LA
Tel: 01786 467737
Fax: 01786 467689
Website: www.dass.stir.ac.uk/drugs/
e-mail: p.r.yates@stir.ac.uk

Offers online teaching and learning in the addictions; research and consultancy services and online provision of information and literature.

Faculty of Occupational Medicine
6 St Andrew's Place
Regent's Park
London
NW1 4LB
Tel: 020 7317 5890

Society of Occupational Medicine
6 St Andrew's Place
Regent's Park
London
NW1 4LB
Tel: 020 7486 2641

Royal College of Psychiatrists
17 Belgrave Square
London
SW1X 8PG
Tel: 020 7235 2351
Fax: 020 7245 1231

Health Protection Agency: Chemical Hazards and Poisons Division
Avonley Road
London
SE14 5ER
Tel: 020 7771 5301

Advice on analytical facilities and procedures.

TIC-TAC Communications Ltd
Toxicology Unit
St George's Hospital Medical School
Cranmer Terrace
London
SW17 0RE
Tel: 020 8672 1006

Offers a computerised tablet identification service (TIC-TAC) which includes illicit drugs tablets. Useful to employers who discover tablets or capsules on work premises.

TACADE
Old Exchange Buildings
6 St Anne's Passage
King Street
Manchester
M2 6AD
Tel: 0161 836 6850
Fax: 0161 836 6859
Website: www.tacade.com

Advice, resources, training, consultation and research on alcohol and drugs.

United Kingdom Accreditation Service
21-47 High St
Feltham
Middlesex
TW13 4UN
Tel: 020 8917 8555

A laboratory accredited by UKAS will have satisfied assessors that it meets all criteria for providing drug screening test results.

Advisory, Conciliation and Arbitration Service (ACAS) (contact your local office - see the telephone directory)

Advice on good employment practice including procedures to deal with drug misuse.

Publications

Drugs and the workplace: Face it together
Greater Manchester Police

The guide is under revision. Enquiries to:

Greater Manchester Police
'YC' Drug Prevention Section
Force Headquarters
Boyer St
Manchester
M16 0RE
Tel: 0161 856 2202
Fax: 0161 856 2210

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PO Box 1999, Sudbury, Suffolk CO10 2WA Tel: 01787 881165 Fax: 01787 313995
Website: www.hsebooks.co.uk (HSE priced publications are also available from bookshops
and free leaflets can be downloaded from HSE's website: www.hse.gov.uk.)

For information about health and safety ring HSE's Infoline Tel: 08701 545500 Fax: 02920 859260
e-mail: hseinformationservices@natbrit.com or write to HSE Information Services, Caerphilly
Business Park, Caerphilly CF83 3GG.

This leaflet contains notes on good practice which are not compulsory but which you may find helpful in considering what you need to do.

This leaflet is available in priced packs of 10 from HSE Books, ISBN 0 7176 2402 1.
Single free copies are also available from HSE Books.

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