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Post written in 2008 - highly accurate forecasts

On current trends within two years it will be almost impossible for recreational drug users to get a job with larger companies. Drug testing at work is probably the single most effective weapon we have against adult substance abuse. It is a proven, low cost strategy which identifies those needing help, reduces demand, cuts accidents and sick leave, improves attendance and increases productivity. (Half page feature by Dr Patrick Dixon, Director Global Change Ltd, originally published in the Times 5/11/98 but even more sharply relevant today).

Yet drug testing is (or rather was) highly controversial: it penalises users with positive drug tests that can bear little or no relation to work performance, encourages knee-jerk dismissal and discrimination at interview. It costs money, invades privacy and smacks of authoritarianism.

Despite all this, almost overnight it has become fashionable to talk of testing millions of people at work for both alcohol and drugs. Just over six months ago the idea seemed so extreme that the government cut it out of the White Paper altogether - with small concessions for prisons and roadside.

In a dramatic policy shift, drugs czar Keith Halliwell and government Ministers have started encouraging drug testing by employers. They are following a quiet revolution, largely unreported because firms have been scared of drug tests by bad publicity.

The government's own Forensic Science Agency alone carried out over a million workplace drug tests last year, with a rush of interest from transport, construction, manufacturing and financial services industries. Last month the International Petroleum Exchange joined London Transport and many others in random drug testing.

This stampede to test follows spectacular drug testing success in America when many had declared the mega-war against drugs all but lost. The drugs industry accounts for 8% of all international trade according to the UN. Education, customs, police, crop destruction and prison sentences have failed to deliver so drug testing has become highly attractive, even at the cost of civil liberties.

80% of all large companies already spend over £200m a year testing for drugs at work, affecting 40% of the US work force. By 2005 up to 80% of all workers will be covered by drug tests.

But Britain also has a significant and growing problem with addiction. 8% of men and 2% of women in Britain abuse drugs or alcohol, costing at least £3bn a year in accidents and absence alone.

Every office, factory, train operator, airline, construction company and hospital is affected with serious [risks](#) to public health and profitability. Workplace drug testing in America is being forced on employers for economic and safety reasons. Drug companies that don't test will go bust. Their insurance premiums will go through the roof.

US studies show that substance abusers (including alcohol) are 33% less productive, three times as likely to be late, four times as likely to hurt others at work or themselves, five times as likely to sue for compensation, and ten times as likely to miss work.

When the State of Ohio introduced random drug testing they found absenteeism dropped 91%, there were 88% less problems with supervisors and 97% decrease in on-the-job injuries. These results are so striking that many companies are now screening job applicants.

One plastics company realised many workers were taking amphetamines to keep awake after they lengthened shifts to twelve hours. Staff found tell-tale powder residues and scratch marks on equipment. They estimated that 20% of the workforce were taking drugs. After random drug testing was introduced drug-taking fell to negligible levels.

A Wisconsin cardboard factory was contacted recently by their insurers who were worried about high levels of injuries. Random drug testing was introduced and accidents fell 72% the following year, with an 80% decrease in days lost as a result.

Health and safety will be the driving force at first in the UK. Take doctors: a recent report in the Lancet revealed that 37% of male junior doctors were using cannabis and 14% cocaine, amphetamines, barbiturates, LSD, ecstasy, magic mushrooms or other substances. The figure for women was 12%. But that's just the ones willing to admit it.

The BMA's own figures suggest up to 10% of all doctors may abuse either alcohol or illegal drugs, including cocaine, crack and heroin. That's almost 10,000 doctors, treating perhaps 200,000 patients every day. Do you want to be operated on by a surgeon who is suffering from withdrawal? In an operating theatre with two anaesthetists, a consultant and two junior doctors there is a 50% risk that one of the team is a substance abuser.

I am appalled at the irresponsibility of the BMA, who have long been opposed to random testing of doctors. They say we are sensible enough to come forward for help, and those that don't are informed upon. Both these claims are complete fiction, judging by the vast gap between numbers with dependency and the few who have been identified. The BMA's resistance to random testing of doctors is scandalous and no doubt will be over-ruled soon.

We will never know how many have died under the knife of an intoxicated surgeon or as a result of a physician's drug-clouded mind. Doctors don't like admitting errors, even in court long after

the event, by which time evidence of substance abuse has vanished.

If you're too drunk or doped to drive, or drive a train, you shouldn't be operating - nor working a crane or cement mixer for that matter. Nor should you be defending someone in court nor making huge financial decisions on which other people's future will depend.

Testing is cheap. Breathalysers cost £40 with virtually no running costs while £30 urine tests for drugs only have to be carried out on a few to be effective. For example, London Transport tests just 5% of drivers a year.

That means each worker is checked on average once every twenty years. Hardly a mass invasion of privacy, yet more than enough to be a powerful deterrent. In America positive test rates have fallen from 13.6% to 4.9% in a decade. This is a method that works.

However, random testing is barbaric unless introduced sensitively as part of a comprehensive package of education and access to confidential treatment. The primary aim should not be to sack, but to discourage abuse, offer help, to treat. The most effective programmes are those where the workforce approves a humane, compassionate and fair anti-drugs policy. However those who place others lives at serious risk must expect to face the consequences.

There are many unresolved problems with testing: for example cannabis tests are almost useless with positive tests weeks after use. What blood levels are acceptable for illegal drugs? Who should be tested? How often and what action should be taken?

Some argue for tests only where performance is poor. But by then a fellow worker may have lost an arm, a leg, an eye or a hand - a patient her own life. The aim of testing is to prevent mistakes, not to allocate blame after the event.

One thing is clear: drug and alcohol testing will continue to spread fast regardless of government support, as the most practical and cost effective way to strengthen existing drugs and alcohol policies at work. It will be introduced well or very badly. Either we take hold of the issue now or the issue will take hold of us.