A CRAVEN SME GUIDE

Alcohol & Drugs at Work

Policy, testing and support: a practical guide for SME leaders and managers

Keeping people safe without losing sight of fairness, privacy or the person in front of you. Practical guidance to help you decide whether testing is appropriate, understand the safeguards and take the next steps.

ONE SIMPLE FRAMEWORK RUNS THROUGH EVERY CHAPTER

Prevent	Notice	Talk	Test	Support	Review

Who it's for: owners, directors, HR leads, H&S leads and line managers in SMEs.

How to use it: start with Chapter 1 to decide whether you need testing at all. The Manager's Quick Reference in Chapter 2 is designed to print and keep. Use the linked contents to jump to anything else.

Up to date: reflects UK law and guidance as of November 2026. Designed to sit alongside the Craven Workplace Wellbeing Guide, and replaces Craven's earlier alcohol and drug testing guide and manager protocol.

One trusted partner for people · safety · environment · success

November 2026

START HERE: What Does Your Business Need to Do?

A simple step-by-step guide to managing alcohol and drugs at work, deciding whether testing is necessary and understanding what must be in place before testing begins.

1 Assess your workplace risks
Could impairment cause serious harm, especially in safety-critical roles?

2 Decide if testing is needed
Is it justified, necessary and proportionate? Weigh trust and recruitment too.

Is testing justified?

NO

Prevention and support
Clear policy, trained managers and early help.
No testing programme needed

YES continue with steps 3–8

3 Develop or review your policy
Expectations, fitness for work, testing and support.

4 Consult employees
Explain why testing is proposed; discuss it with those affected.

5 Agree contractual testing provisions KEY STEP
CCS recommends a contractual testing clause for these roles: agreed with existing staff, included for new starters. The policy can stay non-contractual. A clause is not an unrestricted right to test.

6 Put safeguards in place
Data protection, clear procedures and a competent provider.

7 Communicate and train
Explain the arrangements and train managers to act fairly.

8 Introduce, monitor and review
Test only when justified and as agreed. Manage results fairly, offer support and review regularly.

Safety first
If someone seems unfit, act on safety now, whether or not you test.

Contractual protection
Good practice, not always a legal requirement. No one can be made to give a sample.

Contents

Start Here

What Does Your Business Need to Do?

1 Do You Need Testing at All?

2 Manager's Quick Reference

Prevent

3 Safety Culture Comes First

4 Policy, Contracts and the Law

5 Random Testing: Our View

Notice & Talk

6 Signs, Triggers and Disclosure

Test

7 Testing Properly

Support & Review

8 Support Route or Conduct Route?

9 Records and Data Protection

10 Your Checklist and 90-Day Plan

Toolkit & Sources

11 The Craven Alcohol & Drug Toolkit

12 Sources

> **About this guide**
>
> It works alongside the Craven Workplace Wellbeing Guide, which covers conversations, support and return to work in more depth. It applies to employers in **Great Britain** and reflects the law as at November 2026; Northern Ireland has separate legislation. It is practical guidance, not legal advice, so please take advice on individual cases.

1 Do You Need Testing at All?

The first question every employer asks, and the right place to start.

Most SMEs do **not** need a testing programme. What every employer does need is a clear policy, managers who notice and act, and a genuine route to support. Testing is worth considering only where impairment could seriously hurt someone. The Start Here flowchart shows the whole journey; this chapter covers the first two steps. Answer these questions and record the answers in your risk assessment:

1. Do any roles involve **safety-critical tasks**, such as driving for work, operating machinery, working at height or electrical work?
2. Could impairment **endanger staff, customers or the public**?
3. Are there **existing concerns** about misuse affecting behaviour, performance or safety?

What If Alcohol or Drugs Are Becoming a Wider Workplace Problem?

If you're concerned that alcohol or drug use is affecting your workforce more generally, don't assume testing is the first answer.

- **Review what is actually happening**, including incidents, near misses, reported concerns and workplace behaviours, and assess the risks, particularly where employees do safety-critical work.
- **Review your Alcohol & Drugs Policy**, communicate expectations through team briefings or toolbox talks, and make sure managers know how to recognise and respond to concerns.
- **Encourage people to raise concerns and seek support** without fear of automatically facing disciplinary action.
- **Seek HR and Health & Safety advice early.** It can help you understand the underlying issues, strengthen your arrangements and decide whether further controls, including testing, are necessary and proportionate.
- **Monitor the situation** and review whether your actions are making a difference.

Craven's Safety Culture Improvement Toolkit includes ready-to-use toolbox talks, including Drug & Alcohol Awareness, to help you start these conversations.

Which Businesses Might Need Testing?

Testing may be worth considering where impairment could create serious safety risks, such as:

Construction, engineering and manufacturing
Machinery, hazardous equipment and working at height.

Transport, logistics and delivery
Professional driving and vehicle operations.

Warehousing and distribution
Forklift trucks and other workplace vehicles.

Rail and other safety-critical transport
Where additional industry requirements may apply.

Not every business in these sectors needs testing. The decision should be based on the **actual risks of specific roles**, not simply the industry. For many SMEs, a clear policy, manager awareness and appropriate support will be enough.

> **The short answer**
>
> **Low-risk roles:** policy, awareness and support. No testing.
>
> **Safety-critical roles:** testing where there is a specific concern, after an incident, or as agreed during rehabilitation, if your risk assessment shows it is necessary and proportionate and it is set out in your policy and terms.
>
> **Random testing:** not our recommendation for most SMEs (Chapter 5).
>
> **Before introducing any testing programme:** CCS recommends you consult affected employees, establish a clear testing policy and make sure appropriate contractual testing provisions have been agreed and put in place (Chapter 4).

2 Manager's Quick Reference

The page to keep to hand.

1. Make safe

- Remove them from safety-critical duties now. This is a **precaution, not a punishment**.
- Don't let them drive; arrange safe transport.
- If they seem unwell, get first aid or medical help first.

2. Before asking for a test

- Have I recorded facts, not opinions?
- Is there a justified trigger under our policy?
- Do our policy and contractual arrangements authorise this test? If unsure, seek HR advice before proceeding.
- Has a senior manager authorised it?
- Can I speak to the employee privately?

3. Screening results

- An initial screen is **not a confirmed result** and not proof of misconduct.
- You can keep safety precautions in place while it is confirmed.
- Only a laboratory-confirmed drug result, or an alcohol confirmation test carried out to your provider's procedure, counts as confirmed.

4. Refusals and decisions

- If they refuse, don't pressure them. Ask why, record it and get HR advice.
- No testing arrangements in place? Keep everyone safe and investigate; don't insist on a test.
- No disciplinary decision without an investigation (Chapter 8).

Try this

Where appropriate testing arrangements are already in place:

"I've noticed some things this morning that concern me about your safety, so I've stopped you doing [task] for now. Our policy and your contract provide for testing in situations like this. I'd like to explain how it works and ask whether you agree to provide a sample."

Avoid saying

"You're obviously drunk." "Everyone knows you've got a problem." "This stays completely between us." Describe what you saw, not what you think it means.

3 Safety Culture Comes First

Testing may identify substance use. A positive safety culture helps prevent harm.

In a strong safety culture, people don't turn up unfit because they know it matters, they feel able to say "I'm not fit to drive today", and colleagues speak up when they're worried. That does more for safety than any test kit.

Leaders set the tone

Sensible drinking at client events and parties, and no pressure on anyone to drink.

Safe to speak up

Reporting a concern, a near miss or your own fitness for work is welcomed.

Fitness for work is everyday

Quick checks before high-risk tasks: "Is anyone not fit for this today?"

Early help is encouraged

Asking for help is normally treated as a health matter. It doesn't excuse misconduct already committed or remove safety precautions.

Training, Toolbox Talks and Manager Awareness

An effective approach to alcohol and drugs at work goes beyond having a written policy or introducing testing. Employees should understand your expectations around fitness for work, the risks of impairment, how to raise concerns and where to find confidential support.

Managers and supervisors should be given guidance on recognising possible concerns, managing immediate safety risks, having sensitive conversations and following your procedures. Regular toolbox talks and team briefings reinforce these messages, encourage early reporting and help build a culture where people feel able to ask for support.

Alcohol, Work Events and Harassment

Alcohol can increase the risk of inappropriate behaviour, including sexual harassment, at work events and client hospitality. Since 30 October 2026, employers must take **all reasonable steps** to prevent sexual harassment of their employees, and can be liable for harassment of employees by third parties, such as customers and clients, unless they have taken all reasonable steps to prevent it. Include alcohol in your harassment risk assessment, set expectations before events, and make it easy to report concerns. Alcohol is never an excuse for harassment. Craven's Sexual Harassment Toolkit sets out the steps in full.

> **In the Craven Workplace Wellbeing Guide**
>
> **Chapter 4: When Wellbeing Becomes a Safety Issue** covers fatigue, shift work and lone working. Download it free.

4 Policy, Contracts and the Law

Put it in writing, explain it well, and stay on the right side of the law.

The Law in Brief

Law	What it means for you
Health and safety law	Ensure health and safety so far as reasonably practicable and assess risks, including impaired working. Employees must take reasonable care too.
Drugs and driving law	It is an offence for a person who occupies or manages premises to knowingly allow drugs to be produced or supplied there, or cannabis to be smoked there. Drink-drive and drug-drive laws apply to anyone driving for work.
Equality Act 2010	Addiction isn't a disability in itself, **unless it began with prescribed medication or medical treatment**. Linked conditions, such as depression, can be. Take medical advice and consider reasonable adjustments.
Employment rights	Any outcome must be fair. For dismissals from 1 January 2027, unfair dismissal protection is due to start after six months' service (currently two years), and the cap on compensation is due to be removed. Discrimination claims need no qualifying service.
Data and privacy	Results are sensitive health data (Chapter 9), and tribunals expect testing to be proportionate and linked to work.

> **Legal limits aren't a work standard**
>
> Being under the drink-drive limit doesn't mean someone is fit for safety-critical work. You can set a lower standard for specific roles. If you choose "zero", agree a practical cut-off with your provider that allows for device accuracy.

Your Policy

Your policy should cover the standards you expect (including at work events and when driving), when testing can happen and for which roles, how it works, the support available and how cases are handled fairly.

Contractual Testing Clauses

Your Alcohol & Drugs Policy can remain non-contractual, like most staff handbook policies.

CCS recommendation

CCS recommends having an **agreed contractual testing clause**, supported by a clear Alcohol & Drugs Policy, before introducing planned workplace testing. A clause helps employees

understand when testing may be requested, why it may be necessary and what procedures will apply.

For **existing employees**, consult and seek agreement to any necessary contractual changes. For **new employees**, appropriate provisions can be included in their employment contracts. For agency workers and contractors, agree arrangements through your contract with the agency or contractor.

What does the law say?

A specific contractual testing clause is not a legal requirement in every circumstance. Testing may still be lawful without one, depending on the circumstances, existing workplace arrangements and appropriate legal safeguards.

However, you cannot automatically require an employee to undergo testing simply because you have concerns. Testing must be justified, necessary, proportionate and conducted lawfully, and **employees cannot be physically forced to provide a sample**.

The risks of testing without a contractual clause

- **Disputes over authority:** employees may challenge whether you have the right to require testing.
- **Difficulty managing refusals:** disciplinary action for refusing a test may be harder to justify, particularly where the requirement was never clearly communicated or agreed.
- **Employment claims:** unreasonable testing or disciplinary action could lead to grievances or claims, including constructive or unfair dismissal, depending on the circumstances.
- **Privacy and data protection:** intrusive or disproportionate testing, or mishandling results, may breach privacy or data protection law. A clause does not, by itself, resolve these obligations.
- **Damage to relationships:** unexpected testing can feel intrusive or unfair, undermining trust, morale and retention.

> **Our advice**
>
> Put clear contractual arrangements, a proportionate policy and appropriate safeguards in place before introducing a formal testing programme. If no contractual clause exists, testing is not automatically unlawful, but seek HR advice before requesting a test rather than assuming you have the authority to require one.

What if employees do not agree to testing?

Listen to their concerns and consider whether the proposals need changing. Where a new contractual testing clause is proposed, seek agreement from the employees affected: consultation alone does not mean a contractual change has been accepted.

If agreement cannot be reached, do not assume the clause can be imposed, or that employees can be disciplined simply for refusing the change. CCS recommends seeking HR advice before proceeding, and considering whether testing is essential, whether alternative safety measures are available and what employment law risks may arise.

Remember: safety always comes first

Immediate safety concerns must always be addressed, whether or not testing arrangements are in place. Take reasonable steps to protect the employee and others, investigate the circumstances and address any misconduct supported by evidence.

5 Random Testing: Our View

Why Craven doesn't recommend it for most SMEs.

Random testing is often the first thing employers ask about. It isn't unlawful, but it is **hard to justify** without a clear, role-specific safety case. Research has found little reliable evidence that testing improves workplace safety, and a positive drug test shows a substance was present, not that someone was impaired. It can also discourage people from asking for help early.

Think about recruitment and retention too

Random testing can affect how your business is perceived by prospective and existing employees. Where testing feels unnecessary or intrusive, it may discourage applicants, damage trust and make it harder to retain good people.

In safety-critical roles, a proportionate and clearly explained testing programme may provide reassurance. The key is to balance safety with fairness, privacy and a supportive workplace culture.

Our recommendation

- Test for a **reason**: a specific concern, an incident, or agreed monitoring during rehabilitation.
- Invest in **safety culture and manager confidence** first (Chapter 3).
- Use **everyday fitness-for-work checks** before high-risk tasks.

Random testing may be required or expected in some safety-critical environments, including where industry rules or client contracts specify testing arrangements. Employers should still check the applicable requirements, ensure testing is justified and proportionate, and put appropriate contractual, consultation and data protection safeguards in place. If you do test randomly, limit it to named safety-critical roles, use genuinely random selection by your provider and review it every year. Talk to us before you start.

6 Signs, Triggers and Disclosure

Notice changes, record facts and make it safe to ask for help.

Your role is to notice concerns and keep people safe, **not to diagnose**. Look for changes and patterns rather than a single sign.

Possible Signs of Impairment

Possible signs of alcohol impairment	Possible signs of drug-related impairment
• Smell of alcohol • Slurred speech • Poor coordination or balance • Confusion or impaired judgement • Unusual behaviour or reduced alertness	• Unusual drowsiness or agitation • Unusually slow or rapid speech • Poor coordination • Confusion or difficulty concentrating • Marked changes in alertness or behaviour

At work, either may show as unusual mistakes, near misses or unsafe actions, mood swings or aggression, or repeated lateness and unexplained absence.

> **These are possible indicators, not proof**
>
> Many signs overlap, and you can't reliably tell from appearance which substance, if any, is involved. The same signs can be caused by low blood sugar (for example with diabetes), a stroke or other medical emergency, a head injury, prescribed or over-the-counter medication, fatigue or lack of sleep, or other health conditions.
>
> **Call 999 for sudden confusion, collapse, seizures, breathing difficulties or signs of a stroke.** Never treat a medical emergency as suspected intoxication.

What to Do

1. Make safe

Remove them from safety-critical duties where necessary, and arrange first aid or medical help.

2. Record facts

What you saw, with times, behaviour and any safety concerns. "Smell of alcohol at 08:40; stumbled on the stairs", not "he was drunk".

3. Talk privately

Explain your concerns calmly, listen, and consider medical explanations. A supportive conversation may be more appropriate than discipline.

4. Follow the procedure

Apply your policy and seek HR, Occupational Health or medical advice where appropriate. Seeing symptoms doesn't automatically authorise a test.

When Testing May Be Considered

Where your policy and contracts provide for testing, it may be considered:

With cause
A reasonable suspicion based on recorded facts, authorised by a senior manager.

After an incident
Where there are reasonable grounds to think alcohol or drugs played a part. Not automatic.

During rehabilitation
Agreed in advance as part of a support plan, with an end date.

Before starting work
The Equality Act restricts health enquiries before a job offer, with limited exceptions. An offer doesn't make testing automatically lawful: it must still be necessary and proportionate for the role's real risks, with clear terms, confidentiality and data protection safeguards.

Disclosure and Medication

If someone tells you they have a problem, thank them, check they are safe for today's duties, and signpost support. Treat it as a health matter, while being honest that it doesn't excuse misconduct that has already happened.

Ask staff in safety-critical roles to tell you if a medicine, including prescribed medical cannabis, **may affect their safety at work**. You need to know the effect on their work, not the diagnosis; medical details belong with Occupational Health or the testing provider.

> **In the Craven Workplace Wellbeing Guide**
>
> **Chapter 9: Having the Conversation** and **Chapter 11: If Someone's Really Struggling** will help with difficult conversations. Download it free.

7 Testing Properly

If you do test, do it fairly, safely and with dignity.

Before requesting a test, check that it is justified and that the appropriate policy, contractual and legal safeguards have been considered. If arrangements are unclear, seek HR advice. For most SMEs, the simplest and safest option is a **competent external testing provider**. If you test in-house, testers must be trained in the equipment, kits must be in date and breathalysers calibrated.

Your responsibilities as a manager

- **Privacy and dignity:** test in private, and offer an alternative if someone has difficulty giving a sample.
- **Refusals:** don't pressure the employee. Explain the possible consequences, ask why and record it. A medical, disability or religious reason may be a good one. Where testing is contractually agreed, an unreasonable refusal may be misconduct, but only after a fair process.
- **While waiting:** keep them off safety-critical duties, or suspend if needed, normally on full pay. Explain it is a precaution.

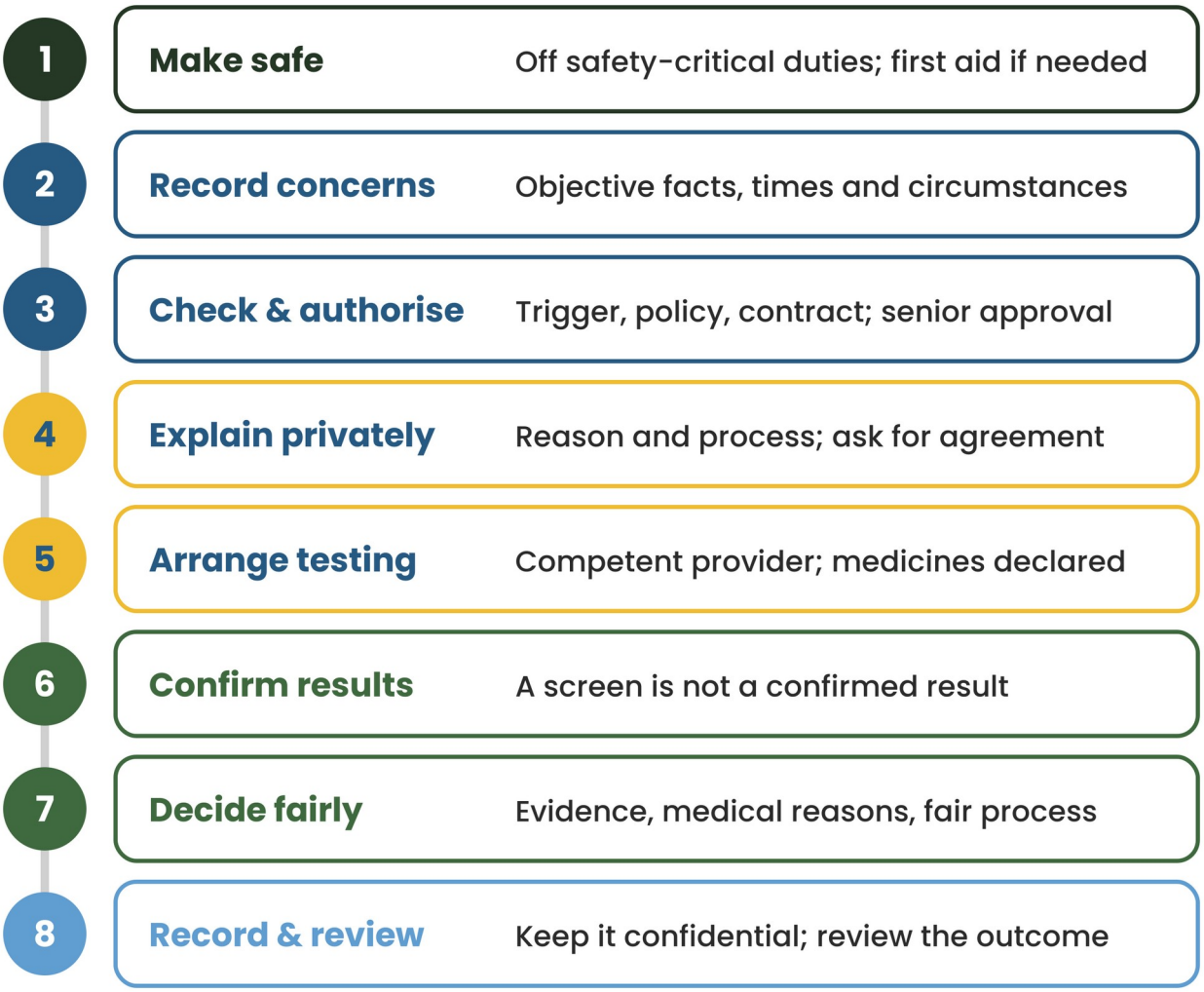

Figure 2: The testing process

Choosing a competent provider

- Confirmation should be done by a laboratory **accredited by UKAS to ISO/IEC 17025 for the specific tests you need** (accreditation covers named tests, so check its schedule) and working to European Workplace Drug Testing Society (EWDTS) guidelines.
- Laboratories confirm results using validated techniques, typically mass spectrometry such as GC-MS or LC-MS/MS.
- Expect chain-of-custody procedures and review of drug results by a doctor (a Medical Review Officer).
- A manufacturer's claims about an on-site screening device are not the same as laboratory accreditation. Ask your provider what each part of the process is accredited or validated for.

What the Main Tests Tell You

Test	What it shows	Key points
Breath (alcohol)	Alcohol in the body at the time of the test.	Use suitable, calibrated equipment. Screening and confirmation must follow the manufacturer's instructions and your provider's validated procedure, including any waiting period that protocol requires. A second reading isn't automatically reliable just because it is the second. Workplace testing is different from police evidential testing.
Oral fluid (saliva)	Recent drug use, typically within hours to a day or two.	Quick and observed. A non-negative screen needs laboratory confirmation. Shows recent use, not impairment.
Urine	Drugs and their breakdown products from recent days; longer for regular cannabis use.	Long-established in workplace testing. Needs privacy and safeguards against tampering, plus laboratory confirmation.
Hair	Repeated use over previous weeks or months.	Doesn't show the most recent days, so it can't show whether someone is fit for work now. Mainly for agreed rehabilitation monitoring.
Blood	Substances in the body at the time of sampling.	Invasive and must be taken by a medically qualified person. Rarely used in routine workplace testing.
Fingerprint sweat (newer option)	Recent use of a limited range of drugs.	Less intrusive, but tests fewer drugs and has less independent guidance than established methods. Check what it detects, how it has been validated and how results are confirmed.

Not every test detects every drug. What is detected depends on the method and the panel chosen. Common panels cover cannabis, cocaine, amphetamines, opioids and benzodiazepines; some prescribed medicines can also show up, and some newer substances need specific tests. Agree the panel and cut-off levels with your provider, based on your documented risks.

A confirmed result shows a substance was present, not that someone was impaired. Some substances show up long after their effects have worn off, so always ask whether a result has a real link to safety at work.

Understanding Results

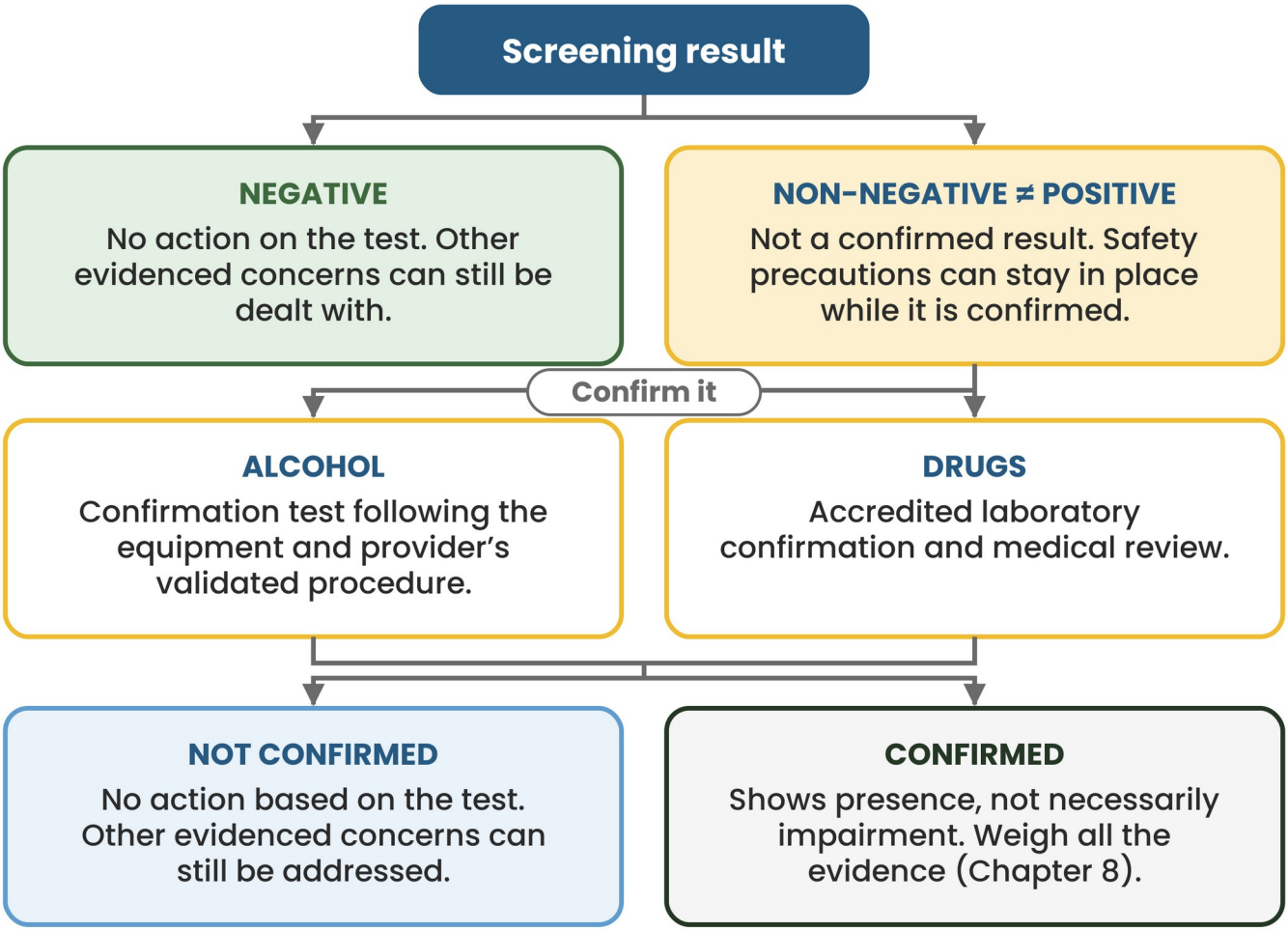

Figure 3: From screening result to confirmed outcome

Don't make any disciplinary finding on an unconfirmed screen, though safety precautions can stay in place meanwhile. Before deciding anything, check the result is confirmed, whether there is a medical explanation, and whether there is a real link to work. Give the employee a chance to explain, and ask your provider how a disputed result can be independently re-tested.

8 Support Route or Conduct Route?

Balancing support and fairness, consistently.

A confirmed result doesn't automatically decide how a case is handled. Depending on the facts, it may be a support matter, a health (capability) matter, a conduct matter, or a mix.

Your policy can say that being impaired at work, possessing or supplying drugs at work, refusing a contractually agreed test without good reason, tampering with a sample or driving for work over the limit **may** be gross misconduct. That label never removes the need for a fair process.

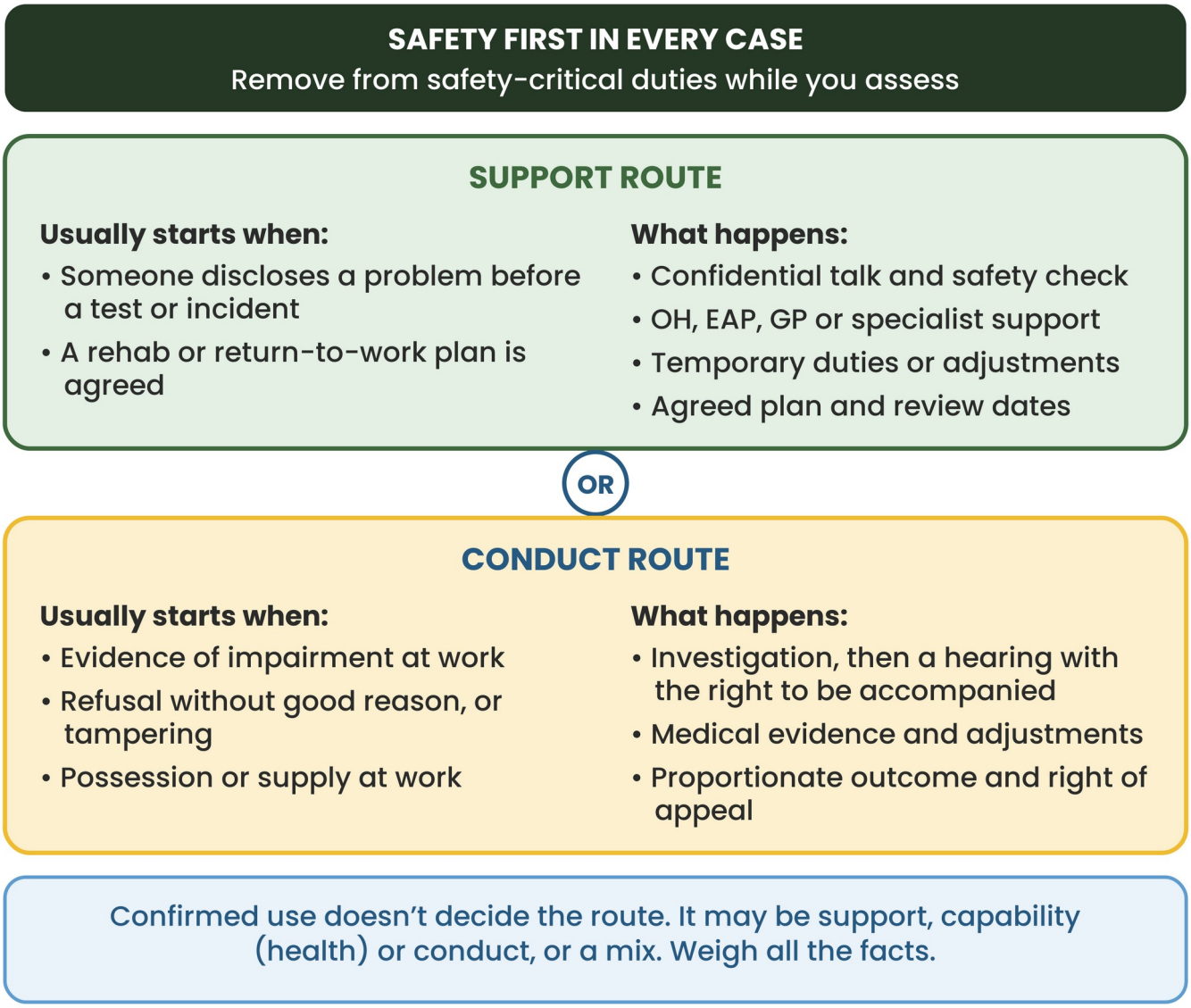

Figure 4: Choosing the right route

A Fair Process

- **Investigate first**, separately from any disciplinary hearing.
- **Put the allegations and evidence in writing** before a hearing.
- **Allow a companion** (a colleague or trade union representative) at the hearing.
- **Consider health:** medical evidence, dependency and reasonable adjustments.

- **Choose a proportionate outcome**, considering alternatives such as a final warning with a rehabilitation plan, or redeployment.
- **Offer an appeal.** Follow the Acas Code: failing to can increase tribunal awards by up to 25%.

Supporting Recovery and Rehabilitation

A supportive workplace encourages employees to seek help with alcohol or drug problems early, without fear of automatically losing their job.

Where appropriate, consider confidential conversations, signposting to a GP or specialist support, Occupational Health advice, time off for treatment, temporary changes to duties and a structured return-to-work plan. Get Occupational Health advice before anyone returns to safety-critical work.

Recovery may take time, and setbacks can happen. Regular check-ins and an agreed support plan can help employees remain in work or return safely.

> **Asking for help is taken seriously**
>
> Support does not remove the need to manage safety risks or serious misconduct, but employees should know that asking for help will be taken seriously and treated sensitively.

> **In the Craven Workplace Wellbeing Guide**
>
> **Chapter 10** covers Occupational Health and adjustments, and **Chapter 12: Coming Back Well** covers return to work. Download it free.

9 Records and Data Protection

Test results are sensitive health data. Handle them that way.

> **Agreeing to a test isn't "consent" under data protection law**
>
> Ask each time whether the employee agrees to give a sample. But don't rely on consent as your legal basis for using the result, because employees may not feel free to say no.

Before testing starts, you need to:

- choose a **lawful basis** under UK GDPR, such as legal obligation (your health and safety duties) or legitimate interests
- meet a **special category condition** for health data, usually the employment condition in the Data Protection Act 2018, which requires an **appropriate policy document**
- complete a **data protection impact assessment (DPIA)** and explain testing in your **privacy notice**
- share results only with those who need them; managers usually need the outcome, not medical details
- keep results secure and separate from personnel files, with set retention periods

- have a written contract with your testing provider setting out how they handle the data

ICO guidance on workers' health information is being updated, so check for changes. Craven's toolkit includes a DPIA template and privacy notice wording.

10 Your Checklist and 90-Day Plan

Turn this guide into action.

Check	Yes	Partly	No
We have documented whether testing is justified, and for which roles.			
Our Alcohol & Drugs Policy is clear and up to date, with arrangements for agency workers and contractors.			
Employees have been told about the policy, fitness-for-work expectations, how to ask for help (including about medicines) and the support available.			
Managers and supervisors know how to recognise concerns, manage immediate risks, hold sensitive conversations and follow the policy.			
Toolbox talks or team briefings are planned where appropriate to reinforce awareness.			
Our harassment risk assessment covers alcohol at work events.			
If testing: we have consulted the employees affected.			
If testing: agreed contractual testing provisions are in place for those roles.			
If testing: data protection is in place (lawful basis, policy document, DPIA, privacy notice and retention).			
If testing: we have a competent testing provider with a written contract.			
If testing: affected employees and managers have been briefed on the testing arrangements, including who authorises tests, before it starts.			
We review the policy, cases and legal changes every year.			

These reflect the steps in the Start Here flowchart. If you decide testing isn't necessary, focus on your Alcohol & Drugs Policy, manager awareness, fitness for work, employee support and regular reviews. The testing-specific requirements only apply where testing is being introduced.

First 30 days

Risk assessment and a documented decision on whether testing is justified.

By 60 days

Consultation, policy, contracts, data protection, provider and manager training.

11 The Craven Alcohol & Drug Toolkit

Ready-to-use documents that save you time and reduce risk.

This guide explains what good looks like. The **Craven Alcohol & Drug Toolkit** provides practical, editable documents and templates to help you develop and implement appropriate workplace arrangements, written in plain English and designed for SMEs. It saves hours of drafting, gives managers a clear process to follow, and helps you show you have acted fairly if a decision is ever challenged.

Alcohol & Drug Policy
A clear, supportive policy covering standards, testing, support and fair outcomes.

Contract wording
A testing clause for new starters and a variation letter for existing staff.

Staff launch pack
Launch email, FAQs and a briefing script for safety-critical teams.

Manager forms
Reasonable suspicion checklist, testing record, medication declaration and rehabilitation agreement.

Data protection pack
DPIA template and privacy notice wording.

Manager training (separate service)
Craven can deliver manager briefings on spotting concerns, having the conversation and handling a test fairly. Not included in the toolkit purchase.

Further Resources from Craven

Safety Culture Improvement Toolkit: practical resources to strengthen safety communication, employee engagement and positive safety behaviours, including 30 ready-to-use toolbox talks such as Drug & Alcohol Awareness, Drug & Alcohol Awareness with Testing, Fatigue Awareness and Mental Health Matters.

Building Workforce Competence – A Practical Guide: helps you identify training needs, plan learning, maintain competence and use toolbox talks, supervision and ongoing development to support safer working.

Training and manager support: we can help you identify appropriate learning, deliver or arrange manager briefings and communicate your alcohol and drug policy.

How we can help

We tailor every document to your business, roles and risks. We can also help you decide whether testing is right for you, choose a provider, support you through individual cases, and arrange an Employee Assistance Programme at partnership pricing.

Call 01756 860 600 or email hello@cravenconsultancyservices.co.uk to get started.

12 Sources

Where to find the official guidance.

- Craven Workplace Wellbeing Guide (free download)
- HSE: Managing drug and alcohol misuse at work
- ICO: Drugs and alcohol testing
- Acas Code of Practice on disciplinary and grievance procedures
- EHRC: Workplace harassment duties
- Equality Act 2010 (Disability) Regulations 2010, regulation 3
- GOV.UK: Employment Rights Act 2025 timeline
- Testing standards: EWDTS guidelines for workplace drug testing in urine (2022); SoHT consensus on hair testing (2022); UKAS
- Research: Independent Inquiry into Drug Testing at Work (2004); Pidd and Roche (2014); Cochrane (2020)