Guidance on the Management of Drugs and Alcohol

Issue Record

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Superseded documents

This Railway Group Guidance Note does not supersede any other Railway Group documents.

Supply

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Guidance on the Management of Drugs and Alcohol

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Part 1 Introduction

1.1 Purpose of this document
This document has been drafted to give guidance to railway undertakings and infrastructure managers in managing the risks created by the abuse of drugs and alcohol.

This guidance is intended to help railway undertakings and infrastructure managers to meet the requirements of:

a) the Transport and Works Act 1992
b) GE/RT8070, which contains measures notified by the UK government to the European Commission as National Notified Technical Rules (NNTR) under the Conventional Rail Traffic Operation and Management TSI (CR-OPE-TSI).

1.2 Background

1.2.1 Impairment of work performance caused by drugs or alcohol has the potential in the railway industry to lead to errors in safety critical tasks with catastrophic consequences. This is recognised in the Transport and Works Act 1992 (TWA) which created two new criminal offences:

a) carrying out safety critical work on the railway while under the influence of drugs or alcohol (section 27)

b) where the employer of a person who has committed an offence under section 27 cannot show they exercised ‘all due diligence’ in trying to prevent their employee’s offence (section 28).

1.2.2 The use of drugs and alcohol is relevant to fitness for work. The Railways and Other Guided Transport Systems (Safety) Regulations 2006 (ROGS) requires that employees are assessed as fit to carry out safety critical tasks (Regulation 24).

1.2.3 A structured drugs and alcohol policy, including drugs and alcohol testing, is an important element in demonstrating due diligence in this context. This document provides a framework for such a policy and its implementation.

1.3 Structure of this document

1.3.1 It is structured to enable the reader to follow the steps for developing and implementing a drugs and alcohol policy, including the mandatory requirements of GE/RT8070 and provide guidance, which represents good practice in this field at the time of drafting.

1.3.2 This document contains the requirements published in GE/RT8070.

1.4 Health and safety responsibilities

1.4.1 Users of documents published by RSSB are reminded of the need to consider their own responsibilities to ensure health and safety at work and their own duties under health and safety legislation. RSSB does not warrant that compliance with all or any documents published by RSSB is sufficient in itself to ensure safe systems of work or operation or to satisfy such responsibilities or duties.

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1.6 Approval and authorisation of this document

The content of this document was approved by:

TOM Standards Committee on 14 October 2008.

This document was authorised by RSSB on 15 October 2008.
Part 2  Drugs and alcohol policy

2.1 Determining who is covered by a drugs and alcohol policy

GN01 Railway undertakings and infrastructure managers should subject to a drugs and alcohol policy all staff employed by them to carry out safety critical tasks. The scope of safety critical work, as defined in the Transport and Works Act 1992 (the 1992 Act), has been extended and amplified by the Railways and Other Guided Transport Systems (Safety) Regulations 2006 (ROGS), regulation 24. It is recommended that the scope of a drugs and alcohol policy includes, as a minimum, the safety critical tasks shown in ROGS.

2.2 Determining which drugs to test for

GN02 Railway undertakings and infrastructure managers should determine which drugs to test for. In determining which drugs to test for, railway undertakings and infrastructure managers should take into consideration, but not be limited to, the following factors:

a) whether a reasonably practicable test exists
b) the likelihood of a drug or type of drugs being taken
c) the ability of a drug to impair work performance.

Drugs include controlled drugs as defined by law (sometimes referred to as ‘prohibited’ or ‘illicit’ drugs or ‘drugs of abuse’) and other substances that can affect a person’s ability to perform their duties, including prescribed and over the counter medicines.

2.2.1 Whether a reasonably practicable test exists

GN03 The Health and Safety Executive (HSE) provide information about alcohol and drugs at work. The Office of Rail Regulation (ORR) has information on drug and alcohol testing in the railway industry.

GN04 Tests exist for most controlled drugs suitable for use in testing regimes to meet rail industry needs. Drug testing laboratories will be able to advise which tests are appropriate for the purpose of a drugs and alcohol policy.

GN05 Research was commissioned by RSSB on behalf of its members, to investigate common drug sampling and testing methods and to report on their suitability. The report findings provide the industry with an evaluation of the four key drug testing methods (urine, saliva, oral mucosal transudate (OMT) and sweat), compared with blood testing. The aim was to assist managers in choosing a suitable and cost-effective method to fit their organisation’s needs, while meeting the legal requirements. Individuals who are responsible for introducing a drug and alcohol policy and for designing a testing protocol are advised to read the full report which is available electronically at: http://www.rssb.co.uk/pdf/reports/research/T133_Review_of_drug_testing_methodologies.pdf

2.2.2 The likelihood of a drug being taken

GN06 The extent of illicit drug use among 16-59 year olds and trends in drug use since 1996 is described in the Home Office report ‘Drug misuse declared: Findings from the 2003-04 British Crime Survey’, which can be found at: www.crimereduction.gov.uk/drugsalcohol86.htm

GN07 This report gives an indication of which drugs are most likely to be taken but may not be directly relevant to a working population in the rail industry. Cannabis is used by significantly more people and more frequently than any other illicit drug. Other commonly used drugs include ecstasy, cocaine and amphetamines. Opiate (eg heroin) misuse is relatively less common.

Drug misuse varies with age, gender, geographical area and other social factors, which may be relevant to particular railway undertakings or infrastructure managers.
In addition to research and survey information, drug testing laboratories will be able to advise which drugs are responsible for the greatest proportion of positive results, and therefore should be considered for inclusion in any drug testing regime.

In addition to controlled or illicit drugs there are many medicines that may cause impairment and may be misused, such as strong painkillers, benzodiazepines and other psychotropic medication, which may necessitate their inclusion in a drug testing protocol. Legitimate use of these medicines must be declared at or before the time of drug testing. The illness or condition for which these drugs are prescribed may also have the potential to impair work performance.

### 2.2.3 The ability of a drug to impair work performance

Alcohol is well recognised as a cause of impaired performance, which correlates with specific blood concentrations that form the basis of a positive test. Specific limits are mandated for the rail industry (see section 2.11) but individual railway undertakings and infrastructure managers may choose to adopt lower levels.

Research has been carried out on behalf of HSE to determine the scale and impact of illegal drug use by workers. The project showed that recreational drug use may reduce performance efficiency and safety at work. Drug use was shown to produce impairment in those who only used cannabis, those who only use drugs at the weekend, and even those who have abstained from drugs for at least three to seven days. This indicates that it is not only actual intoxication in the workplace that may have an impact on the performance of drug users so the detection of recent use may also be relevant. Concurrent drug and alcohol use was shown to produce even greater impairment. See HSE Research Report Series RR193.

HSE has also published the results of research into the effects of psychotropic medication on performance efficiency and human error in a working sample. See HSE Research Report Series RR282.

### 2.3 Establishing a drugs and alcohol policy

Railway undertakings and infrastructure managers should document their drugs and alcohol policy with regard to the:

- a) use of drugs
- b) use or abuse of any prescribed or over the counter medication or other substances that could detrimentally affect work performance
- c) consumption of alcohol before and during working hours.

Railway undertakings and infrastructure managers should give information to staff on the following:

- a) the effects of drugs and alcohol on performance
- b) factors that lead to dependency on drugs or alcohol
- c) information that can prevent them from inadvertently breaching the drugs and alcohol policy.

Railway undertakings and infrastructure managers should incorporate this information into the induction programme for staff employed to carry out safety critical tasks, or otherwise bring to their attention before they first commence safety critical tasks.

The material provided for induction and briefing of staff should include information about units of alcohol and the average times taken for the effects of alcohol to diminish to a point where they will not impair performance and the person would be fit for duty.
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**GN18** Staff should be informed of the ways in which they can inform their manager or supervisor that they are taking prescribed drugs, together with information provided by their general practitioner or a pharmacist on likely effects on work performance. Staff should also be reminded that they should tell their doctor about the nature of their work before medication is prescribed and ask for information about any side-effects. Further information can be found in GO/RC3561 Appendix E.

**GN19** Staff should be warned that they should inform their manager, supervisor or person collecting a sample for drug testing purposes, before a test is carried out, of any prescribed or over-the-counter medicine they are taking, in case the medication affects the test result. Further information can be found in GO/RC3561 Appendix E.

### 2.4 Contents of a drugs and alcohol policy

**GN20** See Railway Safety Research report T050: Survey of policies relating to alcohol and substance abuse in a range of industries.

**GN21** Railway undertakings’ and infrastructure managers’ drugs and alcohol policies should contain, but not be limited to, the following:

a) definition of the scope of its application within the railway undertaking

b) allocation of responsibilities for implementing and maintaining the policy

c) information on what constitutes misuse of drugs or alcohol

d) reporting arrangements for staff using prescribed and over-the-counter medication

e) restrictions and prohibitions on the consumption of alcohol

f) implications of and relationship with the Transport and Works Act 1992

g) information on individual safeguards, rights of appeal and confidentiality

h) information on help and support available to those with drugs or alcohol problems

i) circumstances in which disciplinary action will be considered

j) arrangements for undertaking drugs and alcohol testing

k) circumstances under which drugs and alcohol testing will take place

l) arrangements for reporting the results of drugs and alcohol testing

m) arrangements for staff who are remotely managed.

**GN22** The safety critical tasks performed within the railway undertaking or infrastructure manager will have been identified in its risk assessments and other work contributing to its safety management system.

### 2.5 Implementation and review of a drugs and alcohol policy

**GN23** Railway undertakings and infrastructure managers should inform supervisors and managers of staff carrying out safety critical tasks of their responsibilities under their employer’s drugs and alcohol policy, including:

a) the recognition of impaired workplace performance or behaviour likely to be caused by the effects of drugs or alcohol

b) the potential effects of medication on the ability of staff to undertake safety critical tasks

c) encouraging staff to ask for advice and help in respect of problems caused by drugs or alcohol.
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GN24 Railway undertakings and infrastructure managers should inform all staff of the drugs and alcohol policy when it is first implemented and after any changes.

GN25 Effective communication with follow up action to reinforce the message is important for the success of a drugs and alcohol policy. The rail industry experience since 1993 has been that good information and peer group pressure have contributed to reduction in the number of accidents or incidents where drugs or alcohol was a relevant factor.

GN26 Railway undertakings and infrastructure managers should review their drugs and alcohol policy at least once every three years.

2.6 Pre-appointment testing

GN27 Railway undertakings and infrastructure managers should inform applicants for posts involving safety critical tasks, and who are likely to be offered employment, of the details set out in their drugs and alcohol policy.

GN28 Railway undertakings and infrastructure managers should test all persons appointed to posts involving safety critical tasks (including by promotion from within the railway undertaking) before they first undertake safety critical tasks.

GN29 Pre-appointment tests are usually part of a pre-arranged appointment including medical assessment. The important element in such a test is therefore detection of any drugs rather than alcohol.

2.7 Periodic testing for drugs and alcohol

GN30 Railway undertakings and infrastructure managers should test periodically staff carrying out safety critical tasks.

GN31 Selection of candidates for periodic testing should be random and, where reasonably practicable, unannounced.

GN32 Random selection is normally achieved by generation of randomly selected names using a computer programme.

GN33 Unannounced testing is without prior warning to the person tested. As a consequence, it is usually carried out in the workplace, for example a train crew booking-on point or depot. Safeguards should be in place to ensure that the testing activity does not compromise operational safety.

GN34 Arrangements for testing in the workplace should take account of the nature of the tests to be used and the facilities available (privacy; hygiene; potential for contamination).

GN35 Where testing is not at the workplace, it is likely that the person to be tested will be informed through notice of a change to rostered duties and be asked to attend a testing site elsewhere. The length of warning period should be as short as possible to maximise the effectiveness of the test.

GN36 Railway undertakings and infrastructure managers should test a minimum of 5% of their staff carrying out safety critical tasks each calendar year.

GN37 Railway undertakings and infrastructure managers should prevent, as far as is reasonably practicable, staff from permanently avoiding such testing.

GN38 Railway undertakings and infrastructure managers are permitted to allow relevant persons that are subject to unannounced or randomly selected testing to continue their duties whilst awaiting the results of tests, unless there are reasonable grounds to suspect that they are unfit for duty at the time of testing.

2.8 ‘For cause’ testing – behaviour

GN39 Railway undertakings and infrastructure managers should test staff carrying out safety critical tasks whose behaviour gives cause to suspect that they are unfit for work due to the
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effects of drugs or alcohol. Such a person should not be allowed to resume work or safety critical tasks until the result of the drugs and alcohol test is known.

**RGS 2.3 ‘For cause’ drugs and alcohol testing**

2.3.1 Infrastructure managers or railway undertakings shall undertake ‘for cause’ drugs and alcohol testing on any member of their staff engaged in safety critical tasks, on receipt of a reasonable request from another infrastructure manager or railway undertaking; where there are reasonable grounds to suspect:

a) that the person is under the influence of drugs or alcohol

b) that the safety of the operational railway is at risk.

This requirement will apply when railway undertakings or infrastructure managers have grounds for suspecting a person who is not their employee may be performing safety critical tasks under the influence of drugs or alcohol (for example, a train dispatcher at a station used by more than one railway undertaking).

This requirement also enables railway undertakings and infrastructure managers to carry out their duty to cooperate under ROGS regulations 22 and 26, in the event of an accident or incident involving staff employed by more than one transport operator, where ‘for cause’ drugs and alcohol testing is justified (see below).

**2.9 ‘For cause’ testing – accidents and incidents**

Railway undertakings and infrastructure managers should initiate ‘for cause’ drugs and alcohol testing when they have reasonable grounds to suspect that a person carrying out safety critical tasks:

a) may have contributed to an accident or incident, and

b) their performance may have been affected by drugs or alcohol.

Railway undertakings and infrastructure managers should regard all accidents or incidents which require investigation by a rail industry Formal Investigation, as specified in Railway Group Standard GO/RT3119, or the Rail Accident Investigation Branch as reasonable grounds for this purpose.

Railway undertakings and infrastructure managers should not allow a person tested for drugs and alcohol under these circumstances to resume safety critical tasks unless:

a) a negative test result is obtained, or

b) it can be demonstrated that the person concerned did not contribute, either through their actions or by their omission, to the accident or incident.

The Railway undertaking or infrastructure manager involved should, before undertaking drugs and alcohol testing, obtain the permission of the doctor in charge of the case of a person who would normally be tested in compliance with this section of the standard but has been admitted as a hospital patient.

Railway undertakings or infrastructure managers should test a person for alcohol and drugs in accordance with the requirements of this document even if the person has been tested by a police officer. This is because the maximum permitted limits for alcohol applied by the rail industry are lower than those set out in the TWA (section 2.11), and the police officer may not be able to give a written confirmation of the test result.

Railway undertakings or infrastructure managers should inform the person appointed to lead a formal or local investigation of the result of any test for drugs and alcohol. The Rail Accident Investigation Branch may also request the results for its investigations under their statutory powers.
2.10 Collection and analysis of test samples

Railway undertakings and infrastructure managers should use a documented chain of custody for the collection of drugs and alcohol samples. Samples should be collected by suitably trained collection officers and there should be safeguards to ensure that reported results can be related to the correct individual. This will involve procedures to ensure that the sample is tamper proof, correctly labelled, securely transported to the laboratory and securely stored before analysis – the ‘chain of custody’.

Railway undertakings and infrastructure managers should conduct sample collection in a manner such that:

a) the safety, health and dignity of those people carrying out the sample collection and of the persons whose sample is being collected are protected

b) samples are collected at a time when the safety duties of the person being tested are not affected

c) persons being tested are given the opportunity to disclose any medication they have taken.

RGS 2.2 Laboratories for drugs and alcohol testing

2.2.1 Infrastructure managers and railway undertakings shall only use laboratories for drugs and alcohol analysis that are:

a) UKAS (or European equivalent) accredited to ISO/IEC 17025:2005

b) subject to blind analysis testing under an external quality assurance scheme.

Accreditation of laboratories is based on ISO 17025:2005 and ISO 15189:2003. Accredited laboratories will be able to advise on the specific drugs to be included in the testing protocol and modifications to that protocol from time to time. Statistical analysis of the results of drugs and alcohol testing will help to determine which drugs account for a significant proportion of positive results and may assist with improvements to the testing protocol.

2.11 Positive results of drugs and alcohol testing

RGS 2.1 Positive result

2.1.1 Infrastructure managers or a railway undertaking shall regard a test result for drugs or alcohol, on a member their staff engaged in safety critical tasks, as being positive if it shows:

a) the presence of drugs for which there is no legitimate medical need for either their use or the quantity of their use

b) more than 29 milligrams of alcohol in 100 millilitres of blood, or

c) more than 13 micrograms of alcohol in 100 millilitres of breath, or

d) more than 39 milligrams of alcohol in 100 millilitres of urine.

The rail industry maximum permitted limits for alcohol shown above were established in 1993 and have been reviewed since. The limits are based on medical advice that alcohol in excess of these limits (even if still below the limits defined in the TWA) could impair
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performance of safety critical tasks and increase the likelihood of errors, in the rail and other industries where sustained concentration and alertness is needed for safe performance of the task.

CR-OPE-TSI requires railway undertakings and infrastructure managers to apply national rules of the member state in which a train is operated with regards to defined limits for drugs and alcohol (TSI section 4.7.1).

In the case of drugs, the result is positive if drugs are present in the person and there is no legitimate medical need for their use or quantity. Some controlled drugs have no legitimate medical use in any quantity.

2.11.1 Positive test and positive result

It is important to distinguish between a positive test and a positive result because the result of the drug testing procedure will be reported to the employer and may have consequences for the individual’s future employment.

A positive test is the detection, in an appropriate laboratory test, of any amount of a drug that is being tested for. Testing is a complex process that includes tests for the breakdown products of some drugs.

A positive result can only be confirmed after discussion with the employee tested and the accredited laboratory to establish that there is no legitimate medical explanation for the use of the drug or the quantity of the drug that has been detected. Subjects should disclose any medication that they are taking prior to the collection of a sample and be warned of the possible consequences of failing to do so (see also section 2.13). Detection of declared medicines need not be considered a positive result providing their use and quantity are legitimate. Subjects who declare medication after a positive test may find it very difficult to prove that its use was legitimate, which would be necessary to avoid a positive result being reported to the employer.

The process of deciding whether a positive test constitutes a positive result that should be reported to the employer is managed by a doctor with specific competence in this field, often known as a Medical Review Officer (MRO). The Association of Rail Industry Occupational Physicians (ARIOPS) (www.ariops.org.uk) can offer guidance on the appropriate level of training and competence for MROs.

The MRO works closely with the testing laboratory and the sample donor to determine whether a positive laboratory test constitutes a positive result. The MRO will be responsible for ensuring that the result is communicated to the employer in the appropriate manner.

Railway undertakings and infrastructure managers should treat a refusal by a person of a reasonable request to be tested for drugs and alcohol to be the same as if that person had tested positive for drugs or alcohol.

Railway undertakings and infrastructure managers should not regard medication disclosed by a person under GN49 as a positive result providing it was disclosed before the test sample was collected and there is suitable evidence that the medication was being used correctly.

Railway undertakings and infrastructure managers should not permit a person who returns a positive result after pre-appointment drugs testing to carry out safety critical tasks.

A person who returns a positive result at pre-appointment testing may be permitted to re-take the test at a later date if they can satisfy the railway undertaking or infrastructure manager that the previous positive result was not an indication of habitual and continuing abuse of drugs or alcohol.

Railway undertakings and infrastructure managers should not permit a person who returns a positive result after drugs and alcohol testing to undertake any safety critical task unless the requirements of GN63 are met.
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Railway undertakings and infrastructure managers should not re-employ for safety critical tasks a person who has previously returned a positive result for drugs or alcohol testing, unless:

a) a period of 3 years has elapsed during which time they have not undertaken safety critical tasks, and

b) they are subjected to a drugs and alcohol test, with negative results, before resuming safety critical tasks, and

c) they are subjected to an individually tailored regime of unannounced testing, for a period to be determined by the responsible railway undertaking or infrastructure manager.

2.12 Records, monitoring and review

Railway undertakings and infrastructure managers should keep records of all testing for drugs and alcohol for a period of not less than three years from the date the testing was carried out.

Railway undertakings and infrastructure managers should monitor the results of drugs and alcohol testing to identify trends and patterns which may indicate changes in risk to their operations.

Railway undertakings and infrastructure managers should periodically review the effectiveness of their drugs and alcohol policy, using data collected from monitoring under GN67 and other data on drug and alcohol abuse, such as published research or government information. Railway undertakings and infrastructure managers should consult the accredited laboratory which provides their testing service for advice on changing patterns of drug and alcohol use in the wider population. This includes obtaining information about new drugs or drug variants which could affect the testing regime.

Railway undertakings and infrastructure managers should rectify any deficiencies identified in their drugs and alcohol policy to prevent any increase in risk to the mainline railway from this source.

2.13 Use of medication

It is important that the drugs and alcohol policy provides for the declaration of medication by staff but also that they understand that any declaration must be as early as possible after the medication has been prescribed and in any event before a test is carried out.

Individual staff should be reminded of the need to question the prescribing physician about possible side-effects of medication on their particular work.

Railway undertakings and infrastructure managers should enable and encourage staff carrying out safety critical work to report the use of prescribed and over-the-counter medicines to their supervisor or line manager.

Railway undertakings and infrastructure managers should provide managers and supervisors with access to advice from a competent medical authority on the likely effects of the medication on a person’s capability for safety critical tasks. This could be the contact details for the railway undertaking’s or infrastructure manager’s occupational health service provider.

Railway undertakings and infrastructure managers should not allow a person to carry out safety critical tasks if the medical authority advises that such a course of action is necessary.

In these cases railway undertakings and infrastructure managers may:

a) suggest that the person considers the use of alternative medication that will not affect performance. In case of prescribed medication the person should consult
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the prescriber before making changes. It may be helpful for the prescriber to be able to discuss work requirements directly with the employer's health service provider, or

b) instigate special measures to permit the person to carry out their normal duties.
Definitions

**Blind analysis testing**
A process that is undertaken to test a laboratory’s ability to detect and identify those substances that are being tested for in such a way that is unknown to the people carrying out the tests.

**Chain of custody**
A process used to maintain and document the chronological history of a [drugs and alcohol] sample in order to guarantee the identity and integrity of the sample from collection through to reporting of the test results, and which leads to the production of a legally defensible report.

**Drug**
For the purpose of this document, a drug means a ‘controlled drug’ as defined in the Misuse of Drugs Act 1971 and its subsequent modification orders, or other substance that could affect a person’s ability to carry out safety critical tasks safely. The term also includes medication, either prescribed by a medical practitioner or purchased over the counter, which can have similar effects.

**Drugs and alcohol testing**
Testing to identify whether or not drugs or alcohol are present in a person (see also definition of ‘for cause’ drugs and alcohol testing).

**‘For cause’ drugs and alcohol testing**
Drugs and alcohol testing to identify whether or not drugs or alcohol are present in a person:

a) whose behaviour gives cause to suspect that they are unfit for work due to the effects of drugs or alcohol or

b) there are reasonable grounds to suspect that a person carrying out safety critical tasks may have contributed to an accident or incident because their performance was affected by drugs or alcohol.

**Medical Review Officer (MRO)**
A physician who can issue a negative report for a positive analytical result based on consultation with the donor in question, the donor’s GP, the laboratory toxicologist and information supplied by the donor at the time of sampling (eg prior medication).

**Psychotropic medicines**
Medicines that are capable of affecting the mind, emotions or behaviour.

**Safety critical task**

**Staff**
For the purpose of this document a member of staff includes:

a) an employee of a railway undertaking or infrastructure manager

b) a contractor to the railway undertaking or infrastructure manager

c) an employee of a contactor to the railway undertaking or infrastructure manager.
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References

The Catalogue of Railway Group Standards and the Railway Group Standards CD-ROM give the current issue number and status of documents published by RSSB. This information is also available from www.rgsonline.co.uk.

Documents referenced in the text

RGSC 01 The Railway Group Standards Code

Railway Group Standards
GE/RT8070 Testing Railway Safety Critical Workers for Drugs and Alcohol
GO/RT3119 Accident and Incident Investigation

Other documents
Conventional Rail Traffic Operation and Management Technical Specification for Interoperability (CER-OPE-TSI)
Misuse of Drugs Act 1971
Transport and Works Act 1992 (TWA)
Railways and Other Guided Transport Systems (Safety) Regulations 2006 (ROGS)
ISO/IEC 17025:2005 General requirements for the competence of testing and calibration laboratories
ISO 15189:2003 Medical Laboratories - Particular Requirements for Quality and Competence

Further information

Survey of policies relating to alcohol and substance abuse in a range of industries – Railway Safety Research report T050
Alcohol Concern: www.alcoholconcern.org.uk
Drugscope: www.drugscope.org.uk
HSE – Alcohol and Drugs at Work: www.hse.gov.uk/alcoholdrugs
Office of Rail Regulation – Drug and Alcohol testing: www.rail-reg.gov.uk/server/show/nav.1127