

Alcohol in the workplace



Alcohol and the working population • The causes and effects of workplace drinking • Putting alcohol policies to work



Official statistics show that employed people are more likely to drink to excess than unemployed people, that the proportion of young workers drinking excessively is highest in manual jobs such as in construction and manufacturing, as well as in professional and financial services (where about a third of staff admit heavy drinking).¹

The effects of alcohol misuse in the workplace invariably have harmful implications on the health and social behaviour of employees and employers in the workplace; an Impact Assessment paper on minimum pricing calculated lost productivity due to alcohol in the UK at about £7.3bn per year (at 2009-10 prices).²

However, despite the noted high costs of alcohol-related harms to businesses, some employers continue to foster cultures of drinking at several stages of working life among staff, from first initiation with colleagues and as a motivation for socialising through to rewarding individual or group achievements. Employers have a duty of care to promote health and wellbeing among their staff when it is in fact as commonplace for workers to adopt alcohol as a coping mechanism for managing the pressures of modern life.

This factsheet addresses these concerns and their causes, examines the underlying risk factors, and looks at solutions for dealing with the issue of problem drinking at work.

¹ Croner-I (October 2016) 'Britain's binge drinking culture at work'

<<https://app.croneri.co.uk/feature-articles/britain-s-binge-drinking-culture-work?product=17>>

² Woodhouse, John (April 2017), 'Alcohol: Minimum pricing', House of Commons Library, p. 7, from Home Office (November 2012), 'Impact Assessment on a minimum unit price for alcohol', p. 5

<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/157763/ia-minimum-unit-pricing.pdf>

Alcohol and the working population

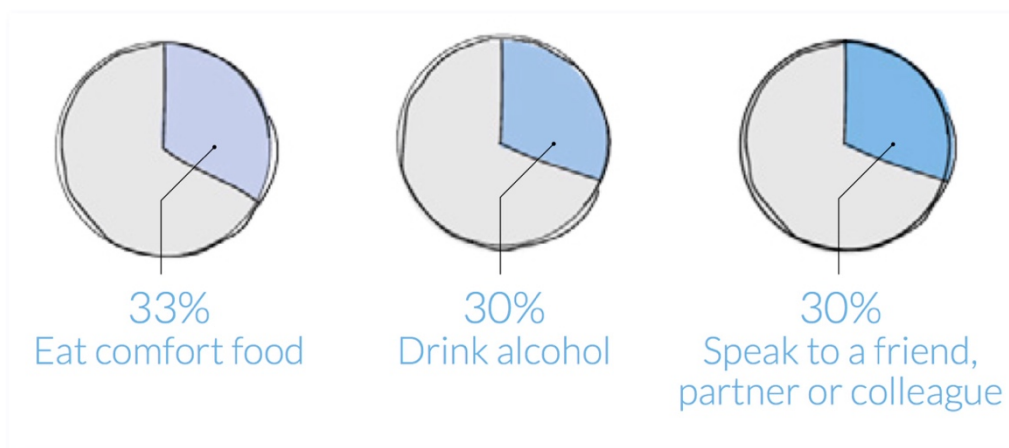
The heaviest drinkers, and thus those with the greatest likelihood of experiencing alcohol problems, tend to be concentrated in those of working age.

The British Medical Association states that it is evident that individuals in employment are more likely to drink frequently compared to those who are unemployed, and that individuals in managerial and professional occupations are likely to drink more frequently than those in routine and manual occupations.¹

Some studies hint at a correlation between working hours and amount of alcohol consumed; one involving a sample of 300,000 subjects across Europe, Australia and North America identified that those who work more than 48 hours a week are 11% more likely to drink alcohol at risk levels than those working a standard week.²

A market research report also demonstrates that the phenomenon of drinking to relieve workplace pressures also exists from the consumer angle (see figure 1).

Figure 1: How consumers deal with work stress



Source: Mintel's The Working Life UK 2015 report

Heavy drinking during the working week contributes to the prevalence of alcohol-related health problems among workers, which in turn impacts upon the productivity of firms. Up to 17 million working days are lost each year in the UK because of alcohol-related sickness and the cost to employers of sick days due to alcohol is estimated at £1.7bn.³ The total annual cost to the economy is estimated to be £7.3bn (2009/10 prices).⁴

A 2007 report commissioned by Norwich Union Healthcare produced the following findings on alcohol-related workplace issues:⁵

- A third of employees admitted to having been to work with a hangover
- 15% reported having been drunk at work
- 1 in 10 reported hangovers at work once a month; 1 in 20 once a week
- Work problems resulting from hangovers or being drunk at work included difficulty concentrating; reduced productivity; tiredness and mistakes
- The majority of employers (77%) interviewed identified alcohol as a major threat to employee wellbeing and a factor encouraging sickness absence.

However, the acknowledgment of heavy and frequent drinking in the working environment does not necessarily lead to changes in those drinkers' attitudes to alcohol consumption. The most recent findings of an annual healthy workplace survey comprising responses from over 25,000 employees representing 82 companies showed that:⁶

- Roughly a third of employees (31%) interviewed said they were at risk of exceeding the Chief Medical Officers' weekly alcohol guidelines of no more than 14 units per week
- Of those, only 6% reported being motivated to cut down on their drinking; the majority of respondents who exceeded the weekly amounts (56%) had no such intention, while a further 38% recognised that they should drink less, but did not intend to in the short term.

Among workers, official data on alcohol-related mortality by socioeconomic classification has suggested that "routine workers" are at greater risk of dying from an alcohol-related disease than those in higher managerial and professional jobs.

Men whose jobs are classified as "routine", such as van drivers and labourers, face 3.5 times the risk of dying from an alcohol-related disease than those in higher managerial and professional jobs. Women in "routine" jobs, such as cleaners and sewing machinists, face 5.7 times the chance of dying from an alcohol-related disease than women in higher professional jobs such as doctors and lawyers.⁷

¹ The British Medical Association (January 2017), 'Alcohol, drugs and the workplace - the role of medical professionals' <<https://www.bma.org.uk/advice/employment/occupational-health/alcohol-drugs-and-the-workplace>>

² British Medical Journal (January 2015), 'Long working hours are linked to risky alcohol consumption' <<http://www.bmj.com/content/350/bmj.g7800>>

³ National Institute for Health and Clinical Excellence (June 2010), 'Business case: Alcohol-use disorders: preventing harmful drinking', p. 13

⁴ Home Office (November 2012), 'Impact Assessment on a minimum unit price for alcohol', p. 5

⁵ Aviva (May 2008), 'UK employees admit that regular drinking affects their jobs'

<<http://www.aviva.co.uk/media-centre/story/4048/uk-employees-admit-that-regular-drinking-affects-t/>>

⁶ Vitality Health Insurance (January 2017), 'A third of UK adults at risk from drinking too much, yet just 6% of those at risk say they want to cut down', Britain's Healthiest Workplace

<<https://www.vitality.co.uk/media-online/britains-healthiest-workplace/pdf/2017/motivation-to-change.pdf?la=en>>

⁷ Office for National Statistics (ONS) (May 2011), 'Alcohol death rate greater for women and men in routine jobs', Health Statistics Quarterly 50, p. 1

<<http://www.ons.gov.uk/ons/rel/hsg/health-statistics-quarterly/no--50--summer-2011/index.html>>



The causes and effects of workplace drinking

Key predictors

A government-commissioned independent review into the impact on employment outcomes of drug or alcohol addiction, conducted by Dame Carol Black and published in 2016, found that the workplace itself can be a factor in encouraging increased levels of alcohol consumption. Stakeholder responses to the review gave evidence of particular risk factors, among them long working hours, jobs with high physical demand and risk of injury, monotonous work, poor supervision and job insecurity.¹ These are highlighted in the summary of key predictors for problematic drinking in the workplace by successive studies over the past 20 years.

Figure 2: Indicators of problematic alcohol use in the workplace

Work environment predictors
Long working hours and some types of shift work
High risk of injury at work
High physical demands
Monotonous work
Tight deadlines
Job insecurity
Poor supervision

Source: Stockwell, Tim, Gruenewald Paul. J., Tombourou, John W., and Loxley, Wendy (eds.) (February 2005), 'Preventing harmful substance use: the evidence base for policy and practice', Australia, John Wiley and Sons, pp. 191–205.

The review also states that different professions and groups have been shown to use substances as a coping strategy.²

An investigation by think tank DEMOS into the drinking culture among Britain's youth suggested that graduate schemes attached to some leading professions come with "expectations of fairly aggressive drinking cultures", including regular networking events involving alcohol.

The report '*Youth drinking in transition*' indicated that "work-related drinking can be important at many stages of working life — from first initiation with colleagues through to appearing to help with achieving business objectives and career progression in some sectors. Some employers may even use drinking culture explicitly as a draw for job candidates in the first place."³

Conversely, more than two-fifths (43%) of young workers thought that not drinking alcohol was a barrier to fitting in socially at work, which is described as problematic “because of the risk of marginalising staff of religious and ethnic minority groups or others who do not drink.”⁴

Impact on performance

Studies have shown that a raised blood alcohol level while at work jeopardises both efficiency and safety by increasing the likelihood of mistakes, errors of judgement, and accident proneness. There is evidence to show that impairment of skills begins with any amount of alcohol in the body (**please see our Health impacts factsheet for more information**),⁵ which can have serious consequences for workers employed in industries centred on transportation (e.g. pilots, drivers of public transport, ferry drivers, delivery drivers, heavy goods vehicles / freight drivers, etc), heavy machinery and construction.

There are no precise figures of the number of workplace accidents attributable to alcohol, but the International Labour Organisation (ILO) estimated that up to 40% of accidents at work involve or are related to alcohol use.^{6,7}

It has been estimated that absenteeism and “presenteeism” (when a worker is present but not performing to full capacity) due to alcohol lead to losses in productivity to the tune of about £7.3bn per year in the UK (at 2009-10 prices).⁸ Additionally, a survey carried out by YouGov for PruHealth found that on any given day around 200,000 British workers turn up to work hungover from the night before, which they admit impacts directly on their own productivity and safety in the workplace, in the following ways:

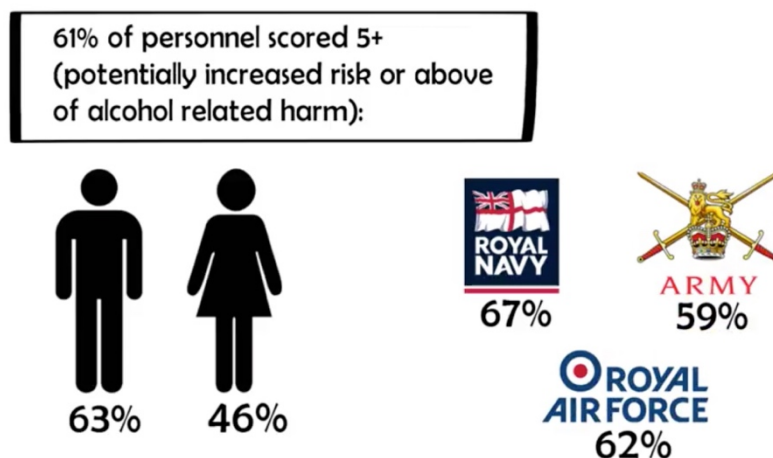
... nearly one-in-four employees (22%) admit to making mistakes at work as a result of being hungover. 83% of employees who have been hungover at work admit it makes a difference to the way they work. A third say they 'drift off and don't work at their usual pace', 28% suffer from headaches and can't concentrate and 62% reveal they generally just 'muddle through the day'.⁹

Impact on discipline and wellbeing

If problem drinking persists, it can lead to a range of social, psychological and medical problems for an employee, including dependence, which may be associated with drinking or being intoxicated during working hours, and presents in the continued deterioration of skills and increasing interpersonal difficulties.

Furthermore, those who engage in such drinking behaviours in workplace environments run a higher risk of being disciplined by their employers for various kinds of misconduct. In the armed forces, for instance, alcohol is reported to be a factor in 81% of court martial cases,¹⁰ while the Ministry of Defence report *Alcohol usage in the UK armed forces* found that in the 12 months leading to May 2017, 61% of personnel were drinking at levels that placed them at a potentially increased risk or above of alcohol-related harm (see figure 3 for full breakdown).¹¹

Figure 3: Alcohol usage in the UK armed forces: 1 June 2016 to 31 May 2017



Source: Ministry of Defence

Where there is clear evidence of alcohol affecting an employee's behaviour or performance in the workplace (e.g. recklessly comes to work having been drinking), dismissal is likely and will be held to be fair at an Employment Tribunal, especially where the work in question is particularly sensitive, such as where there may be a risk to others.¹²

¹ Dame Black, Carol (December 2016), 'Drug and alcohol addiction, and obesity: effects on employment outcomes', p. 47

<<https://www.gov.uk/government/publications/drug-and-alcohol-addiction-and-obesity-effects-on-employment-outcomes>>

² Dame Black, Carol, 'Drug and alcohol addiction, and obesity: effects on employment outcomes', p. 47

³ DEMOS (September 2016), 'Youth Drinking in Transition'

<<https://www.demos.co.uk/project/youth-drinking-in-transition/>>

⁴ DEMOS, 'Youth Drinking in Transition'

⁵ Institute of Alcohol Studies, 'Health impacts factsheet'

<<http://www.ias.org.uk/Alcohol-knowledge-centre/Health-impacts/Factsheets/Accidents-and-injuries.aspx>>

⁶ Health and Safety Executive (HSE) (1996), 'Don't mix it: A guide for employers on alcohol at work', p. 1

<<http://www.hse.gov.uk/pubns/indg240.htm>>

⁷ International Labour Organisation (ILO) (January 1996), 'Management of alcohol- and drug-related issues in the workplace', p. 17

<http://www.ilo.org/safework/info/standards-and-instruments/codes/WCMS_107799/lang--en/index.htm>

⁸ Woodhouse, John (April 2017), 'Alcohol: Minimum pricing', House of Commons Library, p. 7, from Home Office (November 2012), 'Impact Assessment on a minimum unit price for alcohol', p. 5

<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/157763/ia-minimum-unit-pricing.pdf>

⁹ PruHealth (November 2006), '200,000 HUNGOVER WORKERS ON ANY GIVEN DAY'

¹⁰ Matthews, Amy (July 2014), 'Alcohol a Factor in 81% of Court Martial Cases', Forces Network

<<http://www.forces.net/news/army/alcohol-factor-81-court-martial-cases>>

¹¹ Ministry of Defence (July 2017), 'Alcohol usage in the UK armed forces: 1 June 2016 to 31 May 2017'

<<https://www.gov.uk/government/statistics/alcohol-usage-in-the-uk-armed-forces-1-june-2016-to-31-may-2017>>

<<https://youtu.be/JuuYwqTqQR0?t=5m42s>>

House of Commons Hansard (February 2017), 'Armed Forces Covenant', volume 620

¹² Your Rights, 'Drug Taking and Drinking', Liberty



Putting alcohol policies to work

Many organisations now operate workplace alcohol policies designed to ensure that employees are sober during working hours and to identify and help employees with that require support. They are most commonly found among large firms and those which are safety-sensitive, such as transport.

However, there are many organisations in which either the workplace drinking culture remains, or the requisite safeguards to prevent alcohol misuse and its effects are absent. Acknowledging this discrepancy, Dame Carol Black's 2016 report recommended that preventative action to address the issue on the part of employers could "guard against future dependence and improve productivity and workplace culture more generally".¹

Unions

In recent years, several unions have urged organisations to incorporate measures addressing alcohol misuse into their workplace policies. In its submission to the National Alcohol Harm Reduction Strategy (February 2003), the Trades Union Congress (TUC) called for further development of workplace alcohol policies. The report, titled *Drink and work – a potent cocktail*, stated that people were drinking more than ever before, but that few employers had alcohol policies in place to tackle the problems arising from problem drinking.² It referred to an Alcohol Concern survey which showed that three-in-five employers (60%) were experiencing problems as a result of staff drinking. Separate research from the CIPD and *People Management* magazine published in 2007 found that nearly one third (31%) of organizations have dismissed employees as a result of alcohol problems, that 42% did not even have alcohol or drug policies, and of the rest that did, very little was done to actively promote them.³

Unions have also been concerned that an increasing number of employers are turning to companies that offered screening and random testing as a means of dealing with alcohol misuse in the workplace. This is exemplified by local government workers' union Unison's qualified support of the decision of Calderdale Council in West Yorkshire to introduce drug and alcohol testing for its employees in 2013.⁴ Unison was reported to have expressed concerns over certain conditions regarding the welfare of its members. Such potential grievances form the basis of a number of ethical concerns regarding the privacy and individual human rights of workers.

The TUC argued that such instances of employer behaviour were representative of a serious lack of understanding about the effects of alcohol on the workplace environment, and that the government ought to fund more research into this growing problem. Its report concluded that a partnership approach between unions, employers and government would be the best way to address the issue, and suggested the following ways in which all three parties might do so:⁵

- The government should fund research looking at the extent of the misuse of alcohol by individuals at work, its effect on the workplace and its cost to the nation. The government could also offer financial incentives to those employers currently offering counselling and other types of employee assistance programmes to encourage more workers to come forward and admit their alcohol problems
- Employers who don't have alcohol policies should draw them up in consultation with unions in the workplace. Policies should cover such topics as tackling the causes of

excessive drinking, confidentiality, counselling, screening, testing and occupational health services

- Unions can play their part by training and providing information to union reps on dealing with workplace alcohol issues, and by helping those members trying to deal with their drink problems through rehabilitation schemes.

Professional help

There has also been some concern about the provision of support for professionals who have issues with alcohol.

In 2011, a newspaper article brought to national attention the calls of healthcare experts for urgent action to tackle the "significant challenge" of rising levels of alcoholism and substance abuse among professionals including doctors, dentists and lawyers.⁶

The problem persists among the medical profession – in 2017, a *Pulse* magazine survey found that around 11% of GPs had turned to alcohol to help them “deal with work pressures” (see figure 4).⁷

Figure 4:
Percentage of GPs turning to alcohol
as a result of work pressures

Source: PULSE Today (November 2017), 'Revealed: one in seven GPs turns to alcohol and drugs to cope'



The BMA issued revised guidance on alcohol misuse in the workplace in early 2014, which was updated in 2016.⁸

Some experts have also noted a rise in medical tourism, due to the work hard, play hard culture exported abroad by UK professionals who travel abroad for business. Alastair Mordey, the programme director of the Cabin, a substance abuse clinic in Chiang Mai, Thailand, said that rehabilitation centres in the country were seeing a lot of professionals coming in, particularly from London, and that in Britain “there is a silent mass of professionals who are functioning... but they are in workplaces where you really wouldn't want them to be”.⁹

A survey from the Chartered Institute of Personal Development found only 33% of employers have formally trained their managers on alcohol and drug policy and management issues, and 43% of workplaces did not have a specific alcohol policy, while just 27% had capability procedures for managing staff with alcohol problems.¹⁰ Dame Carol Black's review suggested that the low take-up of workplace policy solutions may be the result of how challenging employers may find it to change the workplace culture in order to help employees to manage their hidden substance misuse problems.¹¹ The BMA website lists organisations providing services specifically for those in the medical professions who are struggling to cope with alcohol dependence and addiction.¹²

Cultural shifts

Notable employers that have taken steps to change workplace drinking culture include Lloyd's of London, who in 2017 introduced a ban on staff drinking alcohol during working hours. This new alcohol policy was introduced to "bring the institution into line with others in the industry rather than being related to an increase in alcohol-related incidents"¹³.

Moves are being made to combat the drinking culture in the armed forces too. Following a high-profile sex offence court case, Judge Advocate General Jeff Blackett said:

I would like to put it on record that too many offences occur because of the abuse of alcohol, more needs to be done by the services to address this issue.¹⁴

The Ministry of Defence Alcohol Working Group subsequently sought to review workplace policy to identify solutions to the problem of alcohol misuse in the armed forces, identifying 61% of military personnel who drink at risky or harmful levels.¹⁵

The MoD's report '*Alcohol Usage in the UK Armed Forces, 1 June 2016 – 31 May 2017*' highlighted the routine dental inspections that Forces personnel undertake as an opportunity for delivering Identification and Brief Advice ([IBA](#)) to promote behaviour change amongst at-risk drinkers throughout the workforce.

The MoD also stated that the introduction of the AUDIT-C tool at scale in the UK Armed Forces population to deliver IBA represented "one aspect of Defence's broader population approach to promoting sensible drinking in the UK Armed Forces".

Developing a workplace alcohol policy

The Health and Safety Executive (HSE) website contains a guide for employers on how to develop an alcohol strategy for the workplace. It highlights the legal obligation for employers, under *The Health and Safety at Work Act 1974*, to ensure the health, safety and welfare of their employees:

If you knowingly allow an employee under the influence of excess alcohol to continue working and this places the employee or others at risk, you could be prosecuted. Similarly, your employees are also required to take reasonable care of themselves and others who could be affected by what they do.¹⁶

Today, employers are also obliged to look for signs of alcohol dependent behaviour in their staff, for although an employee found drunk on duty is at risk of being dismissed for gross misconduct, employment protection law is sensitive to the underlying problems of alcohol dependence. Employers are therefore required to treat dependence as a form of sickness, thereby giving an employee the opportunity to overcome the problem.

Ultimately, an alcohol problem ought to be regarded as primarily a health issue rather than an immediate cause for discipline. This approach is supported by the Advisory, Conciliation and Arbitration Service (ACAS), the ILO, and the Employment Appeals Tribunal.¹⁷

The HSE guide includes a model alcohol policy framework that employers can use as a template (see figure 5).

Figure 5:
A model workplace
alcohol policy

Source: Health and Safety Executive 'Don't Mix It'

<i>A model alcohol policy</i>	
A model workplace alcohol policy would cover the following areas.	
Aims	Why have a policy? Who does the policy apply to? (Note: best practice would be for the policy to apply equally to all grades of staff and types of work.)
Responsibility	Who is responsible for implementing 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.)
The rules	How does the company expect employees to behave to ensure that their alcohol consumption does not have a detrimental effect on their work?
Special circumstances	Do the rules apply in all situations or are there exceptions?
Confidentiality	A statement assuring employees that any alcohol problem will be treated in strict confidence.
Help	A description of the support available to employees who have problems because of their drinking.
Information	A commitment to providing employees with general information about the effects of drinking alcohol on health and safety.
Disciplinary action	The circumstances in which disciplinary action will be taken.

Rules for commercial and at-work drivers

The rules for commercial at-work drivers follow national drink driving legislation. The Transport and Works Act 1992* introduced the 80mg% legal limit for operational staff at British Rail, which has led to today's established framework of limits and offences (under *The Railways and Transport Safety Act 2003*) that can be committed by people working in the field of aviation, transport and shipping.¹⁸ Driving while under the influence – whether for work or leisure purposes – is covered by the 1988 Road Traffic Act, which stipulates a legal blood-alcohol limit of 80mg% while behind the wheel of a motorised vehicle (**for more information on drink driving limits, please view our Drink driving factsheet in the Alcohol knowledge centre**). This follows for pilots and their cabin crew working in the aviation industry (as per Part 5 of the *Railways and Transport Safety Act 2003*), while

* Under the Transport and Works Act 1992, certain rail, tram and other guided transport system workers must not be unfit through drink while working on the system. The operator of such a system must exercise all due diligence to avoid those workers being unfit.

professionals of the equivalent positions in the shipping industry are subject to a prescribed blood-alcohol limit of 50mg% (as per Part 4).¹⁹

In some industries such as rail and maritime, alcohol testing is already mandatory and necessary as a regulatory requirement. For the majority however, there is no right to mandatory alcohol testing.²⁰ A BRAKE-commissioned survey found fewer than half of employers (44%) would dismiss an employee driver for driving over the legal alcohol limit. It also revealed:

- More than half never test employees for alcohol (55%) or drugs (57%)
- Six in 10 (62%) take disciplinary action against employees found to have any amount of alcohol or illegal drugs in their system at work, but only three in 10 (30%) would dismiss employees for this
- Fewer than half (47%) educate drivers on the risks of drug-driving, and only slightly more (50%) educate drivers on the risks of drink-driving.

The road safety charity urges companies to implement zero-tolerance policies on at-work drink driving.²¹

¹ Dame Black, Carol (December 2016), 'Drug and alcohol addiction, and obesity: effects on employment outcomes', p. 47

<<https://www.gov.uk/government/publications/drug-and-alcohol-addiction-and-obesity-effects-on-employment-outcomes>>

² MEPMIS (January 2003), 'Trades Union Congress (TUC): Drink and work – a potent cocktail'

<<http://www.alcoholdrugsandwork.eu/?i=mepmis.en.publications.21>>

³ HRM Guide (September 2007), 'GGG CIPD Survey Highlights Drug And Alcohol Misuse'

<<http://www.hrmguide.co.uk/health/substance-misuse.htm>>

⁴ Douglas, Joanne (August 2013), 'Calderdale becomes first Yorkshire council to drug and alcohol-test employees' The Huddersfield Daily Examiner

<<http://www.examiner.co.uk/news/west-yorkshire-news/calderdale-becomes-first-yorkshire-council-5670922>>

⁵ MEPMIS (January 2003), 'Trades Union Congress (TUC): Drink and work – a potent cocktail'

⁶ McVeigh, Tracy (November 2011), 'Alarm at growing addiction problems among professionals', The Observer

<<https://www.theguardian.com/society/2011/nov/13/doctors-lawyers-alcohol-addiction>>

⁷ PULSE (November 2017) 'Revealed: one in seven GPs turns to alcohol and drugs to cope' <<http://bit.ly/2ze9Bwg>>

⁸ British Medical Association (BMA) (July 2016), 'Alcohol, drugs and the workplace – the role of medical professionals'

<<https://www.bma.org.uk/advice/employment/occupational-health/alcohol-drugs-and-the-workplace>>

⁹ McVeigh, Tracy, 'Alarm at growing addiction problems among professionals', The Observer

¹⁰ Chartered Institute of Personnel and Development (2007), 'Managing drug and alcohol misuse at work', London, CIPD

¹¹ Dame Black, Carol, 'Drug and alcohol addiction, and obesity: effects on employment outcomes', p. 47

¹² British Medical Association (BMA), 'Sources of support'

<<https://www.bma.org.uk/advice/work-life-support/your-wellbeing/sources-of-support>>

¹³ The Financial Times (February 2017), 'Lloyd's of London ban alcohol during working hours'

<<https://www.ft.com/content/8de154aa-f2d9-11e6-95ee-f14e55513608>>

¹⁴ Armed Forces Network (June 2017), 'Rape Case Judge: Forces Need To Tackle Drinking Problem'

<<http://www.forces.net/news/army/rape-case-judge-forces-need-tackle-drinking-problem>>

¹⁵ Alcohol Policy UK (August 2017) 'Armed forces deploy brief interventions: will it work?'

<<http://www.alcoholpolicy.net/2017/08/armed-forces-deploy-brief-interventions.html>>

¹⁶ Health and Safety Executive (1996), 'Don't mix it: A guide for employers on alcohol at work', p. 4

¹⁷ Stone, I (2005), 'Employers liability and responsibility', in Ghodse, H (ed), 'Addiction at work: tackling drug use and misuse in the workplace', London: Gower

¹⁸ Legislation.gov.uk, 'Railways and Transport Safety Act 2003' <<http://www.legislation.gov.uk/ukpga/2003/20/contents>>

¹⁹ Part 5: Aviation – alcohol and drugs <<http://www.legislation.gov.uk/ukpga/2003/20/part/5>> ; Part 4: Shipping – alcohol and drugs <<http://www.legislation.gov.uk/ukpga/2003/20/part/4>>

²⁰ Landau, Philip (April 2013), 'Spectre of workplace alcohol tests hang over employees', The Guardian <<https://www.theguardian.com/money/work-blog/2013/apr/23/workplace-alcohol-testing-employees>>

²¹ BRAKE (May 2014) 'Brake calls for zero-tolerance on at-work drink- and drug-drivers'

<<http://www.brake.org.uk/news/1220-brake-calls-for-zero-tolerance-on-at-work-drink-and-drug-drivers>>



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