You can use the following sample drug and alcohol abuse policy to develop a policy that works for your business. We have included two optional items, shown in italics: drug testing and an offer of assistance through an employee assistance program or health insurance.

Sample Alcohol and Drug Abuse Policy

_________________ (company) is a drug-free workplace. The purpose of this policy is to ensure the safety of all employees and to promote productivity. This policy applies to all employees, contractors, and temporary workers. Substances covered under this policy include alcohol, illegal drugs, inhalants, and prescription and over-the-counter drugs.

We reserve the right to inspect our premises for these substances. We reserve the right to conduct alcohol and drug tests at any time. We may terminate your employment if you violate this policy, refuse to be tested, or provide false information.

Definitions under this policy

A “substance” includes alcohol, illegal drugs, inhalants, and prescription and over-the-counter drugs.

An “illegal drug” is any substance that is illegal to use, possess, sell, or transfer.

“Drug paraphernalia” are any items used or intended for use in making, packaging, concealing, injecting, inhaling, or consuming illegal drugs or inhalants.

A “prescription drug” is any substance prescribed for an individual by a licensed health care provider.

An “inhalant” is any substance that produces mind-altering effects when inhaled.

You are “under the influence” if any substance:
• impairs your behavior or your ability to work safely and productively;
• results in a physical or mental condition that creates a risk to your own safety, the safety of others, or company property; or
• is shown to be present in your body, by laboratory evidence, in more than an identifiable trace.

“Company premises” include our buildings, grounds, parking lots, and company-provided vehicles.
Company rules

You must follow these rules while you are on company premises and while you conduct company business. The rules apply any place you conduct company business, including a company vehicle or your own vehicle:

1. You may not use, possess, or be under the influence of alcohol on company premises. If management approves, you may drink moderately at certain off-premises, business-related meetings or social gatherings.

2. You may not use, possess, or be under the influence of illegal drugs.

3. You may not sell, buy, transfer, or distribute any drugs. It is against the law to do so, and we will report such actions to the authorities.

4. You may not use, possess, sell, buy, transfer, or distribute drug paraphernalia.

5. You may not use or be under the influence of inhalants.

6. You must follow these rules if you take prescription or over-the-counter drugs on the job.
   • You may use a prescription drug only if a licensed health care provider prescribed it for you within the last year.
   • You may use prescription or over-the-counter drugs only if they do not generally affect your ability to work safely.
   • You must follow directions, including dosage limits and usage cautions.
   • You must keep these drugs in their original containers or bring only a single-day supply.

   The company may consult with a doctor to determine if a prescription or over-the-counter drug may create a risk if you use it on the job. The company may change your work duties or restrict you from working while you are using a prescription or over-the-counter drug that creates such a risk.

7. You may not use machinery while taking prescription or over-the-counter drugs that impair your ability to work safely. This includes vehicles.

You must cooperate with any investigation into substance abuse. An investigation may include tests to detect the use of alcohol, drugs, or inhalants.
Testing

Testing may include urine, blood, or breathalyzer tests. Before testing, you will have the chance to explain the use of any drugs. We will follow laws for keeping test results confidential.

Assistance

Our employee assistance program provides education on drug and alcohol abuse. You can also get counseling on substance abuse and other issues. For more information, call the employee assistance program at _____________ (phone number).

Our health care insurance provides treatment of substance abuse. For more information, call __________________________ (phone number).

Agreement to follow policy

I have received and read a copy of the drug and alcohol abuse policy for _________________ (company name). I agree to follow the rules in the policy.

______________________________  _______________________
Employee signature     Date

______________________________  _______________________
Witness signature     Date