



## Substance abuse

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## Guidelines for management

Report No. 6.87/306  
June 2000



**International  
Association  
of Oil & Gas  
Producers**

formerly E&P Forum



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# Substance abuse: guidelines for management

Report No: 6.87/306

June 2000

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# Substance abuse – Guidelines for management

## Introduction

It is generally agreed that substance abuse, and its effects, is an increasing global concern that demands attention from all spheres of society and industry. There is no reason to believe that such concerns will be significantly different in the oil and gas industry. Therefore, recognising the potentially serious impact of incidents both off and on-shore and to promote healthy and safe operations and the protection of the environment, the International Association of Oil & Gas Producers (OGP) believes that it is necessary to address the issue of the management of substance abuse in the workplace.

In recommending this action, it is recognised that many companies within this industry already have policies in respect of substance abuse. There are also regulatory requirements within most countries, which have to be complied with, as well as industry guidelines and best practice recommendations.

This guideline is addressed to the management of all companies working for the industry, to provide them with the background to, and procedures for, implementing a substance abuse policy.

## Definitions

**Substances of abuse** include alcohol and illicit drugs. In addition, inappropriate use of prescription and “over the counter” medicines, or other substances, may result in impairment to health, behaviour, judgement or job performance.

**Abuse** is the incorrect, improper or harmful use of any substance in such a way as intentionally to modify mood, behaviour or performance. It does not include the appropriate use of therapeutic medication as directed by a physician. It includes use which can be described as dependency, habituation or addiction.

**Impairment** is the alteration of normal physical or mental function which results in diminished ability to perform assigned tasks in a safe and productive manner.

**Dependence** is a condition in which an individual has lost control over the use of the substance in question. Even after realising the negative effect, the person has an increased need to use it and is unable to stop despite attempts to cut down or quit. Dependence can lead to **addiction** in which the individual is physically and

psychologically reliant on the use of the substance. Dependence and addiction are chronic and treatable medical conditions, which, if untreated, may lead to serious health effects or death.

## Policy

A substance abuse policy is a pre-requisite to the management of this problem in the workplace. Such a policy must take into account relevant national legislative and socio-cultural aspects (e.g. use of alcohol, qat, marijuana). Rules at work should be established and a system should be in place to provide awareness, monitoring, testing and rehabilitation.

The objective of the policy should be to prevent any of the workforce becoming a risk to themselves or others by the abuse of substances.

## Rules at work

Key elements of a substance abuse policy should be the setting of clear rules regarding fitness for work, and regarding the availability, possession and use of substances of abuse at company premises or on company business.

### *Fitness for work*

**It is the employee's responsibility to be fit for work.**

Employees should be prohibited from being on company business or locations while impaired by substances of abuse. Company test programmes must include testing for:

- Amphetamines
- Barbiturates
- Benzodiazepines
- Cocaine
- Cannabinoids
- Opiates

Substance abuse rules must establish confirmatory test levels. Employees must be informed that they may be tested against these levels. The violation of rules governing conduct in the workplace in respect of substance

abuse could result in the invoking of disciplinary procedures, up to and including dismissal.

### *Alcohol*

The possession, distribution, consumption or sale of alcohol at company premises or on company business should not be permitted without prior management approval and control.

### *Other substances of abuse*

The use, possession, distribution or sale of illegal drugs should be strictly prohibited. This prohibition should also apply to the abuse of legal drugs or other substances.

### *Prescription and over-the-counter medication*

The normal use of prescription or over-the-counter medication can impair performance.

Employees, visitors and contractors, who use medication that may impair performance, should seek advice from a health professional. Where appropriate, they should notify their direct superior, who will then determine whether specific measures need to be taken in order to reduce risks.

## Prevention

### *Employment practices*

Work activities or conditions may contribute to alcohol problems (e.g. company organised or promoted functions); these should be identified and appropriate preventative or remedial actions taken.

Behaviour that incites, encourages or otherwise facilitates abuse of substances should not be supported by management.

### *Information, education and training*

Information, education and training programmes concerning substance abuse should be undertaken to promote safety and health in the workplace, and should contain information on the physical, psychological and social effects of substance abuse. They should be part of the company's health programme.

Information relevant to the working environment should include:

- health information pertaining to substance abuse;
- work place rules;
- services available to assist employees with substance abuse problems;
- local laws and regulations.

Managers should be competent in:

- assessing and identifying factors in the working environment which could be improved to reduce the risk of substance abuse;
- identifying changes in individual workplace performance and behaviour which may indicate substance abuse;
- interviewing personnel whose performance or behaviour changes, and where substance abuse may be a possible cause;
- respecting employee confidentiality as appropriate;
- explaining and responding to questions about the company's policy, rules and procedures regarding substance abuse;
- supporting rehabilitation programmes and monitoring their results.

All personnel should be trained or instructed to:

- identify, advise, refer and assist colleagues who may be at risk of substance abuse;
- assist and support those who are undergoing a rehabilitation programme.

Co-workers and managers should be discouraged from covering up or colluding in substance abuse among their colleagues.

## Searching and testing

In order to be effective, the policy should incorporate a method of monitoring compliance. In this context, searching and testing will act as a tool for detection and also as a deterrent to abuse. The extent and frequency of searching and testing should reflect the level of risk within the operation.

The introduction of any searching and testing programme should be preceded by a workforce educational/

consultation process on the aims, procedures and application of the programme.

Since any searching and testing may have legal and social implications, e.g. in the case of an employment law challenge, quality control, confidentiality and accuracy are paramount.

### Searching

Searching introduced to ensure compliance with the policy will vary according to the extent of the problem, the level of risk and the impact of local laws.

When formulating a procedure for searching, and as a first line deterrent for possession, consideration should be given to unannounced searches for substances of abuse on company premises, particularly in sensitive positions, where health, safety and environmental good management may be compromised.

### Alcohol testing

The recommended testing method for alcohol use is the measurement of breath alcohol concentration. This is a non-invasive and relatively simple method, which can be used in most locations and operating conditions. Confirmatory blood alcohol testing is usually not required for properly performed breath analysis when checking compliance with a company maximum allowable breath alcohol concentration. However, it may be needed for legal or other reasons.

### Drug testing

The testing for drugs involves the analysis of urine or other body samples (saliva, hair). This requires a system which incorporates a chain of custody and analysis procedures and a defined role for the company's designated medical representative (Medical Review Officer) which guarantees sample and result validity and confidentiality.

A physician with a knowledge of substance abuse - the Medical Review Officer - can interpret the laboratory result and advise the company of its significance. Interpretation of a confirmed positive drug test by the physician must be based on medical interview, a review of the employee's medical history and records, and a review of any other relevant biomedical factors. If the employee has a legitimate medical explanation for a confirmed positive test, **the physician must report that test to the employer as negative.**

In recent years, onsite testing kits have come into use. These have certain drawbacks including lack of confidentiality, requirement for consent of employee to be tested, lack of intervention of Medical Review Officer, false positives, and the need for a confirmatory test in an approved laboratory. The quality of the onsite test kits is likely to improve over time, but these are not considered to be the best option for testing at present.

To meet the objectives for the collection, chain of custody and analysis, it is recommended that the Mandatory Guidelines for Federal Workplace Drug Testing Programs published by the US Department of Health and Human Services (HHS) be adopted. These procedures are summarised in Appendix 3. The full text of the HHS guidelines may be downloaded from the Internet at: [www.health.org/GDLNS-94.htm](http://www.health.org/GDLNS-94.htm)

Consideration should be given to testing for substance abuse under the following circumstances:

- Pre-employment testing of all applicants;
- For cause testing at management discretion:
  - post incident,
  - substances found on site,
  - suspected substance abuse,
  - behaviour hazardous to personnel, operations or environment;

*N.B. For cause, testing procedures must include safeguards to ensure impartial application, e.g. more than one level of management approval may be required.*

- Random testing:

Random testing is a method of auditing compliance with the substance abuse policy.

Random testing may be most appropriately applied to designated risk-sensitive positions.

- Testing should apply equally to all personnel in risk sensitive positions, both employees and others.
- The selection of individuals for testing must be demonstrably random.

*Routine periodic testing: for convenience, routine periodic testing is sometimes performed at regular medical examinations. This method has been shown to have been of little value in detecting substance abuse. (Reference paper: "Work-place alcohol and other drug testing: a review of the scientific evidence" - Scott MacDonald, Social Evaluation and Research Department, Addiction Research Founda-*



*tion, London, Ontario, Canada. Published by Australian Professional Society on Alcohol and Other Drugs. Drug and Alcohol Review (1997))*

## Rehabilitation

Company policies should recognise that substance dependency can be a treatable medical condition, provided that the individual fully co-operates. Employees with a declared substance dependency problem should be dealt with in the same way as any other employee with a medical condition. The policy should provide for rehabilitation and return to effective work upon a medical evaluation of the individual's capabilities following treatment.

Any employee under rehabilitation should be subject to unannounced testing as part of their after-care programme.

Each company should decide how they will manage the occurrence of relapses.

## Legal and cultural implications of substance abuse

In countries where alcohol is culturally/religiously forbidden, the legal limit is usually zero. Thus, so called social drinking is formally unacceptable. It is therefore very important for the expatriate population to be fully informed about this. This is especially so when alcohol is available only within company compounds and available to the licensed employees exclusively. In such circumstances, there is a risk of alcohol being sold illegally or offered freely to outsiders.

The company policy on substance abuse must be especially clear, and take full account of local laws and public sensitivities. This is particularly important in a multicultural workforce in which employees of different religious beliefs and social backgrounds work and live together. In such mixed working communities, alcohol is sometimes consumed and other substances used secretly. The company's Rules at Work must address these situations to prevent abuse and protect the different social customs of the community.

## Appendix 1

# Symptoms and risks of substance abuse

This list of substances is for reference. Some substances may be legally or socially acceptable. All substances may in certain circumstances cause sudden death. The list is not exhaustive.

Name	Other names	Symptoms	Health risks	Form	How taken
Adhesives	Trade names	Mental confusion, drunkenness, hallucinations	Addictive. Heart failure, brain damage, lung damage	Paste	Sniff, inhale
Aerosols	Trade names	Mental confusion, drunkenness, hallucinations	Addictive. Heart failure, brain damage, lung damage	Spray	Sniff, Inhale
Alcohol	Trade names	Raises pain threshold, relaxes central nervous system	Addictive. Heart damage, liver damage	Liquid	Oral
Amphetamines	Speed, Uppers, Whizz, Blues, Sulph, Pep pills	Speeds up action of central nervous system, increased heart beat, hallucinations, panic, paranoia	Addictive. Heart problems, malnutrition	Powder, solution, capsule, tablets	Sniff, inject, oral
Analgesics	Trade names	Raises pain threshold	Specific side effects depending on medication	Tablets, liquids	Oral
Anti-histamines	Trade names	Drowsiness, allergy relief	Side effects if abused	Tablets, liquids	Oral
Barbiturates	Downers, Barbs	Raises pain threshold, calming, relaxing, relaxes central nervous system, clumsiness, loss of co-ordination	Addictive. Especially high risk if mixed with alcohol	Tablets, capsules.	Oral
Cannabis	Grass, Pot. Weed, Dope. Hash. Resin	Alters mood and perception, distorts reality, loss of co-ordination	Addictive. Damage to psychomotor performance; lung, respiratory damage	Resin or dry plant	Inhale, sometimes oral
Cocaine	Coke, Snow, Crack	Raises pain threshold, feeling of euphoria, relaxes central nervous system, hallucinations, paranoia and delusions after repeated doses	Addictive. Nasal membrane destroyed; damage to lungs	Powder, solution	Sniff, inject, inhale
Coca leaves				Leaves	Oral
Cola Nut				Nut	Oral
Codeine	Trade names	Raises pain threshold. Lethargy, apathy. Relaxes central nervous system, loss of judgement & self control	Addictive. Malnutrition, constipation, convulsions, coma, death	Tablets, liquids	Oral
Cough Medicines (may contain codeine, anti-histamines, alcohol)	Trade names	See constituents		Tablets, liquids	Oral
Diamorphine.	M	Raises pain threshold, slows down body functions, relaxes central nervous system	Addictive. Constipation, death from overdose, infection and hepatitis, HIV from needles.	Liquid	Inject
Dry cleaning agents	Trade names	Mental confusion, loss of co-ordination, hallucinations.	Addictive. Convulsions, nausea; damage to lung, brain, liver, bone marrow	Liquids, vapour	Inhale
Glues	Trade names	Mental confusion, loss of co-ordination, hallucinations	Addictive. Convulsions, nausea; damage to lung, brain, liver, bone marrow	Vapour	Inhale

Name	Other names	Symptoms	Health risks	Form	How taken
Heroin	Horse, Junk, Smack	Raises pain threshold, relaxes central nervous system lethargy, apathy, loss of judgement and self control	Addictive. Convulsions, coma, death; malnutrition, infection (needles), hepatitis, HIV (needles), constipation	Powder, liquid	Sniff, inhale, inject
Lighter Fuels.	Trade names	Mental confusion, loss of co-ordination, hallucinations	Addictive. Convulsions, nausea; damage to lung, brain, liver, bone marrow	Liquid, vapour	inhale
Lysergic Acid Diethylamide	LSD Acid	Increases sensory experience, perceptual distortion, anxiety, panic	Addictive. Accidental death due to delusions; flashback experience years after	Small pieces of paper, or tablets	Oral
Khat	Qat			Dried leaves.	Oral, inhale
Magic mushroom		Similar to LSD	Similar to LSD. Possible poisoning by eating poisonous mushrooms by mistake	Mushroom, fresh or dried	Oral - eat or as tea
MDMA	Ecstasy, E., MDE, Adam, Eve, Shabu	Enhanced visual, auditory and tactile perception, intoxicating.	Central nervous system damage High risk of death especially if mixed with alcohol	Tablets	Inhale
Mescaline		Increases sensory experience, perceptual distortion, anxiety, panic	Addictive. Death due to delusions; flashback experience years after.	Tablets	Oral
Nicotine	Trade names.	Speeds up action of central nervous system.	Addictive. Long term effects emphysema, lung cancer, heart disease.	Tobacco: cigarettes	Inhale
Opium		Raises pain threshold, relaxes central nervous system, lethargy, apathy, loss of judgement.	Addictive. Constipation; overdose causes convulsions, coma, death; infection and hepatitis and HIV from needles.	Powder	Inhale, inject.
Paint thinners	Trade names	Mental confusion, loss of co-ordination, hallucination	Addictive. Overdose causes convulsions, coma, death, damage to lungs, brain, liver, bone marrow	Liquid	Inhale/sniff
Phencyclidine	PCP, Angel dust	Alters mood and perception, distorts reality, depression, hallucinations, confusion, irrational behaviour	Overdose causes convulsions, coma, death.		
Psilocybin		Increases sensory experience, perceptual distortion, anxiety, panic	Addictive. Death due to delusions; flashback experience years after.	Tablets	Oral
Solvents	Trade names	Mental confusion, loss of co-ordination, hallucination	Addictive. Overdose causes convulsions, coma, death, damage to lungs, brain, liver, bone marrow	Liquid	Inhale/sniff
Tranquillisers	Valium, Librium, Benzodiazepine	Raises pain threshold, relaxes central nervous system, confusion, loss co-ordination, sleepiness.	Addictive. Overdose causes coma, death; mixed with alcohol increases risk of death.	Tablets, liquid	Oral

## Appendix 2 – how to recognise substance abuse

Behaviour and work performance should be the concern of managers. Expert knowledge about the abuse of substances is not necessary, but managers should remain alert to changes from the normal work pattern and/or behaviour of employees.

Listed below are various warning signs that may indicate some consequences of substance abuse. It is impossible to list all relevant behavioural and work pattern signs. They can appear singularly or in combination. They may signify problems other than substance abuse. For example, alcoholism, diabetes, high blood pressure,

thyroid disease, psychiatric disorders, emotional problems and certain heart conditions all share some of the same signs. Therefore, it is important to remember that unusual or odd behaviour may not be connected in any way with substance abuse. The role of managers is to recognise and document changes in accordance with company policy, without making any moral judgement or taking the position of counsellor or doctor.

Professional resources within the medical department should be used to help evaluate the manager's observations.

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### *General signs*

- misses deadlines
- misses appointments
- makes mistakes due to inattention or poor judgement
- wastes more material than usual, has to re-do work
- makes bad decisions - errors in judgement, does not accept assigned responsibilities
- gets complaints from customers and work mates
- improbable excuses for poor job performance
- attributes poor performance to poor health
- fails to follow instructions
- does not respond to training
- mood fluctuations
- loss of personal esteem

### *Absenteeism*

Monitoring the frequency and reasons given for absence can be an indicator of substance abuse problems:

- a pattern of absence following weekends, holidays, etc.
- late for work or appointments
- illness with no medical certificate

### *On the-job absenteeism*

- frequent trips to lavatories
- poor time keeping

### *Prone to incidents*

- repeated incidents on the job
- frequent trips to first aid clinic or doctor
- incidents off the job
- repeated violation of safe working practices

### *Confusion and poor concentration*

- difficulty in understanding and recalling instructions, details, etc.
- cannot carry out sequential assignments

### *Erratic work patterns*

- fluctuating periods of very high and very low productivity and quality of work
- work is not planned properly; shifts from one thing to another without reasons

***Unwillingness to change***

Changing jobs or duties may present a threat that would uncover a substance abuse problem that has been carefully hidden.

***Coming or returning to work in an obviously abnormal condition******Problems with other employees***

Friction in relationships, including supervisor-employee relationships, usually results in decreased performance and efficiency:

- over-reacts to real or imagined criticism
- borrows money from colleagues
- colleagues complain about behaviour
- expresses unreasonable resentment and rebellion against authority
- avoids associates/colleagues
- talks louder than usual, or talks when should be listening
- lies chronically
- disruptive behaviour, causing unrest among other employees
- gets others to take over own work responsibilities for no good reason; does not accept work assigned

***Personal appearance and demeanour***

- grooming deteriorates/weight loss or gain
- dress becomes sloppy or inappropriate
- appears withdrawn or preoccupied
- smells of alcohol/breath sweeteners/mints
- inability to follow or participate in conversation
- reports of marital/family problems
- increasing financial problems
- involvement with the law
- co-ordination problems such as unsteady walk, eyes uncoordinated
- memory gaps
- tremors
- eyes red or bleary; pupils dilated or constricted, wears sunglasses
- extreme sensitivity to mentioning a possible substance abuse problem; excessive denial of a problem.

# Appendix 3 – key elements for testing for substances

## Introduction

Substances (drugs, alcohol, etc.) can be measured in various body media. Although it is possible to test blood and hair for the presence of substances, it is more usual to test urine (usually for drugs and alcohol) and exhaled breath (usually for alcohol).

Companies wishing to establish substance testing should develop and implement comprehensive procedures to help ensure valid collection and testing techniques.

## Breath testing

Alcohol is the substance usually monitored with a breathalyser. There are two types of breathalysing equipment: (i) for screening breathalysers (ii) for confirmatory testing. The chemical analytical process used for both screening and confirmatory testing is very similar; however, a confirmatory breathalyser (which produces a legally defensible result) has the following features:

- it can undergo a documented calibration procedure;
- it displays the specific result obtained for the alcohol in breath measurement;
- it has a facility to print the calibration procedure and the test result.

Screening breathalysers often have less thorough calibration procedures and may just display a pass/fail signal based on a predetermined threshold.

### *Breath testing procedure*

The following factors should be considered when conducting breath testing:

- the individual to be tested must understand the reason for the test and consent to undergo it. This should include the individual signing a consent form;
- it should be clear at the outset whether the test is for screening or confirmatory purposes;
- all breathalysing equipment should be used in accordance with the manufacturer's instructions, including calibration procedures;
- in screening tests where a breath alcohol concentration is detected which exceeds the threshold set by the company, the individual should be retested

using a confirmatory method. This can be repeat breath testing on a confirmatory breathalyser, urine test or (rarely) blood test;

- at the end of the testing procedure the individual should sign a declaration that the testing procedure was followed correctly.

## Urine testing

It is becoming increasingly common for substances to be measured in a urine sample. Obtaining a urine sample is non-invasive, presents minimal biological hazards to the collecting officer, and the sample is relatively easy to transport and analyse.

Comprehensive scientific and technical guidelines for urine testing are available from the Mandatory Guidelines for Federal Workplace Drug Testing Programs published by the US Department of Health and Human Services, which may be downloaded from the Internet at: [www.health.org/GDLNS-94.htm](http://www.health.org/GDLNS-94.htm). Although from a legal perspective this only relates to testing for US Federal Agencies, the general principles contained are considered to represent good practice.

Companies who wish to introduce or revise existing urine testing procedures should consult the Federal Register reference for detailed information on the subject.

The essential elements of urine testing are as follows:-

## Urine testing procedure

### *Collection of specimen*

- **Chain of custody** – this is key to all urine substance testing. It refers to the whole process of collecting, transporting and subsequently analysing the urine specimen to ensure that the result declared by the laboratory pertains to the individual being tested. It is important from a medico-legal point of view to certify that this chain of custody has been conducted correctly.
- **Training** – the individual entrusted by the company to collect the urine sample should be fully trained in the collection process and ways to maintain a secure chain of custody.

- **Identification** – the individual to be tested must provide formal proof of identification.
- **Consent** – before testing, the individual must sign a consent form for the testing and release of the results to the company.
- **Designated site** – a suitable place to collect the urine specimen must be used to enable the collection and subsequent handling of the specimen.
- **Security** – the collection site must be secure so as to prevent unauthorised access which could compromise the integrity of the collection process or of the specimen once it has been collected. Adequate security does not necessarily involve a dedicated collection site used only for the purpose of urine substance testing. Public facilities can be deemed secure by visual inspection to ensure other persons are not present and access is restricted.
- **Privacy** – the individual being tested must be afforded reasonable privacy. This should be enough to maintain his/her dignity but without providing opportunities for the individual to adulterate or substitute the urine specimen to be tested.

Before the urine sample is passed the individual must provide details of all medication (prescription, over the counter, etc.) taken during the week before the sample collection.

### ***Integrity and identity of specimen:***

- before collection the individual should be shown a summary of the test procedure which will be followed;
- the collecting area should be free of opportunities to adulterate or otherwise interfere with the sample. This will include use of a “bluing” agent to ensure the water in the toilet is coloured and therefore cannot be used to dilute the urine sample. Other sources of adulterants/diluents (e.g. soap, water, etc.) should be inaccessible during the passing of the urine sample;
- the individual should be asked to wash his/her hands before the collection procedure. Hand wash facilities for use following the taking of the sample should be made available only after the sample has been sealed;
- before urine is passed, outer garments should be removed and the individual prohibited from taking into the immediate collection area any bags or other

such items, as these may contain adulterants or substitutes;

- a reasonable amount of urine must be collected, i.e. at least 60mls;
- after collection, the urine temperature must be immediately measured. The temperature should be between the range 30.5°C and 37.7°C. Urine outside this range would suggest it is either not fresh or has been adulterated somehow.
- if tampering or adulteration of the specimen is suspected, this should be recorded and a repeat sample obtained under the view of a collection officer of the same sex as the individual being tested;
- the specimen container should be sealed with a tamper-proof seal and labelled appropriately. These procedures should be done in view of the individual being tested;
- at the end of the test, the individual should sign a declaration that he/she is satisfied the collection procedure has been carried out in accordance with the procedure which has previously been explained;
- the collection officer should note if there is any failure to co-operate on the part of the individual being tested.

### ***Transportation***

The sample must be packaged so that it is safe and secure to be transported to the testing laboratory. It will be necessary to take into account the fact that urine may be considered a biological specimen and could require special packaging material to comply with postal or other transportation regulations.

Drugs in urine are relatively stable and a valid result can be obtained even if as much as three weeks has elapsed between collection and testing. Alcohol in urine degrades rapidly. A preservative tablet needs to be added to the urine specimen prior to transportation (this point must be explained to the individual being tested). Even then, urine must be tested within 3 days of the specimen being provided by the individual.

### ***Analysis***

The urine sample should be analysed by an accredited laboratory with experience in urine substance testing. Ideally, the laboratory should also be involved in workplace substance testing programmes.



The laboratory should be able to demonstrate an adequate quality assurance system covering (at least) laboratory procedures (good laboratory practice), type of equipment, calibration, etc.

The laboratory should be secure to prevent access to unauthorised individuals.

The laboratory must have procedures to ensure that the chain of custody remains intact from the point of receipt to issuing of the test result.

It is usual for the laboratory to perform initial screening testing on the urine sample. Adequate thresholds need to be determined to minimise false negative results at the screening test.

Samples with positive results on screening require confirmatory testing using gas chromatography/mass-spectrometry (GC/MS).

Test results must be handled confidentially and issued to a person appointed by the company. For reasons of confidentiality this is likely to be a medical practitioner.

### ***Medical Review Officer or company nominated physician***

A test result which is positive as part of the analytical procedure of the laboratory is not necessarily an indication of substance abuse. Legitimate use of certain medical preparations can explain a positive result in the absence of substance abuse. A medical review officer or company nominated physician is a registered medical practitioner with expertise in the area of substance abuse and knowledge of substance testing programmes.

The medical review officer or company nominated physician will be able to advise the company requesting the test as to the significance of the result issued by the laboratory.

## **Maximum allowable concentrations of substances**

### ***Alcohol***

Each company should determine its own maximum allowable concentrations for alcohol for each body medium tested. Usually this will be a breath test.

For certain occupations, such as those involving road transport, there is likely to be a national statutory maximum allowable concentration of alcohol. This varies from country to country. In many countries it is an offence to have any alcohol detectable in the body when driving on public roads.

Maximum allowable concentration figures are often expressed as the amount of alcohol per unit of blood. This usually goes back to the time when alcohol testing for drivers was introduced where confirmatory testing was performed on a blood sample. Many of these figures are well known by the general public. It is important to realise that a breathalyser measures breath alcohol. The breathalyser can either display this result as the amount of alcohol in a given amount of breath or express the result as the equivalent blood alcohol concentration based on the amount of alcohol measured in the breath sample. From a medico-legal point of view, it is important that a test result is expressed either in its true form (e.g. amount of alcohol per given volume of breath) or, if the result is expressed as a blood alcohol equivalent, it should be made clear that this is a derived figure based on a breath test sample.

### ***Other Substances***

Each company should determine its own maximum allowable concentration for other substances, e.g. drugs tested in urine. This will need to cover initial screening and particularly confirmatory concentrations.

Due notice must be taken of any local statutory requirements with regard to maximum allowable concentrations of substances and any subsequent action such as notification to the authorities.

The Mandatory Guidelines for Federal Workplace Drug Testing Programs published by the US Department of Health and Human Services, which may be downloaded from the Internet at: [www.health.org/GDLNS-94.htm](http://www.health.org/GDLNS-94.htm) contains information about maximum allowable concentrations of substances which apply to Federal programmes.







## **What is OGP?**

The International Association of Oil & Gas Producers represents the world's oil and gas industry. Our members include private and state-owned oil and gas companies, national associations and petroleum institutes.

## **What do we do?**

Our purpose is to:

- provide information about the oil and gas exploration and production industry;
- represent our members' interests at global and regional regulatory bodies; and
- develop operating guidelines.

## **What are our aims?**

We aim to:

- increase understanding of the industry;
- work with international regulators to develop workable proposals which take full account of industry views;
- contribute to continuous improvements in industry operating standards;
- be a visible and approachable organisation to which governments and others refer on matters relating to the industry;
- maintain a large, diverse and active membership; and
- communicate issues affecting members to international bodies and the public.



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