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Chapter 14

THE ETHICS OF WORKFORCE DRUG TESTING AND HRM

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OBJECTIVES

By the completion of the chapter you should be able to:

1. discuss international evidence concerning drug usage and alleged associations with workplace accidents and poor productivity;
2. discuss the positioning of HR with regard to workplace drug testing;
3. explore the legitimacy of, and rationale for, workforce drug testing; and
4. discuss the ethics of the widening managerial prerogative embodied in contemporary HR practices.

DEFINITIONS

Workforce drug testing: Workforce drug testing is the testing of an employee, or prospective employee’s, blood, urine, hair, sweat or saliva and oral fluids for traces of previously consumed illicit drugs (for instance cannabis, amphetamines, cocaine, opiates, methamphetamines) and certain licit (prescription) drugs.

Workforce drug testing can be conducted at a number of stages in the employment cycle:

- pre-recruitment;
- on suspicion of drug use;
post-incident or accident; or
randomly, during employment.

Introduction

This chapter examines the practice of workforce drug testing and comments on the ethics of the widening managerial prerogative embodied in contemporary HRM.

The spectre of employee drug use enables a rhetorically powerful link to be made between workforce drug testing and health and safety at work. This evocative rhetorical couplet is evidenced widely in material produced for, and by, management and policy makers—including a body of material traceable to organisations with a commercial interest in drug testing.

An examination of international evidence, both on the nature of drug use in wider society and on the purported link between workplace accidents and employee drug use, fails to support the assertion of a widespread, credible threat to workplace health and safety from employee drug use.

Without such support, the invasiveness of workforce drug testing and the potentially severe disciplinary effects of positive drug tests are argued to be ethically problematic. It is presented as part of a wider, ethically questionable, move by HR professionals to seek to intervene in ever more areas of an employee’s private life.

Global perspectives

Global growth of workforce drug testing

Much of the current push for workforce drug testing in the Asia Pacific region and elsewhere can be understood to originate from the US, where the practice is widespread.

Workforce drug testing in the USA

It has been estimated that somewhere between 67% and 80% of the larger US organisations have some form of workforce drug testing regime (IIDTW 2004). Mandatory testing for all federal organisations has been US policy since 1986. The passing of the Drug Free Workplace Act 1988 prohibited ‘the manufacture, distribution, possession and use of controlled substances in the workplace’ (AIVL n.d.).

The practice of workforce drug testing has filtered down to other nations through a combination of:

• US international companies requiring their subsidiaries to mirror home policy (Nolan 2008);
the commercial push of the larger US drug testing organisations (IIDTW 2004); and
processes of translation and mimicry that often sees business and management practitioners and academics in the rest of the world adopting US management practices.

Workforce drug testing in the Asia Pacific region

Reliable data on the extent of workforce drug testing in the Asia Pacific region is very limited—though two available estimates suggest that 8% of medium to large New Zealand organisations (Harr & Spell 2007) and a similar number of Australian organisations (Watts 2008) have adopted the practice.

In other countries in the region it is likely that workforce drug testing will be limited either to the subsidiaries of large US corporations or adopted piecemeal by a small number of individual organisations, particularly those in industries such as mining or oil and gas exploration.

Workforce drug testing in the UK

When considering the rest of the world, the UK is possibly the next most prevalent user of workforce drug tests with an estimated 13% of organisations implementing some form of testing. There is, however, considerable momentum building for more widespread workforce drug testing both in the UK (IIDTW 2004) and elsewhere.

Rhetoric and evidence

HR rationale for workforce drug testing

At a surface level the practice of and momentum for drug testing of employees seems to have a strong HR rationale. Advocates of workforce drug testing have argued, for instance, that drug users:

• are more likely to be absent from work;
• present a greater health and safety risk;
• have lower productivity;
• are more likely to be involved in criminal activities in the workplace; and
• tend to be more violent to co-workers and customers (see e.g. ADCA 2008; Ghodse 2005).

Links between drug use and high-risk employees

It has therefore been presented as a legitimate, even essential, HR concern to seek to intervene in employees drug use: to screen, detect, treat, and eventually exclude, such risky individuals from the workplace (Russell
Evidence and credibility

Evidence for negative effects of employee drug use

An examination of international academic, governmental and published organisational research, however, generates little compelling evidence to support the claimed links between employee drug use and serious negative effects, either in relation to health and safety, criminality or productivity in organisations (Draper 1998; Harris 2004; IIDTW 2004; Pidd n.d.).

Effectiveness of workforce drug testing

Further, there is markedly little international evidence of the effectiveness of workforce drug testing in reducing employee drug use (Jardine-Tweedle and Wright 1998). Perhaps, somewhat surprisingly, there is also little evidence that organisations conduct any cost-benefit analysis of these drug testing programs (Easter-Bahls 1998; Eckersley 1995; Fine 1992; Martinson 1999), despite the considerable costs of implementation.

The testing process

Without the support of a credible and extensive body of evidence behind it, deciding to embark upon a program of requiring employees to provide samples for testing may be regarded as a very significant, and quite controversial, step for HR professionals to take.

Urine testing

Urine testing, as the most common form of workforce drug testing, illustrates the controversy.

Personal privacy

The process of taking and testing a sample of urine can be highly intrusive and embarrassing for the employee. To minimise various possibilities of ‘cheating’ on the test, the ‘collector’ remains physically close to the employee during the collection of the specimen, controlling such things as the employee’s access to water, soap etc. Some, minimal, individual privacy may be allowed during the actual passing of urine—for instance the employee might be allowed to step behind a curtained off area—but for the remainder of the process the employee’s urine sample is tested for temperature, inspected for colour, labelled and processed in the presence of the employee.
Other privacy issues

Moreover, this is not the only possible intrusion into the privacy of the employee that drug testing represents. An employee’s use of many prescription drugs, including anti-depressants, medically prescribed opiates (e.g. morphine), or amphetamine-based licit drugs (e.g. prescriptions for attention deficit disorder), can be detected by the test. Further, though this would be in breach of most testing guidelines, there has also been some suggestion that urine samples have been used to discover whether a female employee is pregnant (Cheng & Henry 2005).

Dubious value of workplace drug testing

Recency of drug use

Even a properly conducted test, and one that yields a positive result for drug use, does not indicate an employee’s current level of on-the-job impairment, nor can it detect use that may have occurred within the last few hours. Rather, the test indicates that the substance was consumed sometime in the past, between 3 to 28 days prior to the test. This means that an employee who tests positive for drugs may well have consumed them recreationally, in their private, non-work time and that the intoxicating effects of these drugs did not carry over into their workplace.

Recreational drug use

Indeed a sustained body of sociological research by UK academics (Measham et al. 2001; Parker et al. 2002; Hammersley et al. 2002; Makhoul et al. 1998) suggests that the vast majority of drug use in contemporary society is of recreational nature.

In other words, most users of illicit drugs use them in their ‘private’ leisure time, to enhance their leisure pursuits, and do so in a way that is cognisant of their work, study, family or other responsibilities. Yet, it is precisely such recreational users of ‘softer’ drugs such as cannabis who are the most likely to be ‘caught’ by the tests (NCETA 2006).

The consequences of a positive test for an employee are potentially severe. They may include:

- disciplinary action;
- enforced drug treatment;
- dismissal;
- criminal prosecution; and
- the disruption of the domestic sphere and child custody (Lucas 2005).

These consequences may be initiated by management for drug use that has little or no bearing on an employee’s behaviour within the workplace.
Random drug testing

Clearly, therefore, workforce drug testing is in general a controversial practice. Some workforce drug testing programs, however, generate additional concerns. Random testing is the most contested pattern of testing. This is because it is divorced from any behavioural cues on the part of the employee (such as apparent intoxication at work) or incidents in the workplace (such as an unexplained accident) that might warrant the belief that the employee was impaired by drugs.

As such, random testing of employees is the most likely to harm the employment relationship (Pidd n.d.). It may also engender the suspicion that ‘random’ testing may not be random at all, but may in fact be used punitively to target selected employees. Consequently, random testing may generate a low morale environment at work, whereby employees perceive they are not trusted by management (Pidd & Roche 2006).

Behind the momentum for testing

If, then, a review of available research does not support the implementation of workforce drug testing on either health and safety or performance and productivity grounds, how else may we explain what appears to be an increasing momentum for the use of workforce drug testing? A number of possible explanations can be gleaned from wider academic studies of management (see Warren & Wray-Bliss 2009).

Non-instrumental reasons

Cavanaugh and Prasad (1994, p. 268), for instance, remind us that ‘organizations frequently take actions that do not have immediate efficiency payoffs and in fact do so for a number of non-instrumental reasons’. They use this idea to explore symbolic reasons for managers to target drug use. They argue that for organisations ‘rationality is the core principle that shapes their form and actions ... leading to their emphasis on impersonality, instrumentality and rule-like behaviour’.

Preservation of rational order

Management is the group charged with the authority and responsibility to maintain this rational order. Drug use however, threatens to undermine organisational rationality, and by implication, management control in the eyes of organisational stakeholders ‘by symbolising an oppositional consciousness rooted in disorder’ (Cavanaugh & Prasad 1994, p. 268) and signalling apparently hedonistic, deviant or excessive behaviour on the part of organisational members.

Drug testing, therefore, may be regarded in part as the reassertion of the managerial prerogative and part of the maintenance of the power ‘myth’ of managed, rational, ordered organisation. It does so by restoring an image of
control, offering a seemingly scientific or rational response, and shoring up the moral legitimacy of management and organisation in the eye of its beholders.

**Managerial anxiety**

Readings of developments such as workforce drug testing in symbolic terms finds further purchase when we consider the nature of managerial work and managerial identity more generally.

In contrast to the image of management as calmly rational and operating through carefully thought through strategic plans, empirical studies of managerial work show us that management is defined by:

- high levels of ambiguity over the formal and informal markers of one’s performance;
- uncertainty of the effectiveness of one’s actions; and

Anxiety is no stranger to HRM professionals either. Since its inception, HRM has struggled to convince an often sceptical senior managerial cadre of its strategic importance and ‘bottom line’ contribution (Legge 1995). For those with HR responsibilities, the ‘normal’ anxieties of managing in the complex, ambiguous world of large, formal organisation are coupled with a more particular anxiety of continually striving to prove one’s organisational contribution and importance to peers and superiors.

**Commercial providers of workforce drug tests**

These conditions of managerial anxiety constitute a context ripe for exploitation. Consultants, management advisers and providers of specialist and technical HR services are ever ready to sell HR managers a range of what have been derided as ‘faddish’ or ‘fashionable’, products, advice and services (Abrahamson 1991; Huczynski 1993; Shapiro 1998) with questionable efficacy (Collins 2001; Grint 1991; Guest 1992).

The emergence of a lucrative and growing multi-billion dollar market for the provision of employee drug testing by specialist commercial organisations and laboratories fits this model rather well. Previous research has found that much of the international ‘evidence’ regarding the dangers and costs of employee drug use can be traced to those organisations with a commercial interest in drug testing (ACLU 1999; IIDTW 2004).

The spectre these organisations evoke of intoxicated workers breaching health and safety rules, flouting organisational policies, and disregarding the sober, productive orientation required of today’s workers helps cultivate a managerial anxiety over risk, organisational order, performance and legal liability for public safety. Once sufficient managerial and wider media attention is generated regarding the ‘risks’ of employee drug use,
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professional managerial bodies and governmental agencies begin to reflect these concerns in their publications and advice to industry.

Hard-pressed HR managers and directors do not, of course, have the academic's luxury of time to trace the source of such evidence and arguments. For them, the implementation of workforce drug testing may be akin to 'fashion' following behaviour, whereby a new found anxiety over employee drug taking is assuaged by following what other organisations seem to be doing—namely, contracting-in commercial providers of workforce drug tests.

How then do the preceding arguments and issues pertain to the Asia Pacific region, and in particular the context of Australia?

Country and sector perspective: Australia

National Drug and Alcohol Household Survey 2007

According to the federal government's most recent National Drug and Alcohol Household Survey (2007, published 2008), approximately 13.4% of surveyed Australians aged 14 years and older had used an illicit drug in the previous 12 months. As a contrast, 82.9% of surveyed Australians had recently used alcohol. Cannabis was the illicit drug most commonly used, with 9.1% reporting some use of this in 2007, with ecstasy the next most commonly used at 3.5% of the population.

Compared to previous years, illicit drug use in Australia is in decline and has been since 1998. It is currently at the lowest level since 1993 when the National Drug and Alcohol Surveys began.

Workforce drug testing in Australian organisations

Though figures are less reliable for the prevalence of workforce drug testing in Australian organisations, one of the larger commercial laboratories has estimated that 8% of workplaces have already implemented drug testing (Watts 2008). However, in an intriguing contrast to the consistent pattern of declining illicit drug use in Australian society, there is increasing interest in (Pidd & Roche 2006) and momentum building for (AIVL n.d., p. 2) further drug testing of more Australian employees. Why might this be the case?

Legal obligations

A number of organisations (including BHP, Westrail, and Shell) have claimed in industrial relations commissions that drug testing of their employees is necessary to meet their legal obligations in Australia (Nolan 2000).
Indeed, federal and state laws governing such areas as:

- occupational health and safety;
- road traffic;
- anti-discrimination;
- vicarious liability;
- criminal legislation; and
- specific legislation covering health and safety in mining, aviation, and rail transportation

are all relevant to the issue of drugs and alcohol at work (see NCETA 2006; Nolan 2000).

**Position of the Australian Industrial Relations Commission**

However, while strongly upholding the responsibility for health and safety of both the employee and employer, the Australian Industrial Relations Commission has not tended to support the argument that there is a legal compulsion to test in most industries. Further, a review of the decisions of the Commission suggests that, compared to the American courts which have tended to strongly uphold the right to test and discipline or dismiss positively tested employees (Gilliam 1994), the Australian Industrial Relations Commission is ‘likely to be more sympathetic to employees’ (Nolan 2000) in disputes over these matters.

**Why the momentum for increased drug testing by Australian employers?**

In the light of the equivocal legal situation with regard to workforce drug testing in Australian organisations, the consistent pattern of decreasing illicit drug use in Australian society, and what Pidd (n.d.) at the National Centre for Education and Training on Addiction has argued is an extremely limited landscape of research on drug use and its relation to the Australian workplace, how are we to make sense of the apparent momentum for increased drug testing by Australian employers?

**Management ‘fads’ and ‘fashions’**

Part of an answer to this question could usefully recall the above mentioned research into the promotion and uptake of management ‘fads’ and ‘fashions’. The ongoing creation of a ‘market’ for employee drug testing in Australia would seem to have some of the familiar features identified—namely:

- a managerial anxiety is cultivated;
- the anxiety is widely disseminated; and then
- assuaged by the purchase of a particular product or service.
As previously highlighted, much of the evidence for employee drug use and arguments supporting the increased use of drug testing at work in relation to both the US market (ACLU 1999) and the UK market (IIDTW 2004) was found to be traceable to those organisations with a commercial interest in the area.

**Tainted evidence**

This is a pattern that we are beginning to see in Australia also (Pidd n.d.). A pertinent case in point would be the following extract from a national media story (Watts 2008), printed in the *Daily Telegraph* in March 2008, with the dramatic headline **DRUG USE RIFE IN AUSTRALIAN WORKFORCE.**

> ‘One in eight Australians are testing positive to drugs at work — a rate that has more than doubled over the past decade. More than 5% of employees are also abusing illicit drugs in high-risk jobs, according to new statistics obtained by The Daily Telegraph. The number of positives is expected to soar up to a quarter of employees in some industries, drug experts also warned yesterday, with cannabis abuse accounting for more than 90% of positive results.’

The article went on to state that ‘a lot of employers’ are now drug testing their staff, as well as to report demands that the federal and state governments make employee drug testing mandatory. The source of such arguments and evidence is the commercial drug testing organisation Medvet Laboratories. Needless to say, basing HR policy for Australian organisations in such a significant and controversial area on the evidence and arguments of an organisation with a commercial interest in promoting drug testing might be considered poor HR strategy.

We consider next a case of contested policy in this area that was recently presented to the Australian Industrial Relations Commission.

**Case study**

*Shell Refining (Australia) Pty Ltd, Clyde Refinery v Construction, Forestry, Mining and Energy Union (CFMEU)*

The following case study considers a recent Australian Industrial Relations Commission decision (August 2008) in the case of *Shell Refining (Australia) Pty Ltd, Clyde Refinery v Construction, Forestry, Mining and Energy Union (CFMEU)* and review of that decision (May 2009).

The dispute between Shell Refining (Australia) and the CFMEU centred on the union’s concerns with several aspects of the revised drug and alcohol policy that Shell wished to apply to workers at the
Clyde Refinery and Gore Bay Terminal.

Shell applied to have a binding, dispute resolution process conducted by the Commission under Division 3 of Part 13 of the *Workplace Relations Act* 1996. Of particular concern for this case study was the CFMEU union’s opposition to the use of urine samples as the basis of random workforce drug tests and its insistence on the use of oral fluid testing in these circumstances instead.

By way of background, urine testing has a significantly longer window of detection than oral fluid samples, with a positive result possible for drugs that were used between two and 28 days earlier. Urine testing is not capable of detecting very recent drug use or actual impairment due to drug consumption.

Oral fluid testing cannot detect actual impairment due to drug or alcohol use either. It can, however, detect more recent drug use than urine testing and this, combined with the fact that oral fluid testing also has a much shorter window of detection—typically 12 to 24 hours—makes it much more likely than urine testing to indicate recent rather than past drug use.

Mr Neil McKenzie, Shell’s Country Health Safety Security and Environment Manager, provided the following description of the objectives of Shell’s drug and alcohol policy:

‘Shell is committed to providing a safe work system and a safe and productive workplace by eliminating conditions and work practices that could lead to personal injury and equipment and other damage.

People whose fitness for work may be impaired by alcohol or the use of drugs (such as cannabis, amphetamines, cocaine, opiates, and other narcotics), the use of prescription drugs (such as benzodiazepines, barbiturates or methadone), or the misuse of non-prescription drugs (such as codeine) can pose a risk to themselves and other people. Shell’s objectives are that employees recognise the threat that alcohol and other drug consumption can present and that the associated risks to people, property and Shell’s business are eliminated.’

The disputed drug testing policy proposed:

- testing as a condition of employment for designated safety and environmentally sensitive positions and designated management positions;
- continual random urine sample drug testing of workers in designated safety and environmentally sensitive positions; and
testing in circumstances where there is a reasonable belief that a person’s fitness for work may be adversely affected by alcohol or drugs.

The company’s disciplinary procedures were to be instigated for those employees who tested positive, with three positive tests being cause for dismissal. Policy documentation described the policy as intending to:

- assist in identifying people who may be either unfit for work or at risk of being unfit for work;
- discourage people from coming to work when they may be impaired by alcohol or other drugs; and
- raise awareness about the effects of alcohol and other drugs in the workplace.

Acknowledging that although the historic focus of a urine test does not indicate that the employee is intoxicated at work, Shell’s legal representative Mr Adrian Morris, Partner at Blake Dawson, argued that the longer window of detection offered by urine testing was necessary as Shell was

‘...interested more in influencing the behaviour of people around the use of drugs and alcohol to eliminate the risk, whether it’s acute impairment, it’s a lingering ongoing impairment or whether it’s a chronic effect. So a responsible employer professing a policy like Shell’s must be interested in more than whether X comes to work intoxicated.’

For the CFMEU, the prevention of employees being actually intoxicated at work was a legitimate health and safety concern for employees and managers. They argued, however, that the historic gaze of urine testing was a gross invasion of privacy and an unwarranted extension of managerial control and discipline outside of the boundaries of the workplace and into a person’s private time. Witness for the CFMEU, Professor Olaf Drummer, Head of Forensic and Scientific Services, Victorian Institute of Forensic Medicine, expressed it thus:

‘In general, drugs can be detected in urine well beyond the time the drug is having a significant biological effect. For example, cannabis, when smoked, the behavioural and physiological effects are generally no longer detectable after four hours.’

However, the biological trace of this past consumption can, for heavy users, linger and be detectable in the body for ‘weeks following the last consumption.’ Therefore while urine testing is
'a perfectly adequate specimen to determine past use of drug ... it does not provide any proof of recent use; use that might render the worker unsafe to perform their duties.'

Whereas oral fluid testing provides

'... valid alternative specimen to detect drugs used much more recently at a time when drug use might render a person unsafe to perform their duties'.

The question for the Industrial Relations Commission to decide upon then became:

'... whether it would be unjust or unreasonable for the company to implement a urine-based random testing regime with its wide 'window of detection', with all that implies for interfering with the private lives of employees, when a much more focused method is available, where a positive test is far more likely to indicate actual impairment, and is far less likely to detect the use of drugs at a time that would have no consequential effect on the employee's performance at work.'

The conclusion and verdict of the Commission, given by Senior Deputy President of the AIRC Jonathan Hamberger, was

'... that the implementation of a urine-based random drug testing regime in these circumstances would be unjust and unreasonable'.

After application by Shell, a subsequent review of the decision of the Commission was undertaken and the verdict published in May 2009. President of the Commission, Justice Giudice, Senior Deputy President, Harrison and Commissioner Larkin, upheld the earlier decision, summarising the key conclusions and principles as follows:

'...the Senior Deputy President did not disregard the importance of detecting drug use. It is equally apparent that he regarded drug use during non-working hours as something which was not the employer's business unless there was a risk that the drug user was impaired at work. His preference for oral fluid testing rather than urine testing was based on the finding that oral fluid testing was more likely than urine testing to detect recent use and therefore impairment. This is not to deny the possibility that a positive urine test might be an indication that the employee would at some time constitute an actual risk to health and safety. But, as we understand the decision, His Honour did not think that possibility justified the intrusion into the privacy of the employee which a urine test involves and which an oral fluid test does not. This reasoning is cogent and the conclusion was one of a number clearly open to him. In our view no error arose from it'.
The CFMEU welcomed the verdict against urine testing at the Clyde Refinery and Gore Bay Terminal as a 'significant decision in protecting employees' privacy and improving drug and alcohol testing standards throughout the workforce' (CFMEU 2009). This case was reported nationally (Sydney Morning Herald, 25 May 2009) and internationally (Reuters Press Digest, 25 May 2009; UK Trades Union Congress Bulletin, 30 May 2009) as a significant verdict in favour of employee privacy.

**Case study questions**

On the basis of the case you should now be able to answer the following questions:

1. Why was the CFMEU union insisting on oral fluid testing rather than urine testing of staff?
2. What were Shell’s stated goals with regard to their drug and alcohol policy?
3. What was the ‘more’ that Shell’s legal representative, Mr Adrian Morris, was referring to when he said that ‘a responsible employer professing a policy like Shell’s must be interested in more than whether X comes to work intoxicated’?
4. Explain the distinction the Commission made between ‘private’ time and ‘work’ time. What limits does this distinction suggest for the legitimate reach of an organisation’s HR practices?

**Summary**

This chapter has considered a contemporary and controversial HR issue reported to be gathering momentum both internationally and locally. Thus far, credible evidence in support of drug testing employees—for instance:

- evidence of significant deleterious effects of employee drug use on workplace health and safety, on productivity, on violence at work; and
- evidence that workforce drug testing reduces accidents, increases productivity or reduces employee drug use

has been shown to be weak. This is despite the practice being widespread in the US since the mid 1980s, despite the serious ramifications of the practice for employees, and despite the considerable financial and employment relation costs where drug testing has been implemented.

This chapter has highlighted the tendency of the evidence and arguments in support of drug testing to originate from organisations with a commercial
interest in supporting workplace drug testing. Drawing upon organisational research into management fads and fashions, it has been suggested that, in part, the momentum for further workforce drug testing may be regarded as a product of:

- people responsible for commercial drug testing successfully cultivating and exploiting legitimate managerial anxieties with regard to legal liability;
- wider societal anxiety around illicit drugs; and
- the seemingly exact and scientific solution of workforce drug tests.

Final comments relate to the issue at stake in the case study—namely, the encroachment of drug testing into the private lives and bodies of employees. For some, the practice of workforce drug testing has been judged as stepping too far from legitimate managerial concerns with workplace behaviour and into areas of individual employees' private lives.

For a growing number of critics, such encroachment is also symptomatic of a more general movement in contemporary HR practices to seek to intervene in areas of an employee's

- private life;
- sense of self; and
- personal identity

that were hitherto regarded as private and outside the scope of a legitimate managerial prerogative.

Critics have argued that:

- employee health programs (Goss 1997);
- the management of employee smoking (Brewis & Grey 2008);
- limitations on employees' freedom of speech (Barry 2007);
- attempts to manage the views and values of employees through the manipulation of corporate cultures (Willmott 1993); and
- recent burgeoning interest in the management of 'everyday life' issues (Hancock & Tyler 2009) such as employees' sleep (Hancock 2008)

represent elements of an unwarranted extension of managerial discipline, discourse and surveillance.

In their recent article on the management of employees' smoking, Brewis and Grey (2008, p. 983), drawing upon Jackson and Carter (1998), make the morally disquieting argument that the regulation of employee smoking may be regarded as

'a 'discipline' or 'taming' of employees who smoke, not for reasons of enhancing productivity but rather 'for the satisfaction of the controller
and as a public display of compliance, obedience to discipline' (Jackson & Carter 1998, p. 54). All such 'non-useful' forms of regulation, Jackson and Carter suggest, can be understood as contributing to the inculcation of submissiveness amongst workers, as well as demonstrating to interested onlookers—shareholders, say—that all is as it should be in the moral universe of the organization.

In certain aspects of contemporary HR practice there is almost an imperialist aspiration, an attempt to redraw the boundaries of the employment relationship so as to render the employee an object of management discipline both in work and out of work. This would seem to evoke an ideal of the modern individual as one who is continually and constantly attuned to the demands of their employer: reduced to ordering their life according to a narrow, work-oriented, rationality (Hancock & Tyler 2008).

HRM has long attracted questions with regard to its efficacy and ethics (Legge 1998; Watson 2007). The movement into areas (such as workforce drug testing) that extend management control explicitly into the out-of-work choices of employees, however, generates some of the most pressing questions yet regarding the scope of the managerial prerogative embodied in contemporary HRM.

**Discussion questions**

1. Why is workforce drug testing not a straightforward means of assessing an employee's intoxication at work?

2. Explain the argument that HR practices, such as workforce drug testing, may be the result of 'fashion following' behaviour rather than arising from careful scrutiny of the available evidence.

3. Explain the argument that the practice of workforce drug testing extends the managerial prerogative outside of the workplace and into an employee's private life.

4. Why, given your answer to question 3, might workforce drug testing encourage us to question the ethics of contemporary HR practice more generally?

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