

"SUBSTANCE ABUSE IN INDIAN WORKPLACES: A CRITICAL LEGAL AND POLICY ANALYSIS WITH GLOBAL PERSPECTIVES"

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Abstract:

Substance abuse in the workplace poses significant threats to employee health, organizational productivity, and overall workplace safety. In India, the issue is addressed through a fragmented and indirect legal framework, with no single comprehensive law dedicated to managing substance use in occupational settings. This research paper critically examines the existing Indian legal provisions—including the Narcotic Drugs and Psychotropic Substances Act, 1985; the Factories Act, 1948; the Industrial Employment (Standing Orders) Act, 1946; and other sectoral laws—to evaluate their effectiveness in addressing substance abuse in workplaces. Drawing comparisons with international best practices from countries like the United States, the United Kingdom, Germany, and Scandinavian nations, the study identifies key gaps in India's current approach, such as the lack of preventive mechanisms, insufficient rehabilitation support, and legal ambiguities regarding privacy and employer obligations. Through detailed case studies and empirical evidence, the paper highlights the disparities between corporate and small-to-medium enterprises in policy adoption and enforcement. The analysis culminates in actionable recommendations including the need for a dedicated workplace substance abuse law, integration of Employee Assistance Programs (EAPs), training and awareness initiatives, and public-private partnerships. By proposing a roadmap that blends global best practices with India's socio-legal context, the paper advocates for a holistic, inclusive, and rights-based strategy to create safer and healthier work environments across all sectors.

Introduction

Substance abuse in the workplace has emerged as a critical concern affecting not only individual health and safety but also organizational efficiency and national productivity. Globally, workplace substance abuse has been linked to rising rates of absenteeism, workplace accidents, reduced employee morale, and increased healthcare costs.¹⁶⁸⁵ In India, this issue is compounded by the lack of a coherent and unified legal

framework that explicitly addresses substance use in occupational environments. Although various laws such as the Narcotic Drugs and Psychotropic Substances Act, 1985;¹⁶⁸⁶ the Factories Act, 1948¹⁶⁸⁷; and the Industrial Employment (Standing Orders) Act, 1946¹⁶⁸⁸ indirectly touch upon the subject, none offer a dedicated policy response to the unique

¹⁶⁸⁵ National Institute on Drug Abuse, *Workplace Resources*, NIDA (Apr. 2020), <https://nida.nih.gov/publications/research-reports/substance-use-in-workplace>.

¹⁶⁸⁶ Narcotic Drugs and Psychotropic Substances Act, 1985, Ministry of Law and Justice, Government of India, <https://legislative.gov.in/sites/default/files/A1985-61>.

¹⁶⁸⁷ The Factories Act, 1948, Ministry of Labour and Employment, Government of India, <https://labour.gov.in/sites/default/files/TheFactoriesAct1948>

¹⁶⁸⁸ Industrial Employment (Standing Orders) Act, 1946, available at <https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/49310/92576/F-1559735056/IND49310>.

challenges posed by substance abuse in workplaces.

This legal vacuum places both employers and employees in a vulnerable position. Employers often lack the regulatory clarity to implement prevention, testing, and rehabilitation measures, while employees face stigmatization, job insecurity, and limited access to treatment.¹⁶⁸⁹ The absence of formal legislation also creates disparities across sectors, with large corporations sometimes adopting internal policies, while small and medium-sized enterprises (SMEs) remain largely unregulated.¹⁶⁹⁰ Moreover, state-level prohibition laws further complicate the landscape by emphasizing punitive approaches without offering meaningful rehabilitation or harm reduction strategies.¹⁶⁹¹

In contrast, several countries have successfully integrated substance abuse prevention and rehabilitation into their workplace safety and public health frameworks. Models from the United States, United Kingdom, Germany, and Scandinavian countries provide valuable insights into creating comprehensive, humane, and effective policies. These international examples highlight the importance of proactive employer responsibilities, legally mandated drug-free policies, Employee Assistance Programs (EAPs), and a focus on rehabilitation rather than punishment.¹⁶⁹²

This paper aims to critically analyze the existing legal and policy framework governing workplace substance abuse in India. It explores the limitations of current laws, assesses sector-specific challenges through real-life case studies, and draws comparative insights from

global best practices. Ultimately, it proposes actionable recommendations to develop a holistic and inclusive framework that balances safety, employee rights, and mental health considerations, thereby contributing to the creation of healthier and more productive workplaces across India.

Review of Existing Legal Framework in India

India currently lacks a comprehensive and unified legal framework that directly addresses substance abuse in the workplace. Instead, the regulation of this issue is scattered across multiple legislations, none of which specifically mandate preventive or rehabilitative mechanisms for employees affected by substance use disorders. The legal approach remains largely punitive and criminal in orientation, offering limited scope for workplace-specific interventions. This fragmented framework poses significant challenges for employers, especially those in high-risk industries, as they lack clear statutory guidance on how to prevent, identify, and manage substance-related issues among employees. A critical review of the major laws currently relevant to the issue reveals substantial gaps and inconsistencies.

1. Narcotic Drugs and Psychotropic Substances Act, 1985 (NDPS Act)

The NDPS Act serves as the cornerstone of India's anti-drug legislation. It criminalizes the production, possession, sale, transport, and consumption of narcotic drugs and psychotropic substances.¹⁶⁹³ While the Act is instrumental in curbing drug trafficking and consumption from a criminal justice standpoint, it does not provide specific provisions related to substance use in workplace settings. There are no mandatory requirements for employers to conduct drug testing, offer preventive education, or extend rehabilitation services to employees battling addiction. Moreover, the law focuses predominantly on punishment rather

¹⁶⁸⁹ R. Jiloha, *Prevention, Early Intervention, and Rehabilitation of Substance Use Disorders in the Workplace*, 56 Indian J. Psychiatry 365 (2014), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4214083/>.

¹⁶⁹⁰ International Labour Organization (ILO), *Substance Abuse in the Workplace: A Manager's Guide*, ILO (2017), https://www.ilo.org/global/topics/safety-and-health-at-work/resources-library/publications/WCMS_540612/lang-en/index.htm.

¹⁶⁹¹ S. Das, *Dry State, Drunk Realities: Ground Report on Alcohol Prohibition in Bihar*, *The Wire* (2021), <https://thewire.in/government/bihar-prohibition-law-bootlegging>.

¹⁶⁹² European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), *Workplace Drug Testing and Prevention in Europe*, https://www.emcdda.europa.eu/system/files/publications/4796/TD021721_0ENN.

¹⁶⁹³ Narcotic Drugs and Psychotropic Substances Act, 1985, <https://legislative.gov.in/sites/default/files/A1985-61>.

than treatment or harm reduction,¹⁶⁹⁴ thereby limiting its applicability to occupational health policies. As a result, employers are often left to rely on discretionary internal policies, which vary widely across organizations and sectors.

2. Factories Act, 1948

The Factories Act is a significant piece of legislation aimed at ensuring the safety, health, and welfare of workers in industrial settings. Although it contains robust provisions for physical safety—such as those governing machine operation, ventilation, cleanliness, and working hours—it does not explicitly recognize substance abuse as a workplace hazard. The Act obligates employers to maintain safe working conditions (Section 7A), but the interpretation of “safety” has traditionally been limited to physical and environmental factors. Substance-induced impairment, which can increase the likelihood of industrial accidents, is notably absent from the Act’s ambit. This omission leaves employers in high-risk industries such as manufacturing, mining, and chemical processing with no statutory obligation to address behavioral health risks, despite growing evidence of their impact on workplace safety.¹⁶⁹⁵

3. Industrial Employment (Standing Orders) Act, 1946

This Act requires industrial establishments with 100 or more employees to define conditions of employment, including what constitutes misconduct.¹⁶⁹⁶ While many companies voluntarily include substance abuse under “acts of misconduct” in their standing orders, there is no legal requirement to do so. Consequently, the adoption and enforcement of substance abuse policies vary significantly between companies. Judicial decisions have upheld employer authority to discipline employees found intoxicated at work; however, such

measures often rely on procedural correctness and documentary evidence. Moreover, the Act does not address rehabilitation or mental health support, which modern occupational health paradigms increasingly recognize as critical to managing substance use disorders in the workplace.

4. Employees’ Compensation Act, 1923

Under this Act, employers are required to compensate employees for injuries or illnesses sustained “out of and in the course of employment.”¹⁶⁹⁷ However, Section 3(1)(b) provides a significant exemption—employers are not liable for injuries caused due to the employee being under the influence of drugs or alcohol. While this clause protects employers from liability in cases of willful misconduct, it also indirectly discourages investment in preventive or rehabilitative infrastructure. The Act does not recognize addiction as an occupational illness, even in industries where work-related stress or exposure to hazardous substances correlates strongly with substance abuse. This exclusion not only marginalizes affected workers but also limits the broader goal of workplace safety and wellness.

5. State-Specific Prohibition Laws

Several Indian states, including Gujarat and Bihar, have enacted prohibition laws that criminalize alcohol consumption.¹⁶⁹⁸ While these laws may appear to discourage substance use, they create unique challenges for workplace regulation. Enforcement is often inconsistent, and these laws tend to focus solely on alcohol, ignoring the growing prevalence of other substances such as opioids, synthetic drugs, and prescription medication misuse.¹⁶⁹⁹ Furthermore, prohibition laws are largely punitive, with minimal emphasis on treatment, education, or support systems. In practice, this has led to increased clandestine consumption,

¹⁶⁹⁴The Factories Act, 1948, Ministry of Labour and Employment, <https://labour.gov.in/sites/default/files/TheFactoriesAct1948.pdf>.

¹⁶⁹⁵ National Safety Council of India, *Annual Safety Report*, 2021, <https://www.nsc.org/india>.

¹⁶⁹⁶ Industrial Employment (Standing Orders) Act, 1946, <https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/49310/92576/F-1559735056/IND49310>.

¹⁶⁹⁷ Employees’ Compensation Act, 1923, <https://labour.gov.in/sites/default/files/workmenscompensationact1923>.

¹⁶⁹⁸ Gujarat Prohibition Act, 1949 (as amended in 2011), <https://prsindia.org/billtrack/the-gujarat-prohibition-act-1949>

¹⁶⁹⁹ Das, S. *Dry State, Drunk Realities: Ground Report on Alcohol Prohibition in Bihar*, *The Wire*, <https://thewire.in/government/bihar-prohibition-law-bootlegging>.

with some employees resorting to unsafe, unregulated alternatives that pose greater risks to workplace safety and health.

6. Mental Healthcare Act, 2017

This relatively progressive law recognizes substance dependence as a mental illness and affirms the right of affected individuals to access treatment without discrimination.¹⁷⁰⁰ It also promotes community-based care and rehabilitation. However, the Act is not workplace-specific and does not impose any obligations on employers to accommodate or support employees undergoing treatment for substance use disorders. Its provisions are largely advisory in nature, and their implementation in employment contexts remains weak.¹⁷⁰¹ The potential for synergy between this Act and labor laws remains largely untapped, representing a missed opportunity for developing compassionate and rights-based workplace policies.¹⁷⁰²

Synthesis of Gaps in the Legal Framework

A critical analysis of these legal instruments reveals several key shortcomings. First, there is a clear absence of a dedicated statute addressing substance abuse in the context of employment. Second, the existing laws fail to integrate mental health and rehabilitation considerations into workplace safety mandates. Third, there is a notable lack of enforcement mechanisms and regulatory oversight, particularly in the informal and small-scale sectors that constitute the majority of India's workforce. Finally, cultural and legal emphasis on punishment over prevention has stifled the development of progressive, evidence-based interventions.

Comparative International Perspectives

Substance abuse in workplaces is a global concern, and several countries have

established comprehensive legal and policy frameworks to address it. These frameworks typically balance employer obligations, employee rights, public health, and workplace safety. India can benefit significantly by studying international models that prioritize prevention, rehabilitation, and legal clarity. This section explores best practices from countries such as the United States, United Kingdom, Germany, and Scandinavian nations, offering comparative insights into how India can adapt and refine its own approach.

1. United States: Regulatory Precision and Employer Accountability

The United States has developed one of the most structured approaches to workplace substance abuse, especially through the **Drug-Free Workplace Act of 1988** and the regulations of the **Occupational Safety and Health Administration (OSHA)**.

- **Legal Framework:** The Drug-Free Workplace Act requires federal contractors and grantees to establish and maintain drug-free workplace policies. Although it directly applies only to specific sectors, it has influenced broader employment practices across industries.¹⁷⁰³
- **Implementation:** Employers are expected to conduct **pre-employment screening, random drug testing, and post-incident evaluations** in high-risk industries such as transportation, construction, and aviation. Testing is regulated to protect employee privacy and must be supported by written policies.¹⁷⁰⁴
- **Rehabilitation and Support:** A key feature of U.S. policy is the inclusion of **Employee Assistance Programs (EAPs)**. These confidential services provide psychological counseling, addiction

¹⁷⁰⁰ Mental Healthcare Act, 2017, Ministry of Law and Justice, <https://egazette.nic.in/WriteReadData/2017/175248>.

¹⁷⁰¹ Indian Journal of Psychiatry, *Implementation Gaps in the Mental Healthcare Act*, Vol. 60, 2018, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5987335>

¹⁷⁰² SAMA Resource Group for Women and Health, *Mental Health & Workplaces in India* (2020), <https://samawomenshealth.in>.

¹⁷⁰³ U.S. Department of Labor, *Drug-Free Workplace Act of 1988*, <https://www.dol.gov/general/topic/safety-health/drugfreeworkplace>.

¹⁷⁰⁴ U.S. Occupational Safety and Health Administration (OSHA), *Workplace Drug Programs*, <https://www.osha.gov/workplace-drug-programs>.

treatment referrals, and return-to-work programs. Employers are encouraged, though not always mandated, to offer EAPs to promote recovery over termination.¹⁷⁰⁵

- **Impact:** According to OSHA reports, companies with structured drug-free programs have seen reductions in workplace accidents by over 30%. Additionally, organizations with EAPs report higher retention rates and lower healthcare costs.¹⁷⁰⁶

2. United Kingdom: Emphasis on Prevention and Employer Duties

The United Kingdom's legal approach is anchored in the **Health and Safety at Work Act, 1974**, which imposes a duty on employers to ensure the health, safety, and welfare of all employees.¹⁷⁰⁷

- **Risk Assessment Model:** Employers are required to conduct **regular workplace risk assessments**, which include evaluating the potential impact of substance misuse. This proactive approach focuses on **identification, education, and prevention**.¹⁷⁰⁸
- **Guidance Documents:** The **Health and Safety Executive (HSE)** issues detailed guidance for employers on how to handle substance misuse, recommending awareness training, early intervention strategies, and non-punitive response systems.
- **Rehabilitation Focus:** UK policies favor a **support-oriented response**, encouraging employers to engage with employees facing substance use issues instead of opting for immediate disciplinary action. Short-term medical

leave and workplace reintegration support are commonly adopted.¹⁷⁰⁹

- **Effectiveness:** Studies by the HSE show that early intervention and supportive policies significantly reduce absenteeism and improve workplace morale.¹⁷¹⁰ The UK's flexible yet enforceable system offers a model of balancing regulation with employee dignity.

3. Germany: Integrating Labor Law with Health Systems

Germany employs a **rehabilitation-first model**, backed by robust collaboration between labor law, social insurance, and healthcare systems.

- **Legal Framework:** Under Germany's **Works Constitution Act (Betriebsverfassungsgesetz)**, works councils have the right to co-determine workplace health policies, including those addressing substance use.¹⁷¹¹
- **Mandatory Employer Involvement:** Employers must actively participate in preventive health initiatives and consult employee representatives when formulating policies related to workplace behavior and safety.¹⁷¹²
- **Social Insurance Support:** Substance use disorders are treated as health conditions under **Social Code Book V and VII**, making employees eligible for **rehabilitation programs funded by statutory health insurance**. This ensures that financial barriers do not hinder treatment.¹⁷¹³

¹⁷⁰⁵ U.S. Office of Personnel Management, *Employee Assistance Programs Handbook*, <https://www.opm.gov/policy-data-oversight/worklife/reference-materials/employee-assistance-programs-handbook>.

¹⁷⁰⁶ National Safety Council, *Substance Use Cost Calculator*, <https://www.nsc.org/workplace/safety-topics/drugs-at-work>.

¹⁷⁰⁷ UK Parliament, *Health and Safety at Work etc. Act 1974*, <https://www.legislation.gov.uk/ukpga/1974/37>.

¹⁷⁰⁸ UK HSE, *Drug Misuse at Work: A Guide for Employers*, <https://www.hse.gov.uk/pubns/indg91.pdf>.

¹⁷⁰⁹ CIPD, *Managing Drug and Alcohol Misuse at Work*, <https://www.cipd.org/uk/knowledge/guides/alcohol-drug-misuse-workplace/>.

¹⁷¹⁰ UK HSE, *Workplace Health and Safety Statistics*, <https://www.hse.gov.uk/statistics/>.

¹⁷¹¹ Betriebsverfassungsgesetz (Germany), https://www.gesetze-im-internet.de/betrvg/_87.html.

¹⁷¹² EMCDDA, *Germany: Country Drug Report 2023*, <https://www.emcdda.europa.eu/publications/country-drug-reports/2023/germany-en>.

¹⁷¹³ Germany's Social Code Book V, https://www.gesetze-im-internet.de/sbg_5/; and Book VII, https://www.gesetze-im-internet.de/sbg_7/.

- **Holistic Recovery:** After rehabilitation, employees receive occupational reintegration support through “gradual return to work” programs and workplace adjustments to reduce relapse risks.¹⁷¹⁴
- **Outcomes:** Germany’s model has been praised for reducing long-term absenteeism and improving reintegration outcomes. Its legal recognition of addiction as a health issue, not merely a disciplinary concern, provides a compassionate framework that India could emulate.¹⁷¹⁵

4. Scandinavian Countries: Normalizing Treatment and Reintegration

Scandinavian nations—particularly **Sweden, Norway, and Finland**—have developed progressive workplace substance abuse frameworks grounded in public health ethics and egalitarian labor principles.

- **Preventive Culture:** These countries focus on **early detection through regular health checks, training, and open workplace dialogue**. Employers and unions work collaboratively to maintain a culture of awareness and support.¹⁷¹⁶
- **Non-Punitive Approach:** Rather than viewing substance use as a cause for dismissal, Scandinavian models treat it as an opportunity for **early intervention**. Employees are encouraged to self-report issues without fear of job loss.¹⁷¹⁷
- **Government-Supported Rehabilitation:** Universal healthcare systems fund addiction treatment, and employers are often required to **accommodate recovering employees** by modifying work responsibilities or schedules.¹⁷¹⁸

- **Reintegration Programs:** Reintegration is a legal obligation in many cases, with employees returning to work under tailored supervision or transitional roles. This greatly reduces the stigma associated with addiction.¹⁷¹⁹
- **Efficacy:** Studies in Sweden show a marked decrease in relapses among employees supported through workplace-based reintegration, reinforcing the value of comprehensive, human-centered policies.¹⁷²⁰

Key Lessons for India (with Footnotes)

India’s current legal approach remains rooted in a punitive and fragmented model that neither mandates nor incentivizes proactive employer behavior. In contrast, the international examples discussed above offer clear takeaways:

- **Legal Clarity:** Countries like the United States and the United Kingdom have enacted clear, codified laws—such as the **Drug-Free Workplace Act of 1988** in the U.S.¹⁷²¹ and the **Health and Safety at Work Act, 1974** in the U.K.¹⁷²²—that obligate employers to establish workplace substance abuse policies. These legislations provide a defined legal structure for employers, guiding them through prevention, testing, rehabilitation, and policy enforcement mechanisms.
- **Integration of Rehabilitation:** Germany and Scandinavian nations demonstrate how treating substance abuse as a **public health issue** can improve outcomes both for employees and employers. In Germany, substance use disorders are classified as medical conditions under **Social Code Books V**

¹⁷¹⁴ BZgA, *Addiction Prevention in the Workplace*, <https://www.bzga.de>.

¹⁷¹⁵ German Federal Ministry of Health, *Addiction and Employment Integration*, <https://www.bundesgesundheitsministerium.de/en>.

¹⁷¹⁶ Finnish Institute of Occupational Health (FIOH), <https://www.ttl.fi/en>.

¹⁷¹⁷ Norwegian Labour Inspection Authority, *Substance Use in the Workplace*, <https://www.arbeidstilsynet.no>.

¹⁷¹⁸ Swedish Work Environment Authority, *Substance Misuse and Workplace Safety*, <https://www.av.se/en/>.

¹⁷¹⁹ Nordic Council of Ministers, *Occupational Health and Substance Misuse*, <https://norden.diva-portal.org>.

¹⁷²⁰ CAN Sweden, *Evaluation of Workplace Reintegration Programs*, <https://www.can.se>.

¹⁷²¹ U.S. Department of Labor, *Drug-Free Workplace Act of 1988*, <https://www.dol.gov/general/topic/safety-health/drugfreeworkplace>.

¹⁷²² UK Parliament, *Health and Safety at Work etc. Act 1974*, <https://www.legislation.gov.uk/ukpga/1974/37>.

and VII, enabling access to insurance-funded rehabilitation programs¹⁷²³. Similarly, in Sweden and Finland, addiction treatment is embedded in the **universal healthcare system**, ensuring that employees receive timely, non-discriminatory support while maintaining job security¹⁷²⁴.

- **Employer-Employee Collaboration:** International frameworks emphasize **inclusive policy-making**, where labor unions, employee councils, and occupational health professionals collaborate to address substance misuse. For instance, under Germany's **Works Constitution Act**, works councils have legal authority to co-develop policies with employers on workplace health and addiction issues¹⁷²⁵. This participatory model ensures fairness, accountability, and higher rates of policy compliance.
- **Privacy and Respect:** Confidentiality, voluntary treatment participation, and non-punitive interventions are cornerstones of workplace policies in Scandinavian countries¹⁷²⁶. These models prioritize **employee dignity**, encouraging early self-reporting and reducing stigma. Protections around **data privacy** and **anti-discrimination** further ensure that workers are not penalized for seeking help, fostering a culture of openness and recovery¹⁷²⁷.
- These global experiences offer a valuable blueprint for India to evolve from a punitive, fragmented approach toward a more cohesive, inclusive, and health-oriented framework that aligns

with international labor and health standards.

Comparative International Perspectives

- Substance abuse in the workplace is not confined to any one nation—it is a global challenge that has prompted various governments to adopt structured and evidence-based frameworks. Countries like the United States, United Kingdom, Germany, and several Scandinavian nations have adopted inclusive policies that integrate prevention, treatment, and reintegration mechanisms into their labor and healthcare systems. These models offer valuable insights for India, where the legal approach remains fragmented and largely punitive.

1. United States: Legal Precision and Employer Mandates

- The United States leads with one of the most comprehensive legal structures to combat workplace substance abuse. The **Drug-Free Workplace Act of 1988** mandates that all federal contractors and grantees must maintain a drug-free workplace by implementing strict policies, including disciplinary measures and awareness programs¹⁷²⁸.
- In parallel, the **Occupational Safety and Health Administration (OSHA)** promotes the integration of drug testing, workplace safety standards, and Employee Assistance Programs (EAPs) across high-risk sectors such as aviation and construction¹⁷²⁹. EAPs offer confidential counseling, addiction support, and reintegration planning. Employers who adopt these structured interventions report a significant reduction in absenteeism and accidents¹⁷³⁰. The U.S. model emphasizes

¹⁷²³ Germany's Social Code Book V and VII, available at https://www.gesetze-im-internet.de/sgb_5/ and https://www.gesetze-im-internet.de/sgb_7/

¹⁷²⁴ Finnish Institute of Occupational Health (FIOH), *Substance Abuse and Occupational Health*, <https://www.ttl.fi/en>. See also: Swedish Work Environment Authority, *Substance Misuse and Workplace Safety*, <https://www.av.se/en/>.

¹⁷²⁵ Betriebsverfassungsgesetz [Works Constitution Act], §87, Germany, https://www.gesetze-im-internet.de/betrvg/_87.html.

¹⁷²⁶ Norwegian Labor Inspection Authority, *Substance Use in the Workplace*, <https://www.arbeidstilsynet.no>.

¹⁷²⁷ Nordic Council of Ministers, *Occupational Health and Substance Misuse*, <https://norden.diva-portal.org>.

¹⁷²⁸ U.S. Department of Labor, *Drug-Free Workplace Act of 1988*, <https://www.dol.gov/general/topic/safety-health/drugfreeworkplace>.

¹⁷²⁹ U.S. Occupational Safety and Health Administration (OSHA), *Workplace Substance Abuse Programs*, <https://www.osha.gov/workplace-drug-programs>.

¹⁷³⁰ National Safety Council, *The Real Cost of Substance Use to Employers*, <https://www.nsc.org/workplace/safety-topics/drugs-at-work>.

deterrence while enabling recovery, ensuring a balanced approach.

2. United Kingdom: Preventive Risk-Based Approach

- In the United Kingdom, the legal foundation is set by the **Health and Safety at Work etc. Act 1974**, which obligates employers to provide a safe working environment, including managing risks related to substance misuse¹⁷³¹. Rather than mandating drug testing, the U.K. emphasizes **risk assessments**, education, and policy development to prevent misuse.
- The **Health and Safety Executive (HSE)** provides detailed guidelines to help employers identify early signs of substance abuse, implement supportive measures, and avoid purely punitive responses¹⁷³². Rehabilitation and reintegration are key pillars, with many employers providing flexible leave and reintegration plans. Studies show that early intervention under this system leads to improved employee morale and reduced workplace conflict¹⁷³³.

3. Germany: Health-Integrated Legal Framework

- Germany offers a distinctive model that merges labor rights with healthcare obligations. The **Works Constitution Act (Betriebsverfassungsgesetz)** empowers employee councils to collaborate in creating workplace policies on health and substance use¹⁷³⁴. This shared responsibility ensures that interventions are both lawful and ethically sound.
- Substance use disorders are classified as health conditions under **Social Code**

Books V and VII, granting employees access to rehabilitation services fully funded by public health insurance¹⁷³⁵. Following treatment, employees are entitled to participate in **"gradual return-to-work"** programs with modified duties and work hours, ensuring reintegration and reducing relapse rates¹⁷³⁶. This system treats substance abuse as a medical concern, not a moral failure, offering a progressive and compassionate alternative to discipline-based models.

4. Scandinavian Countries: Egalitarian and Public Health-Based Systems

- Nations such as **Sweden, Norway, and Finland** adopt a rights-based approach rooted in egalitarian labor practices and universal healthcare. In these countries, substance use is addressed primarily as a **public health issue**, not as grounds for immediate dismissal.
- Employers, in cooperation with trade unions and occupational health services, offer **voluntary disclosure programs, early intervention, and rehabilitation support**, all backed by national healthcare systems¹⁷³⁷. Reintegration after treatment is legally supported, with employers required to adjust duties and provide workplace accommodations¹⁷³⁸. Research from Sweden shows that these human-centered programs significantly reduce relapse and improve long-term employment outcomes¹⁷³⁹.

Implications for Indian Policy Reform

- The models discussed reveal consistent themes: clear legal standards, early intervention, healthcare integration, and post-treatment support. The U.S. and U.K.

¹⁷³¹ UK Parliament, *Health and Safety at Work etc. Act 1974*, <https://www.legislation.gov.uk/ukpga/1974/37>.

¹⁷³² UK Health and Safety Executive (HSE), *Drug Misuse at Work: A Guide for Employers*, <https://www.hse.gov.uk/pubns/indg91.pdf>.

¹⁷³³ CIPD, *Managing Drug and Alcohol Misuse at Work*, <https://www.cipd.org.uk/knowledge/guides/alcohol-drug-misuse-workplace/>.

¹⁷³⁴ Germany Works Constitution Act, § 87, https://www.gesetze-im-internet.de/betrvg/_87.html.

¹⁷³⁵ Germany Social Code Book V and VII, available at https://www.gesetze-im-internet.de/sgb_5/ and https://www.gesetze-im-internet.de/sgb_7/.

¹⁷³⁶ Bundeszentrale für gesundheitliche Aufklärung (BZgA), *Workplace Health Programs*, <https://www.bzga.de>.

¹⁷³⁷ Finnish Institute of Occupational Health (FIOH), *Substance Use Prevention at Work*, <https://www.ttl.fi/en>.

¹⁷³⁸ Norwegian Labour Inspection Authority, *Substance Abuse in the Workplace*, <https://www.arbeidstilsynet.no>.

¹⁷³⁹ Swedish Work Environment Authority, *Addiction and the Work Environment*, <https://www.av.se/en>.

highlight structured employer responsibility, while Germany and Scandinavian countries showcase collaborative and empathetic frameworks. These approaches offer valuable blueprints for India to move beyond its current punitive stance toward a more effective, inclusive, and health-aligned workplace substance abuse policy.

Challenges in Implementation

Despite growing awareness of the risks associated with substance abuse at the workplace, India continues to face serious challenges in effectively implementing any consistent or enforceable response. The absence of a unified legal framework, limited awareness among employers, lack of rehabilitation infrastructure, and the strong social stigma attached to substance use create deep-rooted barriers. These challenges are particularly prominent in the informal sector, which comprises the majority of the Indian workforce.

1. Absence of a Comprehensive Legal Framework

One of the most significant hurdles is the **lack of a dedicated, unified law** addressing workplace substance abuse in India. Existing laws like the **Narcotic Drugs and Psychotropic Substances Act, 1985**, and **The Factories Act, 1948** indirectly touch upon safety and health but do not explicitly impose obligations on employers to manage substance abuse through preventive or rehabilitative measures¹⁷⁴⁰. This legislative gap leaves employers without a standardized legal or procedural guide, especially in industries where risk is high, such as construction, transportation, or manufacturing.

2. Limited Employer Awareness and Policy Adoption

Many employers, particularly in small and medium-sized enterprises (SMEs), are either

unaware or inadequately informed about substance abuse as an occupational hazard. Unlike large corporations that may have internal HR policies or Employee Assistance Programs (EAPs), most SMEs operate without formal drug policies¹⁷⁴¹. The **International Labour Organization (ILO)** notes that in countries without national workplace drug policies, private employers often lack both motivation and resources to take action¹⁷⁴².

3. Inadequate Access to Rehabilitation and Treatment Services

Even when substance use is identified, **access to professional support or treatment is limited**, especially in rural or semi-urban areas. Public de-addiction centers are few and under-resourced, and private facilities are often unaffordable for low-wage workers⁴. The **Mental Healthcare Act, 2017**, which recognizes substance dependence as a mental illness, still lacks effective implementation at the workplace level¹⁷⁴³.

4. Stigma and Fear of Job Loss

A major barrier to effective implementation is the **social stigma** surrounding addiction. Employees are often reluctant to report their struggles due to fear of **job loss, humiliation, or discrimination**. Unlike Scandinavian countries where disclosure is encouraged and protected by law, India lacks protective measures that would allow employees to seek help without risking termination¹⁷⁴⁴. This fear-driven silence results in untreated addiction and often worsens workplace safety risks.

5. Informal Sector Exclusion

A majority of India's workforce is employed in the **informal sector**, where regulatory oversight

¹⁷⁴¹ International Labour Organization (ILO), *Substance Abuse in the Workplace: A Manager's Guide*, <https://www.ilo.org/global/topics/safety-and-health-at-work/resources->

¹⁷⁴² Ministry of Social Justice and Empowerment, *National Survey on Extent and Pattern of Substance Use in India*, https://socialjustice.gov.in/writercadata/UploadFile/MagnitudeSubstanceUseIndia_REPORT

¹⁷⁴³ Mental Healthcare Act, 2017, <https://egazette.nic.in/WriteReadData/2017/175248.pdf>

¹⁷⁴⁴ Finnish Institute of Occupational Health (FIOH), *Stigma-Free Workplace Models*, <https://www.ttl.fi/en>.

¹⁷⁴⁰ Narcotic Drugs and Psychotropic Substances Act, 1985, <https://legislative.gov.in/sites/default/files/A1985-61>.

is minimal. Workers in these sectors typically have **no formal contracts, job security, or workplace safety programs**, making the implementation of substance abuse policies virtually impossible¹⁷⁴⁵. This sector is often left out of policy discourse altogether, resulting in inconsistent protections across the economy.

6. Lack of Coordination between Agencies

Effective workplace substance abuse prevention requires coordination between **labor authorities, health departments, employers, and civil society organizations**. In India, such collaboration is rare. While the Ministry of Social Justice and Empowerment runs de-addiction programs, there is minimal linkage with labor departments that regulate occupational health¹⁷⁴⁶. This lack of institutional synergy hinders the development of holistic, cross-sectoral solutions.

The implementation of workplace substance abuse policies in India is hindered by a combination of legislative gaps, social stigma, lack of employer awareness, and insufficient public health support. Bridging these gaps will require a multi-level approach involving legal reform, employer sensitization, capacity building in healthcare, and better integration between public and private sectors.

Case Studies

To understand the real-world implications of substance abuse in Indian workplaces, it is essential to examine actual incidents and how they were handled. The following case studies illustrate the consequences of drug and alcohol use in various sectors—ranging from industrial accidents to disciplinary action in government and private sectors. These examples reflect both the **gaps in policy** and the **lack of rehabilitative response** across workplaces in India.

Case 1: Vizag Gas Leak Tragedy – The Role of Negligence Under Influence

¹⁷⁴⁵ Ministry of Labour and Employment, *Report on Informal Sector and Conditions of Employment in India*, <https://labour.gov.in>.

¹⁷⁴⁶ National Drug Dependence Treatment Centre (NDDTC), *National Action Plan for Drug Demand Reduction*, <https://socialjustice.gov.in>.

In May 2020, a major gas leak occurred at **LG Polymers' chemical plant in Visakhapatnam**, Andhra Pradesh, resulting in 12 deaths and over 1,000 people falling ill¹⁷⁴⁷. While the primary cause was identified as negligence in maintenance, initial reports suggested that some staff members on duty might have been under the influence of alcohol, contributing to delayed responses to the leak¹⁷⁴⁸.

This case underlines how **substance use among workers in high-risk industrial settings** can directly threaten public safety. However, the investigation focused primarily on equipment failure and administrative lapses, with **no formal inquiry into substance abuse or mental fitness of workers**—highlighting a key oversight in India's industrial safety audits.

Case 2: ONGC Worker Suspended for Alcohol Consumption at Worksite

In 2018, the **Oil and Natural Gas Corporation (ONGC)** suspended an employee after he was found consuming alcohol during duty hours on an offshore rig¹⁷⁴⁹. The nature of offshore work is extremely sensitive, with high operational risks. The employee was terminated following an internal inquiry.

While ONGC followed its internal code of conduct, the **absence of a national workplace substance abuse law** meant there was no clear legal framework guiding the disciplinary process or offering the employee any opportunity for **rehabilitation or counseling**. This case exemplifies the one-dimensional, punitive approach many public sector units are forced to take in the absence of policy alternatives.

¹⁷⁴⁷ India: Styrene Gas Leak in Visakhapatnam, The Hindu (May 2020), <https://www.thehindu.com/news/national/andhra-pradesh/ig-polymers-gas-leak-kills-11/article31509631.ece>.

¹⁷⁴⁸ Vizag Gas Leak: Safety Audit Ignored Human Factors, Scroll.in (2020), <https://scroll.in/article/961935>.

¹⁷⁴⁹ ONGC Suspends Staff for Drinking On Duty, The Economic Times (2018), <https://economictimes.indiatimes.com/industry/energy/oil-gas/ongc-suspends-staff-for-drinking-on-duty/articleshow/63359449.cms>.

Case 3: Delhi Transport Corporation's (DTC) Zero-Tolerance Policy

The **Delhi Transport Corporation (DTC)** implemented a **zero-tolerance policy** for drivers under the influence of alcohol after multiple accidents involving state buses¹⁷⁵⁰. The policy includes **random breathalyzer tests**, and drivers found guilty are suspended or dismissed.

Though this approach has been somewhat successful in curbing incidents, critics argue that it lacks **preventive education or rehabilitative support** for employees dealing with alcohol dependence. Furthermore, most drivers belong to low-income groups who lack access to addiction counseling, making the policy more punitive than reformatory.

Case 4: IT Sector – Substance Abuse in Corporate Settings

A growing concern has also been noted in the **information technology (IT) and corporate sector**, where employees reportedly use substances like prescription stimulants, cannabis, or alcohol to cope with stress, long hours, or performance pressure¹⁷⁵¹. While some multinational companies have started integrating **Employee Assistance Programs (EAPs)** to help employees seek confidential help, many Indian companies still lack such systems.

In one case, a Bengaluru-based software firm terminated an employee after finding drug paraphernalia in his desk. The case did not lead to legal prosecution but resulted in **immediate job loss**, with no offer of support or intervention. The incident received media attention as it raised questions about **corporate responsibilities in handling mental health and addiction** at work¹⁷⁵².

¹⁷⁵⁰ DTC Tightens Alcohol Testing for Drivers, The Indian Express (2022), <https://indianexpress.com/article/cities/delhi/dtc-drivers-alcohol-testing-policy-8038292/>.

¹⁷⁵¹ Substance Abuse Rises in Indian Workplaces: HR Reports, Times Now News (2021), <https://www.timesnownews.com/india/substance-abuse-rising-in-indian-workplaces-hr-reports/article/80431275.cms>.

¹⁷⁵² Employee Sacked for Drug Possession Raises Questions on Workplace Mental Health, Bangalore Mirror (2019),

Case 5: Railways Employee Dismissed for Repeated Substance Use

The **Indian Railways**, one of the country's largest employers, has also faced frequent incidents involving substance abuse. In 2021, a railway technician was dismissed after being found intoxicated on duty multiple times despite warnings¹⁷⁵³. Although the Railways has internal disciplinary codes, there is **no structured rehabilitation or return-to-work policy** for employees who may be suffering from long-term substance use disorders.

This case illustrates the lack of balance between **discipline and treatment**, especially within government employment structures, where the focus remains solely on misconduct without medical assessment or recovery planning.

These case studies reveal a **common trend**—the overwhelming emphasis on punishment and job termination without considering the root causes or offering structured rehabilitation. The absence of a national legal framework means that Employers act based on internal rules, leading to **inconsistent, and often harsh, outcomes**. A reformatory approach, incorporating prevention, education, and reintegration, is urgently needed to address the human and organizational costs of workplace substance abuse in India.

Recommendations for Strengthening Workplace Substance Abuse Policies in India

To effectively address substance abuse in Indian workplaces, a robust, inclusive, and reform-oriented strategy is essential. Based on the shortcomings identified in the legal framework and implementation, and in light of global best practices, the following comprehensive recommendations are proposed.

<https://bangaloremirror.indiatimes.com/news/state/employee-sacked-for-drug-issue/articleshow/72232124.cms>.

¹⁷⁵³ Railway Technician Dismissed Over Alcohol Use at Work, Hindustan Times (2021), <https://www.hindustantimes.com/cities/railways-dismisses-technician-over-alcohol-use-at-workplace-101617282546993.html>.

1. Enact a Dedicated National Legislation on Workplace Substance Abuse

India currently lacks a specific law that deals with substance abuse in the workplace. A central law should be drafted that:

- Clearly defines **substance abuse in employment contexts**.
- Establishes the **responsibilities of employers** for prevention, support, and reporting.
- Outlines **employee rights**, including access to treatment and protection against discrimination.
- Provides a mechanism for **voluntary self-reporting** without fear of job loss.

Such legislation can draw inspiration from the **Drug-Free Workplace Act (1988)** of the United States¹⁷⁵⁴ and should align with India's **labor codes** and **Mental Healthcare Act, 2017**¹⁷⁵⁵.

2. Mandate Rehabilitation and Recovery Support before Disciplinary Action

Workplace substance abuse should be treated first and foremost as a **health issue**, not solely as misconduct. A legal requirement should be introduced that employers must:

- Refer employees to **rehabilitation or counseling** before taking punitive action.
- Allow medical leave for addiction treatment.
- Support **phased reintegration** into the workplace following recovery.

This approach mirrors Germany's practice under **Social Code Book V**, where employees are entitled to funded medical treatment and reintegration plans¹⁷⁵⁶. Termination should only follow **non-cooperation or repeat offenses** after genuine recovery opportunities have been provided.

3. Issue National Guidelines and Model Policies for Employers

The **Ministry of Labour and Employment**, in collaboration with the **Ministry of Health and Family Welfare**, should publish a **comprehensive set of model guidelines** for public and private employers. These should include:

- Policy templates for drug and alcohol prevention.
- Confidential drug testing protocols.
- Guidance on handling voluntary disclosures and addiction recovery.
- Reporting standards and training manuals.

These guidelines should be updated regularly and be **mandatory for high-risk sectors**, such as transport, construction, mining, and manufacturing¹⁷⁵⁷.

4. Promote Public-Private Partnerships (PPPs) for Employee Assistance Programs (EAPs)

Government-supported EAPs can provide cost-effective access to addiction counseling, mental health services, and legal advice. To scale up:

- The government should incentivize companies to partner with healthcare providers and NGOs.
- Tax rebates and CSR credits should be offered to businesses investing in wellness programs.
- Urban and rural EAP models should be developed for different business scales.

This initiative can follow the successful **EAP implementation models from the U.S. and U.K.**, where employers reduce costs through pooled services and shared support platforms¹⁷⁵⁸.

¹⁷⁵⁴ U.S. Department of Labor, *Drug-Free Workplace Act of 1988*, <https://www.dol.gov/general/topic/safety-health/drugfreeworkplace>.

¹⁷⁵⁵ Mental Healthcare Act, 2017, <https://egazette.nic.in/WriteReadData/2017/175248.pdf>.

¹⁷⁵⁶ Germany Social Code Book V and VII, https://www.gesetze-im-internet.de/sgb_5/ and https://www.gesetze-im-internet.de/sgb_7/

¹⁷⁵⁷ Health and Safety Executive (UK), *Managing Drug and Alcohol Misuse at Work*, <https://www.hse.gov.uk/pubns/indg91>.

¹⁷⁵⁸ U.S. Office of Personnel Management, *Employee Assistance Programs Handbook*, <https://www.opm.gov/policy-data-oversight/worklife/reference-materials/employee-assistance-programs-handbook>.

5. Ensure Privacy, Non-Discrimination, and Anti-Stigma Protection

India must legislate privacy protections specific to substance use disclosures. Employees undergoing treatment should be:

- Protected from termination during recovery (except in safety-critical roles with medical clearance).
- Shielded from co-worker harassment or discrimination.
- Able to access **anonymous helplines** or portals to seek help confidentially.

Similar anti-discrimination protections exist in Scandinavian countries, where addiction is treated as a disability under employment law¹⁷⁵⁹. Incorporating such standards in India will encourage **early intervention** and **reduced absenteeism**.

6. Expand Coverage to the Informal and Unorganized Sector

Given that over **90% of India's workforce** is in the informal economy¹⁷⁶⁰, any national strategy must include:

- **Mobile outreach clinics** offering mental health and addiction counseling.
- Collaboration with **local NGOs** for treatment referrals.
- **Skill centers and panchayats** trained to recognize and report high-risk behaviors.
- Partnerships with **platform-based gig employers** (e.g., food delivery, ride-sharing).

This inclusive approach would help reach millions of vulnerable workers often ignored in mainstream policy interventions.

7. Launch National Training and Awareness Programs

A national-level training curriculum should be developed to:

- Train HR managers and safety officers to identify early warning signs.
- Educate supervisors on handling sensitive disclosures with compassion.
- Equip peer leaders with basic counseling and referral skills.

The **National Skill Development Corporation (NSDC)** and the **Employees' State Insurance Corporation (ESIC)** can offer certified modules on mental health and addiction literacy¹⁷⁶¹. This will help normalize discussion and increase early intervention rates.

8. Integrate Substance Use Education into Workplace Health and Wellness Programs

Occupational health programs should be expanded to include:

- **Annual mental health and substance use screenings.**
- Monthly awareness drives during "wellness weeks."
- Distribution of IEC (Information, Education, and Communication) materials.
- Availability of **self-assessment tools and helplines** on intranet portals.

Such approaches have proven effective in U.K. and Nordic countries, where workplace wellness significantly reduces stress-related addiction onset¹⁷⁶².

9. Create a National Workplace Addiction Reporting and Support Portal

A centralized digital platform under the **Ministry of Social Justice and Empowerment** can serve as:

¹⁷⁵⁹ Nordic Council of Ministers, *Substance Abuse and Employment Integration*, <https://norden.diva-portal.org>.

¹⁷⁶⁰ Ministry of Labour and Employment, *Informal Sector Employment Report*, <https://labour.gov.in>.

¹⁷⁶¹ National Skill Development Corporation (NSDC), <https://nsdcindia.org/>.

¹⁷⁶² CIPD (UK), *Health and Wellbeing at Work 2023 Survey*, <https://www.cipd.org/uk/knowledge/reports/health-wellbeing-work/>.

- A resource center with toolkits and best practices.
- A reporting portal for anonymous employee help requests.
- A policy compliance tracker for employers.
- A GIS-based map of government and private rehabilitation centers.

This portal could link to **existing helplines like KIRAN** (mental health support) to strengthen the mental health-addiction response nexus¹⁷⁶³.

Workplace substance abuse is not only a matter of employee health but also of national productivity and workplace safety. India's current system, characterized by legal silence and inconsistent practices, requires an urgent policy overhaul. These recommendations offer a **holistic roadmap** to shift from a punitive to a supportive model—one that ensures **compassionate treatment, employee dignity, and systemic accountability**.

Conclusion

Substance abuse in the workplace is a multifaceted issue that intersects with legal, social, and health dimensions. In India, this challenge is exacerbated by the absence of a dedicated legal framework, limited employer awareness, inadequate access to treatment, and a deeply ingrained stigma surrounding addiction. While existing laws such as the **Narcotic Drugs and Psychotropic Substances Act, 1985**, the **Factories Act, 1948**, and the **Mental Healthcare Act, 2017** touch upon relevant aspects, they fall short of offering a cohesive and actionable policy roadmap for Indian employers and employees.

Comparative international models demonstrate that a balanced approach—combining legal enforcement with health-based interventions—is both effective and sustainable. Countries like the United States, United Kingdom, Germany, and Scandinavian nations have shown how

structured policies, employee assistance programs, and legal mandates for rehabilitation can create safer, healthier, and more inclusive workplaces. These models also prioritize confidentiality, early intervention, and reintegration, thereby reducing long-term risks to both employee wellbeing and organizational productivity.

Case studies from India reveal a disturbing trend: while substance abuse does occur across both formal and informal sectors, the dominant institutional response is often punitive. Employees facing addiction are frequently suspended or dismissed without being offered any opportunity for rehabilitation. This reactive model not only overlooks the medical and psychological dimensions of addiction but also contributes to further social exclusion and economic marginalization of affected individuals.

To reverse this trend, India must take deliberate steps toward legal reform and policy innovation. This includes enacting a **national workplace substance abuse law**, issuing standardized guidelines for employers, strengthening public-private partnerships for Employee Assistance Programs, and extending coverage to the informal sector. Additionally, it is crucial to build capacity through workforce training, anti-stigma campaigns, and centralized support systems that integrate addiction recovery into broader occupational health and safety frameworks.

In conclusion, addressing substance abuse at the workplace is not merely a matter of compliance—it is an investment in human dignity, economic resilience, and national productivity. A rights-based, health-sensitive, and institutionally coordinated response is no longer optional; it is a necessary evolution for India's labor governance and public health policy in the 21st century.

¹⁷⁶³ Ministry of Social Justice, *KIRAN Mental Health Helpline*, <https://socialjustice.gov.in/schemes/156>.