**SUBSTANCE ABUSE IN THE WORKPLACE POLICY**

**COMMITMENT TO A SAFE AND DRUG-FREE WORKPLACE**

[EMPLOYER'S NAME] is dedicated to maintaining a safe, healthy, and productive environment for all employees. To support this goal, [EMPLOYER'S NAME] enforces a strict policy prohibiting the use of drugs and alcohol in the workplace.

Employees are prohibited from being under the influence of alcohol or illegal drugs, including substances classified as illegal under federal, state, or local laws[, such as marijuana], while on the job. Such conduct poses significant risks to workplace safety, employee health, and organizational productivity, which will not be tolerated.

For any questions about this policy, employees are encouraged to contact the [DEPARTMENT NAME] Department.

This policy complies with all applicable Iowa state laws regarding substance abuse in the workplace, including regulations related to drug-free workplace requirements, employee protections, and employer responsibilities.

**PROHIBITED SUBSTANCE-RELATED CONDUCT**

Prohibited activities

[EMPLOYER'S NAME] strictly prohibits the following activities in circumstances where employees are:

1. On duty or conducting [EMPLOYER'S NAME]'s business, whether on or off company premises.
2. On [EMPLOYER'S NAME]'s premises, regardless of whether they are working.

Prohibited activities include:

* Using, abusing, or being under the influence of alcohol, illegal drugs, or other impairing substances.
* Possessing, selling, purchasing, transferring, or transporting any illegal or unauthorized drug, including prescription medication not prescribed to the employee, or drug-related paraphernalia.
* Illegally using or abusing prescription drugs.
* [Using or being under the influence of marijuana, even if legalized under state law for medical or recreational purposes, as it remains an illegal substance under federal law and is prohibited in the workplace under [EMPLOYER'S NAME]'s policy.]
* [[EMPLOYER'S NAME] does not discriminate against employees solely for lawful off-duty medical [or recreational] marijuana use under [STATE]'s law[s]. However, employees are prohibited from consuming or being under the influence of marijuana while on duty or at work, even with a valid prescription.]

**PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS**

This policy does not prohibit the proper use of over-the-counter or prescription medications legally prescribed under both federal and state laws, provided their use does not impair the employee’s:

* Job performance.
* Personal safety.
* The safety of others.

Employees who require over-the-counter or prescription medications for a disability must notify [their supervisor/the [DEPARTMENT NAME] Department] if they believe the medication may impair their job performance or safety. Employees may also request a reasonable accommodation if necessary before reporting to work under the influence of such medications.

**DISCIPLINARY ACTION**

Engaging in any prohibited conduct outlined in this policy may result in disciplinary action, up to and including immediate termination of employment.

**EMPLOYER-SPONSORED EVENTS**

From time to time, [EMPLOYER'S NAME] may host or sponsor social or business-related events where alcohol is served. While this policy does not prohibit employees from consuming alcohol at such events, employees are expected to:

* Consume alcohol responsibly.
* Maintain proper and professional behavior at all times.
* Exhibit respect and decorum when interacting with colleagues[, current clients, and prospective clients].

Failure to adhere to these expectations may result in disciplinary action, up to and including termination of employment. Employees are reminded that this policy aligns with [EMPLOYER'S NAME]'s broader standards of conduct and commitment to a safe and respectful workplace.

**WORKPLACE SEARCHES AND INSPECTIONS**

To ensure a safe, healthy, and productive work environment, [EMPLOYER'S NAME] reserves the right to inspect employees and their surroundings or possessions for substances or materials that violate this policy. These inspections may include, but are not limited to:

* Clothing.
* Offices, files, desks, and credenzas.
* [Lockers,] [bags,] [briefcases,] containers, packages, boxes, tools, and toolboxes.
* Lunch boxes and employer-owned or leased vehicles.
* Any personal vehicles parked on company property [if items prohibited by [EMPLOYER'S NAME]'s policies are suspected].

Employees should not expect privacy regarding items brought onto or stored on [EMPLOYER'S NAME]'s premises, except in [restrooms/locker rooms/[OTHER LOCATIONS WITH AN EXPECTATION OF PRIVACY]].

[Refusal to comply with a search or inspection may result in disciplinary action, up to and including termination of employment.]

[EMPLOYER'S NAME] enforces this policy in compliance with applicable federal, state, and local laws to maintain a safe and compliant workplace.

**EMPLOYEE ASSISTANCE PROGRAM (EAP)**

[EMPLOYER'S NAME] offers an Employee Assistance Program (EAP) to support employees [and their eligible dependents] in managing personal challenges that may affect their well-being or job performance.

Confidential support

The EAP provides confidential services, including counseling and resources to address various personal and professional concerns. All information shared through the EAP is kept confidential and will not be included in an employee's personnel file, except as required by law (e.g., in cases of mandatory reporting, such as child abuse).

Accessing the EAP

Employees seeking support through the EAP can contact the [DEPARTMENT NAME] Department for details on available services and how to access them. The EAP is a valuable resource to help employees navigate personal difficulties while maintaining productivity and well-being at work.

[EMPLOYER'S NAME] encourages employees to utilize this program whenever needed.

**ADMINISTRATION OF THIS POLICY**

[EMPLOYER'S NAME] retains the right to amend, modify, or revoke any provisions of this policy at its sole discretion and without prior notice.

The [DEPARTMENT NAME] Department is tasked with implementing and overseeing this policy.

If you have any questions about this policy or need clarification regarding substance abuse in the workplace, please contact the [DEPARTMENT NAME] Department for assistance. Employees are encouraged to seek guidance if they are uncertain about any aspect of this policy.

**APPLICABILITY TO COLLECTIVE BARGAINING AGREEMENTS**

The guidelines outlined in this policy are intended to operate alongside, and not replace, modify, or supplement, any terms or conditions of employment established in a collective bargaining agreement between [EMPLOYER'S NAME] and a union.

Employees should consult the terms of their collective bargaining agreement for specific provisions regarding smoking in the workplace. In cases where the provisions of this policy differ from the terms outlined in an applicable collective bargaining agreement, the collective bargaining agreement will take precedence and control.

[EMPLOYER'S NAME] ensures that all policies align with the rights and agreements established under applicable collective bargaining agreements.

**ACKNOWLEDGEMENT OF RECEIPT AND REVIEW**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee name), acknowledge that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), I received and reviewed a copy of [EMPLOYER'S NAME]’s [NAME OF POLICY]. I understand that it is my responsibility to familiarize myself with the policy and adhere to its terms.

I also acknowledge that this policy is not intended to create an employment contract or alter my at-will employment status, unless otherwise specified in a written agreement signed by an authorized representative of [EMPLOYER'S NAME]. Any delay or failure by [EMPLOYER'S NAME] to enforce the provisions of this policy does not constitute a waiver of its rights to enforce them in the future.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date