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A Justified Infringement on Privacy?
- A Qualitative Study on the Private Labour Market Actors'
Perceptions of Workplace Drug Testing

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Author: Anna Asp
Supervisor: Stig Grundvall

Abstract

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Author: Anna Asp

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The purpose of this study was to get an understanding of the perceptions and experiences of drug tests as a measure to prevent substance use at workplaces. The focus was to explore the perceptions of different actors within the private labour market concerning the integrity-sensitive aspects that are connected to drug test at work places and to understand perceptions on drug prevention, positive test results and drug rehabilitation in relation to drug tests. The empirical data was based on six semi-structured interviews with private labour market actors working within the union, human resources and occupational health services. The interview material was subsequently analysed using a thematic analysis and discussed with the support from a theoretical framework based on social control and the concepts of panopticon, prevention, stigmatization and rehabilitation. The findings show that the workplace drug test and drug policy were perceived to form a drug-preventive strategy. However, the interview participants differ in their opinions about its efficiency. All participants emphasised the illicit substance use in Western parts of Sweden as a social problem, which entails safety and economical risks at the workplace. The interview participants had diverse notions of the privacy aspects and it often depended upon its relation to other circumstances such as the urine sampling process, the management of information or the safety reasons motivating workplace drug testing. The workplace drug testing is also considered as rehabilitative as it is presumed to act deterrent to people who use illicit drugs or are about to initiate drug use. But according to the interview participants, workplace drug testing can lead to stigmatization if the practices are not performed with dignity towards the employee. This thesis points out the unintended and intended consequences of workplace drug testing policy, practice, private law enforcement and the act of defining risky and criminal behaviours, all in relation to individual privacy.

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1.0 Introduction

This introducing chapter provides a description on the controversial aspects of workplace drug testing (WDT). The first section, *problem statement*, determines the area of interest of workplace drug testing relevant for this thesis. A section on *purpose* of the thesis will follow to set the focus of the study and the chapter ends with the explicit *research questions*.

1.1 Problem Statement

In Sweden drug tests at workplaces have increased significantly during the last years, but there are no laws or policies regulating their use (Forsström, 2017). Every other large company in Sweden test their employees according to Karolinska University Hospital Laboratory, responsible for analysing the increasing amounts of drug tests (ibid.). A growing number of companies who earlier tested only for recruitment or if there were suspicions of drug use have now introduced random tests also to employees already employed. Drug tests analyses abuse agents such as amphetamines, cannabinoids, cocaine, opiates and alcohol. Samples can be done by different methods; urine, saliva, blood and exhalation air (ibid.). Within the process of WDT several actors' are involved, first and foremost the tested employee but also other actors' such as the company human resources, occupational health services and the union (Verstraete & Pierce, 2011; Rehnström & Olofsson, 2012; Eriksson & Olsson, 2001). Human resources are often responsible for the drug policy, the occupational health services can be involved in the actual testing and the union can take part in representing the employees in cases related to WDT (ibid.). Drug tests at work places have more than doubled since 2009 and increased with 12 % from 2016 to 2017 (Kjellgren, 2018). Giving the increasing prevalence of WDT programs at companies in Sweden, it is unfortunate that so little research, data and theory about WDT are available. Of particular significant is the lack of literature and research about perceptions, experiences and attitudes relating to WDT and positive test results as well as its implications for the drug user.

Furthermore, workplace drug testing is a controversial subject which concerns the right to privacy, the workers integrity and social responsibility as well as the duty and responsibilities of employers and private companies (ILO, 2006). According to the Swedish Work Environments Authority statutory collection (AFS 2005:06), if a company uses drug tests a company policy shall be in place addressing consultation, rehabilitation and reintegration into work life. But for a worker tested positive the controversies related to the practice of WDTs may lead to immersed vulnerability. This as drug users are a vulnerable group often suffering multiple types of discrimination due to attitudes and practices related to drug use (Paylor, Measham, and Asher, 2012).

Social work is a profession concerned with carrying forward an understanding of drug users, the effects of drugs as well as the intended and unintended consequences of drug policy, enforcement and treatment. According to Paylor, Measham, and Asher, (2012, p. 77-78) the task for social workers is to address the welfare needs of drug users, a challenging task in light of the social tensions between the needs of drug users against the

potential risk posed by their behaviour. The social work value stresses the importance of promoting individual rights and non-judgemental attitudes. Resisting on defining drug users as external risk factors and instead listening to drug users, taking them seriously and encounter challenges with them is a necessary feature of social work. In line with the social work profession and its link to social justice the agenda is about building personal resources and social networks, which can be seen as a part of the empowerment of users (Paylor et., al, 2012, p. 91). Social workers can support drug users with consultation, programmes, therapies and work reintegration. But doing this in beneficial forms social workers and other practitioners need to understand the position the users find themselves in and the function substance use has in their lives (ibid, p. 62). It is about seeing the situation from the users' perspective and it is therefore of importance to examine understandings related to work place drug tests to develop adequate support for the drug users in line with a non-discriminatory practise.

1.2 Aim

The purpose of this study is to get an understanding of the perceptions and experiences of drug tests as a measure to prevent substance use at workplaces. The focus is to explore the perceptions of different actors within the private labour market concerning the integrity-sensitive aspects that are connected to drug test at work places and to understand perceptions on drug prevention, positive test results and drug rehabilitation in relation to drug tests.

1.3 Research Questions

The following research questions have been elaborated in the light of the initial reasoning and purpose of this thesis:

- *How do the union, human resources and occupational health services perceive workplace drug testing as a measure to prevent illicit substance use at the workplace within the private labour market sector?*
- *How do the union, human resources and occupational health services perceive the privacy aspects in relation to the motivations and control functions of workplace drug testing within the private labour market sector?*
- *What do the union, human resources and occupational health services perceive to be the possibilities and barriers of workplace drug testing in relation to rehabilitation?*

2.0 Background

This part aims to give a background overview of the phenomenon of workplace drug testing (WDT). Starting with the *historical development and debate* about WDT and a description of why the *workplace* has become a *setting for drug prevention*. The chapter also provides for a discussion on the concept of *privacy* in relation to WDT and the *central perspectives on international, regional and national law*. In the end of the chapter recent *statistics* from Tomas Villén at Karolinska University Hospital are presented.

2.1 The Debate and History

The phenomenon of WDT in Sweden cannot be understood without a reference to its historical development in the United States of America (USA). In October of 1982 Ronald Reagan, who was concerned about the decline of “traditional values”, declared “War on Drugs” in his announcement addressed to the nation (Makela, 2009). In line with his predecessor, President Nixon, who has been referred to as the founder of the “War on Drugs” campaign, Reagan wanted to fight harmful and undesirable psychoactive drugs. Reagan characterised the drug use as epidemic, and the policies focus turned from the supply side to the demand side (ibid.). The War on Drugs was a part of a larger law enforcement and law reform but it also had a massive effect in transforming social and legal policies (Garland, 2001, p.133). Zero tolerance policies against drugs are a political attempt from this mid 1980’s era (ibid.).

In his political strives, Reagan passed his Executive Order No. 12564 declaring a drug free workplace and ordered federal agencies to adopt a drug testing program for sensitive positions (Pauline, 2006). Two events of severe train accidents, where the driver received a positive test result at a drug test, coinciding with the time period. After this, the drug testing within workplaces expanded greatly and private companies adopted the testing programs. The testing industry bolstered as well. However, this was not done without controversies. Pauline (2006, p.1012-1013) points out the most prominent debated critique; drug test may be an intrusion of the person’s bodily privacy, it may be an intrusion of a person’s privacy interest of medical sensitive information and drug testing may expose information that relates to an employees’ off-duty time. Furthermore, other concerns such as the drug test validity were often discussed related to the earlier testing methods, and especially the problem of how a positive result should be interpreted, as it does not show when the drug was ingested. A drug test cannot tell if a worker is impaired or not. The lack of employee power has also been raised as an issue. An employer can use the positive test to justify discharge and the measure can be used against minorities. The counter arguments are as follows; testing promotes workplace safety, quality, productivity and it deters illegal drug use (ibid.). Anyhow, companies and organizations adopt policies to maintain their legitimacy and today, drug-screening programs have been institutionalized in the American workplaces (Sonnenstul, 2003, p.236). This means that WDT is implemented on routine and is integrated in the organizational culture and structure.

The adoption of these organizational practices and norms can also be seen in Europe and Sweden. In the 1990 many companies within Europe started to perform WDTs both as a demand from USA-based customers as well as a measure to increase the competitiveness (Holmberg and Alna, 1999). As the research on WDT within the Swedish labour market is scarce, little is known about the historical development in Sweden. Existing research from Eriksson and Olsson (2001) describes that although it has been a decrease of WDT in the USA, there has been an increase amongst private actors in Sweden to perform drug testing.

2.2 The Workplace as Setting for Drug Prevention

There are many reasons for why drug use is an important issue at the workplace. According to European Monitoring Centre for Drugs and Drug Addiction (EMCDDA, 2017, p.129) the settings of which drug use occurs or might be addressed have specific characteristics that make them meaningful for responses to drug problems. Settings affect the drug use as well as the response that are appropriate in prevention of drug use. EMCDDA (2017, p. 143) highlights the following reasons why drug use is an far-reaching issue at workplaces. Drug use can be considered as a safety risk as it can increase accidents and injuries. It may imply absenteeism and impose economic burden on employers and the society. Employers have a duty to protect health, safety and welfare of its employees as well as others affected by their activity. In addition, workplaces provide an opportunity for health education about alcohol and drugs along with favorable circumstances in supporting the social reintegration of people with a history of drug problems. Holding a job is an important determinant when someone recovers from substance-use-related problems. The workplace is thus both an effective environment for intervention and treatment (ibid.).

In the Swedish context a report from the State's Official Investigation (SOU, 2011:35, p.353-354) regarding the response to abuse and dependence of substances states that the workplace is an area where early signs of drug abuse and dependence is prominent. This makes it therefore an unique environment with particular possibilities to address substance use, abuse and dependence. The investigation points out that one shortcoming at the workplaces is to address the substance use at an early stage before negligence has become apparent and the potential for effective rehabilitation has decreased. Cooperation between the employer and the occupational health services is according to the investigation considered to be an effective way in early disclosure and intervention of substance use (ibid.). This can be an argument for the use of interventions with instruments such as drug tests, as it is a quick way to detect substance prevalence. Although, the investigation is only briefly mentioning drug tests as a possible instrument for the intervention and focuses more on screening tests such as AUDIT and DUTIT as well as brief interventions such as motivational interviewing (MI) and feed-back, responsibility, advice, menu, empathy, self-efficacy (FRAMES). Further recommendations are enacting the support from occupational health services in creating a workplace drug policy with routines according to the prescripts by The Work Environment Authority. Another effective preventive effort is to direct sickness and health reports directly to the occupational health services (SOU, 2011:35, p.354).

2.3 The Right to Privacy and Workplace Drug Testing

The right to privacy is a major ethical question in relation to WDT. But the notion of privacy is difficult to grasp and there is no clear definition of the concept. According to Diggelmann and Cleis (2014) two distinct strands of the ideas about privacy can be found, 'privacy as freedom from society' and 'privacy as dignity'. The first, privacy as freedom from society can be explained as being let alone, or distancing oneself from society. In this perspective, privacy can be seen as a citizen's zone around which a person should be free from interference. The latter core idea, privacy as dignity, is related to the protection of community norms such as public reputation and intimate relationships. Privacy is here viewed as allocated on a social level where societal norms and morals are both constructing community ideas about a person's dignity and life. The right to privacy can here be vital for upholding one's reputation within a specific societal context. These two core ideas can be seen as contradicting each other, competing and also to be interlinked (ibid.).

Another definition, argued by Cranford (1998) to be useful in relation to employees' privacy at the workplace is the "idea of a person's right to control information about herself and the situations over which such a right may be legitimately extended." (p.1806). In conformance with this definition Cranford (1998) argues that WDT involves access to information that can be justified because of a contractual agreement between the employee and the employer. The right to privacy is here viewed as contingent upon a relationship, in which information about a person is the private sphere along with the knowing about such information is willingly distributed, or not. This means that the employer is entitled to information about an employee, and it is legitimately extended based upon a contractual relationship. Furthermore, the employer is allowed information about the employee's capabilities of fulfilling this contractual relationship, which means the employer is allowed to know about an employees drug use based on an assumption that drug use has a measurable impact on the employee's ability to perform according to terms of agreement (ibid.). However, these arguments are based upon several statements that need to be addressed. Firstly, there is no implicit understanding that WDT can determine an employee's performance. Secondly, a contractual agreement between an employer and employee may take several different forms and does therefore not inevitably entitle the employer to legal infringement on a person's privacy and to certain information on such matters such as medical or health statuses. Finally, there are other implications. WDT requires both a sampling of bodily fluids such as saliva, blood or urine as well as handling procedures of test results. It may therefore affect both psychological and bodily spheres of a person's privacy in a more complex character than possible to regulate by a contractual relationship. Consequently, a more elaborated definition is needed.

Westregård (2002, p.58) uses the term 'personal integrity' when discussing the right to privacy. This as the concept personal integrity refers to situations that affect the bodily, psychological and informational aspects of privacy. Westregård (2002, p.59) illustrates the different aspects of privacy with the example of drug tests. A bodily fluid sample needs to be presented for drug tests and this is a question of bodily integrity. Medical

staff or others often guard the action and this relates to the psychological integrity. Further on, the employee worries about that the employer gets information about the individual, and how the test results will be managed. This concerns the informational integrity aspect. When a measure is taken within the individual privacy sphere, it can be considered as an integrity sensitive measure (ibid.). Westregård (2002) argues that the individual's prima facie (at first sight) privacy rights are vast and therefore are integrity-sensitive measures, almost always an intrusion of the individual integrity. Furthermore, integrity-sensitive measures can be divided in permissible and impermissible intrusions. An impermissible intrusion of the individual integrity can as such be considered as an invasion of privacy (ibid.). Anyhow, to discuss and decide upon a person's scope of right to privacy within a context one needs to analyse the individual's interest against other actors' interest, according to Westregård (2002). In the case of WDT this can be the different stakeholders' interest within the labour market, such as the union, employee and employer who all uphold rights within their interest sphere (ibid.). There is no uniform clarification what exactly the right to privacy is, as it is a prima-facie right that is under negotiation due to weighting of different interest with a purpose of deciding if the intrusion of privacy is permissible or impermissible. In other words, the right to privacy is not absolute. The immanent contradictions within the privacy concept are therefore often the reason for why the protection of privacy rights has been left out in legislations. The protection of privacy rights of employees' personal integrity has, against this background, been designed as balancing interest norms (Regeringskansliet, 2009).

2.4 International Level

At an international level the complex matter of workplace drug test (WDT) can be viewed as regulated under The Universal Declaration of Human Rights (UDHR) (1948) article 12 "No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, nor to attacks upon his honour and reputation. Everyone has the right to the protection of the law against such interference or attacks." (United Nations, 1948). The UDHR (1948) is not a convention and is therefore not legally binding, but it is a political obligation applicable for the Swedish state (Rehnström & Olofsson, 2012, p. 9). The UDHR's purpose is to act as a universal valid document and as a base for human rights law. This means that the Swedish state has a responsibility to ensure that the human right to privacy stated in the declaration is respected within the Swedish society (ibid.). Furthermore, the right to privacy is legally protected by international human rights law in the International Covenant on Civil and Political Rights (ICCPR, 1966) article 17 "No one shall be subjected to arbitrary or unlawful interference with his privacy, family, home or correspondence, nor to unlawful attacks on his honour and reputation. Everyone has the right to the protection of the law against such interference or attacks." (OHCHR, 1966). The General Comment to article 17 clarifies that the State Party to the covenant has to adopt legalisation and other measures to protect against interference or attacks against the right to privacy emanating from State authorities, natural persons or legal persons (HRC, 1988). With regards to the understanding of the right to privacy the General Comment states that the protection of privacy is necessarily relative, and that public authorities in connection with the society interest can request information relating to an individual's private life. Sweden has ratified the ICCPR in

1971, by this the Swedish state has to guarantee the right to privacy by legalisation and other necessary measures (United Nations Treaty Collection, n.d.).

2.5 International Labour Organisation (ILO) on Workplace Drug Tests

The International Labour Organisation (ILO) is a United Nations (UN) agency that sets labour standards and develops policies together with employers, workers and governments (ILO, n.d.). The aim is to advance social justice and promote decent work for men and women (ibid.). In 1996 ILO published a code of practice on the management of drugs and alcohol at the workplace. The aim of the code is to give general recommendations and guidelines on how to address alcohol- and drug-related issues at the workplace. The policy can be seen as an addition to national laws and regulations and international standards. ILO (1996) also points out that the code should be considered valid for all labour sectors, the public, private and informal sector, all alike. Some of the main guidelines related to workplace drug testing are (p.33-38):

- A comprehensive strategy should address the concern of alcohol and drug use in the workplace, testing should be considered as one element of the strategy, intended outcomes and unintended effects should be considered.
- Before any workplace drug testing is implemented an assessment has to be done considering if testing is an appropriate response to the specific workplace problems to be addressed, and there should be clear evidence that drug testing can respond to the problem and achieve intended goals.
- A formal written policy should be developed addressing purpose of testing, rules regulations rights and responsibilities of all parties concerned. Details of the procurers should be specified. All partners should agree upon the policy. The outcome of the policy should be evaluated in relation to its objectives and goals. The result should be available for all relevant parties.
- Standards to protect confidentiality and privacy should be specified.
- Workers who refuse testing should not be regarded as alcohol or drug users.
- The employee should be informed before sample collection about; procedure, drugs that are tested for, associated medical risk and how the results will be used.
- The employee should be given the opportunity to discuss the result with a medical reviewer.
- Adverse consequences of workplace drug testing such as invasion of privacy and harassment needs to be responded to and measures taken to eliminate potential discrimination. A workplace drug-testing programme should be set up in a non-discriminatory manner.

- The workplace-testing programme must follow technical standards. Quality assurance and quality controls must be in place for all procedures.

The ILO code (1996, p.34) of practice also addresses that any workplace drug-testing program should be assigned in accordance to international and national law. Ethical and legal issues have to be resolved before initiating any workplace drug testing practice. This means that workers, employees and other parties relating to the program and policy work need to have taken consideration in accordance to individual rights, workers' rights, employers' rights (such as protection of public interests) as well as health and safety at the workplace (ibid.).

2.6 Regional Level

In 1995 Sweden incorporated the European Convention on Human Rights (ECHR) into Swedish law and judicial system (Regeringskansliet, 2009). Article 8 in the ECHR is related to the protection of the individual's integrity. "Everyone has the right to respect for his private and family life, his home and his correspondence." (ECHR, 2010). This regulation is mainly established as a protection from the intrusion of privacy by public authorities (Regeringskansliet, 2009). The right cannot be interfered by authorities other than in the interest of a democratic society, national security and economy or for prevention of crime. Although the regulation primarily focuses on state intrusion on individual privacy it also obliges the State Party to take measures, such as legislative, to protect the individual from intrusion of privacy in other circumstances (ibid.). The Council of Europe and the Pompidou Group (2008, p.6) considers WDTs as an intrusion on the right to privacy as articulated under article 8, and further assert that the ethical question is to assess whether the infringement on private life is justified.

In 2004 a Swedish case concerning WDT was brought to the European Court of Human Rights. The case *Wretlund – Sweden* concerned an employee working as an office cleaner in a nuclear plant, a workplace with specific risk activity (ECHR, 2004). The case had been ruled in the Swedish Labour Court, who found the applicant *Wretlund* obliged to participate in drug test but not alcohol test. The applicant *Wretlund* and trade union argued that the obligation to undergo WDT as ruled by the Swedish Labour Court, was an interference with article 8 of the ECHR and that no Swedish law was regulating WDT, making the judgement of the Swedish Labour Court not based on law. Furthermore, the applicant argued that compulsory WDT was not justified with regards to the duties as office cleaner. The European Court declared the case inadmissible. This considering that the applicant *Wretlund* was informed about the drug policy, a policy that the employer and the union had agreed upon and this agreement is understood as a general legal principle, as argued by the Swedish Labour Court. Thus, the Court confirms that there is no law regulating the measure. The Court acknowledge that the drug test is an interference with the applicant's interest of protecting personal integrity but indicates that the test is performed in privacy and that the test information is protected. Furthermore, the control measure of assumed interference of privacy legitimates the aims of public safety and security and freedoms of others. In other words, the security level at the nuclear plant justified the WDT measure. The Court also emphasized that the WDT was done on all employees and that no group or person was accused (ibid.). Important to note

here is that there was never discussed if there was an intrusion of privacy according to article 8 per se, rather it was stated that the measures met the requirements of article 8 paragraph 2 and on that basis, the case was not fully admissible (Regeringskansliet, 2009, p.198).

The case Wretlund – Sweden is one example among many that illustrates the competing interests that are at stake when the right to privacy in relation to WDT is claimed. The case above shows also the different aspects of integrity that are discussed by stakeholders within the labour market. In international and regional law both individual persons and legal persons, such as companies, are included under the protection of privacy as well as other people's freedom and security. It can be considered as articulated clearest in the international human rights law. However, the legal complexity related to the right to privacy is often contextual, which is shown in the case example above. This is why the "right to privacy" as understood in the ECHR is assumed useful when delimited and defined by case-law (Regeringskansliet, 2009). However, in 2008 the Council of Europe and the Pompidou Group declare in a statement regarding WDT that the pre-employment drug test should be banned with respect to the principle of 'right to work' under the European Social Charter and 'the right to privacy'. The groups further on suggest that 'high risk' occupations should be clearly defined so the states can better assure workplace safety and privacy rights (Pompidou Group & Council of Europe, 2008).

2.7 National Law

There is no uniform Swedish law that regulates workplace drug testing, or the employer's possibilities to conduct medical controls of its employees, which WDT often are classified as. Regulations that do exist are only partially related to WDT, and they are hard to grasp. The differences between the private and public sector are furthermore of significance.

The Constitution of Sweden chapter 2, paragraph 6 protects public employees from forced bodily intrusion (Regeringskansliet, 2009, p.150). Restrictions of this right shall not go beyond purposes that are accepted within a democratic society, and the law can limit the right. Direct violence, medical examination and body inspection such as external and internal samples taken from the body, and the investigation related to such samples are seen as bodily intrusions. Further on, breath tests and blood tests are measures that have been considered as bodily intrusion within case law. However, the case law for urine tests, which are often in use for WDT, have not been uniform. Sometimes it has been decided in court that urine tests are a bodily intrusion, other times it has been argued that urine tests are not a measure from which a person has the legal right to be protected from. It is important to note that the right protects from forced bodily intrusion. The law protects the public employee if a public employer demands that the employee undergoes a medical examination and there is a threat of sanction. The measure is not understood as an infringement on the right if the bodily intrusion is permitted and the measure is a prerequisite for a benefit, such as an employment contract (ibid., p.151). Additionally, WDT in relation to the public sector can be seen regulated by The Public Employment Act (Regeringskansliet, 2009, p.151). The law states that a public servant who has a work task where deficiencies in the employee's health condition entail a risk to people's lives,

personal safety or health, or for significant damage to the environment or property, the employee is, after a special request from the employer, obliged to regularly undergo medical examinations. What is intended here are regular health examinations of public servants that occupy certain positions such as in health care or flight controllers, transportation or the police (ibid.)

The most prominent principles of regulation within the private sector are ‘the admission-right’ and ‘the work management right’ (‘antagningsrätten’ and ‘arbetsledningsrätten’) (Regeringskansliet, 2009, p.78,154). The admission right presents the general rule that the employer freely can choose whom to employ and to set the conditions for employment deemed necessary. This means that the employer can establish that the employee needs to undergo a medical examination. Thus, an employer can request a certificate showing that the employee is not using drugs or alcohol. The only laws that restrict the admission right are the discrimination act, which prohibits discrimination of persons with disabilities and the law that prohibits investigation of genetic information. For employees in the public sector there are further restrictions such as requirements on objectivity and impartiality in relation to employment. This means that the private employer has fewer limitations than the public sector with respect to the use of the admission right (ibid.). The work management right is the right to manage and allocate work, which can be the administration of work tasks, production methods and work hours (Regeringskansliet, 2009, p.78). Included here are certain control measures that can be considered as medical examinations, such as WDT. However, as argued by Rhenström and Olofsson (2012, p.14), if an employer wants to order employees to submit to control measures with the support of ‘the work management right’, the employer must have a special interest that justifies this, for example the safety at the workplace. This interest should then be weighed against the employee’s interest of privacy (ibid.).

The Work Environment Act is a legalisation with an overall aim to secure a safe work environment (Arbetsmiljöverket, 2016). According to the Work Environment Act, the employer has the overall responsibility for a safe work environment. Employers need to take all measures to prevent that workers are exposed to ill health or accidents and manage and control the business to fulfil the prescribed requirements for a good working environment. Although, a systematic work improving the environment needs to be performed in relation with the employees. The Act also establishes that the employer has a responsibility to provide for work adjustment and rehabilitation (ibid.). The Swedish Work Environment Authority (2005) has made general recommendations related to the regulation on medical examinations at the workplace and especially WDT:

“In some workplaces, the parties have agreed on drug testing of the workers to prevent accidents. Drug tests can be considered to entail an infringement of the personal integrity of the investigated, which must be weighed against the risks of accidents that one wants to try to prevent. Employers and employees must, according to the regulations on work adaptation and rehabilitation, prepare a policy on how any problems with abuse in the workplace should be dealt with. A cornerstone of this policy should be that abusers should get rid of the abuse and if possible remain in work. If drug testing comes into use,

the methods for these analyses need to be quality assured in order to avoid incorrect results” (Arbetsmiljöverket, 2015).

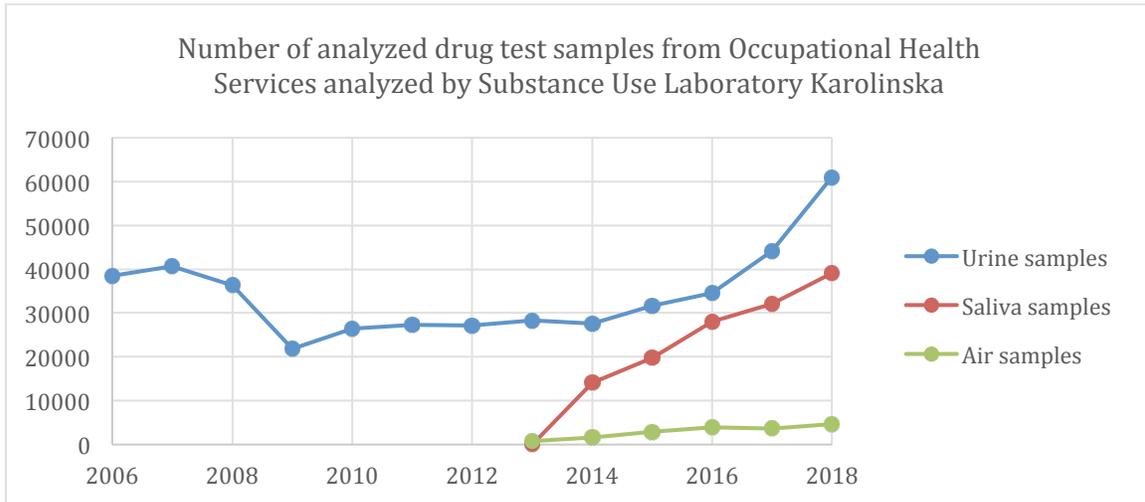
Employers and employees can use the above advice on the application of the regulations to set a framework for the use of WDT. Although the general recommendations clarify some of the issues with WDT, for example that there should be a workplace drug policy in place, these comments are not grasping the whole legal and ethical complexities surrounding WDT.

The Labour Court’s case law and the collective agreements have a crucial impact on the question of WDT. When considering the Labour Court’s case law practice the weighing of interest balance is foremost in favour of the employer, the employer’s reasons for testing staff is substantially heavier than the employee’s protection of privacy. The collective agreements are further on understood as a legal principle, which in case law has been considered as adequate grounds for the approval of WDT. As such, the intrusion of privacy is seen as permitted. The use of Labour Courts is albeit problematic (Shahandeh & Caborn, n.d., p.6). Governments that want to avoid the complex issue of WDT instead of developing an adequate legalisation have misused Labour Courts and the Labour Courts do not have the technical competence to judge on the issue of WDT. Expert witness who wants to pursue their own particular agenda is another problematic topic of the Labour Courts (ibid.).

It is on these premises the current legal situation of WDT rests upon. Although, the Swedish state has made a public inquiry in 2009 into the privacy in work life, purposing a new law protecting the individual privacy in line with human rights law. The law suggested was supposed to be a Labour Law, protecting persons applying for work, employees, and interns as well as rented, contracted or borrowed staff with the aim to regulate medical examinations and WDT. Despite the survey and proposal, and albeit requests from the union, Justice Ombudsman and labour market, no new law have yet been implemented.

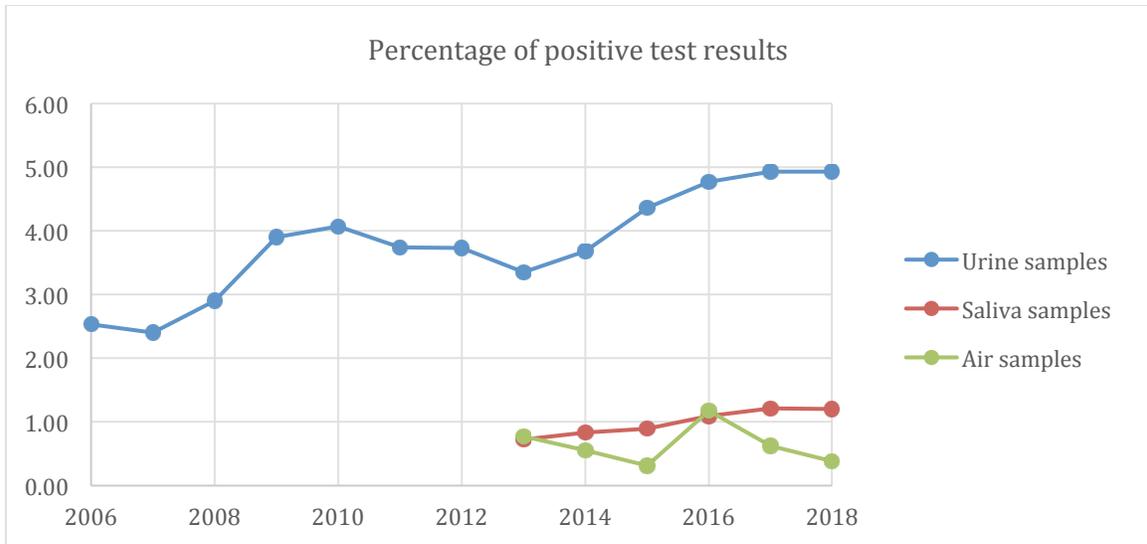
2.8 Statistics Chart

Tomas Villén (2019, personal communication, March 25) at Karolinska University Hospital provided recent statistic for this thesis and the below charts are especially designed for showing the numbers of tests and the percentages of positive test results analysed at their facility in Huddinge.



Source: Tomas Villén, 2019, personal communication 25 March, Karolinska University Hospital.

The chart shows an increase in drug tests analysed during the latest nine years. In 2009 Karolinska analysed 21,838 urine samples and in 2018 the amount was 60,953 urine samples. The saliva samples went from 55 samples in 2013 to 39,035 in 2018. Air samples have increased from 779 samples to 4,637 between the years 2013 to 2018. According to Tomas Villén (2019, personal communication, March 25), the development can probably be explained as to be both due to the increase of actual drug test numbers as well as due to the aspect that Karolinska Laboratory perform a larger share of the drug testing analysing than previously.



Source: Tomas Villén, 2019, personal communication 25 March, Karolinska University Hospital.

The amount of positive test result has also increased. According to the statistics from Tomas Villén (2019, personal communication, March 25) the main increase in positive test results are found for the substance of cannabis, amphetamine and cocaine. Furthermore, most of the samples are only analysed for the most common illegal substances, more extended analyse are rare.

3.0 Earlier literature and research

The previous research done on the phenomenon of workplace drug test (WDT) is in focus in this chapter and main findings and conclusions from *previous research* are presented. An overview on how the *search of literature* was conducted is presented initially. The chapter ends with an insight into the research field within the *Swedish context*.

3.1 Literature Search

An important process when conducting a study is to review the existing researched field in relation to the chosen topic, aiming to get an overview of what is already known about it (Bryman, 2016, p. 90). When starting to search for the literature, Gothenburg University super search, Scopus database and Google scholar were used. A search string was developed in relation to the research questions. The search string was:

“drug test” OR “substance test” OR “WDT” OR “workplace drug test” OR “positive drug test” AND “labour market” OR “workplace” OR “work” OR “employment” OR “labour” OR “company” AND “perceptions” OR “attitudes” OR “experiences” AND “Sweden”.

A filter was used for words only shown in the title. As no result was shown, I deleted Sweden from my search string. The generated search result were: 47 results shown in Gothenburg University super search, 27 in Scopus and 1470 at Google scholar. An additional search string was developed in Swedish, however generating only a few results not relating to the topic. When used my elaborated search the result was not very rich. Following, literature search was done by using the search words in different combinations and alone, both in Swedish and English.

3.2 Previous Research

When examining the given literature results and the abstracts it could be concluded that no research relating to perceptions and experiences of practises in relation to a positive WDT could be found. Interestingly, most of the research found written on the topic WDT is from the late 1980's until the late 1990's, such as research from Comer and Buda, (1996) that will be used in this chapter. A reason for this can be the entry and implementation of the WDT programs in many businesses during that period (Crant & Bateman, 1989, p. 173). The most recent, and comprehensive research used in this chapter is from Fantoni-Quinton, Bossu, Morgenroth, & Frimat (2010).

A study by Verstraete and Pierce (2001) about workplace and drug testing in Europe notes the lack of information regarding WDT in Europe. Their study states that WDT predominantly are pre-employment testing mainly done in transport, shipping, petrochemical, automotive industries, computer industry, call centres and pharmaceutical sectors. Most frequent tested substances are amphetamines, cannabinoids, cocaine, opiates and alcohol. Cannabinoids is the drug that is most often found during the tests. Giving an overview of WDT in European countries Sweden is included. The study shows that in 1998, 24 000 tests were performed and 2.3 per cent were positive in Sweden

alone. Verstraete's and Pierce's (2001) research gives an insight in how WDT are used in Europe as well as an overview of sectors, drugs tested and frequencies. It is also useful, as it gives an understanding of the amount of positive test results at that time. However, even though the study clarifies WDT it does not illustrate the practices involved, or as crucial for this research, the perceptions on the practices related to privacy and WDT.

A study that gives an insight in the perceptions on WDT is done by Comer and Buda (1996). Their comparative empirical study between drug testing and non-testing organizations examines the human resources managers' perceptions about the use of WDT, as well as their understandings of what the test results show. The major purpose was to examine the awareness of the inability of drug tests to determine performance fitness perceptions of testing. It concludes that those aware of the inability were less likely to consider testing and more likely to consider it invasive. Furthermore, it was noted that when discovering the limitations of drug tests the employers using WDT may develop more negative attitudes towards their employees. Practitioners were uninformed about the limitations of WDT but also about the existence of other possible test options. Such as skills testing, which has been constructed and proven to detect impaired behaviour. The study is of importance as it gives an understanding of the employers' perceptions and awareness of WDT, its possibilities and implications.

Fantoni-Quinton, et. al (2010) address the concern of how few studies have focused on the issues of WDT in relation to the legal and ethical considerations that comes with it, but also the concerns of prevention, repression and discrimination. The research wants to get an understanding of why it is essential to France to tackle the issue of drug use at the workplace in relation to the possible impact of consumption as well as international and national legal measures. The second aim is to understand the possible means of action in France and Europe involving prevention and repression, as well as the balance between these two resources in the fight against drug addiction in companies. The research states that there is a problem of estimating the frequency of illicit drug use at the workplaces because companies are very discreet to protect their brand image. Further on, prevention and repression measures are argued to be used by employers when dealing with drugs at the workplace. Preventive measures are considered to be essential in the name of health and safety protection in the workplace; here, risk prevention provisions taken by the employer are a crucial activity. Repression is linked to the employers' power on both a disciplinary and regulatory level, which is linked to the company rules. Although restricted by the need for evidence and prohibition of infringing workers' rights. Whether with or without company rules the employers have through the leadership power the right to decide what types of behaviour to sanction. The study concludes that a balance between prevention and repression is important when addressing different types of users' and abusers' behaviours. If drug use always would be deliberate, repression would be justified on the grounds of collective safety (for high risk workstations). But as all drug users are not alike this cannot be the case. Although the research discusses that the outcomes at the company are the same, whether the drug users are addicted or not. As there is no need to make distinction from a disciplinary standpoint. The important statement made by the authors is to understand the medical point of view. A distinction has to be made between whether a certain use is an addiction or not. Because an addiction

is seen as an illness, any sanction is discriminatory. The authors suggest that drug dependence scales should be used for assessing the workers' fitness in relation to the job activity. This research contributes to a theoretical understanding of the reasoning behind WDT and problematizes the implications of not having a clear legal framework, workplace policy and practice.

3.3 Previous Research in the Swedish Context

Research about WDT within the Swedish context is very scarce. Eriksson and Olsson have made one comprehensive study published in 2001. The authors' aim was to map the extent of alcohol and drug testing at Swedish companies and how the testing was organized as well as what result it might have yielded (Eriksson and Olsson, 2001). Another focus was to investigate if the companies had a policy, action plan and rehabilitation program in place if addiction problems had emerged. Quantitative telephone interviewing was done with human resource managers or other staff with knowledge in the area from companies, organizations, public authorities and municipalities with more than 100 employees. 301 employers contributed to the study. Although, many could not answer specific questions about what drugs was tested for, neither on the cost for the testing and how many positive results that had been found. No safe conclusion can be drawn related to those questions. The result showed that 31% of the employers used drug and alcohol tests on the occasion when suspecting someone being under the influence or having addiction problems. Half of those employees were only checked for alcohol. Random testing occurred at 1% of the companies and pre-employment testing was used by 8%. On the question if the employer knew if someone used drugs (without making any distinction of use and misuse) 10% reported to know about such use and 14% reported that medical drug misuse existed. Among the companies that used testing 48% controlled for both alcohol and drugs and 43% only for alcohol. Only 3% tested for drugs only. The drug test method was mainly urine-test. The different procedures and analyses methods varied between companies. At some workplaces the company health care issued an immunological sample and either referred positive tests to a laboratory for verification, or accepted the result as it was. In other cases the employee needed to leave the urine sample at the company health care and the urine sample was thereafter directly sent to a laboratory for analysis. Most of the employers reported that all workers were tested regardless of work positions or work tasks, only two companies stated that they only tested specific groups. The authors point out that this can be discussed when it comes to testing due to suspicion. The employers who used testing if suspicion and random testing stated that the main reason for testing was safety and policy reasons. Policy reasons imply that the company takes an official stand against drugs and this is assumed to have a deterrent effect. The safety reasons are related to the workplace safety and environment of which the employer is responsible for according to the Labour Law. A main reason for pre-employment tests was that the employer did not want to have people with drug addiction problems in the company. The companies that used testing if suspicion arose, used identification as a main argument. The identification argument is understood as both to confirm drug use with the aim to provide help. But also as revealing the drug use, as it is a proof of suspicion, which an employee has to free oneself from. Eriksson and Olsson (2001, p.236) identify this as a connection to the law enforcement with also its reversed burden of proof, a principle that is declared as highly uncertain. This does not strive for

promoting a work environment based on trust and confidence, which is a prerequisite for effective drug prevention at the workplace, according to the authors. In the study 44% of the companies responded that if a person refuses to be tested it would be considered as a positive result. On the question if the company had reached their objective with the testing about 50% responded that the goal was successfully achieved. The difference between alcohol and narcotics was also evident in the study. Eriksson and Olsson (2001) continue with a discussion on the legal situation and cases in Labour Court. One finding is that the support for the use of drug tests has been established in the Labour Court mainly through the reference to the Swedish Work Environment Act. Particularly to the statement that both the employer and employee shall pursue to increase the risks of illness and accidents as well as strive for a good work environment. But the law does not mention if this also implies an obligation to undergo drug tests. Other findings with regards to the labour cases suggest that the Labour Court consider that the employers' measures have been correct and that the urine test has had a small interference on the integrity. The authors also review the situation in Sweden on the different understanding on alcohol and narcotics in terms of legal or illegal substances and call attention to the huge distinction made. Narcotic substances are considered illegal, and are by that understood as more dangerous than alcohol. Eriksson and Olsson (2001) exemplify this by referring to a case in Labour Court where an alcohol test was considered as an intrusion of privacy. The study points out that it is assumed in the Swedish context, that the employer has the right to test a worker for alcohol on suspicion at work. But the company has nothing to do with how much alcohol a person drinks on its leisure time. Such tests are less accepted. However, it is assumed that it is the concern of the employer if a person uses narcotics outside work. The authors' assert that this type of privatisation of the law enforcement is not unproblematic. Another problematic area related to work place testing is the testing industry, media and the laboratories, all using statistics and expressions that are easy to misinterpret. This as especially the industry and laboratories have a profit interest in testing. Eriksson and Olsson (2001) are dividing the problems and debate in two categories, the social perspective and the target-means perspective. The social perspective implies the safe work environment and privacy discussions. Efficacy and cost discussions are related to the target-means perspective. Eriksson and Olsson (2001) conclude, "As there is a lack of evidence-based proofs that alcohol and drug testing programs are effective it is doubtful that the restriction of the employees' privacy and the expenses that accompany the tests are justified." (p.236-237). The authors wish for a state investigation addressing the controversial aspects of privacy, power and efficiency issues related to testing.

Alna¹, an organization owned by different actors within the labour market in Sweden such as the Confederation of Swedish Enterprise, the Swedish Municipalities and County Council, employer associations and umbrella organizations for worker unions, provides support and education to workplaces and organizations on alcohol and substance use. In 1999 Holmberg and Alna issued a publication focusing on drug testing at workplaces (Holmberg & Alna, 1999). The publication states that even though Sweden has a low level of drug abuse compared to countries such as USA there is evidence for a “hidden” drug abuse (1999, p. 16-19). Based on national statistics from the late 1980’s, Holmberg and Alna (1999, p. *ibid.*) describe that there are indications that it occurs a temporary drug use by people who are stated to be socially well established with work and family. However, pointing out that the alcohol misuse is more prevalent and the presumed probability for the use of narcotics depends on age and work sector (*ibid.*). After explaining the statistics at that time Holmberg (1999, p.22) provides a description of the integrity-sensitive aspects of drug tests explaining the employers’ interest in having a drug free and safe workplace and effective production on one side and the workers’ personal integrity on the other side. This clarifies that a urine test can be understood as a certain intrusion on the privacy and so can measures to prevent manipulation of urine tests. Holmberg and Alna (1999) perceive the main problem to be “*in the borderland between trust and control*” (p.22).

The main objectives for the use of WDT are stated to be health check-ups, rehabilitation and control (Holmberg & Alna, 1999, p.20-22). The control measures are further on divided into having four reasons (*ibid.* p.23-24). Firstly, there are safety reasons especially at some workplaces with legal requirements for high safety measures, such as in nuclear industry. Secondly, productivity reasons, as a person using drugs is not considered to be able to conduct the work in a proper manner after a period of drug use. This is due to lower performance, short-term absence and late arrivals to the workplace. Identifying that a person has used a certain drug is the third reason. The final reasons are policy implications. The WDTs are an important tool for making a standpoint against the use of drugs and showing that the company does not tolerate use or misuse of drugs. Here the understanding is that the drug testing should raise awareness and respect for the company’s drug policy and the fundamental principal is that the WDT has a deterrent effect. Important to note here is the value of showing customers and others that the company is safe. (*ibid.*)

The legal and regulatory context in relation to WDT is described and problematized as more or less unregulated by Holmberg and Alna (1999, p.31-33). Holmberg and Alna (1999, p.33) explain that drug offenses can in some cases be a factual ground for

¹ An important reflection here is whether Alna’s writings by Barbro Holmberg *Control and Trust, about drug testing at the workplace* should be considered as previous research or not. Alna depicts the writing as an informational document revised from previous publication in 1994 based on knowledge and experiences. The text thus refers to knowledge production from institutions such as the ILO and Swedish States Official Investigation referred to elsewhere in this essay. However, caution must be taken when considering the information provided by Alna. This as the publication derives from different associations within the labor market and the production can be assumed to convey their interests and the information can be regarded as biased. Furthermore, there is a lack of methodological discussion and examination, as such it is problematic to regard the production as research. With this comments the material is rather considered as a document providing examples for discussion in relation to WDT in Sweden. It is included in this essay as it is one of the few written documents on the topic in Sweden and as it provides an insight into the Swedish context.

termination of employment or dismissal. The issue has been raised in Labour Court in several cases and there has been no unambiguous answer about termination of employment in case of drug offences according to Holmberg and Alna (1999, p.33). Holmberg and Alna (1999, p. 34-39) proceed to outline some of the Labour Court-perceived view on the matter of WDT. The conclusion made by Holmberg and Alna (1999, p. 39) is that the law praxis is unclear when it comes to the right of employers to conduct WDT against the will of the employees. Moreover, if an employee refuses to undergo a WDT a termination of employment might be considered on a factual basis. Most apparent according to Holmberg and Alna (1999, *ibid.*) is that the actors within the labour market can throughout a collective agreement or other individual agreements settle that WDT can be used, and it is considered legally binding. But WDTs can also be allowed even though an agreement is not settled considering the Labour Courts praxis.

With a final remark Holmberg and Alna (1999, p.42) conclude that it is not possible to take a general standpoint in relation to WDTs. Their publication (1999, p.60-62) finishes with some recommendations to companies implementing WDTs, this by pointing out the importance of a drug policy, which is decided upon together with the union. A concrete procedure should be in place when an employee is suspected to use drugs and it should be the manager who informs the individual about the problems that it has raised at the workplace. Holmberg and Alna (1999, p.61) finally refer to the Work Environment Act affirming that the employer needs to have routines for work adaption and rehabilitation in the case of misuse of alcohol or drugs. It is considered to be of special importance that the employee that has undergone treatment gets support when back at the work place.

4.0 Theory

This chapter on theory below intends to explain which theoretical framework the thesis is based upon. The thesis takes its theoretical departure from David Garland's analysis of a *culture of control*, which is described initially. A presentation on theories on social control linked with Michel Foucault's concept on *panopticon* sets the theoretical focus, which is followed by a presentation of the concepts of *prevention*, *rehabilitation* and *stigmatization*.

4.1 Culture of Control

David Garland is professor of Law and Sociology at New York University. In his book *Culture of Control*, Garland (2001) does an historical, social and penological analysis and is concerned about crime and social order in the contemporary society of the United Kingdom (UK) and the United States of America (USA). According to Garland (2001) there has been a dramatic development during the latest thirty years in our social response to crime and his work is about the culture of crime and criminal justice as well as the political, social and cultural forces that gave rise to the change. Garland (2001) describes a shift starting in the mid 1970's due to developments in late modernity driven by the expansion of market capitalism, technological advancements and individualism. Some of the central changes according to Garland (2001) are the decline of a 'rehabilitative ideal' where the focus was on rehabilitation and treatment of criminals. The declining ideal had been the base for a penal-welfarism framework where it was believed that rehabilitation based on decency and humanity was the principle of social and criminal policy. Punitive and retributive justice has re-emerged as guidelines, which is in line with a public sentiment and emotional tone based on fear of crime. Crime has become perceived as a social problem for which the criminal justice is considered incapable to find a solution for.

In USA and the UK neoliberal politics have reinforced the social division and undermined the old collective identities. At the same time social problems such as drug use worsened and became associated with underclass behaviours, both in the eyes of the public and politics. Any social accounts of the unwanted behaviour or crime became rejected, as it was understood as to excuse individual responsibility and moral faults. Within this turn, crime came to be seen as a problem of lack of discipline, self-control and social control. The offending individuals needed to be deterred and punished and the image of individuals as crackheads, predators and career criminals fuelled the discourse. Garland (2001, p.176) explains that rehabilitation as a practice came to be related to the notion of risk reduction rather than social welfare. Offender such as drug users could only be treated in programs that were designed and deemed to protect the public. The programs also had to reduce risks and be more cost-efficient than simple punishment. Self-control, risk reduction and public safety are the principles representing targeted interventions in the new practices of rehabilitation. If the declining ideal was rehabilitation the emerging one can be captured by the ideal of 'zero tolerance'.

Another significant change stated by Garland (2001) is the increased efforts to protect the public. As argued by Garland (2001) “ ‘Criminal’ individuals have few privacy rights that could ever trump the public’s uninterrupted right to know. “ (p.181). Previously, under the penal-welfarism framework the concern was about protecting the public from the state or its agencies. The protection from abuse of power, discriminatory, violent state practices or intrusions in the citizens’ privacy were on the agenda within the discourse of penal-welfarism. The change had turned the perspective to a preference for protection by the state and public safety concerns led to a development and implementation of technological equipment such as surveillance cameras but also exposure of criminal records and notification laws.

This cultural formation and adaption made way for advancement in private – public partnership arrangement in crime prevention. Garland (2001, p. 170) describes this as an extended infrastructure of policing, penalty and prevention. Community safety measures are one aspect of the change, which resulted in a growth of private security arrangement such as neighbourhood watches and a growing security industry. The neighbourhood and community safety was before a concern of the state but it has now developed as matter of the private sector. Citizens, neighbourhoods and companies have started to police themselves and others. Garland (2001, p.17) describes this as a commercialization of crime control. The invention of private actors in social control today is assumed fitting within a context where the state protection and state provided security are seen as ineffective. These adaptations are considered by Garland (2001, p.159) as everyday actions and techniques characterized by disciplining. Companies within the private sector have developed systems and techniques to manage crime. The firms’ interest is nowadays considered more important than the public and the public law enforcement is regarded as unsuccessful. The managerial problem-solving activities within companies focus upon the offending behaviours implementing cost-effective prevention strategies to tackle undesirable behaviours and activities in accordance to their own self-interest rather than upholding a holistic view of the law. Garland (2001) concludes, “Crime consciousness, with its dialectic of fear and defensive aggression, has come to be built into our daily environment.” (p.160). The shift within the American and British context described by Garland portrays a perspective on risk and safety that has come to construct a focus on private management of crime with disciplining techniques.

As mentioned earlier Garlands (2001) work focuses mainly on the USA and the UK. Tracing the criminal justice practices, crime control transformations and the social response that entails within the two states can be argued to pose a simplification. It can also be argued that the USA and the UK with its Western liberal democracy and liberal welfare states pose a different setting than other European countries. But as pointed out by Garland (2001, p.ix) other scholars have addressed similar patterns of crime control firstly emerged in the USA in other European countries. In Scandinavia, Thomas Mathiesen’s extensive work on crime control, surveillance, power and resistance can be seen as prominent in the international debate (Mathiesen & Andersson, 1980). Furthermore, Garlands work has been described as dystopian (Zedner, 2002) and that it emphasizes a social control where the rich are regulating the poor (Garland, 2004). According to Garland (2004) the importance is the shifting relationship from state control

to other actors and the change of formal to informal social control, which forms a culture where the rich also control themselves in the name of security.

4.2 Social Control

The concept of social control was introduced in the 19th century and has a long history in the social science (Deflem, 2019). Sociologists in the 19th century were concerned about the social order within the society and connected it to the whole of institutions that created social conditions based on the foundation of social control. As Liska (1992) clearly describes “Originally the concept was defined as any structure, process, relationship, or act that contribute to the social order” (p.3). The terms social control and social order were indistinguishable and other concepts such as deviance were not conceptually framed apart from social order. Deviance was consequently assumed to be the result of an absent social control (ibid.). However, the notion of social control has become more conceived in terms of its role in controlling norms and today the concept is concerned with both the control of norms within small social settings and formal large-scale societies (Deflem, 2019). A more recent and wide definition of social control is by referring to “the social processes by which the behaviour of individuals or groups is regulated” (Scott and Marshall, 2009). Deflem (2019) points out that the social control perspective has taken different theoretical paths and the term has multiple connotations ranging from a broad understanding of social order to a specific perception within a distinct theoretical background. According to Scott and Marshall (2009) an example of this can be normative functionalists who consider social control as essential for maintaining social order and therefore as an asset for the society. On the other hand, others take a more critical stand, stressing the separate interests that are at stake in the process of social control and emphasizing the link between power and control. The latter perspective has been represented by the critical theory tradition such as the Frankfurt School and post structuralism, especially in the work by Foucault (Foucault, 2003; Calhoun, 2002).

4.3 Panopticon

Even though the French philosopher Michel Foucault did not use the concept of social control as such, his work has had large implications within the field and it has been relevant for both formal exercises of state power as well as informal social control (Larsson & Backman, 2011, p.35). Foucault (2003) conceptualized his ideas about power and control with the development and analysis of concepts such as *panopticon*.

In his book *Discipline and Punish*, Foucault (2003, p.201) analyses procedures of knowledge and power of what he defines as a “disciplinary technology”. The aim of this technology is to produce subjects of “docile bodies” which are formed, improved and transformed by institutions such as schools, prisons and workplaces. Disciplining is about controlling and supervising the organization of individuals by normalization. In a factory this is done by the promotion of productivity features including standardizations of actions and control of time and space. In the society as a whole it means to form, assure and promote orderly behaviours and to control risky ones. Rabinow (1984, p.18) also points out that the disciplinary technologies along with the idea of docile productive

bodies are linked with economic and political changes accumulating power and capitalism.

Foucault built upon Jeremy Bentham's idea of panopticon to describe a modern paradigm of disciplinary technology of power. Bentham proposed the panopticon architecture as efficient for prisons, harems or other institutions found to have surveillance needs (Rabinow, 1984, p. 19). As a construction panopticon is structured with a courtyard with a watchtower in the centre surrounded by cells equipped with transparent windows for the guardian to guard through surveillance, at any time (Foucault, 2003, p.202-203). The idea with this construction is that the prisoner who is guarded cannot see the guardian, but knows about it and starts to monitor oneself as if the surveillance was total. In other words, the surveillance is internalized within the inmate (ibid.).

Foucault (2003) also points to another logic of the panopticon as normalization. Normalization is a technology that contributes to the management of bodies. Norms are based on measurements, hierarchies and statistics but also opinions and judgements and as such organizing individuals around norms are a way to control and take charge of life. Important to clarify is that norms are not the law or the state power, but the rationality has according to Foucault (2003, p.223) incorporated the juridical institution as well as the sovereign state. One could say that the general juridical system of rights is extended and defined by the norms and disciplinary techniques. According to Foucault (2003) "whereas the juridical systems define juridical subjects according to universal norms, the disciplines characterize, classify, specialize; they distribute along a scale, around a norm, hierarchizes individuals in relation to one another, if necessary, disqualify and invalidate." (p.224). The essential aspect is that the normalization technologies are important in the production of classifications of anomalies within a society and the disciplining technology is supposed to eliminate dangerous behaviours and social deviations (Rabinow, 1984, p.21).

Panopticon can be perceived as a model of how people are organized, individualized and live in the world. We have the watchtower in our heads and we perform as we were constantly under surveillance. The perspective is useful to understand how a type of social control such as surveillance can be used to induce individuals to act according to rules and regulation as well as changing their behaviours. However, it is not unproblematic to apply this genealogical mapped concept in the contexts of today. It is according to Lyon (2009) a much more complex assemblage of surveillance of today's postmodern subjects ranging from cameras, digital data collection to storage of several kinds of information. Due to the large-scale surveillance of today's western societies and the new technologies related to it, surveillance has been enabled to occur automatically and routinely. The increased amount of surveillance and its patterns has its implications on individuals and people's day-to-day life, everyone can be under surveillance and at the same time be a guardian. Thus, the old power limits have been exceeded. Panopticon can therefore be criticised to be limited in relevance to all dynamics of contemporary society.

4.4 Prevention

The word prevention means the practice of identifying and stopping a problem from happening (Harris & White, 2018). It is often referred to as actions such as interventions that counter a specific problem from happening or averting it from continuing (ibid.). When it comes to 'drug prevention' it is often described as activities that are aimed at stopping, delaying or reducing drug use (Cuijpers, 2003). The activities can be a policy, program or intervention that have different goals, it can be to inform about drug use and its effects, reducing drug use's negative consequences or delaying and preventing the beginning of drug use (ibid.).

Drug prevention is often categorized into three levels: primary prevention, secondary prevention and tertiary prevention. Primary prevention means strategies that aim to prevent the initiation and use of drugs completely or the prevention of substance use disorders or addiction in line with diagnostic criteria (Cuijpers, 2003). The goal of secondary prevention is to identify people who use substances and control the damage of drug use or dependence. Tertiary prevention can be defined as the treatment of addiction or dependence aiming to reduce the damage caused by the substance use. Commonly nowadays this level is considered more as treatment rather than prevention and it can be different initiatives such as rehabilitation, which has the intent to facilitate health, functioning and wellbeing for the individual (ibid.).

At workplaces all above mentioned levels of prevention can be adopted and drug testing can be performed within the different levels. Drug testing is considered as one preventive approach amongst education and health preventive oriented interventions (Cook, 2006, p.169). It does offers a promise of having a preventive effect mainly as deterrent but this outcome has not been sufficiently evaluated (ibid.). Measures to prevent drug use at the workplace on the primary level can be to develop a comprehensive policy with clear strategy, objectives and goals (Shahandeh, 1985). This means that rules and regulations regarding substance use are formulated and that the employees are sufficiently informed about the policy. It is mainly about preventing that substance use never becomes a problem in the first place. Within a secondary prevention program the focus is on education and health promotion aiming to raise awareness of the consequences of substance use. It means effective communication to a targeted audience. At this level the prevention strategies can be to provide education campaigns together with the union or to provide substance use counselling to groups at risk. The tertiary prevention at the workplace deals with the treatment and rehabilitation of individuals with substance use or dependence. In general this means counselling, appropriate guidance and follow-up for individuals. These services can be provided differently due to company set up and there are different opinions about whether the company should provide such assistance or to what extent. Some examples are counselling, self-help programs and residential rehabilitation (ibid.).

4.5 Rehabilitation

Rehabilitation can in broad terms refer to social, medical or vocational processes that include the individual participation in measures that relate to attaining or restoring functions, according to the Swedish State Public Inquiries (SOU, 2006:107, p.150). It can in its broadest senses indicate a holistic approach to readapt an individual to function in a

context such as the workplace or community. The concept vocational rehabilitation has within Swedish law multiple definitions and it extends along three different laws and regulations (Work Environment Regulation, the Swedish Work Environment Authority's Statutory Collection and Social Insurance Code). The vocational rehabilitation can focus on either the labour market or the workplace (SOU, 2006:107, p.158). The employer is according to the law main responsible for the vocational rehabilitation that concerns measures to facilitate the return to work for individuals that have been or are suffering from an illness (Vahlne, Westerhäll, Bergroth & Ekholm, 2009, p.27). This includes the engagement and cooperation of several actors such as the Social Insurance Authority, employer and the union. The employee shall be involved in the creation of a rehabilitation plan and should take part in the rehabilitation (ibid. p.77). The interventions can be measures of both a social- and work-related nature. Work-related training and mapping of the rehabilitation needs are some examples that can be relevant (ibid.). When vocational rehabilitation concerns problem drug use both short- and long-term support measures can be needed. This can for instance be a special support contact, guidance, peer-support and support in contact with authorities and treatment organizations (Broman, Ericson, & Öhrn, 2014, p.131).

The legal definition of vocational rehabilitation is however complicated due to its relation to the concept of disease. The complexities in defining substance use as a disease in Sweden, is what has made the employers' legal rehabilitation responsibilities unclear. The employers' rehabilitation responsibility has for some cases been reviewed in the Labour Court. A master thesis study on court convictions done by the law student Rebecca Ram (2013) draws the conclusions that the rehabilitation responsibility for illicit substances becomes problematic as the illicit substance use is socially unacceptable, the responsibility is unclear in a legal perspective, as no case where the illicit substance use has been presented as a disease by a medical opinion has been presented at the Labour Court. There is also an uncertainty about what an employer should do to meet the requirements set around rehabilitation and work adaptation measures. Ram (2013) states that her own study cannot find that there is any strengthened employment security for an employee who has an illicit drug addiction as there is for employees who have an alcohol problem considered as a disease. It is stated in the prescripts from the Work Environment Authority that the rehabilitation and work adaptation procedures shall apply in accordance to alcohol misuse and other intoxicants (AFS1994:1, § 13). International recommendations from ILO (1996, p.vii) also emphasise that drug use should be considered as a health issue and should therefore be dealt with, without any discrimination as any other health issue at the workplace. Thus, the rehabilitation responsibility applicable for alcohol abuse can be considered to apply for drug abuse.

4.6 Stigmatization

Stigmatization is according to Engdahl (in Larsson and Engdahl, 2011, p.77) one type of social control that can be used in a society to strengthen the control of its members. The aim of stigmatization can be to control people to uphold certain rules and by that detain from a particular behaviour or action. The objective can also be to exclude some unwanted people from a community. The people that depart from general order are

marked, discredited in a way that causing other people to turn away from them. The community can refer to the persons as threatening, offensive or disturbing (ibid.).

Stigma is today a widely used concept and the definition of the term varies (Link and Phelan, 2001). Erving Goffman's work *Stigma: Notes on the Management of spoiled identity* from 1963 paved the way for the concept's use in sociology and many of the later conceptual elaborations are based on his work. Stigma is used by Goffman (1963) to term an "attribute that is deeply discrediting" and that distinguishes and reduces the individuals to a discounted situation (p.11). The attribute can be perceived as undesirable or incompatible with normative expectations about how a person should be. Goffman (1963, p. 12) describes three types of stigma; physically stigma that relates to physical diseases and malformations, personal character stigma which is socially unacceptable personal conditions such as mental illness and substance use, and group stigma including class, gender and religion. Stigma is seen as contextual, and therefore what is perceived as a stigma is different depending on time and place. Goffman (2001, p.11) also stresses that stigma should not be mapped in a language of attributes. It should rather be addressed in a language of relationships. In that sense stigma can be found in the relation between an attribute and a stereotype. A substance use stigma can in this perspective be seen as developed with regards to the negative cultural understandings of a certain drug use, the abuser (stereotype) and the consequences of such an action have proven to result in, for example jail or addiction as well as against the understood 'mark' within the personal character, for instance lack of knowledge or character (attribute).

Link and Phelan (2001) critique the previous research on stigma as having an individual focus and has developed a conceptual model of stigma. Elaborating Goffman's understanding of the term, Link and Phelan (2001, p.367) expand the notion of stigma as defined in the relation of interrelated components. This conceptualization covers four components; labelling difference, linking to stereotypes, 'us' and 'them' divisions and discrimination and status loss.

The first component, labelling differences means the process of categorization and distinguishing of attributes (Link & Phelan, 2001, p.367). Some attributes are often socially overlooked such as an individuals eye colour whilst other differences are more pronounced, for example skin colour and sexual preferences. This means that the label is a social product depending on cultural understandings of a salient attribute and it differs between time and space. Label human difference is a social selection based on oversimplifications and it will have a social implication. A problem is that this attribute is assigned to stigmatized individuals or groups of individuals and it is often taken for granted. Link and Phelan (2001, p.368) note that using the word 'labelling' when referring to the 'marking' of a thing related to a stigmatized person is less fixed than the use of 'attribute', which clearer points out its social and cultural construction of categories.

Next component of stigma is linking the human labelling to stereotypes. In Link and Phelan's (2001, p.369) notion the human labelling is linking an individual to negative and denounced characteristics that forms a stereotype. The label 'mentally ill' has for instance

been associated both historically and today to a dangerous behaviour. This creates a desire within the labelling community or individuals to take distance from a person with mental illness (ibid.).

The third component refers to the stigma process of separating 'us' from 'them'. Link and Phelan (2001, p.370) describes that this division takes place when a person or group has been labelled and the label is connected to a stereotype and is therefore perceived as distinct different from 'us'. Labelling of undesirable attributes becomes a rationale and all bad characteristics are assigned to 'them' which produces and reproduces an understanding of the fundamental difference between 'us' and the labelled 'them'. According to Link and Phelan this practice legitimates the stereotype and immanent thoughts about the difference, which contributes and justifies that people are treated badly. The separating between them and us can also be directly available in the labels, such as when a person are defined as 'being' an addict or criminal (ibid.).

In the fourth component the labelled person or group experience status loss and discrimination. This component of the stigma process is rarely discussed when defining stigma, and Link and Phelan's (2001, p.370) work particularly stress that the excluding of individuals due to their assigned labelling is a common component of stigma and it should not be left out in its definition. Status loss is often an immediate consequence of the stigma process as the labelled person loses its status within the social hierarchy (Link & Phelan, 2001, p. 371). This can be both in the eyes of the one who stigmatizes but also in the wider society. The people who are stigmatized and suffer from status loss are believed not to be able to carry responsibilities and tasks. As a result, this can lead to inequalities in social interactions. Discrimination can occur at an individual level, for instance when a drug user is rejected by friends and family and at a structural level when drug users are denied employment, treatment and rehabilitation due to stigmatizing drug policies.

Link and Phelan (2001, p. 376) emphasise that stigmatization is highly dependent on social, political and economic power. Stigma is a product of power and it is therefore important to understand in relation to the stigma process. When it comes to stigmatization the role of power is important as it helps to understand who becomes stigmatized and who is not. Power is an aspect as labelling occurs in many groups within our society, and within stigmatized groups as well. A stigmatized group can for example use stigma-related labelling to reject other groups. Without the power aspect stigma can be a concept applied to all categorized groups within a society, the politicians, the police and so on. The point here is that stigmatized individuals and groups do not have the same power to legitimize their labelling and stereotyping in the same way as the more powerful groups. Consequently, the more powerful groups do not become stigmatized even though they are labelled.

This elaborated conceptual model of stigma by Link and Phelan (2001) is useful to understand all aspects of stigmatization. It is important because analysing the different components can inform about what can be done to change the stigma-process. The stigma-related discrimination of drug users by friends, family and community as well as

by employers and politicians is an aspect that is related to lower quality of life for drug users (Palamar, 2011, p.573). Social rejection, or the fear of it, might also act as a barrier for drug users in treatment and rehabilitation. Consequently, coping with stigma can lead to lower social, economic and psychological wellbeing (ibid.). Understanding all components of stigma in practices related to drug use, such as drug testing at workplaces, is important to fully understand the implications that a positive test result may have. This will also help to get a more holistic perspective on social control.

5.0 Methodology

This chapter covers a presentation on how the study was carried out and information on why the methods were chosen. The first section informs about the thesis' *research design, research strategy* as well as *epidemiological* and *ontological* positions. Other selected approaches such as the *inductive approach* on the use of theory and the *hermeneutic circle* are explained and followed by an overview of the *sampling* criterions. The *participants* are briefly presented along with the *qualitative interviewing* process. A discussion follows on how the collected *data* was *analysed* and how the different phases were approached. The next section examines the quality of the thesis based on the criterions *reliability* and *validity*. *Preconceptions* as well as *data saturation* are reflected upon and the chapter ends with a consideration on the *ethical aspects* relating to this thesis.

5.1 Research Design

The overall research design of this thesis is an explorative and analytical case study design giving priority to gain insights into the case of workplace drug testing (WDT) in Western parts of Sweden. The case study research design offers a suitable framework as it aims to explore and understand complex contextual social processes (Bryman, 2016, p.60). According to Yin (2014, p. 15-16) as well as Merriam (2010) a case study is a comprehensive analysis and inquiry into a contextual and distinctive phenomenon, confer and relying on multiple forms of evidence. As the aim of the study is to gain insights and familiarity with the phenomenon of WDT and to problematize its implication on privacy and rehabilitation of the people tested, the case study design is appropriate due to its allowance for in-depth examination of the case by analysing both documents and interviews. The findings of this study are not aimed to be generalized to a wider social context, rather it is about drawing theoretical understanding from the analysis of the findings, which is also the goal of the exploitative and analysing approach of a case study design (Yin, 2014, p. 21; Bryman, 2016, p.64). The case of WDT is not an extreme or unique case, neither it can be seen as a critical case with the object of examining developed hypotheses. Instead, it aims to capture a common practice and the case illustrates a broader category of WDT within the private labour market. Along with Bryman (2016, p.62) I would prefer to call the type of case an *exemplifying case*. The explorative case study research design is furthermore often connected with qualitative research strategies, which is discussed next.

5.2 Qualitative Research Strategy

There are two types of research strategies, qualitative and quantitative. A general comment to distinguish qualitative research from quantitative is to say as Bryman (2016) "qualitative research tends to be concerned with words rather than numbers" (p.375). The research design and research questions of this thesis imply that the focus of the study is on capturing the perceptions of the interview participants to explore the case of WDT. Its objective is getting an understanding of the phenomenon through how the participants

give meaning to it through their own words, and as such I considered a qualitative approach appropriate to capture this perspective. The idea with a qualitative research strategy is to go in-depth, contextualize and interpret the phenomenon investigated to be able to understand and explain it. Thus, the qualitative method is not bound to the quantitative method striving for statistically generalizable data nor limited by the variables of a quantitative survey. As I am not about to investigate and measure a fixed objective I believe that this qualitative strategy allows for an on-going interpretation of the subjective understandings of a complex phenomenon such as WDT.

This also means a methodological consideration relating to epistemology. Bryman (2016, p. 24) further explains epistemology as what is or should be regarded as knowledge within a discipline. As my research questions are concerned with capturing the understanding of the social world of the research participants my epistemological position can be explained as interpretivism (Bryman, 2016, p. 26, 375). In other words, the subjective understanding and meaning is to be interpreted by the researcher from the participants' point of view. This interpretation has been actualized in different levels during the study process. Firstly, I have interpreted the participants' understanding and how they give meaning to the WDT- practice. Secondly, there is a double interpretation as I have been trying to make sense of others' interpretations, for instance when the participants have described the employees' feelings and reactions in relation to a positive test result. Finally, the findings have been related to my interpretations of literature, concepts such as 'privacy' and theories, which has been placing the findings into a scientific frame.

Ontology is simply explained as concerned with the part of philosophical social science reflecting upon: if there is objective reality as a social entity regardless of social actors, or if the reality is a social construction building upon the social actors' actions and their understanding of it. My ontological position is that of the constructionist. The research participants' subjective perceptions of practises relating to WDTs is a social construction produced and reproduced in the interaction between actors, also me as the one forming this thesis (Bryman, 2016, pp. 28–29). The data generated by the study is by itself a social construction, and the result one version of the social reality. Informed by this perspective I recognize the pre-existence of what has become the objects of the study such as the drug policy, at the same time I believe that it is informed by the active role by individuals in constructing the WDT-practice.

5.3 The Hermeneutic Circle

During the study some ideas derived from hermeneutic has been useful to have in mind, especially what is referred to as the 'hermeneutic circle'. The doctrine of hermeneutic is concerned with reading as well as interpretations and one central aspect is that we all approach a text with a certain pre-understanding, with a certain perception and certain values (Gilje & Grimen, 2007, p.179). The 'hermeneutic circle' is thus seen as an approach that gives an opportunity to get a deeper understanding of the meanings that the participants, literature and concepts give to the phenomenon (ibid. p.187). An interpretation of a phenomenon within this approach is dependent on how the context is

interpreted and the other way around. The ‘hermeneutic circle’ can be generally described as the action of constantly looking at the parts and the totality of what is interpreted like a circular process (Gilje & Grimen, 2007, p.187). By using this perspective during the work with this thesis I have moved between interpreting the individual formulations from participants, to the whole interview, connecting it to the set of interviews as well as the previous literature and theory. I have also explained and interpreted rules, regulations, law praxis as well as international and regional conventions. The interpretation has developed between my own understandings of workplace drug testing and others perceptions of it. Hermeneutics has as such been used in this thesis to interpret and understand the interviewees' statements and the meaning they give to different events and the phenomena.

5.4 The Use of Theory

This study takes a mainly *inductive* approach, meaning that theory emerges from the observations and findings of the research (Bryman, 2016, p. 22-23). In other words, the theory and concepts were not formed before the study; instead the theoretical idea developed from the data. According to Bryman (2016, p 397) this is usually the case for qualitative researchers. It is important to point out, that it is debated to what extent a research can be inductive in relation to theory derived from findings because the researcher has its own pre-understanding of the topic in question. I had a research plan before the start of the process. When a research plan takes form the researcher is more or less informed by a previous understanding of the phenomena (Esaiaasson, Gilljam, Oscarsson, & Wängnerud, 2012, p. 116). However, without the pre-understanding I would not be able to pose the research questions that I pose. Furthermore, I noticed that the concept of ‘privacy’ was related to the WDT-practice when writing my research plan, and a notion of this has been informing the formation of the interview guide. The pre-understanding of WDT and its implication on individuals has facilitated the development of aim, research questions and interview guide. But there was no theoretically informed hypothesis defined in the start of the process, which is a characteristic of the deductive approach (Bryman, 2016, p.23). It was the participants’ answer and the findings that guided the theoretical framework.

5.5 Sampling Process

This section provides an overview of how the selection of participants was conducted as well as explaining what criterions the sampling was based upon.

5.5.1 Purposive Sampling

The Swedish legal framework connected to WDT has been a guideline in the sampling of the case. As mentioned in the background of this thesis there is no Swedish law that regulates WDT specifically. But there are laws that have implications on its practice, especially in relation to the public sector. The public sector can be argued to have regulations that to a greater extent protect its employees from privacy intrusion. Thus, the phenomenon of WDT within the private labour market is of particular interest due to its

unregulated nature and the focus of this study has as such been on the private market exclusively. The private labour market in Western part of Sweden is a purposive sample of an exemplifying case. This type of sampling can be explained as a purposive sampling which according to Bryman (2016, p. 408) is a strategic way of sample case and participants so that those are relevant for the suggested research questions.

Another level of selection is to identify relevant actors in relation to the WDT-process. I have chosen human resources representatives as they have an important voice in relation to balancing the interest of the employer and the rights of the workers. The human resource representative within a company is often responsible for the drug policy and will have to handle the disciplinary consequences of policy noncompliance, and is as such expected to be knowledgeable about WDT-programs if implemented (Verstraete & Pierce, 2011, p.152; Comer & Buda, 1996, p. 135). A drug policy and implementation of WDT can be negotiated with the union (Rehnström & Olofsson, 2012, p.20; Regeringskansliet, 2009). It is therefore likely that the unions have been involved in the formation of workplace drug policy. I also selected the union organizations as they are the collective voice of the workers and thus represent and give advice to their members in questions of employment, work environment and workers' rights/duties. They can as such be expected to have been involved in cases related to WDT. The occupational health services were chosen as they both perform WDTs and deliver the results in the Swedish context (Eriksson & Olsson, 2001). They are also considered to be important in collaboration with the employer in early disclosure, intervention and rehabilitation of substance use for employees (SOU, 2011:35, p.86). The different actors are important as they allow for an exploration of different or similar perceptions of WDT and integrity-sensitive aspects. I aimed for this diversity within the sample to expand the possibility to explore the WDT-phenomenon in line with the research questions. On this sampling level the selection approach represents a mix of what Bryman (2016, p.409) describes as maximum variation sampling and criterion sampling. This means a wide sample to allow for variances along with a set criterion for sampling units relating to the research questions of the study (ibid.).

The sampling of participants for this thesis was based on three criteria, a) actor within the private sector in the Western part of Sweden, b) associated with manufacturing and industry, c) experience of WDT. The sampling criterion for the units was 'manufacturing and industry' as it was the most applicable criterion in relation to the case criterion 'private sector in the Western region of Sweden' and in compliance to previous research findings of where WDT is performed (Holmberg & Alna, 1999; Verstraete & Pierce, 2001). Another unit criterion was 'experience of workplace drug testing practice'. This criterion was necessary to assure that the participants bring along perceptions of the overall processes of WDT. To get in contact with interview participants I started out to search for companies within the region, which were listed amongst the largest companies in the region seen in number of employees in 2017. Union organizations and occupational healthcare services were linked to the same unit criterion. The interview participants were contacted by email and/or phone-call and further informed about the study.

5.5.2 Snowball Sampling

A snowball sampling technique has supported the purposive sampling of participants for this thesis. An additional approach was necessary as the topic of WDT can be understood as a sensitive topic and participants were found to be inaccessible. Snowball sampling can be described as a selection technique where an initial sample of participants, selected based on the criterion set by the research question, purpose other participants who fulfil the defined criteria (Bryman, 2013, p. 415). Snowball sampling is often used when participants are difficult to access and in situations of explorative studies (Esaiasson, Gilljam, Oscarsson & Wängnerud, 2012, p.188). In the context of my thesis the difficulties in accessing participants actualized during the process of sending emails and calling organizations and companies through standard email-addresses and phone numbers to administrators. Consequently, as I started to sample the first participants I asked them for suggestions of other participants. According to Esaiasson et.al. (2012) there is a risk that snowball sampling only represents a small fraction of the already limited population. To avoid this possibility the purposed participants' features were compared and matched against the relevant sample criterions discussed above.

5.6 Participants

I have chosen not to introduce the interview participants in- depth due to an ethical consideration of protecting their anonymity. The interview participants were contacted by email and/or a phone call and informed about the study in written by an informational letter (see appendix 1). When in contact with the participants they were informed that I was interested in their personal understanding of WDT and not the representation of a company, union organizations' or occupational health services' view of the case. The participants in this study as such represent their own perception of WDT and not the organization one might work for. However, they have different occupations and have been involved at different occasions and at various levels in the practice. In total, six people participated in the study. The two participants working for occupational health services have both been involved in the actual drug testing of pre-employees and employees. Two participants worked in the human resource occupation and have experience of the practice as well as management of a positive test result. The two people who worked for the union have been involved in cases related to a positive test result at a WDT and the drug policy formation. Tomas Villén at Karolinska University Hospital has also participated in this study by providing recent statistic and additional comments to the figures. Karolinska University Laboratory is one of the biggest analysing laboratories in Sweden and is accredited according to International Organisation for Standardisation (ISO) standard 15189, an international standard related to quality management of medical laboratories (Karolinska Universitetslaboratoriet, 2018).

5.7 Qualitative Semi-structured Interviewing

A qualitative semi-structured interview method was chosen to capture the research participants' subjective perceptions about the practises in relation to WDT and a positive result. This to get rich and detailed answers. When arranging the interview meeting I purposed that the participants should set the date, time and place for the interviews. All interviews were done in person with only the participant and me present in a quiet area chosen by the participant. As the location of the study is in Sweden and both the

participants and me were comfortable using the Swedish language the interviews were performed in Swedish. In total six semi-structured interviews were conducted from February to March 2019, which lasted between 55 - 90 minutes. Semi-structured interviews can be characterised as including an interview guide in relation to specific topics that will be covered (Bryman, 2016, p.468). But the interview process is flexible if significant issues emerge during the interviews. I constructed one interview guide (see appendix 2) covering the same topics for all participants. The interviews went on in a flexible manner and the guide acted as a checklist I could use to verify that I had covered all questions. I believe that the interviews allowed room for the participants to address own topics of interest. Additional questions referred to by Bryman (2016, p.473) as 'follow up questions' and 'probing questions' were used to get elaboration and examples of some answers. In this way all interview participants shared stories of their own and of other encounters with the WDT-practice.

The interview guide was firstly composed with the help of some general questions connected to general themes. However, as I am a beginner in the field and as such not used to the research interview situation, I did develop additional questions, as can be seen in appendix two. The explicitly formulated additional questions was planned to guide me posing open questions that could bolster a more in-depth reflection of the phenomenon during the interviews. During the process of interviewing I noticed that many of the additional questions were never necessary to ask, as the interviewees reflected freely about the topic and themes.

All interviews were recorded and transcribed with the permission from the interview participants. I did chose to transcribe the full extent of all interview's, as I wanted to have all material available in text. I found the process as time consuming but I aimed to have the whole interviews written down in words and features of the conversation such as long pauses and laughter spelled out. Anonymity was considered in this process and details that might show the interview's person was replaced by an X and a comment was made on what sort of information was deleted. I found this useful to be able to get an overall understanding of the whole set of interviews as well as the different parts during the interpretation and analysing process that is discussed next.

5.8 Data Analysis

I have chosen to use a thematic analysis to identify and report patterns in the data. A thematic analysis is commonly used in relation to qualitative studies and is argued to give insights that answer a range of different research questions (Braun & Clarke, 2006, p. 79, 97). I also see this as a suitable analysing method for a thesis like this as I am in the process of learning qualitative techniques and it enables me to have an active role identifying themes by going back and forth between the entire data and the extract of parts within single interviews. To perform the data analysis in a coherent way I decided to follow Braun's and Clarke's (2006, p. 87-93) six-phases for thematic analysing. The themes and categories can be explained basically as reoccurring ideas, motives, and topics of the data (Bryman, 2016, p.585).

The first phase was done during the transcribing process and all transcribed interviews were read twice after the transcription process to increase the *familiarity with the material* (Braun & Clarke, 2006). A few comments were made afterwards of topics that caught my interest at first sight. The material was then analysed more thoroughly. The next steps are particular for phase two, which is about *generating initial codes* (Braun & Clarke, 2006). I read through the text and started to categorize the data in small codes. The codes were named and grouped together into categories. To get an overview a map was made with the categories and codes and the categories were written in different colours. As I found it difficult to get a clear overview of the linkage and possible interlink between categories the program NVivo 11 was downloaded. The transcripts were then added and the text coded again as categories in NVivo. The same codes were used but sometimes a code was divided or merged together with another one, also some of the names of the categories were reviewed. To find the linkage between categories I used both my original map and NVivo. I started to summarize and write about the categories using quotes from the transcripts to be able to review them. By doing this I engaged with the third phase *searching for themes* (ibid.). Parallel with this I reviewed the categories in NVivo and merged the categories into themes. Some of the categories were defined as themes on their own. The fourth phase refers to the *reviewing of themes* (ibid.). I read through the themes at the same time as I continued writing about the content of them. NVivo was here helpful in providing a clear overview of the categories and themes. I also used the data program to see what codes were marked for several categories, which supported me in identifying distinctions between the categories. The fifth phase *defining and naming themes* (Braun & Clarke, 2006) occurred simultaneously as I was writing about the content of themes. As I have chosen an inductive approach the themes are linked to the data itself. The categories developed from reoccurring topics but also from my subjective preconception I had beforehand due to the study of previous research and literature. Phase six is called *producing the report* (Braun & Clarke, 2006); this was done based on the previous writing on the themes along with adding my own selection of quotes representing the different themes and categories. The quotes were thereafter translated from Swedish into English.

5.9 Preconceptions and Reflexivity

I also want to discuss some of the complexities regarding my own role in conducting this study with regards to what can be called preconceptions. It can generally be explained as my own position in relation to the research subjects. I have myself been ordered to undergo workplace drug testing several times during my years within the private labor market. During these drug tests I had to hand over a urine sample and I was never under direct surveillance by any testing-staff from occupational health services or the employer. But I did reflect about the sensitive privacy situation in handing over my own bodily fluid for analysis. A test not performed based on my own decision or preferences. I did also witness cases of when my colleagues were ordered to undergo a WDT and as such I also reflected about their sense of privacy in relation to the aspect that it was not confidential that they had to undergo a WDT. Some of these colleagues never came back to work, which made me think about what might have happen during the WDT-process. These preconceptions did exist prior to my start of this thesis and it played a part in

motivating my interest of it. So in short, my background coming from the working class and my employment in the private labor market has been affecting the choice of topic. The concept of reflexivity is here helpful to explain how the preconceptions can be approached. "Reflexivity is commonly viewed as the process of a continual internal dialogue and critical self-evaluation of researcher's positionality as well as active acknowledgement and explicit recognition that this position may affect the research process and outcome." (Berger, 2015, p.220). I have reflected about the preconceptions during the whole process of the thesis and my supervisor guidance has also been helpful reminding me to be aware of my preconceptions, emphasizing the empirical material. Thus, as mentioned elsewhere in the study, I believe my own position is a part of the knowledge production in relation to this thesis and the phenomenon of workplace drug testing. I have done my best in trying to demonstrate my reflexivity by providing transparent descriptions on how the thesis-process has developed as well as clearly disclose my own decisions and notions. This can be seen as strategies form maintaining reflexivity according to Berger (2015, p. 222).

5.10 Reliability and Validity

As often discussed within research literature, essays and textbooks the concepts validity, reliability and generalizability derive from quantitative research (Bryman, 2016; Esaiasson et.al., 2012; Kvale & Brinkman, 2014). Generally, the former, validity, means if I observe or measure what I intend to do and the concept of reliability means that the observation or measurement is reliable and possible to repeat (Bryman, 2016). I have therefore decided to write about the validity and reliability in a slightly different meaning more in tune with the qualitative approach as suggested by LeCompte and Goetz (1982). LeCompte and Goetz (1982, p.31) discuss the notions of validity and reliability and differ between external and internal aspects of the concepts, as also quantitative traditions do, but relate it to qualitative research.

In this methodological chapter I have described the use of sampling methods, data collection method as well as analyzing method. What is more, I have explained my own position in relation to the theoretical positions, interpretation guidelines as well as presented the participants as far as possible with regards to ethical considerations. This can be seen as some aspects that relate to keeping the level of both internal validity and reliability of a study. The semi-structured interview guide is also one component provided that can be used in case of replicating this study. However, I do not want to make any solid external reliability claim as I regard it difficult to repeat the interviews exactly in the same way, as they are affected by both time and circumstances. According to LeCompte and Goetz (1982) "Problems of internal reliability in ethnographic studies raise the question of whether, within a single study, multiple observers will agree."(p.41). In order to prevent this problem, I have in the chapter six (findings) tried to have a low interference in the description of the themes and depicted the themes with exemplifying quotes in order to show transparency. Internal validity refers to the correspondence between the findings and theoretical ideas (LeCompte and Goetz, 1982, p.31). I have previously in this chapter described how my pre-understandings may affect the interpretation of the phenomenon. By doing this the credibility of the thesis is strengthened. During the construction of the interview guide my deliberate focus was to

construct clear open-ended questions to avoid leading the participants towards my own understandings, which could otherwise have had implications of the validity. I have thus been aware and cautious asking follow-up questions as to not express my own opinions. Making sure that the answer of an interview question is understood by asking additional questions is however something I perceive as the strength of qualitative research and a reinforcement of the internal validity. Furthermore, my hope is that the transparency in the thesis enables the reader to assess and determine whether the study is credible and that I explored what I intended to explore. Hence, this thesis is about the phenomenon of WDT in the Western parts of Sweden, and is depicted on the basis of a smaller sample of participants' perceptions of the same. There is no ambition that what is described should be generalized to other WDT in other types of social settings. Nor can the perceptions and experiences that the interviewees describe in some way speak for other actors within same types of organizations in the private labour market. The thesis is rather part of a knowledge construction, which can give an insight into a specific context and phenomenon. This is how I find the results of the thesis to apply in relation to the external validity, meaning whether the findings can be generalized (LeCompte and Goetz, 1982, p.31).

5.11 Data Saturation

"There is no one-size-fits-all method to reach data saturation" (Fusch & Ness, 2015, p.1409). Nevertheless, one way to evaluate data saturation is to consider if the data is rich or thick, or preferably both (Fusch & Ness, 2015). Rich data can be explained as relating to the quality of the data and thick data can refer to the quantity (ibid.). I have looked at the phenomenon of WDT from different perspectives, this by interviewing people in the private labor market who has different types of experience with workplace drug testing. The individuals working with human resources are involved in the WDT-process at different times than the occupational health services, and the union representatives represents the employees, which means they all have seen different aspects of the phenomenon. I believe this can contribute with a wider spectrum of experiences important in the knowledge production related to this thesis. The same topics and questions were also covered with all interview participants. During the analyzing process I did, with my own personal lens, experience that the same themes and information was approached during my final analysis. According to Fusch and Ness (2015, p.1410) these are some approaches to develop a rich data. When it comes to the aspect of thick data, the amount of interviewees can be discussed (ibid.). Overall I conducted six interviewees, which further means that I did interview two individuals each from the different backgrounds as union representative, human resources and occupational health services. It is difficult to assess whether this is an adequate amount of respondents, but the empirical material was contributed with multiple data sources constituted of legal aspects and recent statistics. One additional way to constitute data saturation could have been to use another data collection method such as focus group interview, but due to the sensitive topic this was not an option. One could say that my data sample does constitute of rich data rather than thick data. Although, there are a bit of both, and as such there is one form of data saturation.

5.12 Ethical Considerations

In relation to my study there are several ethical principles that need to be considered. First and foremost, WDT is connected to drug use, which is a criminal act in Sweden. The controversial nature of drugs and drug testing may imply that some participants or readers of the thesis find the subject as delicate. Especially, as this thesis is involved with perceptions, values and rights that if mistakenly understood, can be assumed as pro-drugs. Sharing perceptions in relation to such a phenomenon can be regarded as sensitive for some participants. This is something that I noticed during the journey writing the thesis and I have therefore been particular careful to pay attention to the ethical principles below and to express that the participants' understanding is related to the topic of WDT. Yet again, it is their own perceptions, meaning they do not represent any organization or company.

For this study *informed consent* to participate in the research is of high importance (Hammersley & Atkinson, 2007, p. 210). This principle means that participants are able to make an informed decision to participate in the study or not, and are free to withdraw at any time. The decision should be based on as much accurate information as possible about the research. A form was constructed with information on the study as well as the implications for the involvement of the participants (appendix 1). This was signed prior to the study or in one case the consent was recorded. The information gathered during the study has been treated with respect for the participants' privacy. Any information that the participants clarify as private and not for use in the study, has been treated in that way.

Another ethical consideration related to the study is the principle of *privacy* and linked to that the notion of *anonymity* (Bryman, 2016, p. 132). The identities and names of the participants, companies and organizations have not been used in the transcribed material or finished product. One interview participant expressed the will to read the transcript to control the anonymity, the material was sent, and I received the reply that no corrections were needed. Audio recordings and data as well as transcripts are deleted as soon as possible after the thesis has been written and passed.

A crucial point is when reaching out to get access to company representatives, gatekeepers such as managers and other personnel might be included in arranging the contact. It has also been the case for this study and anonymity can be affected, as some of the participants have been contacted through managers or administrators. I have for this reason been very strict on anonymity when presenting the material in the findings chapter.

A final ethical consideration relates to the handling of interview material and especially the language translation. The interviews and transcripts were done in Swedish but the data had to be presented in English in this thesis. It was therefore important to me that the material was recorded and transcribed verbatim so that quotes could be reproduced as accurately as possible. However, during the process of translation I had to do some grammatical corrections for the understanding of the quotes as well as being highly observant in presenting the data accordingly to phrases in Swedish. Important to mention

is that every selection and correction in quotes is based on my interpretation in order to increase the understanding for the reader and to describe what is important in the quotation in question. I have in this way focused to get as little as possible 'lost in translation' although without making any consistent claim that it has not.

6.0 Findings

This chapter contains a presentation on the primary data collected for this study. The sections give an overview of the empirical data introduced in the identified themes, which are all based upon the qualitative interviews done for this study.

6.1 Workplace Drug Testing Practice

All interview participants had an understanding of the practices related to drug tests at workplaces, these perceptions had many similarities but also differences. A more general description is presented due to the ethical considerations protecting the interviewees' anonymity.

The interviewees perceived that the use of workplace drug tests (WDTs) had been on going in the latest decade or more and they had all encountered WDT-practices in their recent and past professional life. Some of the interviewees expressed that they had been tested themselves, and some stated that they had never been tested. Depending on the interviewees' profession or the determined WDT-procedure they encountered, some participants were more involved in the direct practices related to WDTs than others.

The most common way to use WDT test perceived by the interviewees was by doing drug tests on employees randomly, before employment and when someone was suspected of drug use, a so called cause-testing. Also drug test related to workplaces' regular health check-ups were mentioned, but these types of WDT were associated with companies within the private market which were bound to a specific legal regulation such as the railway sector. Random tests were understood to be performed at many large companies and industries. The procedure could be performed differently and three ways were specifically noticed.

One procedure of WDT can take place on site at the workplace, performed by a company within the testing industry specified in sampling services. The participants perceived the practice as follows. The testing staff receives a list of people that are on site and the testing staff numbers the names and informs the company representative about the randomized names of people that are selected by the computer program for drug testing. A company manager or other company representative informs the employees who are picked out to present themselves for drug testing at a defined area. The testing staff then performs the drug testing.

Another described practice by the interviewees is when company representatives randomize the employees on site and perform the testing themselves within a specific room in the company.

The third described practice by the interviewees is when the randomized selected employees are sent to the occupational health service for drug testing. In every of the described procedures the employee receives the information about having to perform a WDT closely in connection to the actual testing time and is not allowed to leave the

premises before the testing is done. When it concerned pre-employment testing the interviewees explained that the employee applicant is sent to the occupational health service for drug testing. The drug testing procedure was mentioned to sometimes be included in an overall health check-up where also previous alcohol consumption is checked.

Frequently used test methods for WDTs perceived by the interviewees were urine tests or saliva testing. A urine test method is performed both at the company and at the occupational health service and implies that the employee has to hand over a urine sample in bodily temperature to the test practitioner. The test practitioner sometimes or always monitors this practice depending on settled routines. The interviewees explained two different procedures following a urine test sample. One way is to do a urine drug test screening indicating the result immediately and another way is to do a drug test sample, which is sent to a laboratory for analyses before a result can be provided. The laboratory gives the test results for the ordered substances in approximately one week. When it comes to the saliva testing, two types of procedures were perceived to be in practice by the participants. One way to perform the saliva drug testing is to take a sample with a swab and further send the sample to the analysing laboratory. Another procedure is to carry out a type of saliva drug screening test where the test delivers an indication directly and notifies positive or negative results on the specifically tested substances.

In relation to these general explained practices the interviewees point out that the employees have to report to whomever performs the test every medication that can have a positive outcome on the drug test. Such medication is presumed to come with a prescription from a doctor. This medication is understood by the participants to be antidepressants, benzodiazepines and some painkillers containing the substance Tramadol. The interviewees explained that these medications can give a positive test result and some drug tests analyses are also especially looking for the substance Tramadol.

According to the participants the test results are given at different times depending on what type of testing procedures are in place. In case of a positive test result at either urine or saliva screening tests, an initial result is provided directly at the testing facilities. This can be either at the company or at the occupational health services. All interviewees stated that in the case of a positive test results at the screening test a second sample or a new test sample is sent to a laboratory for verification. When a positive test result is received from the laboratory a physician (Medical Review Officer) from the occupational health services will inform the individual by a phone call. Some interview participants mention that this conversation between the Medical Review Officer and the individual is important to clarify that any pre-scribed medications can be ruled out. Another said that the conversation was made to make an assessment about if the personal story behind the positive test matched with the laboratory findings. One interviewee perceived the conversation as a chance for the individual to clarify his or her own position in relation to the test result. The doctor is also the one who informs the employer about a positive test result. The occupational health care services stated that, to be able to inform the employer about the test result, consent to break the medical confidentiality has to be given beforehand.

The interviewees who reflected upon the use of screening tests mentioned that the individuals that have been tested positive at a WDT had to leave work immediately. One interviewee said that it was crucial that the manager drove the person home. Another said it depended on the state of the employee and expressed a concern for both the physical and psychological status of the individual and related it to the potential of driving under the influence and taking care of the employee in case of hardship. The interviewees who discussed drug tests that are analysed at a laboratory before any result was given perceived another situation where the employee who had a positive result at the test had to leave the workplace when the employer and employee had been informed by the physician.

6.1.1 Who is tested?

During the interviews all participants expressed the importance that everyone, regardless of employment position, is tested if a company performs WDT. The participants were asked about what employment positions they perceived to be tested at a company. Four interviewees understood from their experience that everyone was tested at random testing and pre-employment testing. Two of the interviewees had another experience and perceived that there was a difference between workers and employees in an administrative position. As one interview participant said:

“Sometimes it is believed that it is only the workers who use drugs, but that’s not really the case. But they are more keen on testing the workers than on testing officials, I would say, at many places” (Participant Union 1)

Another interviewee also perceived this in practice and understood that the focus on performing WDTs on the workers is a bit more common due to safety reasons. The two participants also perceived a conception within the labour market that workplaces with older work population perform WDT less often. Both interviewees pointed out that they believed that drug use existed within all society groups.

6.2 Symbolic value

To uphold a *symbolic value* was perceived to be the main reason for why companies are using WDTs by the interviewees. This is expressed for both random drug testing and pre-employment testing at workplaces. The interviewees mentioned that they understood using WDTs in the private labour market as a signal value or a marking showing an attitude reflecting *zero tolerance* towards drugs. When referring to the symbolic value one interviewee mentioned:

“In some way, it is clearly stated from the employer that we do not accept that people are under the influence at this workplace. And to have an approach, yes, values and all that.” (Participant Union 2)

The quote above can be understood as the employer expresses a certain *standpoint* that is value-added and related to an attitude against drugs. Other interviewees also perceive this symbolic value especially when linking it to the function of random testing:

”And then it's a ... it's above all a signal value that we don't think that it's okay with drugs.” (Participant Human Resources 3)

Another respondent also expressed this:

“[---] Then to clarify what the company stands for and believes, I also think that it is good that you do random testing because then you send out signals.” (Participant Human Resources 4)

“What kind of signals?” (Interviewer)

“That the company does not allow drug use and that they are against it then. And that there are consequences if you are under the influence at work.” (Participant Human Resources 4)

When referring to pre-employment testing the symbolic value was also mentioned but there were also more perceived functions for the company in having that sort of test:

“Doing them before employment is a way to avoid future problems. One avoids future rehab cases. One avoids having future drug addicts at the workplace. You send a signal value of what is important at the workplace.” (Participant Human Resources 3)

The above quote can be understood as also showing the perceived overall aim of using WDTs interlinked with the perceived function or effects of WDTs. When interpreted, the different functions or effects of WDTs can be allocated into perceived functions for the company and perceived effects on individuals. Above quotes are related mainly to the functions of WDTs for companies. As a symbolic value of zero tolerance the WDT shows the public as well as other companies and customers that the employer does not tolerate drugs. This can be understood as the overall aim of using WDT.

6.3 Deterrence and Awakening

When it comes to the perceived functions of WDTs for individuals more diverse perceptions were expressed by the interviewees. The perceived *deterrence* function was often referred to but it was also understood as having a sort of *awakening* effect, especially for some individuals. As one interviewee expressed the perceived aim of testing when asked:

“[---] partly as ensuring that one is not, that one is not under the influence so that it is safe. But also I think, maybe a little deterrent. Because if you don't know if you're being tested next week, dare I smoke? After all, I risk losing my job. Or getting troubles.” (Participant Union 1)

Here both the perceived company aim and function are explained and linked to a perception that employees do not use any drugs due to the randomness of the drug testing at the companies. Several participants explain the perceived deterrent effect of drug

testing as preventing individuals to use drugs. Two participants also described that the drug testing also deterred people from applying for jobs at the workplace. It was also understood to deter people from using drugs at the workplace. Another interviewee explained that as WDT identified drug use, it assures that individuals who are applying for jobs are not having any drug problems at the time of employment. The deterrent function of WDT is understood to have two functions; it prevents people from using drugs and it also impedes individuals who use drugs from applying for work at employers who perform WDT.

The awakening effect of drug testing at the workplace was perceived to make some people aware of their substance use problem. In some cases this was described as to exhort people to seek help for the substance use and encourage them to stop their substance use. As the next interviewee explained:

“Clearly, for an individual it might be, in some cases, it does not apply to all, but in some cases it can be an awakening. And of course, then the company can help out and give some support or make an effort for that person, so that one can get rid of the drug addiction.” (Participant Human Resources 4)

Two interview participants perceived this awakening effect. Even though it did not apply to all people who had to undergo WDT it was assumed to have a great impact on some. The awakening function was therefore understood as being effective for employees, although in a smaller scale than the deterrent function.

When the participants were asked about if workplace drug testing was a sufficient method to address drug use at the workplace most interviewees said it was not. The reason for this was explained by one interviewee to be limitations in testing frequency in relation to assumed testing needs due to the high drug use prevalence. Another described limitations in detection time, as some tests such as saliva testing only have a few days of detection window. Education about drug use and drug policy along with openness within organizations was described as other drug preventive measures that were perceived as useful.

6.4 Safety and Economical Risks

During the interviews safety and economic risks are often mentioned in connection to the reason why private companies use WDT and it is also described when legitimizing the use of workplace drug testing. As one interviewee explained:

“ So it is primarily because so that everyone who is here feels that the company still cares about having a work environment where people are not affected by any substance that could make one do a worse job or that they could cause an accident. “ (Participant Human Resources 4)

Another risk is also apparent in the interviews, the possibility that a person under the influence performs the work differently and poorer than under the circumstances when they are not being affected by drugs. These mentioned safety risks and economic risks are

perceived by several participants to be of concern within the labour market and therefore what makes addressing drug use and using WDT at companies significant and well founded. The safety risks are perceived involving accidents caused by people affected by substances managing vehicles such as forklifts or machines that cause danger and injuries to other people. But also people that are under the influence of drugs are perceived as putting themselves at a safety risk due to the reason of having impaired senses and can therefore get hit by a vehicle or hurting themselves on tools. There is also another perceived risk, which can be understood relating to company property and economy. People affected by substances are perceived by the participants to have lower productivity, performance and might cause production failures. This is explained to be a risk of economic losses. Drivers of vehicles, such as the mainly mentioned forklifts, affected by drugs are perceived to maybe damage interiors or products. Another perceived risk is of wrongly or wilfully made decisions done by persons under the influence of drugs occupying positions of trust or leadership. The below quoted statement from one interviewee summarizes the understanding of both safety and economic risks:

“But if you come to the workplace then you should be working and you should cope with the work here and you should not put anyone at risk. After all, that's what it basically is about. It is your co-workers and it is your employer and yourself.” (Participant Human Resources 3)

“So it is the safety risk?” (Interviewer)

“Yes and productivity. What happens if a drug-affected person sends a lot of wrong things to the customer? Or uses a forklift? Or becomes slow? Or hurts oneself? So it can happen a lot of things that affect the performance.” (Participant Human Resources 3)

When the respondents were further asked about what is perceived as safety sensitive or safety critical work or work position some interviewees reflected differently:

“It’s actually all professions today where you are concerned with driving. If I’m drunk at the office than I might not be a safety risk.” (Participant Union 2)

Another interviewee responded:

“From purely a safety perspective, it is really pretty few roles. Because then it might be more than one drives a forklift or that you are a danger to someone else more than yourself. So from a safety perspective ... Clearly a manager and a leader who make decisions under the influence of drugs are also dangerous. So from a safety perspective ... then it may not be as many roles where it is critical.” (Participant Human Resources 3)

As the above quotes exemplify the perceived safety risks are incorporated into a broader perspective of risks including both personal safety and economic security when related to a well-founded ground for using WDT. When asked specifically about safety risks some interviewees expressed another understanding, that driving vehicles was the main safety consideration. This can be understood as a divergence between what is perceived as an actual safety risk and what is perceived as general risks related to workers affected by drugs.

6.5 A Societal Change – The Liberal View on Drugs

In relation to the legitimization of WDTs by referring to perceived economic and safety risks some respondents perceived the presence of drugs at workplaces and in the society as a whole as a reason to enact the use of drug test at the workplaces. The interviewees reflected upon what several described as “liberal views on drugs” within the society as well as upon the perceived understanding that there are people using drugs and people are under the influence of drugs and do get positive test results at WDTs. The usage of drugs is as such a concern at the workplace. One interviewee perceived the situation as follows:

“Yes, because you know people are using drugs. And I mean it is dangerous if you are in an environment with an industry and there are forklifts and stuff. It is dangerous if someone is drug-affected. And you know it's happening. You know that.” (Participant Union 1)

The interview respondent perceived to have observed an attitude change within the society leading to a more permissive view on drugs, especially amongst young people. This recognized societal change concerning a liberal stand towards drugs was often mentioned as in contrary to the positions at companies who had a clear standpoint against drug use. One interviewee described this allowing attitude and compared it with the attitude towards alcohol:

”I find that many younger people I meet who are around, say about 20 years old have a very liberal attitude mainly towards cannabis. In a completely different way than people that are older. They do not think it is... they think it's like drinking alcohol. That it is something that one does on the weekends with friends. So they have a very hard time seeing this, that it can lead to them being dismissed or not getting a job and so on.” (Participant Occupational Health Service 5)

Young people were perceived by some interviewees to have more allowing attitudes towards drugs and another understanding was that people with other cultural backgrounds who did not come from places with the same laws concerning narcotics as Sweden had a more allowing attitude. Another interview participant reflected and explained the disparate standpoints towards drugs:

“It is above all a signal value, that we do not think it is okay with drugs. In a society that is becoming more and more, where it becomes more and more drug-liberal. It is not okay to smoke cannabis on the vacation or whatever it is that you are doing. We will find it and we will test you.” (Participant Human Resources 3)

The above quotes can be understood as showing the reasoning behind the use of WDTs at workplaces as a response to a changing society where drugs are viewed with less criticism and are more allowed as recreational use, at least when it comes to cannabinoids. The need for showing a symbolic value is perceived to become vital to oppose such attitudes and values.

6.6 Prevalence

The prevalence of drugs within the society and awareness that people use drugs is perceived to be a reason for the use of WDT. Almost all participants said that drug use could be found everywhere in the society. This can also be linked to what two participants understood and described as to be due to the aspect that people who were tested positive were not the stereotypical drug addicts. The people who had been tested positive were perceived to be functioning humans and workers. As one interviewee described:

“So this is not people that you see as drug addicts either, in that way. Because it is still like functioning people with a work that does not, it is not the image one has about someone who abuses, or that label.” (Participant Occupational Health Service 5)

The use of drugs as a problem within the society was also exemplified with the prevalence of the illegal use of drugs such as analgesics. This was pointed out by the participants who referred to the popularity of drugs such as Tramadol within the geographical location of the study and in the Western parts of Sweden. As one interviewee said:

“[...] we have big problems in the society, without doubt. A lot of people are buying Tramadol without prescription. [---]” (Participant Occupational Health Service 6).

All interviewees reflected on the prevalence and problem of the illegal use of medications. Moreover, according to several of the interviewees some of the people who had been tested positive were perceived to have passed on to a drug abuse of medications such as analgesics after an injury or had become addicted to sleeping pills. Three interviewees perceived the positive-tested people to explain the illegal drug use to be self-medication “to be able to cope”. This was further understood to be coping of worries, anxiety, injury or trauma and general mental illness.

6.7 Perceptions of Drug Policy: A Routine, Plan with Symbolic Value

During the interviews the drug policy was stated to be one part of the prevention of drugs at the workplace. As understood by the participants the drug policy was showing the company’s standpoint against drugs, or also called a zero tolerance position. This drug policy was perceived to serve as a plan or routine in relation to the WDTs and other measures related to substance use, this in many instances also included alcohol. One interviewee described the drug policy practice:

“I would probably like to say that it looks a little different depending on what type of business you are in. Now we are in a factory environment. [...] So here we are relatively clear, that we have a clear policy that talks about zero tolerance. And we do random drug tests and we do that continuously. [...] If there are some who are tested positive in the tests then it will become an individual case. Depending on the individual, we do a plan for what happens.” (Participant Human Resources 4)

Understood as a plan or routine the drug policy was assumed by the interviewees to set directions of how prevention of drugs at the workplace should be approached. One participant stressed that the use of WDT had to be clarified and especially what is intended to be the practices that should be in place in case of a positive test result at a WDT. Another interviewee perceived the drug policy crucial especially when introducing new employees about rules and responsibilities such as that the employee preferably should inform the employer about any on-going medication with narcotics.

6.7.1 A plan with different applications

The drug policy was perceived to be a legitimate objective standpoint and process description although there were different understandings of its application. Two participants pointed out the diversities amongst companies with drug policies in relation to a positive test results and further rehabilitation routines and responsibilities. One of these interviewees perceived that the drug policy was implemented at different levels at different companies and pointed out that it did not comprise the same rehabilitation responsibilities. The other participant perceived and problematized that the drug policy is more or less known at the companies and that it was more or less put into practice at different companies and as such the companies had different approaches if there was a suspicion of drug use:

“Some have a great knowledge about it and they know exactly what they should do. For example, often it may be so, perhaps, that someone tells the manager that I think my colleague, I think it is something, that one has taken something or behaved strangely or something like that. And some then have a great knowledge. They know exactly what they should do. As well as who they should call and how they should talk to the person and so. While others may have a little bit of the opposite, that they do not have a drug policy at all. And it becomes panic and they do not know at all how to act and think it is very, yes unpleasant, like that. [---] (Occupational Health Services 5)

The different applications and approaches of the drug policy, how it was written and what it included, was perceived by some of the participants who had experienced several companies' drug policy practice in relation to WDTs. During the interviews the significance of having a drug policy showing the symbolic value and routine was evident and so was the different understandings of its utilization.

6.8 Privacy

The interview participants' understandings of the privacy aspects that are at stake in relation to WDTs were discussed in relation to many topics and not only when specifically asked about ethical dilemmas, integrity or confidentiality.

6.8.1 Privacy aspects

When the interviewees were asked specifically about their perceptions regarding the ethical dilemmas or integrity-sensitive aspects related to WDTs almost all replied that it was subordinate, but this could be due to different reasons. As one interviewee explained:

“Nah, but it is a weighting that you have to do. I feel that when it comes to humans and safety, it actually goes before the integrity. As long as one do not come to someone’s home and expects to do the tests. When I am at the workplace the idea is that I should do a job to get a salary. And you should keep yourself drug-free at the workplace. So I feel that the integrity at the workplace sometimes has to give way to humans and safety.” (Participant Union 2)

Another respondent shared this perception:

“It is about evaluating it against...is it okay to let drug-influenced people at a workplace because one doesn’t want to violate their integrity? It will have to be located in the back seat in relation to that question. It is less valuable than, if you compare it against what happens if we have people in the workplace who are affected by drugs.” (Participant Human Resources 3)

The two above quotes shows a perception of the personal integrity as secondary to the workplace safety. The understood safety risk with having a person under the influence of drugs at the workplace was considered to be legitimizing a drug-testing process that might be an intrusion of an individual’s privacy. One of the interviewees also reflected briefly upon a line between work life and private life when referring to not being tested in one’s home. Another interviewee had a different perception, as even though the safety risk was important this was not as much critical as at a previous workplace:

”[---] Even if I am now in a business where it does not have the same great consequences, I still think that if you come to work, you have a responsibility to be here lively, alert and non-influenced. And I think it, what should we call it ... I do not want to say that it is infringing on privacy. But just that little inconvenience to get selected and to get to do this test is something that you somehow have to take to show the surroundings that I am up for this, and I do not think it’s okay to be influenced at work, so therefore I show that I am not. That is how I see it.” (Participant Human Resources 4)

Here the integrity-sensitive aspects are considered not to be any intrusion of the privacy. Showing one’s surroundings that one has taken a stand against drugs is crucial and this can be linked to the symbolic value of a zero tolerance of drugs. Any inconvenience related to the WDT-process is something one has to deal with, in this perspective. The above quotes also reflect upon the aspect of being under the influence in relation to privacy. Being under the influence or affected by drugs is not accepted and integrity aspects becomes less valued. Even though the integrity was considered to be secondary to the safety and other values the interview participants reflected upon the ethical dilemmas and the privacy aspects as difficult subjects. One interviewee reflected:

“[---] You have to do this test, it is important. It is tough, but they do it anyway. I think the most important thing is that you don't dramatize the whole thing. Just peace and quiet, it is a task, it is a work task. It is testing. Try to calm down the individual so that they do it [being able to urinate]. And then after a while...It actually works. But these integrity aspects are complex issues. Society is complex too. It's different now.” (Participant Occupational Health Service 6)

This notion describes a common approach to the integrity-sensitive aspects. All participants expressed that the individuals who have to undergo a drug test can perceive the WDT-process as difficult. Moreover, almost all interviewees perceived that being monitored when having to hand over a urine sample could be considered as intrusive and offensive. Especially the occupational health services had different personal strategies to manage the situation and to support the individual. This could for example be trying to calm the person down or trying not to perform the monitoring if the person is of opposite sex and at a similar age. At the same time this was not perceived to be the case for everyone. One interviewee explained that people who did not have anything to hide perceived the WDT as positive. In any case, most of the interviewees expressed that it had to be done and it is important even though the integrity aspects are complex issues.

6.8.2 Confidentiality and peers-talk

All participants stated that it is important to treat people with respect and dignity during the drug-testing process, handling of test results and information flows. The interviewees came into contact with WDTs in relation to companies where the employees worked closely with each other and many examples were given of production surroundings or open spaces with colleagues and other people close by. Several interviewees said that when the employee had to attend to a drug test the information should be managed discreetly and the testing should not be performed in front of other people. One interviewee specifically pointed out that the direct manager should inform the employee in a way so that colleagues working closely does not understand or hear the information. This relates especially to random testing and cause testing where employees have to leave their workstation or work task when undergoing the WDT. All participants emphasized the need for careful and clear management of information and perceived that the practices mostly were carried out in such a manner. But some aspects of the procedure were understood to be more problematic. One interviewee described the sensitive situation that can arise when reflecting upon cause testing:

[---] That it is like, that you do not feel exposed. Because if you go and fetch a person in the production and say; now we will test you. If you do it in a very unfair way, then it will be a complete chaos for a lot of people. They feel so offended by it. And I mean, we want to say; see it like this instead, if you show negative, then what do you have to be ashamed of? Yes...but you know, they chose me! So you have to be very, very careful when approaching an individual. And it is because you have a suspicion that there can be some abuse.” (Participant Union 1)

As the quote shows, some participants perceive that the WDT could arise sensitive and difficult situations where the employees felt exposed by being singled out due to a cause test. The feeling of being targeted and suspected may induce strong feelings. One interviewee told the story of an individual who was suspected and called for a cause test and later at the testing facilities the person claimed anxiety and vomited. Being collected for a WDT during work hours and the risk of this being seen by the co-workers as an addict also may result in talk.

Talk is mentioned by all interviewees to be an issue for the employee in relation to a positive test result. The participants had different experiences of managing a positive test results and to what extent they were included in the individual situations. As the testing routine and practice were perceived differently depending on where and for whom the participants worked, individuals who are tested positive receive the information at different times as explained earlier. Regardless of procedure all interviewees explained that the colleagues at the workplace most often find out if a person has been to a WDT and if a person has received a positive result.

“So we know that there will be talk. So of course the times we send... It is about five per cent that are positive. And at the times when it is positive we know that there will be talking about what has happened.” (Participant Human Resources 3)

When asking the participants if the test result information could be managed with confidentiality and privacy the interviewees had different perceptions. One interviewee answered,

“ So, confidentiality ... It is not the case that you tell someone else but if someone disappears from the job the others know that this person has disappeared, and it is spoken about quite quickly, so that it is nothing one can do anything about.” (Participant Union 1)

Another participant shared this understanding. One respondent stated that the confidentiality could not be kept. Furthermore, one participant perceived that it is possible to keep the confidentiality even though the interviewed person also reflected upon the talking. Two interviewees referred to the medical confidentiality, one said it could be retained if a person withdraws its consent. But it would still be an indication to the employer that the test result is positive.

6.9 Notions on Measures: Disciplining and Rehabilitation

When an employee obtained a positive result from a WDT, diverse procedures, practices and situations could follow as understood by the interview participants. This is connected to notions of drug policy and understandings of rehabilitation and disciplining. As mentioned previously, the employee is sent home. When asked, most of the interviewees stated that this work leave is unpaid. The interview participants described that a meeting is arranged and it could include different actors. One interviewee said that the meeting most often included the employee, the employee's direct manager and human resources. Another described that the meeting also included occupational health services. The union could also be invited to the meeting in case the employee is a member of the union and wished to have a union representative as attendant. Some of the interviewees mentioned that during the meeting an individual plan or contract is arranged with the employee to set up further directions, such as measures and procedures. Some participants pointed out that it was here crucial to follow the drug policy. It can be understood that each company's policy had specified the routine in relation to a positive test result more or less in depth.

Most participants perceived that in almost all individual cases where a positive test result had been received additional random WDTs are planned, specifically addressed to the individual. The next steps forward were perceived by some of the interviewees to differ depending upon if the drug use was considered to be either misconduct or drug abuse. Most often this has to do with setting the length of additional random WDTs. One participant explained that the employee is sent for assessment at an organization and further described:

“[...] that assessment has only one purpose actually and that is to investigate if there is an addiction problem and whereby it is a disease or whether it's about misconduct, that is, there is no addiction problem.” (Participant Human Resources 3)

This type of assessment as in the above quote is experienced by one of the interviewees. Two of the other interviewees' notion was that the employer discussed with the employee if the drug use and positive test result related to use or misuse. One interviewee understood that depending upon if it concerns use or misuse the length of the rehabilitation contract is defined, which refers to additional random WDTs. Another participant said that the occupational health service physician made the first assessment and the employee had to tell the employer if he or she felt the need for additional support.

Most of the participants referred to the additional random WDTs that are provided for the employees who receive a positive test result, as rehabilitation. Others called it “a control program” (Participant Union 1, 2 and Human Recourse 3) but connected it to rehabilitation. Regardless if an employee is considered to have a drug abuse problem or not, this measure is always taken by the employer. Accepting additional random drug tests is a requirement if the employee wants to remain in employment. Here a connection is made to the regulations that the employees are obliged to participate in the rehabilitation.

Other types of rehabilitation services offered were understood to depend upon the organization. The human resources interviewees had experience of referring the individual to the public health service or offer the service of a treatment centre. One interviewee had an experience that the company paid for this type of treatment centre. The occupational health service explained that one option was to refer to public health services. This action was mentioned as short intervention. Establishing a health survey with the employee was an additional service often implemented. Another participant said that if the employer buys the service, an alcohol and drug therapist could be offered. As one respondent said:

“It is rehabilitation in the form of continuous drug test and monitoring as well as a joint meeting with several actors. [...] plus, they can seek support by themselves at these clinics.” (Participant Occupational Health Service 6).

The union representatives had a notion that additional rehabilitation or treatment options varied between companies. In the event of additional support, this was provided for in the case the employee expressed to have a drug addiction and stated a wish for support.

Other types of measures were also taken in case of a positive test result. These can be understood as to be more direct disciplining. It can either be corrective measures having an effect on the worker’s employment contract or actions, which the employee has to undertake. If an individual is tested positive at a pre-employment WDT, this person will not be considered as a future employee. As one interviewee explained:

“If it is pre-employment it is just like, alright then we do not employ that person” (Participant Occupational Health Service 5).

Two interviewees explained that contracted staff such as temporary or on-call staff lose their contracts with the companies and they are not welcome back. Another measure described by one interviewee related to a positive WDT was to issue a written warning to the employee. This is done regardless if the individual’s case is considered to be drug addiction or misconduct. In the case an employee received a positive test result at the additional random drug tests, which are mandatory, the employee’s future employment contract will be at risk. When asked, one participant perceived such a situation:

“[...] so you can lose your job in the end if you do not do anything about it and if you get caught repeatedly and so on.” (Participant Human Resources 4)

The same measure of terminated employment is understood to apply in the case when an employee does not want to undergo the provided mandatory additional drug tests. Another additional measure perceived by one of the interviewee was:

“Regular drug tests are required, and another requirement is a first-day certificate”. (Participant Occupational Health Service 6)

“First-day certificate” is further explained to be if a worker is getting sick or ill and cannot attend work a written medical confirmation or certificate has to be provided to the

employer at the very first day of the sick leave. Two of the interviewees had also understood that a new routine of establishing a police report, notifying that the employee committed a crime, is put into practice at some companies. Both interviewees also explained that they had not seen any consequences of such a measure yet.

During the interviews some participants discussed further implications that the rehabilitation and disciplining measures had for the individual. When one of the interviewees was asked about what they perceived to be the consequences for the employees the participant said:

“ [...] the problem is that no one says they have a problem”.
(Interview Participant Union 1)

According to this participant people do not want to state that they have a drug problem because it is illegal and even though an employee claims to have a drug addiction the risk is that it is not treated as a disease.

Some of the participants perceived the legal praxis and law as unclear both in relation to employers' rights and responsibilities concerning rehabilitation. One participant said:

“And of course you have some rehabilitation responsibility, but how far it goes when someone uses a substance, which is illegal, that is also quite unclear” (Participant Human Resources 4)

The rehabilitation responsibility after a positive WDT-result was sometimes discussed and compared to the rehabilitation responsibility related to alcohol abuse. One participant reflected upon this:

“If I have understood it correctly, then the employer does not have this rehabilitation responsibility for drug addiction in the same way that they have for alcohol abuse.”
(Participant Occupational Health Services 5)

When asked about if the participants perceived a difference between legal and illegal substances another one stated:

“No I do not, not really. Because it is somewhat about abuse or not abuse. And one can abuse both legal and illegal substances.” (Participant Human Resources 3)

Though, determining whether someone has a drug addiction or not is considered to be difficult. One of the participants said:

“But where is the boundary between use and abuse? I do not know, it is extremely difficult.” (Participant Union 2)

Thus, the understandings of the illegal aspect of both drug use and abuse connects with a criminal offence and makes it therefore unacceptable.

6.10 Understandings of Emotions: Shame, Fear and Relief

The participants perceived the WDT-practice and a positive test result to cause emotional reactions from some of the employees. The process of being under suspicion and the process of being caught at a drug test were understood to affect the individual in many varied ways. As discussed earlier, being suspected of drug use was understood to be a difficult experience due to feelings of being exposed but the situation is also described as stressful and some people are upset. A positive test result was perceived to raise the feelings of shame and fear but also being relieved. One participant described the shame when reflecting upon when the employee received a positive test result and the rehabilitation process:

“It is not uncommon for people to resign in connection with these processes. That they...the shame gets probably too big for some people.”
(Participant Human Resources 3)

The shame is also perceived to be a reason for why some people deny the use of drugs and decline further rehabilitation offers. When asked why people deny one participant said:

“[...] It is very taboo this with being under the influence at work today. Many feel that, now I might get dismissed and forced out from the company. Then it's probably shame. It is not fun to be caught with being under the influence on a job. It is shame.” (Participant Union 2)

The above quote reflects the embarrassment of getting caught and shame connected with a positive result at a WDT. It also perceived that shame and fear leads the employee to use strategies to hide and obstruct the WDT. The fear of losing one's job was also perceived by another interviewee to lead to fear and sadness and at the same time this was understood to be an awakening call for some employees. Another participant understood that the WDT-process could lead to worries but it could also exhort people to seek help. One participant perceived that most of the people who received a positive test result felt relieved and explained:

“[---] I believe in human hope and motivation, one can recover from this. I believe in it to one hundred per cent. If one can refer right, take care of the individual properly, rehabilitate. A lot of people have recovered and it has worked incredible well. Just take this hope that exists within them and the motivation to change their lifestyle to get out of their addiction. These ethical guidelines are absolutely necessary but it is of course really hard, it raises strong emotions. But we must not forget that it affects the central nervous system, manipulation takes over. [---]” (Participant Occupational Health Service 6)

In this quote the participant expressed a human perspective and a focus on helping people and getting employees to stop using drugs. This while considering that the ethical guidelines are important, as the process is problematic. But at the same time deny and manipulation in relation to the WDT is understood to prevail and the individual needs help and intervention to stop using drugs. Two other participants also said that there is a human perspective and perceived this to be when employees' support or rehabilitation is

successful. To help the employee and see the individual was stressed by one of the participants who said:

“It is about humanity. Getting involved is also about that there is an individual behind.”
(Participant Union 2)

Another participant also stressed the importance of supporting the employees albeit perceiving this to be done as a result of personal principles rather than related to the process of WDTs.

7.0 Discussion

The following chapter provides an analysis and discussion on the results of the interviews. Themes identified during the thematic analysis are analysed by the theoretical framework and linked to the findings of previous research, law praxis, legal prescripts, and policy recommendations.

7.1 Prevention of Drug Use at the Workplace

All participants stressed the importance of preventing illicit drugs at the workplace. Illicit drug use is not allowed and unaccepted. The drug policy is understood to yield this symbolic value and official standpoint clearly stating a zero tolerance of drug use. A coherent drug policy is also discussed in the previous literature as the foundation of drug-preventive work at the workplace (Fantoni-Quinton et., al, 2010; ILO, 1996) and it is also recommended by the authorities as expressed in the legal prescripts (Arbetsmiljöverket, 2015). During the interviews the participants emphasized the drug policy as crucial for setting the direction of how drug prevention should be approached, if a company chooses to perform drug testing this method should be clarified. The findings also showed that the drug policy is the process description where one could find the routine and directions for what to do if someone is tested positive at a workplace drug test (WDT). One participant pointed out the drug policy as relevant educational basis for introducing new employees to the company's standard and routines.

The different objectives of the drug policy as a standpoint, process description and informational basis for introducing new employees demonstrate its importance in drug prevention at the workplace. The Wretlund Case, which has been presented in the background of this thesis, also explains the European Court of Human Rights' perception of the drug policy as a general legal principle between the labour actors. A drug policy can establish restrictions on both alcohol and drug consumption and thereby it may establish norms related to the initiation of drugs and drug availability (EMCDDA, 2017). According to the drug preventive categorisation presented by Cuijpers (2003), the drug policy can be found as representing the primary level of drug prevention. Behrouz (1985) points out that the rules, regulations and the zero tolerance position must be clearly formulated in the drug policy and the employees should be well informed about it. The findings in this thesis show that the interviewees have different perceptions of the utilization of the drug policy, some described it as well established within companies and others expressed that some employers have limited formulated and implemented drug policy or none, even though they perform drug testing. The degree of formation and utilization of the drug policy can be assumed to have significance for the overall drug prevention at the workplace as well as for the workers. An unclear drug policy might lead to an obscured drug prevention where employers might subject workers to unnecessary infringements of the privacy rights and employees may unwittingly ingest substances that are not allowed or accepted by the company. The problematic situations where the employer lacks routine when suspecting a worker of drug use expressed by one participant can be an example of such a situation.

Workplace drug testing as a drug prevention strategy can be found within all described levels of drug prevention. In the findings of this thesis WDT was perceived as an important tool for making a standpoint against drug use, which can be related to the primarily preventive level. It was perceived by the participants as a method to prevent employees from using drugs both within the workplace and outside the workplace. This view connects to Holmberg and Alna's (1999) stated objective of WDT to raise awareness and respect for the workplace's overall drug policy. Showing customers, employees and the labour market that the company does not tolerate drugs and acts against it by performing drug-testing gives a symbolic value.

Some participants also explained that the WDT was a tool to find drug users. This relates to the secondary level of drug prevention according to Cuijpers (2003). It was found to be especially imperative in the times of a changing society, where the young people were perceived to have a more allowing attitude towards drugs. This notion is connected to the participants' understandings of a high prevalence of positive drug tests and an increase in drug use within the society of drugs such as Tramadol and cannabinoids. Some drug tests at the workplace are designed to special target the substance of Tramadol. Some participants mentioned that during the WDT some employers are analyze for the substance Tramadol and some do not. The participants had an understanding that the employers did pre-employment drug tests, random drug tests of already employed individuals as well as just cause testing. As the findings show most of the interviewees perceived that the random- and pre-employment drug testing is done for all employment positions. Thus, the findings also show that some interviewees had a notion that employers focus on testing blue-collars more often than white-collars due to a perceived higher risk and to control damage. This signifies that WDT can be a targeted identification of both a distinct drug and a perceived risk group amongst employees.

The Swedish States Official Investigation (SOU, 2011:35) identifies that the workplace has lacked to address substance use in its early stages. Interventions such as drug tests are suggested as a possible instrument but also other tests like AUDIT and DUTID and brief interventions are recommended. To identify substance use in its initial stages it is important for effective drug rehabilitation (ibid.). The participants in this thesis stated that identification of drug use is crucial based on their experience of high prevalence of drug use as well as due to the risks associated with drug use. Here drug tests are considered the most common efficient practice to identify drug use. Other tests such as skill testing designed to detect impairment (Comer and Buda, 1996) were not mentioned or discussed by the participants to be an additional option for identifying drug use.

The findings show that when an employee receives a positive test result additional random drug tests are almost always a requirement, except in the case when the employees' contracts terminate. The participants often described this as a rehabilitation initiative provided for the individual to prevent further drug use. The additional random drug tests can be described as a measure linked to the tertiary prevention level. This form of prevention aims to make the employee drug free and reduce the damage caused by the substance use (Cuijpers, 2003; Behrouz, 1985). Cuijpers (2003) and Behrouz (1985) mention other types of preventive efforts related to the tertiary level such as counselling,

self-help groups and residential rehabilitation that are designed to promote functioning and well-being. The participants' perceptions of the treatment and rehabilitation of the individual with a drug use are related to the size and set-up of the company. Behrouz (1985) also addresses this and relates it to a wider discussion whether and to what extent the company should provide for such service. In the Swedish context, and for the participants in this thesis, this comes down to a discussion of rehabilitation responsibility.

7.2 Social Control and Workplace Drug Tests

The concept of social control represents mechanisms and procedures that regulate groups and individuals (Scott & Marshall, 2009). As a preventive incentive the drug policy may establish norms within a workplace, which encourage the employees to abstain drugs (EMCDDA, 2017). The findings in this thesis demonstrate that the drug policy is understood to have symbolic value and it is based on a set of norms and regulations related to a zero tolerance of drugs. The WDTs are also perceived to prove this, they represent the company's set of norms and values. At the same time the drug policy establishes the routine and rules related to the WDT. Together this can be seen as the foundation of a process that controls norms and behaviours.

Furthermore, all participants expressed the drug use within the context of this study and in the Western part of Sweden as a considerable social problem. Drug users are understood to be found everywhere in the society and they are perceived as functional societal members and workers. Illegal use of medications such as analgesics was perceived as particularly alarming for most of the interview participants. The illicit drug use such as Tramadol use without a prescription is considered deviant in relation to legal regulations. The use of illegal drugs is further on connected to risky behaviours. This poses a well-founded need for the use of drug tests at the workplaces. Participants' view can be understood like they conceive a need for social control, which mirrors the functionalist understanding that social control is essential for maintaining social order (Scott & Marshall, 2009). However, seeing the need of social control to regulate deviant behaviours connected to illicit drug use but at the same time considering drug users as functional members of the workplace and the society yields a contradiction. This contradictory understanding is not unproblematic as it indicates that functional workers need to prove their functionality for their employer. The trustworthiness of the employee seems questionable, as the worker is all the time under suspicion of drug use and needs to produce proof from suspicion.

Figures provided by Tomas Villén (2019, personal communication, March 25) at Karolinska Hospital do imply an increase in analysed drug tests. The amount of analysed urine drug tests samples coming from the occupational health services have almost tripled in less than ten years. This suggests that WDT managed by occupational health services has become a more common process. It can be interpreted that the increase of WDT-analyses is a sign of a process becoming more occurring and less questionable.

7.3 Privacy and Panopticon

As mentioned in the background of this thesis, privacy is a complex concept. It is understood as both “privacy as freedom from society” and “privacy as dignity”. The privacy right of the employee is contested within the debate of WDT and it is a counterargument against WDT. The three aspects of bodily, psychological and informational privacy are therefore helpful to analyse it in different situations. The concept of panopticon is about the surveillance, control and self-disciplining of individuals (Foucault, 2003). Panopticon can be seen as a cooperation of power mechanisms and its main purpose is visual but unregulated power (Foucault, 2003, p.201-202). The WDT becomes a technique, which maintains a power relation. The concept of panopticon is as such a metaphor illustrating how the workers can be under surveillance through WDT by their employers. The objective of panopticon is that the power is visible but uncontrollable (Foucault, 2003, p.202) By its definition, the concepts of privacy and panopticon can be understood as opposing each other.

Several participants perceived the WDT to have a deterrent effect upon future and current employees. The deterrent effect is envisioned as individuals are presumed to avoid or terminate any illicit substance use. According to most of the participants in this study WDT will deter illicit drug users to apply for work if it requires drug testing. For current employees, the randomness of the drug test poses a risk. They have to undergo a drug test and might get caught if they use illegal substances. The randomness of the drug tests creates awareness that the employer can perform a testing to collect information of drug use from an employee. In this perspective drug testing is expected to monitor the behaviour of individuals implicitly based on the assumption that the worker knows that there can be a WDT, but cannot discern when. It is precisely this awareness that creates the automatic monitoring and surveillance, which is illustrated by the theoretical prison of panopticon according to Foucault (2003, p.203). This mental state of awareness is what panopticon is believed to trigger within an individual, and the mental state can be understood as one of deterrence. On the other hand, the right to privacy can be understood as the right to be free from forced ideas, behaviours and constructed ideas about a person’s life and dignity (Diggelmann & Cleis, 2014). This illustrates one complex issue when discussing the power mechanisms and disciplining technique with regards to panopticon and its implications on privacy.

The findings in this thesis demonstrate that drug use is considered as a safety and economic risk. Safety risks linked to drug use and the workplace are also stressed in the Swedish law as necessary to control. The same risks are also emphasized by organizations such as International Labour Organization (ILO, 1996), Holmberg and Alna (1999) as well as European Monitoring Centre for Drugs and Drug Addiction (EMCDDA, 2017). According to the participants, these risks are the basis for performing WDT. To cause injury on oneself, third person or damage interior is perceived as negligent and careless behaviour. It is this behaviour that needs to be composed. Panopticon becomes here an appropriate technique as its function forms docile bodies. Foucault (2003, p.211) explains that this is due to the integrated discipline panopticon entails at the workplaces, which acts as a mean to control that the regulations, rules and

government are respected. It is assumed to prevent carelessness behaviours and manage capabilities and efficiency, which might increase returns, and as such the profit (ibid.). This is also a feature which some of the interviewees touch upon when pointing out the productivity aspects that are understood as becoming under enhanced control when performing WDT. The normalization technology of the drug test and drug policy is here of importance.

The employers' responsibility of controlling risks against the protection of the employees' bodily privacy is one topic of balancing interest in relation to the justification of WDT (Westregård, 2002; Rhenström & Olofsson, 2012). Some of the participants in this study perceived the bodily privacy aspects of WDTs as complicated but comparing the individual's bodily privacy situation against the risks assumed in relation to illicit substance use the individuals privacy must come second. One interviewee explicitly expressed that it was not an infringement of the individual's privacy. The bodily zone from which a person should be free from interference is here considered as a *prima facie* right, which allows for risk considerations to become predominant. The Swedish legal 'admission right' and 'work management right' support this understanding, giving the private employer the right to freely set the conditions for employment and the employer is responsible for a safe work environment according to the Work Environment Act (Regeringskansliet, 2009; Arbetsmiljöverket, 2016). Bodily privacy rights connected to urine drug sample have also within the Swedish Labour Court been demonstrated as a smaller interference of the privacy, the employers' measures of performing drug testing has been acceptable (Eriksson & Olsson, 2001). The Labour Court has in general been supportive of WDT (ibid.). Consequently, the risks and the responsibilities stated in the law make the WDT justified, and it is also in this view most of the participants' reflections, and as such the intrusion of the privacy becomes permissible.

The surveillance trough panopticon is a part of a self-disciplining technique. The goal is to create employees who have a constant feeling of being watched. But the WDT-monitoring is not only anonymous in the form of panopticon. When reflecting upon what Westergård (2002) notes as a psychological aspect of privacy, some of the participants for this study described that the drug test can be found intrusive for some individuals when someone is monitoring the drug test urine sampling process. Supervised urinating on request can affect an individual's sense of dignity. When the occupational health services, which perform this monitoring, considered this aspect they mentioned several techniques to avoid discomfort and to calm the person down. The interviewees stated that this integrity aspect was complex, however without problematizing it further.

The notion of panopticon is based on the logic of normalization. This is partially done through the accumulation of information about individuals. During this process the controlled individuals become an object from where information is gathered, rather than subjects who share information through communication (Foucault, 2003, p.201). A drug test does examines bodily fluids for substances and it can most often establish and provide information if it contains evidence of any illicit substances, or not (SOU, 2011:35). As many drugs are considered to be illegal, drug testing is also a tool to detect divergence from rules and regulations. Several participants described that the WDT

informed about illegal activity. The drug policy defines values and regulations, if those were to be broken this would mean being classified as deviant, illegal and risky behaviours. The drug tests are assumed to sort out this deviance. These aspects are parts of the normalization technique that are connected to panopticon. In its continuation, it forms the norm, characterizes and organizes individuals.

Analysing Westregård's (2002) third aspect, informational privacy concretizes this normalization technology and its implications for privacy. The information aspect of privacy relates to knowledge and information management about an individual (Westregård, 2002). Treating people with respect and dignity during the WDT is an important factor for all interview participants. Human rights law also connects the privacy with reputation and dignity (ICCPR, 1966). The stories mentioned in the findings regarding employees who felt exposed, uncomfortable and targeted indicate that some workers do react to the testing. One might expect that feelings of being suspected relate to a sense of lack of respect and dignity. Also, if other people find out about the suspicion it might hurt the reputation of an individual. As the findings show there are several other sensitive elements within the WDT-process that relate to the informational privacy. All interviewees stated that the procedure when informing a worker of a pending test and the management of a positive test result should also be carried out discretely. However, all participants said that if a person gets a positive test result the colleagues almost always get hold of the information due to the procedures following a positive test result and the simple fact that a co-worker disappears from the workplace. As such it can be understood to be difficult to keep the confidentiality of the WDT. The individual's right to control information about oneself can as such be questioned. However, the findings in this thesis show that the participants had divided understandings about whether the confidentiality could be kept or not.

Cranford (1998) argues that the contractual relationship justifies the WDT. The findings show that some of the participants agree to a certain extent with Cranford (1998). The drug policy states that drug use is not allowed and this acts as a regulation. With this in place most of the participant state that the process is legitimate. The terms of agreement of the employment contract and the work management right within Swedish law give additional support to this understanding (Regeringskansliet, 2009). Nevertheless, other participants perceived the drug policy as unclear or missing in some instances even though the companies performed drug testing and some employees were perceived to be uninformed about the policy. Thus, the point to be considered in such case is, whether the information is willingly distributed to the employer if the employee is not informed about the terms of agreement. Furthermore, the participants explained that mostly all WDTs are carried out under the administration of occupational health services where the individual signs a waiver accepting that the medical information is forwarded to the employer. If an employee refuses to sign the waiver this might give an indication to the employer. Considering the power relation between the employer and employee and the power mechanisms illustrated by panopticon this is a complicated matter about voluntarily consent in relation to the informational privacy aspect.

Foucault (2003, p.205) describes that panopticon's surveillance technology allows for the collection of information, which can be used to improve the efficiency of the power mechanisms. Panopticon can be utilized for experiments or science to collect and analyse data, assess existing measures or evaluating procedures (ibid.). The growing WDT-industry and expansion of test and sampling methods as well as development of new tests to find more substances (Eriksson & Olsson, 2001) can be examples of how the knowledge production related to the surveillance has been successful. The data provided by Tomas Villén (2019, personal communication, March 25) at Karolinska Hospital also indicates that new types of testing methods were adopted and analysed from the year 2011. Some interviewees also mentioned that a specified company within the testing industry performed the actual WDT. The company is perceived as an entrepreneur between the company and the occupational health services. Combining these aspects one can depict a winding and deepening of the power technologies related to WDT during the latest decade. The knowledge produced by panopticon's observation mechanisms creates ways to find new objectives to gather information from, which makes it even more efficient.

According to Foucault (2003), the disciplinary system of power has emerged as an alternative to the juridical system. The juridical system is based on the centre of the state, the social contract as well as rights and duties. It administers obedience, this means that if an individual disobeys the legal code the person gets caught and punished by the system. The juridical system is based on the perspective first crime, then punish. Social control is also administered by the juridical system based on this approach. However, within the disciplinary power system the social control has become more diffuse. As we can see from the findings presented in this thesis the social control through WDT, the detection of law disobedience as well as the administration of punishment is also a task for the employer, which the juridical system has left unregulated. As the participants described, there are several measures that follow a positive WDT. It can be termination of the contract, rehabilitation, a written warning or a requirement of a "first day certificate". As the participants expressed, this is done without any or little contact with other public bodies such as the police and the public health care. Most of the participants point out that the workers who are tested positive are connected to the occupational health services. However, the occupational health services explain that they do not provide any drug treatment; they provide the individual with information of available public clinics. Counselling is only provided for if the company accepts to pay for it. Other measures in accordance to a positive drug test result such as warnings and suspension from work are designed to have a more direct punishing character. Interpreted through the concept of panopticon the WDT thus illustrates that the state control of the matter of illicit drug use has expanded to include formal control by the employer. Another interesting privacy aspect is to what extent this control can be exercised.

The findings show that the employee is expected to be fit for work and free from illicit drug use, and the employer has the right to get information of any deviance from the regulations and this is applicable to non-working hours. This perspective can be linked to the findings of Eriksson and Olsson (2001), who state it was assumed to be the concern of the employer if a person uses illicit narcotics outside working hours. Here both the

informational and bodily privacy aspects are interlinked (Westregård, 2002) and it relates both to 'privacy as dignity' and 'privacy as freedom from society' (Digglemann & Cleis, 2014). What one does with one's own body under your leisure time (a time not bought by the employer) is expected to be open for scrutiny by the employer. One is presumed to keep one's body in shape and prove it when the WDT takes place. The control characterized by panopticon extends beyond the context of the workplace.

Another topic linked to the control of non-working hours and intrusions of private life is the pre-employment WDT. This practice was familiar to almost all interview participants as a common drug prevention approach. It was expressed that an individual that leaves a positive test result would not be employed. This is a notable view considering the individual's privacy according to human rights, which shall protect the person from arbitrary interference with privacy, family and home (United Nations, 1948; OHCHR, 1966; ECHR, 2010). However, this is a relative right, meaning that the public authorities can request information of an individual's private life if it is in the societies' interest (Nations Treaty Collection, n.d.). As mentioned in the background, the privacy right focuses mainly on protection from intrusion of privacy by public authorities. The same applies for the European Convention on Human Rights (ECHR, 2010). Nevertheless, the public authorities are more restricted due to the constitution and the public employees' right to privacy is as such more protected (Regeringskansliet, 2009, p.150). The unregulated practice has been commented by the European Council and The Pompidou Group (2008), who consider that states should prohibit pre-employment testing with regards to the European Charter article 8 and also clearly define high-risk jobs.

7.4 Workplace Drug Testing, Stigmatization and Rehabilitation

Stigmatization is a common concept in relation to social control but also with regards to rehabilitation and treatment of drug use. The infliction that stigmatization entails might have a deterrent objective as it might act as a warning about what is going to happen in case one breaks the law (Larsson & Engdhal, 2011). Fear of being publicly exposed while losing ones job due to a positive test result or being ashamed at the workplace might be some examples of such. But at the same time, the social rejection interlinked with stigmatization can be an obstruction for individuals who use drugs, to addresses their use. This section analyzes the WDT-practice in relation to the notions of stigma and relates it to the concept of rehabilitation.

As earlier mentioned, a positive test result at a WDT can in most cases detect illegal substances within a worker's bodily system. When the participants reflected upon the WDT-process and a positive test result, several described that there could be strong emotions related to these practices. The participants perceived the individuals who are within the WDT-process as to have emotions of shame, fear and sometimes relief. Not surprisingly, as the employee who receives the positive test becomes a person who has used drugs and attached to drug use one might get labelled 'drug user' or 'addict'. One participant also reflected about the employees' perceived fear of being labelled a 'junkie'. This type of labelling is according to Link and Phelan's (2001) the first conceptual component of stigmatization.

According to Link and Phelan (2001), the second component is linking the label (drug user, addict, junkie) with negative characteristics, for instance undesirable behaviours that form a stereotype. All participants mentioned the risky behaviour associated with drug use as a justification for performing WDT. The provisions taken by the employer to reduce risks at the workplace is a crucial activity (Fantoni-Quinton et., al., 2010), and WDT becomes as such a preventive measure. However, risks and behaviours are valued subjectively, meaning that a drug user might not consider its own behaviour as inducing any risks at all, but the employer may see such behaviour as extremely dangerous within a workplace setting (ibid.). As the employer is responsible for the workplace safety, he or she owns the process to define risks (Arbetsmiljöverket, 2015), and as such unwanted behaviours. Furthermore, drug use is considered illegal. The participants often consider this as a criminal act according to the Swedish law and the workplace drug policy. Consequently, all illicit drug use is attached to criminal and risky behaviours. WDT targeting drug users are as such rationalized due to the stereotypical understanding of people who use drugs and how they behave. Thus, an interesting factor of this reasoning as the findings in this thesis points out, is that people who use drugs are at the same time perceived as functioning workers and members of the society. The same applies for most individuals who are medicated with narcotic drugs and can show a prescript.

In addition to the labels of ‘being’ a drug user, addict or junkie other characteristics are induced to the notion, which relates to Link and Phelans’ (2001) third conceptual component. The risks assumed by the interviewees to be related to the behaviour of drug users were for instance; inefficiency, impaired alertness, low performance and inaccurate decision-making. Some participants also perceived that a few individuals who had to undergo a WDT manipulated the drug test. Denial was another characteristic also connected the drug users behaviour. The fear of losing one’s job as well as shame are factors that are understood to bolster both manipulation and denial.

Status loss and discrimination are the fourth component in Link and Phelans’ (2001) conceptual model. The findings in this thesis call attention to some aspects of the WDT-process that may result in an individual’s status loss within the context of the workplace, and maybe within the society as a whole. Some interviewees described incidents when the employees had expressed that they felt targeted as they were singled out in the drug testing process and some felt exposed due to peer-talk in relation to a positive test result. This might lead to status loss at the workplace. A positive test result was also noted by the participants to have different outcomes depending on the individual’s type of employment contract. If a person tested positive at a pre-employment stage the person will not be employed. Temporary staff loses their contracts due to their precarious employment conditions. Such measures can be interpreted to exclude individuals from the labour market.

Stigma can be considered as a barrier to rehabilitation and treatment (Palamar, 2011; Bennett, Reynolds, Lehman, 2003). The perception of stigma often results in secrecy, shame, low self-esteem, preoccupation with non-disclosure, and social withdrawal (Palamar, Halkitis, & Kiang, 2013) and it can prevent individuals to seek help (Palamar, 2011). Some interviewees described that it is not uncommon that employees

who receive a positive test result would refuse any rehabilitation initiatives and therefore terminate their employment contracts or not admit to any drug use problems.

I interpreted that several of the participants saw additional random drug tests as the sufficient method for vocational rehabilitation. Other types of services are mostly up to the individuals to choose and arrange by themselves. In this way a lot the responsibility is put onto the individual. It is up to the individual to call attention to any addiction problems or health issues that one needs support to rehabilitate and to the public health care to assist in the matter. However, as mentioned earlier, fear of stigma might prevent an individual to address its drug use and the result of stigmatization can induce concealment and social withdraw, which may have an impact on the individual initiatives and effective treatment and rehabilitation (Palamar, Halkitis, & Kiang, 2013). Shame is here also an obstacle for seeking support (Palamar, 2011).

Early intervention is a prerequisite for sound drug rehabilitation (EMCDDA, 2017; SOU, 2011:35). The WDT can detect substance prevalence in its early stages. Some participants in this study mentioned the awakening effect that the WDT had for some individuals. It was described that the drug testing made people aware of their substance use problem. The company could in those cases support the employee to manage and get rid of the substance use problem. In the perspective of vocational rehabilitation guidance, peer-support and support in contact with authorities and treatment organizations can be other measures that are considered as rehabilitative (Broman, Ericson, & Öhrn, 2014, p.131), which could be applicable in addition to WDT. The findings in this thesis demonstrate that these types of additional services are different between employers, where some provide paid counselling and others refer to the public health services. It was often explained during the interviews to be the case due to unclear legal rehabilitation responsibility and in one case to relate to perceptions of use and misuse of illicit drugs. This mirrors the grey zone represented in law and jurisprudence discussed in Ram's (2013) conclusion.

7.5 Workplace Drug Testing within a Culture of Control

Garland (2001) describes a cultural shift from a view of social issues to a perspective of risks and safety concerns, which has become formative for a culture of control within the neoliberal era. The political and societal ideal of how to handle crime has gone from a principle of rehabilitation to one of zero tolerance. Perceived risks connected to crimes and undesirable behaviours are often used as to legitimate crime control measures extending beyond the state regulation such as surveillance cameras and gated communities and private actors have entered the arena. Today these measures have become a normative formal and informal practice of social control. Applying Garland's theory when analysing the interview themes and the previous research several aspects of the phenomenon of drug tests at the workplace can be understood as manifesting a culture of control.

That some jobs pose a risk of work place accidents, for instance driving, is mentioned both in the legal prescript recommendation and ILO recommendations for workplace safety (Arbetsmiljöverket, 2015, ILO, 1996). Here drug and alcohol use is stressed as a

particular problem. Previous literature does also stress the workplace as an important environment for drug prevention (EMCDDA, 2017; SOU, 2011:35). The incentive for control at the workplace of the safety risk imposed by substance use can be understood as formally recognized. However, the law does not imply an obligation to perform or undergo WDTs, neither did the participants suggest so. As the findings in this thesis show, there is various utilization of the drug policy and the assumed routine set by the policy varies between organizations. Anyhow, the drug policy seems to make WDTs more formal and legitimate. It can be assumed that the drug policy and legal advice are found to forward a certain responsibility to the employer and this has transformed in a larger discourse of zero tolerance to an understanding that the companies also are responsible for crime prevention.

Notions of risk factors, a symbolic value of zero tolerance and the perceived prevalence of drug use can be understood to justify the WDT. Adding up the risks of economic and safety character that are perceived to be imposed by the drug user is enabling an understanding of dangerousness. That narcotic substances are considered illegal in Sweden seems to strengthen this understanding, a point also made by Eriksson and Olsson (2001). In this thesis a divergence could be found of what was considered as actual safety risks and what was perceived as general economic risk. When the participant were asked about specific safety critical work tasks operating vehicles was the most prominent safety risk, not that many other roles were discussed as hazardous. As such the economic risk can be understood as posing a threat just as the personal safety risk. The interviewees had a perception of a prevalence of drug use that was described as linked to a more liberal attitude towards drugs, especially amongst young individuals. This perceived collective liberal view of drugs is assumed to contradict the symbolic value of zero tolerance. It can be understood that there is one raised cultural consciousness of insecurity due to a perceived prevalent drug use and a raised threat due to another cultural consciousness, a more liberal stand towards drugs.

The aspects above can be understood to mirror what Garland describes as a cultural shift, which makes it possible for private companies to perform WDT in the name of risk reduction. The policy of zero tolerance, the insecurity posed by drug use and the criminal activity involved along with the allowing attitudes of drugs forms incitements for private companies to policing individuals.

8.0 Conclusion

The purpose of this study has been to get an understanding of the perceptions and experiences of drug tests as a measure to prevent substance use at workplaces. The focus has been to explore the perceptions from different actors within the private labour market concerning the integrity-sensitive aspects that are connected to drug tests at work places and to understand perceptions on drug prevention, positive test results and drug rehabilitation in relation to drug tests. To address the aim of the thesis, this chapter presents conclusions and provides answers to the research questions. The findings are summarized and thereby provide an answer to the research questions. Each question is addressed separately.

- *How do the union, human resources and occupational health services perceive workplace drug testing as a measure to prevent illicit substance use at the workplace within the private labour market sector?*

Central to this thesis has been the preventive aspects of workplace drug testing (WDT) and the drug policy. To begin with, it can be concluded that the drug policy and WDT was perceived to form a drug preventive strategy by all participants. A crucial aspect of the preventive work was considered to be the drug policy, which serves as a foundation, setting norms and the directions of how the drug prevention should be approached. This all in line with the legal prescripts and law praxis (Arbetsmiljöverket, 2015; ILO, 1996; Holmberg & Alna, 1999). It can also be concluded that the WDT is used in several different ways, it presumed to deter individuals to initiate the use of drugs both within and outside of the workplace, it identifies drug users as well as different substances and additional random drug testing is further used as mean of rehabilitation, aiming at preventing further drug use. WDT is as such assumed to be addressing all levels of prevention when connected to the conceptual framework of prevention used in this thesis (Cujipers, 2003).

Nevertheless, there were some divided understandings of the preventive aspects of the WDT and most of the participants described that the testing was not enough as a measure to prevent illicit substance use at the workplace due to its technical limitations and restricted testing frequency in relation to perceived testing needs because of high drug use prevalence at the workplace. Some participants suggested education and openness within an organization as other suitable preventive measures. Another understanding expressed by some participants, that might be an interference relating to the prevention aspects of both the workplace drug policy and the drug testing, is the perception that some employers had a limited formulated drug policy or none, when others had a more functional one, even though they were performing WDT. An unclear, or the lack of a drug policy can possibly lead to ambiguous drug prevention and infringements on workers' privacy rights, an issue also expressed by one interview participant.

The phenomenon of drug testing at workplaces in the Western parts of Sweden cannot be understood without a reference to its context. All participants for this thesis had a notion of illicit substance use as a significant social problem, where a form of 'hidden' use was

understood to prevail at some workplaces. Almost all participants explained the symbolic value of a zero tolerance of illicit drugs acts as an important objective of both the WDT-practice and policy formulation. It is about showing the labour market a clear approach, that the organization takes the problem of illicit substance use seriously. This approach is fitting into a larger discourse within the neoliberal cultural context, where individualization and performance is fundamental and where zero tolerance transforms the companies to be responsible for drug prevention.

- *How do the union, human resources and occupational health services perceive the privacy aspects in relation to the motivations and control functions of workplace drug testing within the private labour market sector?*

One conclusion of this thesis is that privacy rights are perceived as complex in relation to WDT. The participants had diverse notions of the privacy aspects and it often depended upon its relation to other considerations or circumstances, such as the urine sampling process, the management of information or the safety reasons motivating WDT.

Some participants perceived the individual privacy to become secondary in relation to the safety at the workplace, the WDT is here presumed to be a permissible intrusion of the privacy. Another participants did not perceive the drug test to be any intrusion of the privacy, when discussing it both in relation to safety and economic risks as well as the testing process. The notions of risks are important for the understanding of the motivations of performing WDT as those present the justification of the practice. The control of risks are also emphasised in the law, by labour market organizations, and in previous research with the largest focus on safety risks (Arbetsmiljöverket, 2015; ILO, 1996; Fantoni-Quinton et., al., 2010). I interpret that the question of the individual privacy associated with the perceived safety and economic risks becomes less relevant due to the assumed dangerous behaviour of people who have consumed illicit drugs. An interesting aspect of this thesis is that the risk is located somewhat more within the assumed impaired workers, instead of in the work-task itself. As such, WDT becomes a necessary mean to control unwanted behaviour. If we consider Garland's (2001) description of a culture of control the phenomenon of WDT can be located in a broader context of understandings of prevention of unwanted and risky behaviours. As Garland (2001) describes, the privacy rights of individuals has become less important than the public's perpetual right to know about criminal acts and behaviours. Both some of the participants and the research done by Eriksson and Olsson (2001) described that there is an assumed concern of the employer if an individual uses illicit substances outside work. This might be in line with the preventive aspects of WDT. But on the other hand, the individual privacy and work right that can be at issue under the privatization of law enforcement, are to a large extent unprotected by national law, which yields a rather unsafe work environment for the workers. In the light of this condition, I argue that any restrictions of the privacy right of the individuals due to the WDT are problematic.

I have in this thesis concretized the privacy right in relation to the social control enacted within the WDT with the help of the concept panopticon. Furthermore, I believe that the concept of panopticon has served as an illustrative metaphor to visualise the perceived

control function of WDT, especially when it comes to its function of surveillance, normalization and formation of behaviour. Based on the findings and analysis of this thesis the perceived deterrent function of WDT has been most prominent, and this is also one important element of the social control inherent within panopticon. It can be concluded that most of the participants do perceive that the WDT can impede individuals to use illicit drugs by its function to create an awareness of being under monitoring at any time, and as such the employees adopt or alter their behaviour according to the set norms and rules. It all comes down to a technique of self-disciplining. This does however collide with the notion of privacy as being free from forced ideas or constructions of ideas about a person's life and dignity. Anyhow, this is a consideration rarely touched upon by the participants when discussing privacy. This, as the significance with WDT assumed by several participants is to detect illegal activity and the normalization technique organizes and characterizes individuals, which subsequently sorts out criminal behaviours. I interpret that the interest in preventing crime and risky behaviours often asserted by the participants outweighs the above-mentioned perception of privacy.

Furthermore, it can be concluded that the participants in this study regard that the WDT does intervene into other privacy aspects of the individual tested. The bodily, psychological and informational aspects of privacy are all interlinked and affected. Most notable is the informational aspect of privacy as well as its relation to an individual's reputation and dignity. All interview participants stressed the importance of treating people with respect and the concern of conducting the drug testing with regards to the person's dignity. I interpreted this to be of such a value as all interviewees also expressed narratives about situations when workers felt exposed and targeted in relation to the drug testing procedure. The situation that other people find out about either the suspicion or test result due to peer-talk, mishandling of information or the issue of colleagues who note the suspension from work are events difficult to avoid according to the participants. It can as such be questioned if the workers can control information about oneself and the informational aspect of privacy can be seen as impermissible intruded.

With a concern for the individual privacy aspects we can question power mechanisms, in particular the ones who seem neutral or obscured and appear to be natural subjects of the labour market, which circulate within institutions such as the workplace. By exploring the techniques of disciplining and normalization, I believe, attention can be drawn to what implications the phenomenon of WDT can have in people's life. Furthermore, considering and promoting individual human rights is a part of the social work value. An ambition of this thesis has therefore been to shed some light on the unintended and intended consequences of WDT-policy, -practice, private law enforcement and the act of defining risky and criminal behaviours, all in relation to individual privacy. By this, emphasising human rights and the importance of non-judgmental attitudes and social justice for drug users.

Lastly, I want to point out that this thesis does not explore how the understandings of the conceptual privacy aspects relate to earlier research findings concerning the limits of WDT. Because the restraints such as the matter of WDT does not measure impairments or it cannot evaluate performance were never discussed during the interviews. Also since

the thesis did not explore whether the interview participants knew about the limitations of WDT.

- *What do the union, human resources and occupational health services perceive to be the possibilities and barriers of workplace drug testing in relation to rehabilitation?*

As concluded elsewhere, an early intervention is imperative for sound drug rehabilitation and several participants give prominence to WDT as a measure to detect illicit drug use at an early stage. Furthermore, it can also be concluded that this detection is considered by some participants to function as an awakening call for some individuals who have tested positive at a drug test, making them aware of their drug use problem. The findings of this thesis show that the participants expressed that they perceived some employees to be relieved when confronted with a positive test result, the WDT has in this situation bolstered the employees to admit and seek help for their drug use. Rehabilitative measures can in such cases be initiated and the employer can support the employee in the process. WDT is also considered to operate as rehabilitative in itself as it is presumed to act deterrent to people who use illicit drugs or those who are about to initiate drug use. Additional random WDT in a defined period of time is a requirement if an employee has once received a positive test result at a drug test and this additional testing is defined by almost all participants as rehabilitation. A positive drug test result also results in many cases to prompt a multilateral meeting together with occupational health services, the employer and the employee and sometimes the union, which can facilitate cooperation where the specific rehabilitation needs are defined.

The strong emotional reactions in forms of anxiety, fear and shame understood to be expressed by individuals who are tested at a WDT, especially by those who are up for cause testing, described by the participants is concerning from a rehabilitative point of view. Drawing from the findings and discussion of this thesis a conclusion can be made that WDT can be seen as a stigmatizing practice when analysed by the stigmatizing framework purposed by Link and Phelan (2001) as well as Goffman's (1963) understanding of stigma. Previous research has shown that stigmatization can act as a barrier for drug users to confront their problematic drug use and to seek help in treatment and rehabilitation (Palamar, 2011). So do the findings of this thesis, emphasising the participants' narratives of employees who are ashamed or afraid to admit that they have a problematic drug use and the workers who resign in connection to the rehabilitation process. Others, such as the contracting staff and workers who receive an additional positive test result lose their employment contracts and risk further exclusion from the labour market. In line with the social work agenda and its focus on social justice these are concerning findings, but important to be able to develop adequate support for people who suffer from a problematic drug use and to further enhance the empowerment of drug users.

In Sweden the employer is responsible for vocational rehabilitation, but according to several participants of this study the employers' rehabilitative responsibility is unclear. Measures that are considered as rehabilitative, such as counselling, peer-support and

support in contact with treatment organizations and authorities, are provided variedly depending on the company. Some linked this to the unclear legal requirements of what measures that are applicable as well as to the complexities in defining illicit substance use as a disease, without a disease assessment there is a lack of strengthened employment security. Other participants related it to be the concern of perceptions of use and misuse. Intrinsically, I want to conclude that the indefinite jurisprudence and law can act as an obstacle to sound rehabilitation for people who have received a positive test result at a WDT as the employers' rehabilitative responsibility is perceived to be unclear.

Finally, I want to emphasize an important missing element of this thesis along with other research on the topic done within the Swedish context. This is the absence of perceptions on the phenomenon from the employees who have to undergo a WDT as well as the perceptions from the people who have received a positive test result. It is therefore important to stress that I believe that any potential privacy invasions could have been explored more thoroughly if I had interviewed employees. Clearly more research should be done to get an enhanced understanding of WDT at workplaces in Sweden in general but explicitly into the privacy implications and rehabilitation situation for people who have received a positive test result.

9.0 Literature

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Appendix 1. Informed Consent

The following is a description on how the data collected during the interviews will be used.

The study is a part of my education in the International masters-program in Social Work and Human Rights at the University of Gothenburg, Sweden. In order to ensure that my study meets the ethical requirements for good research I promise to adhere to the following principles:

- Interview participants to the study will be given information about the purpose of the study.
- The interview participant has the right to decide whether he or she will participate in the study, even after the interview has been concluded.
- The collected data will be managed with confidentiality and will be kept in such a way that no unauthorized person can view or access it. .

The interviews will be recorded as this facilitates the documentation of what is said during the interview and also helps in the continuing work with the study. During the analyzing of the material some data may be changed so that no interviewee will be recognized. After finishing the project the data will be destroyed. The data collected will only be used for the purpose of this study.

You have the right to decline answering any questions, or terminate the interview without giving any explanation.

You are welcome to contact me, or my supervisor in case you have any questions (email addresses below).

Student name & e-mail
Anna Asp
gusaspana@student.gu.se

Supervisor name & e-mail
Stig Grundvall
stig.grundvall@socwork.gu.se

Interview Participant
Date Name

Appendix 2. Interview Guide

General information

- *What is your professional position?*
- *For how long have you worked in this position?*
- *What is your occupational background?*
- *What is your educational background?*
- *Do you have any specific responsibilities within your occupation?*
- *Age/Gender? (age approximately)*

Regarding drug policy and workplace drug test

- *How is the preventive work of use /abuse of illicit drugs carried out at workplaces?*
- *How do you think one should prevent drug use at the workplace?*
- *What is your perception about drug policy work at workplaces?*
- *How have you come into contact with workplace drug tests?*
- *What work tasks are considered safety-sensitive / critical?*

- *What function do you consider workplace drug tests to have?*
- *What do you perceive that drug testing encourages the employee / individual to do?*

- *How are the workplace drug testing performed?*
- *How often does drug testing occur?*
- *What drugs do you encounter?*

- *What employees (work/professional positions) are tested at the workplaces (contracted staff, pre-employment)?*
- *What happens if one refuses a workplace drug test?*
- *How is it decided upon what testing and sampling method that are put into practice at the workplace?*
- *What ethical dilemmas do you perceive to be related to workplace drug testing?*

- *What happens when the test results are finished and ready to be reported?*
- *What happens when a person receives a positive test result?*
- *When are a person considered to be under the influence?*
- *How is the test result information managed?*
- *What consequences does a positive test result have at the workplace?*
- *What consequences does a positive test result have for the person who has tested positive?*
- *How is a person who receives a positive test result encouraged / motivated to seek support / help?*
- *What consultation, treatment, rehabilitation is offered after a positive test result?*
- *Who performs / delivers the consultation, treatment, rehabilitation?*

Occupational Health Service:

- *How do you decide preventive / rehabilitative – method?*
- *Does the support / treatment differs due to type of drug a person received a positive test on?*
- *Does the support / treatment differs due to type of employment contract of the individual?*
- *How is the adaptation / rehabilitation (social and practical) performed at the workplace?*

Different types of drugs and usage of drugs at the workplaces (use/abuse, legal/ illicit)

- *Do you perceive that there are any differences made between different types of drug use in the workplace?*
- *Do you perceive that there is different ways to manage different types of positive test results in the workplace?*

- *Any of your own thoughts, ideas, questions you would like to add?*

Appendix 3. Table of Themes

Themes	Sub Themes	Categories	Sub Categories
Workplace Drug Testing Practice	Test Method	Saliva, Urine, Air, Saliva Quick Screening Test	
	Sampling Method	Pre-employment, Random, Just-cause testing, Monitoring	
	Performer of testing	Occupational Health Service Employer Entrepreneur Company	
	Types of substances tested		
	Pre-scribed medication Who is tested?		
Practice Positive Result	Test result time		
	Laboratory test		
	Assessment of positive result	Perception of MRO	
	Direct measures		
Drug Policy	A routine	Symbolic value Standpoint	
	Plan	Zero tolerance Information	
	Different applications	Known Level of implementation	
Symbolic Value	Zero Tolerance Standpoint		
Function	Deterrence	Individual Company	
	Awakening Limitations	Individual	
Risks (perceived reasons / justification for the use of WDT)	Safety	Danger to oneself Danger to others	
	Economical	Low productivity, Performance, Damage interiors Wrongly made decisions	
	Critical	Driving vehicles	

A societal change	Liberal view on drugs	Younger people Cultural background	
Prevalence	Not stereotypical user Geographical location Illegal use of medication	Self-medication reasons	
Privacy	Privacy aspects Confidentiality Peers-talk	In relation to: Standpoint Risks Work life vs. private Privacy as complex Urine sample privacy Can be kept Can not be kept Medical confidentiality Information flow Discretion Cause testing	No intrusion of privacy Might be intrusion Intrusion of privacy Strategies OHS
Notions on Measures	Perceptions of meeting Disciplining Rehabilitation Consequences	Individual assessment Corrective measures Additional WDT Depending on org Additional Rehab	Misconduct, Abuse Contracting staff Employees
Understandings of emotions (perceived implications for employees)	Shame Fear Relief Human perspective		