The normalisation of 'excessive' workforce drug testing?

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Abstract

In 'The normalization of 'sensible' recreational drug use' Parker, Williams and Aldridge (2002) present data on illegal drug use by adolescents and young adults in the UK. They argue that it is both widespread and largely socially benign - ie, normal. We contrast this 'normalisation' thesis with evidence of an increase in the introduction of drug policies - and drug testing - in British organisations. Such policies construct employee drug use as excessive enough to necessitate heightened management vigilance over workers, in order to preserve corporate interests. These contrasting representations of drug use inspire our discussion. We deploy the normal/ excessive couplet to unpick drug taking, to examine organisational drug policies and to comment upon emerging and potential resistance to these policies. Our contribution is to suggest that each of these activities can be understood as simultaneously normal *and* excessive, in an area where orthodox and critical analyses alike tend to be far more dualistic.

Introduction

A central mode of analysis for Critical Management Studies scholars has been to critique the exercise of power in organisations through processes of normalisation. It is commonly argued in such work that modern organisations are characterised by a shift from traditional forms of management, where employees' behaviour is subject to direct surveillance, towards more diffuse systems of bureaucratic and latterly values-based control. The focus for such control is the cultivation of a sustained propensity amongst workers to follow management-sanctioned norms for organisational behaviour, such that 'appropriate' workplace conduct becomes normal, inevitable, unthinking:

> 'It is the indirect path to the intensification of work, through the mechanism of rewarding behaviour relevant to the control system, rather than simply rewarding work itself, that imposes the new behaviour requirements on workers … Employers seek out and reward workers with the right behaviour traits.' (Edwards, 1979: 148-149)

Building on arguments like Edwards', other commentators have drawn upon the work of Michel Foucault to investigate further the ways in which contemporary management technologies aim to govern employee subjectivity through normalisation (see, for example, Knights and Willmott, 1989; du Gay and Salaman, 1992; Deetz, 1998).

Here we use the concept of normalisation to examine one specific managerial technology of control; workforce drug testing.[1] In what is perhaps the most extensive analysis of such testing to date, Gilliom (1994) employs both Edwards' notion of bureaucratic control and Foucault's concept of the disciplinary society to argue that it may represent the zenith of management through normalisation. Taking samples of employees' urine, hair, blood, saliva or sweat to test for traces of previous drug consumption represents, for Gilliom, a round-the-clock and virtually inescapable system of biological surveillance that has little to do with actual intoxication or behaviour at work and much more with constructing normalised and obedient subject positions - and identifying those who transgress them.

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[1] Unless otherwise stated, the term 'drugs' is used in this paper to refer to the 'illicit' use of controlled substances such as cannabis or cocaine, not medically prescribed ingestion or the consumption of alcohol, tobacco or caffeine.

The context for Gilliom's critique is the US, where workforce drug testing is widespread: indeed we could argue that it is normal. The Independent Inquiry into Drug Testing at Work ([IIDTW] 2004), for instance, suggests that between 40% and 50% of American organisations drug test their employees, meaning some 15 million US workers are tested each year. The paper at hand, however, deals with the UK, for several very specific reasons. First, and notwithstanding calls for such endeavours from Francis, Hanley and Wray (2003) and the IIDTW (2004), research into the topic of UK workforce drug testing is still relatively rare. Second, testing is not yet normal management practice in the UK - but there are indications that it may be on a similar trajectory to the US. In August 2004, for example, British Airways secured considerable media attention - with no obvious attendant opprobrium - by announcing that it was introducing drug and alcohol testing for all UK staff on a for cause basis.[2] Previously only pilots had been subject to such a regime. Random testing is also now in place for those in the first six months of employment with the carrier. BA management say their decision is related to safety issues, and all three BA unions agreed the move - unusual in an organisation where industrial relations have been highly confrontational for some years now. And BA is not unique: the IIDTW (2004) suggest that around 4% of UK businesses tested staff at the time of their data gathering, with a further 9% likely to introduce testing in the near future. Additionally 78% of employers surveyed reported that they would consider testing if they thought productivity was at stake. Guerrier (2003), similarly, cites an *Observer* article which notes that testing for drugs and alcohol is spreading from 'safety-critical' to so-called 'business-critical' jobs in the UK (also see Francis *et al.*, 2003; Warren & Wray-Bliss, 2003). So, although drug testing at work is still limited in the UK, a groundswell is building which suggests it is gradually becoming regarded as a legitimate managerial intervention. Accompanying and

fuelling such momentum are constructions of drug user as necessarily sick and/ or dangerous. Here drug-taking employees are linked, with little or no supporting evidence, with excessive forms of organisational behaviour such as theft, violence at work, poor productivity, increased numbers of accidents, absenteeism or workplace dealing (see, for example, Ghodse, 2005; Godfrey and Parrott, 2005).

Such constructions of drug users as necessarily pathological and drug use as necessarily excessive also stand in rather stark distinction to research by Howard Parker and colleagues (Parker, Aldridge and Measham, 1998; Measham, Aldridge and Parker, 2001; Parker, 2001; Parker *et al.*, 2002). Based upon extensive longitudinal research into young people's use of and attitudes to drugs, this team of researchers argues for an emergent normalisation of 'sensible' recreational drug use amongst this sector of the British population. Here Parker and his team use the language at the core of this paper in a rather different way: rather than invoking a deliberate attempt to instil certain behaviours and attitudes in the young adult population, their deployment of the term 'normalisation' refers to an organic development whereby drug use is becoming more and more normal amongst this group of people, with no conscious cultivation or intervention by external agencies involved. The dimensions of normalisation which they identify, then, include the widespread availability of and access to recreational drugs; high drug experimentation and usage rates compared with other European countries (see also Brown and McMinn, 2004); tolerant attitudes to sensible recreational use by non-users (see also Robson, 1999); and a wider - and growing - accommodation of illegal drug use amongst the UK population *per se*. The tag 'sensible' in this research is also multi-dimensional in its connotations, but the important issue for our purposes is how it captures patterns of drug choice and drug consumption that are self-managed so as not to undermine 'the everyday activities of studying, working,

[2] Undertaken where there is reason to believe that staff are working 'under the influence'.

seeing friends, playing sport and so on' and are also generally 'benign in respect of friendships, informal parties, romantic relationships, socialising and dancing' (Measham *et al.*, 2001, pp. 12, 17).

On the face of it, then, we have two opposing constructions of drug taking. One - the Parker *et al.* normalisation thesis - paints it as relatively normal and predominantly benign with respect to personal relationships and professional commitments; and this despite the fact that the young people studied are the UK's most drug-involved age group. The other depicts the use of any 'illicit' drug as dangerous and excessive, and thus advocates normalisation of a very different kind - in the shape of workplace drug testing - in order to address this. In order to unpack these conflicting representations, in this paper we deliberately juxtapose the concept of normality with that of excess. Linking drug taking to excess is, we would assume, intuitively straightforward to most readers, given that it involves a movement beyond 'normal' boundaries of perception or legality. Nonetheless, in this paper we attempt to shed further light on this discursive connection as opposed to taking it as read - ie, why might we be attracted to excessive activities of this kind? In addition, the conjunction of 'normal' and drugs in the Parker *et al.* thesis is of course much more provocative. Here we extend this to realms beyond those considered by Parker *et al.* - ie, beyond the notion that young British adults are becoming gradually more involved with or accustomed to drug use in their leisure time. We analyse responses to the issue of drugs by organisations, employees and the academy which can likewise be described as normal, predictable, perhaps even functional. Paralleling this move, we also subject such responses to critical questioning by tracing throughout the continual presence of excess, as one of normality's intersecting others.

Our specific contribution is precisely the both/ and (*both* normal *and* excessive) thread that we draw throughout the paper, as a corrective to the either/ or accounts produced in orthodox and more radical work alike on drug use to date. Using this approach we explore the following issues: 1. why drug taking itself is at one and the same time normal and excessive; 2. why organisational responses to employee drug use are understandable (and thus normal), but at the same time not necessarily effective or worthy of emulation (ie, excessive); 3. why employees' resistance to drug testing is to be expected (normal) yet might potentially enmesh them more deeply in this management technology (and is therefore excessive); and 4. why the critical academic gaze on workforce drug testing is a simultaneously important (/ normal/ functional/ beneficial) yet potentially dangerous or premature (and so excessive) terrain to occupy.

Normal(ising) excess 1: drug taking

It is fairly easy to make the discursive connection between drugs and excess. British argot describing the effects of the ingestion of drugs - being 'nutted', 'out of it', 'mashed', 'tripping', etcetera - certainly illustrates the transgressive, intemperate nature of the high. Here though, rather than taking it as a given, we seek to explain the perennial attraction of the excess that drug taking represents by using Bataille's discussion of the abject. This requires a prefatory detour through his psychoanalytically informed analysis of the relationship between life and death (also see Brewis & Linstead, 2000; Brewis & Warren, 2001; Warren & Brewis, 2004).

Bataille (1991) posits that the basis for all life on earth is the limitless energy provided by the sun. This solar energy is, he suggests, used in three ways. Living organisms make use of it to *subsist* and to *grow*, but cannot increase in either number or size unchecked as there is simply insufficient room on this planet (Bataille, 1985, pp. 29-31). So some of this energy (the excess) must always be *squandered* - ie, spent without return. The most profound squandering of energy without return is death, but human beings also dissipate energy in activities like dancing,

hysteria, sex, gorging ourselves, getting drunk and (we would add) drug taking. Because of their wasteful, unproductive, excessive character, Bataille suggests such behaviours contain within them the taint of death, and refers to them as abject. But he also argues that the compulsion to waste energy *torments* us (Bataille, 1985, p. 69); that death and its epiphenomena have a 'sacrilegious charm', such that we desire most that which will destroy us. Indeed for him we cannot achieve true ecstasy unless at least the spectre of death is also present (Bataille, 1985, p. 69, 1997, pp. 225-227). So we seek 'the *feeling* of dying … those unbearable moments when *it seems to us that we are dying* because the existence in us, during these interludes, exists through nothing but a sustaining and ruinous excess' (Bataille, 1997, p. 226). We see drug taking as one of these vertiginous, abject experiences in that it allows us to taste or approximate, to varying degrees, 'the *feeling* of dying', to approach the total abrogation of self which death represents. As Lupton (cited in Critcher, 2003, p. 59) puts it, drug taking can be read as the quest for `sensual embodiment and the visceral and emotional flights produced by encounters with danger' - it expresses `the pleasures of the ""grotesque" or "uncivilised" body'.

It is at this point where we can begin to identify drug taking as *both* excessive *and* normal. It can certainly be considered excessive and wasteful when understood in terms of a narrow, instrumental, productive rationality, but is simultaneously normal because - if we work with Bataille's thesis regarding the inevitability of excess energy and the necessity of expenditure - excess and waste are part of the condition of all life on earth. Recalling Parker *et al.*'s normalisation thesis, that drug taking is becoming both more normal and more accepted amongst young British people, we would add to it Robson's (1999, p. 254) comment that there is in fact evidence of drug use in every human society. There seems to be, as Baroness Susan Greenfield also suggests, 'something about human nature that does like to abrogate [the self] from time to time. It's about letting go, remaining in the present - whether it's through drugs, sex, music, or dancing' (quoted in Brown and McMinn, 2004, p. 135). So taking drugs, we would suggest, is in many ways just as 'normal' as it is 'excessive'.

However, while the excessive character of drugs may be the source of their persistent fascination (and normalisation), we would certainly not deny that drugs appal as much as they appeal, and usually for precisely the same reasons. As McDermott (cited in Critcher, 2003, p. 60) argues, despite the widespread and accepted use of alcohol and prescription drugs like anti-depressants in advanced capitalist societies in the west, the notion 'that it is inherently wrong to seek to alter one's consciousness through artificial means' is still commonplace. Again turning to Bataille is instructive in examining this belief. As implied in our discussion above, he tells us that there is a '[k]ind of ambivalence between the most horrible and the most magnificent' (1985, p. 4) in the human condition; that our compulsion to annihilate ourselves co-exists (predictably enough) with a terror of death and all that is associated with it. The inevitability of death is a prospect we find at least as terrifying as it is seductive, because it reminds us that we are made up in the final analysis only of cells of various kinds and that in this we scarcely differ from other life forms (Bataille, 1997, p. 250). Moreover, although we are aware that death comes to us all in the end, we nevertheless labour to extend our lives for as long as possible to prove there is something unique about being human, something elevating us above the voracity and anonymity of nature. This manifests itself in a general emphasis on the future because a preoccupation '*only with the present*', according to Bataille (1991, p. 58), is characteristic of animals, and we want to see ourselves as more than animals. We also fear any reminder of our eventual demise (Bataille, 1997, p. 249).

Although at times, then, we embrace the excessive, the wasteful and the undisciplined

- including drug taking - we also deeply mistrust it, shying away from such behaviours because they involve a spending of energy without return and thus are oriented only to the present moment. So although the abject will always haunt us - because superfluous energy must somehow be released - we usually try to suppress it or to redirect its insistent drives into something socially 'beneficial' or 'productive' like work, nuclear family relationships or religious faith (Boulous Walker, 1998, p. 109 - *pace* Kristeva). This is because our compulsion to ward off death works against the drive to squander (for example, by taking drugs). Indeed Dorn and South (1987, pp. 2-3 - emphasis added) argue that one of the reasons why drugs, and heroin in particular, are so loathed by what we might call the moral majority is because 'Drug abuse generally, and heroin use specifically, signifies the very opposite of the idealised stereotype of masculinity. Drug users are often seen … as weak, vulnerable, lying, cheating, *concerned with pleasure, turning away from responsibility in the world*.' Here then, as far as drug use is concerned, we land back on the excessive side of our central couplet and its connotations of pathology and dysfunction.

Following Bataille, however, the denial or repression of the normality of temporary excess, as offered by the consumption of drugs, could itself be understood as excessive - and we suggest below that organisational responses to workforce drug taking may be usefully explored as just that.

Normal(ising) excess 2: organisational policy

If drug use can be interpreted as a normal human search for excess or pro tem escape, then perhaps the modern citizen-employee has additional reasons for seeking such solace. As far back as 1821, De Quincey's *Confessions of an English Opium Eater* (cited in Plant, 1999) documented the consumption of opium by Manchester's factory and mill workers to ease the rigours of their working day and help them sleep at night. In the present day, similarly, a sizeable proportion of 'primarily educated, employed young [British] citizens with otherwise conforming profiles' report regularly consuming recreational drugs as 'de-stressing, chilling out activity, whereby intoxicated weekends and going out to "get out of it" is the antidote to the working week' (Parker *et al.*, 2002, p. 960). So one aspect of drug use might be workers' attempts to 'cope with a stressful environment that management has imposed; it is in this sense management-driven, rather than a problem that workers bring to the workplace' (Draper, 1998, p. 73). Here then we are configuring drug taking as a direct response to the experience of productive labour. As further evidence, Hollinger's survey of 9175 American employees, spanning forty seven organisations across three industries, suggests that these workers were more likely to work under the influence of drugs 'when they felt unhappy about their jobs' (Hollinger, 1988, p. 439). Other relevant research by Bray, Fairbank and Marsden (1999) concludes that the consumption of drugs by US military personnel rises in proportion with their work-related stress levels. The IIDTW (2004, p. 71) also states that employers need to understand that 'an unhealthy and/ or excessively stressful work environment can contribute to substance problems'.

Taken together, what these accounts imply is that the consumption of drugs is a far from exceptional compensation for those submitting to the demands of today's greedy organisations. Drug use to temporarily leave behind the confines of the organisational self might therefore be both understandable and normal. At the same time, and as we have argued above, drug taking simultaneously represents the wasteful antithesis of the human project to defer death, and of productive work as a particular element of this project. It should come as no surprise, then, that workplace drug policies - and testing more specifically - are being increasingly regarded in the UK as a justified (ie, normal, legitimate) response to the

'problem' of the drug-using employee. Nonetheless, we would like to argue that such interventions might themselves also be excessive, for a number of reasons: i) evidence of the deleterious effects of employee drug use on overall organisational performance is both contradictory and poor; ii) evidence of a demonstrable improvement in organisationally desirable behaviour as a result of drug testing is likewise insubstantial; and iii) workforce testing is a disproportionate response to employee drug use, given the adverse effects that such programmes also generate.

On the first of these points, the data connecting employee drug taking with accidents, absence, low productivity or poor performance are not especially credible, as the IIDTW (2004) observes and we have suggested earlier. Though the IIDTW accepts drug use could be a risk factor in safety-critical industries like transportation or mining, they simultaneously stipulate that even here accidents are more likely to be related to inadequate working conditions, sleep or health problems, high workloads and stress. The Inquiry also argues that inflated claims concerning the organisational damage caused by employee drug use are often made by the providers of drug testing technologies themselves. In seeking to address the hyperbole of such producer-led claims, Harris (2004) considers the available evidence. He notes to begin with that there has actually been very little new research on this topic since the early 1990s, as well as pointing out that the data are contradictory and offer scant evidence of a link between employee drug use and negative organisational consequences. For example, in the late 1980s Normand *et al.* found no significant relationship between worker drug use and accidents, and only an insubstantial connection with absenteeism and non-voluntary turnover. Intriguingly, moreover, findings from Gill and Michaels and Register and Williams in the early 1990s reported 'a *positive* relationship between substance use and wages and suggested that substance use may relieve tension, thereby enabling

employees to work more effectively' (Harris, 2004, p. 310 - emphasis added). At the end of the same decade, Hoffmann and Larison did find drug users were more likely to be fired - but also that there was a *lower* rate of accidents amongst those who had used cocaine in the three years prior to their data collection compared to non-users. To this ambiguous picture, we can add recent research by Smith, Wadsworth, Moss and Simpson (2004) for the Health and Safety Executive into *The Scale and Impact of Illegal Drug Use by Workers*. Here 'there was no association between drug use and workplace accidents' (page 11) - the authors' conclusion that 'recreational drug use *may* reduce performance efficiency and safety at work' (page 12 - emphasis added) notwithstanding. We might suggest, then, that workplace drug testing is a solution in search of a problem - and can thus be considered excessive.

And if the evidence for the organisational problems caused by workforce drug use is weaker than might have been expected, then equally unconvincing are data indicating that the implementation of testing helps to resolve organisational or individual employees' difficulties. Francis *et al.* (2003, p. 3) argue that, although

> 'particular research studies have indicated the frequency of occupational injury has reduced, and employee performance and productivity has increased following the implementation of workplace alcohol and drug testing ... too few empirical studies on the effectiveness of workforce alcohol and drug testing exist to conclude that it reduces health and safety problems and increases employee productivity and performance.'

Moreover, just as there appears to be insufficient evidence of a causal link between the introduction of testing and an *upturn* in the organisational bottom line, Wood (1998, p. 140) cites data from both the American Civil

Liberties Union and 9-to-5[3] to the effect that testing regimes actually often *reduce* employee performance, given the heightened levels of management surveillance involved and their demotivating consequences. Indeed she comments that testing increases stress, anxiety and general illness levels amongst workers. Draper (1998, p. 83) too is a harsh critic of the supposed benefits of workplace drug testing for the individual employee, arguing that `[m]ost drug tests diagnostically do nothing positive for the employee, unless individuals have such severe psychological denial that they have no idea they have taken drugs or become intoxicated'. So we can suggest this managerial intervention is unlikely to have beneficial motivational effects either for those who test positive for drugs or those who do not. There is also evidence - from Lillibridge, Cox and Cross's (2002) study of Australian nurses who self-identified as abusing drugs - that organisational treatments on offer to drug users might be regarded as punitive and stigmatising, thus further undermining any individual benefit to be derived from a positive test result.

In fact both Draper (1998) and the IIDTW (2004) argue that drug testing is *only* legitimate (/ normal/ beneficial) when certain stringent conditions are met - for example, provable employee impairment at work due to the use of drugs; circumstances where public trust and/ or safety are paramount - amongst police officers, say, or those involved in risky professions such as construction or mining; full accreditation of test providers' expertise; and explicit communication to workers as to how often they are able to test positive before disciplinary consequences like dismissal result. If workforce drug testing occurs outside of these tightly defined conditions, we can presumably regard it as disproportionate or otherwise excessive. But testing can also be read as excessive in other ways.

First, it represents an extreme in the managerial invasion of employee materiality.

While employers also seek to control employee bodies via recruitment and selection procedures, skills training, organisational architecture, uniform policies and dress codes, weight checks and so on, drug testing is unique in delving beneath the body's surface to gaze on what lies within. The most common form of workplace testing is urinalysis, although as suggested earlier blood, sweat, saliva and hair tests are also used. As Wood (1998, p. 156) puts it, 'Assuming that pure bodies, free of … illegal drugs, will be more productive and less costly bodies, employers literally attempt to control the physical substrate and internal functioning of worker bodies.' Here the managerial eye aims to see beyond visible manifestations of 'acceptable' organisational behaviour - productivity rate, attendance, disciplinary record - to quite literally survey the chemical makeup of its workforce. Such a technology has serious implications for individual privacy and a number of relevant cases have been taken by employees to US courts on this basis; although these have met with limited success (Gilliom, 1994). The IIDTW (2004) too regard privacy as a central concern in this regard, and suggest that UK workplace drug policies may lead to some important test cases based on the Human Rights Act in the future. Second, and relatedly, such regimes have been criticised as enabling the organisation to take on a policing role conventionally understood to be the preserve of the state. Hecker and Kaplan (1989) and Gilliom (1994), for instance, argue that workforce drug testing should be grouped with CCTV on city streets, identity cards and the computerisation of police records; all of which are typically identified as intensifying the state's panoptic surveillance of our lives, and concomitantly threatening individual citizen-employees' liberty.

Third, testing can be said to constitute an excessive colonisation of employees' leisure activities in the name of the organisation. In an era where work-life balance seems to be of primary concern to employees, employers and wider society alike, it is ironic that the greedy organisation appears to be thriving in

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[3] A US organisation representing the interests of working women.

this respect (Warren & Wray-Bliss, 2003). Wood (1998, p. 147), for example, describes drug testing as rendering the employee 'transparent', 'giving the employer access to the worker's activities, practices, and states of being' both inside and outside the organisation. Relatedly, Draper (1998, p. 66) argues that drug policies - and testing in particular - pass the buck for organisational problems like absence to 'vulnerable' employees who 'compromise' their own work performance because of their 'excessive' leisure activities; thus effectively absolving the organisation of any responsibility in this regard. In other words, organisations can blame an individual's poor performance of whatever kind on his or her drug use, as opposed to making a concerted effort to get to its root - which may well be of management's making (eg, work overload of some kind, or inadequate training). Drug testing can therefore be seen as normalising *and* individualising, to borrow again from Foucault.

Finally, there is the possibility that the labelling of an employee as a drug user may impact not only on that individual's employment, but on their very employability. According to the American Management Association, therefore,

> 'Drug testing, where utilized, ought to be part of a comprehensive policy on workplace drug abuse that includes education, supervisory training, and opportunities for counselling and treatment ... Testing *cannot and should not take the place of good supervision and management practices*.' (cited in Draper, 1998, pp. 96, *n*4, 99, *n*17 - emphasis added)

The IIDTW (2004, p. 62) concurs, stating that 'For the majority of businesses, investment in management training and systems is likely to have more impact on safety, performance and productivity than the introduction of drug testing at work.'

To recap, we have suggested that, although

there appears to be a momentum building for the normalisation of workforce drug testing in the UK, such interventions may be simultaneously identified as excessive. Evidence to justify their imposition and their efficacy is poor, and testing also generates a range of effects which could well outweigh whatever organisational risks exist. Within the conventions of the field of CMS, the usual tendency upon identifying a potentially excessive managerial intervention of this kind would be to explore employee resistance as a potentially legitimate counter-response (Wray-Bliss, 2002) - and we do indeed turn to employees' resistance to drug testing next. However, and in keeping with the both/ and motif of our central argument, we also consider whether some of the emerging and potential forms of resistance to this managerial technology may themselves be explored as excessive.

Normal(ising) excess 3: employees' responses

Perhaps unsurprisingly, most academic management literature emphasises the managerial prerogative and represents workforce resistance to management interventions as unjustified or excessive. CMS writing, on the other hand, typically takes the opposite stance (Fournier and Grey, 2000). So, where mainstream work identifies managerial control as a normative 'good' - for example, the unitarist privileging of strong corporate cultures by Peters and Waterman (1982) and Deal and Kennedy (1988) - CMS has explored employee resistance as a predictable, indeed normal, response to the morally dubious nature of this control (see, for instance, on the subject of cultural engineering, Kunda, 1992, and Aktouf, 1996). As self-identified CMS academics, we agree with this depiction of workforce resistance. In fact one of us has argued elsewhere that much CMS scholarship doesn't go far enough in naming or exploring the purposes, meanings and effects of workforce resistance (Wray-Bliss, 2001, 2002; also see Prasad and Prasad, 2000). Furthermore, and as with any managerial technology, there are

a range of resistant practices available to employees as responses to drug testing. Union representation, 'drug holidays' (ie, abstaining for a specific period) to clear one's system in time and deliberately missing a test, for example, have each been identified in existing literature - but hitherto insufficiently explored. As we have suggested above, given that organisational drug policies can in many ways be understood as excessive, such responses may also be identified as predictable and normal, even functional. Nonetheless, and in the spirit of this paper's interrogation of the intersections between the 'normal' and the 'excessive', we now reflect on whether some of the potential forms of workforce resistance to testing could simultaneously be identified as excessive.

First, there is evidence to suggest that, with the introduction of more rigorous drug testing in British prisons, inmates have begun to switch from using cannabis - a soft drug that can remain detectable in the body for up to thirty days - to harder and potentially more harmful drugs like heroin which leave the system in far less time (Edgar and O'Donnell, n.d.). This attempt to evade the consequences of a positive drug test poses a much more serious problem both for the inmates themselves and for the prison authorities, reinforcing Draper's (1998, p. 85) point that the 'subterfuge' entailed to beat a test actually 'intensifies managerial problems'. In addition to efforts to minimise the time window in which drug users are vulnerable to a test, there are ways in which they can fool the technology itself. Professional athletes, to take the most visible example, have been known to go to what may be seen as excessive lengths in this regard. Indeed methods to mask a competitor's use of drugs seem to have evolved alongside the development of testing procedures themselves. Former physiotherapist for the Festina Tour de France cycling team Willy Voet, for instance, discusses the transition from the use of a bulb of clean urine hidden under the arm, connected to a tube under the clothes and utilised when cyclists were allowed to give samples fully clothed, to the

rather more extreme method of injecting clean urine up the urethra prior to a test once the procedures became more meticulous (Voet, 2001, p. 47).

It is not just in the sporting realm, however, that individuals might utilise such tactics, and numerous internet sites offering advice and products in this regard already exist. *Pass any drug test* (n.d.), *PassYourDrugTest.com* (n.d.) and *How to pass your drug test* (n.d.) all offer anything from drinks to clear your urine of toxins through shampoo to detox your hair to home testing kits and advice on how to explain away a positive test to employers. Indeed, the compilers of *How to pass your drug test* present as a medical laboratory researching in this field and provide contact details of trained operatives able to answer any questions one might have. Similarly, *PassYourDrugTest.com* advertises products to purge the urine, blood and hair for the discerning 'moderate', 'heavy' or 'extreme' user, including '1 hour emergency tea' which enables preparation even for random testing. This site also provides information about the companies that test, how they test and common questions that are asked prior to testing.

As we have suggested, these responses may be seen as normal or legitimate, reproducing as they do the organisational cycle of management control and employee resistance with which we are already familiar from existing CMS research. Thus a new technology of control is developed and a counter-technology and knowledge base quickly emerges to resist it. Why then do we suggest that this resistance might also be excessive? Our argument here turns on the fact that these strategies imply a level of forward planning, a commitment to get high, a seriousness of intent that seems to shift the nature of drug taking itself away from vertiginous, wasteful, non-productive escapism. Someone pursuing these strategies instead seems to become more deeply enmeshed in the concerns of management power, in the practices of technology and the science of testing. The

temporary abrogation of the productive self that recreational drugs offer, we suggest, risks being attenuated - if not rendered entirely inaccessible - by the heightening of a self-surveilling, test-focused subjectivity. And while such strategies may be understandable given the pressures to perform and threat to reputation and remuneration that prevail in the professional sporting arena, we may ask whether for the vast majority of the working population their active pursuit can be easily reconciled with Parker *et al*.'s definition of sensible recreational drug use.

Conclusion: excessive academic interest?

We began this paper by summarising the normalisation thesis that Parker and his colleagues have been constructing around recreational drug use amongst the UK's young adult population. This work has undertaken the intellectually and morally challenging task of linking drug taking with normality *as well as* excess. We have sought to build upon it by both i) extending the trope of normality into other - especially organisational - realms to examine drug use, organisational responses to drug use and employees' responses to organisational drug policies and ii) simultaneously questioning the normality of responses to drugs in this arena by reference to one of normality's others - excess. Our intention has been to problematise the dualistic, either/ or constructions which pervade existing analysis, so as to begin to provide an account of workforce drug testing that engages with some of the considerable ambiguities and complexities inherent in this topic.

We wish to conclude by justifying but at the same time problematising our own reaction to organisational drug policies. Might this also be labelled excessive? First, we consider whether we protest too much when testing in particular is scarcely a widespread phenomenon in the UK. Second, we ask whether our critique might contribute to constructing drug use as a 'problem', thereby inadvertently raising the profile of testing and

contributing to its organisational uptake. Third, we reflect on whether, by taking an explicitly critical stance on the issue of workforce drug testing, we may be read as *un*critically endorsing drug use.

The first critique of our potentially excessive interest in drug use can be broken down into 'numerical' and 'moral' components. The numerical critique reminds us that workforce drug testing in the UK is still not commonplace and, where it does exist, it may be predominantly on a for cause basis, when suspicions of problematic drug use affecting employee performance have already been aroused. Thus drug testing could be seen as a marginal issue that does not warrant our critical academic gaze. In response we of course accept that testing currently affects only a small percentage of British employees. However we might also ask how many it needs to affect before it becomes a legitimate topic of scholarly enquiry, particularly given the evidence of increasing momentum for testing in the UK. We might further suggest that organisational testing, given the invasion of privacy, extension of managerial prerogative and shoring up of broader surveillance regimes that it represents, has a potential impact on wider UK society - not just on those who are tested or who use drugs. Finally, we suggest that for CMS academics it might be strategically more beneficial to interrogate a managerial technology of control *before* it is firmly established. The moral critique of our 'excessive' interest in the 'minority' issue of workforce drug testing can be phrased as a challenge to the idea that the rights of drug users are a legitimate area for academic concern. We, however, do not subscribe to this particular understanding. Specifically, we do not feel that, by virtue of the choice to consume recreational drugs, individuals are thereby disqualified from our moral/ political concern regarding the potentially serious effects of this managerial intervention upon their employment or indeed their actual employability.

The second critique of the possibly excessive nature of critical academic interest in drug

testing may be summarised as the question of whether engagement with this topic risks reinforcing constructions of the 'problematic' drug-taking employee. These inscriptions may be argued to relocate such activity from 'private' space into the 'public' domain. Such a process, for us, resembles Foucault's (1991) depiction of the discursive appearance of the category of sexuality in the west during the eighteenth and nineteenth centuries. Contrary to what he refers to as the repressive hypothesis (the idea that we westerners have gradually come to refuse to speak about any non-heterosexual, non-conjugal, non-procreative form of sex), Foucault suggests that what has taken place instead is a proliferation of discourses

> 'concerning sex in the field of exercise of power itself: an institutional incitement to speak about it, and to do so more and more; a determination on the part of the agencies of power to hear it spoken about, and to cause *it* to speak through explicit articulation and endlessly accumulated detail … sex was taken charge of, tracked down as it were, by a discourse that aimed to allow it no obscurity, no respite.' (Foucault, 1991, pp. 302-303)

In areas from pedagogy to political criticism, westerners were thus alerted to the ever-present perils of sex, the need for conscientious monitoring of sexual behaviour and the importance of diagnosing, treating and where necessary punishing sexual 'perversions'. This heightened attentiveness Foucault (1991, p. 314) describes as an 'immense verbosity' around sex, which created new categories of 'dangerous' sexual subjects - such as the homosexual man. We contend that a similar process may be at work in the emergence of the discursive category of the 'dangerous' drug-taking employee. The history of the last two centuries in the west shows that alcohol and drug use have conventionally been understood by the state as an abuse of reason, signalling idleness, vice or a lack of moral fibre on the part of the consumer

(O'Malley and Valverde, 2004). However, attention to drugs in the context of *work* - as an *organisational* problem requiring *management* intervention - emerged in the US some time during the 1960s, and developed apace following the passing of the Drug-Free Workplace Act in 1988 (Draper, 1998). So the intersection of drugs and work came under renewed public scrutiny from the late 1980s onwards.

In Foucauldian terms, then, we could argue that this has generated a growing 'incitement to speak about' drug use by employees, and 'to do so more and more', 'a determination on the part of the agencies of power [corporate shareholders and senior managers] to hear it spoken about' and 'to cause *it* to speak through explicit articulation and endlessly accumulated detail' - asking employees to self-disclose as drug-users and/ or subjecting them to tests revealing them as such. Indeed the 'specification' and 'solidification' (Foucault, 1991, p. 323) of the aberrant category of the drug-taking employee might be said to be all but complete in the US, and under way on the other side of the Atlantic. So by commenting on this specification and solidification, even in a critical way, might we not be adding to this managerialist power-knowledge regime? Are we at risk of extending the 'lines of penetration' (Foucault, 1991, p. 322) of the employee's body by turning our own critical gaze upon it? Our interventions in these debates are not outside of the managerialist discourse on drugs but are rather part of its 'limit … [its] underside … [a] counter-stroke, that which responds to every advance of power by a movement of disengagement' (Foucault, 1980, p. 138) - which also implies that such resistance can be co-opted by the discourse it speaks against. So our suggestion that workforce drug testing is potentially excessive and counter-productive perhaps risks, in its turn, being assimilated by managerialist rhetoric as further evidence of the need to tackle the *problem* of employee drug taking. This is perhaps especially likely when CMS academics try to engage in dialogue with managers who may well (and

with some justification) regard them as having emerged temporarily from the ivory tower to rail about subjects they do not fully understand. Might we be better advised to adopt a strategic silence on this topic as a more effective critical strategy? By participating do we risk further inscribing employee drug use as an important area for investigation - and therefore managerial action?

Our final reflection on the potentially excessive interest of critical academics in the area of organisational drug policies focuses upon the issue of harm. By taking a critical stance on the issue of testing we could of course be criticised for neglecting the dangers of drug use, if not glorifying drugs *per se*. Certainly we have concentrated here on critiquing responses to drug use rather than critiquing drugs or drug users. However, we do not wish to give the impression that we regard drugs as safe. After all, if drug taking can be regarded as abject and excessive, then it *necessarily* carries with it what we referred to earlier as the taint of death. Robson (1999) usefully summarises some of the attendant problematics and their variants, including the ingestion of dangerous adulterants introduced into the drug at some point during its production, negative effects on 'energy, concentration, mood, or physical health' (page 20) and the mortality rates associated with poly drug use in particular (pages 27-28).

In short, drugs are dangerous. Even if we accept the Parker *et al.* characterisation of many drug users in the UK as 'sensible', this characterisation still implies the continual, inescapable presence *of risk* - risk that drug users need to be sensible about. However, we would also argue that the undeniable presence of risk should not manoeuvre us into a position of silence regarding the possible excesses of managerial interventions into both the behaviour and biology of employees.

To close, we wish to reiterate our key contribution. The dualistic, either-excessive-or-normal tenor of existing analysis - drugs and drug users as bad versus drugs in themselves as not essentially problematic and drug users as capable of 'sensible' consumption choices - is for us rather too simplistic. The both/ and approach of our argumentation is, we suggest, more helpful in appreciating why we consume drugs; why organisational responses to this are predictable but usually disproportionate; why employees' resistance to drug testing, while understandable, might actually undermine the intemperate high that drug taking generates; and why our critical academic interest in drug testing is justified but at the same time fraught with potential excesses, overstatements and potential for managerialist co-optation.

References

Aktouf, O. (1996). Competence, symbolic activity and promotability. In S. Linstead, R. Grafton Small, & P. Jeffcutt (Eds.), *Understanding management*. London: Sage.

Bataille, G. (1985). *Visions of excess: selected writings, 1927-1939*. A. Stoekl (Ed.). Minneapolis: University of Minnesota Press.

Bataille, G. (1991). *The accursed share, volume 1: an essay on general economy*. New York: Zone Books.

Bataille, G. (1997). *The Bataille reader*. F. Botting and S. Wilson (eds). Oxford: Blackwell.

Bray, R.M., Fairbank, J.A., & Marsden, M.E. (1999). Stress and substance use among military women and men. *American Journal of Drugs and Alcohol Abuse, 25*, 239-256.

Brewis, J., & Linstead, S. (2000). *Sex, work and sex work: eroticizing organization*. London: Routledge.

Brewis, J., & Warren, S. (2001). Pregnancy as project: organizing reproduction. *Administrative Theory and Praxis*, *23*, 383-406.

Brown, H., & McMinn, M. (2004, May). Marie Claire UK report: the drugs don't work - or do they?, *Marie Claire*, 133-138.

Boulous Walker, M. (1998). *Philosophy and the maternal body: reading silence*. London: Routledge.

Critcher, C. (2003). *Moral panics and the media*. Buckingham: Open University Press.

Deal, T.E., & Kennedy, A.A. (1988). *Corporate cultures: the rites and rituals of corporate life.* London: Harmondsworth: Penguin.

Deetz, S. (1998). Discursive formations, strategized subordination and self-surveillance. In A. McKinlay and K. Starkey (Eds.), *Foucault, management and organizational theory: from panopticon to technologies of the self* (pp. 151-172). London: Sage.

Dorn, N., & South, N. (1987). Introduction. In N. Dorn and N. South (Eds.), *A land fit for heroin? Drug policies, prevention and practice* (pp. 1-10)*.* Houndmills, Basingstoke and London: Macmillan Education.

Draper, E. (1998). Drug testing in the workplace: the allure of management technologies. *International Journal of Sociology and Social Policy, 18* (5-6), 62-103.

du Gay, P., & Salaman, G. (1992) The cult(ure) of the customer. *Journal of Management Studies 29*, 615-633.

Edgar, K., & O'Donnell, I. (n.d.). *Mandatory drug testing in prisons: the relationship between MDT and the level and nature of drug misuse*. Home Office Research Study 189. London: Home Office.

Edwards, R.C. (1979). *Contested terrain: the transformation of the workplace in the twentieth century.* New York: Basic Books.

Foucault, M. (1980). *Power/ knowledge: selected interviews and other writings 1972-*

1977. C. Gordon (Ed.). Brighton, Sussex: Harvester Press.

Foucault, M. (1991). *The Foucault reader*. P. Rabinow (Ed.). London: Penguin.

Fournier, V., & Grey, C. (2000). At the critical moment: conditions and prospects for Critical Management Studies. *Human Relations, 53*, 7-32.

Francis, P., Hanley, N., & Wray, D. (2003). Workforce drug testing: a review of the literature. Research report prepared for the Independent Inquiry into Drug Testing at Work.

Ghodse, H. (2005). Drugs and alcohol in the workplace. In H. Ghodse (Ed.), *Addiction at work* (pp. 3-10). Aldershot: Gower.

Gilliom, J. (1994). *Surveillance, privacy and the law: employee drug testing and the politics of social control.* Michigan: University of Michigan Press.

Godfrey, C., & Parrott, S. (2005). Extent of the problem and cost to the employer. In H. Ghodse (ed.), *Addiction at work* (pp. 21-32)*.* Aldershot: Gower.

Guerrier, Y. (2003). "The wild abandon of the play": alcohol in work and play. Paper presented to the *21st Standing Conference on Organizational Symbolism*, University of Cambridge, Cambridge, UK, July.

Harris, M. (2004). Alcohol and drug use in the workplace. In R. Griffin, & A. O'Leary-Kelly (Eds.), *The dark side of organisational behaviour* (pp. 341-372). San Francisco: Jossey-Bass.

Hecker, S. and Kaplan, M. (1989). Workplace drug testing as social control. *International Journal of Health Services, 19*, 696-707.

Hollinger, C. (1988). Working under the influence (WUI): correlates of employees' use of alcohol and other drugs. *Journal of Applied Behavioral Science, 24*, 439-461.

How to pass your drug test (n.d.). Retrieved October 14, 2003, from http://www.howtopassyourdrugtest.com/

Independent Inquiry into Drug Testing at Work [IIDTW] (2004). *Drug testing in the workplace: the report of the Independent Inquiry into Drug Testing at Work*. York: Joseph Rowntree Foundation.

Kunda, G. (1992). *Engineering culture: control and commitment in a high-tech corporation.* Philadelphia: Temple University Press.

Knights, D., & Willmott, H.C. (1989). Power and subjectivity at work: from degradation to subjugation in social relations. *Sociology, 23*, 535-558.

Lillibridge, J., Cox, M., & Cross, W. (2002). Uncovering the secret: giving voice to the experience of nurses who misuse substances. *Journal of Advanced Nursing*, *39*, 219-229.

Measham, F., Aldridge, J., & Parker, H. (2001). *Dancing on drugs: risk, health and hedonism in the British club scene.* Free Association Books: London.

O'Malley, P., & Valverde, M. (2004). Pleasure, freedom and drugs: the uses of 'pleasure' in liberal governance of drug and alcohol consumption. *Sociology, 38*, 25-42.

Parker, H., Aldridge, J., & Measham, F. (1998). *Illegal leisure: the normalization of adolescent recreational drug use.* London and New York: Routledge.

Parker, H. (2001). Unbelievable? The UK's drugs present. In H. Parker, J. Aldridge, & R. Egginton (Eds.), *UK drugs unlimited: new research and policy lessons on illicit drug use* (pp. 1-13). Houndmills, Basingstoke: Palgrave.

Parker, H., Williams, L., & Aldridge, J. (2002). The normalization of 'sensible' recreational drug use: further evidence from the North West England Longitudinal Study. *Sociology, 36*, 941-964.

Pass any drug test (n.d.). Retrieved October 14, 2003, from http://www.pass-any-drug-test.com/

PassYourDrugTest.com. (n.d.). Retrieved October 14, 2003, from http://www.passyourdrugtest.com/

Peters, T.J., & Waterman, R.H., Jr. (1982). *In search of excellence: lessons from America's best-run companies*. New York: Harper and Row.

Plant, S. (1999). *Writing on drugs.* London: Faber and Faber.

Prasad, P., & Prasad, A. (2000). Stretching the iron cage: the constitution and implications of routine workplace resistance. *Organization Science, 11*, 387-403.

Robson, P. (1999). *Forbidden drugs* (2nd ed.). Oxford: Oxford University Press.

Smith, A., Wadsworth, E., Moss, S., & Simpson, S. (2004). *The scale and impact of illegal drug use by workers.* Health and Safety Executive Research Report 193. London: HMSO.

Voet, W. (2001). *Breaking the chain: drugs and cycling - the true story.* London: Yellow Jersey Press.

Warren, S., & Brewis, J. (2004). Matter over mind? Examining the experience of pregnancy. *Sociology*, *38*, 219-236.

Warren, S. & Wray-Bliss, E. (2003). E-business: drugs, organisation and the organisation of drugs. Paper presented to 21st *Standing Conference on Organizational Symbolism*, University of Cambridge, Cambridge, UK, July.

Wood, A.M. (1998). Omniscient organizations and bodily observations: electronic surveillance in the workplace. *International*

Journal of Sociology and Social Policy 18 (5-6), 132-169.

Wray-Bliss, E. (2001). Representing customer service: telephones and texts. In A. Sturdy, I. Grugulis, & H. Willmott (Eds.), *Customer service: empowerment and entrapment* (pp. 38-59). Basingstoke: Palgrave.

Wray-Bliss, E. (2002). Interpretation - appropriation: making an example of Labour Process Theory. *Organizational Research Methods*, 5, 81-104.