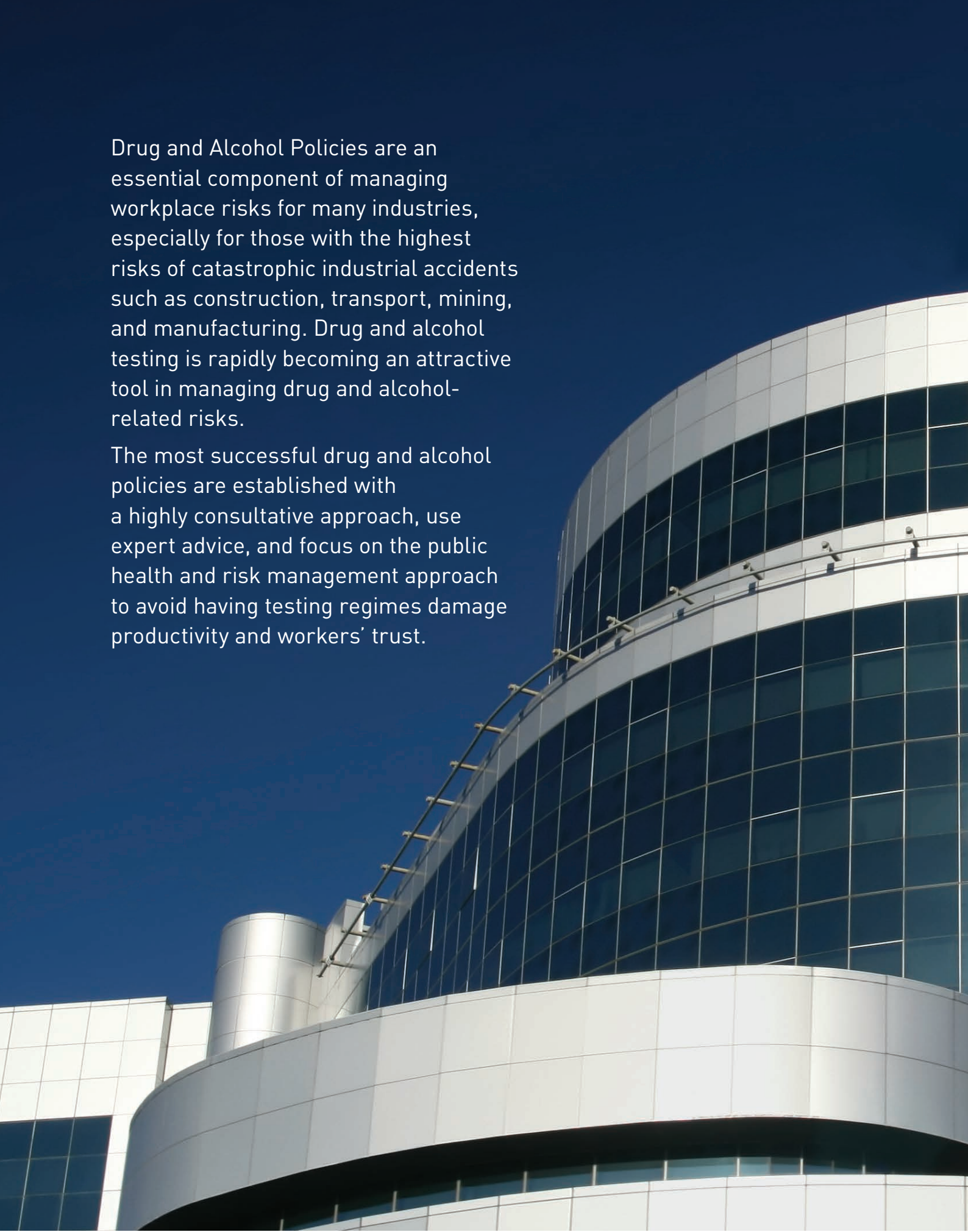




Developing a Drugs and Alcohol Policy:

Avoiding Common Pitfalls when Including Drug & Breath Tests



Drug and Alcohol Policies are an essential component of managing workplace risks for many industries, especially for those with the highest risks of catastrophic industrial accidents such as construction, transport, mining, and manufacturing. Drug and alcohol testing is rapidly becoming an attractive tool in managing drug and alcohol-related risks.

The most successful drug and alcohol policies are established with a highly consultative approach, use expert advice, and focus on the public health and risk management approach to avoid having testing regimes damage productivity and workers' trust.

Alcohol and Drugs: From Health Issue to Productivity Risk

A survey conducted in Australia in 2006 found that 3.5 percent of the workforce took time off work for alcohol-related reasons including illness or injury. A total of 270,000 workers had taken at least one day off work in the preceding three months due to alcohol. The cost to Australia's economy was extrapolated to an estimated 2.7 million work days at an annual cost of \$437 million. The effects are thus far-reaching: it affects the individual's own health and work performance, which in turn can affect their co-workers, and have wider implications for the organisation, families, and wider community¹.



The multifaceted nature of workplace drug and alcohol risks points to there being a range of reasons for workplaces to have a drug and alcohol policy. Alcohol abuse can have significant long-term effects on an individual. Extreme drinking, such as found in alcoholism, affects the development and function of a growing brain, and older brains can be severely damaged by heavy drinking, with neurons and axons—the building blocks of a brain—suffering injury. The most injury from such heavy and prolonged drinking are suffered by the frontal lobes, which is responsible for executive functioning such as reasoning, planning, and problem-solving².

Workplace productivity and workers' safety are the two main drivers of research into the effects of alcohol and drugs in the workplace that have been undertaken for the last quarter century or so³. In terms of the overall health and safety picture in Australia, recent statistics found an incidence rate of 13.1 serious claims per 1,000 employees across Australia, with 51 percent being injuries and 49 percent being illnesses. Industries with the highest risks included transport and storage; agriculture; forestry and fishing; and manufacturing. These industries are both the highest at-risk for injury at work and are also where drug and alcohol impediments to motor and cognitive function can result in the most dangerous situations⁴. Despite the seemingly-alarming levels of alcohol impairment at work, there is little formal research on how this affects

workplaces or productivity generally. Much of what is available is from death and trauma figures by government agencies such as the Australian Bureau of Statistics and Safe Work Australia⁵. What is known is that alcohol consumption is underreported, and the available figures already show that drugs and alcohol are directly present in a significant proportion of accidents generally. For organisations that are keen to avoid these risks, approaching drugs and alcohol in the wider context of the workplace as a public health arena may yield even better outcomes by taking in a wider net of potential health and safety concerns, although an all-encompassing approach is outside the scope of this paper⁶.

There are very good reasons for workplaces to invest the time and effort it takes to establish a formal drugs and alcohol policy, and those that have taken the step often settle on the public health aspect. The more wide-ranging value of drugs and alcohol policies is the social factor: most people who are drug and alcohol abusers have a job, and as such spend a lot of time at work. This time at work and by extension, the environment of the workplace become the most practical settings to engage in strategies to monitor, prevent, and intervene in health-endangering behaviours in a structured, non-judgemental and respectful way. If handled well, educational and health messages are also likely to extend to workers' families, friends and the wider community⁷.





Workplace Drug & Alcohol Policies: Reducing Risk by Reducing Productivity?

Approaching the workplace as a 'public health setting', and drug and alcohol effects at work as a 'risk factor' means that responsible enterprises need to accept that there is a complex inter-relationship of factors that need to be deeply understood before they can be addressed effectively. For Australian enterprises, this has the added challenge that Australian research into the issue started comparatively late⁸. Fortunately, there is already a wide range of resources that have been produced to assist organisations to explore their options, and to establish and maintain their policies and procedures.

There are two types of approaches that enterprises can take on drugs and alcohol: as an issue of discipline, or as an issue of safety. The problem with treating it as a disciplinary issue is that it risks creating a level of fear and distrust, potentially damaging the employment life cycle, from each employee's recruitment through to their exit. In addition to this potential for damage, traditional 'screening' can only address current transgressions using a potentially punitive approach, rather than focussing on education and prevention for the benefit of future safety⁹. When the focus is shifted from being one of distrust, to being one of protecting workers from unnecessary risks to their health and safety, then it becomes clear that everyone in an enterprise should be covered by any drug and alcohol policy—including owners, directors, executives, managers and supervisors¹⁰.

Alcohol Effects at Work

Pidd & Roche, 2009:2

Direct: Pre-Drinking (e.g. focussed on 'pub night'); Drinking at work; drinking before work; suffering effects of drinking at work (hangover); presenteeism; absenteeism

Indirect: Co-workers 'covering' for poor performance of a DUI colleague

'Under the radar': not noticed, or minor such as late work or sub-par work

Catastrophic: noticed, or major such as accident, damage to equipment, personal injury, death

As prevention has taken precedence over discipline-based approaches, interventions have been designed around a holistic approach to address culture, control, the enterprise, and the individual, rather than just current at-risk workers. The goal has shifted from command-and-control to motivational structures, designed to educate workers and prevent future risky behaviours by the individual, to notice risky behaviours from their co-workers, and provide the resources needed to avoid or minimise risks in the workplace. Developing a level of trust in the policy and the approach will assist workers in being open to the policy, and help to keep the workplace safe. This includes not just informing someone when they are not in a fit state to work but also alerting appropriate

personnel of anything that can affect their safety risk factors at work, for example when they are taking prescription medications.

Drug and alcohol testing would become one part of the toolkit, to be used in certain areas or circumstances when it is justified. Ultimately, drug and alcohol testing is at its core, a screening tool that picks up that there is a level of alcohol in the system, or recent exposure to drugs, that may indicate impairment. It will not tell the tester whether someone is currently impaired, or to what degree that person is impaired.

Organisations that utilise testing as part of their overall drug and alcohol policy should ensure that a full understanding of the uses and limitations of tests are understood. There is however the option of including impairment testing in the policy, which are tools or techniques specifically designed to measure impairment. If Impairment testing is included, it should be the subject of consultation and education like any other tool in the policy¹¹.

In terms of improving safety, or at least being able to demonstrate a safety culture, some industries such as aviation, shipping, or railways may benefit more than others because the potential risks could be catastrophic. Some of these industries are in the process of developing global agreements through international organisations, such as the OECD International Transport Forum and the International Union of Railways¹². In a more local example, WorkSafe Victoria (2009) has produced a guide especially for mining and earth resources that addresses the issue

of drugs and alcohol in the workplace. The key is that there are obligations, roles, responsibilities, and rights for both employers and employees when addressing drug and alcohol risks in the workplace. This makes sense: the risks should ideally be avoided rather than possibly detected. For this to happen, employers need employees to understand, agree with and voluntarily participate in controlling the risks to themselves and their colleagues by their own, and others' actions. Taking a risk management approach to drugs and alcohol sets the tone for addressing it as simply another risk to manage in a well-designed risk grid.

Theoretical Constructs of Workplace Alcohol Use

Pidd & Roche, 2009:5

Stress/Alienation: workplace stress (e.g. a mismatch between an individual worker's desires, capabilities, needs, risk profile, and capacities) or alienators (e.g. boring or unrewarding work) results in drinking that affects the workplace

Control: 'Objective' workplace structures such as workers' physical isolation, lack of supervision, and lack of drugs and alcohol policies, and 'subjective' structures such as on-site supplies of alcohol can increase the risk of improper levels of alcohol impairment in the workplace, structures can restrict or encourage alcohol use

Culture: the written and unwritten rules, and the 'norms' of behaviour at the workplace



From Blind Discipline to Active Participation: Creating an Awareness Culture

“Interventions need to go beyond a focus on individual ‘problem’ workers to include strategies that target the pre-existing values, beliefs and behaviours of all employees”

— Pidd & Roche, 2009: 6.

Creating a drugs and alcohol policy is a major undertaking for any organisation, because to have the best chance at being at its most effective, it must embrace the participatory nature of the public health approach. This means that they are not a policy that is written by an individual, put into a file somewhere and only pulled out when a ‘transgression’ is triggered. Rather, they require a process that begins with widespread consultation; is established with an awareness program, supported by voluntary and mandatory risk management tools; and includes triggers for review and regular reviews. In establishing all of this, an organisation needs to identify current structural, procedural or cultural risks that can be addressed or managed by the policy. The culture of the workplace needs to also consider issues of how workers themselves view risk and their own identity with drugs and alcohol use. For example, if drinking is a core theme in the identity of the vocation, then the risk awareness campaigns need to carefully consider how to address the issue of risk at work in a way that does not conflict with that identity, in order for the policy to have the best chance of success¹³.

Policy Considerations

- Legal
- Ethical
- Productive
- Beneficial to all parties
- Reasonable

The first step to take in developing a drugs and alcohol policy is to identify a range of professional advisers and stakeholders who should be involved in the policy’s development. These can include as a starting point, Occupational Health & Safety practitioners; Human Resources practitioners; Occupational Drug & Alcohol Consultants; Workers and their Unions; and peak industry bodies such as Industry Associations¹⁴. This working group will steer the development of a

workable policy framework. Once a policy is developed that is rigorous, tailored, and desirable for stakeholders, an awareness program that discusses the rights and responsibilities of all stakeholders can be established. A drug and alcohol awareness program spreads information about health risks, the potential dangers of workplace impairment, expectations that the workplace has, and what services the policy makes available to workers. It improves knowledge and attitudes towards drug and alcohol behaviours at work, and ensures that the narrative avoids giving any impressions the policy is about the ‘goodness’ of the individual by instead focusing on the issue of public health, and its role in risk management to ensure workplace safety for everyone. For those who need help, the policy must include provisions for rehabilitation and treatment and encourages workers to seek these voluntarily, although there will also be actions that are mandated because of workplace issues that are impacting on risk. To be effective, the awareness program and supporting services must be regular, ongoing, and adaptable as needs change.

It is not the role of employers to moral guardians, or to punish aberrant behaviour when it does not impact on work. Rather, a workplace alcohol and drugs policy is about managing risks before a behaviour creates a workplace problem. Such risk avoidance approaches could include provision for paid or unpaid leave to access professional counselling or rehabilitation services (such as via an Employee Assistance Program) for example. However, the policy may make it compulsory for employees who breach the drug and alcohol policy to access such assistance. Voluntary access should be made and be considered the preferred option¹⁵. Including self-assessment tools can also help with this, such as providing workers with access to breathalyzers so that they can test themselves and take the initiative to access available resources from there.

Stages of developing a drugs and alcohol policy

- Investigation
- Consultation
- Awareness
- Accessibility
- Confidentiality
- Evaluation

Alcohol and Drug Testing: Powerful Tool... but Approach with Caution

“Alcohol and drug use is a multifaceted issue and evidence has shown that single solutions are generally unable to comprehensively address the harms associated with their use”

— Australian Safety and Compensation Council, 2007: 40.

Testing is becoming a more popular tool to include in a workplace drugs and alcohol policy. However, such testing needs to be introduced using the same process as would be expected for any other part of the policy. There are good reasons to introduce testing, but there are also good reasons not to and both need to be investigated and considered. Deciding whether or not to undertake workplace alcohol and drug testing is complex because there may not only be benefits, but also unintended consequences. While your working group will explore these fully, it's useful to take a moment to consider these issues from a high-level perspective.

The question of whether or not to introduce random or blanket drug and alcohol testing depends on determining what would constitute best practice in managing drug and alcohol risks in your particular workplace. To help with this, guides such as the International Labor Organisation's *Management of Alcohol- and Drug-Related Issues in the Workplace*

published in 1996; Australia's national *Model Work Health and Safety Act*; and State regulations and guidelines can be used to inform your own organisation's needs. The first step will be to determine whether you indeed need to have testing. Expert legal advice needs to be sought because the applicable Occupational Health and Safety laws may not require it, but industrial agreements may. Occupational Health and Safety laws across Australia are usually implicitly addressing alcohol but this is not always the case, as seen by the Victorian laws addressing alcohol testing for mining as a specific industry.

Schedules for testing need to be determined: is it going to be random, or whole-of-organisation, and why? There are challenges for each. The investment factor of whole-of-organisation testing may be prohibitive and raise issues as to why you might test say, office visitors. Likewise, a random testing schedule will raise concerns over trustworthiness as it is easy to consider the selections not random at all. If randomness is preferred, then there is a risk if say, nobody from management is randomly included. Having workers question whether the policy is a smokescreen for redundancies; or speculating why none of their supervisors ever get selected for testing is not going to improve productivity.

This points to a significant risk in workplace drug and alcohol testing: while the chief purpose of a drugs and



alcohol policy is to improve safety at work, there is the potential for testing to suppress productivity by damaging workers' desire to exert discretionary effort. It may also create problems in the recruitment and selection phase where otherwise-good workers self-select out on the basis of any impressions that a poorly-designed, or poorly-communicated drug and alcohol testing regime may be in place. Managing these perceptions within the organisation and the wider community is important because a drugs and alcohol policy should not result in lower productivity and squeezed talent pipelines.

When it comes to actually interpreting the results of such tests, the expertise of testers is paramount. Confounding factors may be of particular concern to workplaces where, for example, airborne chemicals could interact with medication. Because of confounding factors, it is essential that a 'just the facts' approach is taken: testing results cannot be generalised beyond the narrowest of ranges to avoid overgeneralising about the reasons behind those results¹⁶. The best way to achieve this may be to have independent expert testers perform the tests who are able to properly and appropriately report against the policy's trigger levels.

Finally, and perhaps most importantly, is that alcohol and drug testing must never be allowed to become a de-facto tool to 'police' workers on their activities outside of work, or as a stand-in for measuring worker impairment. There is a potential for some testing to be seen as bullying, intimidation, or creative dismissal if for example, the same worker always gets chosen

for 'random' testing, or if the wrong type of test is used which picks up on historical use which is not a factor at work. Likewise, testing will not determine whether someone is impaired through lack of sleep, hangover, illness, withdrawal symptoms, or lack of motivation. It must only be used for the single purpose of lowering risk of impairment as one tool in the drugs and alcohol policy toolkit.

Endnotes

1. Australian Safety and Compensation Council, 2007; Schulte et al, 2012
2. Hatchard et al, 2015
3. Ibid.
4. Safe Work Australia, 2014; Australian Safety and Compensation Council 2007; Pidd & Roche, 2009
5. Pidd & Roche, 2009: 2
6. Schulte et al, 2012: 441
7. Pidd & Roche, 2009: 4
8. Ibid: 1
9. Ibid: 6
10. Ibid: 3
11. Worksafe Victoria, 2009
12. Marques et al, 2014: 108-9
13. Iacuone, 2005
14. Pidd & Roche, 2009
15. Ibid, 2009
16. Schulte et al, 2012: 434

Andatech was founded in 2003 as a distributor of ISO-certified breathalyzers for Australians, and over the past decade has established a reputation as a leader in reliable occupational health & safety and wellness technologies throughout the Asia Pacific.

Its range of quality products and services focus on its vision of a safe and healthy environment, at home and at work.

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