

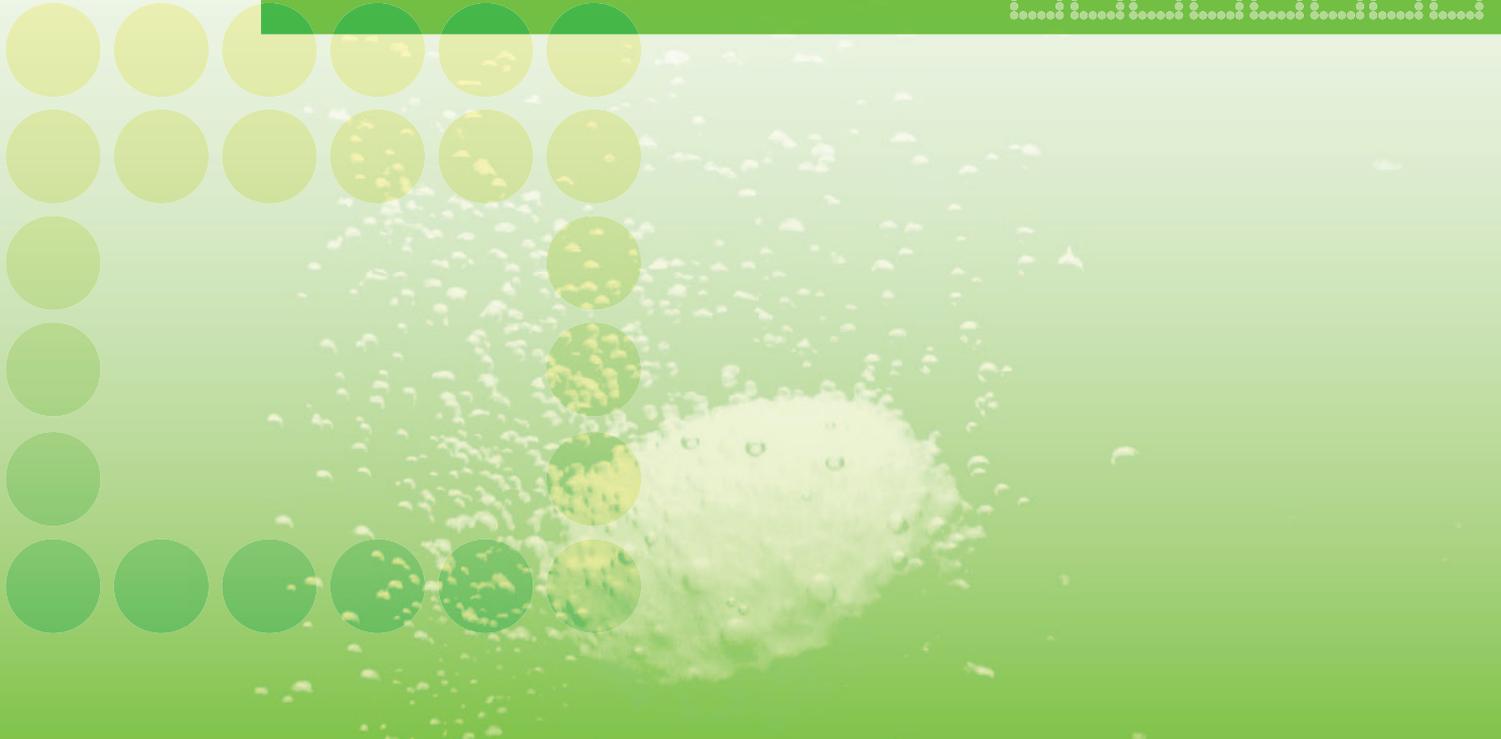


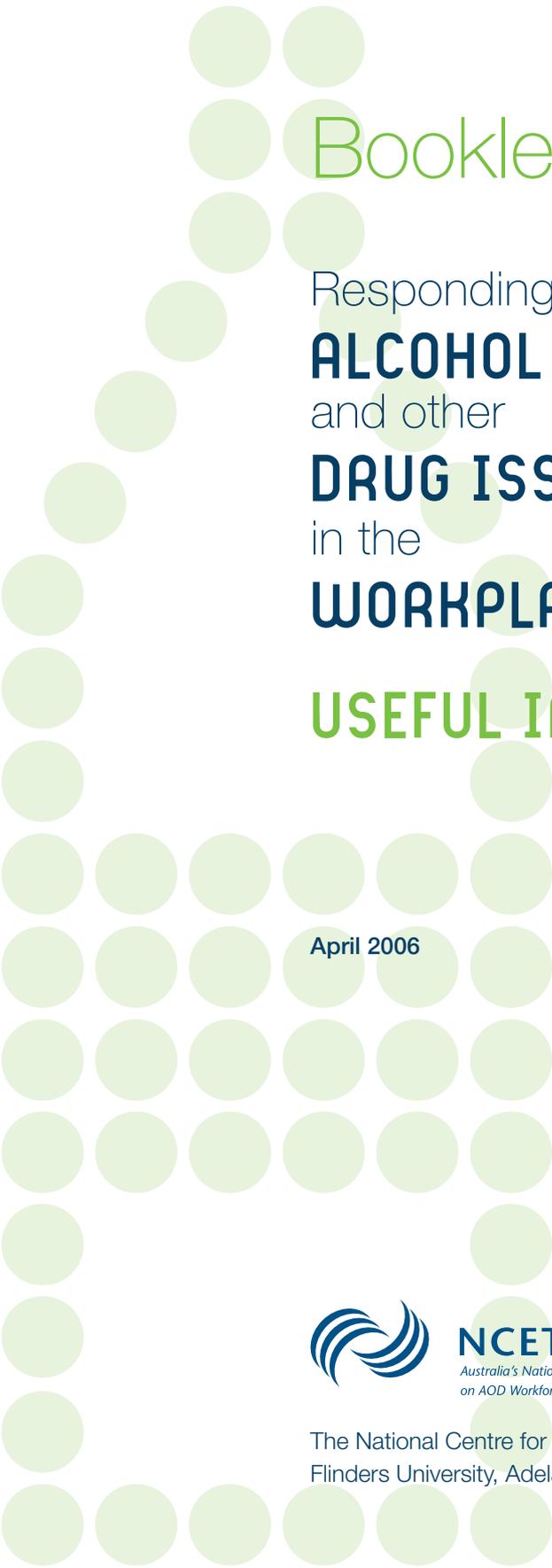
NCETA
Australia's National Research Centre
on AOD Workforce Development

Booklet 1

Responding to
ALCOHOL
and other
DRUG ISSUES
in the
WORKPLACE

USEFUL INFORMATION





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*Australia's National Research Centre
on AOD Workforce Development*

The National Centre for Education and Training on Addiction
Flinders University, Adelaide, Australia

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Disclaimer: The information provided in this document is meant to serve as a guide only. It is not a set of prescriptive instructions.

FOREWORD

It is increasingly apparent that the harmful effects of alcohol and other drug use extend to the workplace. The vast majority of Australians who use alcohol and other drugs, either occasionally or regularly, are employed. Alcohol and other drug use can not only influence the health, safety and well-being of individual workers, but also the productivity, safety and well-being of the workplace in general.

In recognition of the potential negative impact that alcohol and other drug use can have in the workplace, governments, employers and unions are increasing their efforts to ensure the health and safety of workers and the productivity and safety of workplaces. However, much of this effort is hampered by the lack of good quality, practical and readily available information and resources concerning the workplace and alcohol and other drug use.

To help overcome this, the National Centre for Education and Training on Addiction (NCETA) has produced this Information and Resource Package and an accompanying Training Kit that are designed to assist workplaces respond to alcohol and other drug-related harm. The information contained in these two products is presented in a user friendly format and translates current state of the art research knowledge into practical, useful guidelines. An occupational health and safety approach is adopted that incorporates both the prevention and treatment of alcohol and other drug issues in the workplace.

While the information in this Package is presented in an easy to follow structure and format, it is important to remember that alcohol- and other drug-related harm in the workplace is a complex issue and there is no 'one size fits all' response. Any response should always be tailored to suit the specific needs of individual workplaces.

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and

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April 2006



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BACKGROUND

Alcohol- and other drug-related harm in the workplace is costly both in economic and human terms. Therefore, it makes good sense for employers and employees to address this issue. While some workplaces have developed responses to alcohol- and other drug-related harm in the workplace, the majority of workplaces do not have formal policies or constructive responses. One of the reasons for this is that there has been little quality information available that provides practical assistance.

This Package aims to provide employers and employees with quality 'best practice' information that can inform and guide the development and implementation of an effective response to alcohol- and other drug-related harm in the workplace.

The information contained in this Package encourages a 'whole of workplace' health and safety approach that includes the prevention and treatment of alcohol- and other drug-related harm in the workplace.

The aim of a good workplace response is to develop a workplace culture where employees are prepared to encourage each other to be safe and not impaired at work. Employees should be aware of the need to refer incidents that are likely to adversely affect workplace safety or productivity to their supervisor and/or occupational health and safety representative.

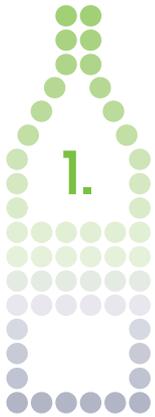
The procedure for dealing with employees whose alcohol or other drug use is problematic for the workplace, is the same regardless of what drugs may be involved. The reason for this is that managers, supervisors and other staff are usually not qualified to make a diagnosis of intoxication or dependency, nor are they qualified to provide treatment or counselling for alcohol or other drug problems. Diagnoses of intoxication or dependence should be left to qualified practitioners.

When responding to alcohol- and other drug-related harm in the workplace, the focus should be on work performance and workplace safety. What employees do outside of work is not the concern of an employer. It only becomes relevant when an employee's alcohol or other drug use affects their performance or behaviour on the job.

Therefore, the identification of alcohol- or other drug-related problems should be based solely on work safety and performance. It is not a matter of trying to spot the problem drinker or drug taker, but of preventing problems and dealing with work performance and occupational health and safety issues.

Managing alcohol- and other drug-related issues in the workplace is no different to the management of any other productivity or safety issue. Management of the issue should focus on effective supervision and quality occupational health and safety practice.





1.

WHY THE WORKPLACE SHOULD RESPOND TO ALCOHOL AND OTHER DRUG ISSUES

1.1 PREVALENCE AND PATTERNS OF ALCOHOL AND OTHER DRUG USE IN AUSTRALIA

Australia is a substance using society. For example, the 2004 National Drug Strategy Household Survey (NDSHS)¹ revealed:

- 84% of Australians aged 14 years and over consumed alcohol in the previous 12 months
- over one third (35%) drank at levels that placed them at risk of harm in the short-term, while nearly 10% drank at levels that placed them at risk of harm in the long-term
- 33.6% had used cannabis at some time in their life, while 11.3% had used cannabis in the previous 12 months
- 18.6% had used some form of illicit drug (apart from cannabis) at some time in their life, while 8.3% had used some form of illicit drug (apart from cannabis) in the previous 12 months
- 7.6% had used prescription drugs for non-medical purposes at some time in their life and 3.8% had used prescription drugs for non-medical purposes during the previous 12 months.

1.2 PREVALENCE AND PATTERNS OF ALCOHOL AND OTHER DRUG USE IN THE AUSTRALIAN WORKFORCE

As the majority of Australians who use alcohol or other drugs are also employed, it should come as no surprise that patterns of harmful use are evident in the Australian workforce. Harmful alcohol and other drug use can be found at all levels across a wide range of organisations. In particular, some industries and occupations have higher levels of harmful use than others. For example, the 2001 and 2004 NDSHS indicated workers in some occupations and industries drank at higher levels compared to other workers.

¹ Australian Institute of Health and Welfare 2005. *2004 National Drug Strategy Household Survey: First Results*. AIHW cat no. PHE 57. Canberra: AIHW (Drug Statistics Series No 13).



Heavy drinking occupations/industries¹

- tradespersons
- farm managers
- labourers
- hospitality industry workers
- agricultural industry workers.

While the majority of Australians drink alcohol and a substantial proportion have tried cannabis, relatively few regularly use other forms of illicit drugs. However, some industries and occupations have much higher levels of illicit drug use compared to others. For example, in the transport industry some drivers use amphetamines to 'stay awake' and in some areas of the manufacturing industry there are higher levels of cannabis use compared to other industries. Similarly, nurses, doctors and others employed in the health industry may be more likely to misuse pharmaceuticals compared to others.



1.3 RELATIONSHIP BETWEEN THE WORKPLACE AND ALCOHOL AND OTHER DRUG USE

Variations in alcohol and illicit drug consumption patterns between industries and occupations indicate that workplace environmental factors may play a role. Workplace factors associated with alcohol and other drug use include:

Physical environment

- hot or dusty conditions
- hazardous or dangerous work
- inadequate training
- poor quality equipment
- lack of appropriate resources.

¹ Pidd, K., Berry, J.G., Harrison, J.E., & Roche, A.M., Driscoll, T.R., Newson, R.S. (2006). *Alcohol and work: Patterns of use, workplace culture and workplace safety*. Injury Research and Statistics Series Number 28 (AIHW cat no. INJCAT 82) Adelaide: Australian Institute of Health and Welfare.



Availability

- availability of alcohol and other drugs at the worksite
- social and peer pressure to drink on site
- demands of the job which make use obligatory
- lack of a clear alcohol and other drug policy.

Stress

- poor/volatile industrial relations climate
- lack of control over the planning or pace of work
- heavy responsibility
- unrealistic performance targets and deadlines
- over work/under work
- fear of retrenchment
- workplace bullying/harassment.

Job characteristics

- extended or excessive hours
- shiftwork
- low visibility/working away from the workplace
- boring, repetitive, or monotonous work
- lack of job security
- low job satisfaction
- poor promotion opportunities
- level of income.

Management style

- absence of clear goals
- lack of supervision
- lack of accountability
- poor feedback on performance
- lack of/inconsistent performance standards.



1.4 POTENTIAL NEGATIVE CONSEQUENCES OF ALCOHOL AND OTHER DRUG USE FOR THE WORKPLACE

While alcohol and other drug use in the workplace can reflect use in the general community, harmful use in the workplace is often indicated by increased injuries, absenteeism, lost production, workers compensation and rehabilitation. Studies show lost production from harmful alcohol and other drug use costs Australian industry in excess of \$4.5 billion per year.² The annual cost of alcohol related absenteeism alone is estimated to be approximately \$500m.³

In addition, research indicates that up to 15% of all Australian workplace accidents may be associated with alcohol use and that at least 5% of all Australian workplace deaths are associated with alcohol use.⁴ The alcohol and other drug consumption patterns of the workforce can have a variety of negative consequences for the workplace and employees, including:

Accidents

- accidents resulting in injury or death
- lost employee work time
- damage to tools and equipment repair costs
- increased insurance costs/WorkCover levy
- possible bad publicity and even prosecution.

Absenteeism

- lost production
- disruption of operations
- covering for lost employee time.



² Collins, D. J., & Lapsley, H.M. *Counting the cost: estimating the social costs of drug abuse in Australia in 1998-9. National Drug Strategy Monograph Series No. 49*, Canberra.

³ Pidd, K., Berry, J.G., Roche, A.M., Harrison, J.E. (2006). *Estimating the Cost of Alcohol-Related Absenteeism in the Australian Workforce: The Importance of Consumption Patterns*. Submitted for Publication.

⁴ Pidd, K., Berry, J.G., Harrison, J.E., & Roche, A.M., Driscoll, T.R., Newson, R.S. (2006). *Alcohol and work: Patterns of use, workplace culture and workplace safety*. Injury Research and Statistics Series Number 28 (AIHW cat no INJCAT82) Adelaide: Australian Institute of Health and Welfare.



Lower productivity

- lower quantity and quality of work
- loss of business
- loss of skills when employee terminated/injured/ill
- co-workers covering for affected employees.

Staff turnover

- costs of dismissal or premature retirement
- replacement of employees
- training of new employees
- loss of skills and experience
- loss of investment in employees.

Consequences for the individual employee

- possible injury to self and others
- demotion/discipline/dismissal
- problems with family, friends and workmates
- loss of self-esteem
- loss of wages
- cost of medical expenses.

Consequences for other employees

- unsafe work environment with risk of accidents
- covering for poor work performance
- disputes
- reduced morale
- embarrassment if forced to 'dob in a mate' for their own good.



1.5 LAWS RELEVANT TO ALCOHOL AND OTHER DRUG ISSUES IN THE WORKPLACE

There are various laws, such as acts, and regulations that may be relevant to alcohol and other drug issues in the workplace. These laws may come under Federal and/or State jurisdictions and may vary from state to state. Before implementing any alcohol and other drug policy or strategy, check which specific legislation applies to your workplace.

Occupational health safety and welfare legislation

Under Federal and State occupational health and safety legislation, employers are required to take practical measures to ensure that while at work the employee is safe from injury and risks to health. This includes providing a safe environment, safe systems of work, safe plant and substances, adequate facilities, information, instruction, training and supervision.

While there are exceptions, reference to alcohol and other drugs in occupational health and safety legislation varies between jurisdictions. For example, the *Occupational Health and Safety Act 2000 (New South Wales)* does not specifically mention alcohol or other drugs, however, Sections 19 and 21 of the *Occupational Health, Safety and Welfare Act 1986 (South Australia)* specifically refer to alcohol and other drugs as a hazard. Despite the variations between jurisdictions, it is generally accepted that failure to deal with a situation involving alcohol or other drugs is considered a failure to address a hazard.

In addition, occupational health and safety legislation requires employees to take reasonable care to protect their own safety at work and to avoid adversely affecting the health or safety of any other person through any act or omission. It is generally accepted that employees must ensure that they do not, as a result of their alcohol or other drug consumption, endanger their own safety or the safety of any other person.

A wide range of industrial, civil and criminal legislation may be relevant to workplace alcohol and other drug issues.



Workers rehabilitation and compensation legislation (WorkCover)

While there are variations between Federal and State legislation, and variations in legislation between the States, it is generally accepted that work injuries involving an employee who is under the influence of alcohol or other drugs may not be compensated. This may ultimately result in less reporting of alcohol- or drug-related work injuries due to 'cover up' by workers.

Unfair dismissal legislation

Under various Federal and State industrial relations legislation, employees can challenge an employer's decision to terminate their employment. In order to fairly dismiss an employee, employers need a valid reason that is based on operational requirements, or is relevant to the employee's capacity to work, or relevant to their conduct at work. Employees must be given notice of the termination and be given the opportunity to respond to the allegations or decisions that have led to the dismissal. If an employee is to be dismissed because of alcohol or other drug use, careful documentation of the reason for dismissal or the terms on which the dismissal occurred is required.

Anti discrimination legislation

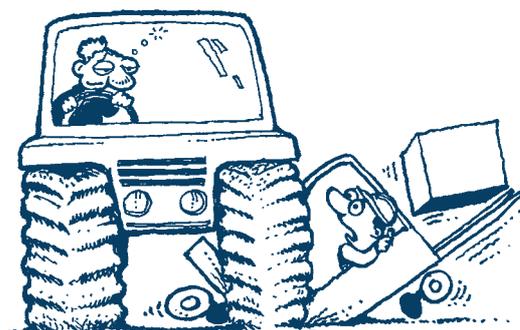
Under various Federal and State equal opportunity and anti discrimination legislation (e.g., the *Human Rights and Equal Opportunity Act 1986 (Commonwealth)* and the *Disability Discrimination Act 1992 (Commonwealth)*), it may be unlawful to discriminate against employees because of an alcohol or drug addiction.

Common law/vicarious liability

Under common law provisions, an employer may be held legally and financially responsible for the actions of employees who are under the influence of alcohol or other drugs.

Road traffic legislation

Under the national *Australian Road Rules (1999)* and various State acts and regulations, it is illegal to drive (or attempt to drive) a motor vehicle under the influence of alcohol or any drug to the extent of being incapable of exercising effective control of the vehicle. Depending on the legislative jurisdiction, this may extend to prescription and over-the-counter medications.



Currently, in all Australian jurisdictions the prescribed limit for being under the influence of alcohol is 0.05 g/100ml blood alcohol concentrate. However, for drivers of certain vehicles the prescribed content of alcohol may vary between States. For example, under the *Road Traffic Act 1961 (South Australia)* having any blood alcohol content is an offence under the Act for the drivers of the following:

- heavy vehicles
- vehicles carrying dangerous goods
- buses and other vehicles primarily used for transporting passengers
- provisional license ('P' drivers).

It is also generally accepted that an individual's ignorance of the effect of a drug is not an excuse. Depending on the legislative jurisdiction, an individual who is caught driving under the influence of alcohol or other drugs may be charged with a criminal offence. An individual driving under the influence of alcohol or other drugs who kills another person while driving may be charged with an additional criminal offence. Furthermore, insurance companies are likely to disallow claims when the driver is under the influence.

Criminal legislation concerning illicit drugs

Under various Federal and State criminal legislation, employers may be held accountable for any activities involving illegal drugs that occur at work. For example, according to the *Controlled Substances Act 1984 (South Australia)* a person is considered to be taking part in the manufacture, sale, supply, or administration of an illicit drug if they provide the premises in which this takes place, or if they let any step in the process take place in the premises of which they are the owner or manager.



1.6 SUMMARY

Harmful alcohol and other drug use occurs within the Australian workforce and this use is associated with a range of negative consequences for the workplace. In addition, factors in the workplace environment can be associated with the alcohol and other drug consumption patterns of the workforce. Overall, there are ethical, legal, and economic reasons for the workplace to respond to drug and alcohol issues.

Ethical

- The workplace can be a dangerous place. Employees and employers need to ensure the safety of all workers by protecting them from co-workers who are intoxicated through use of alcohol and other drugs. In addition, research indicates that workplace factors can contribute to employees' alcohol and other drug consumption patterns. Responding to alcohol and other drug issues in the workplace may assist employees who have alcohol and other drug problems.

Legal

- Under the occupational health safety and welfare legislation of various Australian jurisdictions, employers and employees have an obligation to work in a safe manner. In most states and territories this refers specifically to intoxication through alcohol and other drug use. In addition, common law provisions exist to protect workers and members of the public.

Economic

- It is estimated that harmful alcohol and other drug use costs the Australian community in excess of \$18b annually. A large proportion of this cost (in excess of \$4.5b) is borne by industry.



2. TYPES OF DRUGS, THEIR EFFECTS AND POTENTIAL CONSEQUENCES FOR THE WORKPLACE

2.1 ALCOHOL

There are numerous reasons why people may choose to use alcohol or other drugs. For example people may use:

- for enjoyment
- to socialise
- to relax or relieve stress
- because of boredom
- to relieve physical or emotional pain
- because of peer pressure.



In short, people may use alcohol or other drugs for a variety of reasons and not all use has harmful outcomes. Alcohol use, for example, can be an enjoyable and pleasurable experience for many people and there is some evidence to suggest that low levels of alcohol consumption may have positive health benefits for older people. However, excessive use of alcohol is also associated with substantial health and social problems.

Australians are amongst the heavier drinkers in the world. Drinking alcohol is often socially expected and many people do not view alcohol as a drug. However, alcohol is a drug and in large quantities can have a toxic affect on the human body. Alcohol is a depressant and excessive consumption or consumption in combination with other depressant drugs can cause death.

Alcohol effects

Drinking even small amounts of alcohol can lead to impaired judgment of speed and distance and slow reaction times. Larger amounts of alcohol affect muscle coordination, reflexes, vision and hearing. Alcohol produces a false sense of confidence about one's ability to perform tasks.



The risks associated with alcohol may be increased when used in combination with other drugs. Alcohol can magnify the effects of sleeping pills, tranquillisers, prescribed medicines, cold remedies and cannabis.

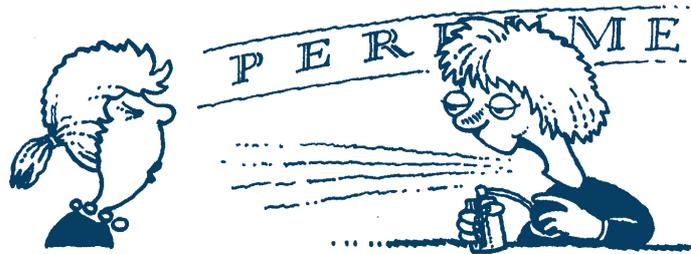
Potential consequences for the workplace

Operating machinery, driving a vehicle, and general skills

- Alcohol leads to poor judgment and a false sense of confidence. Operating machinery or driving a vehicle under the influence of alcohol may result in an accident occurring. Driving a vehicle with a blood alcohol concentrate of 0.05 g/100ml or greater is illegal. In addition, alcohol-related work injuries may not be compensable. The negative effect alcohol can have on general skills may also prove costly. For example, mistakes may be made when an employee under the influence of alcohol is dealing with accounts, completing order forms or invoices or simply receiving, understanding and remembering information.

Relations with customers and other employees

- An employee who has slurred speech and smells of alcohol is not a good advertisement for a business. Alcohol leads to a loss of inhibition and may cause aggression. Other employees may have concerns about their own safety. They will soon tire of unreliable workmates and having to cover for them. There may be more arguments and a higher level of tension in the workplace. Morale will suffer.



Hangover

- A hangover is partly the body's reaction to the toxic effects of alcohol and partly the effects of dehydration (alcohol is a diuretic). Headaches and the feelings of sickness that are characteristic of a hangover can greatly reduce efficiency and result in slower starts at work and lower levels of concentration. Hangovers will increase the likelihood of absenteeism from work.



2.2 ILLICIT DRUGS

There is a range of illicit drugs that have varying effects on an individual and their work performance. Illicit drugs can be classified into three main groups (i.e., stimulants, depressants, and hallucinogens) depending on the way that they affect the brain. Apart from cannabis, levels of illicit drug use in Australia remain relatively low. Illicit drug use is not acceptable in the workplace.

Illicit drug effects

Stimulants: Speed (amphetamines), cocaine and ecstasy

- The effects of stimulants include increased activity, talkativeness, feelings of well-being, self-confidence and power. Stimulants cause feelings of reduced fatigue and appetite and may also lead to irritability, argumentativeness, extreme nervousness and sleeplessness. In larger doses stimulants may lead to violence, delusions and hallucinations.

Depressants: Cannabis,⁵ heroin, morphine, pethidine, methadone and opium

- The effects of depressants in small doses are usually feelings of well-being, calmness and relaxation, drowsiness or stupor. Depressants relieve pain and anxiety and decrease awareness of the outside world. In larger doses, depressants can lead to unconsciousness. Some depressants in large doses may cause memory problems, depression and poor coordination.

Hallucinogens: Lysergic Acid Diethylamide (LSD), magic mushrooms

- The effects of hallucinogens include changes in mood, perception and sometimes hallucinations. Physical effects may be dilated pupils, rapid heart beat, muscular weakness, trembling, nausea, chills and hyperventilation. Anxious feelings and panic due to loss of control may also be experienced.



⁵ Cannabis is also sometimes classified as a hallucinogen, or classified as a drug distinct from depressants or hallucinogens. For ease of presentation it is classified here as a depressant. For more detailed information on cannabis see Factsheet 2: Cannabis and work.



Potential consequences for the workplace

Operating machinery or driving a vehicle

- Driving a vehicle while under the influence of any drug is illegal. Accidents in the workplace involving the use of any type of drug may not be covered by workers compensation.
- Stimulants may cause a person to drive more aggressively and take more risks. They affect the ability to judge speed and distance.
- Depressants affect concentration, balance and coordination. They slow down reactions and interfere with perceptions of sounds, time and space.
- Hallucinogens impair movement, coordination, may affect hearing, vision and sense of time.
- All of the above effects can have a dangerous impact on an individual's ability to either operate machinery or drive a vehicle.

Relations with customers and other employees

- Stimulants may increase an employee's self-confidence, but can also cause them to become hyperactive, aggressive and talk rapidly.
- Depressants slow down the activity of the brain and can make the user less aware of, and less responsive to, their surroundings. The user may appear withdrawn or distracted and may have difficulty holding a sensible conversation.
- Hallucinogens may cause the user to appear stunned or 'vacant', or seem happy with plenty of nervous energy. In either case their ability to behave 'normally' when dealing with other people will be reduced.

General skills

- Stimulants can impair the performance of everyday tasks by the user becoming over anxious. Some stimulant users may become irrational and endanger themselves and others by overestimating their abilities.
- Depressants essentially will make an employee work more slowly. Individuals using depressants may appear hesitant, clumsy and uncoordinated.
- Hallucinogens affect general skills because they distort thinking processes and impair coordination. Hearing and vision may be intensified or merged and sense of time may be affected through the use of hallucinogens.



2.3 PRESCRIPTION DRUGS AND OVER-THE-COUNTER MEDICATIONS (PHARMACEUTICALS)

Pharmaceutical drug effects

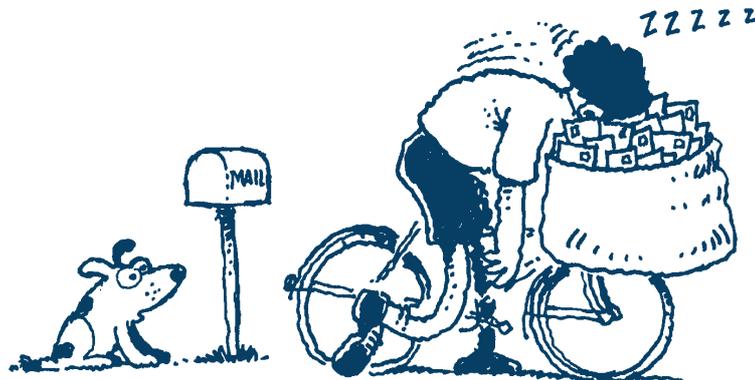
There are many different forms of medication. A doctor or pharmacist should always be consulted about the effects of certain medications. Below are two common examples of pharmaceuticals that can affect work performance.

Tranquillisers

- Some of the most commonly prescribed tranquillisers are Serepax, Mogadon and Valium. Tranquillisers are drugs that relieve mild anxiety and tension. Having taken a tranquilliser, a person normally feels relaxed and perhaps loses some inhibition, while some people may become drowsy and others can begin to feel socially disconnected.
- Tranquillisers can be addictive even in moderate doses. Users may experience withdrawal symptoms such as restlessness, anxiety, insomnia, weakness, nausea, vomiting and convulsions, particularly if they stop taking the drugs suddenly.

Antihistamines

- Antihistamines are used to treat allergies such as hay fever and may be either prescribed or bought over-the-counter. Medicines for colds, coughs, congestion, sore throats, blocked noses and sinus problems may contain antihistamines. Antihistamines can cause drowsiness and should be used with caution by those operating machinery or driving.



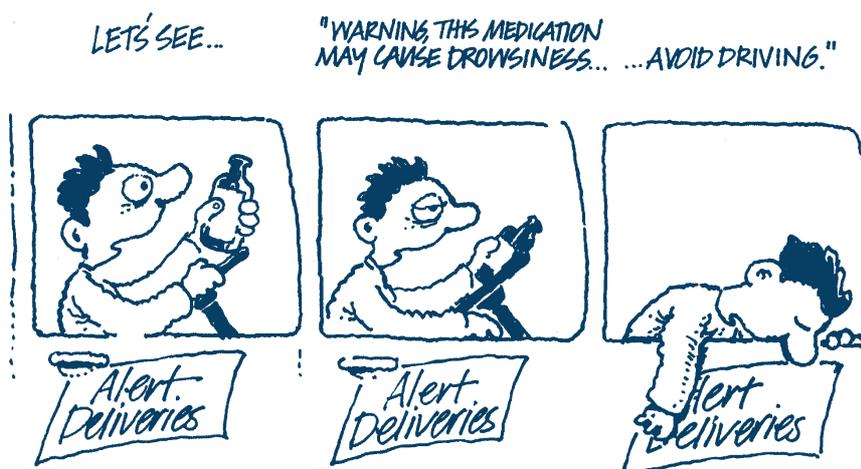
Potential consequences for the workplace

Tranquillisers

- Some tranquillisers can have a sedative effect that results in loss of coordination including a slower reaction time. Driving a motor vehicle or operating machinery whilst using tranquillisers is not recommended.

Antihistamines

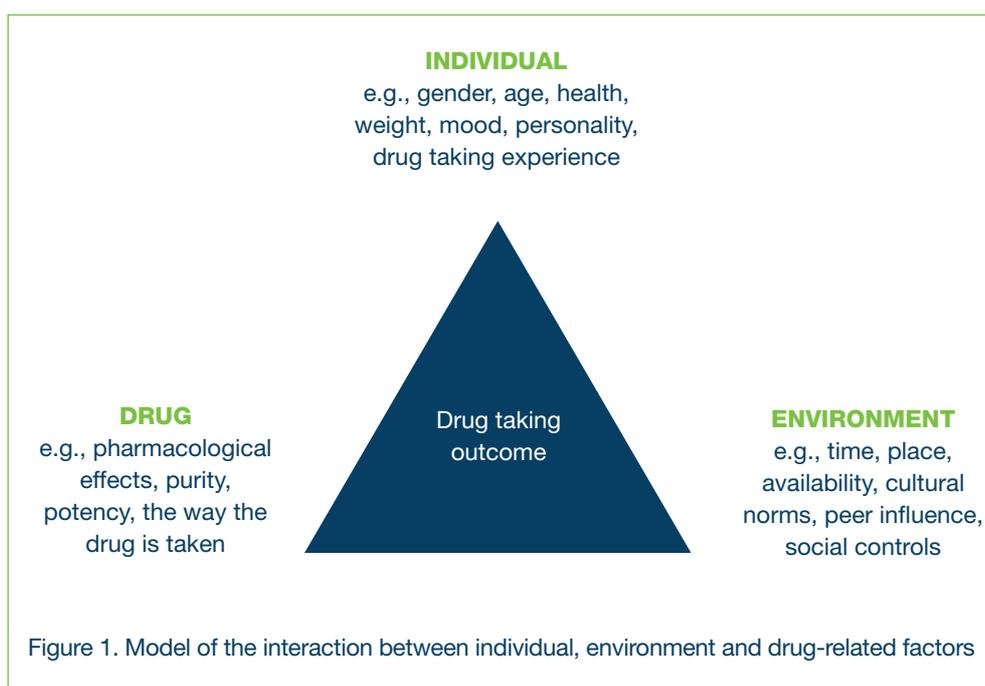
- Some antihistamines can make the user drowsy. Cough and cold medications that contain antihistamines can have this effect and a warning of this effect is usually written on the packaging of the medication. It is recommended that brands of medication that contain antihistamines are avoided when driving a vehicle or operating machinery to reduce the risk of accident or injury. A doctor or pharmacist can suggest alternative brands of medication that do not cause drowsiness.
- Apart from the health risks, it is an offence to drive while under the influence of drugs, including pharmaceuticals, which impair performance. Not knowing about the side effects of a drug is not a defence in the case of an accident.
- Combining alcohol with prescribed and over-the-counter drugs is especially problematic. The effects of many drugs are increased if taken with alcohol and so become unpredictable. Alcohol should be avoided when taking these medicines. Medical advice about driving when taking medication and its effect when combined with alcohol should be sought.



2.4 UNDERSTANDING ALCOHOL- AND OTHER DRUG-RELATED HARM

The relationship between the individual, the drug and the environment

The effects that alcohol or other drugs have on an individual and whether these effects translate into harm depends on a wide variety of individual, environmental and drug-related factors.



The model presented above (Fig. 1) indicates that any outcome that results from alcohol or other drug use depends on individual, environmental and drug-related factors. Age, gender, body size, health, previous drug use and a range of other individual factors all play a role in determining the effects and outcomes of drug use.

An example of this is evident when comparing National Health and Medical Research Council recommended levels of alcohol consumption⁶ for males and females. Due to physiological differences between males and females, females are more susceptible to the effects of alcohol than males.

The recommended level of alcohol consumption for males is no more than six standard drinks on any one day, no more than three days per week. For females, the recommended level of alcohol consumption is no more than four standard drinks on any one day, no more than three days per week.

⁶See Australian Alcohol Guidelines: Health Risks and Benefits. Available at <http://www.nhmrc.gov.au>



Drug-related factors such as pharmacological effect, potency and the way the drug is taken also play a role in determining the outcomes of drug use.

Some drugs, such as alcohol, have intoxicating effects that can influence judgment and reaction times. These drugs are associated with acute harm in the short-term (harm that results from accidents, injury, violence, crime, etc).

In contrast, tobacco use results in minimal intoxicating effects that have no impact on judgement and reaction times. Therefore, tobacco use is not associated with short-term harm. However, tobacco use is the most common preventable source of long-term harm (death and chronic illness) in Australia.

Environmental factors such as the time and place of use, the availability of types of drugs, social controls and cultural norms, also play a role in determining drug use outcomes. For example, a healthy individual having a few beers on a Friday evening may be relatively harmless and problem free. However, if that individual then drives a vehicle or is about to start work on night shift, this pattern of consumption becomes problematic. Similarly, two or three glasses of wine, two or three times a week may be problem free and may even have a health benefit. However, if the individual is also taking medication that may interact with alcohol this pattern of consumption becomes problematic.

No single factor is sufficient for understanding problems that may arise from drug use. The model presented in Figure 1 helps us to recognise that relatively problem free use in one setting may be problematic in another. In particular, the model highlights that alcohol or other drug use in a recreational setting may be low risk, but when transferred to the work setting becomes high risk.

In order to determine the potential for drug use to result in harm, information from all three areas (individual, environment and drug) must be available.

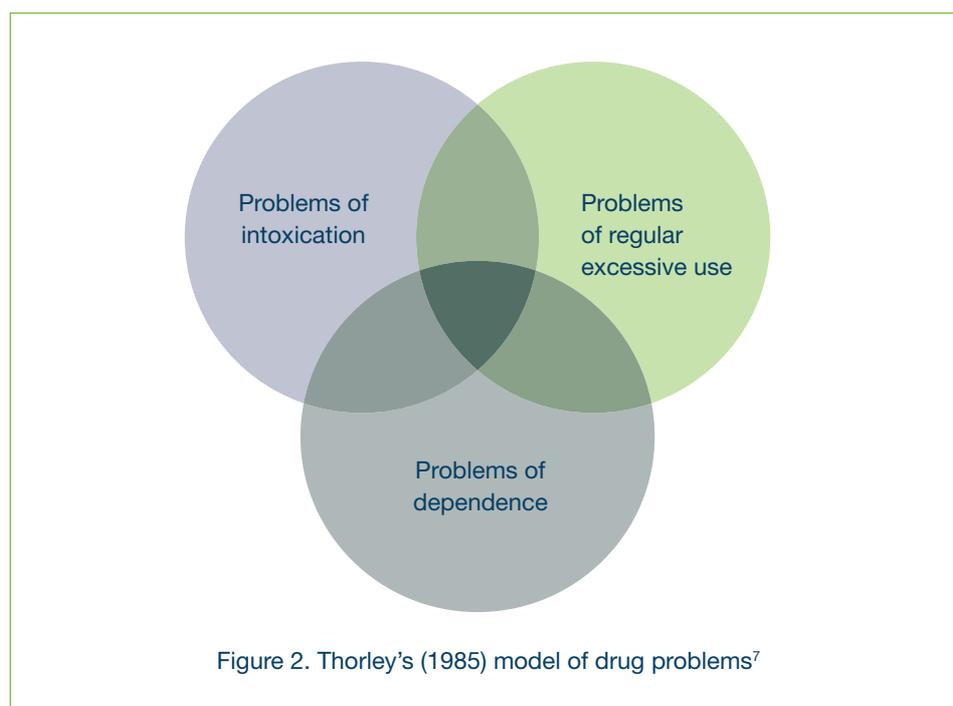


Intoxication, regular excessive use and dependence

Another useful model for understanding drug-related harm is presented in Figure 2. This model is useful as it differentiates between 'types' of problems that are associated with drug use.

Often what constitutes drug abuse or harmful drug use depends on our individual perceptions or social and political values. For example, some people regard any illicit drug use as 'unsafe', 'misuse' or 'abuse' because of its illegality rather than levels of related harm. Similarly, many people see alcohol as a social beverage rather than a drug and do not see a clear relationship between alcohol use and drug-related harm.

The model presented in Figure 2 suggests that drug-related harm is best understood in terms of problems related to intoxication, problems related to regular excessive use and problems related to dependence.



Problems related to intoxication tend to result from the acute effects of a drug and are often the most overt and disturbing effects of drug use such as violence, drunken driving, accidents and injury. Intoxication has obvious implications for workplace safety, worker morale and productivity.

⁷Thorley, A. (1985). The Limitations of the Alcohol Dependency Syndrome in Multidisciplinary Service Development. In: N. Heather, I. Robertson, and P. Davies (eds.) *The Misuse of Alcohol: Crucial Issues in Dependence Treatment and Prevention*. New York: New York University Press. pp. 72 - 94.



Problems related to regular excessive use are problems that arise from continued use over a period of time. The regular and continued use of a drug may result in accumulated harm to the individual's health. There may also be problems such as financial difficulties due to regular expenditure and absenteeism.

Problems of regular use can often occur even though the individual is apparently consuming relatively small amounts over time. Regular use has implications for worker absenteeism, lateness, morale and health.



Problems related to dependence may occur as an individual begins to devote more and more time to obtaining and using drugs at the cost of other activities. It is important to note that the extent of dependence varies on a continuum from minor to severe and can be expressed as the degree of difficulty the individual has in refraining from use.

Dependence has implications for workplace productivity in terms of absenteeism, lateness and worker morale. In addition, severe dependence on drugs that are costly to obtain may have implications in terms of workplace security and theft.

It is important to note that anyone who uses alcohol or other drugs may experience problems in any one of these areas occasionally, or at other times more often. In addition, while there is a degree of overlap between intoxication, regular use and dependence problems, it is possible to experience problems in one area and not another. For example, young male alcohol users are more likely to experience intoxication problems rather than problems of regular excessive use or dependence. Alternatively, older males who frequently use alcohol may be less likely to experience problems of intoxication, but more likely to experience problems of regular excessive use and dependence.

Figure 2 indicates that while only a small proportion of any drug using population will experience problems in all three areas (indicated by the shaded region) a much larger proportion of any drug using population is likely to experience problems in at least one area.



The model outlined in Figure 2 has important implications for responses to drug-related harm. First, it is erroneous for any response to target only those who are *dependent* on alcohol or other drugs. This type of response regards all drug-related harm as problems related to dependence. Compared to the relatively large number of individuals who occasionally use alcohol or other drugs, there are relatively few individuals who fit the stereotype of 'alcoholics' or 'drug addicts'.

Second, problems can arise in any one of the three areas in the model (i.e., intoxication, regular excessive use and dependence). For the workplace in particular, the highest cost is likely to arise as a result of problems related to alcohol intoxication (e.g., hangovers, lateness and intoxication at work). Intoxication may occur only occasionally for each individual, however, due to the large number of moderate drinkers in the workforce who may occasionally drink to intoxication the combined impact can be substantial.

The impact of working while intoxicated has clear implications for the development of organisational strategies. While it is important to develop responses that address the problems associated with the very small number of heavy drinkers, strategies also need to address the rest of the workplace. A single incident of intoxication could have a catastrophic outcome, even if the person involved does not fit the traditional stereotype of a 'heavy drinker'.

In addition, there is a range of other patterns of drug use to be considered. For example, it is highly likely that at some stage most employees will take over-the-counter and prescription medications to alleviate the symptoms of hay fever, influenza and similar conditions. These drugs can also impair work performance. Therefore, it is clear that the focus of an organisational strategy should not just be on drugs such as alcohol and cannabis. An effective strategy means responding to the broad range of drug-related harm that can be experienced in the workplace.

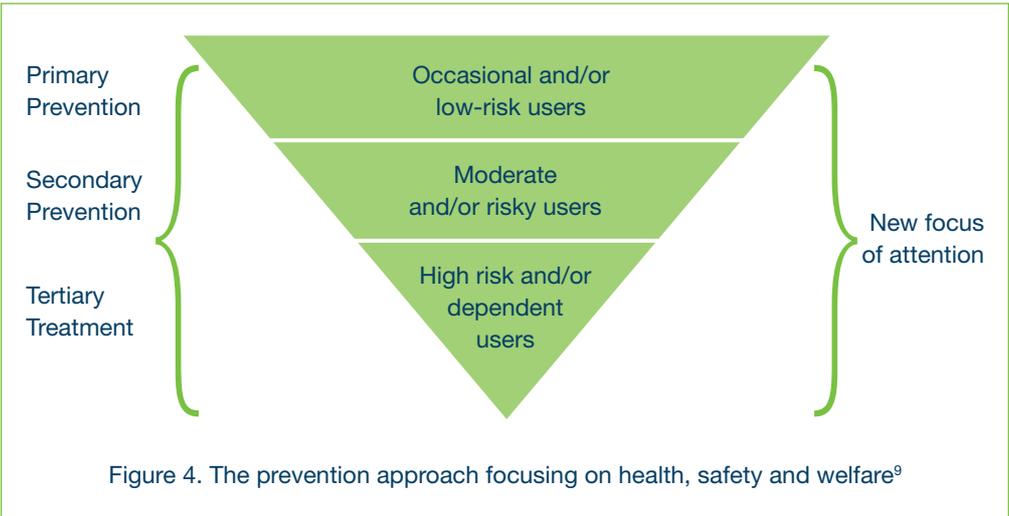
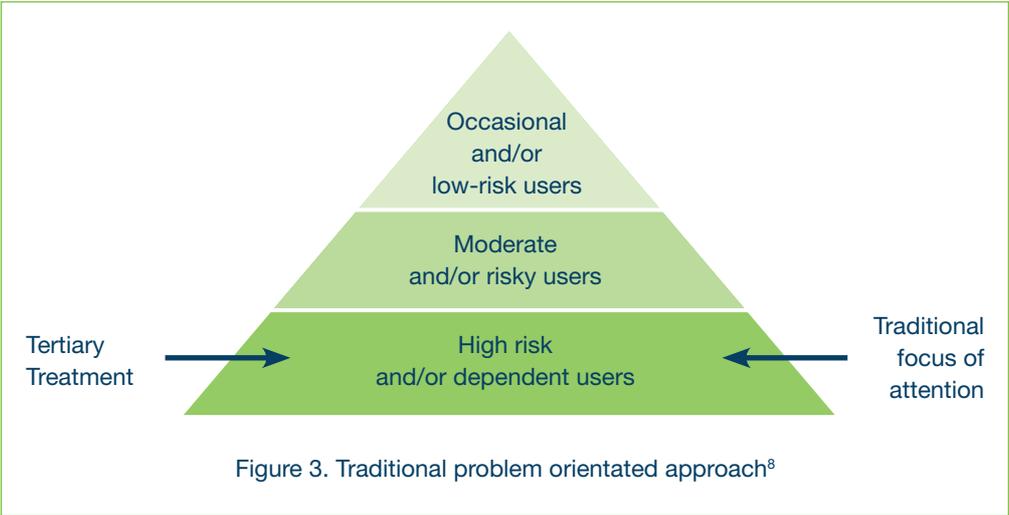
Alcohol- and other drug-related harm can be understood as:

- Problems of intoxication
- Problems of regular, excessive use
- Problems of dependence



2.5 DEALING WITH ALCOHOL- AND OTHER DRUG-RELATED HARM IN THE WORKPLACE

The models of drug-related harm outlined in Figures 1 and 2 have important implications for how workplaces deal with alcohol and other drug issues. In particular, these models indicate that most of the cost borne by alcohol and other drug problems comes not from the relatively few dependent users, but from the much larger numbers of infrequent or moderate users whose consumption patterns can on occasion, become problematic. This suggests that responses need to focus on all workers in the workplace and resources need to target moderate and occasional users as well as the heavy or dependent user.



⁸Adapted from Alcohol and drug problems at work: The shift to prevention. International Labour Office, Geneva, 2003.

⁹Adapted from Alcohol and drug problems at work: The shift to prevention. International Labour Office, Geneva, 2003.



However, many traditional workplace responses have taken the problem orientated approach outlined in Figure 3. The traditional problem orientated approach focuses on individual problem users and directs most resources toward the identification and treatment (through discipline, dismissal, or rehabilitation) of these individuals. This approach places the emphasis on dealing with problems after they occur which is a tertiary treatment approach rather than a prevention approach.

The prevention approach outlined in Figure 4 turns the traditional problem approach on its head and instead takes an occupational health, safety, and welfare approach by focusing on all workers and the total workplace environment. This approach maintains that adequate resources should be directed not only at the *tertiary treatment* of high risk or dependent users, but also at *primary and secondary prevention* that targets occasional, low risk, moderate risk, risky users and environmental factors that contribute to alcohol- and other drug-related harm in the workplace.

Primary prevention includes education and information dissemination strategies regarding alcohol and other drug health and safety risks and includes the identification of risk factors in the workplace that could contribute to alcohol- and other drug-related harm.

Secondary prevention strategies include the development and implementation of workplace policies and procedures for identifying and dealing with any worker whose alcohol or drug use is problematic. Secondary prevention strategies also allow workers to seek assistance for alcohol or other drug issues by providing confidential access to counselling services. In addition, secondary prevention strategies provide process and structures for the identification and removal or reduction of risk factors in the workplace that could contribute to alcohol- and other drug-related harm. An important component of secondary prevention is the training of supervisors and other staff who have responsibility for implementing workplace policies and procedures. These personnel often play a crucial role in determining the success of any strategy.



2.6 SUMMARY

Alcohol, illicit drugs, prescribed drugs and over-the-counter medications can have a range of effects on human functioning. In many cases, these effects have the potential to result in negative consequences for the workplace. The effects that alcohol and other drugs have depend on a wide variety of individual, environmental and drug-related factors. What is important is that while alcohol or other drug use in a recreational or social setting may be low risk, the same alcohol or other drug use in the work setting can be high risk.

In addition, problems associated with alcohol or other drug use are not restricted to the relatively small number of dependent users. Alcohol and other drug problems are also associated with intoxication and regular excessive use. This has implications for how workplaces deal with alcohol and other drug issues. In particular, it is important to acknowledge that most alcohol or other drug problems are not due to the relatively few workers who are dependent users, but rather most are due to the much larger numbers of workers who are infrequent or moderate users whose consumption patterns can occasionally become problematic.



3. DEVELOPING A COMPREHENSIVE AND EFFECTIVE ALCOHOL AND DRUG POLICY

The central component of any response to alcohol- and other drug-related issues in the workplace is the development and implementation of an alcohol and other drug policy.

What is an alcohol and other drug policy?

An alcohol and other drug policy is a set of guidelines and strategies for dealing with all aspects of alcohol and other drug issues in the workplace. The main aim of the policy should be to prevent hazardous and harmful alcohol and other drug use and to foster changes in attitude so that it becomes accepted that alcohol and other drugs and work do not mix.

The objectives of the policy should be to detail procedures for prevention, recognition and early action concerning harmful alcohol and other drug use.

Why have a policy?

Under occupational health and safety legislation, an employer has a responsibility to provide a safe working environment. Every employer must prepare policies on health and safety issues in the workplace.

Occupational health and safety policies are important because they set down the arrangements for protecting the health and safety of employees while they are at work and demonstrate that there is a commitment to ensuring high standards of health and safety for all employees.

Alcohol and other drug policies form the basis or foundation of any response to alcohol and other drug issues in the workplace.



An important part of health and safety is preventing alcohol- and other drug-related problems. An alcohol and other drug policy should ideally be a part of the health and safety policy.

In addition, employers may risk prosecution and penalties if any employee is injured by the actions of another employee who was intoxicated at the time. A policy demonstrates that an employer is taking reasonable steps to prevent harm related to alcohol and other drugs from occurring.

Some workplaces may not have an alcohol and other drug policy, while others may have an existing policy but consider it to be inadequate or ineffective. Regardless of whether a work organisation wants to develop a policy from scratch or improve an existing policy the following guidelines are recommended.

3.1 COMPONENTS OF AN EFFECTIVE POLICY

The effectiveness of any alcohol and other drug policy is dependent on the inclusion of key components during the policy development and implementation stages. These components are listed below.¹⁰

Consultation

- A key component of an effective policy is consultation with key stakeholders such as management, unions, workers, supervisors and occupational health and safety staff. This consultation process allows for mutually acceptable goals and procedures to be developed. Successful consultation with stakeholders during the development stage is often crucial for policy credibility and acceptance.

Universal application

- To be effective a policy must apply to all employees including administrative and management personnel. The coverage of the policy must be clearly stated in the policy document. A selective policy that applies only to employees 'on the shop floor' is likely to be resented by these employees and policy uptake is likely to be compromised.



¹⁰ These components are adapted from Duffy, J. & Ask, A. (2001). Ten ingredients for developing and implementing a drug policy in your workplace. In S. Allsop, M. Phillips, & C. Calogero (Eds.), *Drugs and work: Responding to alcohol and other drug problems in Australian workplaces*. IP Communications, Melbourne, pp 74-84



Organisation specific

- The effectiveness of a policy is likely to be influenced by organisational, social and environmental factors specific to individual workplaces. The policy should fit with the specific needs of each workplace and be based on a systems approach that is compatible with the organisational culture.
- While a policy needs to be organisation specific, generic policies can be used as a template that forms the basis of the organisation specific policy. A sample generic policy is provided in Appendix 1. However, it is important to remember that this policy is a guide only and should be adapted to suit the needs, culture and resources of specific workplaces.

Comprehensive

- Policy guidelines concerning alcohol and other drugs must be comprehensive. The policy must state if the supply and consumption of alcohol is prohibited at the work site and if permitted, under what circumstances alcohol consumption can occur. For example, if consumption is permitted at workplace social functions it is advisable for the policy to include a section on the responsible serving/consumption of alcohol. A sample of responsible serving guidelines is provided in Appendix 2.
- The policy must also clearly state rules and guidelines concerning the consumption, possession or supply of other drugs at the worksite. In addition, it is not sufficient for the policy to state rules about alcohol or other drug consumption without also providing guidelines and procedures for responding to drug use in the workplace.

Instructions and procedures

- To be effective the policy must contain instructions and procedures for approaching and dealing with an impaired worker. These should include information on treatment services and any counselling procedures. The policy should also provide details of any disciplinary action that may be taken as a result of policy breaches.

Drug testing considerations

- The option of drug testing needs to be considered as a potential component of the policy during the development phase. However, testing is a complex option that only has limited applications. If testing is to be included it should not be the sole means of harm reduction. In addition, the rationale and procedures for testing and an explanation of the meaning and consequences of a positive test must be included in the policy document.



Gradual and informed change

- Policy implementation will differ according to the type of workplace and available resources. However, the effectiveness of any policy is dependent on a supportive environment which can be achieved by introducing gradual and informed change. Change introduced too quickly or change that does not fit with the workplace culture is likely to become an impediment to effective policy implementation.



Publicity

- The acceptance of and commitment to any policy may be enhanced by publicising the policy in a manner that fits with the workplace culture. For example, a written policy document is unlikely to be effective if it is not read or does not account for diversity in languages or literacy levels that may exist in some workplaces. Ongoing communication with employees that uses a variety of communication strategies appropriate for the target audience is essential for successful implementation.

Information dissemination, education and training

- Information dissemination, education and training are necessary components of policy implementation and promotion of employee compliance with the policy. Roles and responsibilities defined within the policy need to be made clear to all staff. This dissemination process should occur during an employee's induction and at regular intervals during employment. Information can be disseminated through staff induction kits, notice boards, electronic networks and other media.
- Education and training is another strategy to raise employees' awareness of the policy and procedures and provide information about the health and safety implications of alcohol and other drug use. Education and training is also necessary to enhance the capacity of supervisors and other staff to implement the policy and deal with impaired workers. Education and training are discussed in Sections 4 and 5 of this document.



Evaluation

- Evaluation of the policy serves three purposes. Evaluation assesses how well the policy meets its objectives, it ensures accountability at the managerial and organisational level and it provides important information for predicting future policy success or failure. Evaluation is discussed in more detail in Section 8 of this document. Potential issues for consideration in evaluation of an alcohol and other drug policy include:
 - the extent to which policy implementation applies to all employees
 - the achievement of anticipated outcomes
 - the identification of impaired employees
 - the effectiveness of treatment and counselling interventions
 - the effectiveness of the policy implementation process.

3.2 THE PROCESS OF DEVELOPING AND IMPLEMENTING A POLICY

Figure 5 outlines the phases involved in developing, implementing and managing an alcohol and other drug policy. This model maintains that effective policies begin with a design phase that involves agreement that a policy is necessary, the appointment of a steering committee and policy coordinator, and the conduct of a feasibility study and risk assessment.





Figure 5. The design, implementation and management phases of an alcohol and other drugs policy¹¹

The design phase

The success of any response to alcohol and other drug issues in the workplace directly relates to the quality of planning and preparation. The design phase in particular plays a crucial role in determining the credibility and uptake of the policy. The design phase begins with an ‘in principle’ agreement within the organisation that a policy is necessary.

The steering committee

This leads to the appointment of a steering committee whose role should be to define goals and objectives of the policy and provide overall guidance and supervision of the development and implementation of the policy.

¹¹ Adapted from Alcohol and drug problems at work: The shift to prevention. International Labour Office, Geneva, 2003



To ensure adequate consultation the committee should consist of both management and employee representatives. The steering committee may also benefit from the inclusion of representatives from areas within the organisation that may have a special interest in the program (e.g., personnel and occupational health and safety).

It may also be beneficial to have external workplace alcohol and other drug specialists sit on the committee or invited to contribute as required. It may be necessary for the committee to appoint a staff member, such as an occupational health or human resource professional to the position of policy coordinator. The role of policy coordinator will be to supervise the implementation and management phases of the policy.

Feasibility study and risk assessment

One of the first tasks of the steering committee is to oversee the conduct of a feasibility study in order to determine whether the necessary external infrastructure, organisational support and resources exist.

External infrastructure refers to services and resources required for the successful implementation of the policy. For example, the existence and availability of adequate community resources to support the treatment and counselling of employees with alcohol or other drug problems need to be determined.

Organisational support refers to the level of commitment of management, knowledge and expertise of staff and the cooperation and participation of employee representatives. The extent of support or potential support from each of these groups is critical to the acceptance and effectiveness of the policy.

The extent of **resources** such as staff, time and money required for the policy to be developed, managed and implemented needs to be determined. For any policy to be effective the organisation must be prepared to make a financial commitment. Evaluations of workplace responses to alcohol and other drug issues tend to indicate that over time returns on investment exceed initial costs.

In addition to a feasibility study a **risk assessment** is also required. A risk assessment identifies the appropriate nature and content of the policy and suitable strategies for implementation. A thorough risk assessment involves identifying both external and internal conditions.



An assessment of external conditions involves gathering data on things such as:

- the nature and extent of alcohol and other drug use nationally and locally
- prevailing norms and values regarding alcohol and other drug use in the community
- national laws and regulations concerning workplace alcohol and other drug use
- resources available at the national or local level that could support a workplace policy
- existing alcohol and other drug prevention programs and activities within the local community or within the industry relevant to the workplace.

An assessment of internal conditions involves gathering data on the existing workplace culture concerning alcohol or other drug use. Examples include:

- assessing working conditions that may be associated with employee alcohol or other drug use (as outlined in Section 1)
- assessing employees' attitudes toward workplace alcohol and other drug issues
- determining the employees' existing patterns of alcohol and other drug use in the workplace and in the immediate vicinity of the workplace
- determining the availability of alcohol and other drugs in the workplace and in the immediate vicinity of the workplace
- examining records of accidents, absenteeism, violence, terminations and other incidents that may have been associated with alcohol or other drug use
- examining other health and safety related information such as employees' compensation claims.

The implementation phase

The development and production of a policy document

The design phase should lead to the development and production of a policy document that is specific to the identified needs and resources of an individual workplace and includes the policy components previously outlined.

The removal or reduction of risk factors

An initial step in the implementation stage should be the reduction or removal of workplace conditions identified in the risk assessment that contribute to employees' alcohol or other drug use. For example, the risk assessment may



reveal that employees keep alcohol in staff room fridges and consume this alcohol at lunch or other breaks. This practice would need to be addressed immediately and prohibited in the subsequent written policy.

If hot and dusty conditions contribute to employees' alcohol use these conditions may be alleviated by the installation of more adequate ventilation and the provision of cooled water. Other workplace conditions identified in the risk assessment that are associated with employee alcohol or other drug use may not be so easily removed or reduced. These conditions need to be acknowledged and strategies to address them need to be included in the policy.

Awareness and information campaign/education and training

Awareness campaigns and education and training are important components of the implementation phase. Awareness and education campaigns enhance the acceptance and effectiveness of the policy as they make employees aware of the policy's existence, how it operates and raise awareness of the health and safety implications of alcohol and other drug use. Training programs enhance the capacity of supervisors and other staff responsible for the policy implementation to respond to impaired workers and other alcohol and other drug issues. Awareness campaigns and education and training programs are discussed in more detail in Sections 4 and 5.

The management phase

All components of the implementation stage are also components of the ongoing management phase of the policy. Awareness campaigns and education and training are continuing processes in effective policies. Apart from the need to reinforce the policy at regular intervals during employment, the employment of new staff and the promotion of existing staff require education and training to be ongoing.



Access to counselling and treatment

Management of the policy also involves employees having access to counselling, treatment and rehabilitation services. This access can operate through a process of referral, which is part of the 'constructive confrontation' process that is outlined in Section 6 of this document. In addition, employees should be able to access these services voluntarily. The level of assistance employers can offer is determined by the services and resources available to them. Employers can provide access to a private service provider in the form of an Employee Assistance Program (EAP) or offer access to a public non-profit service provider. In either case, access to the service provider should be private and confidential. More information concerning EAPs is provided in Section 7 of this document, and a contact list of service/treatment organisations is provided in Booklet 2.

Evaluation

As previously outlined, evaluation is an essential component of policy management. It assesses how well the policy meets its objectives, ensures accountability at the managerial and organisational level and provides important information for predicting future policy success or failure.

The process of policy evaluation should lead to continual improvement in the policy and its strategies and the ongoing identification of risk factors. Section 8 provides more information concerning the evaluation process.

3.3 SUMMARY

A central component of any workplace response to alcohol- and other drug-related harm is the development of a written alcohol and other drug policy. For it to be effective, careful consideration needs to be given to the development and implementation of the policy. In particular, consultation with all key stakeholders and the conduct of a feasibility study and risk assessment are important in the early stages for the development of effective policies that meet the specific needs and resources of individual workplaces.



4. EDUCATING EMPLOYEES

4.1 WHY EDUCATE?

Educating all employees in the work organisation is an important part of a workplace alcohol and other drug policy. In most cases, the success of any workplace response to alcohol- and other drug-related harm is dependent on changing attitudes and behaviours relating to alcohol and other drug use. To change existing attitudes and behaviours an education strategy is necessary.

Awareness and education strategies enhance the acceptance and effectiveness of the policy as they make employees aware of the policy's existence and how it operates and raise awareness of the health and safety implications of alcohol and other drug use.

Educating employees is important as it:

- provides information on how the policy operates
- gives the policy a high priority and reinforces that everyone in the workplace needs to be involved
- fosters cooperation between employees
- encourages employee acceptance of the policy and reinforces the importance of addressing alcohol- and other drug-related harm in the workplace.

The aim of educating the workforce is to raise awareness of an issue in order to prevent problems arising. Raising awareness of alcohol and other drug problems will also:

- help to create a safe and healthy workplace
- help reduce risks and problems that may follow harmful alcohol or other drug use
- provide information on where to get help if it is wanted
- make employees aware of the risks of alcohol and other drug use and what to do if there is a problem.



4.2 WHAT SHOULD BE INCLUDED IN THE EDUCATION STRATEGY?

An alcohol and other drugs policy

At the bare minimum, an employee education strategy should include the distribution of a copy of the policy and a policy briefing to all employees. The briefing should address:

- the rationale for the policy including what the law requires, why the policy is important and the potential consequences of alcohol and other drug use for the workplace and individual employees
- details of the policy and procedures including roles and responsibilities and the consequences of policy violation
- the availability of help for employees with alcohol or other drug issues such as an EAP if available or referral/access to other local service providers.

The briefing should reinforce to employees that the policy **is** about:

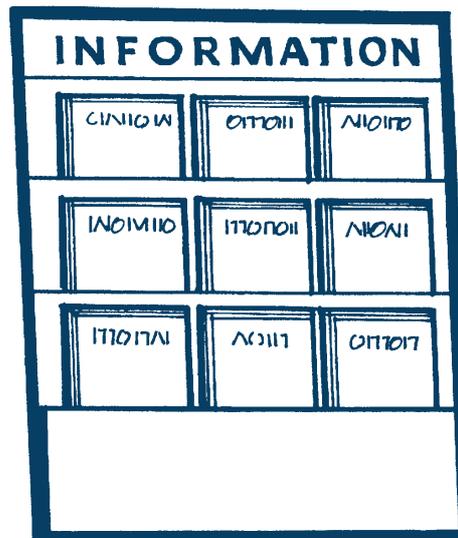
- minimising harm associated with alcohol and other drug use
- helping employees who have problems
- helping employees take the right action with intoxicated workers and protecting jobs
- promoting a sensible and responsible attitude.

The briefing should reinforce to employees that the policy **is not** about:

- stopping employees drinking or taking drugs
- dobbing in mates
- forcing employees into treatment
- embarrassing employees or getting people sacked
- giving employees a bad name.

Education is the key to changing workers' alcohol and other drug behaviours and attitudes.





Raising awareness

In addition to providing a policy briefing, it is recommended that the education strategy also include information that raises employees' awareness of alcohol- and other drug-related issues. Providing employees with basic alcohol- and other drug-related information reinforces the policy and communicates that employers care about workers' welfare.

Examples of information that can be incorporated into education strategies include:

- the physical and psychological effects of alcohol and other drugs
- the impact of harmful alcohol and other drug use on the workplace and on the employee's family
- indicators of harmful alcohol and other drug use in the workplace
- availability and use of self-assessment tools
- community resources, support organisations and self-help groups where employees can get assistance
- laws and regulations in relation to harmful alcohol and other drug use in the workplace, in particular, an explanation that injuries incurred under the influence of alcohol and drugs may not be covered by workers compensation
- stress management techniques
- the importance of support from colleagues and families in order to change patterns of behaviour.



4.3 HOW TO DEVELOP AND DELIVER THE EDUCATION STRATEGY

Education strategies can be developed using information contained in this document. For example, information concerning the negative impact of alcohol and other drug use on the workplace is contained in Section 1 and information on the effect and potential negative consequences of using various drugs is contained in Section 2. The Factsheets provided can also be photocopied and distributed to employees.

Information and guidance on alcohol- and other drug-related issues are available on the internet or from government and local community agencies. A list of useful websites and agencies is provided in Booklet 2. Much of this information is in the public domain so it can be copied, adapted and modified to suit individual workplaces.

Alternatively, a workplace may wish to engage the services of an external consultant to assist with the development and delivery of training strategies. However, regardless of who develops and delivers the education strategy, employee education is likely to be sustainable in the long-term if it is done 'in-house' and becomes part of the workplace's ongoing employee training/education program.

An awareness/education program should be initiated in the early stages of policy implementation and continued throughout the life of the policy. An education and awareness program is not a 'one off' event. Multiple short education sessions should be conducted regularly and using different communication techniques will provide periodic reinforcement. In addition, these education and awareness strategies should be incorporated into orientation programs for new employees.



There is a variety of methods and activities that employers can utilise including:

- incorporating alcohol and other drug issues into health promotion activities
- providing written material such as factsheets, leaflets or flyers
- providing copies of the policy or posters outlining the policy in prominent locations such as lunch room notice boards and health and safety notice boards
- providing audio-visual material (for example a video concerning the workplace and alcohol and other drug use or a video concerning alcohol and other drug use in general)
- the discussion of the policy and alcohol and other drug issues at toolbox meetings, staff meetings and regular occupational health and safety briefings
- incorporating alcohol and other drug information and workplace policy information into ongoing occupational health and safety training.

4.4 SUMMARY

An employee education strategy is an important part of a workplace alcohol and other drug policy. Education strategies can enhance employee acceptance of the policy and help influence employees' alcohol- and other drug-related attitudes and behaviours.

Education strategies need to include a policy brief and provide information concerning the health and safety aspects of alcohol and other drug use. These strategies are likely to be more effective if they are ongoing and delivered via a variety of media.

Most Australians now realise that drinking or using drugs and driving is not acceptable. It is important that people realise the same considerations apply in the workplace. By providing appropriate education and information strategies this message will become clear to all employees.



5. TRAINING SUPERVISORS AND OTHER KEY STAFF

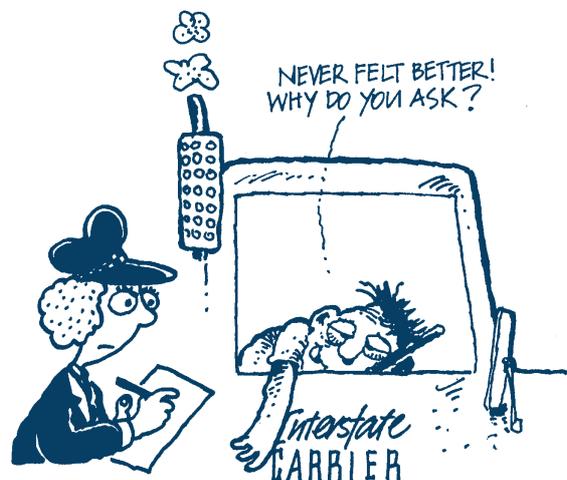
5.1 WHY TRAIN?

The credibility, acceptance and overall success of any workplace alcohol and other drug policy is highly dependent on the attitudes and actions of supervisors, employee representatives and other key staff who are responsible for the implementation and management of the policy.

Supervisors are required to monitor and facilitate performance and to intervene to overcome problem situations. Supervisors need to know what to do if they believe an employee's performance or misconduct is associated with alcohol or other drug use and how to deal with these employees. In order to implement the workplace policy supervisors need training in alcohol and other drug issues.

Similarly, occupational health and safety staff need training in order to identify workplace conditions that contribute to alcohol- and other drug-related harm in the workplace. Occupational health and safety staff also need training in how to recognise and approach impaired employees.

Employee representatives also play an important role in policy implementation due to their close relationship with employees. They can encourage acceptance of the policy and intervene in problem situations. Employee representatives normally have the employees' trust and confidence and are often in a better position to identify and intervene with employees who have alcohol or other drug problems. Therefore, employee representatives also need alcohol and other drug training.



5.2 WHAT SHOULD BE INCLUDED IN THE TRAINING STRATEGY?

While the content of the training may vary according to the differing roles of key personnel, training should focus on:

- the rationale behind the policy
- implementing the policy and procedures
- identifying and addressing alcohol- and other drug-related harm in the workplace
- building communication, interviewing and supervision skills.

The training of supervisors and other key personnel should result in them being able to:

- understand their own role in implementing the policy
- explain to other employees what is in the policy and how it works
- identify changes in individual workplace performance and behaviour that may indicate alcohol- or other drug-related problems
- intervene with employees that are impaired in the workplace
- refer employees to rehabilitation, treatment or counselling services
- provide information to employees about the availability of rehabilitation, treatment or counselling services
- support the needs of rehabilitated employees and monitor their performance when they return to work
- assess the working environment and identify conditions that could be changed or improved to prevent or reduce alcohol- and other drug-related harm in the workplace.

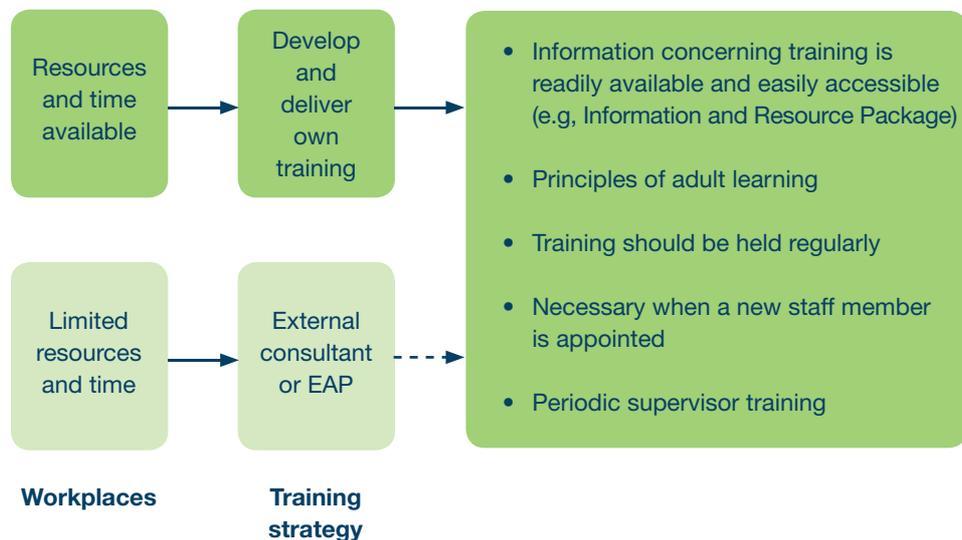
For a workplace alcohol and other drug policy to be effective, it is important that key personnel receive regular and ongoing training.



5.3 HOW TO DEVELOP AND DELIVER THE TRAINING STRATEGY

The development and delivery of training is largely dependent on time and resources available to individual workplaces. Workplaces with limited time and resources may choose to use the services of an external consultant from a local community agency or Employee Assistance Program (EAP) provider to develop and deliver the training.

Alternatively, workplaces that have their own training staff and sufficient resources may choose to develop and deliver their own training. Existing training programs, resources and guidance for developing training programs are available on many of the internet sites listed in Booklet 2 of this document.



Information contained in this document can be included in a training program for supervisors and other key staff. Section 1 contains information concerning the rationale behind workplace alcohol and other drugs policies and identifies factors that may contribute to alcohol- and other drug-related harm in the workplace. Section 2 and the Factsheets provided outline how various drugs can affect workplace safety and productivity. Section 6 provides guidance on



how to approach employees with alcohol or other drug problems, outlines a work performance checklist for identifying potential alcohol or other drug problems and describes 'constructive confrontation' procedures.

Regardless of which method is utilised to develop the training strategy, it is important that the training is consistent with the principles of adult education and encourages interactive learning. In particular, the use of 'brainstorming' exercises is recommended at various stages throughout the training. For example, asking trainees to generate lists of workplace factors that may contribute to alcohol- or other drug-related harm is not only useful for engaging trainees, but may also identify factors that are specific to their workplace that are not included in the training content. Similarly, utilising role-play in the training sections concerning approaching and responding to workers with alcohol or other drug problems provides practical experience and increases trainees' confidence.

The training of supervisors and other key staff should be held regularly as knowledge and skills can diminish over time if not used regularly. In addition, training will be necessary when new staff are appointed. Periodic supervisor training will also help to maintain interest in reducing alcohol- and other drug-related harm in the workplace, and will keep the policy active.

5.4 SUMMARY

Supervisors, occupational health and safety staff, employee representatives and other key personnel who are responsible for the implementation of the alcohol and other drug policy play a crucial role in determining its overall effectiveness. It is essential that these people receive training that builds their capacity to implement and manage the policy. This training should focus on increasing knowledge concerning the policy and procedures, increasing understanding of the roles and responsibilities of key staff in implementing the policy and increasing the level of skills required to implement the policy. As with employee education strategies, the training of supervisors and other key staff should be ongoing and adapted to changing circumstances.



6. DEALING WITH ALCOHOL AND OTHER DRUG ISSUES IN THE WORKPLACE

The procedure for dealing with employees whose alcohol or other drug use is problematic for the workplace is the same regardless of what drugs may be involved. The reason for this is that managers, supervisors and other staff are usually not qualified to make clinical diagnoses of intoxication or dependency, nor are they qualified to provide treatment or counselling for alcohol or other drug problems.

Rather, work performance and workplace safety should be the focus in the workplace. What employees do outside of work is not in itself the concern of an employer. It only becomes relevant when an employee's alcohol or other drug use affects their performance or behaviour on the job.

In the past, detection of alcohol- or other drug-related issues has sometimes emphasised the physical symptoms of alcohol and other drug use such as bloodshot eyes or trembling hands. However, this emphasis is problematic as a range of medical conditions can produce similar symptoms. Medical diagnoses should be left to doctors.

The identification of alcohol- or other drug-related problems should be based solely on work safety and performance. It is not a matter of trying to spot the problem drinker or drug taker, but of preventing problems before they arise.

If illicit drugs are thought to be involved it needs to be made clear to everyone in the workplace that illicit drugs will not be tolerated at work for both legal and safety reasons.

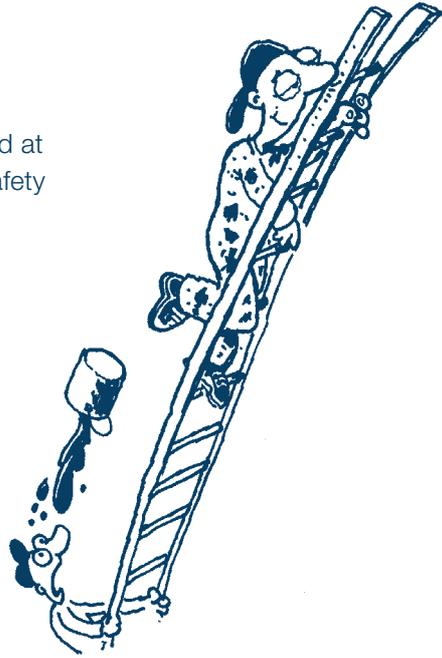


6.1 INTOXICATION AT WORK

When an employee is suspected of being intoxicated at work, primary consideration must be given to the safety of the individual and of others.

Managers, supervisors or other responsible staff do not have to estimate how much has been drunk, what the blood alcohol level is or what drugs have been taken. Any decision to act must be based purely on considerations of safety and work performance.

Under occupational health and safety legislation, employers have a responsibility to provide and maintain a safe working environment. This responsibility extends to employee's alcohol or other drug use. If an employer believes a person is not capable of performing work in a safe manner (e.g., due to suspected intoxication) they must ensure that the person is not in any personal risk or in a position to cause a health and safety risk to others.



An individual should not be allowed to work until they are considered able to safely and productively perform their job. If an employer knows of misconduct and does not warn the employee, they may be considered as having condoned the conduct and thus lose the right of summary dismissal.

Similarly, occupational health and safety legislation requires that employees must ensure that they are not in such a state through alcohol or drug consumption to endanger their own safety or the safety of any other person at work.

An employee must comply with any reasonable directives from an employer regarding occupational health and safety. If an employee is suspected of being intoxicated and is asked to leave the workplace for this reason, they must comply.

Dealing with an employee who is intoxicated

When approaching an employee who may be intoxicated, avoid using judgmental words such as 'drunk' or 'stoned'. A more suitable approach would be to use words such as:

"I am concerned that you are not capable of performing your job satisfactorily. I have observed the following behaviour which has led to this conclusion..."



List the reasons for your concern and make sure that they are put in writing. Be specific and state the facts only. Do not discuss or argue. If there is a dispute, the proof of fitness for duty is the responsibility of the employee.

Follow with:

"I have a clear responsibility for the safety of employees and the workplace and so I instruct you to leave the premises. We will ensure transportation home. I will discuss the situation with you further when you return to work."

When dealing with an employee who appears intoxicated be brief, firm and calm. Avoid confrontation and do not be provoked into a debate.

To ensure there is no possibility of accidents and potential negligence claims, transportation home should be arranged for the person at the expense of the employer. If the person insists on driving home then the police should be notified.

Follow up

When the employee returns to work the following day a meeting should be arranged between the employee, their supervisor and any other staff who are responsible for the management of the alcohol and other drug policy and implementing disciplinary measures.

At this meeting the employee should be reminded of the employer's alcohol and other drug policy and given the opportunity to provide an explanation for the incident. It may be that the employee was not intoxicated, but was ill or under the influence of prescribed medication. If the employee can produce supporting documentation from their doctor they should be allowed sick leave provisions and if applicable, counselled about the potential impact of prescribed drugs on workplace safety.

If the employee cannot provide supporting documentation or admits to being intoxicated, the employer has the discretion to implement immediate disciplinary action or to implement the formal constructive confrontation process outlined later in this section.

When dealing with alcohol and other drug issues in the workplace the focus should be on work performance and work safety.



6.2 POOR WORK PERFORMANCE

Even quite small amounts of alcohol or other drugs, while not resulting in intoxication, can reduce performance to the level where it affects productivity and represents a health and safety risk. An employee's alcohol or other drug consumption patterns outside of working hours can also affect safety and productivity. For example, the hangover effects of alcohol can negatively influence work performance long after blood alcohol levels have returned to zero.

Signs of poor work performance

The criteria for evaluating poor work performance can be broadly divided into six areas:

1. lost time (not including sick leave)
2. quality of work
3. quantity of work
4. safety
5. effects on work team
6. effects on clients or customers.

More detail about these categories is provided in Appendix 3 of this document. This detail is in the form of a work performance checklist that can be used to assess whether work performance is up to the required standard.

When a pattern of unsatisfactory work becomes clear the actual nature of the poor performance must be formally documented. To do this, it is necessary to be able to describe what the acceptable standard of performance of the job is. The factors presented in the work performance checklist (Appendix 3) can be used for this.



An informal approach

Initial discussions with the employee regarding work performance can be on an informal basis. The supervisor, or other responsible staff member, needs to outline to the employee what the concerns are and make it clear that an improvement is necessary. Simply making an employee aware that the situation is not acceptable may lead to an improvement. In some cases, it may simply be a short-term problem and when brought to the employees' attention the effect on productivity may cease. Alternatively, some people with a more serious drinking or drug problem use the fact that they have a job, at which they believe they are performing well, as a way of denying that there is anything wrong. An informal approach may lead to these employees realising that they are not performing adequately.

If the informal approach does not achieve an improvement it may seem easier just to leave things as they are. However, the situation may become worse if the employee does not accept that their alcohol or other drug use is impacting on the workplace. The risks, costs and stress to the employer and other employees will become more evident. Dismissal may seem to be an answer, but this could contravene unfair dismissal laws.

If an informal approach does not result in any apparent improvement in work performance then a formal 'constructive confrontation' procedure is the next stage.



6.3 THE CONSTRUCTIVE CONFRONTATION APPROACH

The 'constructive confrontation' approach uses assertive escalation to outline to employees the consequences of not addressing the problem behaviour for which they are being counselled. While the terminology is different the approach is not inconsistent with other counselling techniques such as motivational¹³ interviewing. The objective is to motivate a behavioural change. What is different in the constructive confrontation approach is that it involves the threat of disciplinary action (including dismissal) as the primary motivator for behaviour change.

¹² For more information on motivational interviewing see: *Alcohol and Other Drugs: A Handbook for Health Professionals, Chapter 13 "Psychosocial Interventions"*. Available at <http://www.nceta.flinders.edu.au> or <http://www.aodgp.gov.au/professional/handbook.htm>



The aim of the formal constructive confrontation approach is not to dismiss employees, but to try and encourage them to improve and perform at their best. This is the most satisfactory and least expensive outcome. However if dismissal does become necessary, this process will fulfil the legal requirements.

There are three stages in dealing more formally with a situation where poor work performance has been identified and documented. These are:

1. advise
2. caution
3. confront.

A flow chart of the formal constructive confrontation approach is presented at the end of this section.

1) Advise

After sufficient written evidence of unsatisfactory or deteriorating job performance has been collected, an initial interview needs to be arranged with the person concerned. The objective of the first interview is to advise the person of the work performance problem, supported by examples.

Offer help and discuss possible disciplinary action

- The discussion needs to involve consideration of the job itself and workplace factors as well as the individual. Any workplace factors that are limiting performance (e.g., lack of training or support) should be identified and discussed. The employee's reasons for the poor performance and suggestions about how the situation can be improved should be sought. Information on where the employee can obtain help for any personal problems (including alcohol or other drug problems) must be provided. The employee needs to be advised that if the situation does not improve disciplinary action may result. Details of the appropriate disciplinary action (e.g., demotion, loss of benefits, dismissal) must be clearly described.
- It is also legitimate for the employer to offer inducements for the employee to seek assistance with their personal problems. These inducements may be in the form of withholding disciplinary action while the employee is receiving counselling or treatment. If this is the case, it should be clearly stated in the policy document.
- The overall aim should be to motivate the person to seek help for underlying problems.



Keep a written record

- A written record of the interview should be kept. The contents of this record must be agreed to and signed by both parties.

Do not try to diagnose the problem

- It is not the responsibility of the employer to diagnose or become involved in any personal problem the employee may have. If the employee mentions an alcohol or other drug problem or a personal problem they can be referred to an EAP (if available) or to appropriate services that are best able to provide advice and help. A list of services is provided in Booklet 2. Otherwise, it should be recommended that they see their own doctor.
- If the employee does not identify an alcohol- or drug-related problem no allegations of drinking or drug taking should be raised. Discussion needs to be kept to the issue of work performance.

Sick leave

- If the employee has been diagnosed by a doctor as dependent on alcohol or drugs this may result in the employer being required to show more patience in dealing with the employee because it is considered a medical issue (although not to the extent of tolerating intoxication on the job). In this case, alcohol or drug dependence can be seen as an illness that requires treatment. This means that the same provisions and allowances for treatment and assistance can be made that would apply to any other illness. Sick leave should be allowed for treatment.
- This is in contrast to someone who simply disobeys company policy about being intoxicated on the job, which is a conduct issue.

Confidentiality

- It is important that confidentiality is maintained throughout the process.



Monitoring

- Following the first interview there will be a designated period during which performance is monitored and details of any improvements (or otherwise) in performance are documented.
- If the first interview has been unsuccessful and work performance has not improved a second interview needs to be arranged. There is also a need for flexibility in determining the time between interviews.

2) Caution

The aim of the second interview is to caution the employee. They must be provided with specific evidence of how their work performance has remained unsatisfactory and again it must be recommended that they seek help and advice or see their own doctor. The employee needs to be further cautioned that unless satisfactory work performance is achieved, dismissal or other disciplinary action will result. The threat of job loss is often a motivating factor for problem drinkers or drug users to seek help.

Details of the interview must be written down, agreed to and signed by both parties.

Following the second interview continual monitoring of the employee's performance needs to occur with the details documented. If the second interview does not achieve any significant improvements in performance a third interview must be arranged to confront the employee.

3) Confront

The aim of this third interview is to confront the employee by giving them a clear option to either improve their work performance or face disciplinary consequences, including dismissal. It needs to be made clear to the employee that the option to seek help for any problem is no longer voluntary and that a mandatory assessment is required.

It is advisable that the employee be given the opportunity to have a witness or representative present at this third interview stage.



The supervisor or other responsible staff should not try to cover up problems because of any personal relationship with the employee, nor should the situation be avoided because the person will be difficult to replace. Deviation from a firm and consistent approach because of feelings of sympathy will only lead to a delay in the person receiving help and decrease their chances of resolving their problems. In addition, deviation from a consistent approach will lower the credibility of the policy with other employees.

Details of the third interview must be written down, agreed to and signed by both parties. It should be remembered that the costs of dismissing an employee and of training a replacement far exceed the costs of helping them. To ignore the situation will only lead to more problems in the longer run.

Dismissal/disciplinary action

- If there is still no improvement and other disciplinary measures such as demotion or loss of benefits have failed, a formal notice of dismissal will need to be considered. By documenting all stages of the process and showing that a fair and considerate position has been taken there will be fewer difficulties with unfair dismissal legislation. Employees can be dismissed as a result of drinking or drug use if it affects their ability to perform their job or results in inappropriate or unacceptable behaviour.

Documentation

- Documentation of each of the stages undertaken before dismissal is very important and evidence of poor performance must always be put in writing.

Industrial relations legislation and unfair dismissal

- Under industrial relations legislation, protection from unfair dismissal includes non-unionised employees and those not covered by awards or agreements. This particularly applies to employers with more than 100 employees. These employers need a valid reason to sack an employee that is connected with the employee's capacity, conduct, or operational requirements of the business. Reasons are valid if the termination is considered harsh, unjust or unreasonable.

While employers with 100 or fewer employees may be exempt from unfair dismissal legislation, all employers should exercise caution when dismissing employees for several reasons. First, exemptions from unfair dismissal legislation vary between federal and state jurisdictions. Second, anti-discrimination and *unlawful* dismissal (as distinct from *unfair* dismissal) legislation applies to all employers regardless of the number of employees. Third, terminations that are fair and reasonable are less likely to impact on the morale and productivity of the remaining workforce.



The most important components of the constructive confrontation approach are:

- Consistency
- Communication
- Documentation

The supervisor's role

Supervisors play a key role in the constructive confrontation process. However, the goal of the supervisor is to identify performance decrements, not to diagnose the cause of the decrement. The focus in the constructive confrontation process must be on the performance issue, not determining the impact of an employee's personal problems on performance.

It is legitimate for the supervisor to remind employees that if personal problems are affecting work performance they should seek access to appropriate services to rectify the problem. The alcohol and other drug policy should make this clear to employees and management. In addition, the policy should emphasise that performance should return to acceptable levels within an agreed time frame. Supervisors and employers should not specify what route employees should take to meet the goal of performance improvement, however, they can advise of the availability of counselling or treatment services.

Other considerations

Unions

- In workplaces where there are union members the person concerned needs to be advised that a union representative can be present at each interview if requested.
- The union movement has placed much emphasis on occupational health and safety in recent years and by reducing alcohol and other drug problems workers themselves stand to gain better personal health and safer working conditions.



Complementary health and safety practices

- Responding to alcohol- and other drug-related problems in the workplace complements other activities aimed at ensuring a safe and healthy work environment. Therefore, alcohol and other drug responses and policy needs to be part of wider occupational health and safety practices and policies.

Workers compensation

- Workers compensation agencies may not compensate for any injuries that occur if alcohol or other drugs are a factor.

Workplace factors

- Consideration of the individual is important. However, consideration also needs to be given to factors in a workplace that may have an influence on drinking or drug use as outlined in Section 1.

6.4 SUMMARY

This section has outlined the correct procedures for dealing with employees whose alcohol and other drug use is problematic for the workplace. This approach involves informally approaching employees in the first instance, followed by a more formal constructive confrontation approach if the situation does not improve.

It is important to remember when adopting these approaches that supervisors, managers and other responsible staff are not qualified to make medical diagnoses of intoxication or dependence, nor are they qualified to provide counselling or treatment to employees with alcohol or other drug problems. However, supervisors, managers and other responsible staff are qualified to make decisions based on an employee's ability to work safely and productively. Workplace safety and productivity must be the focus when dealing with alcohol or other drug issues in the workplace.

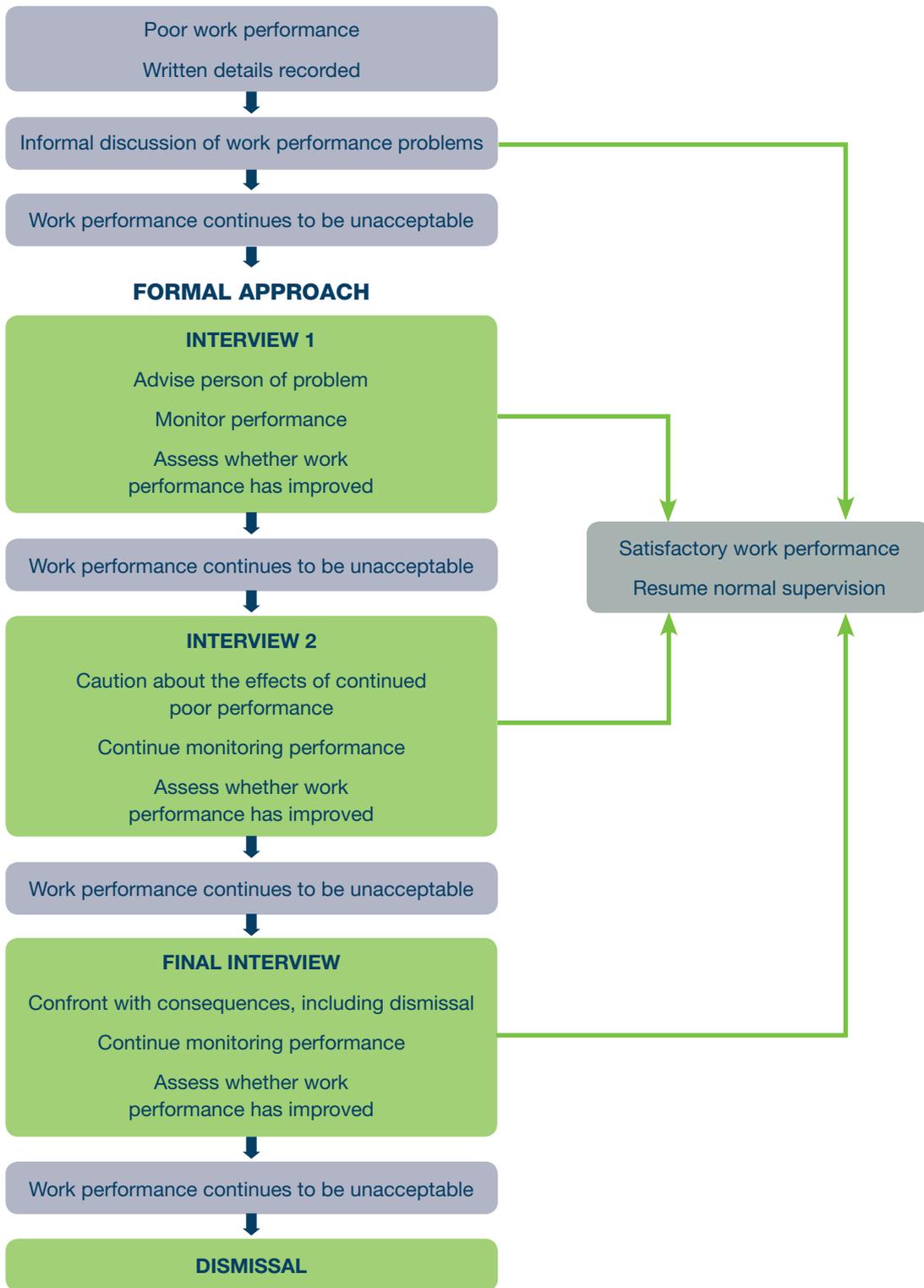


Figure 6. A flow chart of the constructive confrontation approach



7. ADDITIONAL STRATEGIES

While education and training are necessary components of an alcohol and other drug policy, there is a range of other strategies that can complement and improve the effectiveness of the policy as a response to alcohol- and other drug-related harm in the workplace. The suitability of these strategies for individual workplaces, and the availability of resources to support these strategies, will largely be determined by the feasibility study and risk assessment conducted during the design stage of the policy (see Section 3.2).

One important option for employers to consider is the provision of counselling services. Counselling and treatment services are an important consideration in any response to alcohol- and other drug-related harm in the workplace as they provide a method of secondary prevention and tertiary treatment that enables the counselling and rehabilitation of employees with alcohol-related problems. Instead of dismissing workers with alcohol or other drug problems, counselling and treatment allows employees to return to the workplace as productive workers.

There is a variety of counselling/treatment options that employers can utilise. Depending on their needs and resources some employers may choose to refer employees to an Employee Assistance Program (EAP). EAPs are outlined in more detail below. Alternatively, employers may choose to advise employees about the availability of community based non-profit services or private AOD services such as private hospitals or private practitioners. Information on EAP providers and non-profit AOD service providers is outlined in Booklet 2.

Regardless of what counselling/treatment options employers utilise, it is important to remember that a variety of options are available and that an important part of treatment participation and a successful treatment outcome is an employee's ability to make an informed choice.

There is a range of additional strategies that workplaces can use to respond to alcohol- and other drug-related harm.



Confidentiality must be assured and those providing the service must have the appropriate alcohol- and other drug-related skills and knowledge. These include:

- understanding the pharmacology of drugs and the range of available intervention options
- the ability to conduct a comprehensive assessment of the employee's problems and make recommendations for treatment
- a knowledge of other services that are available if further referral is necessary.

7.1 EMPLOYEE ASSISTANCE PROGRAMS (EAPS)

An EAP is a workplace intervention designed to detect and resolve any workplace or personal problem that negatively impacts on work performance. EAPs are not restricted to workplace alcohol and other drug issues. EAPs deal with family problems, relationship problems, financial problems, emotional problems, health problems and alcohol or other drug problems.

The main purpose of an EAP is to provide assessment and short-term counselling to employees who have voluntarily accessed the EAP services and to employees referred to the EAP by a supervisor. During counselling, employees who have severe alcohol or other drug problems are then referred on to a specialist treatment agency that best suits their needs.

The services provided by any EAP depend on the needs and resources of individual workplaces. Services can range from minimal assessment and referral to fully integrated services that include:

- employee awareness and education
- supervisor training
- assessment and referral
- diagnosis and treatment
- monitoring and follow-up.

Some EAP providers can also offer advice on policy development and assistance with other strategies such as health promotion and drug testing. In general, an EAP is a valuable addition to the workplace alcohol and other drug policy as it provides a method of secondary prevention and tertiary treatment by enabling the counselling and rehabilitation of employees with alcohol- or other drug-related problems and provides employers with access to expertise in workplace alcohol and other drug issues.



The choice of alternative strategies will depend on the needs and resources of individual workplaces.



7.2 BRIEF INTERVENTIONS

Brief interventions include a range of strategies that can assist employees to modify their alcohol or other drug use. Research has indicated that in general, most individuals do not require long and relatively expensive interventions to reduce alcohol- and other drug-related harm. Individuals with low levels of dependence and harm may only require brief interventions which are efficient and cost effective. Examples of brief interventions include:

- the provision of information concerning low risk levels of alcohol use and the ways in which various drugs and combinations of drugs can affect an individual's health and work performance
- conducting brief assessments of an employee's alcohol or other drug use and providing feedback about how this use may be contributing to harm
- providing alcohol- and other drug-related self-help booklets.

Depending on the needs and resources of individual workplaces, existing specialist staff (e.g., industrial nurses, dedicated first aid personnel, occupational health and safety personnel) could be utilised to provide brief interventions. Alternatively, outside consultants could be utilised. However, the use of these staff should be restricted to brief interventions such as those outlined above. Brief interventions do not include in-depth counselling, which should be left to professionals with a high level of alcohol and other drug counselling expertise. An effective way of introducing brief interventions into the workplace is to include them as part of an overall health promotion program.



7.3 HEALTH PROMOTION

Health promotion is distinct from the responsibilities employers have in the implementation of occupational health and safety measures in the workplace. Health promotion involves employers and employees participating on a voluntary basis in jointly agreed programs that utilise the workplace as a setting for promoting health. Health promotion strategies not only have obvious benefits for employee health and welfare, but also benefit employers in terms of improved morale, increased productivity and less absenteeism.

Health promotion programs do not specifically focus on alcohol and other drugs, but involve a range of health promotion strategies including education and other interventions that focus on improving the overall health of employees. The basic premise of health promotion programs is that healthy lifestyles and risky drug use (including heavy alcohol consumption) are incompatible. Therefore, it is argued that incorporating alcohol and other drug issues (e.g., via brief interventions) within the context of health concerns in general, may be an effective method of motivating behavioural change concerning alcohol and other drug use.

Research has indicated that workplace health promotion can be effective in changing employees' alcohol- and other drug-related attitudes and behaviour if information concerning the harms associated with alcohol and other drugs are incorporated into the promotion strategy. The effectiveness of health promotion programs can be optimised when attention is paid to individuals achieving a sense of control over their own health and attention is paid to explaining how the affect of alcohol and other drug consumption on an individual's health is associated with other health practices such as exercise, diet and stress management.

In many respects, the process of developing and implementing a health promotion program is similar to the process involved in developing and implementing an alcohol and other drug policy. A consultative process should be undertaken involving a risk assessment and feasibility study. The program should be available to all employees and the program and responsibilities of employers and employees should be clearly disseminated. The health promotion program should also promote education and awareness and foster a supportive environment. Therefore, it would be advantageous and cost effective to consider the inclusion of a health promotion strategy in the design stage of developing an alcohol and other drug policy.



7.4 ALCOHOL AND OTHER DRUG TESTING

One option for dealing with alcohol- and other drug-related harm in the workplace is workplace testing. However, caution is necessary when considering testing as a strategy. Testing should only be introduced where employers and employees (including unions) agree that it will be effective and should be a part of the alcohol and other drug policy.

Testing may be an appropriate response in safety and security sensitive industries. However, for most workplaces testing is inappropriate and can have significant negative consequences for both workers and employers. There are various forms of testing programs that employers can utilise including:

- pre-employment screenings
- testing for cause after an accident or incident
- random testing.

The two methods of testing are onsite testing and laboratory analysis.

Onsite tests are relatively inexpensive and easy to administer with little training required. Onsite testing kits are available for alcohol, cannabis, amphetamine, opiates, benzodiazepine and cocaine. However, most can only test for two or three of these drugs at any one time.

Apart from breathalysers, onsite tests cannot determine intoxication or impairment levels. A positive test merely indicates that the drug detected was consumed at some time in the past.

Most onsite tests cannot determine if the drug detected is an illicit or prescribed drug. Many prescribed drugs and over-the-counter medications contain alcohol, opioids or amphetamine-like substances.

Careful consideration should be given to the use of additional strategies during the early stages of policy development and implementation.



Table 1. Types of tests: advantages and disadvantages

| Types of Tests | Advantages | Disadvantages |
|--------------------|---|--|
| Breath Testing | <ul style="list-style-type: none"> • Onsite test that can indicate alcohol intoxication • Non-intrusive • Can detect current/recent use (within last 24 hours) | <ul style="list-style-type: none"> • Can only detect alcohol use • Relatively expensive and requires high maintenance • Cannot detect 'hangover' effects* |
| Oral Fluid Testing | <ul style="list-style-type: none"> • Relatively non-intrusive – requires swab wipe only • Can detect current/recent use | <ul style="list-style-type: none"> • While samples can be collected onsite, requires subsequent laboratory analysis • Can often be difficult to collect sufficient fluid for reliable analysis |
| Urinalysis | <ul style="list-style-type: none"> • Least expensive of all testing | <ul style="list-style-type: none"> • Extremely intrusive (Effective collection process needs to involve collector physically observing the specimen passing from the donor into specimen container.) • While sample can be collected onsite, requires subsequent laboratory analysis • May not detect very recent use (0-4 hours) |

* 'hangover' effects can continue to negatively impact on workplace safety and productivity after blood alcohol concentration levels have returned to zero.

The level of accuracy and reliability of most onsite tests varies. In general, for every 100 on site tests conducted there will be at least two false positives and two false negatives. Therefore, when the indicator shows a positive result, it is necessary to refer to laboratory analysis for confirmation of the true test result.

Laboratory analysis is much more reliable and accurate than onsite tests. It can detect a much wider range of drugs and can determine levels of drug concentration. However, this level of drug concentration does not necessarily indicate levels of intoxication or impairment.



Laboratory testing also has disadvantages. It can be expensive and time consuming and in most cases, cannot distinguish between prescribed drug use and illicit drug use without the donor's medical background. In addition, the testing of employees and the collection and storage of test specimens needs to conform to rigorous compliance standards. The level of these standards is likely to vary between laboratories and may be subject to human error.

There is a range of test types that employers can utilise. The advantages and disadvantages of three of the most commonly used tests are outlined in Table 1.

Other concerns

One of the main concerns regarding testing is that the emphasis is on illicit drugs as opposed to legal drugs such as alcohol. As pointed out in Section 1 of this document, relatively few Australians regularly use illicit drugs. Most drug tests 'catch' recreational cannabis users, whose use outside of working hours may have little impact on workplace safety or productivity. A much greater risk to safety and productivity is likely to come from the much larger numbers of employees who engage in unsafe or risky patterns of alcohol consumption.

A second concern is that the introduction of workplace drug and alcohol testing programs can have a significant negative impact on employee morale. For example, if a positive test results in disciplinary action, employees may not see testing as a legitimate occupational health and safety issue and may view testing as a disciplinary measure that extends employer control beyond the workplace.

In addition, workers have legitimate concerns over their right to privacy. Before submitting to workplace tests, workers may be required to report any current prescribed or non-prescribed medication use in order to control for false positives. This information could influence decisions such as recruitment and promotion. Laboratory analysis in itself can provide an overview of the employee's or potential employee's health status, including pregnancy.

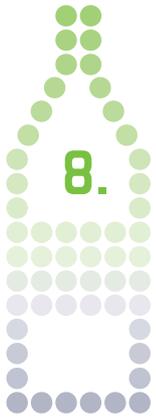
Another disadvantage of testing is that it may not result in the desired behaviour change. The main aim of drug testing is to eliminate drug-related risks to workplace safety and productivity by eliminating drug use. However, instead of eliminating use, employees may change their behaviour to make their drug use less detectable without reducing the risk of drug-related harm. For example, due to the long detection period of cannabis, an employee may shift from occasional use of cannabis to chronic (but less detectable) alcohol use or use of other (more dangerous) illicit drugs with a shorter detectable period.



Testing programs can also present the employer with legal challenges. Employees have the legal right to refuse to be tested and in such a case, it cannot be assumed that they are intoxicated or impaired. Summary dismissal for refusing to take a test is likely to be challenged through unfair dismissal legislation. Similarly, many employees are aware of the poor reliability of testing and as a result, positive tests can be subject to legal challenge.

7.5 SUMMARY

There is a range of options that employers can utilise to enhance the effectiveness of any workplace policy as a response to alcohol- and other drug-related harm. The most important of these is the provision of treatment/counselling services or the referral of workers for treatment/counselling. In addition, other strategies, such as those outlined in this section should be considered during the feasibility study and risk assessment stages of the policy design. It is important to remember that it is unlikely that any of these options would be effective on their own. They should become part of an overall strategy that involves a formal policy, and education and training that enhances the capacity of all employees to identify and deal with alcohol- and other drug-related harm in the workplace.



8. EVALUATION

Evaluation is a critical component of a workplace alcohol and other drug policy. Evaluation determines if the policy is achieving the aims and goals identified during the development and design of the policy. Effective evaluation will also identify the strengths and weaknesses of the policy and indicate what can be done to improve the policy. The evaluation methodology to be utilised will determine what records and data need to be collected and should be determined during the policy planning stage.

In general, there are three levels of evaluation - process, outcome and impact.

Evaluation is an important component of any response to alcohol- and other drug-related harm in the workplace.



8.1 PROCESS EVALUATION

Process evaluation determines what has been done during policy implementation and management. Process evaluation is the most easily achieved and basic form of evaluation. For example, process evaluation could be used to determine:

- the number of employees who have participated in employee education and awareness programs
- the number of supervisors, managers, employee representatives and other key staff who have participated in training programs
- the number of employees who have accessed assistance services that are offered (e.g., EAPs or community agencies)
- the number of employees who have gone through the constructive confrontation process and successfully improved their work performance
- the number of employees who have been referred to an EAP or community agency and successfully returned to their jobs
- the number of employees who have been dismissed for breaches of the policy.



8.2 OUTCOME EVALUATION

An outcome evaluation determines if the aims and objectives determined during the planning and design of the policy have been achieved. Outcome evaluations require more planning and evaluation expertise as baseline data needs to be collected prior to policy implementation and compared with data collected after implementation. An outcome evaluation examines the extent to which the policy has changed alcohol- and other drug-related knowledge, attitudes and behaviours of employees and the effects of these changes on the workplace.

Workplace outcomes resulting in changes to employees' knowledge, attitudes and behaviours that could be examined include:

- changes in absenteeism rates
- changes in the number of incidents or accidents involving alcohol or other drugs
- changes in workers compensation claims
- changes in the number of disciplinary interventions
- changes in levels of productivity.

8.3 IMPACT EVALUATION

Impact evaluation is more long term than process or outcome evaluation and, like outcome evaluation, requires a high level of expertise. Impact evaluation goes beyond the stated objectives and goals of the policy to examine if there were any consequences not planned for or expected.

For example, the policy could result in the workplace being more closely involved in community initiatives to reduce alcohol and other drug availability or alcohol- and other drug-related harm. Similarly, the policy may lead to a closer working relationship with union initiatives to improve working conditions and the quality of working life. Alternatively, the policy may lead to the employer implementing further lifestyle or health promotion programs that improve worker health and productivity.



8.4 SUMMARY

Evaluation is an important component of any workplace strategy to reduce alcohol- and other drug-related harm. Employers can utilise a range of evaluation methodologies depending on the available needs and resources of individual workplaces. What is important is that any evaluation process needs to be ongoing so that the response can be adjusted as problems or obstacles are identified.

Regardless of the type of evaluation utilised input should be obtained from managers, supervisors, employee representatives, key staff, the employees themselves and members of employees' families concerning the strategy and how it can be improved.

APPENDIX 1:

A SAMPLE WORKPLACE POLICY

Policy statement

[Organisation name] is committed to providing a safe, healthy and productive workplace.

All individuals have a responsibility not to be affected by alcohol or other drug use to the extent that it impacts on work performance or safety.

Policy objectives

[Organisation name] is concerned about factors that affect workers' ability to perform tasks safely and productively. It is recognised that the use of alcohol and other drugs can affect work performance and the safety of staff. Alcohol and other drug use can cause injuries on the job, increase absenteeism and affect job performance and morale within the organisation.

The objectives of the policy are to:

- maintain a safe and healthy work environment
- reduce the costs of alcohol and other drug use to the business and to individuals
- address the workplace factors that can contribute to harmful alcohol and other drug use
- link action on alcohol and other drug issues with other occupational health and safety initiatives
- provide access to information on alcohol and other drug use and to encourage those with problems to seek assistance.

The policy will apply to all individuals in the organisation.

Employer responsibility

[Organisation name] recognises that it has a responsibility to provide a safe and healthy working environment. Individual supervisors will be responsible for the implementation of this policy and will address organisational factors that may contribute to alcohol and other drug misuse. To achieve these aims *[Organisation name]* will:



- provide suitable alcohol and other drug training to supervisors, employee representatives and other staff responsible for policy implementation
- provide suitable alcohol and other drug information and education to all employees
- assist and motivate employees with alcohol and/or other drug problems to access counselling and treatment services.

The rights of individuals to drink and take drugs socially is acknowledged, but when work performance suffers or individuals are endangered action must be taken.

In the interests of occupational health and safety, action will be taken when:

- an individual is, through the consumption of alcohol or other drugs, in such a state as to endanger their own safety or the safety of any other person at work
- an individual is found in possession of illicit drugs on the premises
- work performance is affected.

Employee responsibility

Employees should not be adversely affected by alcohol or drug use during working hours and must at all times carry out their duties and responsibilities in a safe manner.

Employees have a responsibility to be fit for duty and to meet established standards for job performance and conduct.

Employees who have concerns about working with any other employee due to possible alcohol or other drug use should consult with their supervisor, manager, or occupational health and safety representative.

Procedures

Alcohol or other drugs will not be consumed during working hours or on company premises. However, there may be certain occasions where alcohol is available at functions. On these occasions *[Organisation name]*'s policy on the responsible serving of alcohol at social functions will apply. In addition, it is up to each individual to ensure that the consumption of alcohol is kept to relevant legal limits and that appropriate standards of behaviour are maintained.

Intoxication at work

Where work performance is affected, it is appropriate for the employer to remove the individual from any position of risk.



Any individual who is adversely affected by alcohol or another drug will not be allowed to work until they are deemed fit to safely and productively perform the job. Suitable transport will be arranged to the person's residence at the expense of [Organisation name]. If an employee affected by alcohol or another drug is sent home to recover, they will not be paid for the lost time. Disciplinary action may be taken on return to work.

Employees will be made aware of the impact on work performance and the safety of themselves and other employees as a result of consuming alcohol or other drugs.

Longer-term situations

Supervisors may become aware that an individual's work performance has deteriorated sufficiently to be of concern or that they have repeatedly placed themselves or others at risk of accident or injury.

When a pattern of unsatisfactory work performance becomes clear the details will be documented. An interview will be arranged with the individual to advise them of the problem and offer help. If the problem continues, a second interview will be arranged to caution the individual, offer help and warn of disciplinary action. If a third interview is required, the employee will be given the option of obtaining help or facing the consequences (severe discipline or dismissal).

Staff who participate in a program of rehabilitation may use existing sick leave or if it is appropriate, some leave without pay may be granted.

All information will be treated in strict confidence.

Where an employee is taking prescribed drugs and is unable to perform the required work, the owner or manager in consultation with the employee may make adjustments to the work requirements if reasonably practical. If this is not possible and the situation is temporary the employee should go home on sick leave and suitable transport should be arranged. If it is not temporary, further consultation and consideration of appropriate duties will be required.

Illicit drugs

Illicit drugs (e.g., cannabis, amphetamines and heroin) are not permitted on the premises or to be used during working hours under any circumstances. An individual found in possession of illicit drugs will receive a written warning that if it occurs again they will be dismissed.

The sale, transfer or manufacture of illicit substances in the workplace will result in dismissal. This includes the distribution of prescription drugs.





APPENDIX 2:

SAMPLE GUIDELINES FOR THE RESPONSIBLE USE OF ALCOHOL

[Organisation name] is committed to the responsible serving and use of alcohol at *[industry/workplace/organisation name]* functions. This commitment is founded on the safety needs of individuals attending the function and the general public, the consideration for those who choose not to use alcohol, those whose lives are affected by the misuse of alcohol and those who experience difficulty in their personal use of alcohol. It also takes into account the changing judicial environment.

A nominated person agreed upon by both management and employees will have responsibility for overseeing any function where alcohol is served. That person will be responsible for providing a brief about the policy to those attending the function, staff members, caterers and those responsible for logistics at hotels, conference centres etc.

The following guidelines are to assist in planning and hosting *[industry/workplace/organisation name]* functions when alcoholic beverages are served.

1. Alcohol is not essential to any function.
2. The use of alcohol is a personal choice. No one should feel pressured to either drink or not drink, and must not be made to feel uneasy or embarrassed as a result of their choice.
3. The *[Organisation name]* drug and alcohol policy shall be observed at all times (i.e., no return to work if under the influence of alcohol or other drugs).
4. The Company/Organisation shall encourage those who intend to consume alcohol at functions to use public transport.
5. The person responsible for organising any event where alcoholic beverages are served is accountable for ensuring that alcohol is served in a manner, which accounts for its potential to affect both health and safety (see below).
 - 5a. An adequate variety and supply of non-alcoholic beverages shall always be visibly available. They should be presented in a manner that is as appealing as beverages containing alcohol.
 - 5b. Food such as non-salty snacks and hors d'oeuvres shall be provided if alcoholic beverages are served.



- 5c. Bartenders or those responsible for mixing and serving drinks shall be instructed to use moderate to light amounts of liquor. Bartenders must adhere to strict serving guidelines, measure correct amounts of liquor in drinks (no doubles), not serve individuals who appear to be either intoxicated or impaired, not serve minors and also offer non-alcoholic beverages.
- 5d. No contract shall be made with a caterer that would require the supply of a minimum amount of liquor.
- 5e. The Company/Organisation shall specify how long liquor will be served or what time the function will cease. The bar should close promptly at the end of the specified period.
- 5f. Allow individuals either to accept or decline an alcoholic beverage. Avoid assumptions about what people want to drink at meals.
- 5g. Where wine is served it shall be as a complement to the meal and served in moderation. Non-alcoholic choices should be offered (i.e., wine not automatically provided).
- 5h. The Company/Organisation shall assume responsibility for the function and take steps to see that these guidelines are observed.
- 5i. The bar shall be closed at least an hour before the end of the event and non-alcoholic beverages (i.e., coffee, tea, soft drinks and dessert) shall be available at that time. Efforts will be made to provide alternative appealing activities to drinking by providing an attractive environment, which is conducive to talking, relaxing and socialising.
- 5j. If guests are charged a fee, the price of admission and food shall be separated from the cost of drinks. The Company/Organisation should not force non-drinkers to share the cost of alcoholic beverages.
- 6. If anyone is aware that a guest has had too much to drink he/she should contact the nominated person responsible for overseeing the function. The nominated person should attempt to provide supervised transportation home for that person. If in doubt about a guest's condition that person will be discouraged from driving. If the nominated person is not available then individuals should attempt to provide supervised transportation.
- 7. Professional responsible behaviour and good judgement is expected when representatives of the Company/Organisation are present at functions sponsored by another organisation where alcohol is available.



APPENDIX 3:

A WORK PERFORMANCE CHECKLIST

Absenteeism

- Excessive sick leave, without authorisation or medical certificate
- Frequent Monday and/or Friday absences, without authorisation or medical certificate
- Frequent minor illnesses, without authorisation or medical certificate
- Taking of unauthorised leave
- Improbable excuses for absences
- Lateness in the mornings, at the start of shifts or returning from lunch

'On-the-job' absenteeism

- Continued absences from office, desk, machine or workplace
- Frequent trips to toilet or coffee room
- Long coffee breaks
- Leaving work early without authorisation
- Frequent visits to other areas of the worksite

Quality of work

- Difficulty in recalling instructions or job details
- Misunderstanding instructions
- Unable to recognise mistakes
- Slow to learn new tasks
- Unreliability
- Reduced levels of concentration

Quantity of work

- Missed deadlines
- Jobs take more time
- Unable to sustain effort, spasmodic work pace
- Decreased productivity
- Performance appears acceptable only because others are demanding less of them – fellow workers are covering for them



Safety

- Accidents on the job
- Near misses
- Accidents off the job that affect work performance (e.g., journey accidents)
- Causing other employees to have accidents

Effects on work team

- Increasing irritability
- Overreaction to real or imagined criticisms, tendency to blame others
- Wide swings in morale, moody and unpredictable
- Borrowing money from co-workers
- Complaints from co-workers, creating tension
- Avoidance of co-workers
- Involved in arguments, fights

Effects on clients or customers

- Behaviour or actions draw comments or complaints from customers or the general public
- Coming to/returning to work in an obviously unacceptable condition
- Loss or threatened loss of business





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