



# A TRAINING KIT

to respond to

## ALCOHOL

and other

## DRUG ISSUES

in the

## WORKPLACE

April 2006



**NCETA**

*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 Training Kit and an accompanying Information and Resource Package 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 Training Kit 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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# ABOUT THIS TRAINING KIT

## WHAT IS IN THE TRAINING KIT

This Training Kit is designed to assist trainers in presenting a one-day training course on dealing with alcohol and other drug issues in the workplace. It contains:

- trainer's instructions and speaking notes for each session of the course, with learning exercises and suggested timing
- a questionnaire for the course evaluation (Appendix A).
- PowerPoint slides (on CD-Rom)
- a course handout
- a CD-Rom containing all of the above.

This Training Kit is to be used in conjunction with the *"Responding to Alcohol and Other Drug Issues in the Workplace: An Information and Resource Package"*. The training adopts a 'hands on' approach to the information contained in this booklet and as such, the Information and Resource Package can be used as the training handout.

### Rationale for the training

Alcohol and other drug use can have substantial negative consequences for the workplace. However, despite the efforts of some employers, employer organisations, and unions to address this issue, many workplace responses to alcohol- and other drug-related harm in the workplace are considered to be ill-informed or ill-advised<sup>1</sup>. One reason for this is the lack of good quality, practical information regarding the issue that is available to employers and employees.

The aim of this Training Kit and the accompanying Information and Resource Package is to provide information based on a 'best practice' model for responding to alcohol and other drug-related harm in the workplace. In order to achieve this aim, the training is targeted at anyone who is interested in assisting workplaces to develop and implement effective responses that are specifically designed to meet the needs and resources of individual workplaces. This would include, but is not limited to:

- supervisors, managers, human resource and OHS&W personnel
- representatives of employee and employer organisations
- representatives of EAP and other workplace service/counselling providers
- workplace trainers and representatives of training organisations
- community health and/or drug and alcohol workers.

To ensure participants benefit from the adult learning principles utilised in the training, and to maximise interactive learning, it is recommended that each training session be limited to 15 participants.

<sup>1</sup> Allsop, S., Phillips, M & Calogero, C. (2001). *Drugs and work: Responding to alcohol and other drug problems in Australian workplaces*. IP Communications, Melbourne.



## RESOURCES REQUIRED TO CONDUCT THE TRAINING

The following resources are required:

- training venue that can accommodate up to 15 participants
- teaching aids (e.g., a whiteboard, and an overhead or data projector)
- trainer's instructions and speaking notes
- a copy of the training evaluation form (Appendix A), learning activity 1 (page 5), and learning activity 5 (pp 90-95) for each participant (these can be photocopied from these notes, or printed directly from the CD-Rom)
- a copy of the Information and Resource Package (Booklet 1 & 2), for each participant (these can be printed directly from the CD-Rom)
- a set of 63 PowerPoint presentation slides (on CD-Rom)
- examples of information/education/health promotion resources (available from the websites and contact organisations listed in the Information and Resource Package Booklet 2).

### Trainer characteristics

Trainers should possess the following characteristics/skills:

#### Essential

- demonstrated skills in delivering education and training consistent with adult learning principles
- demonstrated communication skills
- demonstrated skills in facilitating small groups.

#### Desirable

- basic knowledge of industrial relations
- knowledge of alcohol and other drug use and related harm
- knowledge of preventing and responding to alcohol- and other drug-related harm in the workplace.

### Teaching strategies

Adult learning principles are applied throughout the training. Participants will be encouraged to interact and provide input. Teaching methods will include lecture format (e.g., presentation of alcohol and other drug effects), small group discussion (e.g., identifying barriers to policy effectiveness), and role-play (e.g., approaching an intoxicated worker).





# EDUCATIONAL AIMS

To provide participants with the knowledge, skills, and abilities required to facilitate the development and implementation of a comprehensive and effective workplace alcohol and other drug policy for their workplace.

## Objectives

### A. Why the workplace should respond to alcohol and other drug issues

At the end of the course, participants will be able to:

1. Identify factors that are associated with alcohol and other drug problems in the workplace.
2. Identify legislation that has relevance for alcohol and other drug use in the workplace.
3. Identify negative consequences of alcohol and other drug use for the workplace.
4. Describe the rationale for preventing and responding to alcohol and other drug related problems in the workplace.

### B. Types of drugs, their effects and potential consequences for the workplace

At the end of the course, participants will be able to:

1. Communicate a basic understanding of drug effects and the relevance of these drug effects for the workplace.
2. Describe the relationship between drug effects, the individual, and the environment.
3. Describe the three patterns of drug use (i.e., intoxication, regular use, & dependence) and outline how these patterns relate to drug-related problems and interventions in the workplace.
4. Demonstrate a basic understanding of a systems approach to drug use prevention and how this relates to interventions in the workplace.

### C. Workplace alcohol and other drug policy

At the end of the course, participants will be able to:

1. Identify factors that contribute to effective policy development and implementation.
2. Describe the process involved in the development and implementation of an effective policy.
3. Develop and implement an effective alcohol and other drug policy in their workplace.

### D. Prevention and intervention

At the end of the course, participants will be able to:

1. Identify the advantages of employee education and describe strategies that can be used to inform and educate employees and what should be included in these strategies.
2. Identify the advantages of training supervisors and other key personnel, and describe what should be included in the training and how the training should be developed and delivered.
3. Describe the range of strategies that can help in responding to alcohol and other drug-related harm in the workplace.



## E. Implementation and evaluation

At the end of the course, participants will be able to:

1. Describe how to approach employees whose alcohol or other drug use impacts on workplace safety and/or performance.
2. Outline the 'constructive confrontation' process.
3. Identify why evaluation is important to the success of the policy and describe a basic understanding of process, outcome, and impact evaluations.

## COURSE OUTLINE

The course is made up of nine sessions, and should take around 5 hours to deliver, depending on the amount of discussion.

Session	Title	Content	Educational objectives
<b>Intro</b> (20 mins)	Introduction Session	Introduction to trainer/participants. Introduction to training course rationale, aims and objectives.	
<b>1.</b> (30 mins)	Why the workplace should respond	Alcohol and other drug use in Australian community and in the Australian workforce. The impact of the workplace on alcohol and other drug use The impact of alcohol and other drug use on the workplace Laws relevant to alcohol and other drug issues in the workplace	A1, A2, A3, A4
<b>2.</b> (45 mins)	Types of drugs and their effects: Implications for the workplace	Alcohol, illicit drugs, prescription drugs and over-the-counter medications. Understanding alcohol- and other drug-related harm. Responding to alcohol- and other drug-related harm in the workplace.	B1, B2, B3, B4
<b>3.</b> (75 mins)	Developing a policy	Guidelines for developing a policy. The process of developing a policy	C1, C2, C3
<b>4.</b> (20 mins)	Educating employees	Why educate? What should be included in the education strategy? How to develop and deliver the education strategy	D1
<b>5.</b> (25 mins)	Training supervisors and other key staff	Why train? What should be included in the training strategy? How to develop and deliver a training strategy	D2
<b>6.</b> (45 mins)	Additional strategies	Employee assistance programs, health promotion, brief intervention, drug testing	D3
<b>7.</b> (35 mins)	Dealing with affected employees	Intoxication at work Work performance The 'constructive confrontation' approach	E1, E2
<b>8.</b> (10 mins)	Evaluation	Process Evaluation Impact evaluation Outcome evaluation	E3



## TRAINER'S INSTRUCTIONS

Before commencing the training, workshop trainers should familiarise themselves with the content of the Training Kit and the accompanying Information and Resource Package.

Where possible the Information and Resource Package should be distributed to training participants prior to the training, so participants can familiarise themselves with the training content. If this is not possible, trainers should produce sufficient copies of the Information and Resource Package to distribute to participants on the training day. In either case, it should be stressed to participants that the content of the training and Information and Resource Package handout are the same and that the handout can be utilised as a set of training notes for future reference.

In addition, prior to training it will be necessary to produce sufficient copies of learning activity 1 (see page 5), learning activity 5 (see pages 90-95) the information and resource booklet, and the evaluation form (Appendix A) to distribute to each participant. Copies of learning activity 1, learning activity 5, the information and resource booklet and the evaluation form can be photocopied from the training kit, or directly printed from the accompanying CD-Rom.

Trainers should familiarise themselves with the training venue and depending on equipment availability, decide to use either an overhead projector or data projector to present overheads or PowerPoint slides. PowerPoint slides are provided on the CD-Rom that accompanies this Training Kit. If PowerPoint facilities are not available at the training venue, these slides can be printed and converted to overhead transparencies. Prompts for displaying each numbered overhead transparency or PowerPoint slide are provided throughout the trainer's notes.

Trainers should be aware that this course is designed to enhance the capacity of trainees to respond to alcohol and other drug issues in the workplace. The focus of the course is on building skills required to develop and implement effective responses to alcohol and other drug-related harm in the workplace.

What the course does **not** do is train participants to diagnose drug dependency or intoxication. This type of diagnosis should be left to qualified medical personnel.

Rather, this training course takes a 'whole of workplace' health and safety approach that includes the prevention and treatment of alcohol- and other drug-related issues in the workplace. Managing alcohol- and other drug-related issues in the workplace is no different to the management of any other productivity or safety issue. Thus, the training focuses on effective management and supervision, and quality occupational health and safety practice.





# INTRODUCTORY SESSION



The aim of this introductory session is to introduce participants to the each other, the course content, and to the training environment. The session ends with a 'warm up' exercise (learning activity 1) designed to break the ice and to get participants thinking about alcohol and other drugs in a way that may challenge any preconceived misconceptions or stereotypes.



SHOW OHT/  
PPT SLIDE 1  
(COURSE TITLE OHT/  
PPT SLIDE)

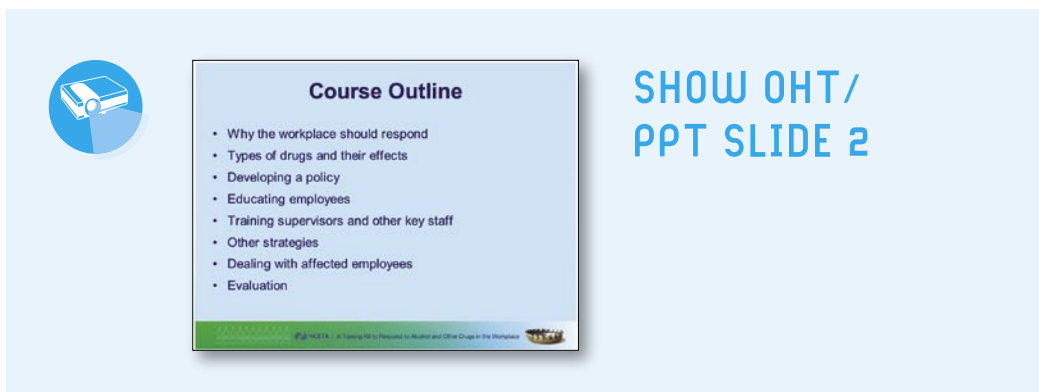
1. Introduce trainer/s.
2. Detail housekeeping (emergency exits, toilets, break times etc).
3. Ask participants to introduce themselves – name, work organisation etc, and ask them to briefly describe (in one or two sentences) what they expect to get from the course.
4. Explain to participants that the main aim of the course is to provide information based on a 'best practice' model for responding to alcohol- and other drug-related harm in the workplace.



Stress to participants that the object of the course is not about diagnosing intoxication or dependence in individual employees. This type of diagnosis should be left to qualified clinicians. Rather, this course takes a ‘whole of workplace’ health and safety approach that includes the prevention and treatment of alcohol- and other drug-related issues in the workplace.

Explain that the objectives of the course are to increase skills, knowledge and abilities so that they can assist their workplace or other workplaces to respond to workplace alcohol and other drug issues.

5. If trainees do not already have the course handout (a copy of the Information and Resource Package), distribute and explain that the course will be a ‘hands on’ presentation of the information contained in the handout. Explain that this course will follow the same structure as the handout, so the handout will become a set of notes that they can use for future reference.



**Course Outline**

- Why the workplace should respond
- Types of drugs and their effects
- Developing a policy
- Educating employees
- Training supervisors and other key staff
- Other strategies
- Dealing with affected employees
- Evaluation

**SHOW OHT / PPT SLIDE 2**

## COURSE OUTLINE

6. Explain to participants that the course will briefly:
  - outline why the workplace should respond to alcohol and other drug issues
  - outline different types of drugs, their effects, and any implications using these drugs may have on the workplace.



Further explain that the focus will be on:

- how to develop a policy that suits the needs and resources of individual workplaces
- how to inform employees about why the policy is being implemented and how it works
- how to train supervisors and other key staff to implement the policy
- examining other strategies that may be useful
- how to deal with affected employees
- how to evaluate the policy.

#### 7. Conduct Learning Activity 1



### LEARNING ACTIVITY 1

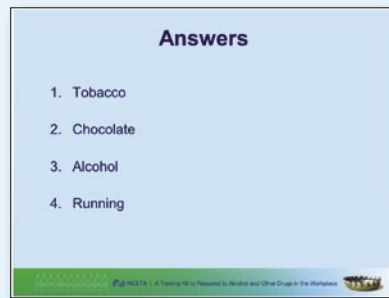
Distribute copies of learning activity 1 (see page 5) to participants and explain that the purpose of the exercise is to get them thinking about alcohol, drugs, and addiction. In particular, how our preconceived ideas about these issues can sometimes cloud our judgment.

Divide participants into 3–4 groups and ask them to discuss among themselves what drugs the person is talking about in each scenario.

After about 10 minutes get a spokesperson from each group to provide the answer for each scenario. Write each group's responses on a white board.

After each group has given their answers show OHT/ppt slide 3 which outlines the answers.





SHOW OHT/  
PPT SLIDE 3

Explain that people can be addicted to a variety of substances or activities. The degree to which these addictions result in harm for one's self or others can vary greatly. When we think about 'drug addicts', 'alcoholics', or the consequences of drug and alcohol use or 'addiction' for the workplace, we need to think beyond value judgments, preconceptions, and stereotypes.





## LEARNING ACTIVITY 1

Choose two (or more) of the examples below and try to identify the drug or behaviour described.

### Example One

*Like Mark Twain, I find it easy to give up \_\_\_\_\_; I have done it countless times. In fact, I consider myself a non-addicted \_\_\_\_\_, since I have been [using] \_\_\_\_\_ on and off for 25 years without ever getting so hooked I couldn't stop just for the wonder and admiration it excites in other people. Since it is mostly unheard of to [use] \_\_\_\_\_ only now and again, acquaintances regard me as a woman of superhuman will power, a notion I hate to disabuse them of.*

*However, I have no more will power than anyone else, and probably less than many. What saves me from being a \_\_\_\_\_ junkie is that I recognised early how easy it would be for me to get hooked on \_\_\_\_\_, and, knowing that if I did get hooked, I'd hate myself, I have always been very careful to keep my \_\_\_\_\_ under control.*

**- 37 year old female, home duties**

### Example Two

*Five years ago, hoping to kick a \_\_\_\_\_ habit that was significantly affecting my life, I enrolled in a program at the Schick Centre for the Control of smoking, alcoholism and overeating in Los Angeles. I was then thirty three. I could not remember the last time I had managed to get through a whole day without \_\_\_\_\_ in one form or another, usually in quantities most people would regard as excessive, if not appalling. I indulged in many of my \_\_\_\_\_ cravings in secret, often in the middle of the night, when if I had no \_\_\_\_\_ in the house, I would think nothing of getting in my car and driving halfway across LA...for a fix. Although the Schick people told me they could cure my \_\_\_\_\_ addiction in ten sessions, I was sceptical. My behaviour was so compulsive and out of control that the best I thought I could hope for was a slight, temporary reduction of the cravings I suffered constantly.*

**- social worker, female 38**

### Example Three

*I like \_\_\_\_\_. It is a powerful drug and, God knows, for some people a hellish one, but if used carefully it can give great pleasure. After a long hard day, the splendid warm glow that \_\_\_\_\_ provides is one of my favourite feelings; it starts in the pit of my stomach then spreads to my limbs and brain...the fascinating complex flavour of good \_\_\_\_\_ can be proudly sensual.*

**- psychoanalyst, male, 62**

### Example Four

*I watched my room mate in college and best friend [become addicted to] \_\_\_\_\_. Greg took up \_\_\_\_\_ in his junior year and quickly got into it big time. I think he didn't have a lot going for him then – no girlfriend, no great interest in school – and [the feelings resulting from using] \_\_\_\_\_ gave him a real sense of purpose and accomplishment. It also got him high...I'd notice that Greg seemed to get into an altered state...his whole face would look different and he'd seem to be flying. He'd tell me he'd get a real buzz from \_\_\_\_\_ and I'm sure he did...when he couldn't \_\_\_\_\_ I'd find it almost impossible to be with him then. He climbs the walls, just like someone trying to kick a cigarette habit...he has no insight into that and won't listen to me or anyone else who tries to talk to him about it.*

**- photographer, male, 26**

<sup>2</sup> The four examples used in this exercise have been adapted from Weil, A. & Rosen, W. (1993) *From chocolate to morphine: everything you need to know about mind-altering drugs*. Boston, New York: Houghton Mifflin, (pp 185-187, 192, 194, 216)



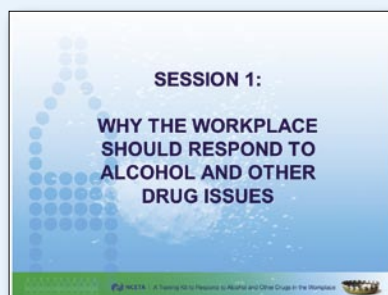


# SESSION 1:

## WHY THE WORKPLACE SHOULD RESPOND TO ALCOHOL AND OTHER DRUG ISSUES



The purpose of this session is to demonstrate to participants that a substantial proportion of the workforce use alcohol and other drugs, and patterns of use can vary according to the culture of the workplace. Particular patterns of consumption can have a substantial impact on and productivity and safety in the workplace, and thus employers have ethical, legal, and economic reasons for addressing the issue.




SHOW OHT/  
PPT SLIDE 4  
(SESSION 1 TITLE  
OHT/PPT SLIDE)

## ALCOHOL AND OTHER DRUG CONSUMPTION PATTERNS

### Alcohol and other drug use in Australia

Explain that a large proportion of Australians consume alcohol and other drugs. In particular, while the majority of Australians drink alcohol and a large proportion have tried cannabis, relatively few regularly use other forms of illicit drugs.





### Alcohol and Other Drug Use in Australia

- 84% of Australians consumed alcohol during the past 12 months
- 35% drank at short-term risk levels
- Nearly 10% drank at long-term risk levels
- 33.6% had used cannabis at some time in their life and 11.3% had used in the previous 12 months
- 18.6% used some other form of illicit drug at some time in their life, while 8.3% had used during the past 12 months
- 7.6% have used prescription drugs for non medical purposes at some time in their life, while 3.8% have used during the past 12 months

(Source: AIHW 2005)

## SHOW OHT/ PPT SLIDE 5

Explain that Australia is a substance using society. For example, the 2004 National Drug Strategy Household Survey<sup>1</sup> revealed:

- 84% of Australians aged over 14 years consumed alcohol during in the previous 12 months
- over one third (35%) of Australians drank at levels that place them at risk of harm in the short-term (e.g., accidents/injury/illness that results from intoxication)
- nearly 10% drank at levels that place them at risk of harm in the long-term (e.g., chronic disease/illness/poor health that results from heavy drinking over a long period of time)
- 33.6% had used cannabis at some time in their life, while 11.3% had used in the previous 12 months
- 18.6% 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) during the previous 12 months
- 7.6% have used prescription drugs for non medical purposes at some time in their life and 3.8% have used prescription drugs for non medical purposes during the previous last 12 months.

### Alcohol and other drug use in the workforce

Explain that in general, consumption patterns that are evident in the community are also likely to be evident in the workplace. However, for some industries and occupations, there are likely to be particularly high levels of use of either alcohol or other drugs, or both.

<sup>1</sup> 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).



Explain that as the majority of Australians who use alcohol or illicit drugs are employed, it should come as no surprise that patterns of harmful alcohol use and illicit drug use are evident in the Australian workforce. Harmful alcohol and illicit drug use can be found at all levels in an organisation. Research has indicated that some types of industries and occupations have higher levels of harmful alcohol and illicit drug use than others.



**Occupations / Industries**

<p><b>Heavy Drinking</b></p> <ul style="list-style-type: none"> <li>• Tradespersons</li> <li>• Farm managers</li> <li>• Labourers</li> <li>• Hospitality industry workers</li> <li>• Agricultural industry workers</li> </ul>	<p><b>Illicit Drug Use</b></p> <ul style="list-style-type: none"> <li>• Amphetamine use more common in transport industry compared to other industries</li> <li>• Misuse of prescription drugs more common for nurses and other health-related occupations</li> <li>• Cannabis use more common in manufacturing industry and labouring occupations</li> </ul>
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**SHOW OHT / PPT SLIDE 6**

Outline that workers employed in some industries and occupations report higher levels of alcohol consumption compared to others. For example tradespersons, farm managers, labourers, hospitality industry workers, and agricultural industry workers report higher levels of risky drinking.

Explain that while relatively few Australians regularly use illicit drugs, some industries and occupations have higher levels of use compared to others. E.g:

- In the transport industry, some drivers use amphetamines to 'stay awake'.
- Similarly, nurses and others in health-related occupations are more likely to misuse pharmaceuticals compared to other occupations.
- In some cases, the manufacturing industry has higher levels of cannabis use compared to other industries.



## ALCOHOL AND OTHER DRUG USE AND THE WORKPLACE

### Workplace factors associated with alcohol and other drug use

The aim of this section is to demonstrate that factors in the workplace environment can influence the alcohol and other drug consumption of employees. The section begins with a learning activity.



### LEARNING ACTIVITY 2

The purpose of this learning activity is to get participants thinking about why alcohol and other drug consumption patterns may vary significantly according to different industries and occupations.

Ask participants to provide reasons for the differing patterns of consumption according to industry and or occupation.

List their reasons on a white board and after working through the list of workplace factors associated with consumption patterns outlined in OHT/ ppt slide 7, compare these factors with the participant generated list.



#### Workplace Factors Associated with Alcohol and Other Drug Use

- Physical environment
- Availability
- Stress
- Job characteristics
- Management style

SHOW OHT/  
PPT SLIDE 7



Explain that variations in alcohol and illicit drug consumption patterns between industries and occupations indicate that workplace environmental and cultural factors may contribute. For example, research indicates the following factors may contribute to employees' alcohol or other drug use.

**The physical environment of the workplace, including:**

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

**Availability, including:**

- 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 (e.g. socialising with clients)
- lack of a clear alcohol and other drug policy.

**Stress, that results from:**

- 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.



**Characteristics of the job, including:**

- 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, including:**

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

**The impact of alcohol and other drug use on the workplace**

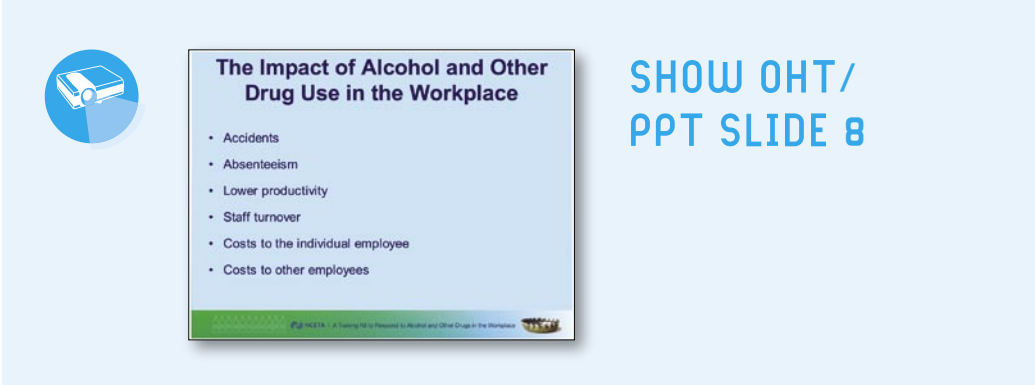
The aim of this section is to demonstrate that the alcohol and other drug use of employees can have negative consequences for the workplace.

Explain that alcohol and other drug use can have a substantial negative impact on the workplace. For example, studies show that lost production from harmful alcohol and other drug use is costing Australian industry in excess of \$4.5 billion per year.





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.



The slide features a blue circular icon with a book and a magnifying glass on the left. The main content is a white box with a blue border containing the title and a bulleted list. To the right of the box, the text 'SHOW OHT/PPT SLIDE 8' is written in blue. At the bottom of the slide, there is a small image of a globe.

**The Impact of Alcohol and Other Drug Use in the Workplace**

- Accidents
- Absenteeism
- Lower productivity
- Staff turnover
- Costs to the individual employee
- Costs to other employees

SHOW OHT/PPT SLIDE 8

Explain that alcohol and other drug use can have a variety of negative outcomes that are costly for both employers and employees. Outline the following examples that come under each heading in OHT/ppt slide 8:

**Accident costs, including:**

- 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 costs, including:**

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



**Lower productivity costs, including:**

- 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, including:**

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

**Cost to the individual employee, including:**

- 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.

**Costs to other employees, including:**

- 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.



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

## Relevant legislation

The aim of this final section of Session 1 is to outline the various federal and state laws that may need to be considered when designing any policy or response to alcohol and other drug issues in the workplace.



**Laws Relevant to Alcohol and Other Drug Issues in the Workplace**

- Occupational health safety and welfare legislation
- Workcover legislation
- Unfair dismissal legislation
- Anti discrimination & human rights legislation
- Common law / vicarious liability
- Road traffic legislation
- Criminal legislation

**SHOW OHT/  
PPT SLIDE 9**

Explain that there are various laws, acts, and regulations that may be relevant to alcohol and illicit drug issues in the workplace. These laws, acts and regulations may come under Federal and/or State jurisdictions and may vary from State to State (more detail is provided in the handout). Trainees should be advised to check the specific laws and regulations that apply to their jurisdiction.

Outline the following examples that come under each heading in OHT/ ppt slide 9.

### Occupational Health, Safety and Welfare legislation

Under occupational health and safety legislation employers are required to take such measures as are practical to ensure that while at work the employee is safe from injury and risks to health. This duty of care includes providing a safe environment, safe



systems, safe plant and substances, adequate facilities, information, instruction, training and supervision. In general, failure to deal with a situation involving alcohol or other drugs is considered a failure to address a hazard.

Employees are also required 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. Employees should ensure that they are unlikely to endanger their own safety or the safety of any other person at work through the consumption of alcohol or a drug.

### **Workcover legislation**

Under various Workcover Acts and Regulations, 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**

To dismiss an employee, employers with more than 100 employees need a valid reason that is connected with the employee's capacity or conduct or based on the operational requirements. 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 is required.

### **Antidiscrimination & human rights legislation**

Under antidiscrimination and human rights legislation, 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 under the influence of alcohol or other drugs.



## Road traffic legislation

It is illegal to drive a motor vehicle under the influence of any drugs that impair performance. This includes prescription and over-the-counter drugs. Ignorance of the effects of drugs is not an excuse. A driver under the influence of alcohol or other drugs who kills another person may be charged with an additional criminal offence. Insurance companies are likely to disallow claims when the driver is under the influence. In addition, drivers of some vehicles are not allowed to have any alcohol in their blood. They include drivers of heavy vehicles, vehicles transporting dangerous goods, drivers with a provisional license, and buses and vehicles that are used primarily for passenger transport.

## Criminal legislation

Under various Federal and State legislation an employer may be held liable if employees are engaging in activities involving illicit drugs. For example in South Australia, according to the Controlled Substances Act (1984), 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 let any step in the process take place in the premises of which they are owner or manager.

## SUMMARY

Finish Session 1 by explaining that the information reviewed indicates that harmful alcohol and illicit drug use occurs within the Australian workforce, and this use is associated with negative consequences for the workplace. In addition, workplace environmental and cultural factors can contribute to or exacerbate risky alcohol and drug consumption patterns of the workforce.



### Summary: Reasons the Workplace Should Respond

- Ethical
- Legal
- Economic

SHOW OHT/  
PPT SLIDE 10



Explain that in answer to the question posed at the beginning of this session, i.e. *“why should the workplace respond?”* that there are ethical, legal, and economic reasons for the workplace to respond to drug and alcohol issues.

Outline the following examples that come under each heading of OHT/ppt slide 10.

### **Ethical**

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

### **Legal**

- Under the various state Occupational Health Safety and Welfare Act, employers and employees have an obligation to work in a safe manner – in most states this specifically refers to intoxication. In addition, common law provisions exist to protect workers and members of the public.

### **Economic**

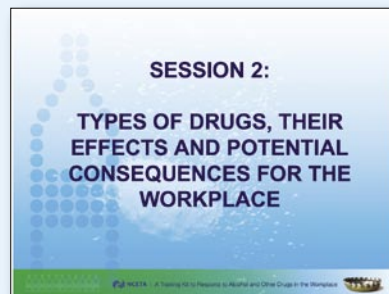
- It is estimated that harmful alcohol and other drug use costs the Australian community in excess of \$18b annually. A large proportion of this cost (in excess of \$4.5b) is borne by industry.



## SESSION 2: TYPES OF DRUGS AND THEIR EFFECTS: IMPLICATIONS FOR THE WORKPLACE



The purpose of this second Session is to outline the different types of drugs, their effects, and to describe alcohol- and other drug-related harm. It will be necessary to explain to participants that the session only briefly describes drugs and their effects. The focus is on understanding and responding to alcohol and other drug related harm in the workplace. More detailed information about various drugs and their effects can be obtained by reading the Factsheets contained in the Information and Resource Package.



SHOW OHT/  
PPT SLIDE 11  
(SESSION 2 TITLE  
OHT/PPT SLIDE)

Explain to trainees that this Session will briefly outline different types of drugs, their effects and the potential consequences these drugs can have for the workplace. Further explain that as this session will only briefly touch on this subject, the focus of the session is on understanding drug-related harm. More detail on different types of drugs and their effects can be obtained from the Factsheets in the Information and Resource Package.





### Why Do People Use Alcohol or Other Drugs?

- For enjoyment
- To socialise
- To relax or relieve stress
- Because of boredom
- To relieve physical or emotional pain
- Because of peer pressure / cultural norms

SHOW OHT/  
PPT SLIDE 12

To begin the session, explain to trainees that not all alcohol or other drug use is associated with negative outcomes and people choose to use alcohol and other drugs for a variety of reasons. For example, people may use alcohol and other drugs:

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

Inform trainees that people may use alcohol and other drugs for a variety of reasons and not all alcohol and other drug 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, and can be particularly problematic when used in certain settings or contexts even at very low levels of consumption. For example, even a small quantity of alcohol consumed by a surgeon or dentist before performing tasks that require great precision and skill can compromise their performance.






# ALCOHOL

## Alcohol and the workplace

The aim of this section is to briefly outline the effects of alcohol on the human body, and the potentially negative impact these effects can have in the workplace.



**Alcohol**

<p><b>General Effects:</b></p> <ul style="list-style-type: none"> <li>• Depresses central nervous system functioning</li> <li>• Distorts perceptions of speed and distance</li> <li>• Slows reaction times</li> <li>• Can impair muscle coordination, reflexes, vision, and hearing</li> <li>• Can produce a false sense of confidence about ability to perform tasks</li> </ul>	<p><b>Implications for the workplace:</b></p> <ul style="list-style-type: none"> <li>• Can affect ability to operate machinery, drive and general skills</li> <li>• Can affect relations with customers, and other employees</li> <li>• Hangover</li> </ul>
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SHOW OHT/  
PPT SLIDE 13

Explain that 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 that, in large quantities, can have a toxic effect on the human body. Explain that:

- alcohol is a depressant and excessive consumption, or consumption in combination with other depressant drugs, can cause death
- drinking even small amounts can lead to poor judgment of speed and distance and slow reaction times
- drinking larger amounts of alcohol effects muscle coordination and reflexes, and vision and hearing are impaired
- alcohol produces a false sense of confidence in one's ability to perform tasks.



Emphasise to participants that the risks associated with alcohol may be increased when combined with other drugs. Alcohol can magnify the effects of sleeping pills, tranquillisers, prescribed medicines, cold remedies and cannabis.

Further explain that the effects of alcohol can have important implications for the workplace.

Alcohol can lead to poor judgment and a false sense of confidence. It reduces hand-eye coordination, and can contribute to a person using machinery having or causing an accident. Alcohol is especially problematic when operating any machinery such as cars, forklifts, conveyor belts, moving production lines, etc. In addition, alcohol-related work injuries may not be compensable.

Also point out that driving a vehicle with a blood alcohol concentration of 0.05 g/100ml or greater is illegal and loss of a vehicle license for someone who needs to drive as part of their job may lead to dismissal. In some jobs, a zero blood alcohol level is mandatory (for example train drivers, plane and boat pilots).

In addition, the effects of alcohol can lead to costly mistakes in less safety sensitive areas of the workplace. This includes dealing with accounts, completing order forms or invoices, or simply receiving, understanding and remembering information.

Alcohol can impact on relations with customers or clients 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 aggressive behaviour. Other employees may have concerns about their own safety and many also 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 may suffer.




Alcohol hangovers can also affect work performance. 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 feelings of sickness can greatly reduce efficiency and mean slower starts at work and lower levels of concentration. Hangovers greatly increase the likelihood of absenteeism from work.

## ILLICIT DRUGS

### Illicit drugs and the workplace

The aim of this section is to briefly outline the effects of illicit drugs on the human body, and the potentially negative impact these effects can have in the workplace.



**Illicit Drug Groups**

**Stimulants:**  
e.g., amphetamines (speed), cocaine, ecstasy

**Depressants:**  
e.g., cannabis, heroin, morphine, methadone, alcohol, benzodiazepines, pethidine

**Hallucinogens:**  
e.g., LSD (lysergic acid diethylamide), magic mushrooms

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**SHOW OHT/  
PPT SLIDE 14**

Explain that there is range of illicit drugs that can have varying effects on an individual and their work performance. Illicit drugs can be classified into three main groups according to the way that they primarily affect the brain. These groups are:

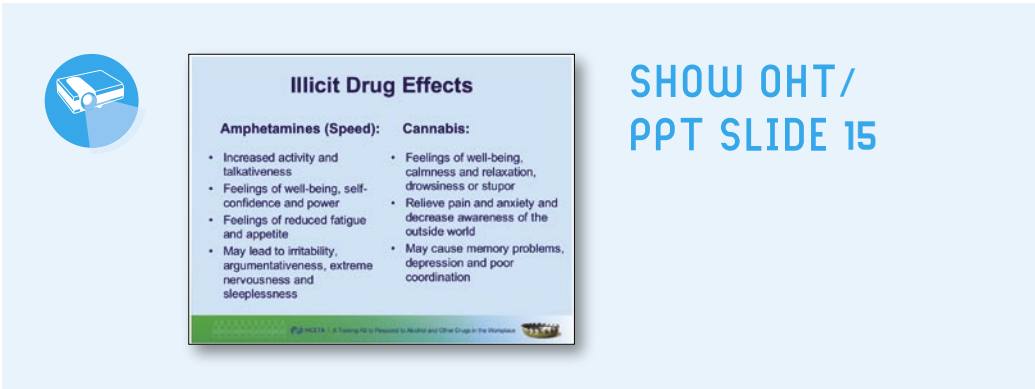
- stimulants such as amphetamines (or speed), cocaine, and ecstasy
- depressants such as cannabis, heroin, morphine, pethidine, methadone, alcohol, and benzodiazepines
- hallucinogens such as LSD (lysergic acid diethylamide) and magic mushrooms.



Explain that cannabis is sometimes classified as a hallucinogen, or sometimes classified as a drug category distinct from stimulants, depressants, or hallucinogens. For ease of presentation it is presented here as a depressant (its main effect).

Emphasise to participants that more detailed information on cannabis, ecstasy and other illicit drugs is provided in the Factsheets contained in the Information and Resource Package.

Explain that, with some exceptions such as cannabis, the level of illicit drug use in Australia remains relatively low and that the description of drug effects outlined in this OHT/ppt slide is restricted to the two most common illicit drugs used in Australia – cannabis and amphetamines.



**Illicit Drug Effects**

Amphetamines (Speed):	Cannabis:
<ul style="list-style-type: none"> <li>Increased activity and talkativeness</li> <li>Feelings of well-being, self-confidence and power</li> <li>Feelings of reduced fatigue and appetite</li> <li>May lead to irritability, argumentativeness, extreme nervousness and sleeplessness</li> </ul>	<ul style="list-style-type: none"> <li>Feelings of well-being, calmness and relaxation, drowsiness or stupor</li> <li>Relieve pain and anxiety and decrease awareness of the outside world</li> <li>May cause memory problems, depression and poor coordination</li> </ul>

**SHOW OHT / PPT SLIDE 15**


Explain that the effects of amphetamines can include:

- increased activity and talkativeness
- feelings of well-being, self-confidence and power
- feelings of reduced fatigue and appetite
- irritability, argumentativeness, extreme nervousness and sleeplessness
- in larger doses, amphetamine use may lead to violence, delusions, and hallucinations.



The effects of cannabis:

- usually include feelings of well-being, calmness and relaxation, drowsiness or stupor when taken in small doses
- can include relief of pain and anxiety and decreased awareness of the outside world
- may cause memory problems, depression and poor coordination when taken in large doses.



**Implications for the Workplace**

<p><b>Amphetamines (Speed):</b></p> <ul style="list-style-type: none"> <li>• Driving a vehicle under the influence of any drug is illegal</li> <li>• Drive more aggressively and take more risks</li> <li>• Can affect ability to judge speed and distance</li> <li>• Can affect relations with customers and other employees by being aggressive or over talkative</li> <li>• Can impair performance of everyday tasks by the user becoming over anxious</li> </ul>	<p><b>Cannabis:</b></p> <ul style="list-style-type: none"> <li>• Affects concentration, balance and coordination</li> <li>• Slows down reaction and interfere with perceptions of sounds, time and space</li> <li>• May appear withdrawn and find it difficult to have a sensible conversation with customers and other employees</li> <li>• May be hesitant, clumsy and uncoordinated</li> </ul>
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**SHOW OHT/  
PPT SLIDE 16**

Explain to participants that both cannabis and amphetamines can produce effects that can have a dangerous impact on the ability to drive a vehicle or operate machinery. Note that:

- driving a vehicle under the influence of any drug is illegal. Any accidents in the workplace involving drugs of these types are not covered by workers compensation
- amphetamines are likely to cause a person to drive more aggressively and take more risks
- amphetamines can affect one's ability to judge speed and distance
- cannabis affects concentration, balance and coordination
- cannabis can slow down reactions and interfere with perceptions of sounds, time and space.



Explain to participants that cannabis and amphetamines can also produce effects that can negatively affect relations with customers and work skills in general. For example:


- amphetamines may increase an employee's self-confidence, but can also cause them to become hyperactive, aggressive and talk rapidly
- amphetamines can impair performance of everyday tasks by the user becoming over anxious. Some users may become irrational and be a danger to themselves and others by overestimating their abilities
- cannabis can make an employee work more slowly. They may be hesitant, clumsy and uncoordinated
- cannabis slows down the activity of the brain and can make the user less aware of their surroundings and so less able to deal with them. The user may appear withdrawn or distracted and may have difficulty holding a sensible conversation with customers and employees

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

### Prescription drugs, over-the-counter medications, and the workplace

The aim of this section is to briefly outline the effects of prescribed drugs and over-the-counter medications on the human body, and the potentially negative impact these effects can have in the workplace.





### Pharmaceutical Drug Effects

<p><b>Antihistamines:</b></p> <ul style="list-style-type: none"> <li>• Used to treat allergies, such as hay fever, and may be prescribed or bought over-the-counter</li> <li>• Can cause drowsiness</li> <li>• Should be used with caution by those operating machinery or driving</li> </ul>	<p><b>Tranquillisers:</b></p> <ul style="list-style-type: none"> <li>• Relieve mild anxiety and tension</li> <li>• May become drowsy and others can begin to feel isolated ness</li> <li>• Can be addictive even in moderate doses</li> <li>• May experience withdrawal symptoms particularly if they stop taking the drugs suddenly</li> </ul>
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## SHOW OHT/ PPT SLIDE 17

Explain that there are many different forms of prescribed or over-the-counter medications (pharmaceuticals) and explain that this OHT/ppt slide outlines two common types of pharmaceuticals that can affect work performance.

Stress that a doctor or pharmacist should always be consulted about the effects of these drugs if there is any doubt about how they may impact on work performance.


### Tranquillisers

- Commonly prescribed tranquillisers include Serepax, Mogadon, and Valium.
- Tranquillisers are drugs that relieve mild anxiety and tension.
- They help a person to feel relaxed, and perhaps lose some inhibition. Some people may become drowsy and others can begin to feel socially disconnected.
- Tranquillisers can be addictive even when taken in moderate doses (i.e., within the therapeutic/prescribed range).
- Users may experience withdrawal symptoms such as restlessness, anxiety, insomnia, weakness, nausea and vomiting and convulsions, particularly if they stop taking the drugs suddenly. For some prescription drugs, sudden cessation of use is not advised.



## Antihistamines

- Antihistamines are used to treat allergies, such as hay fever, and may be 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 so should be used with caution by those operating machinery or driving.



**Implications for the Workplace**

**Antihistamines:**

- Some make the user drowsy - e.g., cough and cold remedies that contain antihistamines
- Avoid these brands if driving a vehicle or operating machinery

**Tranquillisers:**

- As the dose increases so does the level of sedation and the loss of coordination
- Some tranquillisers can build up in the body if taken over a long time
- In above cases, driving motor vehicles and operating machinery should be avoided

**Note:**

- It is an offence to drive while under the influence of drugs, including pharmaceuticals, which impair performance
- Combining alcohol with prescribed and over-the-counter drugs is especially problematic

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**SHOW OHT/  
PPT SLIDE 18**

Explain that pharmaceuticals such as tranquillisers and antihistamines can also have negative consequences for the workplace. For example:

## Tranquillisers

- Low doses can make a person feel good and less inhibited. As the dose increases, so does the level of sedation and loss of coordination. A person's reactions to things happening around them will become slower and eventually they will fall asleep.
- Some tranquillisers can build up in the body if taken over a long time.
- It is recommended that driving motor vehicles and operating machinery be avoided if a person is taking tranquillisers.





## Antihistamines

- Some antihistamines make the user drowsy. Cough and cold remedies that contain antihistamines can have this effect.
- This is usually indicated by a warning on the packaging, and it is best to avoid these brands if driving a vehicle or operating machinery. A doctor or pharmacist can suggest other medications that do not cause drowsiness.

### ***Important note:***

Stress to participants that 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.

In addition, further stress that 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 should be sought about driving when taking medication, and especially if combined with alcohol.

## UNDERSTANDING ALCOHOL- AND OTHER DRUG-RELATED HARM

Explain to participants that the rest of this session focuses on understanding alcohol- or other drug-related harm. Several models of alcohol- and other drug-related harm will be examined.

### **The relationship between the individual, the drug, and the environment**

Explain that one way of understanding alcohol- or other drug-related harm is to look at the relationship between the drug, the individual, and the environment.





SHOW OHT/  
PPT SLIDE 19

Explain that the effects that alcohol or any other drug have on an individual, and the potential for harm depend on a wide variety of individual, environmental, and drug-related factors. Explain each group of factors as outlined below.

### Individual

Factors such as age, gender, body size, health, previous drug use, and a range of other individual characteristics play a role in determining the effects of drug use.

#### Example 1

*An example of individual factors that can impact on drug-related harm is evident when comparing National Health and Medical Research Council recommended levels of alcohol consumption for males and females.*

*Due to physiological factors, females are more susceptible to the effects of alcohol than males. The recommended low risk level for males is no more than six standard drinks on any one day, no more than 3 days per week. For females, the recommended level is no more than four standard drinks on any one day, no more than 3 days per week.*



**Example 2**

*Another example of individual differences is drug taking experience. Individuals who are experienced drinkers or drug takers often have acquired some level of tolerance and as such may require greater amounts of a drug to experience intoxication compared to less experienced users. Therefore, for an inexperienced drinker or drug user intoxication-related harm may occur with much lower consumption levels compared to experienced drinkers/users. Young adolescents are less likely to be experienced alcohol or other drug users compared to older adults.*

**Drug**

Drug-related factors such as the drug's pharmacological effect, potency, and route of administration also play a role in determining the outcomes of drug use.

**Example 1**

*An example of drug-related factors is evident when comparing the pharmacological effects of different types of drugs. For example, alcohol use can result in intoxicating effects that can influence judgment and reaction times. As a result, alcohol is associated with harm from intoxication such as accidents, violence, and crime.*

*In contrast, tobacco use results in minimal intoxicating effects and has no impact on judgement and reaction times and, therefore, tobacco use is not usually associated with short-term harms such as accidents, violence, or crime. However, tobacco use is the most common preventable source of long-term harm such as chronic illness and death.*

**Example 2**

*Another example of drug-related factors concerns the method of drug use. Amphetamines for example, can be snorted, mixed with fluids and drunk, or injected. Snorting (regularly over a long period) can result in damage to nasal membranes. However, this problem does not occur with drinking or injecting. In contrast, injecting amphetamines may result in blood-related infections and serious illnesses such as hepatitis or HIV/AIDS (especially if dirty or shared needles are used), however, these infections and illnesses are usually not associated with drinking or snorting amphetamines.*



## Environment

Similarly, environmental factors such as the time and place of use, the availability of types of drugs, social controls and cultural norms, play a role in determining drug use outcomes.

### Example 1

*Examples of environmental factors such as the time or place of use are evident when we compare the same drug being consumed at a different time or location. 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, then this pattern of consumption becomes problematic.*

### Example 2

*Another example of environmental factors concerns social controls and cultural norms. For example, the heavy alcohol use of young males that is associated with intoxication-related harm often occurs in settings where social controls for use are relaxed or cultural norms encourage use. For example, these two environmental factors often come into play in situations such as 'away from home' football or other sporting trips and male celebrations such as 'buck nights'.*

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

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



## Intoxication, regular use, and dependence

Explain that another way of understanding alcohol- and other drug-related harm is to think in terms of problems related to intoxication, problems related to dependence, and problems related to regular excessive use.



**Intoxication, Regular Use and Dependence**

Problems of intoxication

Problems of regular excessive use

Problems of dependence

Figure 2: Thorley's (1988) model of drug problems

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SHOW OHT/  
PPT SLIDE 20

Explain to trainees that the model in this slide proposes that drug-related harm is best understood in terms of problems related to intoxication, regular excessive use, and dependence.

Further explain that this model is useful as 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 therefore do not see a clear relationship between alcohol use and drug-related harm.

Examples of intoxication problems, regular excessive use problems, and dependence problems are outlined below.

**Problems related to intoxication** result from the acute effects of a drug.



These problems 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. Even low levels of intoxication can be problematic in particular work settings.

**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 excessive 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 level 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.

Stress to trainees that anyone who uses alcohol or other drugs may experience problems in any one of these areas - sometimes occasionally, other times more often. In addition, while there is a degree of overlap between intoxication, regular excessive use, and dependence problems, it is possible to experience problems in one area and not another.



**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 the problems associated with intoxication (as they will have learnt how to avoid or minimise some of this problem), but are more likely to experience problems of regular excessive use and dependence.*

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

Explain that the model outlined in the overhead/ppt slide has several important implications for responses to drug-related harm. First, the focus of the response should not just be on 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 anyone of the three areas in the model (i.e., intoxication, regular excessive use, and dependence). Stress that for the workplace in particular, the highest costs are 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 moderate drinkers, however, due to the much larger number of workers who are moderate drinkers (compared to dependent or regular excessive drinkers), intoxication accounts for the majority of alcohol-related problems in the workplace.



Explain that these two points have 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 are needed which address the rest of the workplace. A single incident of intoxication could have a catastrophic outcome, even if the person involved did not fit the traditional stereotype of a heavy drinker.

Explain that a range of other patterns of drug use need to be considered when addressing problems related to dependence, intoxication and regular excessive use. Overall, an effective workplace strategy means responding to the broad range of drug-related harms that can be experienced across the whole workplace.

### **Example 1**

*This model is not restricted to alcohol or illicit drug use. 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. Thus, it is clear that the focus should not just be on drugs such as alcohol and cannabis.*

### **Example 2**

*The type of drug being used may also have to be considered when determining the extent of problems related to intoxication, regular excessive use and dependence. Tobacco use is a good example. There are likely to be few workplace problems related to tobacco intoxication. However dependent tobacco users are likely to significantly impact on workplace productivity if they are allowed to smoke at work. Due to smoking restrictions in enclosed spaces such as the workplace, smokers now need to leave their workstation and work building to smoke. This can mean that a smoking break may extend to 20 minutes or more. Even smoking only 1 or 2 cigarettes a day during work hours will substantially impact on a smoker's level of productivity. Smokers are also more likely to have more time off work from respiratory-related health problems caused by their smoking.*





## RESPONDING TO ALCOHOL- AND OTHER DRUG-RELATED HARM IN THE WORKPLACE

### Alcohol- and other drug-related harm in the workplace

The aim of this final section of Session 2 is to demonstrate that the models previously outlined indicate that the focus of any response should not just be on illicit drugs or workers who are considered to be ‘addicts’, ‘alcoholics’ or ‘problem’ drinkers and drug users. Rather, the responses need to consider all workers and all types of drug use.

Explain that the models of drug-related harm outlined in the previous overheads/ppt slides have important implications for how workplaces deal with drug and alcohol issues. These models indicate that any response needs to focus on all workers in the workplace and resources need to target moderate and occasional users as well as heavy or dependent users.

Explain that despite this, many traditional workplace responses have taken the problem-orientated approach outlined in this overhead/ppt slide.



### Understanding Alcohol- and Drug-Related Harm

**Traditional problem-orientated approach (limited response)**

**The prevention approach focusing on health, safety and welfare (broader response)**

## SHOW OHT / PPT SLIDE 21

This approach focuses on individual problem users and directs most resources toward the identification and treatment (through discipline, dismissal, or rehabilitation) of these individuals.



This tradition, by placing the emphasis on dealing with problems after they occur, takes a tertiary treatment approach rather than a prevention approach.

Explain that the prevention approach, however, 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.

The prevention 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, and risky users and environmental factors that contribute to alcohol- and drug-related harm in the workplace.


**Primary prevention** includes education and information dissemination strategies regarding alcohol- and other drug-related 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 processes 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.



## SUMMARY



**Summary**

- Alcohol and other drug use has potential negative consequences for the workplace
- Drug effects vary depending on a variety of individual, environmental, and drug-related factors
- Problems are not restricted to the relatively small number of dependent users
- Infrequent and moderate users contribute to a large proportion of alcohol and other drug problems in the workplace

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**SHOW OHT/  
PPT SLIDE 22**

Finish Session 2 by explaining the information reviewed indicates that alcohol, illicit drugs, prescribed drugs, and over-the-counter medications can have a range of effects on human functioning.

Explain that:

- In many cases, these effects have the potential to result in negative consequences for the workplace
- The effects these drugs have depend on a wide variety of individual, environmental, and drug-related factors. However, what is important is that while alcohol or other drug use in a recreational or social setting may be low risk, 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, on occasion, can become problematic.





## SESSION 3: DEVELOPING A COMPREHENSIVE AND EFFECTIVE ALCOHOL AND OTHER DRUG POLICY



The aim of this session is to take participants through the process of planning, designing, implementing and managing an alcohol and other drug policy. This session is central to the training objectives and care should be taken to ensure all participants understand the processes and concepts involved.



SHOW OHT/  
PPT SLIDE 23  
(SESSION 3 TITLE  
OHT/PPT SLIDE)

### Policy components

The aim of the first section of Session 3 is to outline important components of an effective alcohol and other drug policy. Including these components in any policy should reduce the impact of any barriers to policy development and implementation. The section begins with learning activity 3, which aims to get participants thinking about the potential barriers to an effective workplace policy.



Explain that 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. Alcohol and other drug policies form the basis, or foundation of any response to alcohol and other drug issues in the workplace. This session will focus on the development and implementation of an effective drug and alcohol policy.



### LEARNING ACTIVITY 3

Explain to participants that to explore why some workplace policies are effective and some are not, we will get them to provide some input by conducting a small “brainstorming” exercise.

Ask participants if anyone has been involved in developing any workplace policies (not necessarily an alcohol and other drug policy). If they have, ask them to think about any problems they encountered and if the policy was a success or failure.

If some participants (or all) have not been involved in the development of a policy, ask them to think about any policy at their workplace that has been particularly successful, or alternatively a dismal failure. Ask them to think about why they think they policy succeeded or failed.

Allocate participants into groups of 3-4.


Ask each group to engage in discussion that allows them to generate a list of 3 or 4 factors that they think contribute to effective policies and factors they think are barriers to a policy being effective.

After 5-10 minutes ask a representative from each group to present what they have come up with and write all suggestions down on a white board. Discuss.

Explain that the process of developing and implementing a comprehensive and effective policy is, in general, the same regardless of the focus of the policy or the policy issue.



## COMPONENTS OF AN EFFECTIVE POLICY



**Guidelines for Developing and Implementing a Policy**

- Consultation
- Universal application
- Organisation specific
- Comprehensive
- Instructions and procedures
- Drug testing consideration
- Gradual and informed change
- Publicity
- Information dissemination, education and training
- Evaluation

**SHOW OHT/  
PPT SLIDE 24**

Explain that the effectiveness of a workplace alcohol and other drug policy depends on the inclusion of key components during the development and the implementation stages. Take participants through the various stages outlined in OHT/ppt slide 24.

### 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.

### Organisation specific

The effectiveness of a policy is likely to be influenced by organisational, social, and individual 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.



**Example**

*It would be unlikely that a policy banning the consumption of alcohol on work premises would be applicable to workplaces in the hospitality industry. In these workplaces the sale and consumption of alcohol is central to the core business of the workplace. However, in these situations the policy can clearly state under what circumstances employees may or may not consume alcohol on workplace premises.*

*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. As such, a sample generic policy is provided in Appendix 1 of the Information and Resource Package. 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, or if permitted, under what circumstances alcohol consumption can occur. If consumption is permitted, for example 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 of the Information and Resource Package.

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 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 consideration

The option of drug testing needs to be considered as a potential component of the policy during the development phase. However, as will be pointed out in later in this course, testing is a complex option that has limited applicability. If testing is to be included, it should not be the sole means of drug 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. A supportive environment 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.

### Example

*An example of gradual and informed change is provided by relatively recent moves to ban smoking in the workplace. It has been known for several years that smoking in the workplace represented a threat to the occupational health and safety of non-smoking workers and that laws making workplaces 'smoke free' were inevitable. Changes to achieve this smoke free situation were introduced gradually and employees were given adequate notice that changes would be occurring and when these changes would occur.*

*First smoking was prohibited in enclosed offices, in lunch rooms and at work stations in proximity with other workers. Employees who smoked were given the option to smoke only in designated areas. The second step was to prohibit smoking in any area of the workplace. Employees who smoked were requested to smoke only in open space designated areas. The next step was to restrict smoking anywhere during actual working hours. Smokers were only allowed to smoke in designated open space areas during lunch and other breaks. Finally, smoking was prohibited altogether at the workplace and the majority of workplaces are now smoke-free. It is also interesting to note that throughout these changes, many workplaces offered smoking employees access to free or subsidised nicotine replacement therapies and cessation counselling services.*



## 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 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.

### Example

*An example of the importance of publicity is evident in the case of a large manufacturing workplace that was experiencing alcohol and other drug problems. Problems related to alcohol and other drug use (in particular cannabis) had been raised in local community and state wide print media and the majority of the 4,000 workers and their families were aware of the problems.*

*As a response to this issue the workplace developed and implemented an extensive policy that included the training of occupational health and safety personnel who were expected to implement the training. This training involved an intensive one-day training workshop and on completion of the first training session, the trainer and trainees approached the human resources department of the workplace with a view to having a photo of trainees and publicity about the first (of what was thought at the time would be many) training workshops included in the quarterly company newsletter.*

*The human resource department declined as they felt that given recent publicity, any mention of alcohol or other drugs would reflect badly on public perceptions of the company and public relations in general. As a result many workers felt disheartened as they rightly believed that if anything, this sort of publicity would enhance, not damage public relations. In general they felt that the company (and in particular senior HR management) was not committed to the new policy and training.*

*It should come as no surprise that despite the effort, time and money invested in developing this program and delivering the training, the policy still exists in a filing cabinet, but few employees are aware of how it operates, and training is no longer conducted. Several years down the track, the workplace in question still has an alcohol and other drug problem, which was again recently mentioned in local print media.*



### **Information dissemination, education and training**

Information dissemination, education, and training are necessary components of policy implementation and help promote employee compliance with the policy. Roles and responsibilities defined within the policy need to be made clear to all staff. The dissemination process should occur at employee 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 are valuable strategies 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 are 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 more detail later in this course.

### **Evaluation**

Evaluation of the policy is also important. It serves three purposes: 1. it assesses how well the policy meets its objectives; 2. it ensures accountability at the managerial and organisational level; and 3. it provides important information for predicting future policy success or failure. The process of evaluation will be discussed in more detail later in this course.

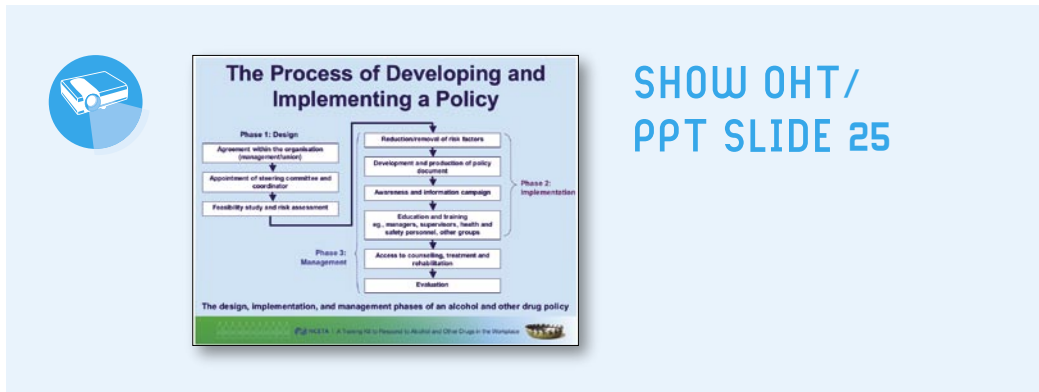
## **THE PROCESS OF DEVELOPING AND IMPLEMENTING A POLICY**

### **The process of policy development and implementation**

This aim of this second and final section of Session 3 is to take participants through the sequential processes involved in developing and implementing a policy. Compliance with this process is likely to increase the effectiveness of any policy.



Explain that while key components or ingredients of a policy are important, the process of developing and implementing the policy is also an important factor in its effectiveness.



Explain that this OHT/ppt slide outlines a model of the process, or 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.

### The design phase

Explain to trainees the various stages of the design phase as outlined below.

Outline that 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.



After agreement has been reached, a steering committee should be appointed. The role of the steering committee should be to define goals and objectives and provide overall guidance and supervision of the development and implementation of the policy.

Explain that to ensure adequate consultation, the committee should consist of 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).


In addition, it may be beneficial to have external workplace drug and alcohol specialists sit on the committee, or invited to contribute as required.

It may also 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**

Explain that an important component of the design phase is the conduct of a feasibility study and risk assessment.

A feasibility study and a risk assessment should be the first tasks of the steering committee as they are necessary in order to determine whether the required external infrastructure, organisational support and resources exist.



**Issues to be Considered in Feasibility Study and Needs Assessments**

Feasibility Study:	Risk Assessments:
• External infrastructure	• An assessment of external conditions
• Organisational support	• An assessment of internal conditions
• Resource availability	

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**SHOW OHT/  
PPT SLIDE 26**



Reassure participants that conducting a feasibility study and risk assessment is not as difficult as it sounds. Issues that need to be considered in a feasibility study include the following.

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

**The extent of organisational support** refers to the level of commitment of management, the 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 also 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.

Explain that 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 and includes the following elements.

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



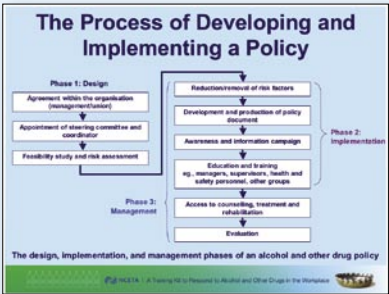
- resources available at the national or local level that could support a workplace policy
- existing alcohol and other drug prevention programs and activities within the local community or within the industry relevant to the workplace.

**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 earlier in this course)
- 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 Process of Developing and Implementing a Policy



The design, implementation, and management phases of an alcohol and other drug policy

## RETURN TO OHT/ PPT SLIDE 25

Explain the implementation phase to trainees



## The implementation phase

### The development and production of a policy document

Explain that 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

Explain that before implementing, or in conjunction with the implementation of this policy document an initial step should be the reduction or removal of workplace conditions, identified in the risk assessment, that contribute to employee 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.

Similarly, 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.

#### Example 1

*An example of the identification and removal of risk factors is provided by the case of a small engineering workplace that was experiencing an unusual number of absences and accidents after lunch breaks. The manager noticed that large numbers of employees spending their lunch breaks at a hotel located across the road from the workplace.*

*After investigation the manager realised that the main reason for this was that the hotel served very inexpensive counter meals, however, some employees were also consuming alcohol with lunch which increased the likelihood of accidents when they returned to the workplace.*

*cont.*





*On occasion, the lunch break of some employees would become drinking sessions that would last for hours and result in the workers not returning to work. While this was advantageous in terms of safety it increased absenteeism and had a negative impact on productivity. To overcome this, the manager prohibited employees from attending the hotel at lunchtime and negotiated with a local restaurant (which was only slightly further down the road from the hotel) to provide subsidised meals on the condition no alcohol was served.*

*This strategy proved to be successful. The employees now had access to more varied and better quality meals at hotel 'counter meal' prices and safety and productivity at the workplace improved. The employer met the cost difference between the subsidised and 'real' price of the meals, however, it was felt that this was a small cost to pay for enhanced safety, productivity and employee morale.*

### **Example 2**

*A further example is provided in the case of a manufacturing workplace that employed about 600 workers. As this workplace had an employee social club, the employer provided rooms where the social club could meet and conduct social events after working hours. Often alcohol was served at these social events. However, after one of these social events two employees and their partners were involved in a car accident in which one employee died and one employee's partner was seriously injured. The driver of the vehicle had been at the social event and had been drinking.*

*During the subsequent inquiry it was pointed out that the employer bore some responsibility as the employees had been drinking on work premises, despite the fact the drinking occurred at an after hours social event. As a result, the employer introduced a responsible alcohol serving policy (see Appendix 2 of the Information and Resource Package) and moved the social club premises to a licensed venue away from the workplace.*

## **Awareness and information campaigns; and education and training**

Explain that 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 and how it operates, and raises 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.

Further explain that awareness, education, and training will be discussed in more detail in the next two sessions of this course.

### **The management phase**

Continue with OHT/ppt slide 25 and explain that components of the implementation stage are also components of the ongoing management phase of the policy. Awareness campaigns and education and training are continual processes in effective policies. Apart from the need to reinforce the policy at regular intervals, the employment of new staff and the promotion of existing staff require education and training to be on going.

### **Access to counselling and treatment**

Explain that management of the policy also involves employees having access to counselling, treatment, and rehabilitation services. This access can operate through referrals, which is part of the 'constructive confrontation' process that will be outlined later in this course. 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 that were identified in the feasibility study.

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. A list of contact organisations is provided in Booklet 2 of the Information and Resource Package.

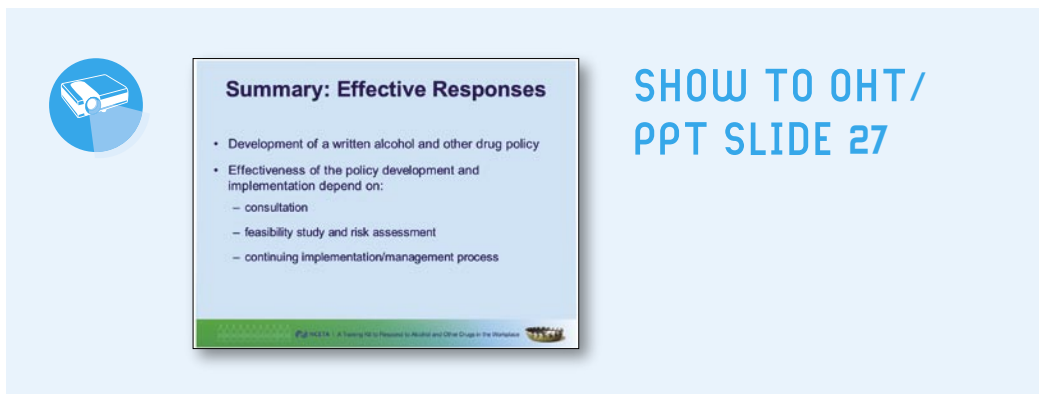


## Evaluation

Finally, 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.

In addition, the process of policy evaluation should lead to continual improvement in the policy and policy strategies and ongoing identification of risk factors. Explain that evaluation will be discussed in more detail later in this course.

## SUMMARY



**Summary: Effective Responses**

- Development of a written alcohol and other drug policy
- Effectiveness of the policy development and implementation depend on:
  - consultation
  - feasibility study and risk assessment
  - continuing implementation/management process

**SHOW TO OHT/  
PPT SLIDE 27**

Finish Session 3 by explaining the information reviewed in this session and indicate that:

- 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
- to be effective, careful consideration needs to be given to the development and implementation of the policy
- in order to meet the specific needs and resources of individual workplaces, consultation with all key stakeholders and the conduct of a feasibility study and risk assessment are important early stages in the development of effective policies
- effective policies necessitate ongoing implementation and management.

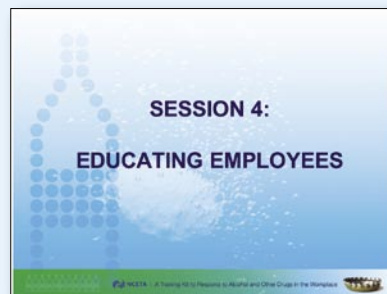




## SESSION 4: EDUCATING EMPLOYEES



The purpose of this session is to demonstrate why employee education is an important part of dealing with alcohol- and other drug-related harm in the workplace, and to outline what should be included in an employee education strategy and how education strategies can be delivered. It is useful in this session to show trainees examples of resources that can be distributed to employees as educational materials. Many of these resources can be obtained free of charge (or at a small cost) from the contacts and websites provided in Booklet 2 of the Information and Resource Package.



**SHOW OHT/  
PPT SLIDE 28  
(SESSION 4 TITLE  
OHT/PPT SLIDE)**

### WHY EDUCATE?

The aim of this first section is to demonstrate to participants that employee education and awareness strategies are an important strategy for any workplace alcohol and other drug policy.





**Why Educate?**

**Educating Employees:**

- Enhances acceptance of the policy
- Raises awareness of the policy & how it operates
- Raises awareness of health and safety implications of alcohol and other drug use
- Raises awareness of alcohol and other drug problems in the workplace
- Helps prevent alcohol and other drug problems in the workplace

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**SHOW OHT/  
PPT SLIDE 29**

Explain that 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.

Further explain that 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
- reinforces that everyone in the workplace needs to be involved
- fosters cooperation between employees
- encourages employee acceptance of the policy
- 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 of 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.

## WHAT SHOULD BE INCLUDED IN THE EDUCATION STRATEGY?

The aim of this section is to outline the various components of an effective education strategy.



**What Should be Included in the Education Strategy?**

- Details of the policy and how it operates
- Information on:
  - the effects of alcohol and other drugs
  - the impact of harmful alcohol and other drug use on family members and the workplace
  - symptoms of harmful alcohol and other drug use in the workplace
  - self-assessment tools
  - where to get assistance
  - legislations and regulations
  - stress management techniques
  - importance of support from colleagues and families

**SHOW OHT/  
PPT SLIDE 30**

Explain that at a bare minimum, an employee education strategy should include the distribution of a copy of the policy and provide 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 employee assistance program (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.

Importantly, the briefing should also 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.

Explain that it is also recommended that the education strategy include information to raise 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 their 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 an employee's family
- symptoms 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
- importance of support from colleagues and families in order to change patterns of behaviour.

## HOW TO DEVELOP AND DELIVER THE EDUCATION STRATEGY

The aim of this final section of Session 4 is to demonstrate to participants where education resources can be obtained, and the various media for delivering education strategies.



### How to Develop and Deliver the Education Strategy

- Can be developed using existing and readily available information or by using the expertise of external consultants
- Should be initiated in the early stages of policy implementation and continued throughout the life of the policy
- Methods and activities can be used include:
  - health promotion
  - factsheets, leaflets or flyers
  - copies of the policy
  - audio-visual material
  - discussion of the policy and alcohol and other drug issues
  - part of occupational health and safety training

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SHOW OHT/  
PPT SLIDE 31



Explain that education strategies can be developed using information contained in the Information and Resource Package. For example, information concerning the negative impact of alcohol and other drug use on the workplace is contained in Section 1 of the Package, and information on the effect and potential negative consequences of using various drugs is contained in Section 2. In addition, the Factsheets provided in the Package could be photocopied and distributed to employees.

Information and guidance on alcohol- and other drug-related issues are also available from the contact list and websites provided in Booklet 2 of the Information and Resource Package. Much of this information is in the public domain, so it can be copied, adapted, and modified to suit individual workplaces. Free (or at least very inexpensive) resources can also be obtained from these sources and distributed to employees.

Distribute examples of these resources so trainees can look at them while you continue with the session.

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 on going employee training/education program.


Explain that 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 and induction programs for new employees.



There are 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 of alcohol and drug issues in the workplace, or 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
- including alcohol and other drug information and workplace policy information in on-going occupational health and safety training.

## SUMMARY: EMPLOYEE EDUCATION



**Summary: Employee Education**

- Employee education can enhance acceptance of the policy and help influence employees' alcohol- and other drug-related attitudes and behaviours
- Strategies need to include a policy brief and provide information concerning the health and safety aspects of alcohol and other drug use
- Ongoing and delivered via a variety of media is a key to effective employee education

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**SHOW OHT/  
PPT SLIDE 32**



Finish session 4 by explaining that 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.

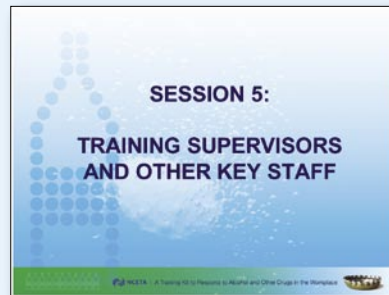
Most Australians now realise that drinking, or using drugs, and driving is not acceptable. It is important that people also realise that drinking, or using drugs, and working is not acceptable. By providing appropriate education and information strategies, this message will become clear to all employees.



## SESSION 5: TRAINING SUPERVISORS AND OTHER KEY STAFF



The aim of this session is to demonstrate why the training of supervisors and other key staff is essential to the effectiveness of a workplace alcohol and other drug policy. Components of a training strategy and the process of developing and delivering a training strategy are also outlined.



SHOW OHT/  
PPT SLIDE 33  
(SESSION 5 TITLE  
OHT/PPT SLIDE)

### WHY TRAIN?

The aim of this first section is to outline why the training of supervisors and other key staff is essential to the effectiveness of the policy.





### Why Train Supervisors and Other Key Staff?

- Credibility, acceptance, and overall success of any workplace alcohol and other drug policy highly depend on attitude and actions of supervisors and other key staff
- Training is required for:
  - supervisors
  - OH&S personnel
  - employee representatives
- Regular and ongoing training necessary

SHOW OHT/  
PPT SLIDE 34

Explain that 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 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. Thus, in order to implement the workplace policy, supervisors need training in alcohol and other drug issues.

Similarly, occupational health and safety personnel need training in order to identify workplace conditions that contribute 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. Because of 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. Thus, employee representatives also need alcohol and other drug training.



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

## WHAT SHOULD BE INCLUDED IN THE TRAINING STRATEGY?

The aim of this section is to outline the key components of an effective training strategy.




**What Should be Included in the Training Strategy?**

- Rationale behind the policy
- How to implement the policy and procedures
- How to identify and address alcohol and other drug-related harm in the workplace
- Communication, interviewing, and supervision skills

**SHOW OHT/  
PPT SLIDE 35**

Explain that 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.



**Training Should Enable Participants 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
- Intervene with impaired employees
- Refer employees to services
- Provide information to employees about the availability of services
- Support the needs of rehabilitated employees and monitor their performance
- Assess the working environment

**SHOW OHT/  
PPT SLIDE 36**




Explain that 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 at work
- 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.

## HOW TO DEVELOP AND DELIVER THE TRAINING STRATEGY

The aim of this final section of Session 5 is to outline where to obtain training resources and strategies for delivering the training.



**How to Develop and Deliver the Training Strategy**

Resources and time available	Develop and deliver own training	<ul style="list-style-type: none"> <li>• Information concerning training is readily available and easily accessible (e.g., An Information and Resource Package)</li> <li>• Principles of adult learning</li> <li>• Training should be held regularly</li> <li>• Necessary when a new staff member is appointed</li> <li>• Periodic supervisor training</li> </ul>
Limited resources and time	External consultant or EAP	
Workplaces	Training Strategy	

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**SHOW OHT/  
PPT SLIDE 37**





Explain that 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 EAP to develop and deliver the training. However, it must be remembered that training developed and delivered 'in-house' is more likely to be sustainable in the long-term.

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 from many of the internet sites and contact organisations listed in Booklet 2 of the Information and Resource Package.

Information contained in the Information and Resource Package can also 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 workplace factors that may contribute to alcohol- and other drug-related harm.

Section 2 and the Factsheets outline how various drugs can affect workplace safety and productivity, while Section 6 details 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 it is consistent with principles of adult education. The use of 'brainstorming' and role-play exercises at various stages throughout the training is particularly important.

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 specific to their workplace that are not included in the training content. Similarly, utilising role-play in the training sections concerning approaching 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, if not used regularly, can diminish over time. 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 keep the policy active.

## SUMMARY: TRAINING



**Summary: Training**

- Training plays a crucial role in determining overall effectiveness of the policy
- Training is essential if responsible staff are to implement and manage the policy
- 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
  - increasing the level of skills required to implement the policy
- Should be ongoing, and adaptable to changing circumstances

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**SHOW OHT/  
PPT SLIDE 38**

Finish Session 5 by summarising that 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 all play a crucial role in determining its overall effectiveness.

Thus, 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 adaptable to changing circumstances.



## SESSION 6: DEALING WITH ALCOHOL AND OTHER DRUG ISSUES IN THE WORKPLACE




This session outlines how to deal with an employee whose alcohol or other drug use is causing problems in the workplace. This session is not only important for understanding the issues involved when developing an alcohol and other drug policy, but it is also an important component of training for supervisors and other key personnel who are expected to implement and manage the policy.



SHOW OHT/  
PPT SLIDE 39  
(SESSION 6 TITLE  
OHT/PPT SLIDE)

Explain that this session will outline how to deal with safety and productivity issues concerning employees' alcohol and other drug use.





### How to Deal with Alcohol and Other Drug Issues in the Workplace

- An employee's alcohol or other drug use only becomes relevant when it affects their performance or behaviour on the job
- Focus on work performance and workplace safety
- Relying on physical symptoms of alcohol and drug dependence can be problematic
- Make clear that illicit drugs use will not be tolerated at work for **both** legal and safety reasons

## SHOW OHT/ PPT SLIDE 40

Explain that the first thing to remember in relation to this issue is that what an employee does 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.

Explain that 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. This is because managers, supervisors and other staff are usually not qualified to make medical diagnoses of intoxication or dependency.

Rather, work performance and workplace safety should be the focus in the workplace.

In the past, an an effort to detect alcohol- or other drug-related issues emphasis has sometimes been placed on the physical symptoms of alcohol and drug dependence, such as bloodshot eyes or trembling hands.

However, this emphasis is problematic as a range of medical conditions can produce similar symptoms. Emphasize that 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.



## INTOXICATION AT WORK

The aim of this section is to demonstrate to participants the correct process for approaching an employee who appears to be intoxicated at work.

Explain that when an employee is suspected of being intoxicated at work, primary consideration must be given to the individual's and others' safety.



**Intoxication at Work**

- Primary consideration must be given to the safety of the individual and others
- Any decision to act should be based purely on considerations of safety and work performance
- Employers & employees have responsibilities concerning drug use and safety under occupational health and safety legislations
- Employees should not be allowed to work until they are considered fit to safely and productively perform their job

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**SHOW OHT/  
PPT SLIDE 41**

Advise trainees to remember that 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 should be based purely on considerations of safety and work performance.

Advise trainees that the employer is required to take action if they suspect a worker is under the influence of alcohol or other drugs.

Under Occupational Health and Safety legislation employers have a responsibility to provide and maintain a safe working environment. This responsibility extends to employees' 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.

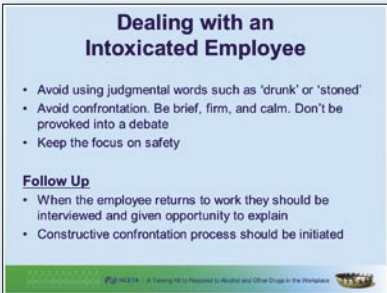


An individual should not be allowed to work until they are considered fit to safely and productively perform their job. If an employer knows of misconduct and does not warn the employee, they may be considered as having condoned the conduct and lose the right of summary dismissal.

Explain that responsibility is also placed with the employee. 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 asked to leave the workplace for this reason, they must comply.

### Dealing with an employee who is intoxicated



**Dealing with an Intoxicated Employee**

- Avoid using judgmental words such as 'drunk' or 'stoned'
- Avoid confrontation. Be brief, firm, and calm. Don't be provoked into a debate
- Keep the focus on safety

**Follow Up**

- When the employee returns to work they should be interviewed and given opportunity to explain
- Constructive confrontation process should be initiated

**SHOW OHT / PPT SLIDE 42**

Explain that 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, do not discuss or argue. State the facts only. If there is a dispute, then 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.”*

Explain to trainees that they should be brief, firm, and calm. They should avoid confrontation and not be provoked into a debate with the employee who appears intoxicated or impaired.

Transportation home should be arranged for the person, at the expense of the employer, to ensure there is no possibility of accidents and potential negligence claims. 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. 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 as to 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.





## LEARNING ACTIVITY 4 (ROLE-PLAY)

The purpose of this learning activity is for trainees to gain first hand experience in dealing with an intoxicated employee.

The role-play is designed to raise the confidence and competence of trainees in approaching and dealing with an affected worker. Role-play is used to demonstrate how to approach and deal with an affected worker.

The scenario presented here is based on an incident in a male dominated engineering workshop. Depending on the background of participants, this scenario can be altered to suit. For example, an office scenario where an employee returns to work after drinking at lunch-time may be more appropriate.

It is recommended that the trainer play the role of the affected worker so that the worker can come across as belligerent and difficult to handle.

### *1. Explain to trainees:*

Now it is your turn – here is a chance to apply what you have learned so far.

### *2. Introduce role-play:*

Tell trainees that the scene is at the workplace, some time after lunch on a hot afternoon. Two/three players are needed and the rest of the group observe.

Players:

- The worker's team leader/supervisor and a safety representative/union representative (two participants)
- A worker affected by alcohol (usually the trainer)

Read out the following role-play information to the role-play participants and the rest of the trainees, so all are aware of the situation.





## Role-play instructions for players

(to be read out to the group and players)

### **John, a tradesperson (the unsafe worker)**

You have been to the local hotel at lunch time and have had a few drinks. About 30 minutes after returning to work you tripped and knocked over a ladder that another tradesperson was using.

When the safety representatives and job delegate approach you, you are annoyed. You blame everyone else. The workshop is so messy no one can walk around safely. You believe it is your right to have a beer or two at lunch. You are angry with these interfering do-gooders.

When they ask you to leave, you want to know if you will be paid. You cannot afford time off. You are difficult and find every reason not to go – though deep down inside you know that you would be better off not working, but will not admit that to them.

### **Steve, the workshop safety representative/job delegate**

Another worker told you that about 10 minutes ago, he saw John stagger and knock over a ladder. It narrowly missed another tradesperson. The worker said that he was concerned because he knew that John was at the pub at lunch-time, which often occurs and he has a habit of working unsafely after these 'liquid lunches'. The worker was worried that a more serious accident could happen.

You go and tell Peter, the workshop supervisor, and you both decide to go and have a look for yourselves and speak to John together. After observing John working, you and Peter agree that he is in an unfit state to work safely.

### **Peter, the workshop supervisor/team leader**

Steve, the workshop safety representative, has come to you with a problem regarding an unsafe worker who may have been drinking. You know that you will need to act immediately. You and Steve observe John and agree he is in an unfit state to work safely.



Start role-play.

Act out the role-play for 5-10 minutes.

Finish the role-play when the affected worker agrees to leave the site.

Debrief – tell the players they are no longer in their roles.

Ask role-play participants to provide some feedback eg:

“How did you feel about doing that?”

“What worked?”

“What didn’t work?”

“What would you do differently next time?”

Stress to all trainees that when dealing with intoxicated employees they need to:

- Avoid using judgemental terms like “You are too drunk” or “too stoned” or terms like “alcoholic” or “addict”.
- Be brief, firm, and calm. Avoid confrontation and do not be provoked into a debate. Tell the employee that you will speak to them when they return to work unaffected.


Reinforce to trainees the following:

- Keep the emphasis on the safety factor, and the risks to the worker and his/her workmates.
- When approaching an affected worker, take someone else such as your Supervisor or Human Resources Manager or Occupational Health and Safety Officer with you as a witness.
- Use common sense, consistency, and accurate documentation.



## POOR WORK PERFORMANCE

The aim of this section is to demonstrate to participants how to approach an employee whose work performance appears to be affected by their alcohol or other drug consumption patterns.



**Work Performance**

- Even small amounts of alcohol and other drugs can reduce productivity
- Criteria for evaluating work performance:
  - lost time
  - quality of work
  - quantity of work
  - safety
  - effects on work team
  - effects on clients or customers
- Informal approach in the first instance
- Followed by formal, constructive confrontation approach if informal approach fails

**SHOW OHT/  
PPT SLIDE 43**

Explain to trainees that another concern in the workplace may be an employee who does not come to work under the influence or use alcohol or drugs at work, but their use away from the workplace impacts on their performance at work (e.g. hangovers, absenteeism etc). Explain that dealing with decrements in work performance, that may be associated with alcohol and other drug use, requires a slightly different approach to the one outlined for intoxicated workers.

Explain that even quite small amounts of alcohol and other drugs, while not resulting in intoxication, can reduce performance to the level where it affects productivity and represents a health and safety risk. In addition, 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:

- lost time
- quality of work
- quantity of work
- safety
- effects on work team
- effects on clients or customers.

Explain that more detail on these categories is presented in Appendix 3 of the Information and Resource Package. 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 should be formally documented. To do this, it is necessary to be able to describe what the acceptable standard of performance of the job is. Again, the factors presented in the work performance checklist in Appendix 3 of the Information and Resource Package can be used for this.

## An informal approach

Explain that first 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 employee's attention the effect on productivity may cease. Alternatively, some



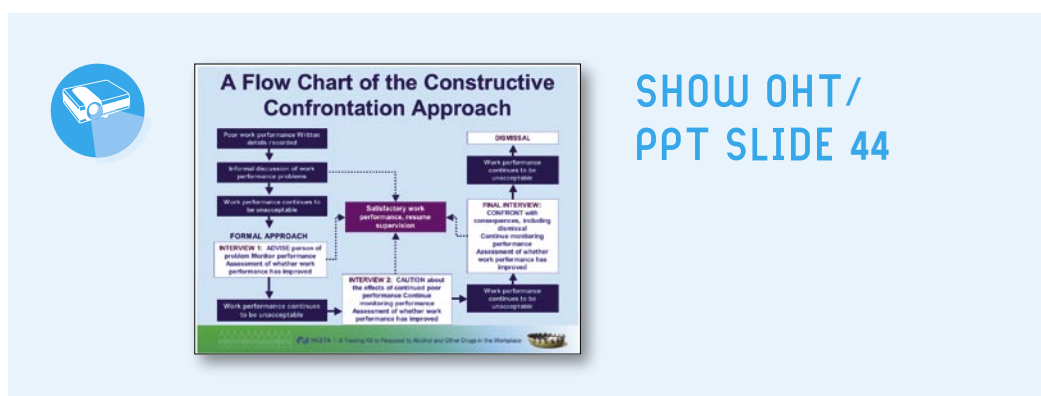
people with a more serious drinking or drug problem use the fact that they have a job at which they believe they are performing well as a way of denying that there is anything wrong. An informal approach may lead to these employees realising that they are not performing adequately.

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 particularly if the person is dependent on alcohol or drugs. The risks, costs and stresses to the employer and other employees of taking no action will become increasingly 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.

## THE CONSTRUCTIVE CONFRONTATION APPROACH

The aim of this final section of Session 6 is to outline the 'constructive confrontation' process.

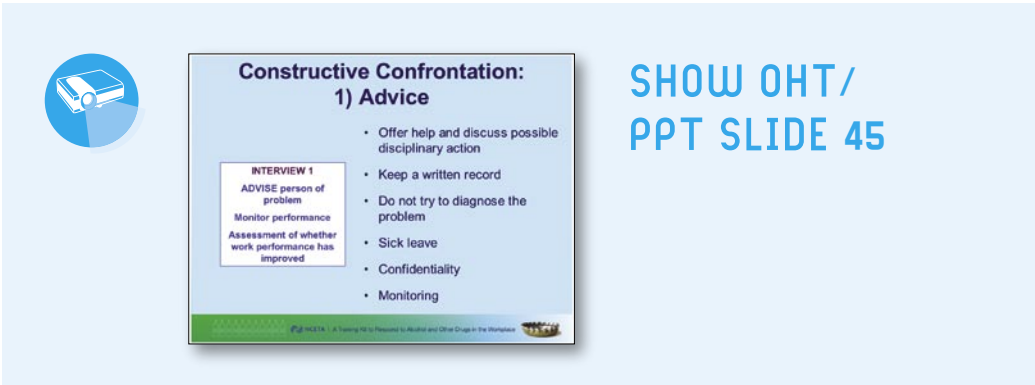


The 'constructive confrontation' approach involves the assertive escalation of outlining to employees the consequences of not addressing the problem behaviour for which they are being counselled. Thus, while the terminology is different, the approach is not inconsistent with other counselling techniques such as motivational interviewing<sup>2</sup>. The objective is to motivate a behavioural change. What is different in the constructive confrontation approach is that it involves the threat of discipline (including dismissal) as the primary motivator for behaviour change.

Explain that 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 the process that is about to be outlined 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, and 3) confront. These three stages involve interviews and are highlighted as orange boxes in the flow chart. It is recommended that at least three interviews are used in the constructive confrontation process. Some employers, however, may wish to extend this to four interviews.

## 1) Advise



**Constructive Confrontation:**  
**1) Advise**

- Offer help and discuss possible disciplinary action
- Keep a written record
- Do not try to diagnose the problem
- Sick leave
- Confidentiality
- Monitoring

**INTERVIEW 1**  
ADVISE person of problem  
Monitor performance  
Assessment of whether work performance has improved

**SHOW OHT/  
PPT SLIDE 45**

<sup>2</sup> For an explanation of motivational interviewing see: *Alcohol and Other Drugs: A Handbook for Health Professionals, Chapter 13 Psychosocial Interventions*. Available at [www.nceta.flinders.edu.au](http://www.nceta.flinders.edu.au)



Explain to trainees that 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 aim of the first interview is to advise the person of the work performance problem, backed up with 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 regarding 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) should 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, etc) must be clearly described.

It is also legitimate to offer inducements for the employee to seek assistance with their personal problems. These inducements may be in the form of withholding discipline while the employee is receiving counselling or treatment. Again if this is the case, it should be clearly stated in the policy document.

The aim is 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**

Advise participants to remember that 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 of the Information and Resource Package. 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 a doctor has diagnosed the employee as being 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 illnesses that require treatment. This means that the same provisions and allowances for treatment and assistance can be made as 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 be maintained throughout the process.

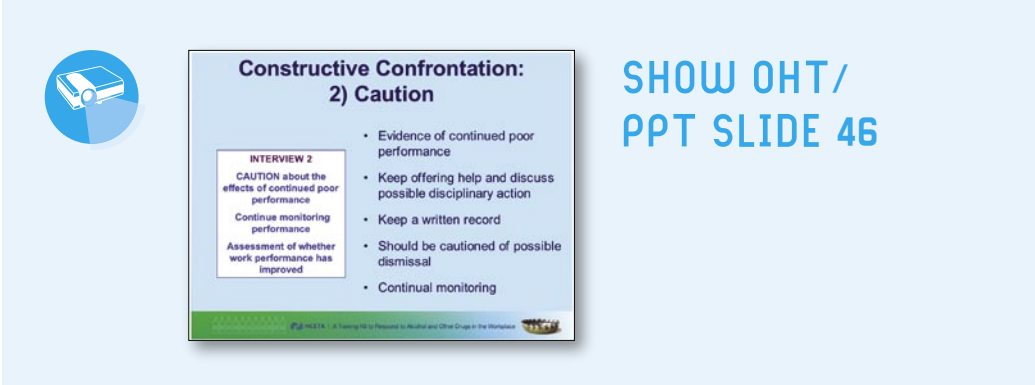




## Monitoring

Following the first interview there will be a designated period where performance is monitored and details of any improvements, or otherwise, in performance are documented.

### 2) Caution



**Constructive Confrontation:  
2) Caution**

**INTERVIEW 2**  
CAUTION about the effects of continued poor performance  
Continue monitoring performance  
Assessment of whether work performance has improved

- Evidence of continued poor performance
- Keep offering help and discuss possible disciplinary action
- Keep a written record
- Should be cautioned of possible dismissal
- Continual monitoring

SHOW OHT/  
PPT SLIDE 46

Explain that if the first interview has been unsuccessful and work performance has not improved, a second interview needs to be arranged. Remember that there is a need for flexibility in determining the time between interviews.

Explain that the aim of this second interview is to caution the employee about the continuing problem. 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 to 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. Again, 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.



### 3) Confront



**Constructive Confrontation:  
3) Confront**

- Dismissal
- Documentation
- Industrial relations legislation and unfair dismissal
- Other considerations
  - unions
  - complementary health and safety practices
  - workers compensation
  - workplace factors

**FINAL INTERVIEW**  
CONFRONT with consequences, including dismissal

Continue monitoring performance

Assessment of whether work performance has improved

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**SHOW OHT/  
PPT SLIDE 47**

Explain that if the second interview does not achieve any improvements in performance, a third interview must be arranged to confront the employee.

At this interview, the person will be given the clear option to either improve their work performance or face disciplinary consequences, which could involve dismissal. It should also be made clear to the employee that the option to seek help for any problem is no longer voluntary, rather a mandatory assessment is required.

The supervisor or another responsible staff member 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. However, to ignore the situation will only lead to more problems in the longer term.



### **Dismissal/disciplinary action**

If there is still no improvement, and all other disciplinary measures such as demotion, or loss of benefits have failed, a formal notice of dismissal will need to be issued.

Employees can be dismissed as a result of drinking or drug use if it affects their ability to perform their job or results in intolerable behaviour. Employers who can prove that a poor relationship is having a negative impact on the business can also legally dismiss unsuitable employees.

### **Documentation**

Documentation of each of the stages before dismissal is very important and evidence of poor performance should always be put in writing. By documenting all stages of the process and showing a fair and considerate position has been taken, there should be no I.R. difficulties or problems.

### **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 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.



## Other considerations

Advise participants that when dealing with affected workers and implementing the constructive confrontation process, there is a range of other factors to consider, including those addressed below.

### Unions

In workplaces where there are union members, the person concerned should 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 will be complementary to other activities aimed at ensuring a safe and healthy work environment. It should be part of wider occupational health and safety practices.

### Workers compensation

Workers compensation will 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 should also be given to factors in a workplace that may have an influence on drinking or drug use. Examples of these factors are provided in Section 1 of the handout (the Information and Resource Package).

## The supervisor's role

Stress to trainees that supervisors play a key role in the constructive confrontation process. The goal of the supervisor is to identify performance decrements, not to diagnose the cause of the decrement.



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.



### LEARNING ACTIVITY 5 (SCENARIOS)

The purpose of this learning activity is for trainees to consider several potential scenarios concerning alcohol or other drug use in the workplace.

Divide trainees into 2-3 groups and give each group a copy of one of the following scenarios. Ask each group to consider their scenario and discuss between themselves the implications of each scenario and decide how they would handle the situation. After 5-10 minutes ask each group to present their thoughts and compare them with the scenario response.

Alternatively present each (or just one or two) scenarios to the trainee group as a whole and use group discussion to examine the implications of each scenario and the proposed responses.



## LEARNING ACTIVITY 5

## SCENARIO 1

**Scenario 1**

It's a Thursday just like any other and the word has gone around. "What are you up to tonight mate? How about we head down to the local for a few?" There's nothing like getting out there for a pre end-of-week piss-up. The guys went on their usual Thursday night bender and really hit it hard. Dave got his head punched in again and couldn't make it into work on Friday. Hung over and finding it hard to concentrate the other 5 mates who were out that night struggled to do any work at all for much of Friday. They may as well have stayed at home. Thursday night sessions at the Local are a great way to see in the weekend. What's the harm in the lads having a few?



## LEARNING ACTIVITY 5

## SCENARIO 2

**Scenario 2**

There was a lot of work to be put out by that evening and the line seemed to be distracted. Seemed a bit odd but I went to my office to do some paper work. When I came back to the line half an hour later, everyone was smiling and the guys were really getting stuck into the job down the back of the line. Their spirits were particularly high and work was being turned out at a high rate given the amount of work that had to get done by the end of the day.

The next morning 2 of the guys didn't show up to work. The word went around the factory that there was a dealer in the company and he had dealt a few cheap deals of speed to his workmates and they were all taking it the day before.

When two of the guys didn't show up for work their part of the line couldn't make production for the day. That week the whole line lost their weekly bonus due to a drop in productivity – people were not happy and everyone soon knew whose fault it was.

What a mess! Where to next?



## LEARNING ACTIVITY 5

## SCENARIO 3

**Scenario 3**

We have recently appointed a new Business Development Manager to our company, Terry. He came with excellent references as a *get things done man* and had a reputation for his charisma and high output.

Whilst Terry has only been with us for a short time, we have received a number of complaints about the manner in which he works. At first we thought that this was our employees' natural resistance to change and Terry's new management style. However, after a series of complaints it has become clear that Terry has an 'up & down' personality and is confronting everyone in an aggressive and forceful manner.

More puzzling is the fact that Terry's aggressive behaviour tends to peak on a Tuesday and subside by the Thursday. Come Monday, Terry is aggressive again. Terry is becoming erratic and sloppy at getting his job done and is fast making more enemies than friends. We can't help but wonder what's going on with him and what in the world we can do about it.





## LEARNING ACTIVITY 5

### SCENARIO 1

#### Scenario 1 Response

This scenario highlights the potential negative impact that employees' drinking practices away from the workplace can have on the workplace.

While an employee's alcohol consumption outside of work hours is generally of no concern to the employer, it becomes an issue when it impacts on safety or productivity at work. In this case employees' drinking resulted in absenteeism and decreased productivity.

In this situation, the employees concerned should be approached informally at first and if the situation continues, the constructive confrontation process should be initiated with the workers concerned.



## LEARNING ACTIVITY 5

### SCENARIO 2

#### Scenario 2 Response

Three main issues are raised in this scenario.

First, it is an example of how some drugs can have a short-term positive impact on performance and productivity, however, in the longer-term performance and productivity will suffer to an extent far outweighing any short-term benefit.

Second this scenario highlights how the drug use of some workers can impact on other non-drug using workers. As a result of those who had used speed taking time off work, production dropped and the whole line lost their production bonus.

Third, the scenario is an example of illicit drug dealing that can occur in the workplace. Quite often illicit drug dealing occurs between people who have a pre-existing relationship (e.g. friend of a friend, co-workers). Large workplaces can be fertile ground for illicit drug dealing and sometimes dealers can earn much more than their pay each week by selling drugs.

Two different responses are needed in this case. First, if the employer or supervisor is aware of illegal activities (in this case illicit drug dealing) being conducted at the work premises then the police should be notified. Failure to do so could be interpreted as the employer condoning or encouraging the illegal activity. Second, given that illegal drug use occurred during work hours on the production line, consideration should be given to either instant dismissal or instigation of the formal constructive confrontation process.



## LEARNING ACTIVITY 5

### SCENARIO 3

#### Scenario 3 Response

This scenario highlights the importance of focusing on productivity and safety concerns, rather than any perceived drug use that may, or may not, be involved. The behaviour of Terry may be associated with drug use. There are a number of illicit drugs (e.g. ecstasy, amphetamines, steroids) that could account for this pattern of behaviour. The misuse of pharmaceuticals or over-the-counter medications can also lead to this type of behaviour pattern.

However, there is also a range of other emotional, social, environmental and personal problems that may lead to this type of behaviour. Terry may be having relationship problems at home with either his partner or children. These problems may build up over the weekend and slowly dissipate during the work as time at work gives him some 'time out'. Alternatively the problem may simply be the result of Terry's personality and management style not fitting with the working styles and personalities of others in the workplace.

The correct response in this case would be to approach Terry in an informal manner at first, focusing on the behaviour of concern, not what may, or may not, be causing the behaviour. Terry should be given ample opportunity to outline any reasons for his behaviour, or misinterpretation of his behaviour by other employees. If the situation continues, the formal constructive confrontation approach should be adopted.



## SUMMARY


**Summary: Dealing with Alcohol and Other Drug Issues**

- Informal approach
- Formal constructive confrontation approach if the situation does not improve
- Leave medical and problem diagnoses to doctors
- Provide confidential professional counselling opportunities
- Focus on workplace safety and productivity

SHOW OHT/  
PPT SLIDE 48

Explain that Session 6 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.

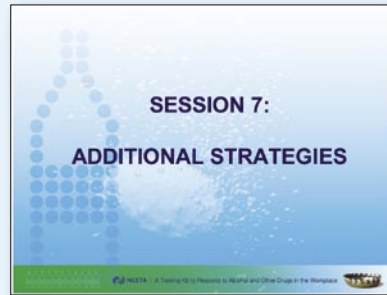
It is important to remember when adopting these approaches that supervisors, managers, and other responsible staff are not qualified to make medical diagnoses of intoxication or dependence, nor are they qualified to provide counselling to employees with alcohol or other drug problems. However, supervisors,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



## SESSION 7: ADDITIONAL STRATEGIES

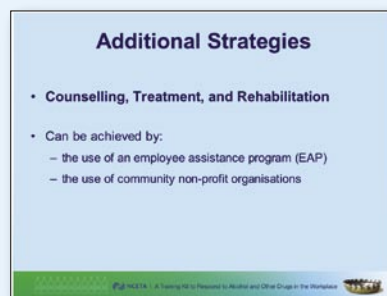


The aim of this session is to briefly examine other options that, in addition to education and training, can enhance the effectiveness of a workplace alcohol and other drug policy.



SHOW OHT/  
PPT SLIDE 49  
(SESSION 7 TITLE  
OHT/PPT SLIDE)

The aim of this first section of Session 7 is to outline the importance of including provision of counselling, treatment, and rehabilitation options in the policy.



SHOW OHT/  
PPT SLIDE 50



Explain to participants that while education and training are necessary components of an alcohol and other drug policy, there is a range of other strategies that may complement and improve the effectiveness of the policy as a response to alcohol- other drug-related harm in the workplace.

Stress that the suitability of these strategies for individual workplaces and the availability of resources to support these strategies, would largely be determined by the feasibility study and risk assessment conducted during the design stage of the policy.

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 and tertiary prevention that enables the treatment and rehabilitation of employees with alcohol- and other drug-related problems.

Thus, rather than dismissing workers with alcohol or other drug problems, counselling and treatment allows employees to return to the workplace as productive workers.

Explain that there are 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 will be outlined in more detail below.) Alternatively, employers may choose to advise employees about the availability of community based non-profit services or private services such as private hospitals or private practitioners. (Details on how to contact these services are provided in Booklet 2 of the Information and Resource Package).



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

In addition, regardless of what counselling/treatment service is utilised, 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 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.

## EMPLOYEE ASSISTANCE PROGRAMS (EAPS)

The aim of this section is to briefly describe employee assistance programs (EAPs).



**Employee Assistance Programs (EAPs)**

- Can address a range of problems including alcohol and other drug issues
- Access to EAP can be voluntary or compulsory referral
- Refers employees with extensive problems onto specialist treatment agencies
- Can be used to assist with the development of an alcohol and other drug policy and the delivery of education and training

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**SHOW OHT/  
PPT SLIDE 51**



Explain that an employee assistance program (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. Rather, 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 or 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.

In addition, some EAP providers can also offer advice on policy development and assistance with other strategies such as health promotion and drug testing.

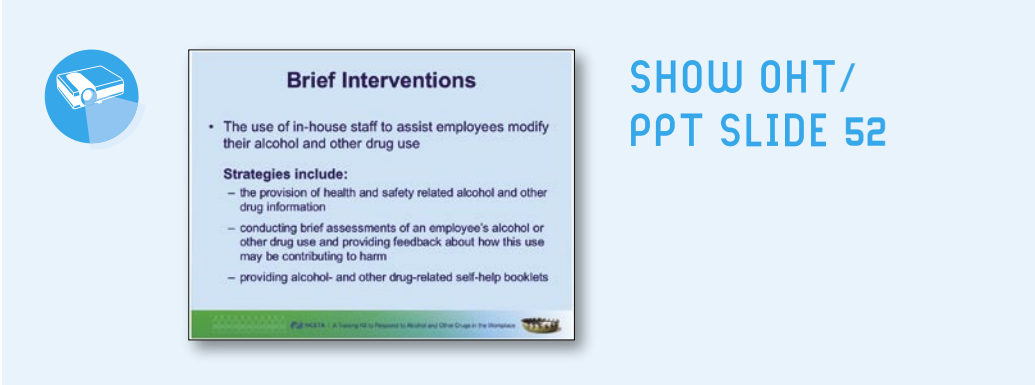
In general, an EAP is a valuable addition to the workplace alcohol and other drug policy as it provides a method of secondary and tertiary prevention by enabling the treatment and rehabilitation of employees with alcohol- or other drug-related problems and provides employers with access to expertise in workplace alcohol and other drug issues.





## BRIEF INTERVENTIONS

The aim of this section is to describe brief interventions.



The image shows a presentation slide titled "Brief Interventions". To the left of the slide is a circular icon containing a book. To the right of the slide, the text "SHOW OHT/ PPT SLIDE 52" is displayed in blue. The slide content is as follows:

**Brief Interventions**

- The use of in-house staff to assist employees modify their alcohol and other drug use

**Strategies include:**

- the provision of health and safety related alcohol and other drug information
- 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

At the bottom of the slide, there is a small logo and the text "© 2012 NIAAA - A Training Kit to Respond to Alcohol and Other Drug Issues in the Workplace".

Explain that 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.

For individuals with low levels of dependence and harm, brief interventions can be 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. Workplace health promotion is outlined next.

## HEALTH PROMOTION

The aim of this section is to describe health promotion strategies.



**Health Promotion**

- Not restricted to alcohol and other drug use
- Focus on a range of strategies to improve health of employees
- Consideration should be given to health promotion strategies in early stages of AOD policy development

**SHOW OHT /  
PPT SLIDE 53**

Explain that 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.

Explain that in general, health promotion programs do not specifically focus on alcohol and other drugs. Rather, they 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 life styles and risky drug use (including heavy alcohol consumption) are incompatible. The reasoning is that incorporating alcohol and other drug issues 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 (e.g., incorporation of brief interventions).

In addition, the effectiveness of health promotion programs can be optimised when attention is paid to individuals achieving a sense of control over their own health. The health promotion program should provide information on how alcohol and other drug consumption can impact on an individual's health and how it 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, a risk assessment and feasibility study should be undertaken, the program should be available to all employees, and the program and responsibilities of employers and employees should be clearly disseminated.

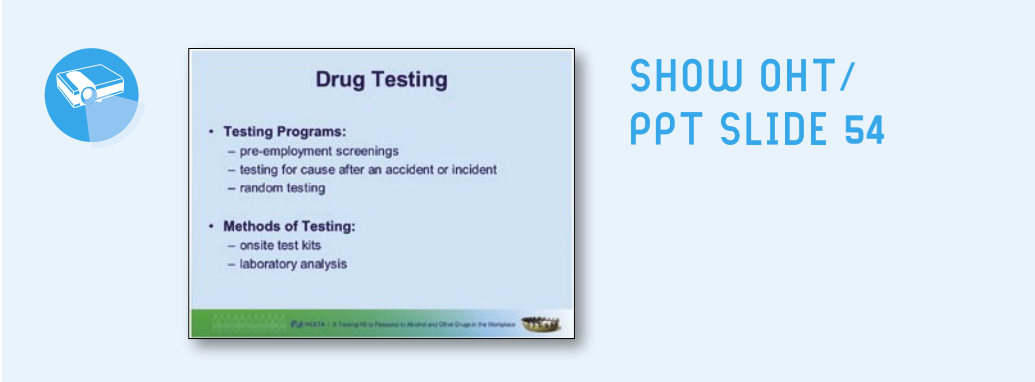


In addition, the health promotion program should promote education and awareness and foster a supportive environment.

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.

## ALCOHOL AND OTHER DRUG TESTING

The aim of this final section of Session 7 is to outline the different methods of workplace alcohol and other drug testing and to outline the advantages and disadvantages of various testing methods.



**Drug Testing**

- **Testing Programs:**
  - pre-employment screenings
  - testing for cause after an accident or incident
  - random testing
- **Methods of Testing:**
  - onsite test kits
  - laboratory analysis

**SHOW OHT / PPT SLIDE 54**

Explain that one option for dealing with alcohol- and other drug-related harm in the workplace is workplace testing.

Stress that caution is necessary when considering testing as a strategy.

Testing should only be introduced where employers, employees (including unions) agree that it will be effective and should be a part of the alcohol and other drug policy.

Explain that 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 screening
- testing for cause after an accident or incident
- random testing.

In addition, there are two methods of testing, 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 but in general, most can only test for three or four of these drugs at any one time.

Problems with onsite tests include the following.

- 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.
- An onsite test cannot determine if the drug detected is an illicit or prescribed drug. Many prescribed drugs and over-the-counter medications contain alcohol, opiate, or amphetamine-based substances.
- In addition, the level of accuracy and reliability of onsite tests are low. In general, for every 100 onsite tests conducted, there will be at least two false positives and two false negatives. Therefore, when the indicator shows positive, it is necessary to refer to laboratory analysis for confirmatory tests.




**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.

Explain that 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. Currently, only four Australian laboratories meet Australian drug testing standards.

## Test types



Type of Test	Advantages	Disadvantages
Breath Testing	<ul style="list-style-type: none"> <li>• Onsite test that can indicate alcohol intoxication</li> <li>• Non-intrusive</li> <li>• Can detect current or recent use</li> </ul>	<ul style="list-style-type: none"> <li>• Can only detect alcohol use</li> <li>• Relatively expensive and requires high maintenance</li> <li>• Cannot detect "hangover" effects</li> </ul>
Oral Fluid Testing	<ul style="list-style-type: none"> <li>• Relatively non-intrusive – requires sputum only</li> <li>• Can detect current/recent use</li> </ul>	<ul style="list-style-type: none"> <li>• Requires subsequent laboratory analysis</li> <li>• Can often be difficult to collect sufficient fluid for reliable analysis</li> <li>• Cannot detect intoxication / impairment levels</li> </ul>
Urinalysis	<ul style="list-style-type: none"> <li>• Least expensive of all testing</li> </ul>	<ul style="list-style-type: none"> <li>• Extremely intrusive</li> <li>• Requires subsequent laboratory analysis</li> <li>• May not detect very recent use (i.e. short) or intoxication / impairment</li> </ul>

**SHOW OHT/  
PPT SLIDE 55**


Explain that 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 this OHT/ppt slide.

Run through the table with participants. One disadvantage of breath tests is that it cannot detect “hangover” effects. Explain that “hangover” effects can continue to negatively impact on workplace safety and productivity for many hours after blood alcohol levels have returned to zero.



## Other concerns with testing



**Other Concerns with Testing**

- Places emphasis on illegal drugs
- Can have a negative impact on employee morale
- Can result in the use of more dangerous, but less detectable drugs
- Raises privacy and legal issues

**SHOW OHT/  
PPT SLIDE 56**

Explain to participants that there are also other concerns about testing.

Explain that 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 at the beginning of this training course, compared to legal drugs, relatively few employed Australians use illicit drugs.

Most drug tests ‘catch’ recreational cannabis users, whose use outside of working hours is likely to 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, rather, they 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 risk 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 or improving work performance. 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.

### Example

*A large regional employer was concerned about potential risk to safety due to the cannabis use of employees. Many of these employees worked on a roster system of 2 weeks at work and 1 week away on recreational leave. Due to this concern the employer initiated random urinalysis tests of employees as they returned to work following recreational leave. Many of these employees had used cannabis during their time off and due to the long detection period of cannabis (up to 4 weeks after use) a number of employees tested positive and were subject to dismissal. As a result, some of these employees switched to amphetamine use as the detection period for this drug is much less (24-48 hours after use). It was easier to evade the return to work test using this drug as you just had to stop using for 48 hours prior to returning to work. Amphetamines also tended to fit the 'party' lifestyle of some employees. They were now able to stay awake for longer periods during their time off which enabled them to go out at night and drink for much longer periods. Many soon realised that injecting amphetamines was more efficient and as such, began a behavioural pattern of injecting drug use. The workplace in question no longer has a real or perceived cannabis problem. They do, however, have a problem with needle stick injuries in the single men's living quarters, and a substantial number of injecting amphetamine users onsite.*



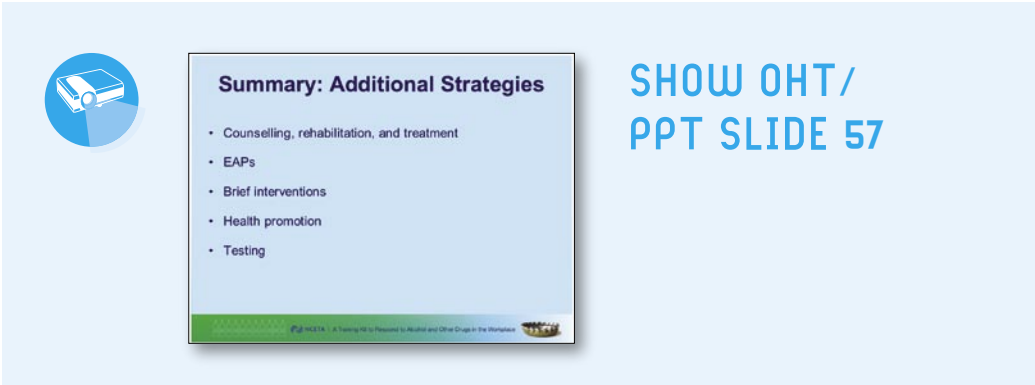


Testing programs can also present the employer with legal challenges. Employees have the legal right to refuse to be tested and in such a case, it cannot be assumed that they are intoxicated or impaired.

Summary dismissal for refusing to take a test may 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. A recent review of legal developments concerning workplace drug testing in Australia indicates that the success/failure rate for legal challenges concerning workplace drug testing is approximately 50/50.

## SUMMARY



**Summary: Additional Strategies**

- Counselling, rehabilitation, and treatment
- EAPs
- Brief interventions
- Health promotion
- Testing

SHOW OHT/  
PPT SLIDE 57

Explain that in 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 session should be considered during the feasibility study and risk assessment stages of the policy design. It is important to remember, however, that it is unlikely that any of these options would be effective on their own. Rather, they should become part of an overall strategy that involves a formal policy, education, and training that enhances the capacity of all employees to identify and deal with alcohol- and other drug-related harm in the workplace.

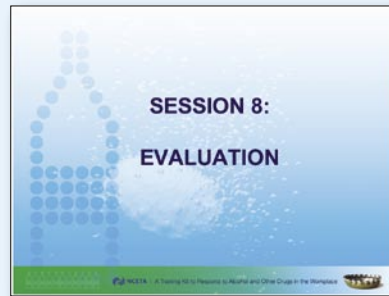




## SESSION 8: EVALUATION

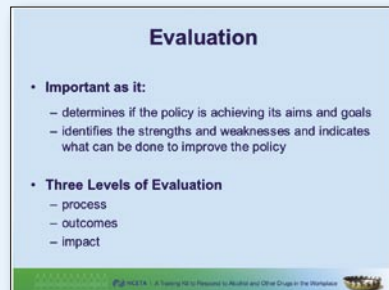


The aim of this final session is to briefly explain to participants how to evaluate the policy. It should be stressed that some form of ongoing evaluation is an important component of any workplace alcohol and other drug policy.



SHOW OHT/  
PPT SLIDE 58  
(SESSION 8 TITLE  
OHT/PPT SLIDE)

Explain that the aim of this session is to outline the different types of evaluation and why evaluation is an important part of any workplace response to alcohol- or other drug-related harm.



SHOW OHT/  
PPT SLIDE 59



Explain to participants that evaluation is a critical component of a workplace alcohol and other drug policy.

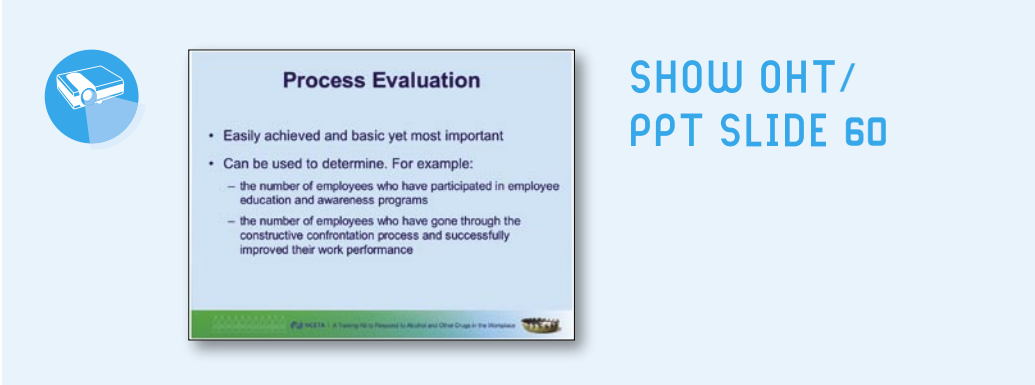
Evaluation determines if the policy is achieving the aims and goals identified during the development and design of the policy.

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, therefore, should be determined during the policy planning stage.

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

## PROCESS EVALUATION



**Process Evaluation**

- Easily achieved and basic yet most important
- Can be used to determine. For example:
  - the number of employees who have participated in employee education and awareness programs
  - the number of employees who have gone through the constructive confrontation process and successfully improved their work performance

SHOW OHT/  
PPT SLIDE 60


Explain that process evaluation determines what has been done during policy implementation and management. Process evaluation is the most easily achieved and most 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., EAP services, 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.

## OUTCOME EVALUATION



**Outcome Evaluation**

- Determines if the aims and objectives of the policy have been achieved
- Requires base line data and data comparison after implementation
- Can examine workplace outcomes resulting in changes to employees' knowledge, attitudes, and behaviours. For example:
  - changes in absenteeism rates
  - changes in the number of incidents or accidents involving alcohol or other drugs
  - changes in levels of productivity

**SHOW OHT/  
PPT SLIDE 61**

Explain that an outcome evaluation determines if the aims and objectives, determined during the planning and design of the policy, have been achieved.




Stress that outcome evaluations require more planning and evaluation expertise as base line 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.

## IMPACT EVALUATION



**Impact Evaluation**

- More long term and requires a high level of expertise in 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:
  - stronger workplace involvement in community initiatives
  - closer working relationship with union initiatives

**SHOW OHT/  
PPT SLIDE 62**

Explain that impact evaluation is more long term than process or outcome evaluation and stress that like outcome evaluation, it 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.

## SUMMARY



**Summary: Evaluation**

- Important component of any workplace strategy
- Can utilise a range of evaluation methodologies depending on the available needs and resources of individual workplaces
- Needs to be ongoing
- Input should be obtained from all stakeholders including members of employees' families

**SHOW OHT/  
PPT SLIDE 63**

Finish Session 8 by summarising that the information reviewed indicates that 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 needs and available resources of individual workplaces.



What is important, however, is that any evaluation process needs to be on going, so that the response can be adjusted as problems or obstacles are identified.

In addition, 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.





# TRAINING EVALUATION

## RESPONDING TO ALCOHOL AND OTHER DRUG ISSUES IN THE WORKPLACE

Name of Trainer(s): ..... Date: .....

Venue: .....

Participant's name: .....

Please indicate the extent to which you disagree/agree with the following statements

### SECTION ONE - PERCEIVED TRAINING OUTCOMES

	Strongly Disagree (1)	Disagree (2)	Unsure (3)	Agree (4)	Strongly Agree (5)
1 This training program will enable me to respond to alcohol- and other drug-related issues in the workplace with greater confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 The skills and knowledge I gained from this training will enable me to work more effectively in developing and implementing an alcohol and other drug policy in my workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 This training program improved my understanding of the theoretical and practical aspects of responding to alcohol- and other drug-related harm in the workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 The information/materials provided in the training program will improve the quality of alcohol- and other drug-related responses in my workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 The training program will improve my ability to advise others on how to develop and implement an alcohol and other drug policy in the workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: .....

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## SECTION TWO - PERCEIVED RELEVANCE OF TRAINING

	Strongly Disagree (1)	Disagree (2)	Unsure (3)	Agree (4)	Strongly Agree (5)
1 This training effectively covered everything I need to help develop and implement an alcohol and other drug policy in my workplace.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 The content of the training was appropriate for what my workplace needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 I will be able to use some of the things I learnt at this training at my workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 The program content was relevant to the needs of my workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 The program content was relevant to the needs of my role/function at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: .....

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## SECTION THREE - ACTIVITIES AND MATERIALS

	Strongly Disagree (1)	Disagree (2)	Unsure (3)	Agree (4)	Strongly Agree (5)
1 The structure of the training was easy to follow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 Material used (e.g., handouts) were easy to follow and use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Good balance between skill development and practice of the skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Use of visual aids (PowerPoint slides, overhead transparencies, whiteboards) was suitable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Use of activities and interactive discussions was beneficial and appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: .....

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## SECTION FOUR - ABOUT THE TRAINER(S)

	Strongly Disagree (1)	Disagree (2)	Unsure (3)	Agree (4)	Strongly Agree (5)
1 Personal style and language of the trainer was appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 Level of commitment and enthusiasm from the trainer was appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Level of personal encouragement from the trainer was appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Level of group involvement encouraged by the trainer was appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Appropriate and relevant examples were used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Clarification of concepts and key points were appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Level of practical learning and application was sufficient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 Time spent on dealing with peoples' needs and concerns was sufficient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: .....

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## SECTION FIVE - ABOUT THE VENUE AND FACILITIES

	Strongly Disagree (1)	Disagree (2)	Unsure (3)	Agree (4)	Strongly Agree (5)
1 Room temperature was constant and comfortable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 Toilet facilities were adequate, hygienic and well maintained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Lighting (natural and artificial) was appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Tables and chairs were at a good height and comfortable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Catering was of an appropriate standard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Access, egress and parking was easy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Information on emergency procedures was available and clear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 Training room set up encouraged learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: .....

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*Thank you for your assistance.*



