

**ALCOHOL AND DRUGS IN THE WORKPLACE**  
**AN ACTU PERSPECTIVE**

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Bill Mansfield  
Assistant Secretary  
ACTU

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There can be no doubt that Australia, as is the case in many other countries, has a problem of alcohol and other drug abuse. We must recognise the far-reaching effects this has on Australian society, both economically and on the lives of individuals.

There have been a number of studies done, and the cost of drug abuse has conservatively been calculated at over \$14.3 billion annually.<sup>1</sup>

In the discussion on the costs to the Australian community there are three distinct areas of concern. These are tobacco, alcohol and other drugs. For unions the issues involved are quite different.

Firstly, tobacco, the abuse of which, according to the Collins and Lapsley study, accounts for 47% of the yearly bill, or over \$6.7 billion' thus, tobacco use actually "costs" Australia more than the abuse of other substances. All parties agree that any use of tobacco is potentially harmful. The question of smoking in the workplace has been one of increasing importance to the ACTU, and the High Court case which looked at the effects of passive smoking has far-reaching implications for Australian workers and employers.

The ACTU supports all government initiatives to reduce smoking - media campaigns, QUIT, banning of advertising and sports sponsorship, and so on.

As a social partner in Worksafe Australia, the ACTU was a participant in the development of the national policy statement on smoking and the workplace.<sup>2</sup> We encourage affiliates to promote and participate in programs which aim to reduce and eliminate the hazard of passive smoking from the work environment. There has been a great deal of progress in this area, and the role of unions has been to ensure that members have not been disadvantaged and that any policy introduced is one which has been developed and implemented in consultation with employees and their representatives.

With cigarettes the issue for the ACTU is the occupational health and safety one of protecting workers from the hazard of smoke in the workplace. People smoking in situations where there is no risk to others is another matter; it is still legal for adults to buy cigarettes and to smoke them. Where an individual smokes in a situation where there is no risk to others the ACTU believes that we do not have the right to try to regulate the situation.

Next is alcohol, the second most "costly", accounting for 42% or over \$6 billion. Here we must attempt to differentiate between use and abuse, both in terms of 'disease' and abuse in relation to the workplace.

Finally, drugs; according to Collins and Lapsley, the abuse of illicit drugs accounts for 11% or approximately \$1.6 Billion. The question of the abuse of legal drugs, prescription and other, was not addressed, although clearly this could also affect work performance, safety and so on.

It must be said at this point that we believe that there is a very poor research base addressing alcohol and drug use in relation to industry. Yet publicising the nature of the loss has continued to be a priority in much of the literature. It has sometimes become an emotive issue which in many cases the supposed significance of drug abuse may not stand up to scrutiny. Too often, use has come to mean abuse and in the US this has led to a situation where pre-employment drug testing is the rule and random testing is common.

Nevertheless, we cannot deny that there is a problem, and one that is not confined to any one area of activity. Therefore, for it to be tackled successfully, it cannot be addressed solely by governments; unions have a role, as do employers' organisations. It is a problem which must be tackled at all levels in the view of the ACTU. The key, however, is prevention.

In 1987 the ILO called on governments, employers and unions

"To promote in the framework of education, vocational training and occupational planning, national policies

for guidance and services needed to prevent, reduce and eventually eradicate the abuse of drugs and alcohol in the workplace and elsewhere."<sup>3</sup>

The emphasis in the ILO paper was on education and training and occupational planning. The problems we are facing in the workplace, however are that rather than concentrating on prevention, too many employers are ignoring this and reducing it to a problem of the individual who should be disciplined. The solution in many cases is being reduced to one of policing, of assisting some, of catching the errant worker out. For many years we have fought against the myth of the careless worker in the occupational health and safety area, now we are being faced with the new myth of the drunk or drugged worker.

The trade union movement does need to be concerned about the problem of drug and alcohol abuse. Our concern has primarily been, and should continue to be, based on the aspects of the health and welfare of the affected worker and the safety of others who may be put at risk by performance impaired by alcohol and other drugs. Where alcohol or other drug abuse is shown to be a problem we have the responsibility both to our own members, and members of the public to eliminate this hazard, as we attempt to eliminate other workplace hazards, like dangerous chemicals, unprotected machinery and so on.

We recognise that the area of alcohol and other drugs is a difficult one. The issue of use and abuse is a complex social one which must be handled with sensitivity. Because of the difficulties involved there has at times been a reluctance to tackle this issue in the workplace. One recent example of this was where an employer tested a number of workers and found that a couple tested positive for cannabis. The immediate response was to try to dismiss them. This is despite the fact that traces of cannabis can be found in the blood weeks after use, and that work performance would not be adversely affected even a short time after such use.

If a safety problem has been identified in the workplace, it must be addressed. Strategies must be developed and for any

strategy to have success it must be developed on a consultative basis. Unions want and need to take an active role in the formulation of such strategies, to ensure that they operate more effectively and that the rights of our members are not being compromised.

The ACTU agrees with the ILO that employers and their organisations also have a very important role to play. The causes and consequences of substance abuse are far reaching and cannot be addressed in isolation. Whilst we must accept that some lifestyle habits and problems affect the health of workers and their performance at work, it must also be recognised that a number of work factors will impact on possible drug and/or alcohol abuse.

The work factors that can have this impact on workers are many. These include:

- excessive danger, inadequate training and unrealistic job demands
- fear of losing one's job
- a poor working environment, for example excessive noise, dirty, or with poorly designed equipment and bad job design.

Some examples of job design which place unreasonable pressure on workers and which may lead to drug and alcohol abuse include:

- . Unrealistic deadlines and performance targets;
- . Routine jobs which fail to develop workers' skills;
- . Lack of participation, inadequate communication and isolation from decision-making affecting the work process; and
- . Inadequate training and supervision.

Another risk factor which has the potential to lead to substance abuse is the type of work. Where a job takes workers away from their family relationships, the normal social controls can break down and may result in drinking or use of drugs. Other jobs involve a high availability of

alcohol, for example in the catering or brewing industries. At times people must also deal with the social pressures of working in a heavy drinking culture.

All of these and other work related risk factors impact on workers and can contribute to drug and alcohol abuse. Unfortunately, it appears that employers are not taking these factors into account. According to the Workplace Program Coordinator with the Victorian Alcohol and Drug Foundation, Ms Jennifer Stone:

'There remains little understanding of a broader range of issues and problems associated with alcohol and drug use in relation to work practices and occupational health and safety issues.' and

'Alcohol and other drug workplace programs in Australia tend to focus on the modification of individual lifestyles. The impact of the workplace has not generally been an issue of concern by those responsible for workplace programs. Rarely is the role of work, the most prominent feature of most people's adult lives, viewed as an important factor. Nor is the impact of diminished employment prospects considered in the analysis of why and how people use drugs.'<sup>4</sup>

This conclusion is disappointing, given the debates, the conferences and the many speeches. Currently, it seems therefore, that unions are finding themselves in the unenviable position of having to react to employers who are wanting in some cases to introduce unacceptable programs in this area.

As mentioned earlier, the ILO position is that the workplace is a good place to address these problems and to try to prevent and solve them. In the case of dependency, people have a much better chance of recovery from abuse of drugs and alcohol while still employed. For this reason the ACTU has long supported the use of employee assistance programs and the recognition that alcohol or other drug dependency is an illness and should be treated as such.

However, the ACTU stresses that the key to any effective policy must be prevention. Counselling and rehabilitation certainly have a very important role within such a policy, however the ultimate aim must be to prevent, reduce and eventually eradicate the abuse of drugs and alcohol in the workplace. The experience of practitioners in the area suggests that some fairly simple interventions can be as successful as far more complex and costly ones.

Workplace policies encompassing all substances of abuse should be developed. This should be done with the active participation of both management and worker representatives to establish clear guidelines. And this is clearly an area where we are and will continue to experience great problems, because although the concept of consultation is one which is broadly embraced by employers, it is often paid lip-service only and it is very poorly undertaken.

Most importantly, these workplace policies must form part of a company's overall health and safety strategy. It is unacceptable for employers to insist on a sober, drug free workforce if the other health and safety hazards in the workplace, such as faulty equipment, chemicals, noise, etc, are not addressed.

A company must demonstrate a genuine commitment to occupational health and safety generally, and not limit itself to any one particular aspect such as drug and alcohol abuse. Strategies should include:

- \* safety audits,
- \* risk assessments,
- \* hazard controls,
- \* health and safety induction programs,
- \* ongoing training,
- \* thorough recording of accidents and injuries, and
- \* rehabilitation programs.

The ACTU Executive in 1992 endorsed a Policy on Alcohol and Other Drugs in the Workplace which clearly outlines this approach.<sup>5</sup> Unfortunately, there has been a continuing disinclination to analyse workplace factors which may contribute to a person's use of alcohol and other drugs, and

too often employers are attracted to simplistic rather than addressing underlying factors. Drug testing is but one example of this tendency.

Some unions have introduced a "checklist" to ensure that all of the above are addressed before considering 'testing'. I would go beyond this and leave testing right out of it.

The issue of greatest controversy and heartache for unions in the area of alcohol and drug abuse has, in fact, been the issue of testing in the workplace. As I have been stressing throughout, our view is that the only way to properly deal with the problem of abuse is through prevention.

The ACTU views the recent developments which appear to call for wholesale testing of employees in their workplaces with great concern. The ACTU fears that the current push for testing is more a method of policing, a quick fix solution to a complex problem, and is not part of a comprehensive preventative approach.

The ACTU has been in the past prepared to examine the testing issue objectively, despite our belief that the question raises several serious problems which must be carefully examined. In 1990, the ACTU Executive called on employers and the government to:

- i) not proceed with compulsory drug or alcohol testing of employees, and
- ii) join with the ACTU in a tripartite study of such programs to develop an agreed approach based on a proper evaluation of the facts and expert advice.

In our view these are the important issues:

First, it would need to be demonstrated that testing was required to ensure the safe performance of duties, and to ensure the safety of co-workers. Without such a direct link between safety and alcohol or drug abuse, testing should not be considered.



Second, we question the effectiveness of a testing program. Unless all workers are tested all the time, random testing is unlikely to pick up the person who may actually cause an accident or the occasional user who uses inappropriately. Controlled users, whether of alcohol or drugs often don't have perceived negative effects. The problems begin when use becomes abuse, when things get out of control.

If a person is alcohol or drug dependent, will the knowledge that testing may take place prevent use? Probably not.

Third, what types of tests should be carried out, and on whom? Testing for the presence of alcohol in the bloodstream is fairly straightforward, using breathalyser apparatus. However, testing for other substances is more complex. Questions about the integrity of the samples and the reliability of test results arises. There is no guarantee that results are correct. There have been cases of firms in the United States being involved in heavy litigation due to incorrect testing results which recorded a "positive" reading.

Fourth, a positive result shows merely that the person tested has been drinking or taking drugs. It does not explain why, whether it is an occasional or a habitual occurrence, whether work performance is impaired, and so on. It also gives no indication whether that person has any permanent impairment. Alternatively, a negative result will not reveal if such an impairment is present, although studies have shown that drugs and alcohol can impact on safety beyond the time they are detectable in the blood stream.

There may be a role for some forms of testing in some circumstances, and this is acknowledged in the statement on Testing for Alcohol and Other Drugs in the Workplace, which was endorsed by the ACTU Executive at its March 1993 meeting.<sup>6</sup> However, as time progresses and employers continue to show themselves to be reluctant to do any of the things we consider indispensable prior to even considering the introduction of testing programs, we are becoming less positive.

In our view, the above concerns are not being adequately addressed by those advocating the introduction of drug testing programs and in fact more questions are being posed by experts in the field. In the meantime the pressure to keep introducing programs continues.

In a recent academic paper there is an examination of the cost-effectiveness of testing programs.<sup>7</sup> Drug testing is a multi-million dollar industry in the US and there has been an incredible number of laboratories hawking their services in Australia in recent times. A number of US studies illustrate that cost effectiveness is low, especially if calculations are made regarding incorrect results, suing of companies by employees and so on. This, taken together with the fact that the problem in Australia is not nearly as bad as in the US can only serve to increase our cynicism regarding the real agenda of employers. It is ludicrous that employers who have not willingly spent money to introduce proven methods to eliminate or reduce known hazards, such as noise or carcinogens which cause injuries and disease at the workplace, seem quite prepared to spend huge amounts on programs which have questionable effectiveness and which are fraught with problems involving civil liberties, privacy and industrial relations.

Drug and alcohol abuse is not limited to the workplace but the workplace is a valuable avenue for addressing this broad social problem through comprehensive education and prevention programs. Integral to such initiatives is the role of rehabilitation. The ACTU does not condone the dismissal or other punitive measures as an appropriate response to this complex problem.

Workplace structures and programs need to be developed which encourage employees to seek help and undertake significant life style changes. Such action would be severely jeopardised if instead of rehabilitation, employees faced loss of conditions or dismissal.

In developing workplace specific policies, the ACTU believes there are certain issues which must be considered. The policy must be clear and establish procedural guidelines for dealing

with drug and alcohol abuse in the workplace. It should include:

- \* Good work practices which ensure there is supervision of a standard which can identify indicators of a drug or alcohol problem such as poor work performance and absenteeism. In most cases, if someone is having a problem, it will and should be picked up well before the situation becomes critical.
- \* The process of job design has a lot to offer in addressing some of the work related factors which contribute to drug and alcohol abuse. Genuine participation in, and consultation about, systems of work will give employees the opportunity to be involved with the reorganisation of work to render it safer, more satisfying and less stressful. Measures such as these will assist in the prevention of substance abuse at work.
- \* A comprehensive education program on drugs and alcohol which will enable employees to calculate the consequences of drinking and drug-taking both within and outside work hours. This education program could include leaflets (in a form and in languages appropriate to the workplace), discussions, posters and so on. Information on the overall work policy should form part of every new employees' induction.
- \* There should be a jointly agreed health promotion program at each workplace. The employer should ensure that there is no promotion or subsidising of alcohol. Canteens which provide appetising and nourishing refreshments and meals, will encourage all staff to eat in and not go to the local pub for lunch.

Finally, when a problem has been identified, there must be adequate opportunity for counselling, treatment and rehabilitation.<sup>8</sup> Unions will oppose the introduction of punitive practices such as dismissal, which is no solution to the problem of alcohol and other drug abuse.

Unions must be fully and genuinely committed to confronting the problem of drug and alcohol abuse in the workplace. We do not condone abuse which may be putting peoples lives in jeopardy, nor the economic viability of industry at stake in these times of financial difficulty. However, without an equal commitment from both government and employer organisations, successful preventive strategies to alleviate not only the economic burden it places on society but also the personal burden borne by individual workers and their families cannot be developed nor implemented.

The ACTU and unions have a responsibility to our members to take an active role in the development and implementation of policies which are broad enough to address all workplace safety and health issues and through which worker's rights will be maintained.

1. Estimating the economic costs of drug abuse in Australia, Collins and Lapsley, 1991 (Commonwealth of Australia)
2. National Consensus Statement on Smoking and the Workplace National Occupational Health and Safety Commission, 1990
3. Conditions of Work Digest, Resolution on drug and alcohol abuse in working and social life. Adopted by 73rd Session of the International Labour Conference in 1987.
4. Shifting the Debate: The Perception of Drug Problems as a Barrier to Harm Reduction Strategies in the Workplace, Jennifer Stone, 3rd International Conference on the Reduction of Drug Related Harm, Melbourne, 1992
5. Alcohol and Other Drugs Policy 1991, ACTU (attached).
6. Alcohol and Other Drug Testing in the Workplace, ACTU, 1993 (attached)
7. Drug Testing in the Worksetting: Legitimate Intervention or Toxic Infringement?, Drs Steven Allsop and Mike Phillips. The Window of Opportunity, First National Congress, An Intersectoral Approach to Drug Related Problems in our Society, Adelaide, 1991.
8. Occupational Health and Safety Policy, 1989; ACTU Statement on Alcohol and Drug Dependency, ACTU, 1989 (attached)



## ALCOHOL AND OTHER DRUGS POLICY 1991

(Carried by ACTU Executive at its February 1992 meeting).

### 1. PREAMBLE

- 1.1 Congress recognises there is widespread concern with the issue of alcohol and drug use and dependency at the workplace. The concern arises both from the aspect of the health and well-being of the affected worker and the safety of other workers who may be put at risk by a person whose performance has been impaired by alcohol or other drugs.
- 1.2 Congress acknowledges that use of alcohol or other drugs may be a symptom of other problems. There are a number of work factors over which the individual employee has little control which will contribute to alcohol or other drug use. These factors include:
  - (i) hazardous work;
  - (ii) poor work environment;
  - (iii) unrealistic deadlines;
  - (iv) lack of job satisfaction;
  - (v) lack of participation and control;
  - (vi) inadequate training and supervision;
  - (vii) work culture;
  - (viii) shift work.
- 1.3 It is only when drugs and alcohol are misused to the extent that the user cannot properly and safely carry out regular duties that a need arises for control and prevention measures. In any consideration of the appropriate response in particular workplaces there must firstly be involvement of union representatives and secondly examination of the broad environmental factors such as those listed above.
- 1.4 Alcohol and drugs in the workplace must be seen in the context of the broad responsibility of an employer in regard to providing a safe and healthy workplace. Employers who demonstrate a disregard for their responsibilities in this area should not expect co-operation from the union movement should they seek to focus on the narrow issue of alcohol and drug use. Any activity in this area must be part of a broadly based occupational health and safety program which is jointly developed by both employers and unions representing employees.

### 2. GENERAL PRINCIPLES

- 2.1 There must be joint development by unions and employers of comprehensive workplace occupational health and safety programs designed to identify, assess and control workplace hazards.
- 2.2 Should alcohol or other drug misuse be identified as a workplace issue, there will be joint development of a workplace specific alcohol and other drug program which should:
  - (i) be solely related to safety at work;
  - (ii) have full participation in and joint control by workers and their representatives;
  - (iii) be applicable to both workers and management;
  - (iv) address the workplace causes of alcohol or other drug misuse;
  - (v) be consultative, educative and rehabilitative not punitive;
  - (vi) maintain confidentiality at all levels.
- 2.3 Rehabilitative action should be undertaken during working hours or through schemes which include paid leave.



## ALCOHOL AND OTHER DRUG TESTING IN THE WORKPLACE

(Endorsed by ACTU Executive 17-19 March 1993)

### **1 PREAMBLE**

- 1.1 The ACTU does not support the introduction of any form of biological testing of workers for alcohol and other drugs in the workplace, except in very limited circumstances and subject to joint union and employer agreement. The introduction of testing cannot be seen as a quick fix solution and is unacceptable and inappropriate in most circumstances.
- 1.2 Before embarking on an alcohol and/or other drug program in the workplace, there must be evidence that a problem exists, and that it affects safety at work. Too often, it is assumed that because there is a problem in the wider community, there must be a problem at the workplace. This is not necessarily the case.
- 1.3 Once it has been clearly established that there is a problem with the use of either alcohol or other drugs at the workplace, then the aim of any program introduced should be that of prevention. Alcohol and other drugs must not be treated in isolation. The ACTU Policy on Alcohol and Other Drugs (1991) clearly states that any initiative in this area must be part of a comprehensive workplace occupational health and safety strategy developed by employers, employees and their representatives.

### **2 TESTING**

- 2.1 The ACTU does not consider that the introduction of a testing program is an effective strategy for the workplace.
- 2.2 Testing for alcohol and other drugs is usually an inappropriate feature of any prevention program for a number of reasons, including:
  - i) inaccuracy of test results, both positives and negatives;
  - ii) measures exposure, not impairment, this is especially the case with drugs other than alcohol;
  - iii) problems and errors with interpretation with test results;
  - iv) impact of prescribed medication, over-the-counter drugs;
  - v) focus on individual;
  - vi) infringement of individuals' rights;
  - vii) problems associated with right of privacy;
  - viii) disruption to industrial relations;
  - ix) lowering of morale in a workplace;
  - x) costliness compared to benefits gained.
- 2.3 Most importantly, although many desired outcomes are given by employers to justify the introduction of a testing program, none of these have been demonstrated as being attained in either Australian or overseas workplaces.
- 2.4 The ACTU supports the introduction of programs developed by employers, employees and their representatives to address identified alcohol and other drug problems in the workplace. These programs must be part of a comprehensive occupational health and safety strategy at the workplace which addresses all hazards.

## ACTU STATEMENT ON ALCOHOL AND DRUG DEPENDENCY

1. Congress is conscious of the effects which alcoholism and drug dependence have on the Australian community, in terms of human suffering to the individual with serious consequences to families, work and social life.
2. Congress recognises that alcoholism and other drug dependencies, although highly complex and sensitive conditions, are treatable and that complete rehabilitation can usually be effected through early intervention and referral.
3. Congress therefore strongly supports the "Employee Assistance Programme" approach which has been specifically designed and sponsored by the tripartite National Alcohol and Drug Dependence Industry Committee (NADDIC) to assist employees with these and other problems. These programmes are currently operating in all Australian States and Territories and are designed to offer help and treatment rather than dismissal. They also provide that:
  - (i) Alcoholism, drug dependency and many other personal problems are recognised as conditions which can be overcome.
  - (ii) Employees with such conditions should be provided with the same opportunity to obtain assistance and be entitled to the same rights and benefits as any other employee who is sick.
  - (iii) Referral will not affect job security, seniority, promotion, status or other privileges.
  - (iv) Referred employees will be entitled to the same respect and confidentiality as employees with any other health problem.
  - (v) The policy and programme applies throughout all levels of the organisation.
4. Congress calls on affiliates to assist in the development of these programmes in the following ways:
  - (i) By encouraging employers to institute such programmes - either on an individual or industry basis.
  - (ii) By co-operating in the policy formulation and procedures necessary to make the programme work effectively.
  - (iii) By participating in the co-ordinating committee set up to run the programme.
  - (iv) By making sure that officials and delegates know what the programme is designed to do and how to use it effectively.
  - (v) By publicising the programme so that all members are aware of it.