

# **Workplace, Alcohol and Other Drugs – More than managing the risk**

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How does the mining industry adapt itself to facing the challenges of today's society?

If we as a society are unable to solve the issue of Alcohol and Other Drug (AOD) use with drug related crime, alcohol related violence, road vehicle accidents, and insufficient treatment providers, then how can we as an industry address the legal ramifications of someone being in possession of an illegal substance on a mine site, alcohol behavioral and performance related issues, fatigue, as well as management of our workforce.

What is our motivation for action? Is it the cost to industry which has been estimated at anywhere up to \$13.7 billion per year? The 7.5 million lost work days? Is it liability extending outside the workplace? Is it the requirements to identify and manage risks, the estimated 25% of injuries and 10% of deaths? Or is our motivation to prevent our sons and daughters experiencing these same issues?

At GOLDING CONTRACTORS PTY LTD we have combined all these factors into a holistic approach. Combining OHS, HR, and Community Services, GOLDING has developed and provided a support program that has educated 100% of the workforce, with over 70 people engaged in further information or treatment. Some organisations randomly test 10% of their workforce. We have already engaged more than this in active participation.

The problem identified was how to appropriately address Alcohol and Other Drugs (AOD) in the workplace to improve the health and safety for affected individuals and other members of the workforce. The consequences of alcohol and other drug use range from road accidents whilst travelling to or from site, equipment damage through careless or reckless behaviour, to physical and mental health deterioration leading to serious injury or death. Identification of this issue came through two channels at a corporate level, from Safety and Human Resources who meet at the point of incident management and personnel management.

Existing Employee Assistance Program (EAP) services were not reaching their target audience. Case reports provided by the EAP service identified AOD use as being of concern during their treatment to only three people over a three year period. The aims of an EAP are to:

- Provide assistance to the workforce on work, as well as non work related matters to **improve performance and increase safety.**
- Provide employees with a means of proactively addressing issues before they become critical events, thus **reducing management costs and incidents in the workplace.**

Like many employers we had provided an assistance program but only a limited few were using in the manner intended. There are a number of reasons why this may have been the case including:

- Risk of exposure which may compromise conditions of employment or result in workplace or social isolation,
- Lack of familiarity or personal experience with Employee Assistance Programs,
- Lack of understanding regarding confidentiality restrictions,
- Lack of accessibility, with the EAP only running 9 am to 5 pm, 5 days a week but catering to a 24/7 workforce,
- Travel for 'in person' sessions in rural communities of approximately one hour,
- Lack of follow up by EAP providers and confidentiality restrictions that allowed people to drift out of treatment without notification,
- EAP providers being a corporate entity do not provide individuals a face to trust, and
- Cultural re-enforcement in the community or workplace that AOD use is an acceptable behaviour.

Few employees would proactively address their AOD concerns, and invariably only when events had reached a critical stage. As far as our EAP increasing safety for alcohol or other drug related matters, it was failing or having limited success at best.

Many companies, including our own, had utilised Safety Officers and other staff in the identification and assessment of AOD related matters with little or no training. This practice can prove difficult, however, as it often conflicts with the industry culture surrounding alcohol and drug use.

When workers are identified through a drug related incident or positive result, most people consider this to be significant risk to the individual or other members of the workforce and will report it through existing channels for assessment and treatment by more qualified personnel. With alcohol, however, many people in supervisory roles have and will make an unqualified and potentially liable assessment of the individuals' alcohol or drug use that may involve a warning, with no true assessment or treatment plan being put in place.

This means site managers and supervisors may be failing to appropriately identify risks as they relate to the individual or others, and if we fail to identify then we obviously fail to manage. According to the Diagnostic and Statistical Manual of Mental Disorders 4 (DSM 4) (which is used to diagnose mental health conditions in Australia), intoxication can cause changes in:

- Wakefulness,
- Attention,
- Thinking,
- Judgement,
- Disturbances in perception,

- Psychomotor behaviour, and
- Interpersonal behaviour

This means any AOD assessment for an employee should include considerations such as:

- Sleep patterns and dietary intake that are associated with drug use and may affect physical strength and fatigue,
- The effect of drug use on home, social or work relationships,
- Cognitive processes, and
- The potential side effects or warnings with prescription medications, and how different drugs may inter-relate or interact with each other.

Other factors include how the individual may be affected by:

- The type of substance,
- Dosage,
- Duration of dose,
- Tolerance levels,
- Expectations of effects, and
- The environment in which the substance is taken.

When talking of risk identification and management in the workplace we have to remember our safety professionals are the experts in this area and psychologist, counselling services, and/or other treatment providers will likely have limited knowledge in this field. This means as we pass from incident reporting to personnel management, we may actually be increasing the risk unless there is either increased education, experience or co-operation with safety professionals and the workplace in order to manage issues which may arise during intoxication, detoxification and treatment.

It should be noted at this point there is greater focus by a number of groups on intoxication and impairment, whilst at the same time little education or consideration may be given to the effects of detoxification. According to the DSM 4 these can include:

- Autonomic hyperactivity (affecting existing physical conditions, body operating temperatures and metabolic rates),
- Increased hand tremor (affecting operators),
- Transient visual, tactile, or auditory hallucinations (affects any role on a worksite),
- Psychomotor agitation or retardation (operators),
- Anxiety (affects any role on a work site),
- Grand Mal seizures (affects any role on a work site),
- Insomnia and fatigue (affects any role on a work site),
- Nausea and vomiting (affecting existing physical conditions and body fluid related conditions).

These symptoms can continue long after alcohol or drug use has ceased and should be given equal, if not more consideration, during any incident or personnel management situation. Knowledge of treatment options is another safety concern, with many people making brash recommendations or demands such as “they have to go to rehabilitation”. Yet there are many substances like cannabis, for example, that do not qualify for the limited number of beds available.

Many rehabilitation centres will only take an individual if it is for their own personal reasons. They may reject people at admission who specify they are there for other reasons such as employer or parental pressure. We have established requirements regarding rehabilitation for physical injury or disease. Yet seem to ignore or remain uneducated regarding recovery of mental health and substance abuse or dependence.

To summarise we have identified a problems in:

- EAP systems,
- Comprehensive incident and personnel management,
- Employee and workplace cultures, and
- Assessment, treatment and returning to work.

We could address little through policies, procedures and testing. An alternative solution was required.

To provide a better approach to this problem, GOLDING created a role engaging its first Health and Wellbeing Advisor. Initially this role consisted of the development and implementation of a Workplace Brief Intervention Program (WBIP) and an Internal Support Program. In essence the Workplace Brief Intervention Program was the trial; however, this role has continually expanded, now covering many aspects of Alcohol and Other Drugs in the workplace.

There were a number of existing educational programs on the subject of Alcohol and other drugs. However, many of these programs targeted an abstinence or prohibitionist approach, talking mostly on testing process and disciplinary actions. Encouraging an atmosphere of 'mates don't let mates take drugs', or 'don't put your friends at risk because of your behaviour' which can imply peer policing or utilise personal guilt as motivations for good behaviour, both of these approaches have negative connotations that may not be readily accepted by the workforce.

As an alternative we constructed our own Workplace Brief Intervention Program (WBIP) adopting a communities and family approach encouraging an atmosphere of harm minimisation and improved health, which provided simple skills for workers and families to implement positive change. The program was aimed at and utilises techniques of early cognitive and behavioural awareness, covering a variety of issues including:

- Environmental and developmental affects on AOD use,
- Coping mechanisms,
- Impairment,
- Civil penalties under the drugs misuse act and regulation,
- Physical and mental health effects,
- Detoxification safety,
- Vulnerable people or groups in the community, and
- Basic skills to improve health and reduce consumption.

The WBIP consisted of a 90 minute presentation supported by a PowerPoint display. This provided a direct link to the support program by supplying workers with:

- Information packages,
- A number of entry points including:
  - Contact details on the information package,
  - Self referral forms that were collected at the end of the presentation and include a mailing address for submission at a later date,
  - Direct phone and Email contacts through notice board publications at each site,
- A survey form to gather data, and
- Feedback forms.

By creating this in our organisation and taking it to our people we have:

- Provided a human face workers can build trust with,
- Given them one individual to work with who is bound by confidentiality restrictions,
- A person who works for the same boss they do, and thus knows company, policies, procedures and practices.
- A person who works in their environment and is familiar with the issues faced regarding safety, travel, work and family relationships and their community environment,
- Removed as many steps as possible between the development of self awareness and seeking support, providing a direct link, and
- Provided a number of channels for entry and feedback.

The WBIP was undertaken between March 2006 and October 2006 and was conducted across all sites within the company, stretching from Weipa to Nerang, reaching over 700 workers and their families. Attendance in the program was also offered to all subcontractors and clients of GOLDING during this tour. The WBIP provides a direct link to our internal

support program made available by the Health and Wellbeing Advisor that covers workers, their families and/or significant others. This program operates on a 24/7 basis and is directly accessible by all employees without the requirement of referral or other existing management channels. An internal information service is also run for prescribed medications based on EMIMS a leading information service for doctors, prescribers, and other health practitioners.

Since this implementation other strategies have included:

- Risk management processes for:
  - The prevention of needle stick injury on all existing and upcoming GOLDING sites, including the supply of disposal, handling and first aid equipment, and
  - The protection of children, young people, trainees, and apprentices while on, entering or leaving a GOLDING site.
- Supervisor training on identification and referral of people affected by a Drug or Mental health Condition.
- Trainee and apprentice programs to assist with the transition from a school environment to a working environment (further development is underway with the Queensland Resource Council, and Construction Training Queensland)
- Youth and community education program to improve and enhance education on drugs and alcohol in the community (Both Emerald high schools with further development underway with the Red Frogs a community youth group),
- Service enhancement as a part of the tendering process that looks for opportunities to build upon existing services in rural communities. This is also conducted at other times and on existing projects where opportunities present themselves.
- Full review of all policies and procedures relating to alcohol and other drugs including fit for work and testing procedures.
- System development to enhance existing processes to better address and manage AOD incidents,
- Provision of a intranet based state wide resource directory for community and government services.
- Information and data gathering process to build statistics and trends at company and industry levels for trade and labour related industries, as well as the alcohol and drug industry,
- Online intranet based education on alcohol limits, standard drinks, and levels of harm,
- Industry awareness and promotion activities.

Methods used to assess site risks (needle stick injury) are conducted under existing GOLDING risk management procedures in co-operation with site Safety Officers and the Health and Wellbeing Advisor. Any safety issues identified in the assessment, support or case management process are assessed and managed in direct consultation with the General Manager for Safety, Training and Health.

Benefits have been reported back from site personnel on marked changes in AOD related behaviours, whistleblowers have highlighted inadequacies in site testing practices, which required rectification. People who remained within the company due to the support provided have reduced time and costs associated with recruitment and retraining of new staff. This program also prevented a number of family and relationship breakdowns, which in turn retains the focus and productivity of the workforce.

The benefits a company receives from developing a permanent role to exclusively deal with all aspects of AOD include:

- Support programs are provided internally in accordance with your own policies and procedures,
- Policy and procedure development takes on not only a management/production perspective but may also include testing, prevention, education, and treatment approaches.
- Staying up to date with current developments in a fast paced Alcohol and Other Drugs industry that faces constant changes in government policies, treatment and service providers.
- Staying up to date with mining and construction influences, practices and standards.

- The role is able to provide advice and support for OHS, HR, and Management staff, reducing the time spent by managers at all levels in addressing site related issues, and provides a unified approach to AOD issues across the company.

The outcomes are measured using data gathered for an annual case report from 2006 to 2007. It was found the Workplace Brief Intervention Program has had 72 clients for the year in total, with a number of cases falling into more than one category:

- 49 people access the program for individual requirements,
- 29 people access the program for family requirements or issues,
- 46 people utilised the information service,
- 27 people engaged ongoing support for one duration or more,
- 13 cases were related to prescription medications and ongoing case management,
- 5 people were referred through site or Human Resources,
- 5 people enrolled after positive samples were provided, and
- 62 people were voluntarily self-referred into the program.

A survey conducted through the WBIP to gather audience feedback showed that:

- 95% of the workforce felt it was important to know as much as possible about drugs,
- 98% wanted their peers to stop,
- 95% said the WBIP increased their knowledge, and
- 76% felt they were now better equipped to address the issue with friends, family, or workmates, and could do so with confidence.

These programs are transferable across not only the mining industry but also into civil construction, as well as other industries that have a considerable sized workforce or keen interest in the health and wellbeing of its staff.

The program has already been implemented outside the mining industry into GOLDING civil construction and marine construction divisions, with a variation of the Workplace Brief Intervention soon to commence with the Central Queensland Port Authority (CQPA) through Occupational Health Services Australia (OHSa).

A presentation was conducted as a part of Drug Action Week which is promoted by the Alcohol and Other Drugs Council of Australia (ADCA) on the 21<sup>st</sup> of June 07. From this presentation we have been engaged by the Queensland Resource Council to assist in cadet education and awareness to assist with integration into the workforce. Further meetings have been conducted with Construction Training Queensland to assist with mentor development for the 'Doorways to Construction' program that will run throughout the state.

A workshop is planned for October in Airlie Beach region in co-operation with the Building Safer Communities Action Team (BSCAT), a state and local council crime prevention committee, and Queensland Health department of Alcohol Tobacco and Other Drugs Service (ATODS). With these two groups GOLDING will be holding a workshop with local companies to develop industry awareness and drive policy and procedural development.

GOLDING is an organisational member of the Alcohol & Other Drugs Council of Australia, the development of the Health and Wellbeing role in itself has been an innovation, and may be the first company within the mining industry that has employed a community service worker to utilise a community service approach to the issues of workplace Alcohol and Other Drugs. It is from this approach that we have stepped outside the confines and legalities surrounding the issue, the production based concerns of project management, the ownership or lack of ownership of this issue by one section or another, and have developed an entirely new way for business to incorporate such concepts as harm minimisation, and service provision. It is through this innovative development we have strengthened private business links with community services that not only look to support the workforce but develop the community in which our people come from and live in. In some cases GOLDING involvement has resulted increasing and enhancing government and NGO service providers; in other cases, the

company has been an initial and driving force to supply the community with accessible support programs and community development.

It is from this innovation and its success we encourage the mining industry to utilise its current standing and awareness of the importance of safety and AOD management, to implement and develop this role within our companies, and to elevate our industry to the 'best practice' standard for other workforces and other industries to aspire to.