

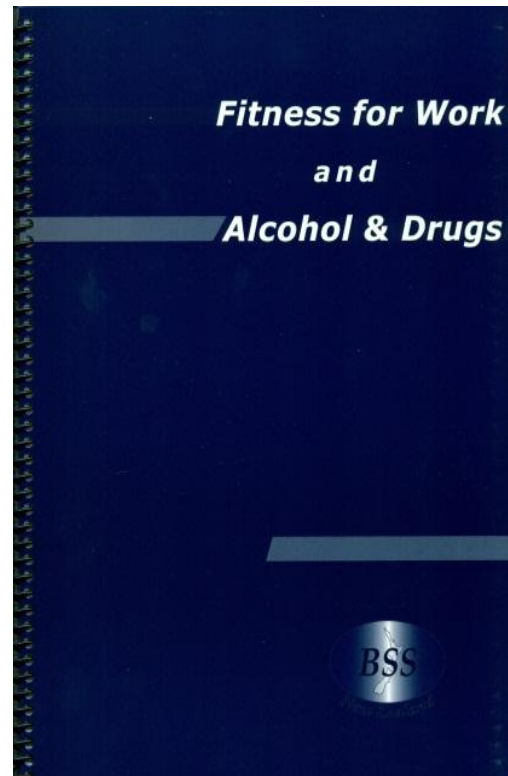
Agribusiness Fitness for Work - Behavioural Risk Management – Alcohol and Drugs

The Six Step Alcohol & Drug Programme Used by Landcorp Farming & Dairy Holdings

Why Have a Programme?

This issue is not just for employers with a safety-sensitive focus. It is for **all employers** – where there are people, there is behavioural risk: most people enjoy a drink; a few use drugs either recreationally or as medication for pain and other medical management. Every business has this challenge – farms are not immune, no matter how well you think you know your family or employees.

The Health and Safety in Employment Amendment Act 1992 that became law on 5 May 2003, has put even greater demands on how employers manage workplace risk. There is increased focus on emotional and psychological issues, particularly stress, fatigue and alcohol and drugs as contributory causes to workplace hazard. The definitions of ‘harm’ and ‘hazard’ have been extended to include mental harm caused by work related stress and situations where a person could cause harm because of physical or mental fatigue and **alcohol and drugs**.



Alcohol and drug use is an increasingly visible and controversial problem. Research indicates that the most effective method of eliminating the effect of alcohol and drug abuse in the workplace is to introduce a **comprehensive Alcohol and Drug Free Workplace Programme**. The programme has been designed to meet the employer and employee demands required by existing New Zealand legislation, in particular the *Health and Safety in Employment Act 1992*, the *Health and Safety in Employment Amendment Act 2002*, the *Privacy Act 1993*, the *New Zealand Bill of Rights 1990* and the *Human Rights Act 1993*, *Employment Relations Act 2000*. Also, the *Joint Australian/New Zealand Standard Procedures for the Collection, Detection and Quantitation of Drugs of Abuse in Urine (AS/NZS 4308:2008)* and *Australian Standard type 2 Breath Alcohol Testing Devices for Personal Use (AS 3547-1997/Amdt 1-2000)*.

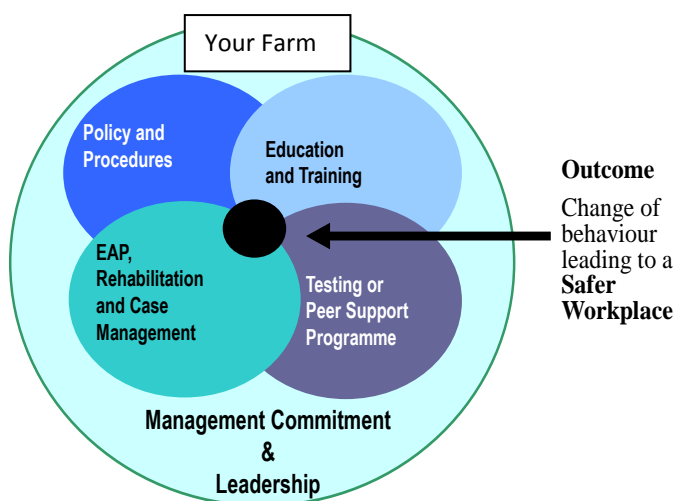
The programme goals are simply a safe workplace and a healthy, productive workforce. Their ease to introduce and low cost to operate gives appeal to small businesses where operating margins are very tight.

The programme was developed by Instep and the Institute of Environmental Science (ESR) from a comprehensive model developed by both organisations and the forestry industry. The model has been examined separately by the New Zealand Employment Court in April 2004, by the Employment Relations Authority in June 2006 and the Employment Court again in September 2007. The model has been found robust, appropriate and the minimum standard should companies wish to implement a programme that includes current employee drug testing. The model is in use in over 375 New Zealand companies and was introduced by Landcorp in 2007 and Dairy Holdings in 2009. AgITO, Young Farmers and Seales Winslow are also supported by Instep in other programmes.

The Alcohol and Drug Free Workplace Model (ADFWP)

The model at Diagram 1 is a comprehensive approach to the problem, involving employers, contractors and their employees and specialist providers. Integration of this model into established organisational procedures increases the programme’s effectiveness. The programme requires **strong management commitment** and leadership to make it work. This model overlaps with employee/union relations, risk management, medical, security, training and organisational development areas of companies. It includes policy and procedures, drug testing or peer support, education and prevention activities, training of selected staff, employee assistance and rehabilitation. This approach does not provide a quick fix; it is deliberate and graduated although the results can be dramatic for employees and the organisation.

Diagram 1 The ADFWP Model



What about the challenge specific to workplaces?	Table 1	
	Global EAPA, 2011	NZ Instep, 1998-2011
■ Family issues	25%	25%
■ Stress	23%	22%
■ Depression	21%	16%
■ Alcohol & drug abuse/dependency	12%	15%
■ Job conflict	9%	6%
■ Critical incident/trauma	2%	8%
■ Legal/financial	6%	6%
■ Other	2%	2%

How Big is the Problem in the Workplace?

Table 1 shows the prominence of alcohol and drug issues with troubled employees. While about 15% of the problem issues in the workplace are alcohol and drug related, research indicates that 3% of New Zealanders need treatment for dependency (addiction). The remainder who have issues in the workplace are hazardous users and abusers. They require intervention **now** to not only prevent them becoming another addiction statistic but also to ensure that those individuals are able to sustain the

high performance levels their organisation expects at present and not cause accidents, injury or damage to equipment.

New Zealand statistics on *alcohol and drug use in the workplace* do not exist. The most recent review of this issue in the New Zealand workplace is ‘Review of Workplace-based Alcohol and other Drug Early Intervention’ Louise Kirkwood, 2005. Though data is often only anecdotal, overseas trends can indicate the size of the problem:

- **United States Workplaces (2008)**

- 70% of abusers have jobs
- Abusers are five times more likely to cause accidents involving themselves and their workmates
- 40% of industrial fatalities are caused by impaired workers
- 15% of abusers are executives

- **Australian Workplaces (2007)**

- Drugs and alcohol cost Australia \$20 billion annually (including nicotine)
- Average age of working people in treatment for alcohol or drugs at anytime is 33

- **New Zealand Societal Trends (2009)**

- Alcohol and drug use particularly among the 18-24 age group continues to rise. In the last 15 years cannabis has been steady (about 20% of 5,000 15-45 year olds surveyed say they have used in the last year). On the increase, at an alarming rate, are the designer ‘racy’ drugs such as LSD, ecstasy, fantasy, party pills and methamphetamine (‘P’). The number of people who are on sickness benefits due to being unable to work because of alcohol and drug abuse has doubled from 2004 to 2008
- The opinions of many undergoing treatment for alcohol and drug abuse/dependency indicate that some of the main reasons for increased use are easier access to alcohol and drugs of choice by youth, more liberal societal values (protection of privacy at the expense of personal responsibility), low political will (preference for family influence/self responsibility and deregulated markets rather than legislative authority), success of interested lobby groups such as the hospitality industry and alcohol merchants plus less ability by border controls to thwart the increased quantities of drugs (particularly LSD and designer drug pre-cursors and ready-to-go drugs from overseas)
- Gangs have moved from cannabis only production to a greater focus on methamphetamine production where availability of pharmaceutical drugs and the prospect of big profits are very enticing. From 2004-2008, New Zealand police were busting a methamphetamine clandestine lab *on average* every working day of the year. This is only the tip of the iceberg, since many manufacturers use ‘rolling labs’ (moving chemicals and equipment daily from motel to motel).

Into Action – The Six Step Comprehensive Approach

Historically, solutions that have only incorporated policy and procedures driven by a testing regime to weed out alcohol and drug abusers have not succeeded, or lost impetus quickly due to insufficient management commitment. They did not succeed because that approach did not directly address the issue of **changing employees attitudes and behaviours** in the use of alcohol and drugs before and during work. The cognitive-behavioural modality for this intervention, is one where:

- Most employees want to know what the rules are and the consequences for breaching
- The majority of employees who do not abuse drugs and alcohol want their employer to act decisively, when necessary, so as to protect the safety of all
- Very few people are capable of changing entrenched drug and alcohol use behaviour without outside intervention and monitoring. Such is the nature of addiction and the desire to preserve individualism (“... that stuff is personal. Let him sort himself out. It is not my concern!”)

Programmes that incorporate a philosophy of improving performance by educating all employees, rehabilitating those that need help and being firm over the use of alcohol and drugs before and during work have been more successful. This approach has six steps which should be integrated and introduced within a timeframe of about 90 days:

Step 1 - Consult and Communicate your Intent to your Employees

- Determine your aim, such as “Create an alcohol and drug free workplace and workforce”
- Determine your objectives and ensure they are measurable. Objectives could be:
 - *“Reduce/eliminate the unacceptable risks that alcohol and drug abuse brings to the workplace*
 - *Achieve improved safety and operational performance across the company*
 - *Ensure the company complies with legal obligations under Health and Safety in Employment Act 1992 and the Health and Safety in Employment Amendment Act 2002*
 - *Support the company values”*
 - Decide whether you wish to have a **drug testing regime** (comprising pre-employment only or including internal transfer, post accident/incident, reasonable cause, follow-up or random testing) or a **peer support programme** or a combination such as a peer support programme for existing employees and pre-employment drug testing for those seeking work at the company
 - Support and rehabilitate staff with alcohol and drug problems
 - Treat all staff consistently in testing, selection and in the application of procedures
 - Protect the privacy and confidentiality of all staff
 - Ensure that all drug tests administered under the policy are legally defensible
 - Ensure that the procedures and policy requirements are cost effective
- Consult with union or employee representatives
- Get enduring commitment from all involved – make it a win-win strategy

Step 2 – Develop Your Policy and Procedures

- Once aim and objectives are agreed, develop a policy containing:
 - Its purpose
 - The aims and objectives
 - Definitions of terms used
 - Legal issues including privacy and disciplinary matters
 - Role of Peer Support with management/union consultation and the establishment of site safety committees, or
 - If drug testing – decide what types of testing are to be used
 - Pre-employment
 - Reasonable cause
 - Post-accident/incident
 - Random
 - Follow-up
 - Role of education and training
 - Rehabilitation
 - Evaluation and auditing
- Then develop procedures that are practical and cost effective:
 - How the Peer Support Programme would work with management and union involvement. This includes training of assessment staff, or
 - If drug testing, list the drugs of abuse
 - State the process for alcohol and drug testing – use a process diagram which employees can easily follow as the different types of testing and when they are used can be confusing
 - State the cut-off levels for alcohol (LTNZ or an agreed level between zero and LTNZ) and drugs (Joint Australian/New Zealand Standard)
 - What procedures are followed with a positive
 - HR procedures that accompany reasonable cause, post-accident/incident and follow-up testing
 - State the process for rehabilitation including EAP referral
 - State the disciplinary process for serious misconduct

either **Step 3a - Testing**

- Urine remains the best medium for drug testing. It is not a cultural issue for Maori and Pacific Islanders, where blood, hair and saliva testing can be. In addition, urine is the most cost effective and accurate at present. Hair testing and saliva testing are expensive to undertake due to current low volumes. Saliva testing has not been developed yet where the device picks up cannabis to meet the qualitative demands of the Australian/New Zealand standard. So, urine sampling delivers the best result
- Sample collection can be done either on-site or at somewhere like a medical centre. Collectors should be NZQA certified. Collectors can either test the sample on-site or send it to an approved laboratory. Select a sample collector(s) in your local area. The testing laboratory will have a list of

approved collectors, example ESR www.esr.cri.nz or Canterbury Health Laboratory www.cdhb.govt.nz or for on-site testing contact New Zealand Drug Detection Agency www.nzdda.co.nz. If your business uses a medical facility already, check to see if they are approved and if not, the testing laboratory can train and approve them

- For on-site testing, or on-site screening, an approved device must be used (be aware that there only 2/3 approved and many 'shonky' devices in the market). On site testing without using an approved device can be problematic with an increased risk of false positives (people testing positive who aren't) and false negatives (people who probably are positive but are not picked up by the test). Please note that a 'not-negative' result from screening must be confirmed by an approved laboratory
- For laboratory testing, select a drug testing laboratory that meets the Joint Australian/New Zealand standard for evidential testing. There are few facilities in New Zealand that meet this requirement. ESR remains the preferred provider for most employers
- Select an approved medical advisor (doctor) to review positive cases. Again, if your business uses local doctors already, check to see if they are approved and if not, the testing laboratory can advise who are the trained medical advisors that you can access
- Arrange for an NZQA trainer to educate your staff

or **Step 3b – Peer Support Programme**

A Peer Support Programme is a workplace process, often sponsored by a union from that workplace, which is regarded as an alternative to workplace drug testing. It comprises:

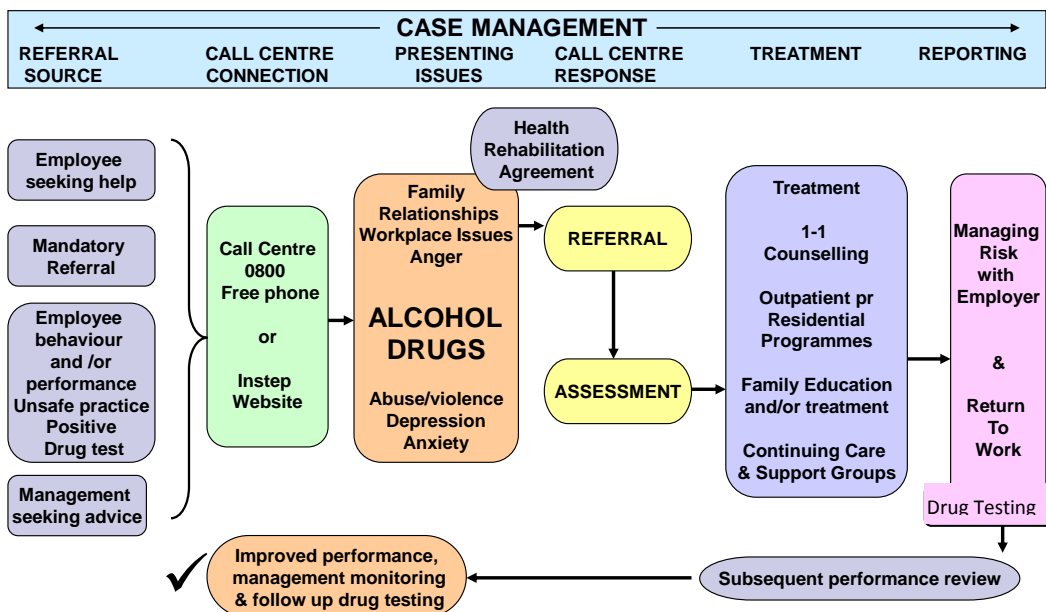
- A decision on whether an employee is a risk to him/herself and to others in the workplace. This decision is made by a Site Safety or Assessment Committee, which is made up of a management representative, supervisor and employee representative
- Each member of a Site Safety or Assessment Committee is trained and certified in Reasonable Cause intervention strategies
- The Peer Support Programme may be based on the 'Not on the Job, Mate' Programme sponsored by the trade union movement
- Outcomes are based on a written warning, the offer of drug and alcohol assessment and treatment. After two warnings have been issued and the employee has again contravened the agreed workplace safety requirement, termination of employment may occur

Step 4 – Employee Assistance Programme, Rehab & Case Management

- An EAP should be in place before commencing an education programme or before starting testing, as employees will be directed to or seek help themselves. They need to be directed to substance abuse professionals
- Select an EAP provider who provides for both self-referral and management referral requirements, 7 days a week. The EAP provider must be able to professionally assess the troubled employee and then direct him/her to the best treatment facility that meets the following ideal requirements:
 - Assessment within 48 hours of referral

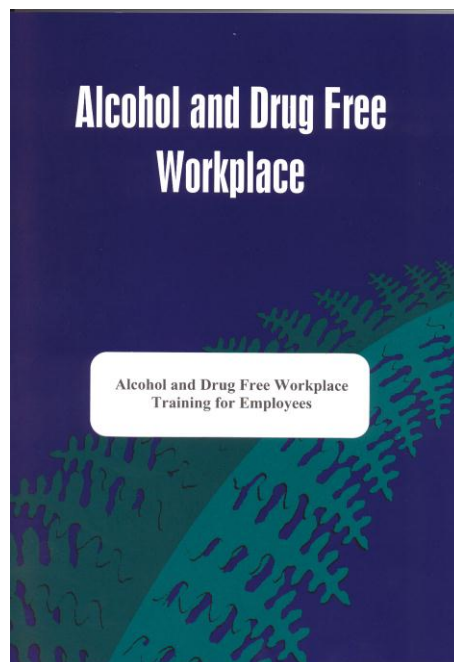
- Employees assessed as alcohol or drug **abusers** only are directed to addiction counselling that utilise a 4-6 session short-term counselling model
- Employees assessed as alcohol or drug **dependent** are directed to addiction treatment facilities that ideally meet abstinence based recovery or as a minimum assist the individual and employer to manage risk effectively (harm reduction treatment). Employees may require detoxification and residential or outpatient treatment. This could mean leave from work. It also may involve waiting for a period for public funding to become available. Private treatment is often available immediately
- Some employers, realising that a valuable member of staff may be on sick leave awaiting treatment call-up, have chosen to get that employee into treatment immediately, paying up front and recovering the investment through wages over time
- Case management permits the treatment provider and the EAP to liaise with the company regarding the management of risk and other employment issues that require change once the employee resumes work. This is for management referrals only
- Effective rehabilitation will require that the employee undergoes periodic and unannounced alcohol and drug testing on resuming work to ensure that he/she is no longer an unacceptable risk in the workplace. This is best done through a health rehabilitation agreement between the company and the employee Also, in a process called profiling (comparing a base line result with subsequent testing data) utilising the employer, the drug testing laboratory and the treatment provider/case management provider, an effective employment decision can be made regarding an employee’s future
- The leading NZ workplace rehab provider is Instep

How a Rehab Provider Should Handle Alcohol & Drug Cases



Step 5 – Education and Training

- Select an organisation that provides education which will provide your people and contractors with the facts about alcohol and drugs, its effect on health and safety, what happens inside the brain and body and how attitudes and behaviours can be changed
- Select an organisation that will train both your supervisors/leaders and any contractors to intervene constructively in situations where they have reasonable cause to believe that a worker may be an unacceptable risk due to alcohol or drugs and that person and others are unsafe at work
- Leading trainers in this field for the workplace are Instep www.insteplimited.com, BSSNZ www.bssnz.co.nz, Susan Nolan & Associates, www.drugfreesites.co.nz and New Zealand Drug Detection Agency www.nzdda.co.nz



Step 6 – Evaluation and Auditing

The ADFWP can be evaluated against a number of criteria:

- Lower accident/near miss rates, lower lost time injury and severity rate
- Lower absenteeism and sickness rates
- Initially increased, then after 12 months lower EAP traffic for both alcohol and drug self and management referrals
- Initially increased, then after 12 months lower numbers of positive drug tests
- Lower numbers of positive pre-employment drug tests as word gets around that this is a zero tolerance employer
- In addition, an attitudinal survey at programme roll-out on how employees feel about this issue will show positive change when compared with the same survey criteria 12 months later.

Safe Drinking Levels

There is no level of drinking that is safe for all people all the time. Factors such as health, age and weight affect how much alcohol is safe for you. In some cases, no alcohol is the only safe option. These include individuals who:

- are pregnant
- have below average body weight (60kg for men, 50kg for women)
- are young
- are older
- have a strong family history of alcoholism
- are or have been dependent on other drugs
- have a poor diet, or are under-nourished

If you do not fall into any of the above categories, the Alcohol Advisory Council of New Zealand provides the following guidelines for the safe use of alcohol.

SAFE DRINKING RULES	MEN	WOMEN
Maximum average std drinks per day	3	2
Maximum number of std drinks in any one day	6	4
Maximum number of std drinks in one week	21	14
Alcohol free days per week	2	2

Remember that you can't "save up" your weekly drinking total for 1 or 2 "big nights" per week. Binge drinking is also harmful to your health.

These levels are based on a measurement called the 'standard drink' that contains 10 grams of alcohol. Some examples include ...

100 ml of red or white wine

285 ml of full strength beer

30 ml of spirits

70 ml of fortified wine (eg. port or sherry)

If you think you may be drinking too much, or know someone who has problems with drinking, talk to your doctor, or phone the Alcohol & Drug Helpline on 0800 787 797.

Benefits of Introducing an Alcohol and Drug Free Workplace Programme

Dollar Benefits

Reduces	Saves	Improves
Absenteeism / Sickness	Salary	Health and Safety
Lost time	Recruiting	Production
Errors / Injury	Training	Morale
Dissatisfied customers	ACC costs	Public image
Likelihood of OSH prosecution	Medical costs	Retention
Personal grievance claims	Case management time	

Social Responsibility Benefits

Reduces	Saves	Improves
Welfare	Lives	Role in family
Court costs	Families	Community relations
Police costs	Productive costs	Business standing
Justice costs	Property	
Highway deaths	Need for legal defence	

US based research shows that the introduction of an ADFWP will return 7-10 times the cost of the programme to the business. Savings in half the costs of absenteeism alone will pay for the programme.