

You Are The Key

10 Steps for Employers to a Drug-Free Workplace



**Sunshine Coast
Health Centre**

Drug and Alcohol Treatment Services

www.sunshinecoasthealthcentre.ca

You Are The Key: 10 Steps for Employers to a Drug-Free Workplace is a public service publication produced by Sunshine Coast Health Centre.

Sunshine Coast Health Centre would like to acknowledge the support of The BC Council on Substance Abuse for their financial contribution to the cost of producing this guide.



Founded in 1991, the BC Council on Substance Abuse is a non-profit organization dedicated to promoting education, awareness, and the benefits of establishing and maintaining healthy drug-free workplaces throughout British Columbia and Alberta. We offer training to provide supervisors, labour leaders and employees with essential tools needed to mobilize all employee groups to promote safe, substance free worksites. The training also helps organizations focus on strategies to improve health and safety of all employees, provide assistance to troubled workers and increase productivity.

For more information visit: www.actionnorth.net or phone 250.649.4000



Sunshine Coast Health Centre is Canada's leader in men's treatment for drug and alcohol problems. We are committed to assisting Canadian companies by offering intensive, effective treatment for their employees.

As a fully licensed private facility, we offer a complete range of services including medical detox, therapy, lectures, exercise, nutrition, a program for families and follow-up. Our high staff-to-client ratio and intimate setting allows for individual counselling and a program tailored to the unique needs of our clients.

Additional copies of this guide are available from:

Sunshine Coast Health Centre, Toll-free number: 1.866.487.9010

This publication is also available on the Sunshine Coast Health Centre web site at: <http://www.sunshinecoasthealthcentre.ca>

SOURCES OF DATA

- Working Partners (2006). US Department of Labour www.dol.gov/workingpartners
- US Department of Justice (2003). *Guidelines for a Drug-Free Workforce*. Drug Enforcement Administration (DEA) www.usdoj.gov/dea
- Worksafe BC (2005) *How to Implement a Formal Occupational Health and Safety Program*. Workers' Compensation Board of BC
- US Department of Health and Human Services (2006). *Making Your Workplace Drug Free: a Kit for Employers*. Substance Abuse and Mental Health Services Administration.

Disclaimer

This guide is intended to provide you, the reader, with information to assist in creating a drug-free workplace program. Readers should be aware that this publication is not intended and should not be construed to be legal guidance. Anyone who wishes to implement a drug-free workplace program should first obtain the advice of legal counsel. Sunshine Coast Health Centre is not responsible for any problems that may develop from the use or misuse of the information provided in this guide.

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Introduction

This guide is for you, the employer. It will help you develop, implement and maintain a drug-free workplace (DFW) program. The purpose of a DFW program is to enable your company to effectively deal with drug and alcohol (collectively referred to as “substances”) abuse as a matter of safety, health and performance.

As a treatment centre for addiction, we find that many of our clients have lost promising or long-term careers due to problems with drugs or alcohol. It is a sad reality that, despite increasingly negative consequences, an individual with a substance problem often fails to seek help. Far too often, criminal charges, divorce or job loss has to occur before the substance abuser agrees to go to treatment. However, after countless conversations with clients and their families, we at Sunshine Coast Health Centre assert that marriages and careers can be saved with early effective intervention.

A DFW program will provide a direct benefit to your company by reducing:

- > exposure to corporate liability for workplace accidents caused by employees who are under the influence
- > exposure to liability under human rights and privacy legislation

- > absenteeism and overtime to cover absenteeism
- > damage to equipment and company vehicles
- > disability and insurance claim costs
- > theft from employees requiring funds to support their habit
- > replacement and training costs due to turnover

A DFW program will also demonstrate to provincial and federal regulatory authorities your commitment to the health and safety of workers and the public.

While creating a drug-free workplace is not easy, the ten steps presented will help you achieve your goal of protecting your workplace while avoiding potential pitfalls. You will also learn about a variety of affordable community and online resources that can assist in the design and implementation of your DFW program.

We trust your employees and their families will respond positively to your efforts to create a better workplace free from the effects of drugs and alcohol. Just remember that while a healthy and safe community is everyone’s responsibility . . . YOU are the key to a drug-free workplace!

How to Use This Guide

This guide will help you understand substance abuse and addiction, outline the key components of a DFW program, then assist the troubled employee. **There are ten recommendations in this guide and we recommend you follow them step-by-step in the order presented.**

While you will not be able to create a drug-free workplace policy on your own, this guide will explain the key staff persons you will need to involve in this project and point out sections of the policy best left to specialists.



With proper planning you can readily implement a DFW program.

1 UNDERSTAND SUBSTANCE ABUSE AND ADDICTION

As an employer, you are never going to become an expert in substance abuse or addiction. However, a short course in “Substance Abuse 101” will help explain the importance of having a drug-free workplace program. It will also help you understand why early effective intervention is so important.

a. Defining workplace substance abuse.

The Canadian Centre on Substance Abuse (CCSA) (1) defines workplace substance abuse as “the use of a potentially impairing substance to the point that it adversely affects performance or safety at work, either directly through intoxication or hangover, or indirectly through social or health problems.” According to the Canadian Centre for Occupational Health & Safety (CCOHS) (2), “abuse can occur by using a substance too much, too often, for the wrong reasons, at the wrong time, or at the wrong place.”

CCSA (3) lists eight primary types of harm that can result from substance use:

1. relationships and social life
2. physical health
3. home life or marriage
4. work, studies or employment opportunities
5. financial position
6. legal problems
7. housing problems
8. learning

Sources: (1) CCSA (2006). *The Costs of Substance Abuse in Canada 2002*. Rehm et al., (2) CCOHS (2002). *Substance Use in the Workplace*. Ministry of Labour, Canada. www.ccohs.ca/oshanswers (3) Adlaf, E.M., Begin, P., & Sawka, E. (Eds.). (2005). *Canadian Addiction Survey (CAS): a national survey of Canadians’ use of alcohol and other drugs: Prevalence of use and related harms: Detailed report*. Ottawa: Canadian Centre on Substance Abuse.

b. Substance abuse doesn’t happen overnight.

Often employees will receive initial benefits from using substances such as feeling socially connected or helping them unwind after work. Drugs and alcohol may be

used to help employees work longer hours. With such contributing factors, employees begin to identify these substances as a way of coping with feelings of exhaustion, boredom, loneliness, and isolation. Substance use, initially “enjoyed” with friends or co-workers on a recreational level, becomes increasingly an activity performed alone as a way of coping.



An employee may continue to drink or use drugs despite negative consequences.

As the disease progresses, an employee will have great difficulty keeping his/her substance problem a secret. Relationships at home and work begin to suffer. Debt mounts as more money is spent on substances and less time is spent at work. A lack of self-care increasingly leads to illness. As a way of coping with such consequences, the substance abuser will reach out for greater amounts of alcohol and drugs and sink further into a pattern of self-destruction.

Early intervention and support improve the success of rehabilitation and may prevent those whose problems have yet to reach the level of addiction from progressing.

c. Substance abuse can develop into a chronic condition known as addiction.

Once substance abuse develops into a chronic condition, it becomes an addiction. Similar to other chronic diseases such as depression or diabetes, there is no cure for a drug or alcohol addiction. With treatment, the disease can be managed so that a healthy and productive life is possible. There are hundreds of thousands of Canadians now in successful recovery from alcohol and other drug addictions.

Like many chronic conditions, people that have problems with drugs or alcohol do not choose to become addicts or alcoholics. Instead, a combination of genetics, behaviour, emotional stress, and an individual's environment contribute to the development of addiction.

Your employees will be more willing to seek help if your company treats addiction as a medical condition. In fact, you, as an employer, are legally obligated to recognize addiction as a disability. Contrary to popular belief, addiction is not a lack of willpower or character defect.

For more information on human rights and disabilities refer to the Frequently Asked Questions (FAQs) section on page 17.

d. Substance abusers are usually the last to seek help.

One of the most peculiar aspects of substance abuse is that those affected have great difficulty identifying drugs or alcohol use as the source of their problems.



With treatment, a person with an addiction can achieve a healthy and productive lifestyle..

They will blame their spouse, their boss or their circumstances; minimize the impact of drugs or alcohol; or underestimate the amount being consumed. Individuals who abuse drugs or alcohol often fail to notice when the harm caused by substances starts to outweigh the benefits.

As an employer, you can help by educating your employees on the negative consequences of substance abuse and let them know that help is available for those who need it. This may help trigger the substance abusing employee to seek help sooner.



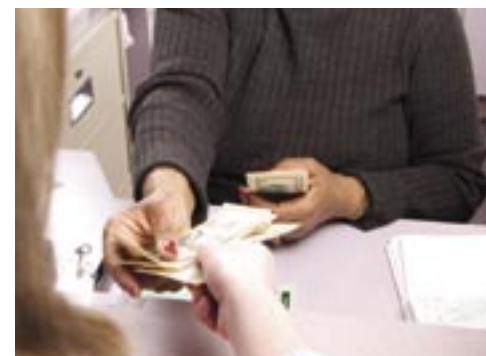
Individuals who abuse drugs or alcohol are often slow to recognize their problem.

2 ASSESS YOUR WORKPLACE

You may not be sure if the benefits of having a drug-free workplace program outweigh the cost of designing and implementing a policy. One way to begin an assessment is to consider how substance abuse might be affecting your workplace:

Do certain employees perform key functions of the organization?

- brokers handling large sums of money
- technicians monitoring essential equipment such as computer networks
- salespersons representing the company



Employees in "security-sensitive" jobs that are struggling with a substance abuse problem may leave an employer vulnerable to theft.

Do you have employees in positions where alcohol or other drug abuse would be difficult to detect?

- employees who work at home
- traveling salespersons
- employees who work graveyard shifts or in isolated locations

Do you have employees in "security-sensitive" jobs?

- Responsible for inventory or stock
- Responsible for ideas, products, plans and proprietary material

- Responsible for financial accounting or cash
- Responsible for confidential documents



Designating "safety-sensitive" positions in an organization is the responsibility of the employer.

Do you have employees in "safety-sensitive" (*) or "safety-critical" (*) jobs?

These positions can include:

- equipment operators
- hazardous material handlers
- highway or road maintenance workers
- truck drivers or occupations that involve frequent driving
- workers that must pass through dangerous work areas
- operators in railway, maritime and air transport industries

The cost of developing a drug-free workplace program will vary depending on what components of a program you choose to implement, and the amount of consulting you require. While reviewing costs, keep in mind the benefits of having an effective program versus the cost of failing to take action. More information on performing a cost calculation is available by contacting Sunshine Coast Health Centre at 1.866.487.9010.

(*) **Note:** see the Frequently Asked Questions (FAQs) on page 17 for a definition of safety-sensitive and -critical jobs.

Source: US Department of Health and Human Services (2006). *Employer Tip Sheet #4* www.workplace.samhsa.gov

3 DEVELOP A DRUG-FREE WORKPLACE COMMITTEE

A successfully launched drug-free workplace program will require teamwork—a combination of management, employees and outside agencies. Typically, most small and medium sized companies do not have legal advisors or counsellors on payroll so these positions are typically contracted out to consultants. There are other components of a DFW program, however, that need to be managed on a daily basis. These tasks are best provided by someone working inside the company.

A drug-free workplace committee should consist of the following individuals:

- employer representative (owner, manager or supervisor)
- program administrator (employee)
- worker representative (employee)
- union representative (employee)
- employee assistance professional (hired consultant)
- Substance Abuse Professional (hired consultant)
- monitor (hired consultant)

a. Employer representative

An employer representative must have the authority to make commitments and to speak on behalf of the employer at DFW committee meetings. Since the DFW committee does not have the power to act on its own recommendations, the committee depends on the authority of the employer representative to finalize matters agreed upon at a meeting. Potential candidates could include the owner, a company director, a manager or supervisor.

b. Program administrator

Barb Butler, a management consultant, recommends appointing a company representative working in a confidential capacity to be a program administrator. As part of establishing a substance use program, the program administrator will ensure that supervisors are being trained, staff is being educated, employees are getting the help they need, and that follow-up is being

provided to those returning to work. A human resource staff person is an excellent choice to serve as program administrator.

Source: Barb Butler & Associates (2006). *Managing Employees Who Use Substances: The Canadian Experience*.

c. Worker representative

It pays to involve employees in a DFW program. You, as an employer, will find that consulting with employees will lead to greater cooperation and create greater awareness at all levels of your organization.



It pays to involve employees in a drug-free workplace program.

If you are registered with a provincial workers' compensation board, your company may already have a worker representative: a voluntary position designed to assist the employer in implementing and maintaining an occupational health and safety (OHS) program.

Worksafe BC requires workplaces with more than 9 workers to have a worker representative. Employers with 9 or fewer workers, however, may also require employers to have a worker representative in situations such as:

- > high-risk work (such as logging or pile driving)
- > a high number of injury claims
- > serious injuries or fatalities
- > repeated non-compliance with the Workers

Compensation Act or Occupational Health and Safety Regulation

A worker representative should not exercise managerial functions at the workplace. Candidates can be unionized or non-unionized workers.

Workplaces in BC with 20 or more workers require a joint health and safety committee ("joint committee") instead of a worker representative. A joint committee includes at least four members with at least half of the members being worker representatives.

For more information contact Worksafe BC at 1.888.621.7233 toll-free within British Columbia. If you are an employer located outside of BC, contact your local workers' compensation board located in the blue pages of the phone book.

Source: Worksafe BC (2005). *How to Implement a Formal Occupational Health and Safety Program*.

d. Union representative

When employees are represented by a union, the DFW program may be an issue for collective bargaining. Union representatives can offer suggestions and support that will make the program operate more smoothly.

Note: the worker representative and union representative may be the same individual.

e. Employee assistance professional

Although many large companies provide employee assistance internally, most small- to medium-sized companies find that providing direct assistance to employees and their families is difficult. For example, employees are often afraid that their employment will be compromised by disclosing personal problems to their supervisor. For their part, companies are typically unfamiliar with their rights and responsibilities when assisting employees with personal problems.

Independent third parties known as employee assistance programs (EAPs) are often contracted to:

- > confidentially counsel employees with personal problems (including substance use) that affect their work performance
- > offer treatment services such as prevention, identifi-

- cation, assessment, referral and follow-up
- > demonstrate an employer's commitment to the well-being of employees and their families
- > minimize an employer's legal vulnerability
- > take the pressure off supervisors and managers
- > train supervisors and educate employees on the drug-free workplace policy

For help locating an EAP in your community refer to your local yellow pages or contact Sunshine Coast Health Centre toll-free at 1.866.487.9010.



Employees typically prefer to work with outside agencies for help with personal problems.

f. Substance Abuse Professional

A Substance Abuse Professional (SAP) assists an employer to determine if an employee has a problem with drugs or alcohol. Their other role is to advise on appropriate treatment and follow-up after an employee returns to work. SAPs are different from employee assistance professionals since they do not provide counselling.

For help locating a Substance Abuse Professional in your community refer to your local yellow pages or contact Sunshine Coast Health Centre toll-free at 1.866.487.9010.

g. Monitor

Monitoring is a service designated for employees who are returning to work after:

- > personal disclosure of a problem
- > assessment by a professional
- > referral to treatment
- > testing positive for drugs or alcohol

Typically, monitoring is provided as a follow-up service or form of “aftercare” for employees in safety-sensitive occupations or for employees in minimal-risk occupations who have tried but failed less stringent ways to follow policy. Meetings are typically once or twice a week but are not scheduled in order to make it difficult for non-compliant employees to avoid detection.

Drug testing may or may not be part of a monitoring program. Many monitoring professionals feel that the therapeutic relationship with their clients is compromised when drug tests are used. Instead, monitors often prefer face-to-face meetings to expose any non-compliance on the part of an employee (see Step Four, Section c for more information on drug-testing).

You, as an employer, should keep in mind that the monitor works for you. Monitors may help an employee with their drug or alcohol problem but their main function is to monitor an employee’s compliance to

the return-to-work agreement (see Step Ten for more information on return-to-work).

Since monitors do not assess clients, they do not need to be as qualified as a SAP, a designation typically reserved for physicians or registered psychologists. Therefore, employers may find that using an addiction counselor or occupational health nurse for monitoring may be a cost-effective alternative.

For assistance finding a monitor in your area please contact Sunshine Coast Health Centre at 1.866.487.9010.

Note: the development of return-to-work agreements, particularly if they involve monitoring or drug testing, is a sensitive issue under human rights and privacy legislation. Consider obtaining legal advice to ensure that a requirement for monitoring complies with the collective agreement (if applicable) and with human rights and privacy legislation.

4 DEVELOP A DRUG-FREE WORKPLACE POLICY

A company that is committed to a drug-free workplace needs to have a policy. Elements of a DFW policy include a:

- statement of the purpose and objectives of the program
- statement of who is covered by the policy (including independent contractors)
- statement of the employee’s right to confidentiality
- clear description of prohibited substances (*)
- if necessary, listing of circumstances when drug testing will be utilized
- provision for disciplinary actions
- provision for employee assistance
- return to work provisions

Caution: An organization with 20 forestry workers will have fewer available resources than an oil refinery with 3,000 employees so avoid borrowing another company’s policy.

(*) **Note:** a “drug-free” workplace also prohibits alcohol,

illicit substances and medications that are being illegally diverted for mood-altering effect. Although methadone and benzodiazepines are mood-altering, your policy will need to be specific if these 2 drugs are allowed in a drug-free workplace if prescribed and used as directed.

Source: Canadian Centre for Occupational Health & Safety (2002) *Substance Abuse in the Workplace*.

a. A legal review is critical

As an employer, you want to ensure that your drug-free workplace policy complies with established guidelines such as:

- Provincial occupational health and safety regulations
- Provincial labour standards
- Provincial privacy legislation
- Transportation safety regulations
- Federal and provincial human rights legislation
- Court decisions and labour arbitrations on drug testing and other substance abuse issues



Consider a “zero-tolerance” policy on alcohol.

It is strongly recommended that you have a legal advisor experienced in labour and employment matters review your policy prior to distribution. Implementing the policy will have implications for the job security of employees with alcohol or other drug problems. Given the potential consequences of violating the policy, legal review is critical. Legal review is also important because the laws and regulations about drugs in the workplace continue to change.

For help locating an employment or labour lawyer contact Canadian Bar Association Lawyer Referral Service at 1.800.663.1919.

b. Consider a “zero-tolerance” policy on alcohol

While employers obviously cannot control the consumption of alcohol by employees at home, companies may want to consider establishing a zero-tolerance policy for alcohol in the workplace. This policy applies not just to the actual worksite but off-site business-related social gatherings such as luncheons and company parties. By setting an example, management – from the owner through to the supervisor – can demonstrate that all employees will be treated equally under a DFW policy.

While most companies have a “zero-tolerance” policy on illicit drugs such as marijuana and cocaine, few employers see alcohol as a dangerous drug. Employers may tolerate alcohol because it is legal but a drug-free workplace must hold itself to a higher standard.

The courts have found companies that host functions may be responsible for the health and safety of the employees and guests that attend. As an employer, you may also be responsible for the actions of an

impaired employee who operates a company vehicle, even on their private time. You can help minimize your company’s liability by having a clear “zero-tolerance” policy.

Finally, if you are concerned about “hardcore” drugs such as crystal meth and crack cocaine entering your workplace, ban alcohol. Alcohol is considered by many in the addiction treatment field as the real “gateway drug,” not marijuana. Furthermore, many cocaine addicts use alcohol to “take the edge off” so prohibiting alcohol can make it more difficult for employees to mask their cocaine use.



Drug testing is a complex issue so proceed with caution.

c. Think carefully before drug testing

There are circumstances in which drug testing may appear attractive to employers. Companies may decide to drug test in order to:

- > help determine fitness for work as part of an employee’s regular annual medical exam (“periodic” testing)
- > maintain workplace and public safety in safety-sensitive occupations (“random” testing)
- > monitor employees who have returned to work following a violation of company policy on substance use (see 3.g. Monitor)
- > pre-screen job applicants as a hiring precaution (“pre-employment” testing)
- > determine if drugs or alcohol were involved in an injury, damage to property or the environment (“post-incident” or “for cause” testing)

However, drug testing is a complex issue. As an employer, you must consider the potential health and safety benefits of drug testing and the protection of an employee's right to privacy and freedom from discrimination based on "disability." The law defines substance addiction as a disability so an employer is obligated to provide assistance to an employee with a substance addiction (see FAQs for more information on human rights).

Testing is just one component of a comprehensive DFW policy so make sure the rest of your policy is in place and your intention to drug test well-announced beforehand.

Drug testing should only be used as a last resort and should always be done in the least intrusive way that will still accomplish the employment purpose. Supervisor training to detect impairment is an important aspect of this.

Should you choose to proceed with drug testing, consider obtaining legal advice from a firm that specializes in employment or labour law.

(* **Note:** the term "drug testing" includes testing for the presence of drugs and/or alcohol.

d. Get help developing your policy

The US Department of Labor website (www.dol.gov/workingpartners) has a section called Drug-Free Workplace Advisor which has an online program with templates designed to help small employers create their own DFW policy.

Another excellent resource to assist in developing your DFW policy is the "Canadian Model for Providing a Safe Workplace," published by the Construction Owners Association of Alberta. An online version is available at www.coaa.ab.ca

A recommended alternative would be to work with a management consultant that specializes in developing workplace substance use policies for Canadian companies. For further information, please contact Sunshine Coast Health Centre toll-free at 1.866.487.9010.

5 TRAIN SUPERVISORS

A comprehensive training should teach supervisors to:

- understand the DFW policy, including the rationale for the program and, if applicable, specific details about drug testing procedures
- be able to explain the policy to employees

- recognize the signs of substance abuse (*)
- consult and cooperate with the drug-free workplace team
- accurately document what they observe
- refer employees to available assistance

Supervisors should be trained to treat substance abuse as a health, safety and performance issue rather than a drug and alcohol problem. Under no circumstances should a supervisor attempt to diagnose a substance problem or counsel an employee. Instead, supervisors should be trained to refer employees to trained professionals.

For information on workplace training, please contact BC Council on Substance Abuse at 1.250.649.4000.

(* **Note:** see Appendix for a checklist of warning signs and obvious indicators of drug or alcohol abuse.



Supervisors should be trained to treat substance abuse as a health, safety and performance issue rather than a drug and alcohol problem.

6 EDUCATE EMPLOYEES

A drug and alcohol education program provides employees with the information they need to fully understand, cooperate with and benefit from their company's DFW policy. Effective employee education programs provide company-specific information, such as:

- details of the policy
- generalized information about the nature of alcohol and drug addiction
- the impact of drugs and alcohol on safety, health, personal life and work performance
- how to report a co-worker who is showing "warning signs" or obvious indicators of substance abuse
- types of help available for employees and their immediate family

All employees should participate, and the message should be delivered on an ongoing basis through a variety of means such as home mailings, workplace

displays, "brown-bag" lunch meetings, guest speakers, seminars and new employee orientations.

How you communicate the employee education program and the tone you take will be crucial to the success of your DFW program. Employees need to be assured that if they have a problem, you will give them a chance to get help.

An excellent resource for employees and supervisors alike is a resource file or pamphlet rack containing information on (1) the hazards of drug and alcohol abuse, (2) how to recognize and get help for a potential substance abuse problem, and (3) available resources in the community and organization.

Source: *Working Partners*, US Department of Labour

For information on workplace training, please contact BC Council on Substance Abuse at 1.250.649.4000.



Employees need to be assured that if they have a problem, you will give them a chance to get help.

7 RESPOND TO CRISIS

Situations involving alcohol and other drugs can be difficult to manage, especially if you do not yet have a drug-free workplace policy in place. However, developing a policy takes time and, in the meantime, you may have to deal with a crisis at work.



Know how to deal with a drug- or alcohol-related crisis.

For example, suppose a supervisor comes upon an employee who is disoriented and smells of alcohol. There are other obvious signs that need immediate attention such as slurred speech, staggering or unsteady gait, possession of drugs or alcohol, etc (*).

The following are some steps that the supervisor can take:

1. Escort the employee to a private area to inquire about the behavior;
2. If possible, call in another supervisor or manager who can serve as a reliable witness;
3. Inform the employee of your concerns and get his or her explanation;

4. Notify senior management and union rep (if applicable);
5. Based upon the employee's response, place the employee on suspension until a formal investigation takes place; and
6. Arrange for the employee to be escorted home.

Remember, if the employee is in no shape to work, he/she is in no shape to drive.

Source: US Department of Labour. *Crisis Management*. Drug-Free Workplace Advisor.

Section 4.20 of the WCB Occupational Health and Safety Regulation clearly states, "The employer must not knowingly permit a person to remain at any workplace while the person's ability to work is affected by alcohol, a drug or other substance so as to endanger the person or anyone else."

You, as the employer, must ensure that an incident investigation report is completed just like you would for any WCB-related incident. The report contains:

- (a) the place, date and time of the incident,
- (b) the names and job titles of persons involved in the incident,
- (c) the names of witnesses,
- (d) a brief description of the incident,
- (e) a statement of the sequence of events which preceded the incident,
- (f) identification of any unsafe conditions, acts or procedures involved in the incident,
- (g) the recommended corrective actions to prevent similar incidents, and
- (h) the names of the persons who investigated the incident.

Source: Worksafe BC. *Occupational Health and Safety (OHS) Regulation, Section 3.4*

(* **Note:** See Appendix for a checklist of warning signs and obvious indicators.

8 REFER THE TROUBLED EMPLOYEE TO GET HELP

Your responsibilities don't end after the impaired employee has been removed from the worksite. An employee who is in crisis or with an unexplained deterioration in performance should be assessed by a Substance Abuse Professional (SAP). A thorough assessment by the SAP will make it possible to:

- > diagnose the problem
- > formulate a treatment plan designed to rehabilitate the employee
- > determine how long rehabilitation will take before the employee can return to work

Another important benefit of an assessment is to develop appropriate return to work provisions which, in turn, will be monitored to ensure an employee's compliance. As stated previously, return to work agreements



Residential treatment may be part of a comprehensive treatment plan.

are an important part of fulfilling an employer's human rights obligations and should be considered carefully.

9 HOLD A BACK-TO-WORK MEETING WITH EMPLOYEE AND CO-WORKERS

Employees returning to work following treatment are often anxious when returning to work. You, as an employer, have an excellent opportunity to establish a "fresh start" with a worker by immediately scheduling a "back-to-work" meeting with the employee. Employees need to clearly understand what is expected of them and the consequences of not following the company's performance, attendance and behaviour expectations. It is important to note that these expectations are different from the treatment plan and return to work provisions recommended by the Substance Abuse Professional which focus on rehabilitation, not performance.

Co-workers may have concerns about a returning colleague. A separate back-to-work meeting for co-workers (*) will help prepare them for the treated employee's return to work. Practically speaking, employee morale will be best served by co-workers receiving accurate information rather than rumours.

(* **Note:** A back-to-work meeting with co-workers requires the consent of the returning employee. Ideally, the employee should be involved in deciding what and when co-workers will be told.

10 HELP THE EMPLOYEE BY PROVIDING A RETURN-TO-WORK PROGRAM

Return-to-work programs are a common method of helping an injured worker reintegrate into the workplace as quickly and safely as possible. Just like an injury, returning to work after treatment for alcohol or drug addiction can be difficult. Counsellors at Sunshine



Reintroduce returning employees to work gradually.

Coast Health Centre often recommend that employees go through a gradual process in which the worker starts with reduced hours or modified job duties for the first few weeks.

A gradual reintegration will allow time for a returning employee to:

- > find support groups (AA, NA)
- > comply with return to work provisions established by the SAP or monitor
- > reconnect with family
- > address other personal issues left unresolved prior to treatment

Prior to an employee returning to work, your program administrator should ensure that a monitor is in place. A monitor will assist in deterring an employee from returning to drugs or alcohol (known as “relapse”) and will demonstrate the company’s commitment to maintaining safety in the workplace. For more information on monitors refer back to Step Three, Section G.

SUMMARY

You don’t have to be a large company before taking a stand against drugs and alcohol at work. You can help change your workplace culture and reduce the impact of substance abuse. Raising awareness and implementing a DFW policy are two steps in the right direction.

For a complimentary presentation on “You are the Key,” contact Sunshine Coast Health Centre at 1.866.487.9010. We’ll help you get started and connect you with other professionals in the field.



Your commitment to a drug-free workplace will benefit more than just your bottom line.

FREQUENTLY ASKED QUESTIONS (FAQs)

Q: I have an employee that drinks. You could call him a “functioning alcoholic.” He’s always been like that. What’s the problem?

A: There are different patterns of abuse and addiction. Some people are “maintenance” users: they use alcohol or other drugs regularly—often every day—to feel “normal.” Others are “binge” users: they get into trouble by drinking alcohol or using other drugs off and on—only on the weekends or maybe only once a week—as an escape. Although people use and abuse drugs in different ways, one thing is certain: if you become addicted, the disease will progress . . . and troubles will increase.

By knowingly allowing an employee to work despite obvious signs of impairment, you are exposing yourself to liabilities that you will have difficulty defending. Your inaction is an example of a “crossed-finger” policy and it’s a disaster waiting to happen.

Q: What’s wrong with firing an employee that has a drug or alcohol problem?

A: Provincial and federal human rights legislation and the Canadian Charter of Rights and Freedoms prohibit discrimination on the grounds of disability. Substance addiction is considered to be a disability. Consequently, adverse employment decisions such as dismissal, demotion, suspension or discipline due to an employee’s abuse of a substance to which the employee is addicted would be actionable under the foregoing authorities.

Cases involving discrimination are referred to the appropriate human rights tribunal or to an arbitrator if the employee is covered by a collective agreement.

When you terminate an employee without offering any sort of assistance you may also stop others with a substance abuse from getting help. Instead you may unknowingly be driving the problem “underground.”

Q: What is a “safety-sensitive” occupation? What is a “safety-critical” occupation? How can I tell them apart?

A: According to Dr. John W. Cutbill, Chief Medical

Officer for Canadian Pacific Railway, “safety-sensitive” positions in the railway industry are defined as those where impaired performance may put public safety at occasional risk as well as put at risk the safety of employees, customers, customer’s employees, property or the environment. There is no official government definition for “safety-sensitive” so it is usually up to you, the employer to assign this designation.

“Safety-critical” positions in the railway industry are defined as “positions directly engaged in the operation of trains, including rail traffic control.” These positions have a direct role in railway operations where impaired performance could result in a significant incident involving the public and environment. This concept is also applied to other modes such as marine and air transport.



Medications have the potential to impair performance.

Q: What about prescription drugs?

A: According to section 4.20 of the BC WCB Occupational Health and Safety Regulation, a worker is responsible to notify his employer if he/she is on a prescribed or over the counter medication that has the potential to impair performance. Employers, once notified, are responsible “for adequate supervision of work to ensure reported or observed impairment is effectively managed.”

APPENDIX A: PERFORMANCE INDICATORS

PERFORMANCE INDICATORS OF A DRUG- or ALCOHOL-ABUSING EMPLOYEE

The indicators listed below are “warning signs” of drug and/or alcohol abuse that may be observed by supervisors:

Moods:

- Depressed
- Anxious
- Irritable
- Suspicious
- Complains about others
- Emotional unsteadiness (e.g. outbursts of crying)
- Mood changes after lunch or break

Actions:

- Withdrawn or improperly talkative
- Spends excessive amount of time on the telephone
- Argumentative
- Has exaggerated sense of self-importance
- Displays violent behavior
- Avoids talking with supervisor regarding work issues

Absenteeism:

- Acceleration of absenteeism and tardiness, especially Mondays, Friday, before and after holidays
- Frequent unreported absences, later explained as “emergencies”
- Unusually high incidence of colds, flu, upset stomach, headaches
- Frequent use of unscheduled vacation time
- Leaving work area more than necessary (e.g., frequent trips to water fountain and bathroom)
- Unexplained disappearances from the job with difficulty in locating employee
- Requesting to leave work early for various reasons

Accidents:

- Taking of needless risks
- Disregard for safety of others
- Higher than average accident rate on and off the job

Work Patterns:

- Inconsistency in quality of work

- High and low periods of productivity
- Poor judgment/more mistakes than usual and general carelessness
- Lapses in concentration
- Difficulty in recalling instructions
- Difficulty in remembering own mistakes
- Using more time to complete work/missing deadlines
- Increased difficulty in handling complex situations

Relationship to Others on the Job:

- Overreaction to real or imagined criticism (paranoid)
- Avoiding and withdrawing from peers
- Complaints from co-workers
- Borrowing money from fellow employees
- Persistent job transfer requests
- Complaints of problems at home such as separation, divorce and child discipline problems

The indicators listed below are more obvious signs of impairment that may be observed by supervisors:

- | | |
|--|---|
| <input type="checkbox"/> Constricted pupils | <input type="checkbox"/> Drowsiness |
| <input type="checkbox"/> Dilated pupils | <input type="checkbox"/> Odor of alcohol |
| <input type="checkbox"/> Scratching | <input type="checkbox"/> Nasal secretion |
| <input type="checkbox"/> Red or watering eyes | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Involuntary eye movements | <input type="checkbox"/> Muscular incoordination |
| <input type="checkbox"/> Sniffles | <input type="checkbox"/> Unconsciousness |
| <input type="checkbox"/> Excessively active | <input type="checkbox"/> Inability to verbalize |
| <input type="checkbox"/> Nausea or vomiting | <input type="checkbox"/> Irritable |
| <input type="checkbox"/> Flushed skin | <input type="checkbox"/> Argumentative |
| <input type="checkbox"/> Sweating | <input type="checkbox"/> Difficulty concentrating |
| <input type="checkbox"/> Yawning | <input type="checkbox"/> Slurred speech |
| <input type="checkbox"/> Twitching | <input type="checkbox"/> Bizarre behavior |
| <input type="checkbox"/> Violent behavior | <input type="checkbox"/> Needle marks |

- Possession of paraphernalia (such as syringe, bent spoon, metal bottle cap, glass pipe, burnt metal foil, etc.) (*)
- Possession of substance that appears to possibly be a drug or alcohol (*)

Close observation and documentation of the signs of

drug and alcohol abuse should be asked only of supervisors who have had training in such techniques. A clear policy statement in combination with training of supervisors will allow for the identification and intervention of drug and/or alcohol dependent workers in a manner consistent with law and good personnel practices.

Source: US Department of Justice (2003). *Guidelines for a Drug-Free*

Workforce. Drug Enforcement Administration (DEA).

(*) For more information refer to the complimentary Sunshine Coast Health Centre guide, “Drugs of Abuse: an Identification Guide.”

APPENDIX B: AT-RISK INDUSTRIES

According to the Alberta Alcohol and Drug Abuse Commission (AADAC), workers in the following industries were most likely to report substance use at work, at-risk use, multiple substance use, or gambling issues:

- > construction
- > utilities
- > forestry/mining
- > wholesale/retail trade
- > public administration
- > finance/ insurance/real estate sectors



The forestry sector is an at-risk industry with many “safety-sensitive” occupations.

males 18 to 24 years of age, the demographic group most at risk for substance use. The safety-sensitive nature of many at-risk industries heightens concerns that substance abuse or use while at work may have serious implications for job performance and safety.

Source: AADAC (2003). *Substance Use and Gambling in the Alberta Workplace. Developments Vol. 23 Issue 6*



Real estate is just one of many white-collar industries that is at-risk for substance abuse.

Industries reporting lower than average rates were social services, agriculture and education. At-risk industries tend to have higher concentrations of young

HELP IS AVAILABLE

If problematic substance use is an issue at your workplace, help is close at hand. As part of an effective drug and alcohol education program, your employees should be familiarized with the following services:

Detoxification (detox): a medical service designed to stabilize individuals who have consumed mood-altering substances to excess. Sudden cessation of alcohol or drugs in people who have consumed on a regular basis can lead to withdrawal. Since withdrawal can result in potentially life-threatening medical complications, around the clock monitoring by trained personnel is recommended. The length of stay in detox varies but is typically less than three days. Longer stays in detox may be required if opioids or alcohol are involved or if there are other medical conditions. During detox, little or no counselling is provided to the client.

Outpatient treatment: a counselling service offered once or twice a week with, typically, one to three hours per session. Number of sessions may vary depending on progress of client. Outpatient therapy can be one-on-one or in groups. A form of outpatient treatment called “continuing care” or “aftercare” is often utilized following completion of residential treatment. Employee Assistance Programs (EAPs) typically provide outpatient counselling as part of their service package.

Day treatment: a counselling service offered several hours per day, several days (or nights) per week for several weeks. Day treatment is an alternative to residential

treatment since the client returns home every day after treatment.

Residential (or inpatient) treatment: sometimes referred to as primary treatment, this service is necessary when substance use has progressed to dependence. Residential programs provide around the clock supervision, group and individual therapy, education, meals, and accommodation. Facilities that provide residential treatment may also provide detoxification services.

Sober (or transitional) living: a less-intensive form of residential treatment usually a minimum of 60 days in duration that can last as long as two years. Sober living is provided to clients who have completed residential treatment but require a greater level of support than what is available at home. Amount of time allocated to actual therapy, level of supervision, and qualifications of staff varies but is generally less than residential treatment. Clients may or may not be permitted to work while in sober living.

Self-help groups: support groups run by peers, typically at no or little cost to participants. Better known self-help groups include Alcoholics Anonymous (AA) or Narcotics Anonymous (NA).

For more information or for assistance locating a service in your community call Sunshine Coast Health Centre toll-free at 1.866.487.9010.



Sunshine Coast Health Centre

Drug and Alcohol Treatment Services

For additional copies of this guide, contact us toll-free **1.866.487.9010**

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