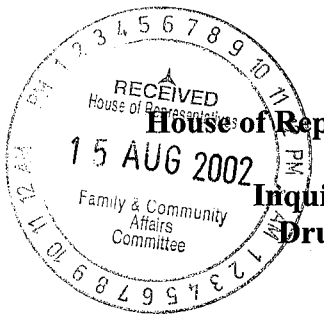

House of Representatives Standing Committee on Family and Community Affairs
Inquiry into Substance Abuse in Australian Communities:
Drug Abuse in the Workplace – Policies and Programs
15th August 2002

INTRODUCTION:

Mrs Kay Hull, Member for Riverina & Chair
Mrs Julia Irwin, Member for Fowler & Deputy Chair
Committee Members

I'm not sure exactly where the invitation to address your Committee came from. Officially I believe I was recommended by the National Occupational Health and Safety Commission – but the actual invitation came very shortly after talking to the Hon Alan Cadman, Member for Mitchell, on a recent flight from Canberra to Sydney. However thank you for the opportunity to address your Inquiry.

My name is Dr Ian Gardner and I am speaking today both in my private capacity and as a representative of the Australasian Faculty of Occupational Medicine. AFOM is one of four Faculties of the Royal Australasian College of Physicians. Occupational Medicine Physicians are medical specialists in the effects of health on work, and work on health. The discipline is primarily preventive in focus and can be seen as the medical side of Occupational Health and Safety. I have been a Fellow of the Faculty and its predecessor organisation since 1982 and have been President twice. My most recent two-year term expired in May 2002. The majority of my professional medical career has been in the management of medical, safety, health and environmental issues for large US multinational companies such as IBM and ALCOA. I have therefore seen at close hand the social, political, legal and economic factors which have led US Corporations down what I believe is a flawed path in relation to the management of Substance Abuse in the Workplace.

I have been asked to brief the Committee on Current Policies and Programs with respect to Drug Abuse in the Workplace. I will focus only on the Use/Abuse of Illicit Drugs. Therefore I will not cover the use of Alcohol or Tobacco, nor the use or abuse of prescribed or Over the Counter Medications. In reality, this limits the field to Marijuana, Cocaine and Amphetamines.

I will address the issue under the requested three headings:
1. The Main Issues
2. Current Approaches
3. Options and Suggested future approaches

Given the very limited time today, I will focus mainly on Item (3) – Options and Suggested Future Approaches.

THE MAIN ISSUES

I believe the main issues have been conclusively addressed by the National Occupational Health and Safety Commission in their July 2002 Background Information Paper provided to the Committee. They highlight that there is little objective evidence in relation to the contribution of Drugs to workplace accidents with the exception of traumatic fatalities. There is scant evidence that Drug Testing relates to worker impairment, and even more worryingly as summarised by the American Civil Liberties Union, drug tests may miss drug users who are actually under the influence at the time the test is given.

The NOHSC also states that national and international agencies all support the development of programs to address Drug and Alcohol issues in the workplace via a consultative model between workers and employers, backed up by a clearly laid out policy. Whilst many employers claim that the law requires them to implement a Drug Testing Program to meet legislative provisions and their Duty of Care requirements, there is concern from many that drug testing is an invasion of privacy, is fraught with interpretational difficulties, chain of custody issues, consequences of a "positive" test and lack of focus on other more significant issues such as workplace design, systems of work including the hours of and the necessity for shiftwork, as well as fatigue and the effects of chronic ill health, family worries and poly-pharmacy.

The current use of devices , often based on computer screen tests, to allegedly measure Impairment is widespread in sections of Australian industry. However there are no large scale published trials supporting the efficacy of these measures as predictors of workplace safety.

What of the evidence relating to drug use and employment outcomes ? Still the best international study is that of James Ryan and Craig Zwerling who I have corresponded with in preparation of this submission. Their 1990 paper in the Journal of the American Medical Association showed that in a large US Postal Worker population, identified use of marijuana at preemployment testing was associated with higher, statistically significant labour turnover, accidents and injuries, absenteeism and discipline problems. However the data for Cocaine users did not support any strong association with Accidents or Injuries. They comment that the level of "risk" is much less than previously estimated and that their finding has important implications for the social, legal and economic arguments for and against Drug Screening.

The claimed adverse effects of use or abuse of drugs on Workplace Productivity is even more uncertain. Certainly the easy indicators such as Absenteeism do show a correlation with drug use. But our national statistics and the corporate records do not distinguish between absenteeism due to the ill effects of Drugs and that due to personal injury and illness. And even in the case of workplace accidents, as will be discussed later, widespread use of Safety Incentive schemes and use of standardised recording systems for classifying workplace accidents, mean that the possible contribution of drugs to industrial accidents is probably underestimated. The Substance Abuse and Mental Health Services Administration in the USA also highlights the problem that drug use appears to be more common in small workplaces, that these workplaces also tend to be the ones with higher accident rates and that these smaller workplaces often do not have drug testing programs in place. This does NOT

mean that there is a cause and effect between drug use and poor accident outcomes. However it does highlight the need for all future research to ensure that surveys focus not only on the worker but also the workplace characteristics.

In Australia, the previously reported 1993 study by John Sargaison whilst he was at the Queensland Mining Council focussed on Alcohol but not Drugs. Recent follow up with him by phone and email shows that there have been no major follow-up studies at an Industry-level. However discussions with other experts in the Queensland mining industry such as Brad Strahan disclose that there are multiple (unpublished) small-scale studies from a number of sites which have inquired into drug use. They are all self-reported questionnaires and disclose a pattern of off-site drug use in 1-2% of respondents. He believes there is limited evidence to support an association with sleepiness on the job and some types of accidents. However until this evidence can be aggregated and appropriately matched, it will not have widespread acceptance.

The Australian Coal Association Research Program Study dated April 2001 entitled Scoping Study – Fitness for Duty, Issues and Research provides some of the only high quality industry-wide recent Australian data. The study was done over a six month period and involved 80 interviews as well as an extensive literature search. Their conclusions are comprehensive and amongst others, they cite the fact that it is only rarely that the Root Cause of accidents are investigated and that there are few education and awareness programs aimed at helping employees and supervisors to better manage the consequences of injuries and illness. They also highlight that there is no proven link between the presence of a drug and impairment and most importantly, that post-accident, the presence of a drug should NOT be assumed to be the root cause of the accident without significant further evaluation. They also provide useful comments on the issues surrounding Fatigue, particularly as they relate to safety performance and the impacts of shift design and rostering.. There is also a plaintive cry for proper validation to be undertaken of the Fitness for Duty Testing Devices which are widely being used in the Mining Industry as means of allegedly testing workplace impairment.

Finally, in this section, the issue of Employee Assistance Programs should be briefly addressed. As documented in the Australasian Faculty of Occupational Medicine's 1999 publication entitled "Workplace Attendance and Absenteeism", most EAPs in Australia grew out of the old Alcohol and Drug Programs. Potentially, this model can work, but uptake of services is limited by the industrial environment in which they operate, under-promotion, lack of referral, costs, attractiveness, union-management support and employee willingness to participate. Overseas developments, particularly in relation to the better acceptance and success rates of Union controlled EAP programs should be viewed with interest.

CURRENT APPROACHES

Unfortunately, time does not permit to comment much on these. Suffice it to say that programs to address Drug Use in the Workplace still revolve around the following priorities:

1. Legislative Compliance
2. Fitness for Duty Testing
3. Employee and Supervisor Education
4. Provision of EAP style in-company programs
5. Limited Support of residential treatment facilities
6. Performance Appraisal and Counselling
7. Disciplinary proceedings including dismissal

Each of these matters requires consideration in its own right. I suggest that they be followed up in detail in future submissions.

OPTIONS AND SUGGESTED FUTURE APPROACHES

Clearly there is a limited place for continued DRUG SCREENING in relation to safety critical jobs – even if only for meeting the Duty of Care requirement on workers and employers. However there is minimal evidence relating the PRESENCE of a drug in blood, urine or saliva to IMPAIRMENT.
For alcohol, however, the evidence is clear and the levels at which impairment becomes significant has been exhaustively studied especially in relation to aviation and the driving of vehicles. In relation to DRUG ABUSE, what is needed is a better understanding of the real prevalence rates of drug use in the employed population and properly designed studies that will help to elucidate the link (if any) between consumption of illicit drugs and an impact on safety and productivity. This will require significant investment by the Federal Government. The NOHSC, in spite of significant budget cuts, can still bring its considerable expertise and moral authority to bear in helping to address this issue. Additional funding would be required and ideally this should proceed as a national project with significant input from the States, Unions and Employers. Professional groups such as Occupational Physicians and other OH+S experts as represented by the Congress of Occupational Safety and Health Association Presidents (COSHAP) would be delighted to assist in developing a national consensus on this issue.

I have 6 Practical Suggestions to offer:

1. Two one-day **National Summits/Workshops** should be held in Canberra with about 100 invited attendees representing Governments, Employers, Unions, and the OH+S professions. The Ministers for Health and Employment Relations should be involved. High profile national and international speakers should be invited including people from the US such as the Substance Abuse and Mental Health Services Administration, the U.K. Health and Safety Executive and our trans-Tasman colleagues from the Accident Compensation Corporation (ACC).The first workshop would focus on the issues arising from the Committee's two Reports and input from the invited speakers on the way forward. The second meeting, held perhaps a month afterwards, should focus specifically on how to implement the suggested changes. This might lead to requests for

funding for studies on the Safety and Productivity impacts of Substance Abuse, controlled trials for intervention studies, changes to State and Federal legislation requiring (with adequate Privacy safeguards) full investigation including drug and alcohol screening following any significant injury, changes to Australian Standards definitions of Lost Time Accidents etc.

2. A targeted study coordinated by NOHSC to better understand the true prevalence rates of Substance Abuse in employed persons and their impact on OH+S and productivity. This study should not just focus on Drug Testing but also attempt to quantify the impact on the employees of the working environment, workplace stressors, shift work rosters, fatigue, excessive driving times eg drive in, drive out operations, non-occupational factors eg mental ill health, prescription drug use, chronic medical conditions such as hypertension, diabetes and obesity. There is also a need for properly validated studies of the workplace-based devices which CLAIM to measure the performance detriment of alcohol and other drugs.
3. The Health aspects of Occupational Health do not necessarily fit well in the Industrial Relations model of OH+S which is predominant at this time in all western democracies. While there are both "health" and "industrial" issues surrounding the potential impact of Substance Abuse in the Workplace, some would argue that the workplace is really just a sub-set of the wider community and that community-based responses are the best treatment options for persons with significant substance abuse problems. However some of the evidence that is emerging, in particular from union-affiliated treatment programs in the USA and to a lesser extent in Australia, shows that EAP-style counselling and treatment programs work much better when fully integrated into the workplace setting and with significant input from peers and other counsellors who really know and understand that specific workplace and its problems. As far as I know, there are no large-scale quality Australian trials in this area, and certainly none published in the peer-reviewed literature. This should be a priority area for research funding with resources committed by both Health and Employment Relations Ministries. I believe that this would most likely be one of the possible outcomes from the National Summit proposed in (1).
4. There is evidence, much of it anecdotal, that the major impact of Substance Abuse is NOT in Accidents but in lost Productivity. Lost Productivity includes not only Absenteeism, but also poor Morale affecting both the drug using person and his/her co-workers as well as persons who are "Absent at Work". In relation to Productivity, I know of only one Health and Safety Executive who has in his title: Vice President, Health Safety **and Productivity**. His name is Bill Bunn and he is a Vice President of Navistar Corporation based in Chicago. His work within the corporation has already led to major improvements in Productivity with a significant improvement on Health and Safety. He sees the organized Labor representatives, in particular the U.A.W., as key players in the development of industry-based Substance Abuse Management Programs which benefit all participants. If Committee Members were planning to visit the USA on Study Trips, I would strongly suggest that Dr Bunn should be consulted. He has a unique perspective with doctoral degrees in Medicine, Public Health and Law and a distinguished research and publications record. He is also one of the senior editors of a textbook we produced in 1998 entitled "International Occupational and Environmental Medicine". I can provide his contact details to Committee Members.

5. Additionally, the newly installed President of the American College of Occupational and Environmental Medicine (ACOEM), Dr Ed Bernacki, in his inaugural address at the ACOEM Meeting in Chicago this year, specifically highlighted the impact of ill health, including that due to substance abuse, on the productivity of the American workforce. Better management of Substance Abuse and its Mental and Physical Health consequences can be seen as a significant means of improving the international competitiveness of our industries. However, in Australia as in much of the world, the true impact of Drug Abuse's impact on Productivity and to some degree on Accident statistics, is hidden in the artificial systems that we use to record Workplace Accidents. The primary problem is the slavish adherence based on definitions in the relevant Australian and other international standards around what is a "Lost Time Injury". Every OH+S practitioner that I've spoken to can tell of examples where injured workers are inappropriately brought back to work just so that their injury doesn't show up as an LTI. This is not only bad safety practice but is also bad for the proper medical and rehabilitation management of an ill or injured employee. It also means that in those cases where Drug Abuse **MIGHT** have been a factor in the underlying accident, then the accident is not properly recorded and since it is not an LTI, the amount of "investigation" is limited. At a national level therefore, I believe there is probable under-reporting of the true impact on Safety and Productivity of Accidents and Incidents due to Drug Abuse in the Workplace. However to put it in perspective, it is still tiny compared to the contributions of poor training, inadequately maintained equipment and failure to adequately control risks and implement Safe Systems of Work. It is strongly recommended that the Federal Government inquire into these unintended consequences of the Australian Standards on the recording of workplace accidents and their causes.
6. Finally, the most contentious issue: Drug Testing – whether Preemployment, Post Accident or Random. Legislation in many Australian states and in particular in the Mining Industry, requires employers to have a Drug (and alcohol) testing regimen in place as part of a Fitness for Duty standard and to ensure the OH+S of all persons at work in defined hazardous industries. The evidence base on which these requirements are formed is "flimsy" to say the least. The much quoted ILO Statement which claims that "... in many workplaces, 20 to 25 percent of accidents at work involve intoxicated people injuring themselves and innocent victims" is **not** backed up by facts. A visit to the ILO Website shows no supporting reference studies for this statement. Unfortunately, this flawed evidence was provided to the previous Committee. The NOHSC in its Background Information Paper specifically comments on this issue. Indeed the US National Research Council and Institute of Medicine's Report of the Committee on Drug Use in the Workplace stated that: "It is difficult, given the current research base, to make definitive statements regarding the magnitude of the impact of alcohol and other drug use at work. Many of the effects found, though statistically significant, are small to moderate. Indeed, the available research, taken as a whole, should soften the concern about employee alcohol and other drug use often found in the popular media." Whilst I do not advocate a "soft on drugs" mentality, we should not victimize an already socially isolated and disadvantaged group e.g. recreational drug users, who based on characteristics with not much more scientific validity than their handedness, colour of hair and eyes – are seen as significant scapegoats in the Workplace Safety agenda. This issue requires significant national study. At this point in time, I would urge governments and

employers to **NOT** require the implementation of Drug Screening programs as part of Fitness for Duty requirements in general industry **IF** they are being required because of alleged OH+S concerns. The research base does not support this agenda at present. There may be valid reasons for requiring people to be Drug Free at work, but I am not convinced that except in rare circumstances of overriding critical public safety e.g. airline pilots, heavy vehicle drivers etc , that there is any realistic need for routine Drug Screening amongst employed persons in Australia. An adequate research agenda to address this issue would be a significant step forward for our nation and as a significant contribution to the global issues underpinning improvements to Occupational Health and Safety and Productivity.

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Various electronic feedbacks from a posting by Author to the Duke University Occupational and Environmental Medicine Forum on August 9, 2002 on the subject of Substance Abuse, Workplace Safety and Productivity. Email address: Occ-Env-Med-L@MC.DUKE.EDU This is a global on-line forum of approximately 3000 occupational medicine and OH+S specialists.