

Workplace Safety and Productivity

Introduction

- 7.1 Collins and Lapsley note that the workplace costs of drug abuse can be categorised as resulting either from absenteeism or reduced productivity in the workplace.¹ They go on to say that absences not associated with any health care services (the 'sickie') and reduced on-the-job productivity resulting from drug abuse proved impossible to quantify. With these caveats in mind, for 1992 Collins and Lapsley estimated that the production loss in Australia caused by all drugs was \$9.2 billion.² The International Labour Organisation (ILO) has estimated that 20% – 25% of all occupational injuries are a result of drug and alcohol use, while 3% - 15% of fatal injuries are related to drug and alcohol use.³
- 7.2 The ILO statistics provide an indication of the impact that can be associated with substance use in the workplace. But there is another aspect of this – the impact that a person who abuses substances has upon others. As one witness told the Committee:

I know there were days when my work came second – when I would spend the time talking to Amanda on her bad days and when I had to leave to put money in the bank for her, go and see

1 Collins, D. J and Lapsley, H. M., 1996, *The social costs of drug abuse in Australia in 1998 and 1992*, AGPS, Canberra, p. 15.

2 Collins, D. J and Lapsley, H. M., p. 41.

3 Submissions, Vol 10, p2405.

her after distraught phone calls, go to hospitals, attend doctors or visit her in rehab.⁴

Health and Safety in the Workplace

- 7.3 The problematic substance user can affect workplace health and safety in a number of ways. These include creating a harmful environment, such as through tobacco smoking or carelessly disposing of needles and syringes, and creating an immediate danger to themselves or others through intoxication, such as when operating machinery.
- 7.4 General initiatives by governments to control tobacco smoking are outlined in Chapter 6. The Committee notes that specifically in relation to the workplace, the National Drug Research Institute advised that
- ...smoking bans are prevalent across the Australian workplace and policy positions across government, business organisations, and employee bodies are congruent on this issue.⁵
- 7.5 The ACT Government claimed in its submission that 'non-smoking was the norm' in the ACT. An insight into their successful approach is revealed in the following passage:
- In the ACT, the widespread adoption of non-smoking as normal practice in workplaces, both voluntarily and as a result of an occupational health and safety code of practice, has been achieved by focusing on *where* people smoke rather than *whether* they smoke.⁶
- 7.6 The Public Health Association of Australia (PHAA) advised the Committee that there are benefits in having smoke-free workplaces. The PHAA argues that there is evidence to show that the adoption and enforcement of smoke-free policies reduces both the prevalence of smoking and daily consumption of tobacco by continuing smokers.⁷
- 7.7 The inappropriate disposal of needle and syringes can be a real issue for all employees. This is especially the case for those employees whose job it is to collect inappropriately discarded injecting equipment. As the Mayor of Fairfield City pointed out:

4 Evidence, p 195.

5 Submissions, Vol 6, p 1373.

6 Submissions, Vol 9, p. 2252.

7 Submissions, Vol 10, p. 2437.

We have had to put risk management strategies in place to protect our employees, including specialised training, providing specialised protective clothing and equipment, modifying work practices...and vaccinating staff against infectious diseases such as hepatitis A and B.⁸

- 7.8 The impact of alcohol and other intoxicating substances on the health and safety of the workplace, and by extension the loss of productivity, is clearly demonstrated in the ILO statistics noted above. Based on this impact, the Committee expected there would be a considerable body of local research about the impact on workplace safety and productivity. However, as the National Drug Research Institute pointed out, the issue of alcohol and other drugs (excluding tobacco) in the work place is under-researched.⁹
- 7.9 Perhaps this is why there were few illustrations of programs that seek to promote awareness about the hazards of alcohol and drug use in the workplace. Examples that were provided to the Committee tended to focus on programs in the building trades.¹⁰ These programs extend to treatment facilities set up by the Construction, Forestry, Mining and Energy Union for its own members.¹¹

Loss of Productivity

- 7.10 Dr Christine Murphy, General Manager, Employee Assistant Service, Northern Territory, informed the Committee that 1991 research indicated that the cost of alcohol to the Northern Territory community was \$150 million per annum in relation to lost productivity.¹² A latter Northern Territory study estimated that lost productivity from excess alcohol use cost the Territory \$400.15 million over a four-year period from July 1992. This was using a methodology that placed great weight on future lost productivity resulting from premature death.¹³
- 7.11 An individual may be less productive in the workplace through effects caused by the abuse of alcohol and other drugs before commencing or during work. As well as the loss of productivity by the substance user, the

8 Evidence, p. 593.

9 Submissions, Vol 6, p. 1373.

10 Submissions, Vol 8, p. 1634; Vol 9, p2253; Vol 10, p. 2447.

11 Evidence, p. 9.

12 Evidence, p. 682.

13 Submissions, Vol 6, p. 1373.

behaviour of a user might have a significant impact on the productivity of those around them who are concerned with that person's use. The creation of a challenging environment might also take place. For example, the Brotherhood of St Laurence operates The Cottage Centre opposite a high rise housing estate in Melbourne. Staff have had to respond to calls for help and are constantly picking up used syringes. As the submission expressed it:

It is distressing for staff to have to work in this environment. To hear people yelling and arguing over drug deals, to watch paramedics attempting to resuscitate someone, aware that someone is close to death.¹⁴

Improving workplace safety and productivity

7.12 The Committee took evidence from many witnesses about the most appropriate way to address substance abuse in relation to workplace safety and productivity. Workplace drug testing, impairment panels and comprehensive drug and alcohol policies were all raised in the course of the Inquiry and will be briefly discussed below.

7.13 Workplace drug testing generated some debate with witnesses. The Festival of Light (FoL), for example, recommended to the Committee that:

The Commonwealth Government should make Commonwealth funding of research, counselling, treatment and policy development relating to illicit drugs conditional on those responsible being subject to random urine or blood testing for illicit drug use.¹⁵

FoL representatives also raised the idea of legislators volunteering for drug testing to set an example.¹⁶

7.14 The New South Wales Users and AIDS Association outlined an approach based on the concept of impairment, where impairment panels are set up to monitor the workplace impacts of a range of impairment factors. The impairment approach caters for those whose impairment is a consequence

14 Submissions, Vol 5, p. 995.

15 Submissions, Vol 6, p. 1246.

16 Evidence, p. 397.

of factors other than drugs, as well as those whose drug use does not impact upon the performance of their work.¹⁷ As one witness said:

A lot of things can impair people, such as psychological issues, stress, tiredness, et cetera....It is very difficult to see how impaired someone is just by testing for the drug.¹⁸

- 7.15 Other witnesses stressed to the Committee that workplace alcohol and drugs policies should be incorporated into broader occupational and health policies, which might or might not include drug testing. The rationale for AOD policies is based on two arguments. First, the safety of individuals and their fellow workers is paramount. Second, such policies give people an opportunity to address their problematic substance use. As Major Brunt of the Salvation Army noted:

...we would believe that early identification of drug and alcohol problems, and referral straight from employment to rehabilitation or counselling, would be a great cost saving exercise for the community, rather than waiting for people to be dismissed from their employment before they can actually seek some help.¹⁹

- 7.16 The Alcohol and Other Drugs Council of Australia (ADCA) believe that drug testing is essential in some situations where it affects occupational health and safety, but that such testing needs to be part of a very broad occupational health and safety program.²⁰ This view was echoed by Dr Christine Murphy, who told the Committee:

We need to look at the bottom line to ensure that employers and organisations in the Northern Territory implement policy, not just testing, because we need to show them that on the bottom line, as we have in many years of occupational health and safety, good policy works.²¹

- 7.17 The importance of incorporating drug testing into a broader occupational health and safety policy was also emphasised by the Western Australian Network of Alcohol and other Drug Agencies (WANADA). WANADA also stressed to the Committee that there needs to be ownership by stakeholders; management should not impose these policies:

There is again a sense of ownership within the workforce and that management adopt the comprehensive policies they are planning

17 Evidence, p. 655.

18 Evidence, p. 655.

19 Evidence, p. 453.

20 Evidence, p. 15.

21 Evidence, p. 683.

and that their implementation involve all the stakeholders within that group.²²

Conclusion

7.18 The Committee did not receive as much information in regard to substance abuse and workplace safety and productivity as it did for other areas. However, work such as that done by Collins and Lapsley reveals the enormous impact that substance use can have in the workplace. The relative lack of research and programming on workplaces may be one reason why the issue was not raised much before the Committee.

7.19 Another reason could be that there is inertia in the workplace, where the culture condones, or at least does not discourage, substance use. Major Brunt told the Committee that workplace programs have never been really supported in any great way,²³ and Dr Christine Murphy elaborated that:

One of the things we see in workplaces is fridges full of alcohol. We go to workplaces and there is a culture in workplaces to indicate that you have your Friday afternoon drinks or you have your afternoon drinks. There is a real culture. We need to be looking at that in workplaces²⁴.

7.20 The Committee believes that more could be done to address the impact of substance use on the workplace. A drug and alcohol policy situated within a broad occupational health and safety policy would be a step forward. But it is not just up to management. As one witness said:

It's about workers taking responsibility for fellow workers.²⁵

22 Evidence, p. 135.

23 Evidence, p. 453.

24 Evidence, p. 683.

25 Evidence, p. 135.