Atlantic Canada Council on Addiction

Problematic Substance Use
That Impacts the Workplace

A Step-by-Step Guide & Toolkit
to Addressing it in Your Business/Organization


Atlantic Canada Council
on Addiction
Health Canada
Santé Canada
Newfoundland Labrador
New Nouveau Brunswick
NOVA SCOTIA
NOUVELLE-ÉCOSSE
Prince Edward Island
CANADA

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Acknowledgement & Disclaimer, About This Toolkit

Acknowledgement & Disclaimer

The production of ***Problematic Substance Use That Impacts the Workplace: A Step-by-Step Guide & Toolkit to Addressing it in Your Business/Organization*** has been made possible through a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

Funding for the development of this toolkit was provided through the 'Grants & Contribution Program' from the Health Canada *Drug Strategy Community Initiatives Fund*.

About This Toolkit

This toolkit was developed to assist workplaces in addressing problematic substance use. The toolkit begins with an **introductory chapter** designed to build an understanding of problematic substance use that impacts the workplace. Here you will learn of the signs/symptoms as well as reasons for why employers should address this issue in their workplaces. It is important to keep in mind alcohol and other drug use can impact the workplace in several ways, not all include use of the substance at the worksite during work time.

This is followed by a **step-by-step guide** to addressing problematic substance use that impacts the workplace. At each step, **tools** are provided to assist and support you in implementing the steps outlined in this toolkit. Workplaces come in different shapes and sizes, so the steps and tools in this guide can be adapted to suit your unique workplace needs. To help illustrate the steps outlined in this toolkit, a **case study** is provided to demonstrate how the steps may be applied in the 'real world'. At the end of this toolkit you'll find a **resource page** of local supports available in your community. It is important to note that although gambling is not a substance, it can also be done in a manner that is problematic or addictive. Although some of the tools and steps in this toolkit may be modified to address problem gambling, this is not the focus of this toolkit. However, it is recognized that gambling is a growing issue which affects workplaces; therefore, there is a short section which provides links to support resources to specifically address problem gambling.

How Was This Toolkit Developed?

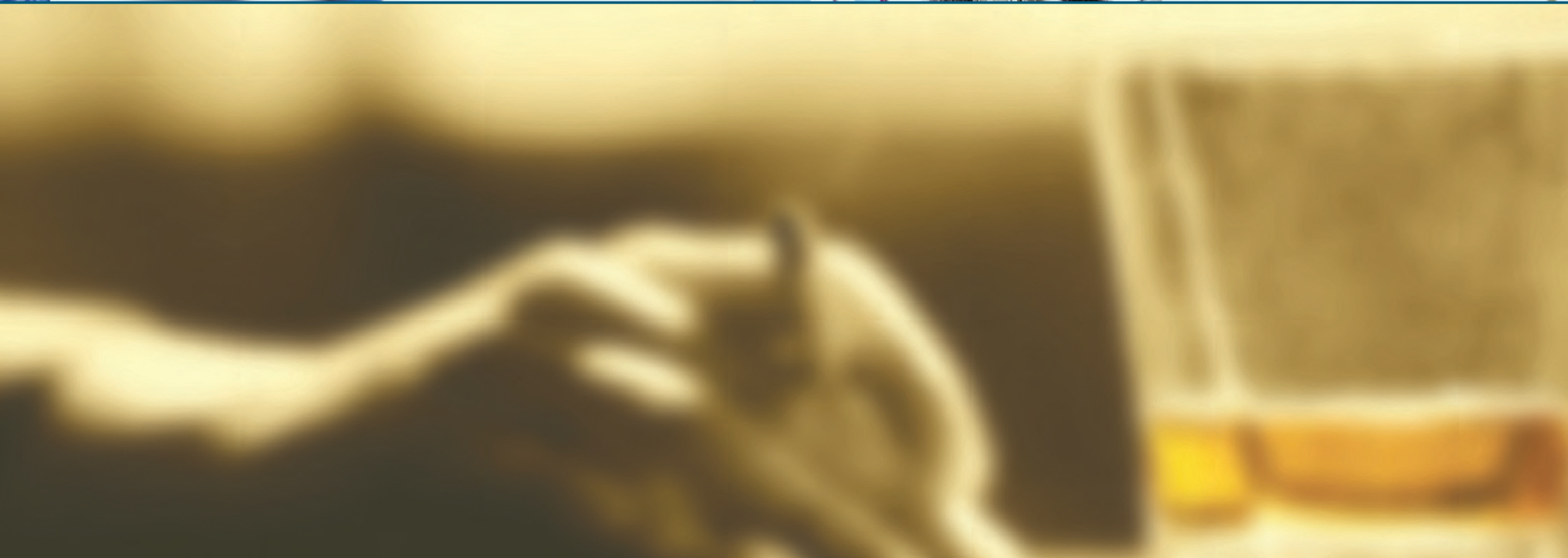
The toolkit was informed by the findings of a comprehensive literature review and focus groups with Atlantic Canadian employers. The literature review included a review of the academic (peer reviewed) and grey literature (e.g., government documents, websites, etc.) that addressed problematic substance use and gambling in the workplace. Focus groups were held in each of the Atlantic Canadian provinces to gather the perspective of employers around their level of understanding of problematic substance use in the workplace; the current capacity to address this issue; and what tools could be developed to support efforts to address this issue in the workplace.

The toolkit was developed in collaboration with a Project Advisory Committee composed of members of the Atlantic Canada Council on Addiction who provided expertise in problematic substance use and addiction.

Please note: some of the statistics related to problematic substance use in the workplace are drawn from the United States, as this information is currently limited in Canada.

section

Overview



Overview

About This Training Package

This training resource is designed to provide a quick overview and assist you in using the comprehensive resource ***Problematic Substance Use that Impacts the Workplace: A Step-by-Step Guide & Toolkit to Addressing it in Your Business/Organization***.

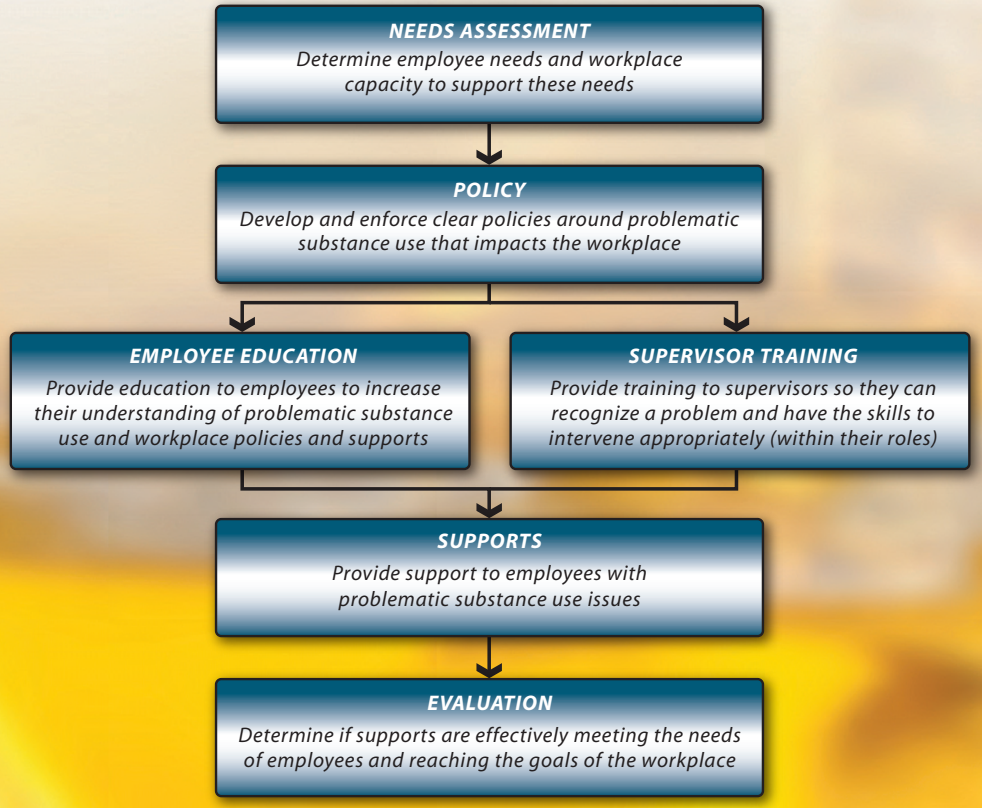
The toolkit includes information designed to build an understanding of problematic substance use as well as a step-by-step guide to addressing problematic substance use that impacts the workplace.

For each step, tools are provided to assist you.

To help illustrate the steps outlined in the toolkit, a case study is provided to demonstrate how the steps may be applied in the 'real world'.

A resource page of local supports available in your community is provided at the end of the toolkit.

Employers can take the following steps to prevent and address problematic substance use, and to promote a healthy and safe work environment[17]:



Step 1: Needs Assessment

1. Start with a needs assessment to answer these four key questions[25]:

    a. ***What is the impact of problematic substance use on my workplace?***
    e.g., Are employees in safety or security sensitive positions, do employees perform functions such as client relations or financials, what are the statistics on turnover, absenteeism, and productivity?

    b. ***Is this a problem/concern in my workplace?***
    e.g., What is the workplace culture around problematic substance use, what do people think of those who have substance use problems, how supportive is the workplace towards employees' work-life balance?

    c. ***Are we prepared if we have a problem?***
    e.g., Do you have a drug/alcohol policy, do supervisors and employees know what to do if a colleague reveals a substance use problem?

    d. ***What resources are available for persons with substance use problems?***
    e.g., What supports are available for employees, what are the costs, what is available in the community?

You can conduct a needs assessment through a questionnaire, meeting or focus group with diverse workplace representation. If your workplace has a Workplace Health Committee, they may be able to help with or conduct the needs assessment (if not, a committee could be set up to support this and other steps in addressing problematic substance use).

Step 2: Policy

The purpose of drug and alcohol policies are to demonstrate risk management, provide guidance to employees and managers, establish good workplace relations, and protect employers from disputes[3]. Developing a policy can be a daunting task, however, the tools provided in the toolkit can help in developing a comprehensive policy that meets your unique workplace needs. The tools provided are comprehensive, so that you can ***pick and choose what to include and adapt the components as needed.***

How to use the tools:

1. Review the suggested policy components.
2. Indicate 'yes' or 'no' to the components you would/would not like included in your policy.
3. If required add, delete or adapt the wording of the components you plan to include in your policy. The components include[27]:
    - Introduction
    - Objectives
    - Scope
    - Rules
    - Policy violations
    - Procedures
    - Roles and responsibilities
    - Prevention
    - Assessment and rehabilitation
    - Aftercare
    - Confidentiality and privacy
    - Policy evaluation
4. After developing a policy, use the checklist provided in the toolkit to ensure key aspects of a policy have been covered (please note not every workplace will include all items covered by this checklist). The areas that should be addressed include:
    - Overview
    - Scope and application
    - Responsibility
    - Investigation
    - Consequences
    - Supports
    - Evaluation
    - Employer liability
    - Procedures and guidelines
5. The communication of a new drug and alcohol policy is essential.

    A sample 'ideal' policy communication plan is provided in the toolkit

Step 3: Educating Employees

Employee education is a critical step in workplaces addressing problematic substance use. Areas to focus educational efforts include:

- **Prevention of problematic substance use** (comprehensive workplace health)
- **General information** on problematic substance use
- The **impact of problematic substance use** on safety, health, personal life and work performance
- Details of the **problematic substance use policy**
- How to report a co-worker who is showing warning signs or obvious **indicators of problematic substance use**
- Types of help and supports available for employees and their immediate family

1. Use the checklist provided in the toolkit to ensure all areas of policy education are addressed.

Policy Education Checklist	
The benefits of the policy and program, and the dangers of work-related alcohol and other drug use	❑ It is especially important that all employees become familiar with the benefits of the drug-free workplace policy and program, especially when they are supported by other health and wellness programs and activities.
Continued…	❑

2. Hold information sessions or use posters to remind employees that they are in a drug-free workplace, that supports are available, and what they should do if they encounter or suspect drug/alcohol use (or the after effects) in the workplace among co-workers.

   Sample posters are provided in the toolkit

Step 4: Supervisor Training

Supervisors are a key element of addressing problematic substance use that impacts the workplace as they are often responsible for implementing many elements of drug/alcohol policies, and programs[25].

Supervisors need to be trained on:

- The workplace's **policy** (and how to explain the policy to employees)
- Legally sensitive areas (e.g., **confidentiality** of employees, union contracts, etc.)
- Recognizing **signs and symptoms** of potential problematic substance use
- Handling drug or alcohol **crisis situations**
- **Acting** in the event that problematic substance use is detected
- **Referring** to appropriate programs/supports
- **Reintegrating** employee back to work

1. Educate supervisors on their role in addressing problematic substance use

2. Teach supervisors how to respond to a substance use crisis

   The toolkit outlines recommended steps to address a crisis

3. Develop and implement an incident report

   The toolkit provides a sample incident report which may be adapted to suit your workplace needs

Step 5: Supports

The most effective way to address problematic substance use that impacts the workplace is through a comprehensive program/approach including[3]:

Health Promotion & Prevention:
Problematic substance use can be integrated into existing workplace health strategies.

The toolkit provides suggested health topics where problematic substance use may be incorporated

Early Identification:
Staff and supervisors can be educated to recognize the signs and symptoms of problematic substance use/impairment, which will result in increased early identification of problems.

The toolkit provides a checklist of the signs and symptoms of problematic substance use

Intervention:
A common support that the workplace can provide is the Employee Assistance Program (EAP). If your workplace does not have an EAP, other resources such as an occupational health and safety nurse or community supports such as local addiction treatment services may be able to provide support.

Treatment:
Under a 'treatment intervention' the employer indicates to the individual that their performance is unacceptable and that there are treatment options available through the workplace's EAP or other resources (e.g., detoxification or withdrawal management, day structured treatment, residential treatment program, outpatient treatment, family therapy, self-help). Relapse prevention is also essential to treatment.

Reintegration:
The best practice is to integrate the return to work plan with the individual's treatment, monitoring and aftercare.

The toolkit provides a checklist of supports for reintegration

Step 6: Evaluation

The final step to addressing problematic substance use that impacts the workplace is evaluation. Evaluation does not have to be complicated; a simple survey can gather information about the effectiveness of your policy/program/supports.

Evaluation is important to provide information on:

- The effectiveness of the program/support provided
- The successes of the program/support
- The challenges, areas of improvement or modifications required
- The justification for continuation of the program/support

The toolkit provides a sample survey which can be used or adapted to evaluate programs/supports in your workplace

III

section

Introduction

A Part of Workplace Health

Today, workplaces large and small are looking at creating healthy, safe and productive environments for their employees. Healthy workplaces are physical and social environments that support individual and organizational health[1]. When health is promoted in the workplace:

- *Employers* can look forward to less absenteeism, lower turnover rates, as well as increased productivity and job satisfaction
- *Employees* will experience improved health, reduced work-related stress and illness, and an improved balance between their work and family obligations

Workplace health interventions can be categorized into three groups: occupational health and safety; voluntary health practices; and organizational change[2].

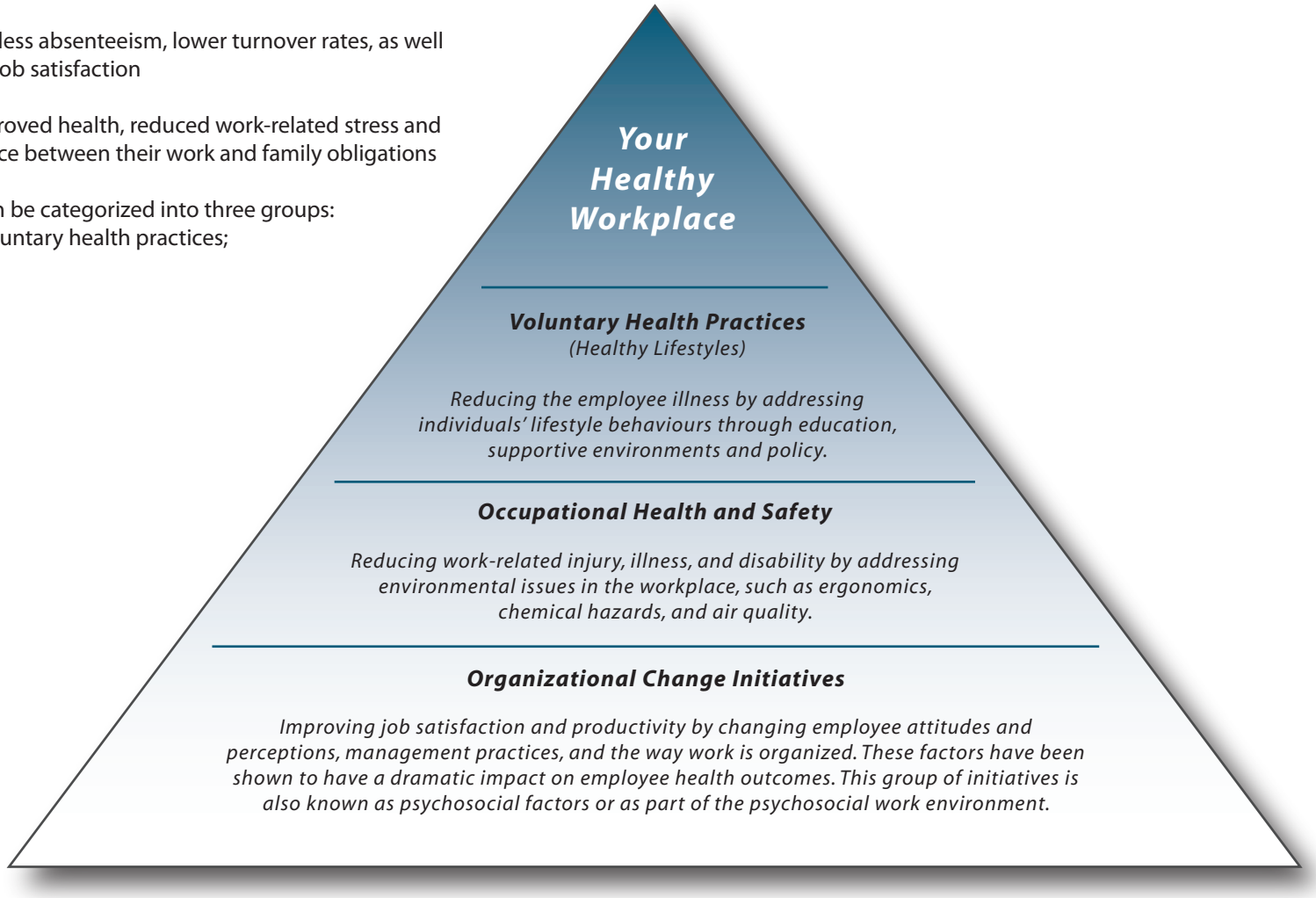


Figure 1

Employers should view addressing problematic substance use and gambling as **a component of workplace health**, rather than from a disciplinary perspective (when possible)[3].

The National Quality Institute (NQI) Progressive Excellence Program (NQI PEP®) is the implementation model for the NQI Framework for Organizational Excellence that helps nurture a quality and/or Healthy Workplace® focus.

This approach, known as comprehensive workplace health promotion, is defined as *"an approach to protecting and enhancing the health of employees that relies and builds upon the efforts of employers to create a supportive management culture and upon the efforts of employees to care for their own well-being"*. This includes:

Physical Work Environment: focuses on health protection through the prevention of work-related injuries and occupation-related disease. Occupational health and safety is largely governed by legislation and monitored through provincial mechanisms.

Individual Health Practices: refers to lifestyle behaviours that influence individual health. Traditional workplace health promotion programming has focused on helping individuals to make positive changes in lifestyle behaviours and include initiatives that focus on risk factors such as tobacco use, physical inactivity, unhealthy eating and stress.

Psychosocial Work Environment: refers to the culture or climate within a workplace that is a key determinant in employee health. Workplace factors such as management practices, workplace policies and procedures, and level of employee involvement in decision-making impact job satisfaction and control, which are powerful contributors to employee and workplace health.

Figure 2

About Problematic Substance Use

There's a problem at your workplace *that nobody wants to look at. Everybody knows that it exists, that it's big and that it's dangerous. We'd rather cover our eyes and pretend it's not there. Maybe we'll peek out once in a while to see if it's gone away yet. The bad news is that it's not going anywhere. As a matter of fact, it's growing…*

We don't want to know it's there—because with knowledge comes responsibility. ***Employers cannot get away with pretending they don't know there are problematic substance use and addiction issues in their workplaces.*** *"What I don't know won't hurt me" just doesn't cut it for employers. — (MaryAnne Arcand – BC Council on Substance Abuse)*

Source **4**

What is Problematic Substance Use & Addiction?

Problematic substance use and addiction may occur with a range of legal and illegal substances. The following table describes some substances which may be used problematically or in an addictive manner. It is important to note that although gambling is not a substance, it can also be done in a manner that is problematic or addictive:

Table 1

*Category**	*Examples*
Cannabis	Marijuana, hashish
Depressants	Alcohol, sleeping medications, sedatives, tranquilizers
Hallucinogens	LSD (acid), PCP, mushrooms
Inhalants	Solvents, gasoline
Nicotine	Cigarettes, chewing tobacco, snuff
Opiates	Morphine, codeine, heroin, oxycodone, valium, oxycontin, percocet
Stimulants	Cocaine, Ritalin, amphetamines (e.g., speed), methamphetamine, ecstasy, crystal meth
Problem gambling	VLTs, poker, bingo

Source: www.streetdrugs.org *Table is not arranged in order of prevalence of use.

The use of various substances and behaviours (e.g., gambling) falls along a spectrum[5]:

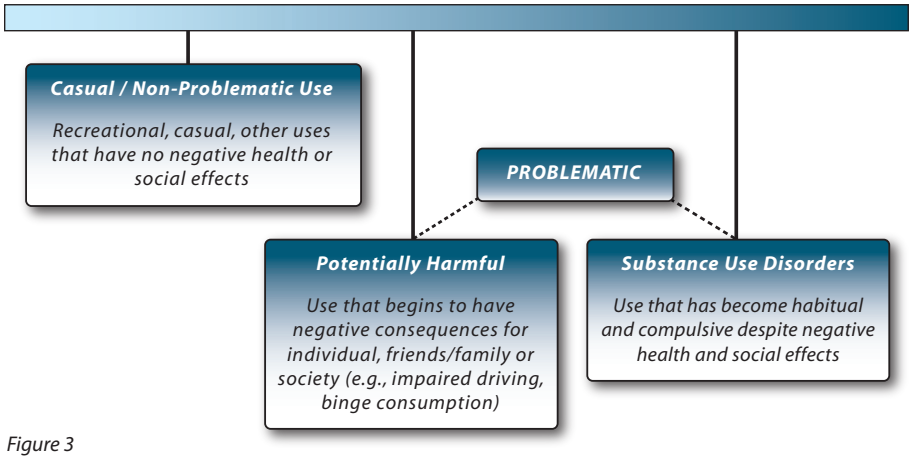


Figure 3

Simply put, **'problematic substance use'** tends to refer to alcohol and other drug use which is causing problems for an individual and could either be dependent or recreational. In other words, it is not necessarily the frequency of alcohol and other drug use which is the primary 'problem' but the effects that substance use has on the user's life (i.e. they may experience social, financial, psychological, physical or legal problems as a result of their drug use)[6]. **'Addiction'** describes a disorder where the drug appears to be the dominant influence on the individual's behavior and in which the person is physically and/or psychologically dependent on the substance for normal functioning[7].

The use of substances in a problematic manner often stem from a cycle outlined below:

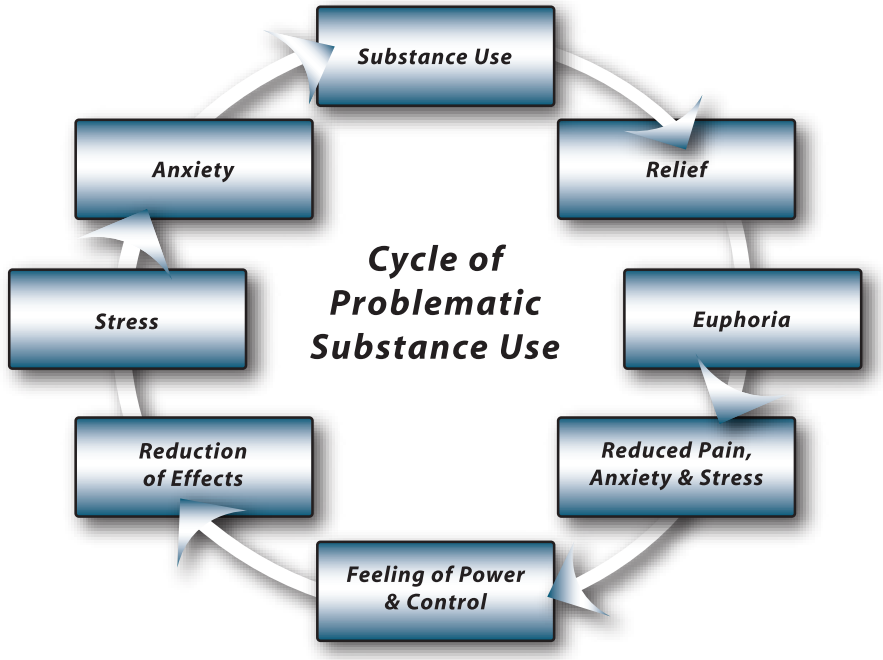


Figure 4

(Image adapted from www.addiction-recovery-help-and-support.com)

Myths & Facts About Problematic Substance Use & Addiction

1) Myth: *Problematic substance use is a 'bad habit', and is the result of moral weakness and a lack of personal self-control.*

Fact: Problematic substance use is attributable to a variety of factors such as genetic susceptibility and social circumstance.

Fact: Like diabetes or heart disease, addiction is a chronic, life threatening medical disease. People with an addiction are dependent on the substance.

2) Myth: *People who use substances problematically or have an addiction simply lack the willpower to stop using these substances.*

Fact: The majority of people need structured, professional help to address substance use issues.

3) Myth: *People with problematic substance use issues 'look' like street addicts, homeless, etc.*

Fact: People with problematic substance use issues often do not stand out in their physical appearance and commonly look well kept (e.g., proper hygiene, etc.) and look like everyone else.

4) Myth: *Treatment is not effective since relapse is so common.*

Fact: Relapse is often considered part of the recovery process, rather than an indicator of treatment failure. For example, smoking research shows it takes an average of 10 quit attempts before success[30]. Remember, addiction is a chronic disorder and there are many 'triggers' in a person's life and environment which may result in a relapse episode.

Introduction

Mental Health & Problematic Substance Use

Between 40-60% of people who have mental health problems / illnesses will also have a substance use problem[8]. People who are living with substance use and mental health problems / illnesses are said to have 'co-occurring disorders'. However it is not just 1 + 1 = 2 but rather 1 + 1 = 3, 4, 5 . . . as there may be more than one mental health problem / illness (e.g., schizophrenia and depression) and more than one substance involved (e.g., cocaine and marijuana). The effects of one may compound the effects of the other, thus exacerbating symptoms and making the person's life more challenging. When people are experiencing difficulty in their lives because of co-occurring substance use and mental health problems, it is often hard for them to reach out for help because of the stigma and discrimination associated with both of the co-occurring problems.

Myths & Facts About Substance Use & Mental Health Issues
(Co-occurring Disorders)

1) Myth: *People with co-occurring mental health and substance use problems are less likely to seek treatment than people with only one problem.*

Fact: People with co-occurring disorders are more likely to actively seek treatment than people with only one problem. They are also more likely to be stigmatized and excluded from existing services.

2) Myth: *People living with co-occurring mental health and substance use problems are homeless.*

Fact: Co-occurring disorders affect people of all social and economic backgrounds.

3) Myth: *Most people living with co-occurring mental health and substance use problems have trouble fitting in with the rest of society.*

Fact: The stigma associated with co-occurring mental health and substance use problems makes it difficult for people to be open with friends, family and colleagues, leaving many people to incorrectly believe that all people with co-occurring problems are homeless or living in poverty.

About Problematic Gambling

Although gambling is not a substance, it can still be done in a manner that is problematic or addictive. The focus of this toolkit is on problematic substance use; however, this section provides some information and links to supports that are available for this issue. Problem gambling is not just about losing money, as it can affect a person's entire life. Gambling is a problem when it:

- Gets in the way of work, school or other activities
- Harms a person's mental or physical health
- Hurts a person financially
- Damages a person's reputation
- Causes problems with a person's family or friends

If you find that gambling is an issue impacting your workplace, we encourage you to seek support through the services provided in the following table:

Gambling Helplines: 24 hour confidential, dedicated, toll-free telephone service. Callers receive immediate support, advice, information, assessment and professional telephone counselling as well as information about problem gambling treatment options, such as Addiction Services and community self-help groups.	
Nova Scotia	***Problem Gambling Help Line*** Confidential and open 24 hrs a day 1-888-347-8888 or 1-888-347-3331 (hearing impaired)
New Brunswick	***Gambling Information Line*** Confidential and open 24 hrs a day 1-800-461-1234
Newfoundland & Labrador	***Problem Gambling Helpline*** Confidential and open 24 hrs a day 1-888-899-4357
Prince Edward Island	***Gambling Addiction Services*** Confidential and open 24 hrs a day 1-888-299-8399

Other Resources	
ProblemGambling.ca	If you think you or someone you know has a gambling problem, you can get help. Here you will find out how to get help and also find resources you can print so you can understand why you gamble so you can stop, cut down or change your gambling behaviour.

Addiction treatment services in each of the Atlantic Provinces will be able to provide you with additional information, supports and tools to address problem gambling.

Why is Problematic Substance Use an Issue for the Workplace?

The physical and social environment of the workplace contains important factors which may **contribute** to substance use problems such as[9,10]:

- High demand/low control conditions
- Repetitive, boring tasks
- Lack of supervision
- Lack of opportunity for promotion
- Physical availability of drugs and alcohol on the worksite
- Norms (members of a workplace use or work while impaired or the workplace social network approves of working under the influence)

Employees may engage in substance use in the workplace environment because[11,12]:

- They want to feel **socially connected** or build social solidarity among co-workers (e.g., alcohol in work socials, use of alcohol in work-related achievements/celebrations, etc.)
- It serves as a source of **recreation/connectedness** with co-workers, helping them 'unwind' after work
- It helps them work **longer hours**/meet greater **demands**
- **It helps to meet expectations** of senior workplace supervisors/managers

It is important to understand that alcohol and other drug use can impact the workplace in several ways:

- Acute intoxication by a psychoactive substance can affect a worker's judgment, alertness, perception, motor coordination, and emotional state. Drug impairment may not be obvious with simple tasks, but as the psycho-motor demand of a task increases, it generally takes less of most drugs for impairment to occur
- The abuse of substances will, in many cases, result in hangover or withdrawal effects (as the drug is leaving the body) that can impact workplace performance even if the substance was used during non-work time
- Longer-term, heavy use can lead to chronic or dependent use which results in ongoing performance and health problems

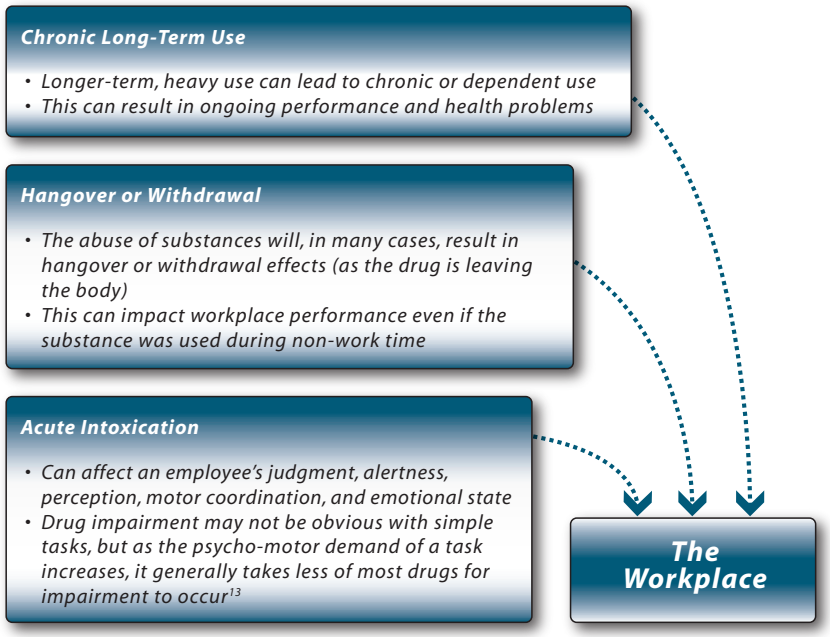


Figure 5

What to Look For: Signs & Symptoms of Problematic Substance Use That Impacts the Workplace

As an employer, **your role is not to attempt to diagnose** a possible substance use problem, but rather to develop policies that demonstrate to your employees that help and support is available, free of judgment. Your role may also include determining whether or not an employee or co-worker is exhibiting signs that they might need help[13]. The signs and symptoms of problematic substance use vary. In other words, problematic substance use may not look the same from person to person.

The following signs and symptoms are common indicators of problematic substance use and may help you in the early identification of an employee who might need help. It is important to note that these signs and symptoms alone or in combination do not necessarily mean that somebody has a substance use problem. However, they may be indicators that your employee is in trouble or in need of some help (regardless of if the issue stems from problematic substance use or another cause).

Tool #1: Signs & Symptoms of Problematic Substance Use

	Indicators
Physical	❑ Deterioration in appearance and/or personal hygiene ❑ Unexplained bruises ❑ Sweating ❑ Complaints of headaches ❑ Tremors ❑ Diarrhea and vomiting ❑ Abdominal/muscle cramps ❑ Restlessness ❑ Frequent use of breath mints/gum or mouthwash ❑ Odor of alcohol on breath ❑ Slurred speech ❑ Unsteady gait
Psychosocial Impacts	❑ Family disharmony (how the colleagues speaks of family members) ❑ Mood fluctuations (e.g., swinging from being extremely fatigued to 'perkiness' in a short period of time) ❑ Inappropriate verbal or emotional response ❑ Irritability ❑ Confusion or memory lapses ❑ Inappropriate responses/behaviours ❑ Isolation from colleagues ❑ Lack of focus/concentration and forgetfulness ❑ Lying and/or providing implausible excuses for behaviour
Workplace Performance & Professional Image	❑ Calling in sick frequently (may work overtime) ❑ Moving to a position where there is less visibility or supervision ❑ Arriving late for work, leaving early ❑ Extended breaks; sometimes without telling colleagues they are leaving ❑ Forgetfulness ❑ Errors in judgment ❑ Deterioration in performance ❑ Excessive number of incidents/mistakes ❑ Non-compliance with policies ❑ Doing enough work to just 'get by' ❑ Sloppy, illegible or incorrect work (e.g., writing, reports, etc.) ❑ Changes in work quality

Source 3,13

As problematic substance use progresses, the 'visible signs' become more apparent[14].

	Progression	*Visible Signs*
Early Phase	• Uses to relieve tension • Tolerance increases • Memory blackouts • Lies about use	*Job Performance* • Makes more mistakes • Misses deadlines *Attendance* • Late or absent *General Behaviour* • Co-workers complain • Overreacts to criticism • Complains about being ill • Lies
Middle Phase	• Sneaks use • Guilty about use • Tremors • Depression • Loss of interest in other activities	*Job Performance* • Spasmodic work pace • Difficulty concentrating *Attendance* • More days off for vague reasons *General behaviour* • Undependable • Avoids associates • Borrows money • Exaggerates • Unreasonable resentments
Late-Middle Phase	• Avoids discussion of the problem • Attempts to control use fails • Neglects food • Isolates self from others	*Job Performance* • Far below expectations *Attendance* • Frequent time off • Doesn't return after lunch *General Behaviour* • Aggressive, belligerent • Domestic problems interfere • Loss of ethical values • Won't talk about the problem
Late Phase	• Believes that other activities interfere with use • Blames people and things for problems	*Job Performance* • Formal discipline • No improvement *Attendance* • Prolonged unpredictable absences *General Behaviour* • Use on the job • Physical deterioration

III

section

Why Employers Should Address Problematic Substance Use

Why Employers Should Address Problematic Substance Use

Both employers and employees are **vulnerable to the negative effects associated with problematic substance use**. Substance use problems are a leading cause of performance problems or impairment on the job (along with stress, fatigue and illness)[15]. Impact of problematic substance use in the workplace is summarized below[14,16]:

Table 2: Impact of Problematic Substance Use on the Workplace

	Description	*Impact*
Employee Health	Those with problems with substance use tend to neglect their nutrition, sleep and other health needs. Substance use also depresses the immune system.	• Higher health benefit usage • Increased use of sick time • More absenteeism and tardiness
Safety	Common effects of substance use are impaired vision, impaired hearing, short attention span, lack of muscle coordination, reduced alertness and mental acuity.	• More accidents • Workers' compensation claims • Increased workplace aggression/violence
Productivity	Those with problems with substance use can be physically and mentally impaired on the job. Substance use interferes with job satisfaction and motivation.	• Reduced output • Increased errors • Lower quality • Reduced customer/ client satisfaction • Presenteeism *
Decision Making	Those with problems with substance use often make poor decisions and have a distorted perception of their ability.	• Reduced innovation • Reduced creativity • Reduced competitiveness • Poor daily and strategic decisions
Morale	The presence of an employee with problems with substance use places a strain on the relationships between co-workers. Workplaces that appear to condone drug use create the image that the workplace does not care.	• Higher turnover • Diminished quality • Reduced team effort
Security	Those with problems with substance use often have financial difficulties and may be engaged in illegal activities.	• Theft • Law enforcement involvement
Workplace Image & Community Relations	Accidents, lawsuits and other incidents may receive media attention.	• Reduced trust and confidence • Reduced ability to attract high quality employees • Decreased business/ financial well-being

The **extent of the impact of problematic** substance use on the workplace is further illustrated by these statistics. Please note Canadian statistics related to problematic substance use in the workplace are very limited, what is available is provided. Most recent statistics (at the time of the development of this toolkit) from the United States are also provided to supplement some of the gaps in the available Canadian research literature in this area.

According to an Alberta Alcohol and Drug Abuse Commission study on workplace substance use (2002)[17]:

- 11% of workers reported using alcohol while at work and 4% used alcohol four hours prior to reporting for work
- 10% of workers reported being illicit drug users (up from 6%), this was primarily marijuana use
- 1% reported using drugs at work and 2% used within four hours prior to reporting for work, this was primarily cannabis
- Workers in the construction, utilities, forestry-mining, wholesale/retail trade, public administration and finance/insurance/real estate sectors were most likely to report substance use at work, at-risk use, multiple substance use, or gambling issues; with young males 18 to 24 years of age are most at risk for substance use
- Employer concerns about alcohol and illicit drug use in their own workplace has doubled since 1992

** Presenteeism occurs when an employee is physically present at work, but less productive because he/she is sick, injured, stressed or burned-out. (Industrial Accident Prevention Association, 2008)*

The Canadian Alcohol and Drug Use Monitoring Survey (2008)[18] revealed that alcohol and substance use patterns differ across the country:

- The province of Quebec has the highest percentage of current drinkers (80.9%) while Newfoundland and Labrador has the highest percentage of heavy frequent drinking (9.4%) followed by New Brunswick (7.3%)
- In addition, 8.7% of Canadian drinkers reported harm from alcohol in 2008, with the highest levels found in British Columbia (9.9%), Nova Scotia (9.6%) and Newfoundland and Labrador (9.6%)
- Marijuana use patterns are highest on the east coast (Nova Scotia 13.4%) and the west coast (13.1% in British Columbia)

In the United States:

- In 2006, 17.9 million adult illicit drug users were currently active in the workforce, holding full or part-time jobs[16]
- Most binge and heavy drinkers of alcohol are employed[16]
- In 2002-2004, 9% of full-time employees met the criteria for heavy alcohol use and 9% met the criteria for alcohol dependence[19]
- 8% of employees reported illicit drug use in the past month, and 3% met the criteria for drug dependence[19]
- In 2002-2003, 7% of employees drank alcohol during the workday[10]
- Over 9 % worked with a hangover[10]
- 3% used illicit drugs while at work[10]

Did You Know…

Occupational Health & Safety Act states:

- Employers are **RESPONSIBLE** for health, safety and welfare of employees
- Employers must **MINIMIZE OR ELIMINATE ALL SAFETY RISKS** that have the potential to harm employees
- Workplaces can be found **LIABLE** for irresponsible and negligent actions of employees who may be under the influence of a substance

Federal & Provincial Human Rights Legislation:

- Current or former dependence on drugs or alcohol is considered a **DISABILITY** under the federal act. Legislation prohibits **DISCRIMINATION** based on disability

Source **20**

Why Employers Should Address Problematic Substance Use

What is Problematic Substance Use Costing Your Workplace?

Problematic substance use carries economic, societal and health costs. Many of these **costs are borne by employers**. Problematic substance use does not discriminate; it can affect workplaces small and large alike. Problematic substance use costs your workplace through increased[3,14]:

- Absenteeism
- Sick leave
- Presenteeism
- Disability claims
- Benefit costs
- Insurance claims
- Overtime pay for other staff having to carry extra workload
- Workers' compensation claims
- Costs associated with replacing damaged equipment
- Litigation

It is important to note that all the above impact your workplace, regardless of whether alcohol or other drugs are used in a problematic manner on or off the job.

Annual productivity losses in Atlantic Canada in 2002 related to alcohol, tobacco and illegal drug use equals $2.1 billion[21].

Return on Investment

Problematic substance use and addiction treatment is **cost effective** and achieves sharp reductions in workplace related problems including absenteeism and productivity[15]. While reviewing the costs of setting up a program to address problematic substance use that impacts the workplace, employers should consider the benefits of *investing in a program* versus the costs of *failing to take action*. The average economic value per employee associated with problematic substance use treatment is presented in the following table[22]:

*Table 3: Workplace Cost-Benefit of Addressing Problematic Substance Use per Employee per Annum**

	Before (baseline)	***After treatment (61 days post)***
Absenteeism	$8,100	$2,734
Tardiness	$932	$312
Conflict with managers	$411	$193
Conflict with co-workers	$460	$193
Lost productivity	$2,916	$1,147
Aggregate value	***$12, 819 (US $)***	***$4,614 (US $)***

* Note: Economic value calculation based on an average salary of US$45,000 plus a 50% fringe benefit rate.

Studies have repeatedly proven that comprehensive corporate wellness programs return an average $3 for every dollar spent.

In Ontario, the office of Auditor General found that there is a **565% return on investment for making addiction treatment easily accessible to employees.**

– Ontario Mental Health Association.

Source 16

Myths & Facts About Problematic Substance Use & Employment

1) Myth: *People experiencing problematic substance use don't want to work.*

Fact: Like other people, many people experiencing problematic substance use issues are interested in working and find that work is a good reason or a motivator to address their problematic substance use.

2) Myth: *Work is too stressful for people experiencing problematic substance use issues.*

Fact: As with other members of our community, work improves self-esteem, adds a sense of purpose, and contributes towards recovery in positive ways for many people with substance related disorders.

3) Myth: *People experiencing problematic substance use benefit from extensive pre-vocational assessments and work readiness programs before further employment options are pursued.*

Fact: The best predictors of employment success for people experiencing problematic substance use and co-occurring mental illness are expressed interest in working and previous employment history. Past problematic substance use is **not** a consistent predictor of employment success or failure.

4) Myth: *People who are able to recover from substance related disorders are always at significant risk for relapse.*

Fact: Relapse of a substance related disorder is always a possibility, but employment may protect people from relapse. Employment is associated with continued recovery and relapse is associated with unemployment, housing instability, and loss of social supports.

5) Myth: *People who abuse/use substances problematically lack good working skills.*

Fact: Many people with substance related disorders have a variety of interests, employment histories, and core work skills that may be valuable in any job.

Source 24

IV

section

A Step-By-Step Guide

For Workplaces Addressing Problematic Substance Use

The following section provides a step-by-step guide for workplaces to address problematic substance use. Employers can take the following steps to prevent and address problematic substance use, and to promote a healthy and safe work environment[17]:

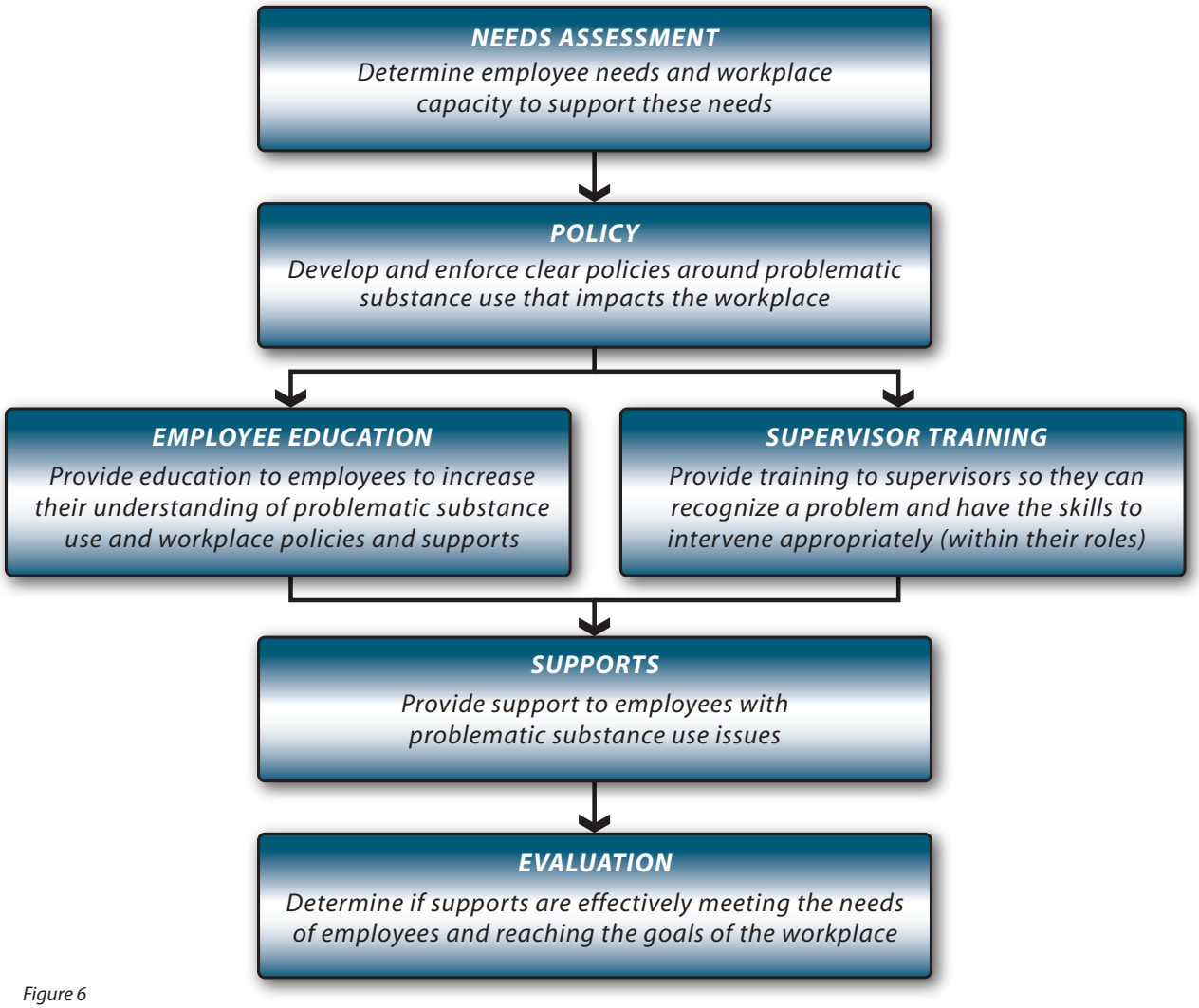


Figure 6

To help illustrate how each of these steps (see figure 6) for addressing problematic substance use in the workplace applies to the 'real world', we will follow the **case study** of Amber, Liz and John who all work for the medium size Public Relations firm, *'Pioneer Communications'*. Let's start by getting to know them…

Case Study

Amber, Administrative Assistant – Amber is an Administrative Assistant for Pioneer Communications. At 22 years old, this is her first 'real' job. She grew up in rural community of 800 people and was rarely exposed to any drugs other than alcohol and marijuana. While she did drink alcohol as a teenager and occasionally smoked marijuana, she never tried any other drugs, nor was tempted to. After graduating from high school, she stayed at home with her parents for a few years and worked in the local drug store to save money for college. At 20 she applied for, and was accepted into, an Administrative Assistant course at a college in the nearest city (which had a population of 200,000). While Amber had visited this city many times, it was the first time she had lived away from home. She found a newspaper ad looking for a roommate and moved into a four bedroom house with two guys and a girl who were also attending college. During the year that Amber attended college, she became wrapped up in a partying lifestyle with her roommates. They often held house parties at their home and also regularly went to local bars. Amber was now drinking regularly and smoked weed much more often. By the time Amber finished her course, got a job with Pioneer Communications and moved into a new apartment with her female roommate, she and her roommate were drinking frequently. Because Amber was finding things a little tight financially, she got a second part time job and didn't get home until after midnight most nights. She often felt overwhelmed and too tired to make it into work. She then started to drink in the mornings to get her through the work day.

Liz MacNeil, Supervisor – Liz is a Supervisor at Pioneer Communications. After the initial probationary period, Liz described Amber as "hard working, always arrives to work on time, and conducts herself in a professional manner. She is meticulous in her work, is reliable, and fits in well with the Pioneer team". As the months went on, Liz noticed that although Amber finished her projects on time for the most part, the quality wasn't the same as when she first started. Amber also started arriving late to work and called in sick frequently. Liz confronted Amber but she always had a story for her tardiness or absences – one day it was a fender bender, another day the alarm didn't go off, etc. Liz started to notice that Amber would often call in sick shortly after she'd get her pay check, but Amber always blamed a '24-hour flu' or 'food poisoning'. Liz started to hear from some of Pioneer's clients that Amber had been short tempered with them and was sometimes rude on the phone. Liz confronted Amber on this behaviour. Amber said that she was very sorry and said that she was grappling with a caffeine problem and that she would start to cut down her coffee intake to even out her mood.

John Bradley, Co-Worker – John is Amber's co-worker and works in the cubical next to her. When Amber first started, she was always at work on time. Gradually, John noticed that Amber's behaviour started to become strange – her moods were unpredictable and erratic, and she would go through days of being very talkative, hyper and almost restless. Amber started taking longer breaks and would make frequent visits to the bathroom – John knew that Amber was often out sick with food related illnesses and didn't think much of this behaviour. Although Amber would arrive to work late she sometimes made up the time by working long 14-hour days. John commended her dedication to making up the work, but was a little alarmed by her inconsistency. One day Amber asked John if he could loan her $200 since she desperately needed to pay a plumber to fix her bathroom shower and said that the trouble with her shower is often the cause of her tardiness. John sympathized with Amber and loaned her the money the next day. John became suspicious after he realized that Amber lives in an apartment therefore maintenance like fixing a shower would be covered by her landlord. Not wanting to pry, John did not confront Amber.

Step 1: Needs Assessment

To begin to address problematic substance use that impacts the workplace, employers should examine the needs of their workplace and determine what will work well in their workplace[25]. A needs assessment can help to determine whether alcohol or other drugs are affecting the workplace; identify resources and strengths; examine appropriate policy and program options; and can help highlight cost-effective strategies for achieving workplace goals.

How to Conduct a Needs Assessment?

You can conduct a needs assessment in many ways, such as a questionnaire or a meeting or focus/discussion group with diverse workplace representation (e.g., employees in various positions in the workplace – management, unions, human resources, etc.). Here are some questions you might want to consider in a needs assessment:

- Does the workplace fall under specific legislation?
- Are employees in safety-sensitive roles (e.g., drive vehicles, operate machinery, handle chemicals, work with the public, work with children)?
- Are employees in jobs that are security sensitive (e.g., are they responsible for confidential ideas, products, plans or documents; are they responsible for accounting, cash, inventory or stock; do they work offsite)?
- Do certain employees perform key functions in the workplace (e.g., accountants who handle large sums of money, salespersons who represent the workplace; or supervisors who manage many employees)?
- What kind of substance-free workplace resources are available within and outside the workplace and at what cost?
- What is the workplace culture around problematic substance use (e.g., what do people think of those who have substance use problems, are these issues openly discussed)?
- How supportive are supervisors and managers towards employees' work-life family needs?
- Is alcohol served at workplace functions?
- What local resources are available for referrals regarding problematic substance use?
- Do supervisors and other employees know what to do if a colleague reveals a substance use problem to them?
- What are the statistics on turnover, absenteeism, tardiness, use of health care benefits, workers' compensation claims, theft, accidents, and poor performance/products/deliverables?

Tip:

Team Approach to Addressing Problematic Substance Use in the Workplace

Need help? Start a Problematic Substance Use in the Workplace Committee. A committee is a great way to ensure diverse members of your workplace have a voice in how to address problematic substance that impacts the workplace. It also helps to build support for any policies or programs you implement.

You should include diverse workplace stakeholders on your committee including (varies by workplace):

- ✓ Employer representative (e.g., owner, manager, supervisor)
- ✓ Employee representative (from different areas of a workplace)
- ✓ Union representative
- ✓ Occupational Health & Safety, HR or EAP representative
- ✓ Legal representative (especially if your program includes drug testing)

Case Study

Pioneer Communications – Over the past year, Pioneer Communications has been implementing several initiatives to support workplace health including physical activity events, healthy eating information sessions and recently some environmental/recycling programs. All these initiatives have been developed in collaboration with Pioneer's Union. Pioneer Communications is now interested in addressing problematic substance use after they heard of an incident at a local business where an employee was intoxicated while at a construction site and ended up harming himself and 2 co-workers while he was operating machinery. Pioneer Communications has made this a priority for the existing Workplace Health Committee to address.

Liz – Liz is a member of the Pioneer Communications Workplace Health Committee. The Committee began by conducting a short needs assessment. They started by discussing how drugs and alcohol may be affecting Pioneer Communications. They determined that although there isn't anybody in any physical safety positions (nobody operating large equipment), many employees deal with the public and the reputation and image of the workplace could be at risk.

The Committee brainstorms the benefits to implementing a drug policy and program, including the resources currently available to support such a policy and program. Although a policy will take some work to develop and enforce, the Committee feels it is doable. Further, the Committee has found out that problematic substance use support can be provided through the existing workplace EAP.

Finally, the Committee decides to add a couple of questions to their annual employee workplace health questionnaire. Liz is surprised at the questionnaire results which found that a large number of employees report difficulty coping with stress and suffer from anxiety. She is also encouraged that the majority of employees indicated that they would support a drug-free workplace policy if one were to be implemented.

Step 2: Policy

Why do Employers Need a Drug and Alcohol Policy?

Drug and alcohol policies are beneficial to employers because they help to[3]: demonstrate risk management, provide guidance to employees and managers, establish good workplace relations, and protects employers from disputes. Your workplace's drug and alcohol policy should reflect the unique corporate culture and values of your workplace, the regulatory environment within which your workplace operates and the specific program needs. Although policies vary from workplace to workplace, they should all cover the following four cornerstones of a good policy[26]:

Figure 7

A sample policy (courtesy of the Capital District Health Authority, Addiction Prevention and Treatment Services, Nova Scotia) is provided in the appendix of this toolkit). Workplaces are encouraged to call their local provincial Addiction Treatment Services (see 'Resource' section this toolkit) to access further information on policy development.

Tip:

Avoid Common Pitfalls in Policy Development

Don't copy

- It's helpful to look at sample policies to have a good idea of what the end product will look like, but simply copying the policy will not ensure the policy meets the unique needs of your workplace.
- The process to develop the policy is arguably as important as the policy itself as it helps to build buy-in and support, and will be easier to communicate and defend (if challenged).

Don't keep it a secret

- Inform employees that a policy is being developed (and welcome their input).
- Once developed, ensure that the policy is communicated in advance of the implementation date as well as on an ongoing basis after implementation.

Enforce it

- Don't let the policy document just sit on a shelf, enforce it.
- Once you're policy is adopted, ensure it is closely and consistently applied and enforced.

Tool# 2: Develop a Drug & Alcohol Policy

This worksheet will assist your workplace to draft a substance use policy[27].

1. Put a checkmark in the boxes beside the procedures you want in your policy. Or, in the space available, write any changes to the wording.

2. When you have completed the worksheet, share it with senior management, staff and other stakeholders (e.g., unions) to get their feedback and input. Make changes if necessary.

3. Communicate the policy to all employees (see tool #4 for a communication strategy).

4. Each year, review the policy. Do new procedures need to be added? Do revisions or additions to existing components need to be made?

Policy Component	*Include in Policy?*	
	Yes	*No*
INTRODUCTION		
Xxxxxxx believes that it is in the best interest of their employees, their families and the workplace to establish a Policy and Procedure which assists employees in dealing with substance use issues. This policy will ensure a safe work environment for all employees and help prevent the deterioration of Health, Family Life and Job Performance caused by substance use.	❑	❑
Xxxxxxx is committed to ensuring a safe, healthy and productive workplace. Employee's use of illicit drugs and/or inappropriate use of alcohol or medications can have serious adverse affects on the safety and well-being of fellow employees, the community and the environment. This policy works to encourage mutual cooperation in addressing alcohol, medication and illicit drug use problems.	❑	❑
It is essential to keep in mind at all times that the primary purpose of any Drug & Alcohol Policy is to ensure a safe workplace and to provide employees with a substance abuse problem the opportunity to get well rather than to provide grounds for the employer to terminate the employee. Xxxxxxx recognizes that the illicit or inappropriate use of drugs or alcohol can adversely affect: • Employee job performance • The work environment • The integrity and safety of workplace operations • The well-being of employees, their families and the public	❑	❑
This policy was developed by a Joint Committee consisting of Management, Union and the EAP and was reviewed by legal counsel.	❑	❑
In the matter of substance abuse, the only acceptable standard is complete freedom from any circumstances where job performance may be negatively affected. We recognize that awareness and education programs, early detection, and treatment for those in need, are necessary to maintain a safe and healthy workplace. The Drug & Alcohol Policy respects the dignity and privacy of individuals. It also places a priority on treatment, successful recovery and re-entry into the workplace of employees who have a dependency problem.	❑	❑
OBJECTIVES		
To promote the health, wellness and safety of employees, co-workers, families and the surrounding community	❑	❑
To communicate to employees, Xxxxxxx's position on substance use	❑	❑
To provide a program of education and awareness on substance use and available treatment resources to employees, supervisors, managers and their families	❑	❑
To ensure confidentiality in all circumstances provided there is no danger of harm to other employees, family or oneself	❑	❑
To create a positive environment for each individual	❑	❑
To evaluate and recommend changes to the policy as required	❑	❑
To ensure consistency in how substance use issues are addressed	❑	❑

Policy Component	*Include in Policy?*	
	Yes	*No*
SCOPE		
This Drug & Alcohol Policy applies to all individuals who are working or engaged in business on Xxxxxxx's premises or affiliated sites. This includes employees, volunteers and contractors.	❑	❑
These guidelines provide procedures that should help employees, contractors and volunteers understand and put into practice the policy provisions.	❑	❑
Guidelines for hosting functions where alcohol is served are included in the Appendix of this policy. If alcohol is made available in a business-hosting situation, employees, contractors and volunteers are expected to ensure their hosting practices do not cause subsequent risk to the individual or the community.	❑	❑
RULES		
No use, possession, distribution, offering or sale of illicit drugs, illicit drug paraphernalia or unprescribed drugs, for which a prescription is legally required in Canada, on a workplace property.	❑	❑
No presence in the body of illicit drugs or unprescribed drugs that may cause impairment while on workplace property.	❑	❑
No use, possession, distribution, offering for sale of alcoholic beverages on premises, except for approved social functions or other exceptions as may be approved in advance by the workplace. When alcoholic beverages are served at workplace functions, a licensed establishment will be used where the bartenders are trained in responsible service of alcohol. Taxi chits or other forms of safe transportation will be made available by the workplace. Intoxication is not permitted at these functions.	❑	❑
No misuse of prescribed medications, over the counter medications or other substances while on workplace property. An employee who believes that his/her use of prescribed medication may have an adverse affect on his/her performance, including safety issues, is required to report this in confidence to his/her supervisor who, in consultation with union and management, will make the appropriate accommodation.	❑	❑
No one shall report unfit for work due to the after effects of alcohol, illicit drugs, unprescribed drugs or misuse of prescribed medications.	❑	❑
No alcoholic consumption during working hours, whether on or off workplace property. This provision applies to meal times, or other personal work breaks, whether or not they are considered to be paid time except for social functions as approved in advance by the workplace.	❑	❑
No employee with an alcohol or drug problem will be disciplined for requesting help in overcoming the problem or because of involvement in a rehabilitation effort. However, if an employee violates the provisions of this policy, or as a result of substance use, does not meet satisfactory standards of safety or work performance, appropriate disciplinary action will be taken. Discipline cannot be avoided by a request at that time for rehabilitation, or disclosure that the individual is already involved in treatment. Such action will be applied equally to bargaining unit, staff and management employees covered by this policy. This policy does not require and should not result in any exemptions from normal job requirements.	❑	❑

Policy Component	*Include in Policy?*	
	Yes	*No*
If reasonable belief is established that an impaired employee's judgment makes for an unsafe situation, the employee will cease work immediately. A team of two trained designated representatives (one from management and one from union) will be called in to assess the situation and make an authoritative decision.	❑	❑
When negative changes in work performance are observed, employees will be encouraged to seek confidential help through the workplace's EAP Program or other appropriate Program as a first step towards a solution which will ultimately benefit employees, the employer and society. Employees can contact their Employee and Family Assistance Program at _____.	❑	❑
A first violation of this policy may result in immediate discharge, at the discretion of management. Such a discretionary choice may be conditioned upon the employee satisfactorily completing an approved drug or alcohol abuse rehabilitation program when recommended by the workplace. If an employee is not discharged for violation of this policy, the employee may receive a final written warning and/or immediate suspension without pay for a reasonable period.	❑	❑
Employees, volunteers and contractors are expected to be 'fit for work.' This means being able to perform assigned duties safely and acceptably without any limitations due to the use or after-effects of alcohol, illicit drugs, medications or any other substance. Employees are encouraged not to consume alcohol or misuse drugs prior to reporting to work or during unpaid breaks.	❑	❑
Employees are expected to consult with their personal physician or pharmacist to determine if medication use will have any potential negative effect on job performance. They are required to report to their leader if there is any potential risk, limitation or restriction for whatever reason that may require modification of duties or temporary reassignment.	❑	❑
Any individual who has a developing alcohol and/or drug problem is expected to assume ownership of that problem. The individual is expected to use the counseling and treatment services that are available through the workplace and/or community.	❑	❑
All staff are expected to report to their supervisor any impaired driving charge or conviction if expected to operate a vehicle or drive within three working days of receiving the charge or immediately if one's drivers license is suspended;	❑	❑

Policy Component	*Include in Policy?* *Yes*	*No*

Now you need to determine how you will address any violations to the policy.

POLICY VIOLATIONS		
This policy recognizes the fact that a certain percentage of any population may develop an addiction to alcohol or other drugs. This illness is characterized most notably by denial of the illness by those who suffer from it. It is a requirement of this policy to assess any employee found in violation of this policy for addiction to substances.	❑	❑
In support of those who misuse alcohol or drugs and may have developed or are developing an addiction, all employers and contractors are required to document and report any violations of this policy. Any employee, co-worker, volunteer, contractor or supervisor not complying with this is enabling.	❑	❑
Any violation of these provisions will be grounds for disciplinary action, up to and including termination of employment with Xxxxxxx. As part of its responsibility, Xxxxxxx will communicate this policy to all employees, contractors and volunteers with Xxxxxxx. These individuals are responsible for understanding the policy application to themselves and others for whom they are responsible.	❑	❑
Contractors will be advised of the applicable provisions of this policy, and in particular, the rules around fitness for duty, and alcohol and drug use or possession. Contractors will be expected to enforce these requirements for their employees, sub-contractors and agents.	❑	❑
If any individual violates the provisions of this policy or does not meet satisfactory standards of work performance as a result of alcohol or other drug use appropriate performance management steps will be taken. In all situations, an investigation must be conducted and documented to verify that a policy violation has occurred before disciplinary action is taken. Xxxxxxx can suspend any employee, volunteer or contractor who they believe to be involved in an incident that could lead to disciplinary action pending the results of the investigation.	❑	❑
Any violation of this policy by an employee, contractor or volunteer will be grounds for disciplinary action up to and including termination, unless there are mitigating circumstances that may reduce the degree of discipline. Any infringement of the policy by a contractor will be considered a breach of the contract. This may result in penalties, suspension or expulsion of the individual involved, or termination of the contract.	❑	❑
PROCEDURE #1 – FOR XXXXXXX EMPLOYEES, THE FOLLOWING STEPS WILL BE FOLLOWED		
There will be a full investigation, with involvement of Human Resources and the opportunity for involvement of a union or association representative on the individual's request.	❑	❑
As a result of the investigation, a decision will be made regarding appropriate consequences, including disciplinary measures up to termination of employment.	❑	❑

Policy Component	*Include in Policy?*	
	Yes	*No*
In those situations where the employee has been deemed to have violated this policy and will be allowed to return to duty, the following steps will be taken prior to the return to work:	❑	❑
• They will be referred to EAP for an assessment and a determination of a course of treatment/action	❑	❑
• They will be expected to follow the recommended course of treatment/ action that results from the assessment	❑	❑
• They must be assessed and cleared by EAP as fit to return to work with either full or modified duties as appropriate	❑	❑
• Prior to returning to duty, the employee will be expected to review work expectations, as drafted by Human Resources	❑	❑
In addition to the above, for all employees, contractors and volunteers, Xxxxxxx will investigate any situation where off-the-job actions involving alcohol or drugs (e.g., impaired driving convictions, charge/conviction for trafficking, bootlegging, etc.) may have implications for the workplace, and will take appropriate action under the circumstances.	❑	❑
PROCEDURE #2 – SUSPICION A WORKER IS IMPAIRED AT WORK		
Play it Safe: Do not let the employee work or operate any machinery or equipment. Second Opinion: Two or more employees, one Management and one Union (depending on work setting) conduct an interview with the employee Record Your Observations: Document what actions or behaviour make you think the employee is impaired and pass this information to the designated employee representative team	❑	❑
Role of Designated Employee Representative Team: • Assess the situation according to developed procedures • Act on information and their reading of the situation • Ensure that impaired employee returns to their home promptly and safely at the workplace's expense – the employee will be suspended with pay until follow-up action is initiated • Immediately inform management and union of action taken • Review information gathered and formulate recommendations for follow-up actions	❑	❑
PROCEDURE #3 – NEGATIVE CHANGE IN WORK PERFORMANCE		
1. 1st Interview – Outline the employees work performance problem (e.g., deteriorated work performance and behaviour that has been documented)	❑	❑
2. Assistance – Advise the employee that assistance is available through the EAP program or other appropriate programs to resolve problems affecting job performance. Assure confidentiality		
3. Monitor – If job performance and behaviour improve, no other meeting needed. If job performance/behaviour does not improve, the workplace will take appropriate action, which may include disciplinary action up to and including termination of employment		

Policy Component	*Include in Policy?*	
	Yes	*No*
When behavior is noted that would give reason to question an individual's fitness for duty: • Have the individual 'stand down' • Where possible, a second opinion should be sought to confirm concerns • Discuss the behavior with the individual in private (for union members, remind them of their union's role) • If deemed to be unfit, the employee will be removed from the work site and offered transportation to their residence, to the care of another person, or to medical treatment if there is an immediate need • Notify Management • If the situation involves the use, possession or trafficking of illegal drugs or unauthorized medication, Corporate Security, police or RCMP must be notified • Observations and actions taken are to be documented as soon as possible after the event • Plan what follow up actions are required If an employee, contractor or volunteer believes an individual holding a more senior position is in violation of this policy, they are encouraged to get a second opinion where possible. They are also expected to notify their leader for an on-site assessment. The leader will then follow the procedures noted above.	❑	❑
ROLE & RESPONSIBILITES		
Employees/Volunteers Employees and volunteers are expected to perform their job in a safe manner that is consistent with established Xxxxxxx's practices. Employees and volunteers are encouraged to look out for others in terms of co-worker fitness for duty. If a co-worker, including a supervisor, is in a condition at work that may endanger themselves or others, employees and volunteers should take appropriate action. This may include contacting their leader or Corporate Security to deal with the situation. Alternatively, our union members may choose to discuss their concerns with a member of the executive of their local to seek advice as to how best to proceed. In addition, employees and volunteers are expected to: • Read and understand the policy, and their responsibilities under it • Report fit for duty for scheduled work, remain fit for duty while on Xxxxxxx's business or premises, and decline an unscheduled call-in if unfit • Seek advice and follow treatment recommendations promptly if they suspect they may have a chemical dependency or an addiction • Recognize that problems related to alcohol and drug use or dependency are not an excuse for poor or unsafe performance • Follow any recommended monitoring or aftercare program after treatment • Manage potential impairment due to the legitimate use of medications during working hours by contacting their personal physician or pharmacist to determine if the medication can have a negative effect on performance. If any concerns arise, they are required to report any limitations or restrictions to their leader to determine whether modification of duties or temporary reassignment is appropriate • Report to their leader any impaired driving charge or conviction if expected to operate a organizational vehicle or drive within three working days of receiving the charge or immediately if one's license is suspended • Cooperate with any search of Xxxxxxx's premises as required by Corporate Security, police or RCMP	❑	❑

Policy Component	*Include in Policy?*	
	Yes	*No*
Supervisors/Managers Be aware that alcohol and drug dependency is a progressive and potentially fatal disease. Supervisors/Managers will receive specific training on alcohol and other drug issues for their role under the policy. They will also play a key role in communicating to employees and in implementing this policy. • Supervisors/Managers are responsible for the early identification and handling of performance problems. However, no attempt should be made to diagnose a health problem or alcohol or drug dependency. If work performance has deteriorated to an unacceptable level or an individual's actions jeopardize the safety of themselves, others or the reputation of Xxxxxxx, then Supervisors/Managers are responsible for taking appropriate remedial action. • Remedial action may include a performance evaluation with the employee, along with documented details of events. It may also include a suggested or formal referral for an assessment to the Employee (& Family) Assistance Program (EAP). • Supervisors/Managers are also expected to identify any situation in which they have concerns about an individual's immediate ability to perform their job, or where they have reasonable grounds to believe there has been a violation of the Drug & Alcohol Policy. Appropriate reporting and transport procedures must be followed. • When an individual comes forward, identifies that they have a substance abuse problem or requests assistance in this regard, the Supervisors/ Managers will contact the internal Employee (and Family) Assistance Program (EAP), arrange an appointment and provide the background of the request to the EAP counsellor. • In all cases, Supervisors/Managers must maintain privacy regarding an individual's involvement in treatment. • In any situation where a search for alcohol, drugs or drug paraphernalia on Xxxxxxx's premises may be justified, a leader will contact his/her superior and will also be responsible for contacting Corporate Security.	❑	❑
Contractors Because Xxxxxxx is concerned about safety, certain policy provisions will apply to all contractors and their employees while they are providing services to Xxxxxxx. Xxxxxxx will take all reasonable steps to ensure that contractors enforce the provisions of this policy for their employees, sub-contractors and agents. Xxxxxxx expects all contractors to understand these requirements. Contractors must also ensure that the individuals providing the contractor's service conduct themselves in an appropriate manner while on workplace premises. If there is any reason to suspect a contravention of this policy: • The contractor and site liaison will be notified • Corporate security will be notified, if required • The individual will be removed from the premises and safe transport will be arranged at the contractor's expense • The contractor and/or Xxxxxxx will investigate the situation to determine if further action is needed • The individual will not be allowed to return to their contracted position without written permission of Xxxxxxx contract leader The appropriate requirements will be built into all requests for proposals and contracts. Any contravention of the policy will be considered a breach of the contract, which may result in penalties, suspension or expulsion of the individual involved, or termination of the contract.	❑	❑

Policy Component	*Include in Policy?*	
	Yes	*No*
Employee (& Family) Assistance Program (EAP) All employees of Xxxxxxx can access the EAP. Services include: • Confidential assessment, counseling, referral and aftercare services for employees • Guidance for managers and leaders about dealing with individuals who have performance problems including those related to misuse of alcohol or other drugs	❑	❑
Corporate Security Corporate Security will be responsible for: • Assisting in the safe transport where an employee, volunteer or other individual may present a safety risk • Responding to all requests for a search of Xxxxxxx's premises when a leader/manager identifies reasonable grounds	❑	❑
Unions and Associations In order to successfully address issues relating to substance abuse, a collaborative effort is best. Unions and associations must be invited and encouraged to be active in all efforts taken to address these issues. Unions and associations are encouraged to have their executive, officers and stewards participate in education and training programs on this topic. In a 'proactive' sense, there are a number of areas where collaboration and partnership with a union or association could add significantly to the success of dealing with these matters. • Participate in the development of 'site specific' procedures that address how to deal with substance abuse concerns • Working with leaders of work areas on concerns related to substance abuse brought forward by their members • Making referral to or involving appropriate resources to assist members who request assistance or display behavior consistent with a developing chemical dependency • Provide input to communication, education and training materials	❑	❑

Policy Component	*Include in Policy?* *Yes*	*No*

<u>Your policy should also outline the supports available to employees as well as prevention measures.</u>

PREVENTION		
The Drug & Alcohol Policy stresses prevention and early identification of potential problem situations. Xxxxxxx supports this philosophy and will offer an alcohol and drug awareness program for employees and volunteers. The program will provide information about health and safety hazards, recognizing related performance deficiencies, how to access assistance, and the steps to take if a co-worker or other person may be unfit for duty.	❑	❑
Xxxxxxx will also offer training programs that explain a Supervisor/Manager's specific responsibilities under this policy. The program will include information and tools to help with performance management procedures, making referrals and responding to a possible policy violation situation.	❑	❑
The workplace recognizes that appropriate emphasis must be placed on the prevention of alcohol or drug abuse and dependency. Therefore, the workplace is committed to: • Clearly communicate its expectations with respect to employee substance use • Maintain a program of employee health awareness • Provide a program of education and training on substance use and available treatment resources to union stewards, supervisors and managers • Support employee efforts to maintain a safe work environment	❑	❑
ASSESSMENT & REHABILITATION		
The EAP can help employees access confidential assessment, counseling, treatment and aftercare services. Employees who suspect they are using a substance problematically can seek assistance voluntarily (e.g., through the EAP and/or community resources). Supervisors/Managers may also encourage an employee who is experiencing difficulty to seek assistance through EAP. If the workplace does not have an EAP or an Occupational Health and Safety Nurse, the employer could contact local community resources for support (such as local addiction treatment services).	❑	❑
An employee with an alcohol or drug problem will not be disciplined for voluntarily requesting help in overcoming their problem. However, full participation in appropriate treatment programs is expected. These may include pre-treatment, treatment and follow-up/aftercare activities. Participation does not remove the requirement for satisfactory performance.	❑	❑
If a Supervisor/Manager recognizes that an employee is experiencing difficulty that interferes with work performance, the leader will address those concerns with the employee. If the employee's performance continues to be unacceptable, a formal referral will be made at once to our internal EAP.	❑	❑
In either situation (voluntary or formal referral) where in the opinion of a medical or counselling professional there is a risk that would prevent an individual from doing their job safely, work limitations or restrictions may be issued. The individual also may be accommodated by being provided with modified duties, assigned to alternate duties where possible, or placed on the appropriate leave.	❑	❑

Policy Component	*Include in Policy?*	
	Yes	*No*
The workplace and employee acknowledge that alcohol and drug dependencies are treatable conditions and that early intervention greatly improves the probability of lasting recovery. The workplace will continue to provide confidential assessment, counseling, referral and aftercare service through its Employee (and Family) Assistance Program (EAP). Employees who suspect they have a substance dependency or emerging alcohol or drug problem are encouraged to seek advice and to follow appropriate treatment promptly, before job performance is affected or violation of this policy occur. Any employee who follows approved treatment will receive disability and health insurance benefits in accordance with existing plans.	❑	❑
At the discretion of a mutually agreed upon physician and with the informed consent of the employee, medical work limitations may be communicated to management, resulting in modified work, reassignment, or absence from work on disability benefits during treatment.	❑	❑
Information concerning an employee's health status or involvement with EAP will continue to be held in strictest confidence. Such information will not be disclosed except: • As authorized by the informed consent of the employee or • As required by law	❑	❑
AFTERCARE		
All employees who complete primary treatment (e.g., residential or outpatient treatment) for alcohol or drug dependency will be encouraged to participate in an aftercare program for a minimum of two years.	❑	❑
For formal referrals, a written return to work agreement will outline the conditions governing their return to the job and the consequences for failing to meet those conditions. This may include testing for drugs and/or alcohol post treatment for those involved in safety sensitive positions and where supervision is limited.	❑	❑

Policy Component	*Include in Policy?*	
	Yes	*No*
CONFIDENTIALITY & PRIVACY		
Xxxxxxx is required to comply with the Freedom of Information and Protection of Privacy Act (FIPPA). This provincial legislation governs the use and disclosure of personal information such as an individual's health and health care history, including information about a physical or mental disability.	❑	❑
No specific health information will be released to a manager or supervisor. The only health information that is shared with the manager or supervisor is that the person is 'fit for duty', or 'fit for duty with specific limitations or restrictions', or 'not fit for duty.' Information about individuals who attend counseling or provide health information is not shared with anyone without the individual's informed, voluntary and written consent, with the exceptions listed below.	❑	❑
There are times, however, when information must be provided to others whether or not consent is given. For example, if a health care provider assesses that a person poses a threat of serious injury to themselves or others. Also, a health care provider is legally required to report suspicion of child abuse and to take action as required by law. The health care provider will make a reasonable effort to advise the individual that this had been done.	❑	❑
The FIPPA Act also requires that Personal Information, including information about an individual's health, be protected by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or distribution.	❑	❑
POLICY EVALUTION		
To ensure that this policy continues to meet the established objectives, and remains responsive to current circumstances as well as evolving needs, it will be monitored and evaluated at least every three years.	❑	❑
I have read the policy, discussed it with the manager and agree to abide by the provisions contained in it.	❑	❑

Tool #3: Policy Checklist

After you've developed the policy, use this checklist to ensure everything has been covered (not all workplaces will include everything in this checklist)[3]

Item	*In your policy?*	
	Yes	*No*
A) OVERVIEW		
1. Shareholders (e.g., management, employees, resources such as legal and EAP) involved in the policy development	❑	❑
2. A healthy workplace, proactive and preventative orientation and rationale (e.g., concern for productivity, safety, legal as well as public health and social welfare)	❑	❑
3. Emphasizes uniform application of policy – clearly written policy, supported by a strategy	❑	❑
B) SCOPE & APPLICATION		
4. Clear statement of workplace's position	❑	❑
5. Scope & application of the policy: • Substances covered (e.g., tobacco, alcohol, illegal drugs, controlled/prescription drugs, over-the-counter medications) • Substance-specific requirements • Employees who are subject to provisions (safety sensitive positions) • Circumstances under which the policy applies	❑	❑
C) RESPONSIBILITIES		
6. Clearly identified responsibilities for • Employer • People/departments in carrying out policy • Employees in terms of the standards and conduct to be upheld	❑	❑
7. Due diligence including specific responsibilities of employees, supervisors, professional staff regarding: • Voluntary identification • Co-worker identification • Confidential intervention • Peer prevention • Formal performance management • Drug/alcohol testing	❑	❑

Item	*In your policy?*	
	Yes	*No*
D) INVESTIGATION		
8. Process for investigation	❑	❑
9. Security issues around use, impairment and trafficking in the workplace: • Issues handled by internal security or external resources • Any intention to conduct unannounced searches for drugs, alcohol or drug paraphernalia on workplace owned or controlled premises should be articulated as should the conditions under which those searches take place	❑	❑
10. Reference to other documents, governing bodies (e.g., labour contracts, human rights, professional associations)	❑	❑
E) CONSEQUENCES		
11. Consequences of policy violation are: • Articulated • Communicated • Consistently and uniformly enforced	❑	❑
12. Consider drug/alcohol testing procedures: • Pre-employment (most common) • Post accident or for-cause • Scheduled testing (during physicals) • Random (for specific job categories) • Treatment follow-up (monitor success) **NOTE:** Get legal counsel if planning a testing program. Issues – legality of testing, confidentiality, lawsuits including invasion of privacy, wrongful dismissal, defamation, etc.	❑	❑
13. Reporting obligations including: • Breach of policy • Confidentiality (need to know, right to know) • Professional associations	❑	❑

Item	*In your policy?*	
	Yes	*No*
F) SUPPORT		
14. Resources for prevention, treatment and follow-up are identified so there is clear commitment to prevent and resolve the concerns the policy is addressing including: • Training, education and awareness (e.g., prevalence, signs/symptoms, link with mental health issues, policy, etc.) • Support for others affected • EAP • Healthcare benefits to support treatment needs • System for return to work and follow-up	❑	❑
G) EVALUATION		
15. When, how and who will monitor, review and make changes to the policy	❑	❑
H) EMPLOYER LIABILITY		
16. Cover: • Vicarious (negligence during the course of employment including impaired employee on the job) • Hosting (intoxicated employees or others who are injured during or following workplace social events or hosting) • Occupational health and safety (ensure a healthy and safe work environment; including sub/contractors) • Driver (injuries suffered by a third party because of the intoxicated driver of a workplace)	❑	❑
I) PROCEDURES & GUIDELINES		
17. Complete procedures for implementation including the process and responsibilities for implementing each major policy component should be provided as supplements or guidelines to the main policy	❑	❑
J) OTHER		
18. Other issues your workplace would like to see address through this policy (e.g., gambling)	❑	❑

Tool #4: Policy Communication Plan

The communication of a new drug and alcohol policy is essential and should be done when the policy is first implemented as well as ongoing (e.g., for new employees, etc.). A sample of an 'ideal' communication plan for a drug and alcohol policy is provided below. Please note that this is just a sample, your communication plan will need to be customized to fit the unique aspects of your workplace as well as available resources to support the plan[3].

Table 4

Activity	*Week 1*	*Week 2*	*Week 3*	*Week 4*	*Ongoing*
Pay cheque message	X				
Posters posted	X				
Information session on policy for employees		X	X	X	
Training on policy and understanding addictions for managers/supervisors (half-day)	X				
Article in employee newsletter	X			X	
Email message to managers	X			X	
Email message to employees		X	X		X
Ad in newsletter					X
Educational material distributed			X		
Health fair booth on problematic substance use		X	X		
Integrate alcohol and drug issues information in all wellness education sessions					X
Healthy Workplace Week – incorporate substance use information					X
Promote the EAP-include information in all training and written materials	X	X	X	X	X
Addiction Awareness Week – send out information, hold awareness sessions, set up booths, etc.					X
Others?					

You should also communicate the following key messages:

- ✓ **Caring Employer:** a workplace policy demonstrates employers concern for employees and a consistent approach to managing incidents related to problematic substance use.
- ✓ **Treatment Works:** treatment for employees with problematic substance use is effective and is an efficient use of resources.
- ✓ **Early Identification and Intervention:** employers and employees are equipped to identify and intervene early by being aware of the issues and knowing how to recognize problems in the workplace and how to support employees with substance use related problems. Earlier identification results in better outcome for employees with substance use problems.
- ✓ **Stigma and Discrimination:** prevent many people from accessing services and supports for substance use problems.
- ✓ **Collaborative Action:** workplace policy is most effective when it is developed in collaboration with employees.

Case Study

Pioneer Communications Drug & Alcohol Policy (Short Version)
Sample Policies[3-adapted]
Please note this is a sample for the case study purpose only.

Title: Alcohol and Drug Policy
Relevant Legislation: Human Rights Act
Effective Date: April 29, 2010

Purpose:

Pioneer Communications is accountable to create a safe environment for their employees, families, clients and members of the public. This includes ensuring there is no use of substances in the workplace or misuse of substances before or during work hours that may impair an employee's ability to perform their work functions responsibly.

Policy:

All individuals working at Pioneer Communications are expected to report fit for duty for scheduled work and be able to perform assigned duties safely and acceptably without any limitations due to use or after effects of alcohol, illicit drugs, non-prescription drugs or prescribed medications or any other substance that may impair judgment and performance. Pioneer Communications will not tolerate anyone in possession of, using, or under the influence of alcohol or drugs at work. Any individual failing to adhere to this zero tolerance policy will be subject to discipline up to and including dismissal.

Procedures:

Managers and supervisors are to identify and handle all situations promptly where there are concerns about an individual's ability to perform his/her job safely. Employees who are suspected to be under the influence of alcohol or drugs while at work will be sent home immediately and will not work their scheduled shift until a review is conducted. Transportation will be arranged. The supervisor is responsible for documenting any incidence of suspected alcohol and drug use.

Employees are encouraged to inform their supervisor about their use of medication or prescription drugs that may compromise their safety or the safety of others, or impair their performance.

Working while impaired or intoxicated, consumption of drugs and/or alcohol in the workplace, failure to adhere to treatment programs and/or refusal to participate in recommended programs, may be considered a job offence subject to termination or corrective action.

Pioneer Communications will provide support for employees with alcohol and drug problem by making accessible confidential assessment, counselling, treatment, and after-care services. Employees who have a drug or alcohol dependency are strongly encouraged to seek assistance through their EAP or their immediate supervisor. All voluntary referrals to the EAP are kept confidential.

Employees shall advise their supervisor whenever they have any concerns about their colleagues' fitness for duties. The Human Resources contact will work with the immediate supervisor to determine appropriate disciplinary action.

Drug/alcohol testing is CONSIDERED where a critical incident such as a major accident, significant event or near miss has occurred and there are facts to support that an employee occupying a safety sensitive position was in a condition of impairment or intoxication or where it is recommended as a part of a broader follow-up medical, rehabilitation treatment or return to work plan.

Drug Testing Policy – Consideration

Drug testing is a step, which employers must **CAREFULLY** consider prior to exploring implementation. Employers must consider[9]:

- The employees right to **privacy**
- Freedom from discrimination based on **disability** (Canadian federal and provincial human rights laws prohibit discrimination on the basis of a disability – current and former substance dependence is viewed as a disability)
- Obtain **legal advice** of local labour laws and potential implications of drug testing
- Drug testing be a **last resort** and done in the least intrusive way possible

Drug testing is a **complex** and **controversial** issue. It is highly recommended that legal advice be sought if drug testing is something your workplace is considering.

Five key ***considerations*** need to be reviewed in drug testing[17]:

CONSIDERATION #1: Policy

- If used, alcohol and drug testing should be part of a broad workplace policy on substance use that includes education, training, prevention, employee assistance and monitoring. The policy should clearly state the workplace's objectives, standards and expectations. It should guide the actions of management and staff and be reviewed regularly.
- Employers must determine and clearly communicate to new and current employees the categories of employees or job classifications to be tested, conditions for testing, consequences of refusal to participate, and consequences of a positive test.
- Employers have a responsibility to stay informed about relevant legislation and court decisions related to workplace testing, independent of, or as part of a workplace policy on substance abuse. Substance use policies that include alcohol and drug testing should be reviewed with the help of legal counsel experienced in this area to ensure they are comprehensive and not discriminatory.

CONSIDERATION #2: Individual Rights

- An employer's decision to implement alcohol or drug testing must consider the protection of individual rights and freedoms along with the potential benefits in terms of health and safety.
- Existing human rights legislation (federal and provincial) defines alcohol and drug dependency as a disability and employers have a responsibility to accommodate employees who are disabled. That is, if an employee is found to have a substance dependency problem, the employer must provide options for assistance (e.g., referral to an employee assistance program).
- Protection from disciplinary action (up to and including dismissal) is provided to employees who can show that disciplinary action resulted from the employer's presumption of alcohol or other drug dependence. In other words, an employer cannot discipline an employee solely on the basis of a presumed or actual addiction.

CONSIDERATON #3: Legal Concerns

- A decision to include testing in a workplace policy on substance use must be carefully considered in light of arbitration decisions and labour law precedent.
- Canada does not have specific legislation governing when employment-related alcohol or drug testing is acceptable. Instead, human rights legislation, court decisions, and grievance arbitration have defined guidelines for testing. The Canadian Human Rights Commission Policy on Alcohol and Drug Testing states:
  - Pre-employment alcohol and drug testing **should not be done**.
  - Random alcohol testing **may be done** for safety-sensitive positions with limited or no supervision, provided that the test used will determine degree of impairment.
  - Random drug testing **should not be done** because it does not measure impairment.
  - Alcohol and drug testing **may be used** if there is reason to believe that substance use is affecting work fitness or was a factor in a near-miss incident or accident at the workplace. It may also be used when certifying employees for safety-sensitive positions or reinstating after suspension for alcohol and drug problems. This testing **should only be used** as part of a broader assessment of substance use.

CONSIDERATION #4: Process of Testing

- Alcohol and drug testing collection methods (blood, urine, and saliva) are, to varying degrees, intrusive measures. Attention must be paid to individual privacy, confidentiality of information, and appropriate use and disclosure of results.
- The technology of alcohol and drug testing is highly accurate provided that trained and qualified personnel perform the collection, analysis and medical review of results. The testing procedure must provide a secure chain of custody to ensure samples have not been tampered with or unintentionally contaminated. Given that there is no certifying body in Canada, testing laboratories are typically certified by a regulatory agency such as the U.S. Department of Health and Human Services.
- Any alcohol or drug test that is positive on the initial screen must be confirmed. If the confirmation result is positive or identifies a tampered or substituted sample, the employee must have an opportunity to discuss the results with an independent and qualified Medical Review Officer (MRO). The MRO is a licensed physician with knowledge of substance abuse, and is responsible for receiving, reviewing and evaluating test results. Based on discussions with the employee, the MRO will verify the test result and provide a confidential report of that information to the employer.

CONSIDERATION #5: Use of Results

- Test results should be used with other assessment information to guide an appropriate course of action. This action should be individualized, conform to human rights legislation and be consistent with the employer policy on substance use.
- Continuity between testing, assessment and intervention for an identified substance use problem is important. While recognizing that a positive test result may require some form of corrective or disciplinary action, employers should use these results to assist employees in seeking appropriate treatment for alcohol or other drug problems.

Step 3: Educating Employees

Employee education is a critical component of workplaces addressing problematic substance use. Some areas to focus educational efforts include:

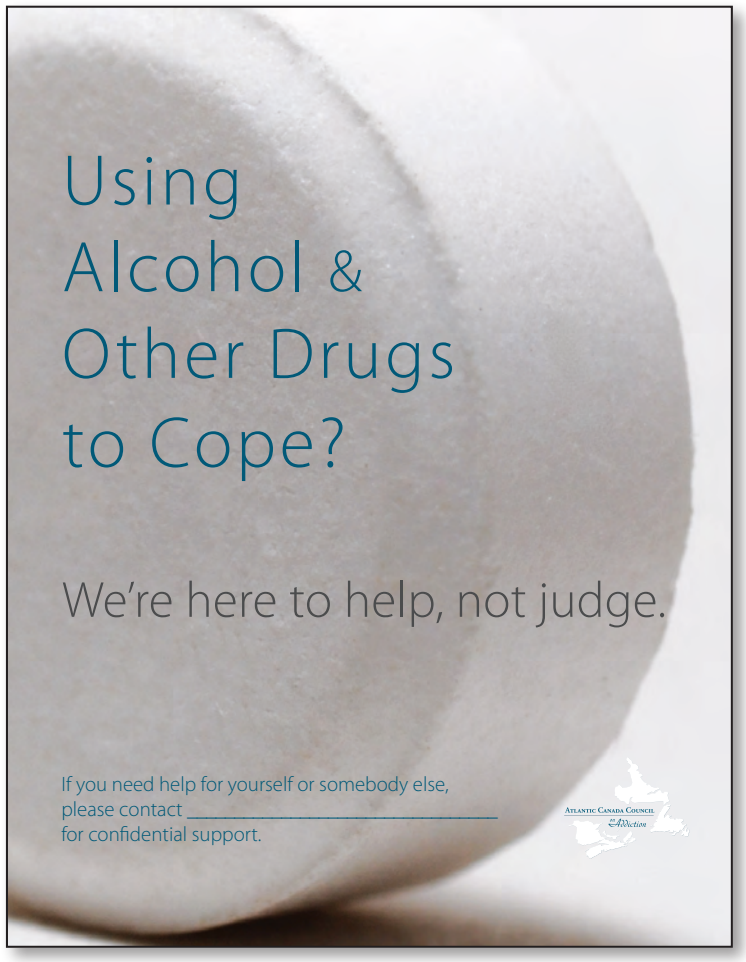
- **Prevention of problematic substance use** through a comprehensive workplace health approach
- Details of the **problematic substance use policy** (and provide employees with an opportunity to ask questions about the policy)
- **General information** on problematic substance use
- The **impact of problematic substance use** on safety, health, personal life and work performance
- How to report a co-worker who is showing 'warning signs' or obvious **indicators of problematic substance use**
- Types of help and supports available for employees and their immediate family

Employee education around problematic substance use is a critical element of addressing this issue in workplaces. There are several methods that can be used in informing and educating employees such as[11,21]:

- A **meeting** with staff members to explain the workplace's drug and alcohol workplace policy and program
- **Information** about the workplace's program and about alcohol and other drug abuse provided in the form of pamphlets, paycheck stuffers, mailings, and flyers posted in lunchrooms
- **Posters and signs** reminding employees they are in a drug-free workplace and that the worksite promotes healthy activities such as regular exercise, good eating habits, and smoking cessation

Tool #5: Sample Posters

The following page provides some sample posters reminding employees they are in a drug and alcohol free workplace and that supports are available:



Tool #6: Policy Education Checklist

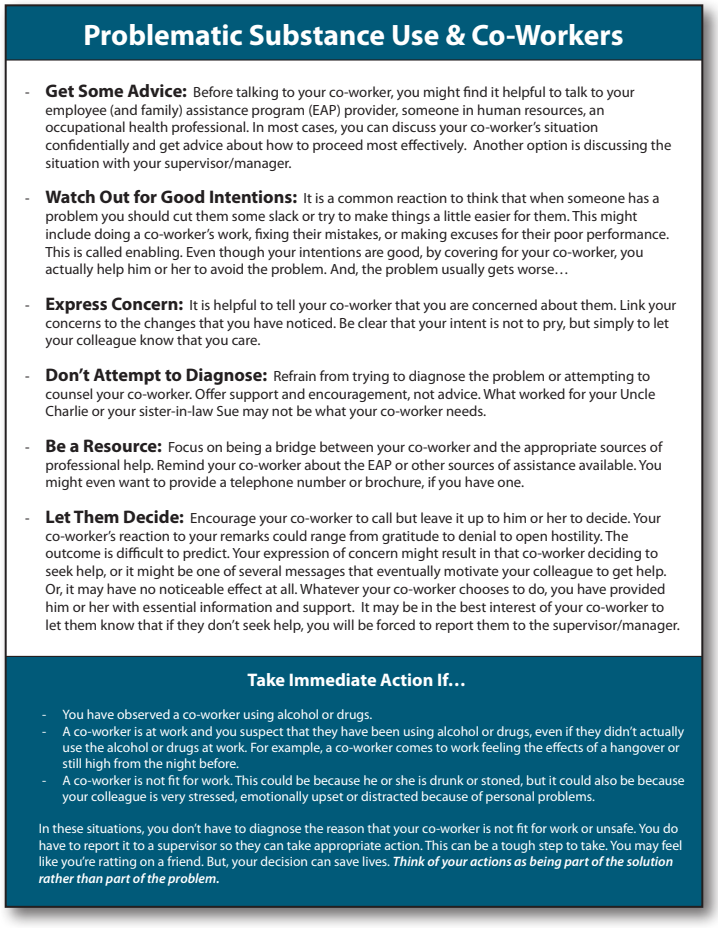
Whether you already have a policy or are planning on developing and implementing one, initial and ongoing communication and education about the policy to employees is essential. Use the checklist below to ensure all areas of education are addressed to build support and awareness of the policy:

Policy Education Checklist	
The benefits of the policy and program, and the dangers of work-related alcohol and other drug use	❑ It is especially important that all employees become familiar with the benefits of the drug-free workplace policy and program, especially when they are supported by other health and wellness programs and activities.
Rationale for the policy	❑ Present information on what the law requires (e.g., minimizing or eliminating all safety risks that have the potential to harm employees, etc.), why the program is important to the workplace, and how alcohol and other drug problems affect the workplace.
	❑ Provide various kinds of prevention information as part of the process of communicating the intention to create a healthy, safe, and productive drug-free workplace.
	❑ Supply basic information on alcohol, and misuse of other drugs—as well as general health promotion information—will help reinforce the drug-free policy and program.
Requirements of the Policy	❑ Information should be given on what situations the policy is attempting to prevent, and how the policy is likely to improve health, safety, and productivity in the workplace.
	❑ The consequences of violating the policy should be outlined.
Resources for Getting Help	❑ Explain how to get help (e.g., include information on the employee assistance program if the workplace has one).
	❑ Describe the benefits offered by the health insurance plan.
	❑ Identify local resources that may be available.

Tool #7: Poster – What Employees Should do if They Witness or Suspect Problematic Substance Use That Impacts the Workplace

It is important to educate employees not only about your workplace's drug and alcohol policy, but also what they should do if they encounter or suspect drug and alcohol use (or after effects) in the workplace among their co-workers.

The following poster may help to educate your employees about how they can help address workplace problematic substance use and also about what to do if they witness or suspect drug or alcohol use (of the after-effects) in the workplace[17].



Problematic Substance Use & Co-Workers

- **Get Some Advice:** Before talking to your co-worker, you might find it helpful to talk to your employee (and family) assistance program (EAP) provider, someone in human resources, an occupational health professional. In most cases, you can discuss your co-worker's situation confidentially and get advice about how to proceed most effectively. Another option is discussing the situation with your supervisor/manager.
- **Watch Out for Good Intentions:** It is a common reaction to think that when someone has a problem you should cut them some slack or try to make things a little easier for them. This might include doing a co-worker's work, fixing their mistakes, or making excuses for their poor performance. This is called enabling. Even though your intentions are good, by covering for your co-worker, you actually help him or her to avoid the problem. And, the problem usually gets worse…
- **Express Concern:** It is helpful to tell your co-worker that you are concerned about them. Link your concerns to the changes that you have noticed. Be clear that your intent is not to pry, but simply to let your colleague know that you care.
- **Don't Attempt to Diagnose:** Refrain from trying to diagnose the problem or attempting to counsel your co-worker. Offer support and encouragement, not advice. What worked for your Uncle Charlie or your sister-in-law Sue may not be what your co-worker needs.
- **Be a Resource:** Focus on being a bridge between your co-worker and the appropriate sources of professional help. Remind your co-worker about the EAP or other sources of assistance available. You might even want to provide a telephone number or brochure, if you have one.
- **Let Them Decide:** Encourage your co-worker to call but leave it up to him or her to decide. Your co-worker's reaction to your remarks could range from gratitude to denial to open hostility. The outcome is difficult to predict. Your expression of concern might result in that co-worker deciding to seek help, or it might be one of several messages that eventually motivate your colleague to get help. Or, it may have no noticeable effect at all. Whatever your co-worker chooses to do, you have provided him or her with essential information and support. It may be in the best interest of your co-worker to let them know that if they don't seek help, you will be forced to report them to the supervisor/manager.

Take Immediate Action If…

- You have observed a co-worker using alcohol or drugs.
- A co-worker is at work and you suspect that they have been using alcohol or drugs, even if they didn't actually use the alcohol or drugs at work. For example, a co-worker comes to work feeling the effects of a hangover or still high from the night before.
- A co-worker is not fit for work. This could be because he or she is drunk or stoned, but it could also be because your colleague is very stressed, emotionally upset or distracted because of personal problems.

In these situations, you don't have to diagnose the reason that your co-worker is not fit for work or unsafe. You do have to report it to a supervisor so they can take appropriate action. This can be a tough step to take. You may feel like you're ratting on a friend. But, your decision can save lives. ***Think of your actions as being part of the solution rather than part of the problem.***

Prevention & Early Intervention – Part of Workplace Health

The educational impacts are greater when problematic substance use prevention and early intervention activities are carried out within the broader context of wellness, health promotion, and disease prevention efforts. Popular workplace health topics which are often already being implemented in workplaces (e.g., stress management, nutrition, physical activity, etc.) present significant opportunities for providing educational materials and other elements on problematic substance use prevention. For example[25]:

- **Stress Management** – Discuss how alcohol or other drugs may be used to deal with problems and emotions, but can often create more problems and can lead to problematic use. Identify social and emotional rewards people seek from alcohol or other drugs, link to the identification of healthy alternative ways to relieve stress and to meet other social and emotional needs.

- **Nutrition and Weight Management, Active Lifestyle and Exercise** – These health promotion topics can be used to raise awareness of the tendency of certain drugs (including alcohol) to lower inhibitions and cause dietary and exercise plans to falter. Positioning alcohol and other drugs within the context of weight management, nutrition, or exercise plans can help motivate change (e.g., by cutting down on alcohol consumption or by quitting the use of drugs to unwind). A stepwise process for setting moderate drinking goals for drinkers who can safely drink can easily be covered.

Tip:

Effective Education

Information that is presented in smaller amounts, over longer periods, and frequently reinforced is often better understood and more motivating than one-time-only handouts, trainings, or meetings[25].

Case Study

Liz – A workplace-wide mandatory education session was held at Pioneer Communications on their new Drug and Alcohol Policy. The session included a presentation by Liz and other members of the Healthy Workplace Committee on the new drug and alcohol policy as well as general information about problematic substance use.

John – John never really considered the impact of problematic substance use on the workplace and after hearing about it at the education session, he was very happy that a policy was being implemented. One part of the presentation struck John – the potential signs and symptoms of problematic substance use. As he reflected on this, he considered that perhaps this could explain Amber's erratic behaviour. This would explain her tardiness and calling in sick, long breaks, hyperactivity, restlessness, irritability and moods. Initially John doubted his thoughts about Amber and a potential problem with substance use since he had no real 'proof'. The next day John was considering confronting Amber about his concerns, but he received an email notice from the Healthy Workplace Committee on what to do if you suspect a co-worker might have a problem with substance use. John decided to follow the first piece of advice and contacted the Pioneer EAP and also asked for a confidential meeting with his Manager, Liz, to share his concerns.

Amber – Although Amber did notice that her work quality suffered when she came in with a hangover, but she always thought that she was in control of her alcohol use. She could tell that she was less focused on days where she drank excessively the night before and this was especially more pronounced when she drank before work. During the Drug and Alcohol Policy presentation Amber thought she didn't need to worry about the policy since she drank in the morning to help her get the day started, and she didn't drink on the worksite. She knew that she didn't really want to continue drinking as much as she did so she grabbed the number for the workplace EAP program, but re-considered contacting them for support since she thought these supports were for 'alcoholics', which she didn't consider herself to be.

Step 4: Supervisor Training

Supervisors are a key element of successfully addressing problematic substance use that impacts the workplace as they are often responsible for implementing many of the elements of drug and alcohol policies as well as problematic substance use programs[25]. Supervisors play a vital part in creating an environment that not only complies with minimum health and safety requirements but also actively supports the creation of a healthy, safe, productive drug-free workplace[25]. Armed with the right attitudes, behaviors, and knowledge, supervisors can serve as powerful motivators and agents of positive change who inspire all employees to stand behind the drug-free workplace policy and program[25]. Supervisors trained in techniques such as active listening and non-judgmental approaches can be sources of encouragement for early intervention and referrals to appropriate supports. Supervisors should not perform the role of police officer or counselor, their primary role is as an observer. Supervisors are often responsible for seeing that the work of staff meets established performance standards. Should an employee begin to show a consistent pattern of problem behavior, this is when the supervisor must take action[14].

Supervisors need to be trained on how to carry out drug and alcohol policies including[9,25]:

- Knowing the workplace's **policy** and program (and how to explain the policy to employees)
- Being aware of legally sensitive areas (e.g., maintaining **confidentiality** of employees, following union contracts, intricacies of drug testing if part of the policy, etc.)
- Recognizing **signs and symptoms** of potential problematic substance use
- Handling drug or alcohol **crisis situations** (e.g., violence/unpredictable behaviour, threatening words and/or actions, illegal activity, possession of alcohol or other drugs, etc.)
- **Referring** to appropriate programs/supports
- **Acting** in the event that problematic substance use is detected (e.g., organizing a confidential meeting, inclusion of union representation if applicable, presenting documented evidence of performance deficits, ensuring the employer's willingness to support help-seeking and to suspend disciplinary steps if the employee follows through on dealing with the problem)
- **Reintegrating** employee back to work

Supervisory Traps[16]

Supervisors have to be aware that the employee will consciously or unconsciously use a variety of 'traps' to protect themselves when being confronted by the supervisor:

Sympathy	Trying to get you involved in his/her personal problems
Excuses	Having increasingly improbable explanations
Apology	Being very sorry and promising that they will change ("It won't happen again")
Diversions	Trying to get you to talk about other issues in life or in the workplace
Innocence	Claiming he/she is not the cause of the problems, but rather is the victim ("It isn't true")
Anger	Exhibiting physically intimidating behaviour, blaming others ("It's your fault I drink")
Pity	Using emotional blackmail to illicit sympathy or guilt ("How can you do this to me now?")
Tears	Falling apart and expressing remorse upon confrontation

Supervisor training is a large, sometimes daunting area to address. It may be beneficial to engage external expertise to support supervisor training. Additionally, the following references may be useful resources:

Resource:	Training Your Supervisors
Source:	Substance Abuse and Mental Health Services Administration – Division of workplace programs – workplace resource center.
Link:	workplace.samhsa.gov/WPWorkit/pdf/training_your_supervisors_br.pdf
Resource:	Supervisor Training
Source:	United States Department of Labour – Drug-Free Workplace Advisor
Link:	www.dol.gov/elaws/asp/drugfree/supervisor/screen45.asp
Resource:	Train Supervisors
Source:	Sunshine Coast Health Centre – You are the key: 10 steps for employers to a drug-free workplace.
Link:	www.sunshinecoasthealthcentre.ca/key-guide.pdf
Resource:	Supervisor Training for DOT & Workplace (online and in-class training available in Canada)
Source:	DriverCheck
Link:	www.drivercheck.ca/supervisortraining.html
Resource:	Supervisor Training Program Administering Alcohol & Drug Policy and EAP Programs in the Workplace (paid – Canadian locations available)
Source:	Chandler Consulting
Link:	www.chandlerconsulting.net/program_admin.htm
Resource:	Supervisor Training Model (paid web-based training)
Source:	Drug Testing Network: Drug Free Workplace Training
Link:	www.drugtestingnetwork.com/training-brochure.pdf
Resource:	Supervisor Training
Source:	Narconon International
Link:	www.narconon.org/drug-rehab/drug-awareness.html
Resource:	Supervisor Training Workshops
Source:	Kelowna Alcohol and Drug Services
Link:	www.interiorhealth.ca/uploadedFiles/Health_Services/Mental_Health_and_Addictions/Alcohol_and_Drug_Addictions/Resources/buzzseptoct.pdf.pdf

Tip:

The DO's and DON'Ts for Supervisor[14]

- DO emphasize that you are only concerned with work performance or conduct.
- DO have documentation of work performance when you talk to the employee.
- DO remember that many problems get worse without assistance.
- DO emphasize that the EAP, if applicable, is confidential.
- DO explain that the EAP, if applicable, is voluntary and there to help the employee.
- DO call the EAP, if applicable, to discuss how you make a referral.

- DON'T try to diagnose the problem.
- DON'T moralize.
  Limit comments to job performance and/or conduct issues.
- DON'T discuss alcohol and drug use.
  Stick to the topic of performance on the job.
- DON'T be misled by sympathy-evoking tactics.
- DON'T cover up.
  Remember, if you protect people, it enables them to stay the same.
- DON'T make threats that you do not intend to carry out.
  If you threaten disciplinary action, you must follow through.

Tool #8: Responding to Crisis

If a supervisor comes upon an employee who is disoriented and smells of alcohol, has slurred speech, is staggering or has an unsteady gait, and is using inappropriate tones/language to co-workers – what should a supervisor do[11]?

1. Escort the employee to a **private area** to discuss the behaviour
2. Call in another supervisor to serve as a **reliable witness**
3. Inform the employee about **your concerns** and get his/her explanation
4. **Notify senior management** and union representative (if applicable)
5. Based on the employee's response, place them on **suspension** (paid leave) until a formal investigation takes place
6. Arrange for the employee to be **escorted home** (if the employee is in no shape to work, they are in no shape to drive)

Write an incident report (e.g., place, date time, name of employee, name of witness, description of incident, events preceding the incident, identification of unsafe conditions/acts involved in the incident, recommended corrective action).

Tool #9: Incident Report Sample

Employee Name:			
Date of Incident:			
Description of Incident:			
Behaviour:	❑ Nervous?	❑ Insulting?	❑ Sleepy?
	❑ Exaggerated politeness?	❑ Confused?	❑ Combative?
	❑ Excited?	❑ Quarrelsome?	❑ Fatigued?
	❑ Uncooperative?	❑ Poor memory?	❑ Overly talkative?
	❑ Others (please describe)?		
Unusual Actions:	❑ Sweating?	❑ Slow reactions?	❑ Crying?
	❑ Quick moving?	❑ Tremors?	❑ Fighting?
	❑ Other (please describe)?		
Speech:	❑ Slurred?	❑ Slow?	❑ Confused?
	❑ Thick?	❑ Rambling?	❑ Pressured?
	❑ Other (please describe)?		
Balance:	❑ Falling?	❑ Staggering or unsteady gait?	❑ Unsure?
	❑ Needs support?	❑ Stumbling?	❑ Normal?
	❑ Other (please describe)?		
Witnesses/Other Employees Involved:			
Supervisor Actions:			
Consequence:			
Planned Follow-up:			
Signature:		Date:	

Sample Only

Source 12

Case Study

Amber – Amber never contacted the EAP and continued drinking. Not only did she drink in the morning but started to also do so right after work a couple times a week. One day, Pioneer Communications was particularly busy, deadlines were fast approaching and her co-workers were putting more and more work on her desk to be completed by the end of the day. She knew she had a little bottle of vodka on her and considered drinking it to get her through the workday, but decided that she wouldn't do that. She received a phone call from one of the Pioneer Communication's clients who yelled at her and blamed her for not getting an email out to them on time. Amber was very upset after this phone call; she was at a breaking point and went to the bathroom to gather herself. While in there she started to drink her vodka.

Liz – After meeting with John, Liz kept an eye on Amber. Although her behaviour still seemed strange, she generally got her work done, but the quality of the work continued to make a notable decline. Liz was also stressed this day and decided to make a quick trip to the bathroom in between her jam packed day of meetings. In her rush, she forgot to knock on the bathroom door to see if it was occupied and walked in on Amber. Feeling incredibly embarrassed Liz promptly exited the bathroom, but saw Amber drinking out of a vodka bottle. Amber ran to meet with Liz and told her that she was just using the bottle for water. Liz escorted Amber to a private area to discuss the incident. Liz told Amber about her decline in work quality and expressed concern about her behaviour. Amber finally broke down and admitted that she has been stressed and has been using cocaine to help. Liz arranged for transportation to get Amber home safely and contacted Human Resources as well as the Union who told her to document the incident in detail. Human resources made a mandatory referral to the workplace EAP.

Step 5: Supports

Program to Address Problematic Substance Use That Impacts the Workplace

The most effective way to address problematic substance use that impacts the workplace is through a comprehensive program/approach. This approach is illustrated in the following figure[3]:

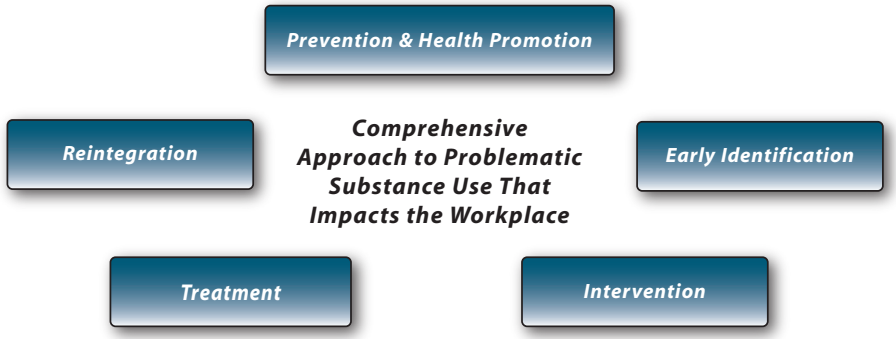


Figure 8

In addressing problematic substance use that impacts the workplace, employers have a role in each of the five components illustrated above. These roles are described in this section.

Prevention & Health Promotion

Creating and maintaining a healthy workplace culture that supports the health and safety of employees is a key pillar of comprehensive workplace health. Problematic substance use is a health issue and as such it can be integrated into existing workplace health strategies. You can add information on substance use to these healthy lifestyle programs (many of which workplaces already have implemented)[3]:

- Active living
- Healthy eating
- Challenges of shift work
- Major life changes
- Stress reduction
- Mental health (e.g., depression, anxiety, etc.)

Early Identification

Staff and supervisors can be educated to recognize the signs and symptoms of problematic substance use/impairment, which will result in increased early identification of performance problems. Often co-workers are aware that one of their colleagues might have a problem with substance use, but do not know how to deal with it or how they can help. Further, education around problematic substance use may help to decrease enabling behaviour by co-workers (e.g., covering up, doing other's work for them, etc.) as well as open up a dialogue about problematic substance use in order to de-stigmatize it[3].

Intervention

When an employee's performance has noticeably changed, an interview or 'intervention' discussing the signs and the causes can lead to a supportive approach to seeking help or motivating an employee to change[3]. Workplace interventions should be clearly stated and outlined in a drug and alcohol policy[3]. Early intervention helps to increase the changes that an alcohol or drug problem can be dealt with effectively[17].

A popular option for supports that the workplace could provide is the ***Employee Assistance Program (EAP). Given the impact of problematic substance use on families, it is ideal to include family support within your EAP program. If your workplace does not have an EAP, other resources such as an occupational health and safety nurse or community resources such as local addiction treatment services may be able to provide supports (please refer to the 'Resource' section of this toolkit for the contact information of a addiction treatment service nearest you).*** These supports help employees address a broad spectrum of health, economic and social issues including problematic substance use (please note that many EAP programs do not provide coverage for those in part-time or casual positions – you may want to explore expanding this support to all employees to ensure that everybody has access to support should they require it). The program may be[16]:

- **Referral Only:** These programs provide supervisors and managers with a telephone number to give to troubled employees for accessing referrals to community resources, self-help options, and substance abuse treatment providers.

- **In-House:** These types of programs have employees who specialize in crisis intervention, assessment, and referral to outside sources for assistance. They also may provide assistance to supervisors and managers in handling employee performance reviews and identifying problems.

- **Contract:** Outside programs offer crisis intervention, short-term counseling, assessment, and referral to specialized sources of assistance with the use of a consultant or firm providing these services. This is a common model that uses highly-specialized staff and services removed from the workplace.

- **Consortium:** These programs combine employers, unions, and worksites within a defined area or specific industry to offer services—often on a more comprehensive and less expensive basis.

- **Mixed Model:** These programs are for employers and unions with multiple worksites with different needs and resources.

Treatment

When early intervention has been unsuccessful (i.e. continued decline in performance) in motivating the employee to seek help, employers need to engage in a treatment intervention[3]. Under a 'treatment intervention' the employer indicates to the individual that their performance is unacceptable and that there are treatment options available through the workplace's EAP or other resources[3]. Treatment will vary but may include:

- Detoxification or withdrawal management
- Day structured treatment
- Residential treatment program
- Outpatient treatment
- Family therapy
- Self-help

Relapse prevention is also essential to treatment. Completion of treatment is determined by a clinical assessment[3].

Reintegration

When an employee has sought help for his/her substance use problem and is now ready to return to work, what are some things to keep in mind? Return to work is the primary goal of an effective disability management program. The longer an individual is away from work, the harder it will be for that individual to reintegrate back into the workplace. The best practice is to integrate the return to work plan with the individual's treatment, monitoring and aftercare[29].

The substance use treatment may have consisted of a series of sessions with a counselor, or it may have included attending a program on an out-patient or in-patient basis. Recovery is an ongoing process that continues long after the program is complete. The following supportive measures can be of benefit[17].

	Supports for Reintegration
A **workplace** can support an employee during this time by:	❑ Developing education programs about alcohol and other drugs for all staff (it is difficult for the returning employee when supervisors / co-workers are not knowledgeable about addiction) ❑ Recognize the needs of recovering employees when planning social events ❑ Develop and follow clear policies that encourage early recognition of troubled employees and that support them through long-term recovery ❑ Identify resources available for assistance (such as EAP or other community resources)
A **supervisor** is often concerned about how to best support the returning employee. There may be concerns about work performance and safety as well. Supervisors can:	❑ Show support and remind the employee they are missed and valued by the workplace ❑ Meet with employee before they return to work if possible ❑ Update the employee about any changes that have taken place ❑ Discuss and deal with fears/concerns the employee has about returning to work
Co-workers may be uncomfortable or nervous about the employee coming back. There may have been interpersonal conflicts, issues of enabling and covering up for the employee, and resentment because the employee was not carrying his own weight. Generally co-workers care and want success for their returning colleague. Ways in which co-workers can assist are to:	❑ Offer support and encouragement (but not counselling) ❑ Do not enable the recovering worker (cover up or ignore situations) ❑ Allow them to carry their own workload and make decisions ❑ Remind the recovering worker about the help available, should he/she need it ❑ Continue to include the co-worker in social activities, but support their decisions if they decline (especially if alcohol is being served)

Case Study

Amber – After being sent home, Amber was very embarrassed and feared she would lose her job. Pioneer Communications' EAP recommended Amber seek a substance use assessment at Addictions Services. After a few sessions, Amber soon realized that her alcohol use was far more than recreational and was happy that she was provided the opportunity to get help and get her life back on track.

It was recommended that Amber attend residential treatment to address her problematic substance use. Amber agreed to this and, after 28 days in treatment, she was ready to return to work. She was initially very nervous to return, fearing that she would be treated differently and that her co-workers would be nervous around her. She continued to see a counselor weekly for follow-up counselling.

Liz – Liz was happy to hear that Amber received help for her problematic use of alcohol. Although Liz initially felt guilty that she was the one who revealed Amber's problem which resulted in her leave from work, Liz took comfort in knowing that she was getting help. Liz decided that she would not treat Amber any differently than before and welcomed her back to the office, although she decided to keep Amber's initial workload relatively light and would gradually return her to her normal work load and responsibilities.

John – John was shocked when he heard that Amber was struggling with problematic substance use but was happy that he made the choice to alert Liz to his suspicions. John was glad to hear that Pioneer Communications supported Amber through this difficult time and re-instated her in her position when she was ready to return to work. As part of their awareness building for the Drug and Alcohol Policy Pioneer Communications had provided all employees with a brochure on the role of co-workers in problematic substance use. John recalled that upon Amber return to work, he should offer support and encouragement. John welcomed Amber, expressed that he was happy to see her and hope all is well. After work John invited Amber to be on the 'Pioneer Communication Relay Team' which he was leading to support a local charity. He felt this was a good way to include Amber in social activities.

Step 6: Evaluation

The final step in the process of addressing problematic substance use that impacts the workplace is evaluation – or determining if you met your goals and objectives. Though often overlooked, evaluation is important to provide information on:

- The effectiveness of the program/support provided
- The successes of the program/support
- The challenges, areas of improvement or modifications
- The justification for the continuation of the program/support

It is beneficial to regularly evaluate the program/supports so that changes can be monitored over time. Evaluation does not have to be complicated. A simple survey can be a starting place to gather information about your program. The following tool is a sample survey which you may use or adapt to evaluate your program/support.

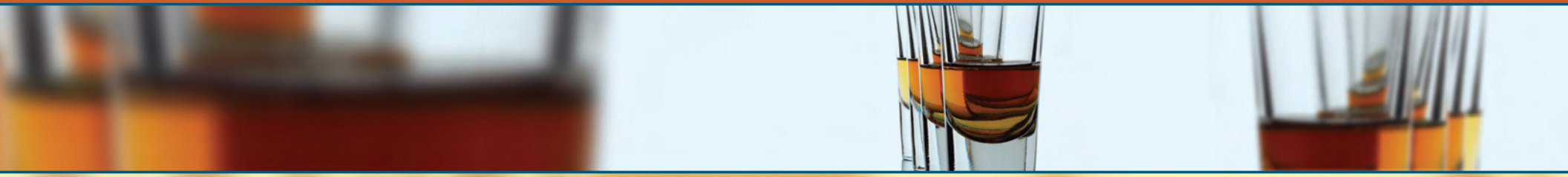
Tool #10: Evaluation Survey

Policy
Are you aware of the workplace's drug and alcohol policy? ❑ Yes ❑ No
Do you think it's important for our workplace to have a drug and alcohol policy? ❑ Yes ❑ No
Is there any part of the policy that is unclear? ❑ Yes ❑ No If yes, please indicate which area(s) is unclear: _____
Is there anything you'd like to see changed about the policy? Please describe below: _____
Do you think it is important for our workplace to address problematic substance use? ❑ Yes ❑ No If no, why not? _____
Supports
Do you know what to do if you suspect one of your co-workers has a problem with substance use? ❑ Yes ❑ No If yes, please explain what you would do: _____
Do you know what types of supports our workplace offers to help with addressing problematic substance use? ❑ Yes ❑ No If yes, please describe supports offered: _____
Do you think as a workplace we can be doing more to support you, your co-workers or your family to address problematic substance use in the workplace? ❑ Yes ❑ No If yes, what can we do to help? _____

IV

section

Resources



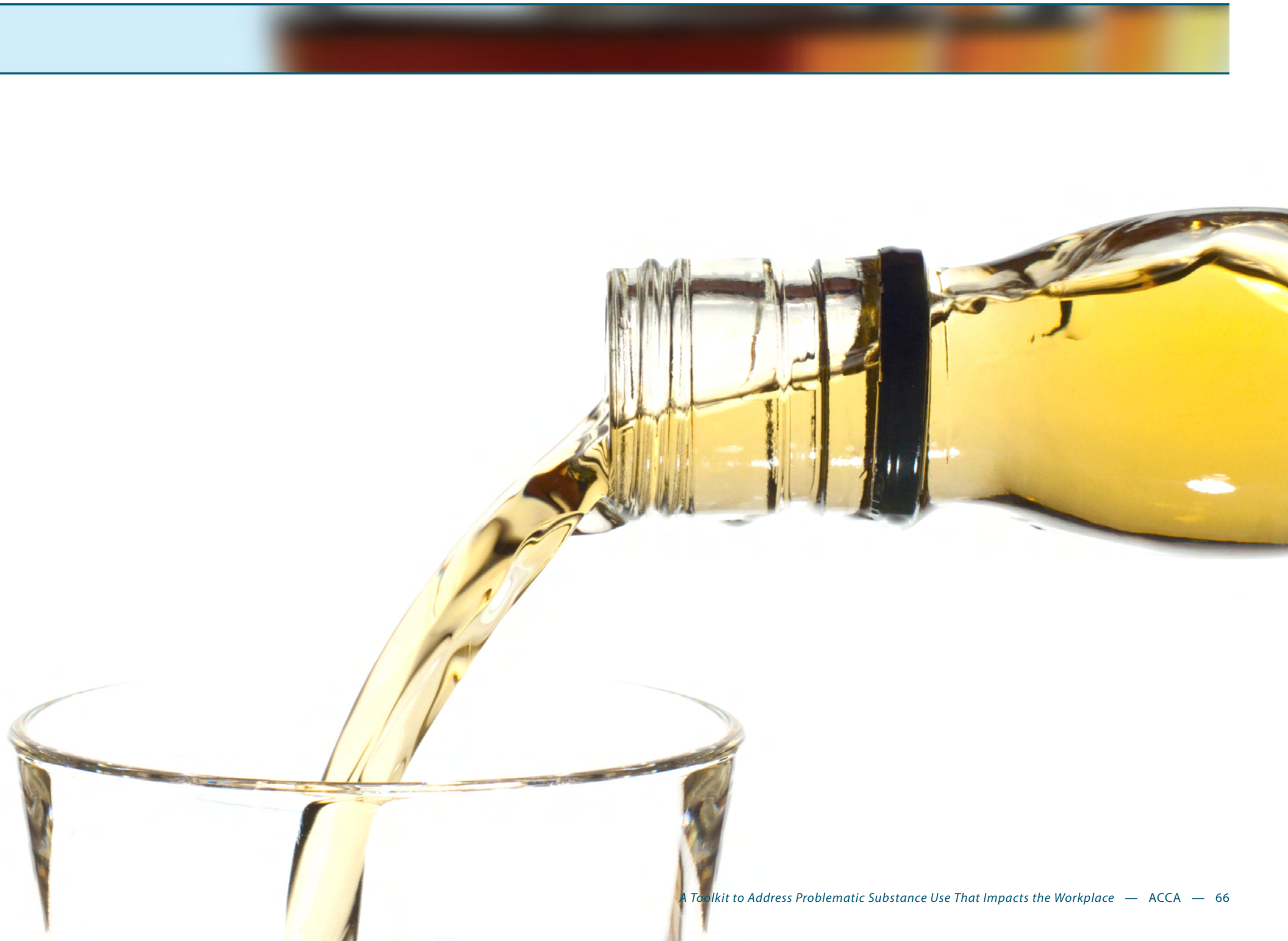
Addiction Treatment Services

Addiction treatment services are located throughout Atlantic Canada and provide programs and supports across the spectrum from prevention to treatment.

Province	*Description*	*Contact Information*
Nova Scotia	Addiction Services offices are located throughout Nova Scotia to help individuals, families and communities with problems created by the harmful use of alcohol, other drugs and gambling. We help sisters, brothers, moms, dads, husbands, wives, co-workers and friends achieve a safe and healthy lifestyle. A range of services are provided free of charge to Nova Scotians across the province through the Addiction Services offices in Nova Scotia's District Health Authorities and the IWK Health Centre. Addiction Services provides a range of services and supports including: • Withdrawal Management (Detoxification) • Structured Treatment Program (Day/Residential) • Methadone Maintenance Services • Community-based Services • Specialized Services for Women and Youth • Driving While Impaired/Alcohol Ignition Interlock • Nicotine Treatment • Problem Gambling Services • Services and Supports for Concerned Significant Others	***Provincial Website*** www.addictionservices.ns.ca ***Capital District Health Authority (Halifax)*** *Central Information and Referral* Phone: (902) 424-8866 Toll-free: 1-866-340-6700 ***South Shore Health*** Bridgewater: (902) 543-7882 Liverpool: (902) 354-3422 Lunenburg: (902) 634-7325 ***South West District Health Authority*** Yarmouth: (902) 742-2406 Barrington Passage: (902) 637-1432 Shelburne: (902) 875-8645 Meteghan: (902) 645-3502 Digby: (902) 245-5888 ***Annapolis Valley Health*** Wolfville, Kentville, Berwick, Middleton and Annapolis Royal: (902) 678-2392 or (902) 825-6828 ***Colchester East Hants Health Authority,*** ***Cumberland Health Authority & Pictou County Health Authority*** Pictou: (902) 485-4335 Springhill: (902) 579-8647 ***Guysborough Antigonish Straight Health Authority &*** ***Cape Breton District Health Authority*** Phone: 1-888-291-3535

Province	*Description*	*Contact Information*
New Brunswick	The Department of Health provides a continuum of in-patient, out-patient and community care to improve outcomes for individuals and communities affected by substance abuse and gambling addictions. In all Regions: • Detoxification Services • Outpatient Counselling Services • Community Services Also available are short term adult residential services, specialized opiate treatment clinics and youth residential treatment.	***Provincial Website*** www.gnb.ca/0378/poster-e.asp Bathurst: (506) 547-2086 Campbellton: (506) 789-7055 Edmundston: (506) 735-2092 Fredericton: (506) 452-5558 Miramichi: (506) 623-3375 Moncton: (506) 856-2333 Saint John: (506) 674-4300 Tracadie-Sheila: (506) 394-3615 Gambling Information Line: 1-800-461-1234
Prince Edward Island	Services are provided on an out-patient basis at various sites throughout the province. Programs and services include: • Individual Counselling – Adults • Youth Counselling Services and the 'Strength' Program (8-week intensive program for youth with a residential component for youth requiring this service) • Family Program • Group Rehab (3 week group program) • Outpatient Detox • Methadone Maintenance Treatment Program • Gambling Addiction Services • Smoking Cessation • Extended Care Facilities/Recovery Homes for Men and Women • Shelter Unit • Inpatient Detox Services are Available at the Provincial Addiction Treatment Facility at Mt. Herbert Referrals for Addiction Services are accepted from individuals and professionals.	***Provincial Website*** www.gov.pe.ca/health/index.php3?number=1020507&lang=E Toll Free: 1-888-299-8399 Alberton: (902) 853-8670 Summerside: (902) 888.8380 Charlottetown: (902) 368-4120 Montague: (902) 838-0960 Souris: (902) 687-7110

Province	*Description*	*Contact Information*
Newfoundland & Labrador	In Newfoundland and Labrador, services for people affected by alcohol, drugs and gambling are mainly provided through the four regional health authorities – Eastern Health, Central Health, Western Health and Labrador-Grenfell Health. Services are provided for people who have been affected by their own substance use or gambling behaviour, and for people who have been affected by someone else's behaviour. A range of community-based treatment and intervention services are offered: • Outpatient Counselling • Early Intervention and Outreach for Youth • Adult Residential Treatment Services • Adolescent Day Treatment • Detoxification Services • Opioid Treatment Centre • Crisis Support	***Provincial Website*** www.addictionhelpnl.ca ***Eastern Health*** St. John's: (709) 752-4919 Conception Bay South: (709) 834-7906 Shea Heights: (709) 752-4313 Bell Island: (709) 488-2701 Bonavista: (709) 468-5204 Portugal Cove: (709) 895-7056 Torbay: (709) 437-2210 Trepassey: (709) 438-2802 Ferryland: (709) 432-2931 Witless Bay: (709) 334-3944 Clarenville: (709) 466-5700 Harbour Grace: (709) 945-6581 Burin: (709) 891-5030 Bay Roberts: (709) 786-5219 Whitbourne: (709) 759-3362 ***Central Health*** Gander: (709) 256-2813 Grand Falls: (709) 489-8180 Lewisporte: (709) 535-0906 New-Wes-Valley: (709) 536-2405 Springdale: (709) 673-4314 ***Western Health*** Corner Brook: (709) 634-4506 Port Aux Basque: (709) 639-5918 Stephenville: (709) 643-8720 Deer Lake: (709) 635-7830 Burgeo: (709) 886-2185 Norris Point: (709) 458-2381 Cow Head: (709) 243-2625 Port Saunders: (709) 861-9125 ***Labrador-Grenfell Health*** Goose Bay: (709) 897-2343 Labrador City: (709) 944-9251 St. Anthony: (709) 454-0262 Port Hope Simpson: (709) 960-0271 Ext. 230



VII

section

Conclusion, Appendix and References

Conclusion

This toolkit was designed to build employers' understanding of problematic substance use that impacts the workplace and the importance of addressing this issue. Problematic substance use is a complex issue, "there's no elevator, you have to take small steps". In other words, there is no easy solution but this toolkit outlines the key steps to addressing problematic substance use that impacts the workplace. Workplaces are encouraged to apply the steps and tools & resources provided in the toolkit and to connect with local Addiction Services in their area who can provide them with support and guidance in addressing problematic substance use.

Appendix

Sample Policy
#1 Generic Short Version

Title: Alcohol and Drug Issues
Relevant Legislation: NSOHS Act; Human Rights Act
Effective Date:

Purpose:
ABC Organization is accountable to create a safe environment for patients, families, staff, volunteers and members of the public. This includes ensuring there is no use of illegal substances in the workplace or misuse of substances before or during work hours that may impair an employee's ability to perform their work functions responsibly.

Policy:
All individuals working at ABC Organization (including volunteers and contractors) are expected to report fit for duty for scheduled work and be able to perform assigned duties safely and acceptably without any limitations due to use or after effects of alcohol, illicit drugs, non-prescription drugs or prescribed medications or any other substance that may impair judgment and performance.

ABC Organization will not tolerate anyone in possession of, using, or under the influence of alcohol or drugs at work. Any individual failing to adhere to this zero tolerance policy will be subject to discipline up to and including dismissal.

Procedures:
Managers and supervisors are to identify and handle all situations promptly where there are concerns about an individual's ability to perform his/her job safely.

Employees who are suspected to be under the influence of alcohol or drugs while at work will be sent home immediately and will not work their scheduled shift. Transportation will be arranged.

The supervisor is responsible for documenting any incidence of suspected alcohol and drug use.

Employees are encouraged to inform their supervisor or Occupational Health Nurse about their use of medication or prescription drugs that may compromise their safety or the safety of others, or impair their performance.

ABC Organization will provide support for employees with alcohol and drug problems by making accessible confidential assessment, counselling, treatment, and after-care services.

Employees who have a drug or alcohol dependency are strongly encouraged to seek assistance through their EAP or their immediate supervisor. All voluntary referrals to the EAP are kept confidential.

Employees shall advise their supervisor whenever they have any concerns about their colleagues' fitness or duties.

The Human Resource contact will work with the immediate supervisor to determine appropriate disciplinary action.

The Manager will ensure adherence to reporting requirements with the appropriate licensing bodies.

Source: Capital District Health Authority, *A Resource Kit for Healthcare Organizations*

References

1. Health Canada (2009). Workplace Health [accessed online via http://www.hc-sc.gc.ca/ewh-semt/occup-travail/work-travail/index-eng.php].

2. The Health Communication Unit [THCU] (2005). *Evaluating Comprehensive Workplace Health Promotion*. Centre for Health Promotion – University of Toronto.

3. Addiction Services (Nova Scotia) (2007). *Building a Framework: A Resource Kit for Healthcare Organizations*.

4. Arcand, M. - BC Mental Health and Addiction Services (n/d). *Substance Use – the monster we work with*. BC Council on Substance Abuse.

5. Health Officers Council of British Columbia, 2005. *Spectrum of psychoactive substance use*.

6. Drug Scope 2000-2010 (n/d). [accessed online via http://www.drugscope.org.uk/].

7. Addiction Science Network (2009). [accessed online via http://www.addictionscience.net/].

8. Centre for Addiction and Mental Health (2005). *Beyond the Label – A Educational Kit to Promote Awareness and Understanding of the Impact of Stigma on People Living with Concurrent Mental Health and Substance Use Problems*.

9. Roberts, G. (2008). *Best practices for preventing substance use problems in Nova Scotia*. Nova Scotia Health Promotion and Protection.

10. Frone, M.R. (2003). Predictors of overall and on the job substance use among young workers. *Journal of Occupational Health Psychology, 8(1)*; 39-54.

11. Sunshine Coast Health Centre (2007). *You are the key – 10 steps for employers to a drug-free workplace*.

12. Pidd, K. (2005). *Workplace culture and alcohol use*. National Centre for Education and Training of Addiction.

13. College of Registered Nurses of Nova Scotia [CRNNS] (2006). *Problematic substance use in the workplace – a resource guide for registered nurses*.

14. United States Department of Labour (n/d). Drug-Free Workplace Advisor [accessed online via http://www.dol.gov/elaws/drugfree.htm].

15. Canadian Centre on Substance Abuse [CCSA] (2010). Workplace [accessed online via http://www.ccsa.ca/eng/topics/populations/Workplace/Pages/default.aspx].

16. U.S. Department of Health and Human Services (USDHHS) (2009). *Making your workplace drug free*. Substance Abuse and Mental Health Services Administration.

17. Alberta Alcohol & Drug Abuse Commission (AADAC) (2002). *Substance use and gambling in the Alberta workplace: Technical report*. Government of Alberta.

18. Canadian Alcohol and Drug Use Monitoring Survey [CADUMS] (2008). Health Canada.

19. Larson, S. L., Eyerman, J., Foster, M. S., & Gfroerer, J. C. (2007). *Worker Substance Use and Workplace Policies and Programs* (DHHS Publication No. SMA 07-4273, Analytic Series A-29). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

20. Butler, B. (2009). *Alcohol and drugs: Canadian policy development*. Barbara Butler & Associates Inc.

21. Rehm (2006). *Cost of Substance Use in Canada 2002: Highlights*.

22. Jordan, N., Grissom, G., Alonzo, G., Dietzen, L., Sangsland, S. (2008). Economic benefit of chemical dependency treatment to employers. *Journal of Substance Abuse Treatment, 34*; 311-319.

23. Ontario Mental Health Association (n/d). *Substance use, misuse and abuse at work*.

24. Government of Australia, 2009. *Drug and alcohol use*.

25. Substance Abuse and Mental Health Services Administration [SAMHSA] (n/d). Division of workplace programs – workplace resource center.

26. Butler, B. (2006). *Background information on alcohol and drug testing*. Barbra Butler & Associates.

27. Alcohol Policy Network (2002). Laws/Policies – Enacted Legislation.

28. US Mine Safety & Health Administration Department (n/d). United States Department of Labour.

29. 2007, *A "Best Practices" Approach to Addiction Management for Government Employees*.

30. A.W. Blume (2005). *Treating Drug Problems*. John Wiley & Sons, Inc. (p. 42).

Problematic Substance Use
That Impacts the Workplace

A Step-by-Step Guide & Toolkit
to Addressing it in Your Business/Organization