ICHCA International Limited

INTERNATIONAL SAFETY PANEL BRIEFING PAMPHLET NO 15

SUBSTANCE ABUSE IN THE WORKPLACE

By Robert D Baron

ICHCA International Limited

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ICHCA International Limited - INTERNATIONAL SAFETY PANEL

The International Safety Panel is composed of safety and training officers and directors, transport consultants, representatives from leading safety and training organisations and institutions and leading authorities on the subject area from around the world.

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Short Personal History of the Author

Robert D. Baron was the Director of Safety and Security for the Steamship Trade Association of Baltimore between 1981 and 2001. His duties included: coordinating safety matters for the member companies of the Association, operating a safety training school for the longshoremen in the Port of Baltimore, administering a drug and alcohol testing program, and working with related port safety agencies such as OSHA, US Coast Guard, port authority, and local fire departments. Prior to his present position, Bob was safety director for the Maryland Port Administration.

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1 INTRODUCTION

1.1 Substance abuse in the workplace is not unique to the cargo handling industry or to any particular region of the world. It is, in fact, an insidious problem that should neither be denied nor ignored.

1.2 One of the acknowledged solutions to alcohol and drug abuse is to eradicate the practice from all workplaces. Although this might seem to be easily accomplished, the challenge is one that requires compassion, cooperation, determination, and diligence. Ironically, the cargo-handling world is an unwilling accomplice in the shipment of illegal drugs. Traffickers often disguise their contraband and then use legitimate cargo moving methods and agents to distribute their “wares”. This manipulation and deception within our industry should increase our desire to eliminate this scourge on society.

1.3 For the purposes of this booklet, substance abuse is defined as the use of mind altering or mood changing materials. It includes the excessive use of alcohol, misuse of prescribed medicines and use of prohibited or illegal drugs. The use of tobacco products is not included since nicotine addiction is not acknowledged to affect workplace safety and requires a completely different approach, although it is acknowledged that smoking is a significant health risk.

2 THE PROBLEM

2.1 The use of illegal drugs or the misuse of legal drugs or alcohol can significantly affect the safe performance of workers. This may affect the profitability of a company, irrespective of its size. Employees under the influence of drugs or alcohol can be a risk to themselves, fellow employees, customers and the public.

2.2 Substance abuse by workers in the cargo-handling world can lead to potentially catastrophic consequences. Cargo handling today employs a wide variety of materials handling equipment, e.g. container gantry cranes, straddle carriers, top loaders, terminal tractors, lift trucks, etc., with capacities to move loads of significant sizes and weights. Much of this equipment is sophisticated and requires skilled, alert operators who must be able to focus on the task at hand.

3 LEGISLATION

3.1 Article 6(b) of ILO Convention 152, Occupational Safety and Health in Dock Work, states “that workers take reasonable care for their own safety and that of other persons who may be affected by their acts or omissions at work". This is the basis for developing a workplace substance abuse policy, whether it is voluntary or required by law.

3.2 Guidance should also be obtained regarding national legislation. Many countries have specific laws regarding substance abuse programs.

4 SUBSTANCES OF ABUSE

4.1 Substances of abuse can be divided into categories according to their effect: depressants, stimulants, and hallucinogens.

4.1.1 Alcohol (depressant)

Alcohol is by far the most abused substance in society. A central nervous system depressant, it lowers the ability of the brain to control behaviour and impairs ability to perform motor skills such as driving vehicles or operating cranes. Alcohol abuse can cause memory loss, liver and kidney damage, anxiety, brain damage and emotional distress.

4.1.2 Cocaine (stimulant)

Cocaine is an extremely dangerous drug as occasional use can easily lead to addiction. It is a strong central nervous system stimulant that heightens the body's natural response to pleasure and creates an euphoric high. Physical effects include constricted peripheral blood vessels, constricted pupils and increased temperature, heart rate and blood pressure. High doses or chronic use of cocaine can trigger paranoia and have toxic effects. Cocaine related deaths may result from cardiac arrest or seizures followed by respiratory arrest. Despite its harmful physical and social consequences, the powerful pleasurable effect of cocaine is responsible for its continued use.

4.1.3 Amphetamines (stimulant)

Also known as "uppers", amphetamines are usually synthetic products made in clandestine laboratories. They can be taken orally, injected, smoked or "snorted". The effects of this large class of stimulants include a sense of well-being and high energy, a release of social inhibitions and feelings of cleverness, competence and power. Chronic amphetamine use can cause a schizophrenia-like paranoia, auditory and visual hallucinations, and violent or erratic behavior.

4.1.4 Heroin (depressant)

Heroin is also a highly addictive drug. Use can cause euphoria, drowsiness, respiratory depression, constricted pupils and nausea. Continued taking of large doses can result in convulsions and coma. Heroin's primary addictive effect activates brain functions that produce pleasurable sensations.

4.1.5 Marijuana (depressant)

Marijuana (also referred to as cannabis) is considered to be the most extensively used illicit drug. It is a mind-altering substance that can cause psychotic reactions including hallucinations. Balance and coordination are affected and work performance is impaired by slowed reaction time. The active ingredient in marijuana (Tetrahydrocannabinal) suppresses the activity of nerve fibres and can cause short-term memory loss.

4.1.6 PCP (Phencyclidine) (hallucinogen)

PCP is an hallucinogenic drug that produces profound alterations in sensation, mood and consciousness that may involve the senses of hearing, touch, smell or taste, as well as visual experiences that depart from reality. Since its effects are highly unpredictable, including bizarre behavior and disorientation, there is significant risk of accidental injuries and death, e.g. drowning, falling and vehicular accidents. PCP is an

anesthetic compound that can bring about the inability to feel pain, which may lead to serious bodily injury. PCP can also induce a psychotic state that is, in many ways, indistinguishable from schizophrenia.

4.1.7 Prescribed Medicines

4.1.7.1 The misuse of prescribed legal medicines is another category of substance abuse. Amphetamines, barbiturates, benzodizepines and methaqualone are typical types of such medicines. Impaired reflexes and sluggishness or hyperactivity can result. Eventually, addiction and brain damage will usually occur.

4.1.7.2 Legally prescribed medicines, properly taken, can still have physical effects that impair an individual to the extent that he/she should not drive vehicles, operate machinery, etc. Prescribing physicians should always advise patients when this is the case and, in many places, the medicine container will be labelled with a cautionary note.

4.1.8 Combination Effect

It is not uncommon for substance abusers to mix their substance intake to increase the pleasurable effect or counteract unpleasant side effects. For example: consumption of alcohol in combination with heroin. This is one of the major causes of heroin-related deaths. The occasional user faces increased danger of accidental overdose because the alcohol reduces tolerance to heroin. The practice of combining substances can have catastrophic consequences, i.e. overdose, sudden collapse, coma, and/or death.

4.1.9 Inhalant Abuse

Although not generally considered to be a significant problem in ports, the inhalation of chemical vapours can produce mind-altering effects. Likely abusers are young people with limited means or access to more sophisticated drugs. Currently popular inhalants range from glues to paint thinners, gasoline, spray paints, butane, correction fluid, hair spray, ether, chloroform and nitrous oxide. Consequences of chronic use, aside from the obvious fire and/or explosion hazard, may include hearing loss, muscular/limb spasms, bone marrow, kidney and liver damage and damage to the central nervous system. Death from inhalants often follows breathing in very high concentrations of fumes.

4.1.10 Traditional Drugs

4.1.10.1 In some parts of the world, certain substances are consumed, locally or nationally, that are not otherwise known or recognized. One of those drugs is kava, a traditional drink found mainly in the South Pacific islands of Tonga, Samoa, Fiji, and Vanuatu. It is made from the root of a tree and pounded into a powder that is mixed with water. Kava is considered a relaxant and induces sleepiness. It is sold in pill form in certain parts of Europe. The national government in Fiji has banned kava from all workplaces.

4.1.10.2 Another traditional drug is betel nut, which is chewed with lime and leaves. It can be found in India, Solomon Islands, Papua New Guinea and Micronesia. Betel nut has the effect of a stimulant and has been known to be used by truck drivers to keep awake whilst driving.

5 SYMPTOMS

5.1 Workers who abuse substances usually display symptoms or behaviour patterns that can be recognized by alert employers. Key indicators may include increased absenteeism, noticeable change in an employee's normal productivity, history of accidents developing and radical changes in behaviour. Other warning signs may include loss of appetite, significant weight loss, inability to concentrate, irritability, consistent lateness, argumentative behaviour, moodiness and even dishonesty.

5.2 Most of the symptoms or behaviours described above may also be the result of normal life experiences such as a family crisis, death of a loved one, marital difficulties, financial stress, emotional problems, health issues, etc. Concerned managers will endeavour to understand the underlying causes and offer the appropriate guidance, consistent with company policy.

6 EXPERIENCES

6.1 Before a substance abuse program was set up in one U.S. port, it was found that the deceased in 5 out of the 7 fatalities that had occurred over a ten year period were classified as legally intoxicated (0.01% or more of blood alcohol). Since the program was initiated no substance abuse related fatalities have occurred.

6.2 Another U.S. port credits its substance abuse program with a 53% reduction in reported injuries over a six-year period.

6.3 A large German port employer is screening selected employees for alcohol abuse via serologic analysis, as part of mandatory biennial physical examinations. The analysis identifies individuals potentially at risk from alcohol abuse. Those individuals are referred to counselling and rehabilitation, if necessary. Over a six-year period, the number of potential abusers has reduced from 27% of those tested to 9%.

6.4 The Dutch port industry participated in an education, prevention and assistance program to reduce alcohol related problems and increase worker safety. The program focused on two components: employee awareness training about the effects of the excessive use of alcohol and guidance to employers on alcohol abuse prevention and employee assistance programs. Although no statistics are available, the program was considered successful.

7 THE SOLUTION

7.1 Substance abuse programs can be initiated as a result of legislation, contractual negotiations, and regulatory requirements or simply as sound business practice. Irrespective of the reason, an effective program will consist of several elements. These include:

7.1.1 Defined policy. (A written statement establishing the program and defining its parameters.)

When possible, the policy should be jointly issued by management and employee representatives. The policy should state in very clear language that the purpose of the program is to eliminate the problem of substance abuse from the workplace. Employees should be assured the program is

not being used to dismiss people. The substance abuse policy should prohibit not only the use but also the possession or distribution of illegal drugs and alcohol in the workplace. The policy should also address illicit use of legal drugs and use and misuse of prescribed medicines.

7.1.2 Education.

Initial awareness training should be made available to everyone. Direct mailings to employees, posters or company newsletters can be effective means to inform those concerned of the policy and the program. Managers and supervisors should be provided with detailed training on substance abuse recognition, administrative procedures and legal considerations. An excellent technique is to have former alcoholics or drug addicts participate in the training sessions.

7.1.3 Testing criteria.

Typical substance abuse programs will provide for testing in four circumstances:

7.1.3.1 *Pre-employment* drug testing can be part of pre-employment medical examinations. Applicants should be informed of the requirement to submit to a drug test and should sign a consent form permitting release of the test results to the prospective employer. This affords an opportunity to explain the company policy on substance abuse and available treatment programs.

7.1.3.2 *Post-accident* testing should be conducted as quickly as is practicable. Anyone involved with the accident should be tested – not just the individual who was injured or did the damage. Even supervisors should be tested if their decision-making may have contributed in some way to the accident. **Treatment of injuries must always take precedence over testing.**

7.1.3.3 *Probable cause*, also known as reasonable cause, testing should be conducted when an individual displays behaviour, or takes action, that could be due to substance abuse. Slurred speech, stumbling or wandering, inattention, extreme drowsiness and/or irrational behaviour are some examples of behaviour that could justify probable cause testing. Supervisors should receive specialized training in identifying behaviour that warrants probable cause testing before they are authorized to carry it out.

7.1.3.4 *Random testing* is potentially controversial. Where possible, random testing should apply to the entire workforce, including supervisors, managers and directors. As a minimum, safety sensitive jobs (crane operators, terminal tractor drivers, lift-truck drivers, etc.) should be subject to random testing. Certain issues need to be defined at the outset. These include how and where tests will be conducted (on or off the premises) and whether personnel must be on duty in order to be tested or if they can report for testing during off-duty hours.

7.1.4 Collection procedures.

For post-accident and probable cause tests, urine collection may best be done at the medical facility that will be providing the injury treatment. Arrangements for testing need to be pre-established whether the tests are carried out at an in-house clinic, private industrial clinic, public medical clinic or hospital. Consideration should be given to authorization forms, chain of custody documents, and transport for individuals to be tested (both to and from the collection facility). The question of whether an individual is allowed to return to work immediately after testing also needs to be considered. For example, a person sent for probable cause testing might not be permitted to return to work until his/her next scheduled shift.

7.1.5 Specimen analysis.

A certified laboratory that meets national accreditation standards should conduct analysis of specimens. Legal requirements regarding testing procedures, specimen custody, consent forms and confidentiality of information should be researched and followed.

7.1.6 Medical review.

Laboratory results should be forwarded to a qualified medical review officer (MRO) for evaluation. A physician qualified and experienced in substance abuse treatment should also be involved with the medical review. All positive lab results should require that the MRO meet in person with the individual concerned. The MRO should have the final authority to declare a test positive.

7.1.7 Rehabilitation services.

When an individual is confirmed to have tested positive for a prohibited substance, he/she should be referred for treatment and rehabilitation. There is a wide spectrum of services available through medical insurance plans, public counseling agencies and private facilities. Once an individual agrees to seek treatment, the medical review officer can offer guidance and assistance.

7.1.8 Suspension period.

Many programs impose a mandatory suspension period following the first offence. It can range from 30 to 90 days. Other programs require rehabilitation on the first offence without suspension. Industry practice, labor agreements and legal requirements should serve to influence this decision. Most programs stipulate a mandatory suspension on a second offence if it occurs within a defined period of time following the first offence. Persons should always be tested on returning to work following a suspension of employment due to substance abuse. Usually a third offense will be cause for dismissal.

7.1.9 Surveillance period.

Upon returning to work after rehabilitation or suspension, individuals should be subject to a surveillance period ranging from 12 to 24 months. These persons should be subject to being tested on an appropriate but frequent basis for the substance originally found in his/her system.

Should the person test positive during this period, further suspension should be automatic.

8 HELP AND ADVICE ON SUBSTANCE ABUSE

8.1 It may be helpful for one or more persons in a workplace to be identified as persons from whom help and advice on problems associated with substance abuse can be obtained on a confidential basis. Such a person may be a member of the welfare or occupational health department of the workplace.

8.2 Considerable care needs to be taken in selecting suitable persons to advise on substance abuse matters. Such persons need to be sympathetic, tactful and discreet but must be careful to avoid becoming a "crutch" to a person with problems. Ultimately, persons with the problem need to find their own solutions. The adviser's role is to help those with the problem to get the advice and support they need to find their own solution. If advisers become too closely involved, they risk losing their impartiality in cases that may have disciplinary implications.

8.3 Too close an involvement will also mean that there is a risk of the advisers themselves becoming stressed. Advisers should also have someone with whom they can talk and unload at the end of the session, or when necessary. This is particularly important when the substance abuse with which they are dealing may be linked to a highly emotional matter, such as bereavement.

8.4 Advisers need to be aware of their own limitations. Although serious cases are, thankfully, few in number, there is a chance that the advisers may become involved with addiction, mental illness or a host of other matters that will need specialist attention. It is essential that persons advising on substance abuse know when to bring in specialist help. This possibility should be made clear to someone seeking advice.

8.5 To deal effectively with a problem, advisers will need to establish trust and honesty from the start. From the beginning, advisers should emphasize that there may be things that they will have to share with other people or outside agencies. This should always be done with the agreement of the person concerned. This approach helps to maintain confidentiality, whilst leaving advisers free to seek any further help or advice that they may need. It is recommended that advisers always mention that they may have to take the matter further, even when the incidences seem primarily innocent. People often mask their real concern with a simple query, or seemingly innocuous discussions reveal deeper and more complex problems.

9 EXAMPLES OF INCIDENTS

9.1 A semi-tractor operator was driving away from under a container crane with a container loaded on a trailer. As he attempted to make a turn, he drove into the leg of an adjacent container crane. As a result of the accident, the semi-tractor was destroyed and the driver sustained serious multiple injuries. A post-accident drug and alcohol test proved positive.

9.2 A forklift operator was driving in reverse and struck a longshoreman who was walking on the pier. The longshoreman was knocked to the ground

and sustained multiple internal injuries. A post-accident drug test on the forklift operator proved positive.

Appendix 1

SELECTED REFERENCES

A very useful document for those concerned with this subject is the ILO Code of Practice entitled "Management of Alcohol- and Drug-related Issues in the Workplace", ISBN 92-2-109455-3.

The U.S. Department of Health and Human Services maintains several very helpful web sites containing educational and factual information. *www.health.org*.

“Drug Screening Guidelines”, *The Safety & Health Practitioner,* (UK) November 1998.

“Drug Testing in the Workplace”, *Professional Safety*, (US) October 1998.

“Drug Misuse at Work - A Guide for Employers”, HSE (UK) booklet #INDG91(rev 2). January 1988.