

Drug and alcohol workplace challenges

MATTHEW BEATTIE outlines the referral, assessment, treatment and case management of employees in an alcohol and drug-free workplace programme.

In the New Zealand workplace, alcohol and drug abuse is an increasing issue. According to recent employee assistance statistics from the US, alcohol and drug referrals are 12 percent of all workplace traffic. In New Zealand, that number is believed to be higher, about 15 percent and on the rise.

Many employers have invested in an alcohol and drug testing policy and a rehabilitation service provider as part of their best practice response. This permits employees access to a confidential alcohol and drug counselling and referral service.

It also offers supervisors/managers advice on alcohol and drug issues when they are faced with leadership challenges caused by unacceptable performance by the people they are in charge of.

Case management provides access to public or private treatment for any employee and assists the employer to be involved in the return to work decision, and the timing of further drug testing.

A good provider should have strong affiliate links to the company's on-site and laboratory-based drug testing providers. It should operate a helpdesk to provide timely advice, and an online resource of articles and self assessment tools to aid early intervention.

Rehabilitation is a five part process: access, referral, assessment, treatment and case management.

Referrals

Ideally access should be an external offsite 24/7 referral system, contactable by free phone or an online connection to a call centre.

Referrals can be voluntary (self-referrals), where the employee seeks help confidentially, or from management – usually as a result of a drug or alcohol positive test. A manager should have a signed health rehabilitation contract and a copy of the consented drug testing result ready for sending to the provider. It is also handy to have a job description of the affected employee so workplace and personal risk can be assessed.

Online referrals will require username and password access – best via a wallet card. This access is only to initiate a referral – not to complete one.

Clients should be initially phone interviewed by a rehabilitation call centre to gain details and to match the individual's needs, and where appropriate the needs of the employer. A likely recommendation will be made to the employer to refer the employee for assessment. If they are a national provider, there will be referral to a large clinical network. These clinicians provide assessment, individual counselling and local referral to public health programmes if they are accredited.

Following referral, clients will be face-to-face assessed to determine the level of alcohol and drug abuse severity so that an appropriate treatment match will be made. The result of the assessment is emailed as a risk management letter to the referring manager or supervisor, so that a decision regarding whether and where the employee can be employed at this time can be made by the company.

Treatment

For the majority of referrals, a short-term alcohol and drug intervention will meet most needs. For the purposes of budgeting and to ensure cost effectiveness, wide experience suggests that the most appropriate intervention for short-term counselling is normally an

assessment plus a number of sessions – six is ideal, three is considered a minimum for case management into public health.

For the more severe cases, the provider will manage the situation in conjunction with a local clinician into a public health programme (residential or outpatient). Entry into such a programme requires a comprehensive assessment which a number of clinicians are accredited to administer.

Short-term alcohol and drug counselling works best when the employee is honest and open about their current lifestyle and is motivated by the desire to change. Sessions focus on bio-psycho-social issues, plant ideas for change and introduce new practices into a future lifestyle. They look at the four cornerstones of health – body, mind, spirit and family – with the belief that you can't really achieve change in any one area with affecting change in all. The same philosophy applies to other treatment options.

Where an employee is assessed as severe/extreme, abuser or dependent, then treatment options beyond short term counselling are considered. These may be intensive outpatient or residential treatment programmes. The latter, perhaps more than 30 days, has a profound impact on employment with substantial leave required if the job is to remain open. Outpatient programmes may require leave for initial day sessions. Treatment centres vary in their style and method.

Return to work

The rehabilitation provider should case-manage between the employer, the employee and the attending clinician. The provider should consult with the employer about risk management and readiness to return to work for the employee. Often this should be done in conjunction with the forensic laboratory, using compared testing data from return-to-work and follow-up testing so as to recommend effective health/management decisions.

Waiting times for public health programmes such as outpatient or residential programmes can be long and it is appropriate to engage the individual with an initial counselling regime in order for risk to be managed and get the employee back to work, but in a safe environment.

Monitoring

Employees should not return to work, certainly safety sensitive work, until they test below the cut-off level as per AS/NZ Stand-

ard 4308: 2008. For some this may require alternative duties for a period of time until the level of behavioural risk is acceptable.

It is appropriate to monitor change during and after the treatment process by laboratory-based urine drug testing – only laboratory testing provides the level of detail required to make accurate decisions. Laboratory based drug testing is an ideal tool to assist in managing behavioural risk.

Drug testing should be conducted regularly, perhaps weekly during treatment (return-to-work testing) and less frequently, perhaps six times over the 24 months following treatment (follow-up testing). Companies determine this frequency for themselves in their policy. This testing should be unannounced as it provides both therapeutic advantage to the employee and risk management advantage to the employer.

Companies should ask the laboratory for the employee drug testing results to be compared so that subsequent data can be analysed against the initial baseline result (the original drug test). Comparison testing can assist indicate whether the employee is making an effort to change and whether, if their employment was 'safety sensitive', a return to original duties can be made.

Breath alcohol testing is best done on-site using a AS/NZ Standard 3547: 2000 (Type 2) approved device as a convenience to both the employer and employee. Remember that alcohol is quickly metabolised in the body.

Does rehabilitation work?

There are plenty of success stories if the company has a robust policy, effective quality drug testing and a case management focused rehabilitation provider. An effective workplace intervention can initiate change at home and in a community also.

Public sector success for treatment programmes indicate perhaps one in three referrals achieving sobriety/no further breaches of policy. But relapse is common, particularly for alcohol, cannabis and methamphetamine users. If people don't like the message they can, and do, just leave. In a workplace programme, there is a higher success rate, closer to 55 percent, because the workplace programme uses the job as leverage for change. ■

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