

Developing an Alcohol & Drug Program

One experience in a unionized environment

Vaughan Bowser
Vice-President, Human Resources
WorkSafeBC



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What I will be talking about

- WorkSafeBC Drug & Alcohol Policy
- Why it was developed
- How it was developed
- Differences in a unionized context
- Issues & Challenges



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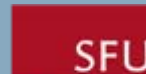
Why have a policy?

- Responsible thing to do, esp. given our safety & health mandate
- Greater awareness, therefore early intervention, like all illnesses
- Employees know how it will be handled, i.e., confidentially, as an illness, treatment will be supported
- Managers know what to look for, what to do, what their role is (and isn't!)
 - Behaviour, performance, safety, attendance
- Structures are in place to deal with it



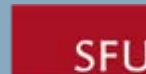
More reasons for a policy

- Should be a positive engagement factor, i.e., my employer cares about me and about people/employees in general
- Part of your reputation, i.e., employer of choice
- The right thing to do, and often the last chance for rehabilitation
- Liability – if an accident occurs
- Reduces union/management disputes



The WorkSafeBC policy

1. Jointly developed, signed by VP of Human Resources and President of Compensation Employees' Union
2. Voluntary/self-identification process
 - An involuntary route exists
 - Referral to professionals & treatment
3. Treated like an illness
 - Almost always (dual diagnosis)
 - Sick leave/LTD is provided
 - Early identification critical



WorkSafeBC Policy (cont'd)

4. Employees have a responsibility to ensure their work is not impaired by alcohol or drugs
5. WorkSafeBC will assist employees to obtain professional help for assessment, treatment & recovery



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WorkSafeBC Policy (cont'd)

6. Early Identification

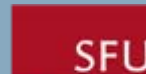
- Issues of stigma and privacy assurance
- Referral by manager, shop steward, HR manager, EFAP, RTW coordinator, or peer counselor

7. Monetary Assistance

- Assessment costs
- Treatment costs (up to \$5,000) for voluntary disclosure
- Interest free loans

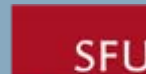
8. Peer counselor network

- Trained, confidential, joint appointments
- Experts in policy & program, not counselors, not advocates, not experts in treatment

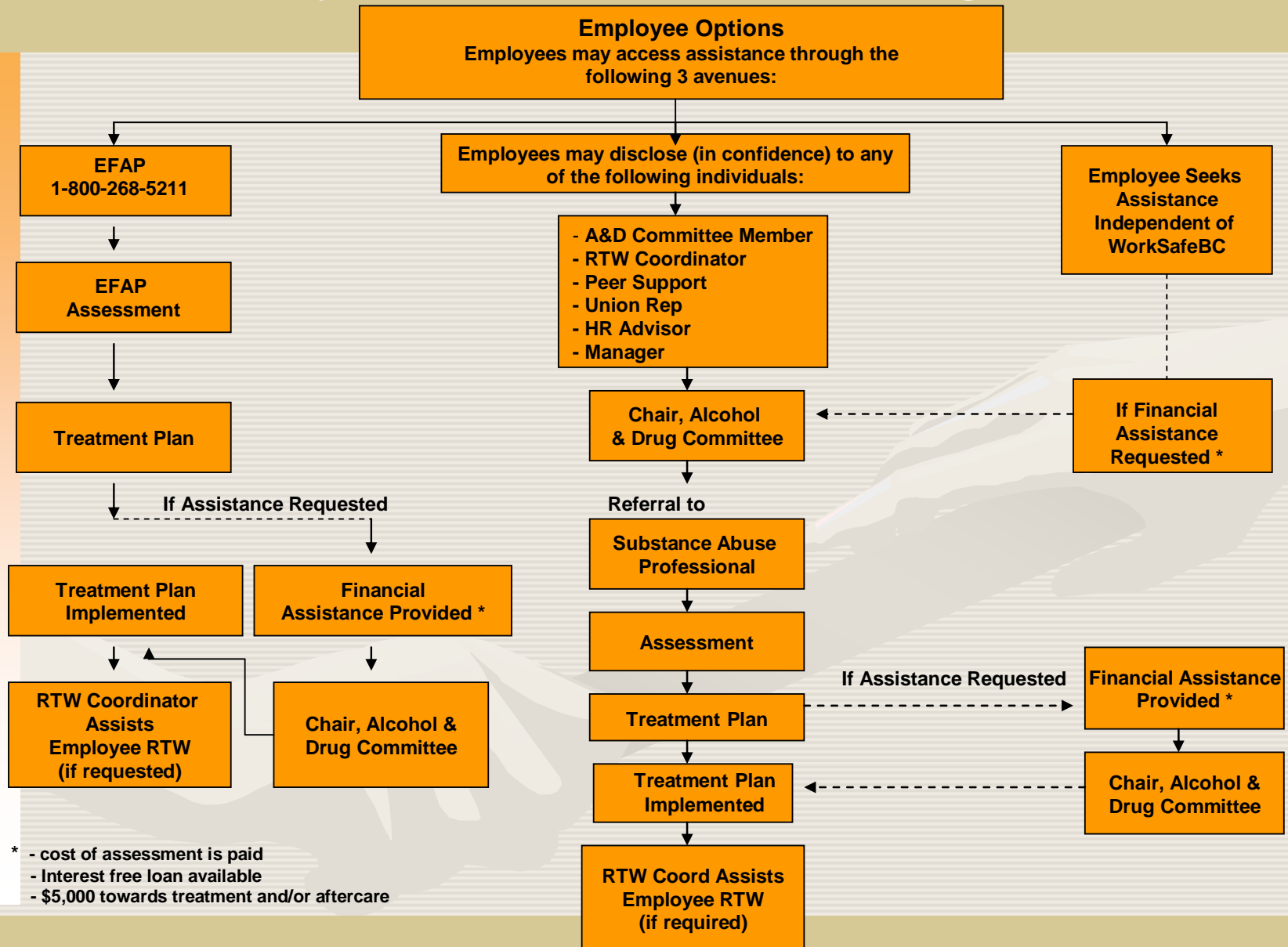


WorkSafeBC Policy (cont'd)

9. Return to Work program
 - Includes modified duties and/or schedules
10. Non-culpable or culpable process up to and including termination of employment

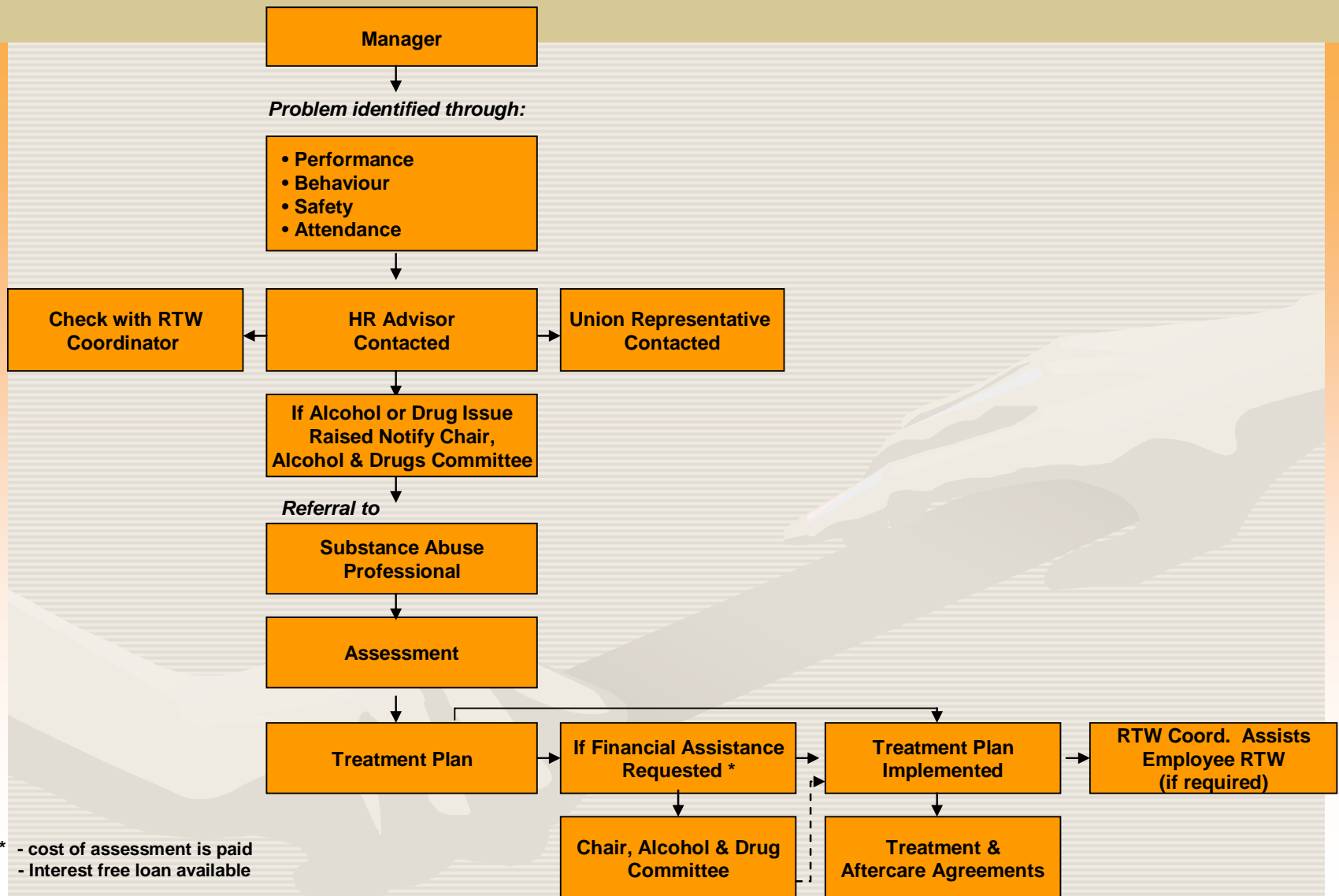


Voluntary Disclosure of Alcohol and/or Drug Addiction



* - cost of assessment is paid
 - Interest free loan available
 - \$5,000 towards treatment and/or aftercare

Non-Voluntary Disclosure of Alcohol and/or Drug Addiction



* - cost of assessment is paid
- Interest free loan available

Challenges

- Denial common
- Relapse the norm
- Infringement on perceived management rights and obligations
- Union has duty of representation



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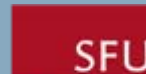
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Drug & Alcohol Testing

- Major issue for both management & union
- Testing typically allowed:
 - In safety sensitive positions
 - After a serious accident
 - As part of a last chance agreement
 - As part of a monitor agreement
- Our testing only in last two categories



After the Policy – Only just begun

- Publicize it! Employees must be made aware.
- Union steward training w/ HR Advisors/Managers
- Joint management/HR training
- Cultural change
 - Reducing the stigma
 - Training managers & local “experts”
 - Oriented towards Health & Safety
- Managers accepting loss of control
 - Train to be aware of biases
 - Culture change includes that this is a “safe place” to disclose
 - Managers want proof of treatment



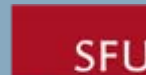
In a unionized context

- Union has an obligation to protect its members & ensure due process
- Finding a mutually acceptable program means negotiation
- Negotiation means compromises & concessions for both sides
- Outcome, if successful, is better for both sides, for individuals and for the organization – buy in and disputes focused on situations, not the policy itself



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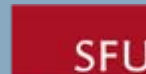
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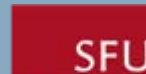
The Arbitral & Legal Landscape

- One arbitration – if a physiological state is involuntary, Human Rights treatment appropriate
- Second arbitration – where a addiction significantly impairs ability to choose whether to engage in conduct, non-culpable appropriate
- Review by higher level tribunal
 - substance dependency does not absolve employee from culpability
 - Finding misconduct somewhat blameworthy does not absolve the employer from human rights obligations



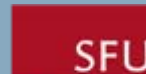
What is the Employer's Human Rights Duty?

- As with all human rights, every measure short of undue hardship should be taken
- Duty to accommodate is multi-party, including the employer, union and employee
- Human rights considerations important, but are not in a vacuum, have to coincide with other legal & ethical obligations



Management Issues

- Some managers don't accept the “disability” approach
- Relapse considered sufficient for termination
- Accept there may be a hidden illness
- What if manager is the abuser? Do they get the same rights?
- Enabling behaviour
- Patience!



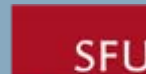
Union Issues

- Mandatory assessment, mandatory treatment
- Agreeing up front that discipline/termination may be a result
- Agreeing to a last chance agreement
- Role of peer counselors
- Sick leave as indicator of abuse
- Employee who cannot comply, i.e., is so used to lying/cheating he/she doesn't recognize the difference



Beyond Drugs & Alcohol

- Mental health
 - Where we were 5 years ago with alcohol & drugs
 - Employee is unsure, fearful & stigmatized
 - Co-workers don't know or understand
 - Managers concerned but uneducated
- Align with corporate HR strategy
 - Respectful, safe, healthy workplace
 - Leader in occupational health & safety
 - Employer of choice



THANK YOU



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