Substance abuse in the workplace

Primum non nocere  FIRST DO NO HARM

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Substance abuse in the workplace is becoming increasingly common. Work performance can be severely affected, resulting in huge costs to the employer. Substance abuse is a dismissible offence according to the Commission for Conciliation, Mediation and Arbitration (CCMA). The National Drug Master Plan of 2006-2011 identifies the following occupational groups at risk for substance abuse: artists, musicians, medical personnel, farm workers, and transport industry workers. The effects of drug abuse include absenteeism, accidents that can result in injury (sometimes death) to the self and co-workers, and illness.

An effective alcohol and drug abuse programme in any workplace must contain the following components: 1) a substance abuse policy; 2) awareness campaigns; 3) testing; and 4) an employee assistance programme. Employers are legally obliged to facilitate counselling and rehabilitation.

It therefore becomes crucial for every employer to have a clear policy on alcohol and drug abuse in the workplace. The South African Labour Guide recommends, amongst other suggestions, that the policy should not allow for limits (it should be a zero tolerance policy), and must stipulate the method of testing and who is to be tested, as well as the consequences of a non-negative test. Importantly, the policy must make mention of the Occupational Health and Safety Act of South Africa (85 of 1993), which requires that employers provide a safe workplace that includes managing substance abuse in the workplace.

The Employment Equity Act (55 of 1998) is clear in its reference to medical testing, stipulating that "medical testing of an employee is justifiable in the light of medical facts, employment conditions, social policy, and the fair distribution of employee benefits or inherent requirements of the job". This includes testing employees who operate heavy machinery and/or drive trucks, as well as testing to promote a substance-free workplace, and to protect employers, employees and the public from substance-related accidents.

Statistics on the prevalence of substance abuse in the workplace amongst South Africans are not available. It is stated that 15% of South Africa’s population has a substance-related problem. Cannabis is the second most abused substance, following alcohol. A study on mine workers in South Africa showed that 9.1% of mine workers use cannabis.

Figure 1. Increase in the number of non-negative results in the population suspected of using cannabis. The top segments represent the number of non-negative individuals. This may not represent the overall general workforce.

Photograph courtesy of Ampath
Internal data compiled from drug screening results over a 12-month period (2016) indicate that cannabis remains the drug of choice amongst workers and the general public with 22% non-negative results on the screening test (Figure 2).

Employers are dealing with issues of suspected substance abuse on a regular basis, facing excuses such as ‘it’s from last night’ or ‘it’s prescription medicine’. Employers must keep in mind that their function is to ensure that the worker is fit for duty, irrespective of whether the substance is prescribed or illicit. Our patient statistics show that 15% of benzodiazepine and 12% of opiate screening tests are non-negative (Figure 2). Opiate confirmatory tests show that 99% of non-negative results indicate the presence of codeine or morphine, implying that prescribed medication is frequently used during a work period. (Figure 2.)

The awareness that the abuse of a substance may affect the workplace, just as the workplace may affect the substance abuse, is increasing. Considerable attention must therefore be given to substance abuse as a risk factor for occupational injuries and accidents. Employers should institute substance abuse policies in the workplace, which require reliable and robust testing methods and interpretation.

REFERENCES