



Substance abuse and safety on the jobsite

I'm a reasonably liberal West-coast woman and have long held the belief that what you do on your own time is your own business. However, when the Construction Labour Relations Association (CLRA) teamed up with the Bargaining Council of B.C. Building Trades Unions to develop a substance-abuse testing and treatment policy, I had to reevaluate.

Nobody wants to see an iron worker stoned at work—but what about the pilot who drinks in the evenings, or the crane operator who smokes marijuana a few nights a week? How much does casual drug use affect site safety?

In B.C., the idea for testing germinated in 2006, when a clause in the CLRA collective agreement expressed the desire to work with unions to form a drug-testing policy. In 2007, key principles were laid out that only a mutually agreed-upon policy would be accepted so future court challenges could be avoided, and the policy would be an "impairment-based" policy, as opposed to a "risk-based" policy.

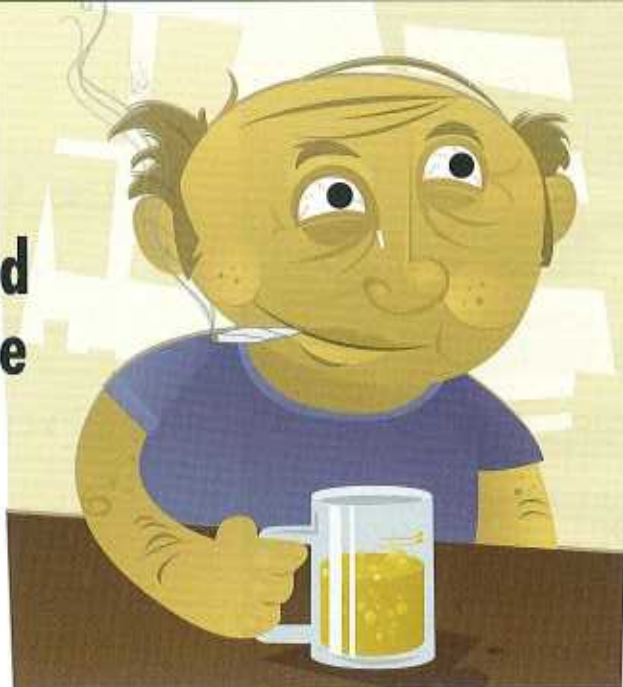
Stripped of legalese, I interpret the latter to mean that the benefit of the doubt goes to the worker. It is an important distinction, because it changes the question from "Is it reasonable for an employer to insist that their employees be psychoactive drug-free as a bona-fide occupational requirement for safety-sensitive work?" to "Is this person, who holds a safety-sensitive position, impaired at work?"

The agreement in B.C. outlines testing for alcohol and nine drugs (licit and illicit), but only if the employee is directly involved in an accident, incident or near miss, and there is reasonable suspicion that their mental state could be a contributing factor or they are exhibiting suspicious behaviour.

Those who agree to voluntary testing are rewarded by being included in a pool of workers that do not require pre-access screening, but are subject to random testing for three years. In Alberta, drug testing following an accident or incident is simply a part of the investigation.

The objection to an impairment-based policy from a medical perspective is agreeing on a definition for impairment. Slurred speech and staggering are typical of the effects caused by alcohol on fine and gross motor skills in the intoxication stage. If a subject had a blood alcohol content of 0.165 at 1:00 a.m., by 8:30 a.m., the level will be about 0.055—and by noon, it may well be 0.0. However, the screaming hangover means the subject is clearly still under the influence.

Other potentially dangerous drug-related dysfunctions include short-term memory impairment from heavy marijuana use. In one case, an employee was told multiple times



during a tailboard meeting not to walk towards the tail rotor of a helicopter, but continued to do so—raising suspicions that he was impaired. He tested positive for marijuana use. Mood impairment caused by drugs can impact one's ability to work safely. So can sleep impairment brought on by any number of causes, including drugs.

Statistical and anecdotal evidence demonstrating that the number of aggressive responses peak in a subject that is seven days into marijuana abstinence prompted authorities to be more diligent. In the oil industry, the drug-use policy typically includes a safety matrix to identify positions that are safety-sensitive, potentially safety-sensitive or non-safety-sensitive, based on the work activity and the work environment. Areas of impact to people, environment, assets and reputation are also evaluated. Construction safety-sensitive positions are defined by consensus with all the stakeholders. By industry agreement in Alberta, driving is considered potentially safety-sensitive.

The CLRA is pushing for oral-swab testing, which is less invasive, more difficult to tamper with and arguably gives a better indication of intoxication than a urinalysis. Since marijuana usage can show up in a urine test up to 30 days after the intoxication period, this test offers no measure of impairment. The oral swab indicates use within the previous four to eight hours—which is about the intoxication period, but is much less than the potential period for mood or memory impairment. The tests merely indicate the drug's presence.

In a nutshell, with B.C.'s impairment-based policy (which is better than no policy at all) you pretty much have to be caught in the act. Compare that to the Alberta model, where they take a proactive approach in attempting to prevent workers who may be impaired from showing up on the jobsite. If you want to work in any safety-sensitive position in Alberta, well, only the clean need apply. ♦

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