

Rick Publicover
Forestry Consulting

Box 907
Valemount, BC
V0E 2Z0
Telephone: (250) 566-8250
Facsimile: (250) 566-8250
Email: pub@telus.net

BC Forest Safety Council

Working Collaboratively to Address
Substance Abuse Issues in the Forest
Sector

Changing the Forestry Culture
To Create Drug Free Safe
Workplaces
And Assist Workers in Need

DRAFT

June 17, 2006

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Executive Summary

Rick Publicover Forestry Consulting was engaged by the BC Forest Safety Council to review research information and solicit input from Member Associations and others to develop a framework for addressing substance abuse issues within the Forest Sector.

There are many categories of substances being used, both legal and illegal, that have different effects on the central nervous system. Substances used include alcohol, over-the-counter and prescription medications and illegal drugs. Whether legal or illegal, these substances may result in Employee impairment and Employers and others need to be concerned from a safety, health and work performance aspect.

Research on self-reported consumption of alcohol and use of drugs by Canadians in general indicates that there is a certain segment of the population that use, misuse, and/or abuse these substances. Employers can expect the same levels of substance abuse as Canadian society, more or less, as this is the pool of people Employers draw their workforce from.

Research into BC residents' drinking patterns and illegal drug use indicates that, in general, BC drinkers have generally the same or higher patterns use compared to Canadians as a whole. However, drug use, and, reported harm to either oneself or from others use of alcohol or drugs, is higher in BC in general than the national average.

Workplace research indicates that there are a number of associated issues with alcohol and legal/illegal drug use in the workplace. Substance abusers are more likely to file workers' compensation claims, use medical benefits, be absent, and, are less productive than non-abusers. Research in Alberta indicates that Forestry Workers had one of the highest rates of alcohol use amongst the Alberta workforce.

US research indicates that prescription drug use is resulting in more emergency hospital visits associated with addiction than either cocaine or marijuana alone and was noted as one of the fastest growing drug misuse issues in the US. Prescription drugs were noted as the highest contributing factor associated with large truck crashes in the US while over-the-counter medication was noted as the 4th leading associated factor.

BC residents' attitudes and behaviours towards drinking and drug use are showing up in the number of roadside suspensions, vehicle crashes and fatalities. Issues are greatest amongst young adults between the ages 18 to 24 years.

The costs to Canadian society resulting from alcohol and drug use in 2002 is estimated at 22.8 billion dollars and includes the cost of health care, law enforcement and lost workplace productivity due to disability and premature death. The estimated cost to the BC Forest Industry is also staggering in order of magnitude – not only from a financial perspective but more importantly from a human, safety and social view.

FSC staff and Association members interviewed indicated that there was a general lack of information related to substance abuse across the Forest Industry. The consumption of alcohol continues to be a significant part of the Forestry "Culture", and, to a certain extent, illegal drug use is either tolerated, ignored or accepted as part of the status quo within the workplace.

It is perceived that the Forest Industry in general takes a laissez-faire reactive approach to substance abuse issues. There is drug "sub-culture" to a certain level within parts of the industry and considerable enabling behaviours by Employers, Supervisors and Employees alike. This is often due

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to lack of knowledge of substance abuse issues, and training on how to complete effective interventions and assist Workers in need.

The majority of interviewees believe that the FSC must be the catalyst and leader in creating the vision of drug free safe worksites and set out best practices to address substance abuse within in the Forest Sector. Equally important is the support and collaborative participation of all Member Associations. Also needed are representative Employer, Supervisor and Employee focus groups to formulate programs and identify delivery methods for implementation to be successful for each sector. Programs developed must also form an integral part of existing initiatives including the Faller Certification and Supervisor Programs, Forestry Trucksafe, SAFE Contractors Program and BC Safe Silviculture.

All Employers and Employees have individual responsibilities and obligations regarding creating safe drug free worksites. Employers are morally and legally responsible for setting Company standards and policy, coordinating training, education and awareness regarding alcohol and drugs and impairment on the job, and, providing assistance to Workers in need. Employees have an obligation to be fit for duty, avoid enabling, seek assistance if they so need, and, encourage others to seek help if affected by substance misuse.

Partnering with other government and non-government organizations will achieve incremental benefits for all partners concerned. Potential partnerships can be developed with 1) universities and other research organizations to afford better information about magnitude of the problem, cost implications, trends and monitoring program success, 2) specialized training organizations to tailor education to individual Forest Industry sectors needs and 3) other organizations to implement coordinated strategies to increase level of safety and reduce costs for all concerned.

Most interviewees believe that this issue requires priority consideration by the FSC due to its impact on safety. Also, a significant cultural shift must occur across the industry which will take time to take effect. Active support of all FSC Association leaders is required to facilitate this culture change to create more caring workplaces, collaboratively set acceptable standards and behaviours for the industry, and, provide assistance to those Workers in need. Currently there is a lack of services and resources available to assist Workers in need of counseling, treatment and rehabilitation.

It is recommended that the FSC develop a communication strategy and position paper to engage all sectors of the industry in open and frank dialogue on this topic. Solutions must be ground based to be effective at the Contractor level. Principles developed by other agencies such as the “four pillars” approach and best practices used in other industries can be used as examples from which to build programs designed specifically for the BC Forest Industry. In addition, the industry must embrace providing needed resources to assist to those individuals within its valuable workforce that require counseling, treatment or rehabilitation services.

The evidence is clear that there are significant issues across Canadian society with regards to substance misuse. According to the research, BC alcohol and drug consumption exceeds that of the national average. The question we must ask ourselves is “Do we want somebody on the worksite that is a hazard to themselves, other members of the workforce and the public”. This issue clearly affects safety, health and productivity in the Forest Industry. The Industry is at stage a where it must take positive action to facilitate a significant change in its current culture. New standards and practices are required to create safe drug free worksites. Services are required to assist Workers in need. This culture shift requires training, education and awareness programs, creating caring worksites, and protecting human rights. This will reduce work-related injuries, disabilities and fatalities. Companies will benefit by having much safer, healthier, more productive workplaces that are able to provide services on a more competitive basis. Equally important it will allow Employers to retain highly motivated and valuable Employees and to help those Workers with problems to seek assistance.

BC Forest Safety Council

Introduction

The BC Forest Safety Council engaged the services of Rick Publicover Forestry Consulting (the “Consultant”) to review substance abuse issues in the Forest Sector. This includes identifying the scope of substance abuse issues and their impact, reviewing opportunities for implementing a collaborative approach with other stakeholders, assisting the FSC in developing its position on substance misuse and abuse, and developing a framework to implement collaborative strategies to address substance abuse issues that provides assistance to workers and employers. The focus of the review is to include consideration of current efforts in BC and experiences and initiatives of other industries and jurisdictions. The intention is to develop a better understanding of the issue and identify options for the consideration of the Council, industry and government on practical collaborative steps that can be taken to reduce the incidence and impact of substance use in the industry. This initiative is one of the overall strategies to meet the Council’s mandate to eliminate fatalities and injuries.

The Forestry TruckSafe Summits have identified substance abuse issues as an important contributing factor to the number of truck crashes and has been raised as a major concern in other parts of the industry. There is general consensus that drug and alcohol use needs to be addressed to improve worker and worksite safety in all aspects of the Forest Industry. The BC Forest Safety Council (FSC) has identified that the issue of substance abuse needs to be considered broadly to take into account the circumstances that contribute to the use of substances in the industry, both legal and illegal. A framework is required to address this issue across the many organizations and agencies that are involved in the Forest Sector. The framework must identify how to best provide assistance and support to Workers and Employers. At the same time, it is recognized that there is reluctance on many sectors in the industry to address substance misuse ranging from lack of knowledge and understanding of how to address the issue to “enabling” the present situation to continue through a “Code of Silence”.

A copy of the engagement letter is included in **Appendix I** of the report.

This report is divided into the following sections:

- 1) Scope and Impacts of Substance Abuse
- 2) The Current Situation and Stakeholder Input
- 3) Recommendations for Developing Strategies to Address Substance Misuse

Scope and Impacts of Substance Abuse Issues

Terminology and General Workplace Impacts

Drugs and Impairment

Health Canada describes a drug as “any substance other than food, which is taken to change the way the body or mind functions”¹. This encompasses a variety of substances including alcohol, over the counter, prescription and illicit drugs and other substances. These psychoactive substances work on the central nervous system and affect memory, judgment and motor skills.

The use of some of these substances is socially and legally acceptable, while others are illegal. Their impacts on motor coordination, perceptual abilities and physical and mental capacity can all be of concern in a workplace setting. **Any use of a substance that results in impairment on the job**

¹ Health Canada website

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affects safety, both short and long term worker health and work performance and must be addressed. Except for legal issues associated with the use of an illegal substance, whether a substance used is legal or illegal from a workplace perspective makes little difference. If a substance can cause impairment on the job and affect safety, health and work performance it is an issue for Employers, Workers and any others that may be exposed to hazards created by a person impaired on the job.

Individuals are affected by drugs in different ways and to varying degrees². Many variables influence what these impacts will be, including age, weight, sex, state of health, level of fatigue, and experience and tolerance to the substance's effects. Other factors include the dose and pharmacological properties of the drug. The latter determine how the substance is absorbed, distributed, metabolized (chemically transformed), and eliminated from the body. Even at low levels, drugs and alcohol use can cause performance impairment. Potential impacts on job skill performance include a decrease in accuracy, efficiency, productivity, worker safety and job satisfaction. At higher doses, these effects will be more significant. Withdrawal and hangover effects, as well as chronic use can lead to increased tolerance. These have also been shown to affect an individual's ability to perform, both in the short and long term. As more complex demands are made on individuals – both in their work and beyond – the behavioural impact of acute and chronic drug use becomes increasingly important.

The use of two or more drugs at the same time gives rise to effects that are less predictable³. When the different drugs interact, some drugs may combine to produce an additive or intensified response. Others may reduce or cancel some effects, while still others may magnify the effect to a point greater than a simple additive effect.

Use, Misuse, Abuse and Addiction / Dependency

Various terms are used to depict the level and appropriateness of consumption of substances as well as the problems or issues associated with higher consumption levels or longer term use. The terms use, misuse, abuse, tolerance, addiction and dependency are described below.

Substance Use

Substance use can be defined as legitimate use in time, place and other circumstances. For example, consuming alcohol with a spouse at home after work is perfectly legitimate. Alcohol consumption prior to work is not appropriate and is considered **Substance misuse**. The key to distinguishing the difference is the amount of consumption and legitimacy of consumption in terms of the time, place and other factors or circumstances. The Canadian Centre on Substance Abuse (CCSA) uses guidelines of daily and weekly alcohol consumption for both men and women to identify low and higher risk drinking behaviours and consequences. This is discussed further in the research section.

Substance Misuse

There are a number of situations where use is inappropriate and becomes misuse. In addition to the misuse example described above, consuming over-the-counter or prescription drugs contrary to the label or prescription becomes misuse. Combining prescription drugs with alcohol can also be considered misuse. There are many other examples when inappropriate use results in misuse due to time, place or circumstances of use. Exceeding the recommended maximum weekly or single occasion drinking guidelines on a regular basis may also be considered misuse and lead to substance abuse or addiction issues.

² Duty to Accommodate Presentation. Barb Butler, October 2005 Alberta Northern Alberta's Council on Alcohol, Drugs and Safety at Work Conference, Edmonton, Alberta

³ Drugs and the Workplace (See References)

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Substance Abuse

Substance abuse can be defined as any use of alcohol or drug that becomes a problem. Substance abuse is characterized by a person's behaviour where alcohol/drug becomes the focal point of that person's life and the individual continues to use it despite serious consequences to:

- Personal health (physical and/or mental)
- Relationships with family, coworkers or others
- Social issues
- Financial
- Legal
- and/or other implications

Abuse can also be defined as intentional overuse⁴. This may occur during anxiety, celebration, thrill seeking, and despair or by ignorance. The second type of abuse may decline with adverse consequences, reduced supply or change in environment.

Tolerance

There are different types of tolerance to drugs, but they all mean that dosage must be increased or the drug must be taken more often, to maintain the same level of effect. The World Health Organization defines tolerance as a reduction in the sensitivity to a drug following its repeated administration, in which increased doses are required to produce the same magnitude of effect previous produced by a smaller dose. Tolerance may develop much more rapidly in some individuals than in others.⁵

Addiction / Dependency

Addiction is when there is a dependency associated with the use of a substance. When a person becomes dependent on a substance and continues to use the substance despite negative consequences to health and other implications as indicated above (Substance Abuse section), then it is referred to as addiction. Dependence is characterized by loss of control as a result of neurological changes and bio-social adaptations. Medical research has established that some people have a genetic predisposition for developing dependency. Empirically, there is a susceptible population of people who, when exposed to chemicals over a long period of time, develop an addiction. Addiction is included in the compendium of medical disorders as a disease. Once the dependency develops, the addictive pathway in the brain is established for good. It doesn't go away. It remains dormant as long as the person does not use again. The disease can be managed but there is no cure. Successful resolution may require multiple interventions with varied approaches and at different therapeutic levels.

There are three components involved in the concept of drug dependence – physical, psychological and addiction⁶. Physical dependence is when the user's body has become so accustomed to the presence of the drug that when it is no longer used, withdrawal symptoms occur. Withdrawal symptoms may be mild, such as sneezing and runny nose, to very severe conditions, such as potentially fatal convulsions. The severity of withdrawal increases with the level of drug taken and the duration of abuse. Psychological dependence is when users, although not experiencing withdrawal symptoms upon cessation of use, nonetheless believe that they cannot function without the drug and crave it. Addiction may be due to either physical or psychological dependency and includes a serious loss of control.

⁴ The Lost Art and New Science of EAP Substance Abuse Interventions Workshop, Bernie McCann M.S., CEAP Ross Chilton, M.A., RCC May 11, 2006. Employee Assistance Society of North America Conference, Toronto, Ontario

⁵ Drugs and the Workplace (See references)

⁶ Drugs and the Workplace (See references)

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Categories of Substances

As indicated above, drugs have an effect on the central nervous system and affect the way one acts, feels and thinks. Drugs affect memory, motor coordination and judgment. There are several categories of drugs which have differing effects on the central nervous system (CNS). These include CNS depressants, stimulants, hallucinogens and psychiatric medications. Each category may include both legal and illegal substances.

CNS Depressants

Depressants slow the respiratory and heart and include alcohol, opioid analgesics (pain killers), muscle relaxants, tranquilizers and sedatives. Opioid analgesics are derived from opium and include drugs such as morphine, codeine (used in Tylenol3®) and heroin. Demerol is a synthetically manufactured drug that acts similar to opioid analgesics. Sedatives include sleeping pills (barbiturates), tranquilizers, Valium®, antidepressant medications and muscle relaxants (e.g. benzodiazepines).

CNS Stimulants

Stimulants, the opposite of depressants, stimulate the central and autonomic⁷ nervous systems. Substances in this category include cocaine, methamphetamine, Ritalin®, Benzedrine® and Dexedrine® (diet pills used to suppress appetite). Among the more significant effects that many stimulants exert on the body are increased heart rate and blood pressure, constriction of the blood vessels, dilation of the pupils and increased rate of respiration.

Hallucinogens

This category of drugs causes hallucinations and decreased or increased level of perception and includes substances such as magic mushrooms, cannabis and club drugs (ecstasy, etc.).

Psychiatric Medications

This category of drugs is used to treat mental illnesses such as bipolar and other mental disorders.

Drug Category Summary

It is important to recognize that misused substances can be both legal and illegal and includes over-the-counter and prescription medications. Any substance that is inappropriately used or abused may cause impairment in the workplace affecting safety, health and work performance. Some cases of misuse simple involve using the incorrect medication, using prescribed or over-the-counter medications for longer periods or in amounts greater than what was prescribed or stated on the label. Often people do not feel that they are misusing when exceeding the prescribed dose of a legal medication or by combining it with alcohol or other substances due to the fact that the medication was either purchased over-the counter or prescribed by a physician. As a result, individuals may not be fully aware of the impacts of taking medication contrary to the dose prescribed or stated on the label.

Any strategies developed to address substance abuse in the workplace need to focus on all categories of legal and illegal drugs. This must include over-the-counter and prescription drugs.

⁷ Vital functions

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Dependency within Human Rights Legislation Context and Duty to Accommodate

Federal Human Rights legislation prohibits discrimination on the basis of a disability. As indicated above, the medical community includes drug dependency as a disease in its compendium of medical disorders, and as such, is considered a disability. Both current and former dependence on drugs or alcohol is considered a disability under the federal Act. Under the Act Employers are obligated to undertake steps to provide reasonable accommodation (known as “Duty to Accommodate”) for someone with a substance dependency.

The “duty” will vary depending on the size of the organization, the nature of the addiction, the Worker’s responsibilities, safety sensitivity of the work, resources available to the Company and other factors affecting the Company ability to “accommodate” the Worker with an addiction. Each case must be examined on its individual circumstances.

From a workplace perspective, it is critical that Employers, Employees and others work together to address the safety, health, and work performance issues associated with Worker substance misuse and abuse. Employers must also accommodate those Workers that have an addiction.

Research Information on Substance Use and Impacts

There are a number of surveys that have been conducted at a provincial, territorial, national or international level identifying various substance use consumption levels and impacts regarding the general population. There is limited BC or Canadian workplace information and limited statistical information on substance use, misuse and abuse issues specific to the BC Forest Sector.

Canadian Addiction Survey 2004 – National and BC Perspective

The Canadian Addiction Survey (CAS)⁸, a national survey of Canadian’s use of alcohol and other drugs in 2003, was completed in 2004. The study highlights were published in November 2004 and the detailed report was released in March 2005. **Table 1** summarizes the results of the major CAS indicators. This survey was conducted by telephone and respondents reported self use to alcohol and other drug questions for the year 2003 and in their lifetime.

The survey indicated that just under 80% of BC respondents 15 years and older drank within the past year (2003) when the survey was conducted. This was consistent with the national average. For age groups 24 and under this increased to 90%. British Columbians have the third highest rate of weekly drinking patterns. Drinking frequency increases with higher levels of education and income. No difference in the frequency of drinking was observed in terms of rural versus non-rural residence.

Light Infrequent or Frequent Alcohol Consumption

Approximately 38% of British Columbians surveyed are light infrequent drinkers. This category includes women and men that drink fewer than 4 or 5 drinks per occasion respectively and at a frequency of less than one time per week. An additional 28% are light frequent drinkers (less than once per week and fewer than 4 or 5 drinks per occasion for women or men respectively). This group is expected to pose little risk from a workplace safety, health and work performance perspective.

⁸ The Canadian Addiction Survey is a collaborative initiative sponsored by Health Canada and the Canadian Executive Council on Addictions (CECA) (See references for more details)

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Heavy Infrequent or Frequent Alcohol Consumption

The survey indicates that approximately 6% and 7% of BC respondents indicated that they are heavy infrequent or heavy frequent drinkers respectively. Heavy infrequent drinkers are defined as individuals that drink less than once per week and that drink 4 (for women) or 5 (for men) drinks or more per occasion. Heavy frequent drinkers are defined as woman or men that drink a minimum of 4 or 5 drinks respectively on each occasion and drink at least one a week. Almost 20% indicated this pattern of drinking at least once per month. Males, persons 18 to 24 years of age, and single persons are more likely to report heavy drinking than their counterparts. Approximately 22 % of 2003 survey respondents indicated exceeding the low-risk drinking guidelines. Again, males, persons 18 to 24 years of age, and single persons are more likely to have exceeded the low-risk drinking guidelines.

Of Canadians who reported having consumed alcohol during the past year (2003), 44% drank at least once a week and almost 10% reported drinking four or more times per week. A greater proportion of males than females:

- Drank alcohol in the past year (82% vs. 77%)
- Drank alcohol at least once per week (55% vs. 33%)
- Drank usually five or more drinks at a sitting at least once per week (9% vs. 3%), and
- Exceeded the low-risk guidelines (30% vs. 15%)

Based on national statistics, the survey indicates that among past year drinkers, an estimated 13.6% of all Canadians are considered high-risk drinkers. The proportion of women and men drinkers identified as high-risk drinkers are 9.8% and 25.1% respectively. More than 30% of those under age 25 scored 8 or more on the AUDIT⁹, compared with less than 5% for people aged 65 or older.

Not surprisingly, risk of alcohol-related problems increases in the case of heavy drinking. See Table 1 for summary of BC and Canadian survey drinking patterns.

Table 1 – Overview of Major Canadian Addiction Survey Indicators

2003 Consumption	BC	Canada	Comments
Number of Respondents	3000	13909	
Alcohol (15 years and older)			
Current Drinkers	79.3%	79.3%	Having at least one drink within the past year
Light Infrequent Drinker	37.9%	38.7%	Less than once per week, fewer than 4 or 5 drinks per occasion for women or men respectively
Light Frequent Drinker	27.8%	27.7%	Once per week or more, fewer than 4 or 5 drinks per occasion for women or men respectively
Heavy Infrequent Drinker	6.0%	5.6%	Less than once per week, 4 or 5 drinks or more per occasion for women or men respectively
Heavy Frequent Drinker	7.3%	7.1%	More than once per week, five drinks or more per occasion
Monthly Heavy Drinking	19.3%	20.2%	Once per month or more, five drinks or more per occasion
Exceeded Drinking Guidelines (lifetime)	17.6%	17.8%	Exceeding weekly alcohol intake of 14 standard drinks for males and 9 standard drinks for females; and maximum daily consumption of two drinks

⁹ Alcohol Use Disorders Identification Test (AUDIT) is used to help identify hazardous and harmful drinking, alcohol dependence and some specific consequences of such drinking. A score of 8 or more on the AUDIT scale is used here to identify high risk drinkers

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Table 1 (Continued) - Overview of Major Canadian Addiction Survey Indicators

2003 Consumption	BC	Canada	Comments
Exceed Drinking Guidelines (past year)	22.4%	22.6%	See above definition
AUDIT ¹⁰ hazardous drinking	13.4%	13.6%	
OTHER DRUG USE (15 years and older)			
Cannabis (Lifetime)	52.1%	44.5%	BC use higher than national average
Cannabis (Past year)	16.8%	14.1%	BC use higher than national average
Any Drug (including cannabis) – Lifetime	52.7%	45.1%	BC use higher than national average
Any Drug (including cannabis) – Past year	17.5%	14.5%	BC use higher than national average
Any Drug (excluding cannabis) – Lifetime	23%	16.5%	BC use higher than national average
Any Drug (excluding cannabis) – Past year	4.0%	3%	BC use higher than national average
Cocaine/crack – Lifetime	16.3%	10.6%	BC use higher than national average
Cocaine/crack – Past year	2.6%	1.9%	BC use higher than national average
Methamphetamine – Lifetime	7.3%	6.4%	BC use higher than national average
Ecstasy – Lifetime	6.5%	4.1%	BC use higher than national average
Hallucinogens – Lifetime	16.5%	11.4%	BC use higher than national average
Inhalants – Lifetime	1.7% (Not significantly different)	1.3%	
Alcohol and Drug-Related Harm			
Any alcohol harm (to self – among past year drinkers)	9.1%	8.8%	BC use higher than national average
Any alcohol harm (from others – among respondents 18 years and older)	35.4%	32.7%	BC use higher than national average
Any drug harm (to self – among past year illicit drug users including cannabis)	17.6%	17.5%	BC use higher than national average

It should be noted that self-reported use of all categories of illegal drug use in BC is higher than the national average.

Alcohol-Related Problems

According to the CAS survey results, although most drinking occurs without harm and most people do not have problems with alcohol, adverse personal experiences do occur, especially when they are evaluated over the respondents' lifetime. **A quarter of former and current drinkers report that their drinking has caused harm at some time during their life.** In addition, 17% of current drinkers engage in hazardous drinking behaviour and 9% report that their drinking has harmed them.

Thirty-five percent of BC respondents over 18 years of age indicated that they were harmed as a result of someone else's drinking behaviour. The most frequently mentioned types of adverse consequences

¹⁰ For definition, see previous footnote

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are damage to friendships, social life and physical health. Negative verbal interactions were by far the most frequent type of harm attributed to drinking of others. A substantial proportion of respondents also reported some physical component in alcohol-involved altercations. One in 10 respondents stated that they have experienced damage to their marriage or family life because of someone else's drinking. With regards to age demographics, the younger the respondent, the more vulnerable they are likely to be to problems involving alcohol.

Lastly, people who drink heavily, and especially those who regularly drink heavily, are more likely to report having been harmed by their own drinking and because of alcohol use by others.

Cannabis Use and Problems

Overall, 52 % of BC respondents reported that they had used cannabis within their lifetime and some 17% indicated using it within the past year. Both lifetime and past year use are highest within Canada. Younger people are more likely to have ever used with almost 70% of Canadian respondents of those between 18 to 24 years old having used it at least once. Younger people are also more likely to be past year users. Almost 30% of 15 to 17 year olds and just over 47% of 18 to 19 year olds have used cannabis within the past year. Less than 10% of the population age groups older than 45 years have used cannabis within the past year. Both lifetime and past-year cannabis use is significantly lower among married respondents compared to the never-married and previously married respondents.

The frequency of cannabis use among past year users varies widely. About 21% of users do not report using within the past three months, while 25% report use just once or twice, 16% report using monthly, 20% weekly and 18% daily.

About 1 in 20 Canadians reported a cannabis-related concern. The most frequent reported concern is failing to control use (4.8%), followed by a strong desire to use (4.5%), and friends' concern about the respondent's cannabis use (2.2%). Problems such as unfulfilled obligations and experiencing health, social and legal problems are reported by 1% or lower. Among past year cannabis users, about one-third reported failing to control their use (34.1%) and a strong desire to use (32%). In addition, 15.7% report that friends or relatives expressed concern about their cannabis use, approximately 7% report failed expectations, and 5% report experiencing health, social or legal problems due to their use.

Other Drug Use and Associated Problems

Excluding cannabis, the most commonly reported drugs used during one's lifetime for BC respondents are hallucinogens (16.5%), cocaine (16.3%), methamphetamine (7.3%) and ecstasy (6.5%). Although about 1 in 6 Canadians has used an illegal drug other than cannabis, few have used these drugs during the past year. The national rate of lifetime and past year illicit drug use, other than cannabis (16.5% and 3%), is highest among men (21.1% and 4.3% respectively), 18 to 19 year olds (30.6% and 17.8%), and 20 to 24 year olds (28.1% and 11.5%). BC has the highest lifetime and past year use (23% and 4%), single person use (24% and 9%), and use by previously married respondents (13.7% lifetime only).

Harm associated with the use of other drugs involves 1) physical health; 2) harm to one's friendships and social life; 3) home life or marriage; 4) work, studies or employment opportunities; 5) financial position; 6) legal problems; 7) housing; and 8) learning. About 18% of past year users of illicit drugs, including cannabis, and some 37% of past year users, excluding cannabis, report experiencing one or more of eight harms. Approximately 9% of national respondents indicated that lifetime drug use (including cannabis) affected their work, studies or employment opportunities. This number was 5 % for past year users. For lifetime and past year illicit drug users (excluding cannabis) the percentages were 19% and 14% respectively. Amongst the past year users of illicit drugs other than cannabis, approximately 42% report symptoms indicative of the need for intervention.

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Trends in Reported Substance Use – 2004 and 1994 Comparison

The following table illustrates the increase in substance use based on information from the 1994 and 2004 Canadian Addiction Surveys. Cannabis lifetime use has increased from 28 to 45% while past year use has doubled from 7 to 14%. Cocaine/crack has almost tripled from 4 to 11% lifetime use, while past year use has doubled from 1 to 2%. LSD/hallucinogens have more than doubled for lifetime use (5 to 11%) while past year use has remained relatively constant at 1%. Methamphetamine tripled from 2 to 6 % for lifetime use from 1994 to 2004. Past year use was less than 1% in 1994 and was 1% in the 2004 survey.

Table 2 - Trends in Reported Substance Use (Canada) at Least Once in Lifetime¹¹ or Within Past Year

Substance	Lifetime Use 1994 Survey	Lifetime Use 2004 Survey	Past Year Use 1994 Survey	Past Year Use 2004 Survey
Alcohol	--	--	74%	79%
Cannabis	28%	45%	7%	14%
Cocaine/Crack	4%	11%	1%	2%
LSD/Hallucinogens	5%	11%	1%	1%
Methamphetamine	2%	6%	1%<	1%

Patterns of Risky Alcohol Use in British Columbia – Results of the 2004 Canadian Addiction Survey – Centre of Addictions Research BC Analysis

The Centre for Addictions Research BC (CARBC) reviewed the question of what extent does alcohol use in BC and Canada as a whole comply with guidelines for low risk drinking. CARBC indicates that according to international standards, the low risk drinking guidelines for Canadians developed by the Centre for Addiction and Mental Health (CAMH) in Ontario are among the most conservative compared to guidelines internationally established. The guidelines recommend that no more than two standard drinks on any one day for either men or women, and no more than 9 per week for women and 14 for men.

As indicated above in the Canadian Addiction Survey (CAS), the results indicate that 22% of British Columbians who drank in the past year did so above the Canadian low risk guidelines (see **Table 3** below). The CARBC research suggests that the self-reported levels of alcohol consumption in the Canadian Addiction Survey are significantly underreported. CARBC extrapolated the consumption of alcohol based on the CAS results and compared that to alcohol sales in BC and Canada. **Table 4** below indicates that only just over one third of known alcohol sales was accounted for by the self-reported respondent consumption when typical consumption (quantity and frequency) over the past 12 months was used as the yardstick. Still lower coverage of known sales was achieved using the last 7 day questions in the 2004 CAS. Sales data does also not account for home-produced, smuggled and duty free imports.

CARBC indicates that the low respondent levels (44%) in the Canadian Addiction Survey (CAS) may not fully capture respondents with heavy drinking characteristics or alcohol dependency. It is also believed that the underreporting in the CAS also extends to respondents with heavy drug use patterns or addiction. CARBC researchers also claim that underreporting extends to responses to questions regarding illicit drug use by respondents to the CAS 2004 survey.

¹¹ From 1994 and 2004 Canadian Addiction Survey Information

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Table 3 - Percentage of BC Residents Reporting Consuming 4 or More Drinks (Females) or 5 or More Drinks (Males) at Different Frequencies in Past 12 Months

Frequency of Drinking	Male (%)	Female (%)	Total (%)
More than once a week	3.2	1.0	2.1
Once a week	3.6	1.8	2.5
2-3 Times a month	8.2	3.3	5.7
Once a month	11.0	7.1	9.0
Less than once a month	22.6	20.2	21.4
Never	51.4	66.6	58.8

Table 4 - Estimates of per Capita Alcohol Consumption from Sales Data and from Different CAS Questions in Liters of Ethanol per Person Aged 15+ per Year

Reference Population	Statistics Canada Estimates for 2003/04 Fiscal Year	2004 CAS using Quantity Frequency in last 12 Months		2004 CAS using Number of Standard Drinks Drunk in last 7 Days	
		Estimated Volume	% Coverage of Sales	Estimate Volume	% Coverage of Sales
BC	8.0 liters	3.01 liters	38%	2.39 liters	29.9%
Canada	7.9 liters	2.96 liters	37.5%	2.52 liters	31.9%

Alcohol and Illicit Drug Dependence

According to Statistics Canada, approximately 3.6 % of Canadians were alcohol dependent and 1.1% were dependent on illicit drugs, based on data from the 2002 Canadian Community Health Survey: Mental Health and Well-being and the National Population Health Survey¹².

The dependence symptoms among people who drank heavily or used illicit drugs at least monthly in the previous year are summarized in **Table 5** below. Of particular note, was the level of respondents that indicated they were drunk/hung-over at work, school or while caring for children (27%) and those that were in situations while drunk/hung-over that increased chance of injury (17%). Other noted concerns were continued drug use despite ill health effects, reported increased tolerance to drugs, withdrawal, emotional and psychological issues, and taking higher than intended doses. This illustrates the issues associated with loss of control due to dependency to either alcohol or drugs discussed earlier.

¹² Supplement to Health Reports, Volume 15, 2004 Statistics Canada, Catalogue 82-003

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Table 5 - Summary of Dependence symptoms among people who drank heavily or used illicit drugs at least monthly in previous year, by sex, household population aged 15 or older , Canada excluding territories, 2002

	Both Sexes	Men	Women
Heavy Drinking at least monthly			
Drunk/Hung-over at work, school or while caring for children	26.9%	26.0%	29.3%
Alcohol taken in larger amounts or over longer period than intended	26.2%	26.3%	26.0%
In situation while drunk/hung-over that increased chance of injury	16.8%	19%	10.2%
Increased tolerance	16.3%	16.2%	16.7%
Month or more when great deal of time spent getting drunk/hung-over	8.5%	8.3%	9.0%
Emotional/Psychological problems because of alcohol use	7.8%	7.5%	8.5%
Strong desire or urge to drink could not be resisted	7.7%	7.6%	8.1%
Illicit Drug Use at least monthly			
Drug taken in larger amounts than intended	38.8%	40.3%	35.5%
Increased tolerance	18.3%	17.8%	19.4%
Withdrawal	17.2%	16.7%	18.2%
Continued drug use despite ill health effects	9.4%	9.0%	10.4%
Great deal of time spent obtaining drug	8.4%	8.2%	8.8%
Important activities given up because of drug use	7.1%	7.0%	7.3%

Workplace Research

There is limited current Canadian research of substance abuse issues and impacts within workplaces. The Alberta Alcohol and Drug Commission (AADAC), Canadian Centre for Addiction and Mental Health, Northern BC Council on Substance Abuse and Renascent Foundation have examined this issue and a summary of their research is discussed below.

Alberta Alcohol and Drug Abuse Commission – Substance Abuse in the Workplace Study

The Alberta Alcohol and Drug Abuse Commission (AADAC) conducted a replication study of Employees, Employers and Union Representatives in 2002 about their attitudes and perceptions about gambling and the use of alcohol, tobacco and other drugs in the workplace. In 1992, AADAC gathered similar information, but only about alcohol and drugs.

The 2002 survey indicated that alcohol is the most widely used substance by Alberta Workers, and this has not changes much in the past 10 years. Most Alberta Workers did not drink in ways that would be harmful to them. However, one in 10 (10%) drank in ways that could be harmful to them – for example – high levels of drinking each day, repeated drinking to intoxication, drinking that causes physical or mental harm, or drinking that causes the person to become dependent. One per cent of Alberta Workers could probably be considered dependent on alcohol. These problem drinkers were often young single men.

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Certain job qualities are related to higher alcohol use among Alberta Workers. These are:

- Traveling for work (to other communities)
- Working at remote job sites
- Working long hours including overtime; and
- Work that involved entertaining or being entertained by clients, suppliers or other business contacts

About one in 10 (11%) of Alberta workers also drank while at work during the past year. Almost all of those who drank at work did so less than once a week, and only 1% of all Workers indicated that they had any work-related problems because of their drinking. **Utilities, forestry/mining and public administration had the highest rates of alcohol use among workers.**

Missing work, arriving late for work, and/or working at less than 50% capacity were the most common problems associated with Employee alcohol use (1%) or illicit drug use (0.2%) for those reporting use at work.

Prevalence and Patterns of Substance Use

Alcohol Use

Alcohol use, frequency and consumption levels among Alberta Employees in previous year (2002) results are summarized in **Table 6** below:

Table 6 - Alcohol Use among Alberta Employees (2002)

Alcohol Use in Past Year	81%
Frequency and Consumption Levels	%
Non-drinker	19
Infrequent	27
Occasional	26
Regular/light	15
Regular/Moderate to Heavy	9
Very Heavy	5

Table 7 below indicates alcohol use at work (2002):

Table 7 - Alcohol Use at Work

While at work	11%
Within 4 Hours of Coming to Work	4%
Frequency	%
Less than 1 time per month	8
1-3 times per month	1
Once per week	1
2-3 times a week	1
4+ times a week	0.3

As indicated in the table above, 11% of Employees have used alcohol while at work and 4% have used alcohol within 4 hours of coming to work.

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Table 8 outlines risk behaviours for Alberta employees based on Alcohol Use Disorders Identification Test (AUDIT).

Table 8 - Alcohol Use Disorders Identification Test (AUDIT)

Non Drinkers	20%
AUDIT PROFILES	%
Low Risk Drinker	70
Medium Risk Drinker	9
High Risk Drinker	1
Very High Risk Drinker	0.1

As indicated in the table above, approximately 9% of Employees are medium risk drinkers and 1.1% are either in the high or very high risk drinker class based on the AUDIT results.

Illicit Drug Use

Illicit drug use among Alberta Workers by the type of drug use in 2002 compared to 1992 is as follows:

Table 9 - Illicit Drug Use among Alberta Employees – 2002 and 1992

	2002	1992
Past Year	10%	6%
Type of Illicit Drug Use	%	%
Cannabis (marijuana/hash)	10	6
Cocaine/crack	1	1
LSD/PCP/Other Hallucinogens ¹³	1	1
Amphetamines/other stimulants	1	N/A
Heroin/opiates	0	0
Other Street Drugs	0.2	0.4

As indicated in the table, the drug of choice in the workplace based on 2002 survey results is cannabis. The Consultant's view is that recent exponential use of methamphetamines since the survey was conducted would indicate substantially higher usage in 2006 for Crystal meth (amphetamines or other stimulants category in table above). This is due to the price, availability and highly addictive nature of the drug.

Medication Use

The following table details medication types and frequency of use among Alberta Employees (based on a survey of 1891 employee respondents).

¹³ LSD – Lysergic Acid Diethylamide (a synthetic hallucinogen derived from lysergic acid); PCP – Street name for drug phencyclidine (originally developed as a human anesthetic – it is a strong dissociative hallucinogen)

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Table 10 - Medication Use among Alberta Employees: 2002

Medication Use in Past Year	88%
Medication Type (Used in Last 12 Months)	%
OTC* painkillers (e.g. Tylenol ®)	74%
Cough, cold, sinus or allergy medication	59%
Prescription painkillers	15%
Sleeping Pills	7%
Tranquillizers (e.g., Ativan ®)	2%
OTC* Stimulants (e.g., "wake-up pills)	2%
Anti-depressants/mood stabilizers	9%

* OTC – Over-the-counter

Most of the working population (88%) had used medications within the past year. However, few people used medications on a daily basis. The most common medications included over-the-counter painkillers and medications for cough, cold, sinus problems and allergies. Prescription painkillers (15%) also had a relatively high rate of use, although only 2% of Workers used painkillers on a daily basis. Few Workers used medications such as tranquilizers, over-the-counter stimulants and sleeping pills. Anti-depressants or other mood stabilizers were used by 9% of the workforce. The majority of those who used anti-depressants or mood stabilizers did so on a daily basis, consistent with the requirements of the medication.

The study indicated that there was little variation in medication use by industry or occupation.

Work Related Incidents Resulting from Substance Use Reported by Employers and Union Representatives

Table 11 - Worker Related Incidents Resulting from Substance Use - 2002 and 1992

EMPLOYEE/MEMBER INCIDENT	Reported Awareness of Incident in Last Month			
	Employers		Union Representative	
	2002	1992	2002	1992
Arrived late for work due to alcohol/drug use	15%	19%	49%	31%
Missed a day of work due to alcohol/drug use	16%	19%	50%	40%
Work pace was slowed due to alcohol/drug use	10%	9%	23%	24%

The above table indicates that Employers reported less awareness of incidents regarding Workers arriving late for work, missing work or that the work pace was slowed due to alcohol/drug use than Union Representatives. This may be due to enabling behaviours of other Workers and/or Supervisors and other supervision related issues.

Centre for Addiction and Mental Health, Ontario Bulletin, 2004

Based on Canadian survey results, it is estimated that in a typical workplace of 1000 employees, there will be a rate of alcoholism and excessive drinking in the neighbourhood of 10% - 20% and a rate of illicit drug use from 2% to 7%. In addition, there will be 15% – 25% of the employee group suffering from acute and milder forms of depression, anxiety, substance abuse or some combination of them.

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Northern BC Council on Substance Abuse - An Assessment of Substance Abuse and Stress Issues in Northern Workplaces

The Northern BC Council on Substance Abuse (NBCCSA) commissioned a study in spring 2004 to determine perceptions of Employees of NBCCSA member organizations on matters of workplace substance abuse and stress and their impacts. The survey included a written questionnaire for completion by Supervisors, Employees and Safety/Human Resources personnel as well as focus group discussions of in six northern communities.

The survey concluded that common problems from substance abuse are evident in northern workplaces. The most frequently occurring issues are missed work, tardiness and hangover (which are similar issues noted in the Alberta research). On a scale of severity, these are indicative of a problem in the early to middle stages and early intervention with Employees would be a useful tool. The survey concluded that stress is a significant factor in workplaces. At present, many stresses exist related to job security and change. Most people report their workplaces as stressful. Some 50% of Workers said stress was somewhat common and 44% indicated that stress was very common – only 6% indicated that their workplace was not stressful. Many study participants do not perceive that companies are highly committed to addressing substance abuse and stress issues. Many if not most Employees surveyed feel companies do not discourage substance abuse nor maintain an atmosphere discouraging it. This may be a perception that stems from a relaxing of focus on these issues rather than a real lack of commitment.

Sixty-nine percent of the respondents indicated they believe that 10% or less of their co-workers have a drug or alcohol problem while 31% believe that at least one in 10 co-workers have drug or alcohol related problems. Most Employees believe that 10% or more of Co-workers currently use cannabis. Almost a third of respondents believe 30% or more of Co-workers use cannabis. If true, this would exceed the past year self-reported use of 17% by BC respondents in the 2004 Canadian Addiction Survey. This corroborates the views of the CARBC researchers concerning underreporting of substance misuse in self-reporting surveys.

The large majority of respondents (70%) believe that less than 10% of co-workers use stimulants (i.e. cocaine or methamphetamines), but the majority of respondents believe there is at least some use of these drugs by Co-workers.

The report identified 5 key trends with recommendations. The trends and recommendations are:

Trend 1: Substance continues to create a significant, but not out of control problem for northern workplaces

The study author cautions that this statement may not be accurate due to the under-representation of younger Employees and over-representation of Supervisors. This may have resulted in an under-estimation of the problem.

Recommendations

1. Learn about and emphasize early intervention, compared to passive identification of more serious problems later
2. Strengthen awareness and intervention knowledge regarding marijuana and other illicit drug use in the workplace
3. Include all Employee groups meaningfully in health and safety committees

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Trend 2: EFAP programs, though in existence¹⁴, often lack specificity and vitality

Recommendation

1. Conduct a frank and honest examination of EFAP programs with criteria such as responsiveness vs. passivity, employee knowledge and trust in the EFAP, ability to intervene early, access, anonymity and fear of job loss, and comprehensiveness of services

Trend 3: Workplace stress creates significant problems for Northern Workers and their families and impacts companies

Recommendation

1. Become educated about the nature, effects of workplace stress and its significant consequences on productivity, turnover, lost work, illness and morale

Trend 4: Though Companies may be addressing substance abuse and stress issues, many Employees do not believe they are or that they are doing enough

Recommendation

1. Increase awareness efforts within companies of the risks, consequences of substance abuse and over-stress, and make visible the avenues to seek help

Trend 5: Stress was reported at even higher levels of seriousness as a problem than was substance abuse

Recommendation

1. Ensure that the EFAP has resources and information on stress and its role in Employee (and Company) wellness. Incorporate training on stress management and stress reduction, not just individually, but through corporate efforts.

Renascent Foundation Website – Substance Abuse Impacts

The Renascent Foundation (“the Foundation”) estimates that addiction in the Canadian workplace costs approximately \$12 billion annually in decreased productivity, lost time, workers compensation, accidents and employment-related health care costs. The Foundation estimates that alcohol abusers are 3.6 times more likely to be involved in on-the-job accidents and that 38 to 50 percent of all workers’ compensation claims are related to substance abuse in the workplace. The Foundation states:

- Abusers are five times more likely to file a worker’s compensation claim;
- Usage of medical benefits is 1.5 to 2 times higher than that of non-abusers;
- Substance abusers are 3 times more likely to be absent 8 or more days a year and late for work three times more often than non-abusers; and
- Substance abusers are 25% to 30% less productive than Workers who do not abuse drugs

The Foundation indicates the risk in the workplace as:

- 7.3% of full time Employees and 10.3% of part-time Employees report using illegal drugs currently;
- 7.5% of Workers admit to heavy alcohol use, defined as drinking five or more drinks per occasion; and
- 2 % of any workforce are in a “full-blown crisis state” and need of immediate attention.

The Renascent Foundation indicates the business case and benefits of early intervention and treatment are as follows:

- Return on investment in treatment is from between no less than 156% to as much as 800% or more (Ontario’s own Auditor General pegs the figure around 565%);
- With treatment, both Employees and money are saved, and goodwill is fostered all around;

¹⁴ Most firms surveyed were larger forest products facilities

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- Competitive advantage is gained by addressing addiction in the workplace;
- Addiction can be treated effectively – but without timely access to treatment, Employers experience further increased costs and lost productivity while work, social and family relationships are damaged and the Employee becomes sicker waiting;
- Delay is costly in both human and financial terms;
- An Employee will have a greater chance of returning to full functioning on the job if alcoholism or drug addiction is arrested earlier; and
- Treatment provided in a supportive environment, which includes an intact family, good health and a job, offers employees the greatest opportunity for success.

The Costs of Substance Abuse in Canada 2002 (Canadian Centre on Substance Abuse)

In March 2006, the Canadian Centre on Substance Abuse released the highlights of its assessment of the impact of substance abuse on Canadian society for the year 2002. The study examined the impacts in terms of death, illness and economic costs caused in whole or in part by the abuse of tobacco, alcohol and illegal drugs in 2002. The impacts were measured in terms of the burden on services such as health care and law enforcement, and the loss of productivity in the workplace or at home resulting from premature death and disability. On a per capita basis the cost of alcohol was \$463 and illegal drugs were \$262 for a total cost of \$725 per person in Canada.

Alcohol costs accounted for approximately 14.6 billion dollars or 64% of the total costs of alcohol and drug substance abuse (see table below). The largest economic costs of alcohol were \$7.1 billion for lost productivity due to illness and premature death (or 49% of total cost), \$3.3 billion in direct health care costs (23%), and \$3.1 billion in law enforcement costs (21%). The remaining costs are attributable to prevention, research and other direct costs.

Costs attributed to illegal drugs were estimated at \$8.2 billion. This represents 36 % of the total costs of alcohol and drug substance abuse. The largest economic costs were \$4.7 billion for lost productivity due to illness and premature death (57%), \$2.3 billion for law enforcement costs (28%), and more than \$1.1 billion in direct health care costs (13%). The remaining costs are direct costs for prevention, research and other direct costs. **Table 12** below summarizes the costs for the 1992 and 2002 surveys.

Table 12 - Comparison of 1992 and 2002 Alcohol and Illegal Drug Costs (\$ Billions)

Year	1992 (\$)	1992 (%)	2002 (\$)	2002 (%)
Alcohol Cost	7.5	84	14.6	64
Illegal Drugs	1.4	16	8.2	36
Total	8.9	100	22.8	100

The Canadian Centre on Substance Abuse cautions comparison of the results between 1992 and 2002¹⁵ (see footnote). Regardless, the order of magnitude of the costs on Canadian society is staggering. Behind the dollar figure is a dramatic toll measured in tens of thousands of deaths, hundreds of thousands of years of productive life lost and millions of days spent in hospital. Costs

¹⁵ The CSSA states that 2002 data cannot be compared directly with 1992 for the following reasons:

- 1) Estimation methods have evolved since 1996 and results are not directly comparable
- 2) Data contained in one study is not always available for the other
- 3) Inflation is always a factor and this problem is particularly acute with health care costs that have far outstripped the average inflation rate
- 4) There have been substantial demographic changes in Canada, including the effects of an aging population on our ability to isolate causes of death.

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linked to illegal drug use have increased at a greater rate than costs for alcohol. Deaths from alcohol and illegal drug use have increased at a rate that exceeds the rate of population growth. There also has been a shift in the cause of death from 1992. At that time the largest cause of alcohol-attributed death was vehicle collisions followed by alcoholic liver cirrhosis. That order was reversed in 2002. The steep rise in death and illness resulting from illegal drug use is striking. Increases in alcohol-attributed death and illness between 1992 and 2002 may be linked to changing patterns of use, including increased consumption of five or more drinks on a single occasion. The 2004 Canadian Addiction Survey (CAS) showed that more Canadians drink at hazardous levels than 10 years earlier.

Table 13 - Total Costs of Substance Abuse Costs for Alcohol and Illegal Drugs for BC

BC Population	4,141,272
GDP (\$million)	149,957
Alcohol Total Costs (\$million)	2,219.0
Total as % of GDP	1.5
Total per capita (\$)	536
% of Alcohol and Illegal Drugs	64%
Illegal Drugs Total Costs (\$ million)	1,507.9
Total as % of GDP	1.0
Total per capita (\$)	364
% of Alcohol and Illegal Drugs	36%
Total Alcohol and Illegal Drugs (\$ million)	3726.9
Total per capita (\$)	900

Table 13 above indicates that alcohol is by far the largest contributor to the costs associated with alcohol or illegal drug use in BC. Alcohol represents a cost of \$536 on a per capita basis while illegal drugs represent \$364 for a total of \$900 per person in BC. This is higher than the national average per capita cost. The impact of alcohol is 1.5% of the GDP while illegal drugs represent 1% of GDP for a total of 2.5% or 3.727 billion dollars for BC alone.

Northern BC Vehicle Crashes Research

Northern Health issued a report on motor vehicle crashes in Northern BC in October 2005¹⁶. The report examined the extent and cause of motor vehicle crashes, and identified collaborative strategies among a number of organizations to reduce injuries and fatalities related to vehicle crashes.

The report states that “many drivers, particularly commercial drivers, suffer from other related issues that impair their ability to make safe driving decisions: fatigue, lack of exercise, improper diet, chronic disease and so on. Factors like too many hours on the road in a stretch, use of stimulants to stay awake, eating junk food to stay awake, too much sitting in one position, and others contribute to poor driver health, over and above any personal medical issues the driver might have.” According to the study, autopsy toxicology reports indicate that a large number of commercial drivers who died in crashes were legally impaired by alcohol, marijuana, cocaine and/or crystal meth. In addition, the research indicates that approximately 87% of the crashes occurred as a result of factors directly attributable to drivers including driver error, impairment, chronic health conditions, poor judgment and other human factors indicated above.

During the period of 1996 to 2005, there were 22,122 motor vehicle incidents in Northern BC. Alcohol was noted as a contributing factor in 5800 incidents (26%) while fatigue was noted as a contributing factor in 1222 or 6%. Illegal drugs were noted as a contributing factor in 83 incidents (less than 1%).

¹⁶ See references

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Graph 1 below illustrates the prevalence of contributing factors noted in the 22,122 motor vehicle incidents.

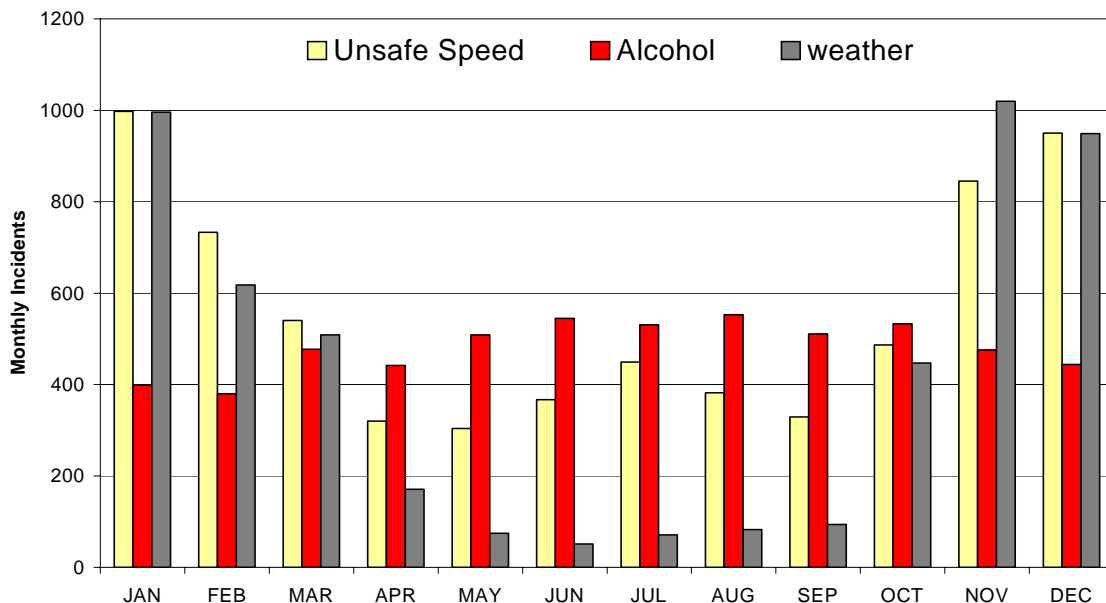
The RCMP state that many of their officers have not received training in visual drug symptom recognition and therefore the number of incidents where drugs are noted as a contributing factor is considered understated¹⁷. The Northern Health report states that according to a veteran RCMP officer, the top 3 contributing factors to injuries and fatalities due to motor vehicle crashes are “booze, belts and speed”. The report goes on to say that In BC, autopsies of 227 fatally injured drivers found 31% positive for only alcohol, 9% positive for drugs and 11% positive for both alcohol and drugs.

The Northern Health report also examined the number of 24 hour suspensions by age group and gender in North Central BC for the period of January 2001 to December 2003. During the period 14,645 road side suspensions were issued in Northern BC. The majority (12,300 or 84%) of these were issued to males and over half of the 12,300 suspensions were issued to men between the ages of 16 and 35 years of age. Females shared a similar pattern with their male counterparts regarding suspensions by age group. In both genders, the 21 to 25 year age group accumulated the most suspensions.

This report illustrates the attitudes, beliefs and behaviours of Northern British Columbians regarding the use of alcohol and drugs while driving vehicles. This may be an indicator of early stage of alcohol related issues.

Graph 1 – Contributing Factors to Motor Vehicle Incidents

Top 3 Contributing Factors to Motor Vehicle Incidents during a calendar year based on
22,122 cases recorded from 1996 - 2005 in North Central BC



SOURCE: Northern Health Report – CrossRoads: Report on Motor Vehicle Crashes in BC

¹⁷ Personnel communication with Sergeant Gord Flewelling, RCMP North District Traffic Services Operations Non Commissioned Officer

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Discussions were also held with the North District Traffic Services Operations Non-Commissioned Officer (NCO) to obtain information on the number of crashes related to substance misuse for areas within the Province outside of the Lower Mainland. Unfortunately the data was not available for inclusion in this report.

Summary of Worksafe BC Claims

The following table outlines the average annual number of claims, benefit costs and lost days for the Forest Operations (excluding Hauling), Log Hauling, and Wood and Paper Products Industry¹⁸ for the period 2001 to 2005. **Appendix III** summarizes annual information for each sector for the years of 2001 to 2005.

Table 14 - Summary of Number of Claims, Benefit Costs, Lost Days for Forest Harvesting and Silviculture, Log Hauling, and Wood and Paper Products Industry¹⁹
Years 2001 to 2005

Sector	Number of Disability Claims Accepted in Year	Disability, Fatal Benefits Charged in Year (\$)	Days Lost in the Year
Forestry Operations Excluding Hauling	8,446	252,400,690	626,443
Log Hauling	885	26,007,425	64,523
Wood and Paper Products Industry	19,121	311,785,305	878,685
Total (All Sectors)	28,452	590,193,420	1,569,651
Annual Average (All Sectors)	5,690	118,038,684	313,930

The above table indicates that an average annual number of claims was 5,690 per year for the past 5 years. The average benefit costs paid regarding claims year was \$118,038,684 and the average number of days lost was 313,930 per year.

BC Coroners Service

Discussions were held with the BC Coroner's Office and the newly appointed Coroner looking into the forestry fatalities. The Coroner is currently reviewing files on fatalities to ensure that forestry related deaths have been properly classified. The data was not available for inclusion in this report.

US Research

Substance Abuse and Mental Health Services Administration (SAMHSA)

The ***US Substance Drug Abuse Warning Network, 2004: National Estimates of Drug-Related Emergency Department Visits Report*** released in April 2006 for the entire United States including Hawaii, Alaska and the District of Columbia indicates that abuse of prescription and over-the-counter drugs is sending more people to emergency rooms than for either cocaine or marijuana

¹⁸ Information provided by Kevin Thipthorpe, Statistical Assistant, Statistical Services Dept., WorksafeBC

¹⁹ The benefits include all claim costs except health care and rehabilitation costs. The Number of Disability Claims includes claims accepted in the year regardless of year of injury. Health-care-only claims are not included in the count. The number of days lost include all days lost in the year regardless of the year of injury.

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alone. According to new US federal data this reflects the growing popularity of powerful painkillers such as OxyContin®, Vicodin® and hydrocodone. These medications are prescribed in BC and according to one RCMP Organized Crime and Drug Awareness Service Officer other prescription misused and abused drugs including morphine pills and Dilaudid® (hydromorphone hydrochloride) are also being confiscated in local drug seizures²⁰.

The US data showed the following results:

Table 15 - Hospital Emergency Visits for Illnesses Involving Drugs

	2004 Survey	%
US Hospital Emergency Department (ED) Visits	106 Million	
Drug Related ED Visits	2 Million	1.9
Drug Misuse or Abuse Total	1.3 Million	100
Illicit Drugs Only		30
Pharmaceuticals only		25
Illicit drugs and alcohol		15
Illicit drugs with pharmaceuticals		8
Illicit drugs with pharmaceuticals and alcohol		14

The Drug Awareness Warning Network (DAWN) survey indicated that approximately 2 million or 1.9% of all hospital visits were related to drug use. Of this total, 1.3 million (65%) were associated with drug misuse or abuse and involved illicit drugs, pharmaceuticals, and alcohol or combinations thereof. The survey indicated that 496,000 drug related emergency room visits involved pharmaceuticals and over the counter drugs which was higher than visits for either cocaine or marijuana misuse and abuse. About 383,000 visits involved cocaine. Marijuana was involved in about 216,000 visits.

SAMHSA²¹ administrator Charles Curie stated in USA Today²² (May 10, 2006) “ We need to see a real focus getting the message out that just because something is prescribed or over-the-counter doesn’t mean that it’s not harmful. We want to recognize that medications prescribed by a doctor and taken exactly how the doctor prescribed can work wonders. But if it’s not prescribed for you, if it’s not taken the way intended, it’s a recipe for disaster”. Surveys nationwide have shown a surge in prescription-drug use. The number of addicts seeking treatment for abusing prescription opiates (while low in number), was up 62% from three years earlier according to data released by SAMHSA. About 2.4 million people in the US abused painkillers for the first time in 2004, making it the drug category with the highest number of new users, according to the National Survey of Drug Use and Health. “These drugs have become very, very popular with people who abuse substances” says Joseph Troncale, medical director for Caron Treatment Centers based in Wernersville, Pa. He says that up to 30% of the patients at Caron’s drug-rehabilitation centers are being treated for prescription-drug abuse. He states that the drugs are cheap and readily available on the street.

US Large Truck Crash Research

The US Department of Transportation Federal Motor Carrier Safety Administration issued a report to Congress in March 2006²³ on a Large Truck Crash Causation Study examining 967 crashes which involved 1,127 large trucks, 959 non-truck motor vehicles, 251 fatalities and 1,408 injuries. The survey was conducted between 2001 and 2003 at 24 sites in 17 States. Each crash involved at least one large

²⁰ Personal communication with Paul Collister, North District Organized Crime and Drug Awareness Service

²¹ Substance Abuse and Mental Health Services Administration

²² Canadian Foundation for Drug Policy News Release – Study: OTC Drugs, Prescriptions send more to Emergency Departments than Cocaine – USA Today (10 May 2006)

²³ See references

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truck and resulted in at least one fatality or injury. A total of 1000 factors were examined in the crashes and the report identified the estimated number of trucks in all crashes by associated factor. The top 20 factors were summarized. Prescription drug use was the leading factor associated with crashes at 26.3% and over-the-counter drug use rated at 17.3% (fourth highest). Illegal drug use was estimated at 2.3% and alcohol use at 0.8% (the two least associated factors). It should be noted that US transportation industry conducts random alcohol and drug testing program.

Relevance to the BC Forest Safety Council Members and Partners

What is the relevance of all this research information to the BC Forest Safety Council, Associations and partners addressing substance abuse issues in the Forest Sector? If these statistics are anywhere near accurate, then, unless there is a very unusual worksite, companies can expect these levels of substance use and/or misuse, more or less, to be prevalent within their workplace. Canadian statistics identify substance use and misuse patterns by the population of BC or Canadian in general, which is the group of people from which Employers derive their workforce. One can therefore anticipate that issues of use, misuse and abuse will affect safety, health and other work related issues accordingly.

BC Forest Industry Estimated Impact

According to Statistics Canada information provided by the BC Ministry of Forests and Range Economics and Trade Branch²⁴, there are approximately 79,700 employed in the BC Forestry and Logging and Support Activities, Wood Product Manufacturing, and Pulp and Paper Manufacturing. The Gross domestic product for BC Forest and Logging Operations is 9.994 millions of “1997 Chained” dollars²⁵. Applying reported numbers from various sources and studies summarized above to the BC Forest Industry employment and GDP numbers we can expect the order of magnitude of issues facing BC forestry workers and workplaces as outlined in the following table (See **Table 16** below). Employment by sector, WCB claim and benefit costs and lost days for Forestry, Harvesting Hauling, Silviculture Woods Products Manufacturing Industry, and GDP due to BC and Canada forest related activities are included in **Appendix III**.

²⁴ Personal communication with Jie Shu, Economic Analyst, Ministry of Forests and Range Economics and Trade Branch, Victoria, BC

²⁵ See above footnote

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Table 16 - Projected Relative Impact of Substance Misuse Issues in the BC Forest Industry

Item	Estimated %	Units	Estimated Number
Total Number of BC Forest Workers²⁶			79,700
Substance Use and Misuse Estimates Below Based on Total BC Forest Workers²⁷		Workers	
Alcohol			
BC Drinkers (BC Average %) ²⁸	79%	Workers	62,963
Exceeding high risk drinking guidelines in previous year (BC Average %) ²⁹	22%	Workers	17,534
High risk drinking behaviour (BC Average %) ³⁰	13.6% average 9.8% women 25.1% men	Workers	10,839 ³¹
Alcohol Reported Problem (National Average %) ³²	10%	Workers	7,970
Alcohol Dependence (National Average %) ³³	3.6%	Workers	2,869
Estimated number of Employees that drank at work (based on Alberta Workplace Average %) ³⁴	10%	Workers	27,970
Drugs			
Lifetime Use of Cannabis (BC Average %) ³⁵	52 %	Workers	41,444
Lifetime Use of Drugs other than Cannabis (BC Average %) ³⁶	23%	Workers	18,331
Past Year Use of Cannabis (BC Average %) ³⁷	17%	Workers	13,549
Past Year Use of Drugs Other Than Cannabis (BC Average %) ³⁸	4%	Workers	3,188
Addiction to drugs (National Average %) ³⁹	1.1%	Workers	877

²⁶ Estimated % from Statistics Canada information (BC MOFR Economics and Trade Branch)

²⁷ Includes Forestry, Logging & Support Workers, Wood Products Manufacturing and Paper Manufacturing Direct Jobs

²⁸ Estimated % from 2004 Canadian Addiction Survey Information

²⁹ From 2004 Canadian Addiction Survey

³⁰ Estimated % from 2004 Canadian Addiction Survey Information

³¹ This estimate is based on average high risk drinking behaviour for males and females combined (The Consultant expects this number significantly underestimates high risk drinking behaviour due to the ratio of males to females working in the Forest Industry)

³² Estimated % from 2004 Canadian Addiction Survey Information

³³ Estimated % from Health Canada 2002 Addiction Survey Information

³⁴ Estimate% based on 2002 AADAC Workplace Survey Information

³⁵ Estimated % from 2004 Canadian Addiction Survey

³⁶ Estimated % from 2004 Canadian Addiction Survey Information

³⁷ % Estimate based on 2004 Canadian Addiction Survey Information

³⁸ Estimated % from 2004 Canadian Addiction Survey Information

³⁹ Estimated % based on 2002 Health Canada Addition Survey Information

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Table 16 Continued

Item	Estimated %	Units	Estimated Number
Workplace Injury Claims – Number and Costs			
Average Number of WCB Claims ⁴⁰			5690
Estimated Number of WCB Claims related to Substance Abuse ⁴¹	38 to 50%	Claims	2162 to 2845
Total WCB Claim Costs ⁴²		Dollars	118,038,684
Estimated Claim Cost Associated with Substance Abuse ⁴³	38 to 50%	Dollars	44,854,700 to 59,019,342
Average Number of Days Lost ⁴⁴			313,930
Gross Domestic Product Impact			
Forest Sector Gross Domestic Product (GDP) ⁴⁵		Dollars	9.994 Billion
Estimated Impact of Alcohol and Illegal Drugs (National %) on BC Forest Sector GDP ⁴⁶	2.5%	Dollars	249.85 Million

The Consultant cautions that the information presented in the above table is prepared by using factors, percentages and other estimates from national and provincial surveys and applying these factors or percentages to workforce, GDP and workplace accidents information derived from different survey populations. These estimates have been prepared by the Consultant to provide a “sense” of the order of magnitude of substance abuse related concerns facing the BC forest workforce and industry. The Consultant cautions the reader that there may be significant differences due to age distribution, and other demographic differences between the survey populations from which the information was derived and the population to which the factors/percentages are applied.

The estimated impact of substance use and misuse is substantial. Also of note are the number of Worksafe BC reported injuries, associated claim costs and estimated impacts on the Forest Industry Gross Domestic Product. It is the Consultant’s opinion that the relative numbers presented in **Table 16** above likely underestimate the impact of issues affecting Forest Workers and workplaces. As indicated by the CARBC research above, self reported use of alcohol and drinking patterns in the Canadian Addiction Survey only account for some 30% of the alcohol sales in BC. There is also almost no information available of the misuse of over-the-counter or prescription medications which also may lead to impairment on the worksite.

A number of factors and circumstances particular to the Forest Sector may also lead to greater substance misuse than indicated in **Table 16** above. Some factors are tangible and can be measured while others are intangible and difficult to measure. These include:

- 1) Isolated nature of much of forest related activities (working away from home leading to higher use/misuse of alcohol and other drugs)
- 2) Long hours of work and shift schedules (affecting fatigue and other stress related issues)

⁴⁰ Average number of Forest Industry WCB Claims for the period 2001 to 2005 (Information provided by Worksafe BC and compiled by the Consultant)

⁴¹ Estimated % based on Renascent Foundation Information applied to average number of WCB Claims

⁴² Average annual WorkSafe BC Disability, fatal benefits paid for the period 2001 to 2005 (Information provided by Worksafe BC and compiled by the Consultant)

⁴³ Estimated % based on Renascent Foundation Information applied to WCB Claim cost information

⁴⁴ Average number of days lost in the Forest Industry for the period 2001 to 2005 (Information provided by Worksafe BC and compiled by the Consultant)

⁴⁵ Information provided by BC Ministry of Forests Range and Economics Trade Branch

⁴⁶ Estimated impact based on CCSA BC economic impact % on GDP and applied to Forest Industry GDP information from BC Ministry of Forests and Range Economic Trade Branch

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- 3) Seasonal nature of work (compressed operations due to environmental or economic factors)
- 4) Uncertainty in the Forest Industry – market instability, downsizing, industry restructuring and softwood related issues (Job and family impacts and stress related issues)
- 5) Forest health issues resulting in increased rates of harvest and timber movement in the interior
- 6) Repetitive nature of many forest related jobs
- 7) High wages and disposable income of Forestry Workers
- 8) Forest Industry “culture” and social acceptability of alcohol use
- 9) Tolerance of both legal and illegal drug use/misuse in some workplaces
- 10) “Culture of enabling and code of silence” around substance misuse issues
- 11) Lack of awareness, knowledge and education around substance abuse issues and early intervention techniques
- 12) Lack of information on and access to treatment resources including availability of employee and family assistance programs
- 13) Lack of recreational facilities in remote locations, camps and isolated communities
- 14) Lack of focus on healthy alternatives to substance use
- 15) Lack of available data on workplace accidents, injuries, absenteeism and other non-tangible impacts associated with substance misuse

The US emergency department survey information indicates that prescription drug misuse is one of the fastest growing misuse issues, outstripping visits for each of cocaine and marijuana substance abuse alone. Unfortunately there is not any similar research in Canada to determine whether this trend is evident in Canada. Research out of Newfoundland and Labrador⁴⁷ indicates that prescription drug use is increasing among youth at junior and senior high schools due to increased availability of and access to prescription drugs, peer pressure and youth using to cope with stress in family situations. The youth are also reported to be modeling adult behaviour and attitudes they observe.

Research Summary

The above research shows that a substantial sector of the Canadian population consumes alcohol. There is a certain segment of the population that has used illegal drugs at least once in their lifetime and a small population that utilize drugs on a regular basis. Drug use at least once in lifetime and previous year drug use has increased dramatically in the past decade with some drug experimentation/use doubling or tripling. Rates of drug use in BC are higher than the national average. High risk drinking patterns are more prevalent for BC residents than for other parts of Canada. Alberta research has shown that a small sector of the working population engages in consumption of alcohol and/or use of drugs on the job. Research by CARBC indicates that self-reporting of alcohol is largely under-reported and suggests that the same is true for self-reported drug use.

Employers can expect that a small sector of the working population is addicted to alcohol or drugs. The high-risk drinking patterns and consumption of over-the-counter drugs, prescription and illegal drugs create safety issues for all Forest Sector workplaces and health risks for Employees engaged in these activities. Renascent Foundation research indicates that workers misusing substances are more likely to be absent and file workers' compensation claims, require more use of medical benefits, and are less productive than other workers. The Foundation also indicates that companies can reap significant returns on investment through treatment of troubled and addicted Employees and any delay in treating Employees can be costly both in human and financial terms. Early intervention will provide the greatest chance of success in treating an Employee with a substance use issue.

The NBCCSA research indicates that most workplaces are somewhat or very stressful. The perception of Co-workers, Supervisors and Safety/Health representatives is that substance misuse is an issue within the workplace and may exceed the general self reported use of the 2004 Canadian Addiction

⁴⁷ http://www.health.gov.nl.ca/health/commhlth_old/factlist/PREDRUGS.HTM

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Survey results. There are several trends that emerge from the research and recommendations that can be implemented to reduce stress factors and substance misuse associated with the workplace.

The CCSA has estimated the cost of substance misuse to Canadians for health care, enforcement and lost productivity due to disability and premature death in the billions and increasing at a dramatic rate.

Research on crash data for Northern BC indicates that alcohol is a significant contributing factor. Roadside suspension data indicate that a significant number of BC residents engage in drinking and driving activities with the highest incidence in younger age groups.

Research in the US indicates that prescription drugs were the highest contributing factor in a large transport truck crash investigation/analysis. US SAMSHA hospital surveys indicate that over-the-counter and prescription drug addiction issues exceed those related to either cocaine or marijuana alone.

Employers must be made aware that, to a certain extent, these issues translate to the workplace and Employers need to have effective strategies in place to address these issues by reducing contributing factors such as stress and providing assistance to Workers in need of counseling, treatment or rehabilitation.

The Consultant has estimated the relative magnitude of substance abuse in terms of Forest Worker use affecting health and safety, implications on productivity, number of Worksafe BC injuries and claim costs and impact on Forest Industry GDP based on the above research information. The estimated impact based on self-reported information is likely understated. The estimated impact illustrates that not only is there is a sound business case to proceed with action to address substance misuse, but more importantly, there are significant human health and safety-related reasons to address substance abuse in the workplace.

Input from FSC and other Stakeholders

The Consultant contacted BC Forest Safety Council staff, member Associations and other organizations to solicit input and views on the following:

- 1) Knowledge of the extent and impact of substance abuse issues within the industry
- 2) What process should be undertaken within the FSC, member Associations and others to have a frank and open dialogue on the issue
- 3) What are the next steps
- 4) What is the role of the FSC, Member Associations and other potential partners in implementing a collaborative approach to reduce substance use and abuse and provide assistance to those in need
- 5) What priorities and timelines should be established in addressing substance misuse

A letter and discussion questionnaire were sent on April 13th to members of the FSC and subsequently to other organizations as identified by various parties to the Consultant. A copy of the letter and questionnaire is included in **Appendix II**.

The Consultant extends his appreciation for the frank and open discussion by all stakeholders interviewed and the universal concern about substance abuse issues related to the workplace. A total of 26 telephone interviews/discussions and two in person discussions were conducted to solicit information, data, or knowledge and perspective of the issues and input from FSC and Association staff, potential partners and other sources. A summary of participants contacted is included in **Appendix II**. Participant views, comments and data provided have been used in the formulation of the recommended framework and action.

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The Current Situation

Knowledge of Extent and Impacts of Substance Abuse Issues

FSC and Member Association representatives self-admitted that there was a general lack of knowledge about substance abuse issues and the extent of the problem across the Forest Industry. Alcohol and drug issues are rarely discussed in a formal manner within the Forest Sector. Numerous anecdotal accounts of telephone interviewees' personal workplace and general exposure to substance abuse issues were discussed. Also clearly evident was a wide range of views of the extent of the problem from "Is there really a problem?" to "There is a significant problem and let's get on with the process of addressing the issue." Representatives from various organizations indicated that the extent of abuse varied from a perception of no issue to endemic levels to serious misuse resulting in significant implications for Forest Workers and workplaces. This perception is affected by direct exposure to issues within the workplace, industry sector and to a certain degree, the tolerance level and "culture of silence" that surrounds misuse of alcohol and drugs in the workplace. Not all organization representatives believed that the issue needed to be addressed or that the Forest Safety Council needed to be involved. Some interviewees felt that there were issues of greater importance including fatigue, lack of sleep, shift schedules and other safety related factors. However, the majority of interviewees indicated that substance abuse issues are present across all sectors the Forest Industry and the FSC, Associations and members all have a leadership role to play in taking action to eliminate substance abuse affecting safety, health and work performance.

The consumption of alcohol continues to be a significant part of Forestry Industry "Culture". There is denial of substance use issues by some parties interviewed and complacency with the status quo by others. A few interviewees stated that within the industry, the perception is that "pot" smoking is not any more harmful than tobacco by some Employee and Supervisor groups, which is contrary to medical scientific research. Drugs are tolerated or ignored to an extent within certain parts of the industry. This may be due to the lack of Employer knowledge of level of substance misuse on the job and how to detect performance issues related to use. It may also be due to the lack of skills of Employers and Supervisors on how to conduct effective interventions in the workplace. Another factor is the nature of the various industry sectors and attitudes, work ethics and behaviours of both Employers and Employees related to alcohol and drugs. Substance abuse "hits close to home" for some and most people feel uncomfortable conducting an intervention and will not speak up about the issue. The view of a few interviewees was that fatigue, lack of sleep and other factors should be given higher priority than substance misuse issues. This view was not shared by the majority.

Currently there is no Forest Sector wide coordinated strategy to address substance misuse within the workplace. An array of methods are being implemented from highly focused programs providing awareness training, education, effective interventions and well communicated and used EFAP's to workplace substance misuse enabling behaviours and ineffectual laissez-faire or reactive approaches. Several interviewees stated the current general industry approach was mainly reactive, non-directional with limited effectiveness. Many interviewees shared the view that a positive, help based approach was required to assist workers with substance use or addiction problems. One interviewee stated that one of the greatest challenges would be to engage the Employers in making the necessary culture change needed to create a caring work environment to assist those people with substance abuse problems. Another issue of concern is confidentiality of those seeking help, particularly Workers in small firms, small communities or in isolated locations.

Supervision in some sectors of the industry is difficult or almost non-existent due to the nature of work or type of operation. Workers such as Truckers and other individuals working alone in the bush, operating machinery or stationed in isolated locations and camps may have little direct contact with Supervisors or other Workers. Often much of today's communication is conducted by radio and seldom is there face to face discussions and if so, these are often brief encounters. This increases the difficulty of a Supervisor observing Employee job behaviours and work performance over a period of time. This makes identification of symptoms to determine fitness for duty almost impossible. This lack of on-going

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regular supervision increases the risk of serious accident, injury or fatality. Most people are not trained in recognizing the behaviours or signs associated with substance misuse. Supervisors have also most likely received little or no training in conducting an intervention. Even if an intervention is conducted, there may be no assistance that can be offered to the affected individual and termination is often the manner in which the issue is dealt with.

Considerable “enabling”⁴⁸ behaviour occurs in certain workplaces including Contractors, Supervisors and Co-workers alike. This again may be due to lack of knowledge of the consequences of enabling behaviour. The enabler often believes that he or she is assisting the substance abuser or that the misuse issue will “work itself out” over time. Providing knowledge and skills in an effective manner at the Employer and Supervisor level was one of the main recommendations from most people interviewed. Training methods must recognize the unique nature of each sector to be effective.

Substance misuse is an equal opportunity issue affecting senior Executives to front-line Workers. Research has shown that highly paid and white collar Workers are more likely to be involved in substance misuse due to stress and amount of disposable income⁴⁹. Other circumstances such as job repetitiveness, inability to change one’s job environment and limited ability to contribute to decisions may also cause stress and related substance use and abuse⁵⁰. In situations where leaders of a firm are engaged in substance abuse, a “culture of misuse” may be prevalent throughout the organization. There is also a drug “sub-culture” that is present to a certain level throughout the industry that is kept hidden from the non-user Worker, Supervisor and Employer. In some workplaces, those that are using are enjoying their drugs and not being challenged on safety, workplace performance and behavioural issues. It becomes an accepted lifestyle for these individuals. There is often Supervisor or Contractor reluctance to intervene due to the current culture of tolerance or enabling across many sectors of the Forest Industry. Without training to identify the early symptoms or changes in employee behaviour or job performance this issue is not being recognized or appropriate action taken.

Many Employers and Workers are also not aware of the adverse health effects of substance abuse. Health concerns include a range of effects from minor medical disorders to addiction, permanent disability, brain injuries and mental disorders, other physical injuries, long term health affects or premature death. These issues can result in substantial human suffering, a significant economic burden on Companies and affect on Co-workers and families. Many small Employers have little knowledge or focus on health within their workplace.

Often the true cost of accidents, incidents and injuries associated with substance misuse are not fully recognized or accounted for. For example, there may be situations where impaired drivers causing crashes resulting in fatalities may not be tested for impairment. Fatalities/injuries are generally reviewed from a claim perspective and the steps to assess impairment of other involved parties may not be fully examined or determined. In addition, there are almost no checks being completed for impairment on Forest Service and permitted roads. There is an estimated 650,000 kilometers of FSR or permitted roads within the Province⁵¹. There are numerous other examples of where impairment in the workplace is not fully recognized due to lack of training, ignorance, enabling behaviours, complacency, drug acceptance or tolerance, or other factors. There are situations where multiple industries do not have the same standards. As well, many Employers, Supervisors and “others directing work” are often not aware of their due diligence and other legal requirements including obligations under recent amendments to the Criminal Code of Canada to ensure safe worksites. Many Employers are also putting their Companies at risk without recognizing implications of not addressing substance abuse issues.

The Provincial Government has recently funded programs to address methamphetamines within communities across the province. From an ICBC and RCMP point of view, alcohol is still the major focus on the roads as evidenced by the vehicle crash information.

⁴⁸ Enabling may be defined as failure to hold someone accountable for consequences of their actions

⁴⁹ Substance use and Gambling in the Workplace, 2002 Alberta Alcohol and Drug Abuse Commission

⁵⁰ NBCCSA - An Assessment of Substance Abuse and Stress in Northern Workplaces

⁵¹ Personal discussion with M Arcand

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There is a marked increase in highway truck traffic associated with the Mountain Pine Beetle epidemic in the interior. As a result, there has been a corresponding increase in the number of crashes involving the general public. The RCMP are recommending the Solicitor General's office consider a "0" blood alcohol level for professional truck drivers traveling on public roads.

Employer Obligation - Alcohol and Drug Policies and Practices

All employers are obligated under WCB regulations to ensure a safe worksite that is free from impairment on the job. The employer is ultimately responsible for setting and enforcing policies, standards and acceptable behaviours regarding alcohol and drugs on the worksite. There is a general lack of knowledge of interviewees on whether the majority of Contractors in each Association have policies in place related to impairment on the job. The Consultant suggests that most Contractors probably do not have an effective alcohol and drug policy in place unless the policy has been developed under the umbrella of major licensees to which the Contractors must adhere..

There is a general lack of knowledge of interviewees regarding how effective Contractors are in dealing with substance misuse issues in their workplaces and whether Contractors are in fact accommodating Workers with an addiction. As indicated earlier in the report, Employers have a "Duty to Accommodate". The view of some interviewees is that in certain worksites, Employees exhibiting substance abuse related issues are simply terminated and no counseling, rehabilitation or treatment services are provided by the Contractor. Simply terminating an Employee with an addiction may not meet the test of "Duty to Accommodate" under human rights legislation. Contractors need to be informed of their obligations in this regard. Employers may be terminating Employees that would provide valuable continued and/or future service if the Employees would be able to seek help through an effective EFAP program, counseling, rehabilitation or other treatment services. Retaining valuable Employees has become a greater challenge for Contractors and Small Businesses, particularly with today's skilled labour market shortages.

Many Contractors do not understand the magnitude of alcohol and drug issues in the workplace and the implications from a safety, legal and economic perspective. Many Contractors are putting their Companies at risk without recognizing the risk by ignoring substance abuse issues. The Contractors presently do not have the capacity on their own to develop and implement programs to provide assistance to Workers in need. The Associations are facing a number of economic and overriding safety program challenges and also have limited resources available to effectively address this problem. Also, in many cases the issue has not been brought to the attention of the Association leaders to address. This reinforces the need for the Council leadership to provide assistance to Associations and their members.

Employee Obligations

The WCB also requires Employees to be "fit for duty" and not to enter or remain on a worksite in an impaired condition. Impairment may be due to not only drugs and alcohol but also other conditions such as fatigue, lack of sleep and other disorders that may cause impairment on the job. The Employee has specific obligations to advise the Employer of any circumstances or condition that the Employee may have that will impair the Worker's ability to work safely on the job, including impairment from over-the-counter or prescription drugs, fatigue and/or lack of sleep. Many interviewees suggested that fatigue, lack of sleep and other potential impairment conditions need to be included as part of programs to address alcohol and drugs.

Education and Training

Virtually no on-going education programs are sponsored by Associations to assist members with training regarding substance misuse. Nor are there any specific strategies to address this issue under the umbrella of each Association. This is understandable due to the mandate, focus, size of the

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Associations and resources available. Some Associations have promoted awareness of specialized training organizations⁵² to deal with substance abuse issues through newsletters and provided advice directly to Contractors on an individual request basis. Many Association interviewees indicated that few if any Contractors had requested information of substance abuse training services available. This may be due to the current culture of the industry, lack of knowledge of Contractors on how to deal with the issues and where to obtain information to assist them.

Association staff indicated that there was a general lack of Contractor, Supervisor and Employee knowledge of the impact of alcohol and drugs on safety, health and work performance and how to proactively address substance issues in the workplace. The Forest Industry “alcohol culture” and “sub-culture” of illicit and other drug use contributes to a lack of knowledge of workplace impacts. Additionally there is an individual reluctance to address substance misuse or feeling of inability to effect change which further exacerbates the problem. **This reluctance or lack of feeling of empowerment to effectively address workplace substance misuse promotes enabling behaviours among Contractors, Supervisors and Employees and ultimately affects their collective tolerance and attitudes towards acceptance of the status quo.**

There are a number of positive actions that would assist Contractors. Conducting effective awareness education and intervention training would provide necessary skills to the Contractors and Supervisors. Providing information to Contractors on counseling/treatment services available to assist troubled Employees would also enhance the Contractors' confidence in tackling this difficult issue. Further discussion is required on availability of counseling/treatment resources and what costs, if any, are borne by the various stakeholders. This is particularly an issue in remote locations such as camp operations, small communities and other isolated areas. Services may not be easily accessed and the ability to maintain confidentiality of Employees that are participating in counseling/treatment services is a significant concern affecting use. Innovative methods such as telephone counseling and web-based information may be effective tools to assist specific segments of troubled Employees that are seeking such services in remote or isolated locations.

Employee Family Assistance Programs (EFAP)

Major licensees have generally well established EFAP's that have been providing services to their Employees for the past several decades. Association interviewees indicated that most Associations offer an optional coverage for Employee Family Assistance Programs through insurance and/or benefit providers. There are some EFAP's that are available through service providers engaged by major licensees. Association staff indicated that most Contractors only opt for disability and health care services and the majority of interviewees indicated that less than 5% of the Contractors provide EFAP services for their Employees. Therefore, any Employee with a personal issue, whether related to a substance issue or one that may lead to substance misuse, does not have adequate access to counseling or other services provided through an EFAP. In these circumstances, it is left solely up to the motivation of the affected individual to independently seek other services. This is highly unlikely due to addiction being a “disease of denial” and general lack of motivation unless the abuser is forced to seek help by the Employer.

Most small Contractors that do not have an EFAP are likely to deal more harshly with an Employee that has an alcohol or drug problem. These Contractors are more likely to terminate an Employee than provide assistance to the troubled Worker. This only transfers the issue to another worksite and exacerbates the issue for the Worker. These Employers need to refocus on this issue as a human issue regarding careers and not an issue of job jeopardy. A culture change is required where Employers accept responsibility and obligation to provide help to their valued workforce. The issue of wait times prior to treatment as was raised by one interviewee. Also, many Employers that do not have an EFAP service may not know what other resources are available to provide assistance to troubled Employees. The question was raised of how are small Contractors able to provide assistance when employing a limited number of Workers with few resources.

⁵² E.g. Northern BC Council on Substance Abuse

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Substance Abuse Testing

In addition to implementing policies, conducting Supervisor/Leader training, on-going education and awareness programs, and providing EFAP's, substance abuse testing has been adopted by a number of larger firms within the Forest Sector. Others avoid testing because of the political and legal ramifications of such tests. Substance abuse testing is generally used for four purposes – pre-employment screening, testing for cause or post accident/incident and random testing. Companies that have been testing for pre-employment and post accident/incident have had up to 8% of their workforce test positive for drugs and/or alcohol in their system. A few interviewees suggested that testing was needed to develop a better knowledge base of the issue within the Forest Sector. Views of interviewees were mixed on the need for testing. Some questioned whether the FSC should be involved at all, or if involved, what role that the FSC and Associations should assume in this regard. Many interviewees suggested that the FSC and Associations should not be involved in alcohol or drug testing.

Pre-employment screening is completed wherein anyone applying for work consents to analysis as part of the pre-employment process. Applicants who refuse are not considered for employment. Testing for cause or post accident/incident is used when an employee exhibits signs of alcohol or drug use or is involved in an accident or incident. "Cause" is determined by documented suspicion of use (for example slurred speech, alcohol on breath, inability to walk straight, physical/verbal altercation, accident, etc.). Refusal to submit to the test may result in disciplinary action up to and including termination. Random testing has been established in work sites defined as "safety sensitive". Employees may be tested for the presence of alcohol and drugs in their urine. If detected, disciplinary action may follow up to and including dismissal. Obligations regarding Employer's "Duty to Accommodate" must also be considered in such action.

Current Collaborative Initiatives

There are a number of coordinated initiatives being undertaken by various organizations. RoadHealth is a collaborative initiative of Forestry Trucksafe, Northern Health Authority, RCMP, ICBC, and Department of Transportation (DOT), Commercial Vehicle Safety Enforcement (CVSE) to address issues affecting truck crashes including alcohol and drugs. A new Forest Coroner position has been established to examine the cause of forestry related deaths and to provide recommendations to reduce the number of fatalities. The RCMP in cooperation with Worksafe BC, ICBC and other organizations have implemented INFORM program to advise owners of corporate vehicles regarding the nature of any traffic or other violations. There are a number of other collaborative initiatives that the Forest Sector is involved in that can form part of the integrated strategies to address substance abuse issues across the industry.

Recommended FSC Principles to Address Substance Abuse

Most interviewees recommended that BC Forest Safety Council promote the following principles:

- 1) Establish a goal for FSC and member Associations to collaboratively create safe drug-free work sites and encourage Contractors to promote healthy lifestyles for their Workers
- 2) Encourage caring worksites that respect and protect human rights of all workers and promote practices that are consistent with labour legislation and employment standards
- 3) Promote policy development to create a structure for a drug free worksite outlining job performance expectations and employee behaviour, training and awareness concerning substance abuse and services available for rehabilitation and treatment
- 4) Encourage Contractor and Supervisor training to conduct effective interventions in the workplace
- 5) Conduct on-going education and awareness regarding impacts of substance abuse issues

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- 6) Increase availability of Employee Family Assistance Programs including stress management seminars and other preventative strategies as well as counseling, rehabilitation, treatment and other programs to assist workers in need
- 7) Promote collaboration with other organizations to increase focus on substance abuse issues of forest-related operations such as forest roads that have unclear or overlapping jurisdiction

It is recommended these principles be achieved using the following practices and/or methods:

- 1) Changing the present culture that exists in parts of the industry to a new culture where:
 - Alcohol and drug use is no longer tolerated or considered acceptable behaviour
 - Company/Contractors actively discouraging substance use and abuse through awareness and education;
 - A proactive approach is developed to encourage Employee health and healthy lifestyles
 - Initiatives are implemented through existing safety programs
 - The uniqueness of each sector is examined in terms of Contractor, Supervisor and Employee attitudes, demographics, and input on program development/implementation is sought from focus groups representing each employment group within the sector

Role of FSC

Leadership and Catalyst for Culture Change

Almost all interviewees indicated that the FSC must take the lead role in promoting a culture change to address substance abuse issues within the Forest Sector in cooperation with Associations and their members. A number of interviewees recommended that fatigue, lack of sleep and other non-substance related issues should be included in addressing all forms of impairment on the worksite. All factors leading to impairment of workers must be addressed. A logical approach is to include all stress-related and other factors leading to substance misuse. Then causal agents can be effectively minimized or eliminated ensuring help is provided at the earliest stage to a troubled Employee. This will result in reduced incidence of accidents and injuries. The sooner that substance misuse is identified and treated, the greater is the likelihood of successful Worker rehabilitation. Many interviewees suggested that the timing is right for the Council to tackle this issue as a result of the broad media exposure of the "personal" cost of severe injuries and deaths related to substance misuse.

Most interviewees believed that the FSC needs to be the catalyst to initiate a proactive Forest Sector wide approach to improve safety, health and work performance. Substance abusers are clearly a risk not only to themselves, Co-workers but also to the public in certain circumstances. Tourism and backcountry recreation promotion by the Province increases the risk of injury to the public through interface with forest harvesting, trucking and silviculture operations. The public risk must also be considered in the initiative.

Several interviewees stated that some Associations/Members of the FSC were presently taking a reactive approach and not dealing with alcohol and drug issues effectively within their sector. It was also suggested that these members do not want a coordinated approach to be taken. Change starts at the top. A collaborative effort of the FSC and Member Association leaders is paramount to commence the far-reaching culture change needed throughout the Forest Sector. The FSC requires the support and endorsement of all Associations to effectively deal with substance abuse issues. The current lack of support from some Council members was identified as a challenge for the Council due to the loose coalition of organizations and the need to build trust amongst these members. It was suggested that it may take up to 10 years to successfully change the existing Forestry Culture regarding its approach to substance misuse. A number of organization representatives suggested that the three Mill Associations and large Forest Companies must assume a major leadership role.

Many interviewees suggested that more information on the order of magnitude of the problem needs to be gathered. The FSC was identified as the leader to coordinate data collection and any research that may be needed in partnership with the Associations and others. It was also suggested that the FSC, in

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collaboration with Association members and other partners, develop an “Industry Best Practices” for Companies to implement to address misuse in the workplace. Another suggestion was that not only should the FSC be involved in educating and providing preventative measures and programs, it should also be involved in establishing milestones for achievements and monitoring progress on implementation of programs throughout each Association.

Integral Component of Existing FSC Initiatives

Interviewees recommended that substance abuse initiatives be integrated into existing FSC initiatives including the BC Faller Supervisor Training Program, Safety Accord Forest Enterprise (SAFE Companies), Forestry Trucksafe and BC Safe Silviculture. Interviewees were very clear that although a program is needed for all sectors represented at the FSC table, it is paramount that individual sector approaches based on input from various Association stakeholder groups be included in the development of substance abuse initiatives.

The demographics, structure, dynamics and communication networks of the individual sectors must be fully recognized and considered in the development of any strategies for each sector. Stakeholder groups consisting of Contractors, Supervisors and Employees need to be consulted to garner full support for each sector and to solicit information. This information will be critical in the formulation, delivery and communication of strategies for individual Associations. At the same time, there needs to be overall guiding principles developed to ensure consistency of application amongst all the Associations. This will also assist the Council members in resolving any mutual trust issues that may arise. The stakeholder groups will be best informed on the issues within their sectors and how to development/implement strategies and programs suited to their individual Associations. The stakeholder groups will be best able to assess the magnitude of substance abuse issues within their Associations. They will also be able to determine the capacity of companies to implement proposed strategies and the support Companies will need from the Council or other organizations.

Partnerships

It was recommended by a large number of interviewees that the FSC partner with other organizations to develop a coordinated strategy to reap the greatest benefit from any effort to tackle this issue. The partnerships may include organizations not currently represented by the Council including those specializing in research, training, program implementation, effectiveness monitoring as well as groups able to provide continual improvement strategies and funding.

The partnerships may be varied and for different purposes of effectively and efficiently implementing strategic objectives. These partners may also provide positive leadership to cause a shift in culture regarding substance abuse issues from a number of perspectives.

Role of Associations and Members

Each Association has an integral role to play in the development and delivery of Council initiatives. COFI, CFA and ILMA and its member companies were identified as major participants that have critical roles in effecting change in culture, implementing programs and setting standards of expectations and acceptable behaviours across the Forest Industry as a whole. The major Forest Companies can provide a “voice” on the issue and actively promote widespread communication through company media, participation in conferences and mobilizing politicians to assist in action. Any FSC initiatives will only be successful if all Association members endorse programs and actively participate in communication and delivery to their members. The Contractor Associations bring the perspectives of the loggers and other members to focus on the issues and identify challenges they face in promoting, developing and implementing programs. The latter also are the vehicle to communicate to their members, solicit member input on program development and to ensure that action is taken at the membership level. Contractors are ultimately responsible for safety on the worksite and providing assistance to those with problems. The Associations have a critical role in identifying and mobilizing

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positive sector “role models” to communicate to their peers and provide leadership in culture change for each sector. This includes active participation of labour representatives.

“Vertical dysfunction” within some major Forest Companies with regards to safety issues was raised as an issue by some Association Members. The perception is that the positive position and approach regarding health and safety that senior leaders in large corporations are advocating often does not become effectively implemented at the middle management levels. This is often due to conflicting financial and other objectives and direction given to middle managers. This issue was identified as significant impediment larger firms must overcome to provide leadership in changing Forestry culture and to implement effective strategies with Contractors to address substance abuse for all workplaces.

Partnering with Other Affected Parties Not Presently Members of the FSC

Some interviewees indicated that the FSC should initiate strategies strictly with its member organizations. Most Association interviewees were strongly supportive of the FSC partnering with other Forest Industry organizations including first nations, BC Woodlot Federation, BC Community Forest Association (CFA), Coastal Salvage Operators, and other organizations. These other affected parties may be able to provide resources and strategies that will be complimentary or incremental to Council initiatives. It was felt that even if some organizations were not able or interested in partnering with the FSC, that the FSC could provide leadership by developing an “industry standard” for addressing substance misuse in the Forest Industry.

Research Partnerships and Other Alliances

Several interviewees recommended that the FSC develop partners or alliances with a number of non-forest related groups such as the Oil and Gas Industry, universities and other research institutions (e.g. CARBC), Health Authorities, Royal Canadian Mounted Police (RCMP) Alcohol and Drug Awareness/Prevention and Traffic Services Divisions and Traffic Safety Divisions, Insurance Corporation of BC (ICBC), Department of Transportation (DOT), Commercial Vehicle Safety Enforcement (CVSE), Coroner’s Office and Canadian Council on Occupational Health. It was felt that these partnerships would enhance the scope and benefits of a collaborative approach.

Program Development and Implementation

It was recommended that the FSC partner with organizations that have already developed training programs focused on addressing substance abuse in the workplace (e.g. Northern BC Council on Substance Abuse) and utilizing approaches taken or models used by organizations from other jurisdictions (e.g. Policy Module of the Construction Association of Alberta). Program development and delivery tailored to meet the unique characteristics of each Association and their members is required. One key element that was clearly communicated was the need to consult member Companies, Supervisors and Employees in each Association to solicit parameters and methods of delivery for programs to be successful for each sector of the industry. It is recognized that each Association is unique, and the structure and communication methods are different for each group and a “one size fits all” strategy will achieve limited results. Initiating discussions with members of each sector can be achieved through summits, conferences and focus working groups spearheaded by the FSC and coordinated through the various Associations.

There are a large number of factors that may lead to substance misuse related to the worksite or which also may be attributable to home related situations, personal relationships and/or circumstances. Preventative training strategies such as stress management reduction and promoting awareness regarding health and healthy lifestyles are examples of programs which will affect the “front end” of many substance related issues. Figure 1 entitled “Universal Screening Widens the Net” illustrates the relative sub-populations of Workers and the focus of prevention, intervention and treatment strategies to address levels of substance use and abuse. The figure also demonstrates the substantial part of the workforce that is a Company ally in creating a safe drug-free worksite.

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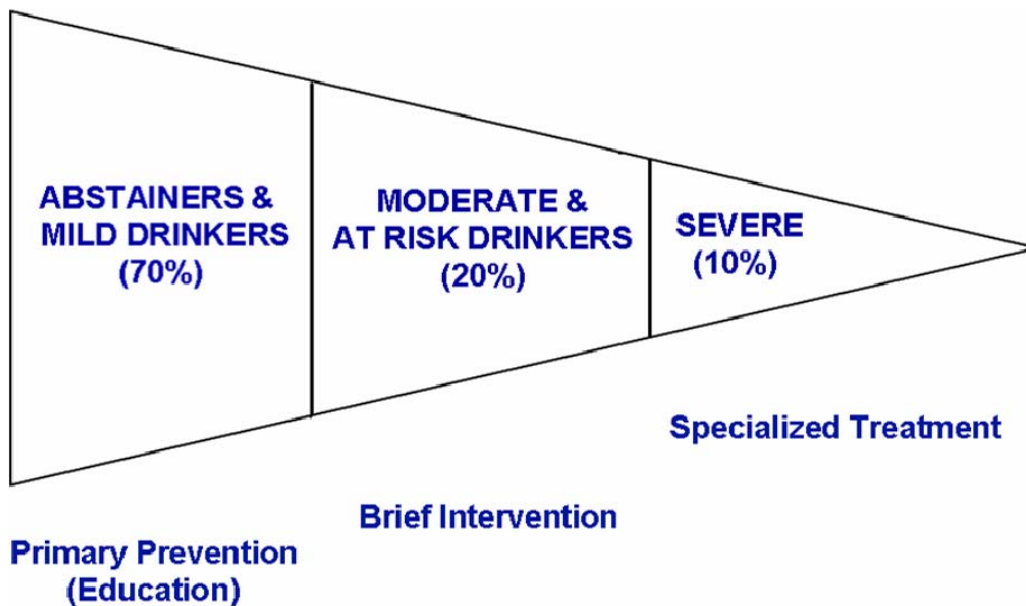


Figure 1
Universal Screening Widens the Net⁵³

Sensitivity to Human Rights, Labour Act and Code Standards and
Employment Standards

A number of interviewees indicated the approach taken needed to be implemented in a caring manner that was sensitive to human rights and employment standards and labour legislation. Again, the focus is to address workplace safety, Employee physical, emotional and mental health and providing help to those in need of assistance (counseling, rehabilitation or treatment). Any strategies developed must recognize Employer and Employee responsibilities with regards to human rights legislation, employment standards and labour legislation. Employee confidentiality and sensitivity must be given utmost consideration in providing assistance to those in need. This must be recognized as a critical culture paradigm shift to affect positive Employer and Employee attitude change regarding this sensitive issue.

Identifying the Priority

Discussion of the urgency and priority of addressing this safety related issue in the workplace varied widely among interviewees. Those Association representatives that indicated the issue was small or endemic in nature felt that this issue should receive low priority. The majority of those interviewed felt it was a moderate to significant factor affecting workplace safety. The latter indicated that substance misuse should be given a high priority rating with strategies developed as early as the fall 2006 and

⁵³ The Lost Art and New Science of EAP Substance Abuse Interventions Workshop, Bernie McCann M.S., CEAP Ross Chilton, M.A., RCC May 11, 2006. Employee Assistance Society of North America Conference, Toronto, Ontario

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implemented as soon as practical thereafter. The Consultant refers the Council to the research information provided at the beginning of the report to determine its assessment of issue priority relative to other safety matters. The Consultant's view is that research information clearly identifies that this issue is pervasive throughout Canadian society and extends to all types of worksites, including the Forest Industry. Substance misuse is a significant issue affecting workplace safety, worker health and job performance and needs to be actively addressed before the problem escalates with the changing demographics of the workforce and before additional serious injuries and deaths result affecting Co-workers, families, the public and Companies. The Alberta and other research and summary of contributing factors identified earlier by the Consultant suggest that substance misuse issues may be higher in the Forest Industry compared to other industries.

Recommended Framework and Action

Based on the above research and information provided by the interviewees, the Consultant recommends the following framework and action be implemented:

1) Identify and Communicate the Magnitude of Substance Abuse Issue to the Forest Sector and Call for an Industry Wide Collaborate Approach

Research has shown that substance abuse issues are pervasive throughout Canadian society, which is the employment base for all FSC member organizations. The impact of magnitude of substance misuse issues have been identified in the research information and estimated for the Forest Sector by the Consultant earlier in the report. It is recommended that a simple background summary fact sheet identifying the order of magnitude of the issue based on research information be prepared for communication with FSC Associations members and other affected stakeholders including government and the public. This information should be part of a pre-position paper outlining interim strategies and steps that the FSC is undertaking to change the culture and implement a best practices approach to deal with substance abuse issues across the Forest Sector and provide affected Workers with improved access to counseling, rehabilitation and treatment needs. Lastly, the communication should outline timeframes for completion of each phase.

It is recommended that a pre-position paper include discussion on the following:

1. Understanding of the facts of magnitude of substance abuse issue in the Forest Sector
2. The current Forestry culture, attitudes, lifestyles and behaviours
3. Research information currently available and identified future research needs
4. Discussion of the safety, health and productivity issues affecting Forest Workers and their Employers
5. Identification of FSC and member Association overall vision of providing help to those Workers in need and creating safe drug-free worksites
6. Recommended initial strategies to be implemented in the short, medium and long term including program development, training and monitoring effectiveness of programs
7. Roles, responsibilities and obligations of Associations, Employers, Supervisors and Employees
8. Resources currently available to assist Workers in need and additional services required
9. Invitation for all organizations and individuals to participate in a Forest Industry wide collaborative approach
10. Solicitation for input in issue identification, communication strategies, and program development, implementation, monitoring and on-going improvement
11. Partnership opportunities for external organizations, and
12. Other as appropriate

A well coordinated communication plan designed to ensure that the proper message is delivered in a timely fashion is paramount in dissemination of pertinent information to all stakeholders. This will eliminate confusion and mixed messages regarding the FSC and Associations' approach to this

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sensitive issue. It is critical that well respected leaders from each Association articulate the issues to their peers to garner broad sector support and commitment to address substance abuse issues within each Association. Clear information must also be effectively presented to government and the public as part of the communication strategy.

Frank and open dialogue at all levels of organizations is critical as part of the culture change. Key issues within each sector must be identified in order to develop collaborative strategies that will be effective for implementation by each sector. Ongoing feedback and input from Contractors, Supervisors and Employee advisory groups selected from each sector are needed to ensure that strategies to be implemented for individual Associations will be effective at the operational level. This process may be initiated through regional summits, similar to those previously held by the FSC, to raise the awareness of the issue, identify suitable dedicated participants for the process and outline individual time commitments required. Additional communication through other media such as newsletters, magazine articles and other written correspondence, websites, email correspondence, radio and television are also important to inform all Forest Sector Employers, Supervisors and Employees of issues and planned action.

2) Garner Support of Forest Safety Council Members and Other Partners

All members of the Forest Safety Council presently do not consider addressing substance abuse issues a priority for the FSC. The Council needs to garner the support of all stakeholders at the FSC table as well as other partners to achieve the greatest benefit. This includes enlisting the support of all Associations to take positive steps to change the existing sector culture, communicate issues regarding substance abuse to members, actively promote and deliver programs with members to improve safety and assist Workers in need. The overriding goal of this initiative is to assist those Workers in need and create safe drug free workplaces. The major tenure holders need to provide the momentum in concert with the FSC to achieve maximize results and benefits of this initiative. Worksafe BC also needs to provide strong support to the FSC as part of its broader mandate for safety and health of Workers. Each individual Employer must ultimately take ownership of programs developed to ensure that the Employer meets all regulations, implements a change in culture on its worksite, effectively trains its workforce, undertakes the necessary actions to create a safe drug-free workplace and provides assistance to Workers in need. Workers and their representative organizations must also accept their responsibilities and obligations and be fully engaged in the process. The responsibility of each organization and partner must be clearly identified as well as levels of contribution and what is expected of each partner. This includes identifying each organization's legal requirements as well as its moral obligations.

3) Establish Alliances, Partnerships and Endorse the National Framework to Reduce Harms Associated with Substance Misuse

It is recommended that the FSC and its members develop strategic alliances and partnerships with first nations; various non-governmental organizations including BC Woodlot Federation, BC Community Forest Association, Small Scale Salvage Community, Oil and Gas Industry; Regional, Provincial and Federal Government Ministries and agencies such as the Ministry of Forests and Range, Provincial Health Authorities, RCMP Drug Awareness/Prevention and Traffic Safety Divisions, Department of Transportation, ICBC, and the Solicitor General's Office; universities and research facilities such as the CARBC; and training organizations such as the Northern BC Council on Substance and ENFORM (Oil and Gas Industry safety training organization).

There are a number of alliances and partnerships that the FSC has already developed such as RoadHealth and its alliance with Northern Health to examine health issues related to BC Trucksafe Programs. The RCMP has established targets to reduce the number of fatalities on roads in conjunction with ICBC, Northern Health and BC Trucksafe. It is recommended that the FSC continue to strengthen these alliances/partnerships with the appropriate organizations above to reduce costs and provide a greater result than by each sector working independently. It is recommended that other

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partnership opportunities be explored to collaborate on research and data collection, provide an industry-wide consistent approach in program development and to coordinate training.

An example is strengthening the Forest Industry partnership with the medical community. A strong partnership will ensure that medical practitioners are informed of workplace related substance misuse and safety implications, the Doctors' duty and responsibility to conduct medical substance abuse interventions is emphasized, and, practitioners are advised of the potential liability and negative consequences of engaging in enabling behaviours. This will positively influence and provide another catalyst for individuals with problems to seek assistance by working together with all independent sectors such as the medical community. Another example is collaborating with mental health and addictions hospital visits research projects to capture forestry related visits information to provide a greater insight into issues facing Forest Workers and current use of treatment facilities.

It is also recommended that the Forest Safety Council endorse the National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substance in Canada⁵⁴. The objective of the national framework is to achieve its goal of reducing harm due to drugs and alcohol through engaging concerted effort of all participants from the national level to Canada's smallest communities. These goals can be attained through dedication and the sharing of expertise, experience, ideas and perspectives. The Framework's Principles are:

1. Problematic substance abuse is a health issue
2. Problematic substance use is shaped by social and other factors
3. Successful responses to reduce the harms associated with alcohol and other drugs and substances addresses the full range of health promotion, prevention, treatment, enforcement and harm reduction approaches
4. Action is knowledge based, evidence-informed and evaluated for results
5. Human rights are respected
6. Strong partnerships are the foundation for success
7. Responsibility, ownership and accountability are understood and agreed upon by all
8. Those most affected are meaningfully involved
9. Reducing the harms associated with alcohol and other drugs and substances creates healthier and safer communities

There are potential opportunities to seek funds invested in this national initiative by the Federal Government as well as collaborate with other participant organizations. The Framework has identified a number of priorities for action and working under the National Framework helps leverage experience and expertise for joint action, resulting in an increased number of positive outcomes. The framework has identified three priorities including increasing awareness and understanding of problematic substance use, building supportive infrastructure and addressing the needs of key populations including first nations, children and youth and northern communities.

4) Conduct Research and Benchmark Surveys

Almost all interviewees identified that there was an information gap related levels of substance misuse including over-the-counter and prescription medication as well as other contributing factors (fatigue, shift scheduling, etc.), lack of knowledge about services available and effectiveness of treatment options. It is recommended that the BC Forest Safety Council partner with universities and other research organizations such as the CARBC to survey and gather information as required. CARBC has already expressed interest in participating with the FSC on this initiative. Through a partnership with a university such as UNBC, there may be the opportunity to engage one or more graduate students in applied research related to a FSC program initiative.

⁵⁴ Initiated by the Drug Strategy and Controlled Substances Programme and Canadian Centre on Substance Abuse (See references)

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It is important to assess the demographics of each sector to identify the most effective method of communication with the Associations. Information on the various behaviours and attitudes of workers would also be asset in developing strategies to address substance misuse. Also, establishing a baseline will assist in measuring level of success of future Council initiatives.

Equally important is information on the number of workers that do not presently have easy access to counseling, rehabilitation and treatment services through an EFAP, public health facility or other service provider. This information would be useful to identify resource needs as well as providing information to the Council to lobby government or other organizations to increase funding for counseling and rehabilitation services if required.

It is recommended that information gathering be given a high priority in FSC's program to address substance misuse in the workplace.

5) Initiate Forest Industry Culture Change – Promoting Caring Workplaces

A significant change in culture is needed within all sectors of the Forest Industry. FSC and Association Representatives must provide the catalyst for a significant cultural change and creating the synergy for all parties to endorse the change by actively:

- Setting industry standards and acceptable behaviours for Employers, Supervisors and Employees by establishing “BC Forest Industry Best Practices” including combating the “drinking and drugging culture”;
- Providing exemplary personal leadership behaviours and actions;
- Engaging in substance misuse issue identification and solution oriented communication;
- Providing leadership to each Association's members to make the necessary changes to promote healthy, safe drug free worksites;
- Mobilizing Employers, Supervisors and Employees to take positive action within each workplace by promoting a culture of assistance as opposed to enabling in the workplace;
- Promoting education regarding effective interventions and addressing the stigma of “whistleblowers” raising substance abuse issues to help Co-workers seek assistance;
- Promoting caring workplace environments that support and encourage all Workers, regardless of their role or responsibility within organizations, to seek confidential and timely assistance when in need;
- Recognizing the challenges faced by a shortage of skilled labour force and embracing and supporting new Workers in the workforce by reducing stress, providing healthier alternatives and promoting healthy lifestyles;
- Encouraging health promotion, prevention treatment and harm reduction strategies for all members of the workforce;
- Encouraging action that is knowledge based, evidenced-informed and evaluated for results;
- Providing information on counseling, treatment and rehabilitation services available; and
- Educating Contractors and Supervisors regarding Employee Rights, Employment Standards, Human Rights Legislation and Contractor legal responsibilities and moral obligations

It is equally critical to mobilize active support of “good” company leaders that are well respected within their sectors and who “walk the talk” and provide credibility of this initiative to other sector members. It is important to have fallers talking to fallers, truckers talking to truckers and contractors talking to contractors to provide positive public relations to effect change within each sector. It is also important that those most affected by the development and implementation of policies, research and programs must be heard and their participation facilitated and meaningfully sought. It is recommended that this be completed through face to face working group discussions to identify ground based solutions that reflect the unique nature of each Association, the demographics (old versus young, patterns of use, etc.) and operating parameters of each sector. This includes identifying the target audience and how to reach, communicate and interact with the sector Workers with clear and relevant information.

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Ultimately, Employers, Supervisors and Employees need to own the issue. Specific, measurable, achievable, realistic and timely action plans must result from the process.

It may be appropriate to develop a short video as a communication and training tool to provide awareness of the issue within the industry, the current culture, and actions that individual Employers, Supervisors and Employees may take to positively influence safety, health and productivity within the workplace.

6) Establish and Promote Industry Best Practices

It is recommended that the Forest Safety Council collaboratively develop a “BC Forest Industry Best Practices” that provides collective goals and objectives for all sectors of the industry and which is endorsed by all Association, alliance and/or partner members to achieve the greatest consistency and benefit of a coordinated approach. The Best Practices can be developed through consultation with Association members and representatives from Contractors, Supervisors and Employee focus groups. In developing the Best Practices approach, substance abuse issues must be considered from an illness point of view and how to provide the assistance that is required. This includes creating the culture that it is acceptable to talk openly about drug and alcohol issues.

The Northern BC Council on Substance Abuse (NBCCSA) states that there is a “four pillar” approach that needs to be implemented at a Company level to effectively address substance abuse issues. The four pillars are:

1 Policy Development

A policy provides the structure for addressing substance abuse Issues in the workplace and identifies training for supervisors, on-going awareness and education initiatives regarding substance abuse issues, counseling, treatment and rehabilitation commitments and consequences for failure to comply with the policy.

2 Supervisor and Other Leaders Training

Research has shown training for Supervisors is a critical component of developing a “Drug Free Workplace”. Training should also be offered to Union/Non-Union leaders, Safety Committee members and EFAP representatives to ensure a coordinated approach to detect and intervene and provide assistance to those Workers in need.

3 On Going Education and Awareness

The NBCCSA states that on-going education of the entire workforce and awareness training is required to maintain a high profile of substance related issues so that the workforce is cognizant of the issues and implications related to safety and health and what individual Worker roles are in addressing impairment issues on the worksite.

4 Employee Family Assistance Programs

It is critical to provide assistance to those in need through an EFAP or other service. This will depend on the size of the Company and the resources it has available including the services of an EFAP provider. Where the Company does not have an EFAP service available, then it is important for all Workers to know of alternate community counseling, rehabilitation or other treatment services that can be accessed.

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The Canadian Human Rights Commission⁵⁵ states “**Awareness, education, rehabilitation, and effective interventions such as enhanced supervision and peer monitoring are the most effective ways of ensuring that performance issues associated with alcohol and drug use are detected and resolved**”. This view is supported by the NBCCSA, the RCMP National Drug Strategy Program, the Construction Owners Association of Alberta in their Canadian Model as well as other companies and organizations.

7) Implement as Integral Component of FSC Established Safety Initiatives

It is recommended that the FSC implement substance abuse initiatives as an integral component of existing programs including the SAFE Companies, Faller Certification and Supervision, Forestry Trucksafe, and BC Safe Silviculture. Consultation with Association members on how best to incorporate program objectives and elements and strategies for communication and delivery of modules is required. Associations can deliver the appropriate message regarding the culture change needed across the sector and role of Employers in establishing the standards, expectations, development of a caring worksite and providing assistance to those in need as part of the existing four safety programs. Once the substance abuse program component is implemented, it should be self-regulating within each Association. The role of the FSC would be to monitor overall consistency of application across all sectors.

It will take a significant shift in current approach to change the attitudes and behaviours of Employers, Supervisors and Employees with regards to substance misuse. The communication strategy and implementation must provide for a gradual planned approach to allow the industry time to accept and endorse the new path to address substance abuse in the workplace and change its current practices to a more proactive, caring and effective approach. Ultimately, the Contractors and their Employees must accept the responsibility of safety, health and work performance at their worksites and implement on the ground action to address substance abuse issues.

7) Policy Development Promotion

Policy must be developed by companies individually to reflect their own corporate operating parameters, philosophies, capabilities and commitments, and resources available to address alcohol and drug issues in their workplace. Each policy should be developed with all company stakeholders' (Management, Supervisor and Employee) involvement and have a legal review to ensure that it meets statutory requirements. It is recommended that the FSC provide a guide to policy development. The **Canadian Model for Providing Safe Workplace – A best practice of the Construction Owners Association of Alberta – Alcohol and Drug Guidelines and Work Rule**⁵⁶ prepared by the Construction Owners Association of Alberta can be used as a prototype for development of the BC Forest Industry Best Practices. The Alberta best practices guide provides information on:

- Guiding principles
- Alcohol and drug guidelines including work standards, roles and responsibilities, education and awareness and available resources
- Alcohol and drug policy
 - i. Importance and purposes of alcohol/drug policies
 - ii. Implementation of alcohol and drug work rule
 - iii. Consequences for failure to comply
- Definitions
- Independent legal opinion
- Independent medical opinion
- Frequently asked questions
- Employers', Supervisors' and Workers' guides: alcohol and drug awareness

⁵⁵ From Canadian Human Rights Commission Website (<http://www.chrc-ccdp.ca/>)

⁵⁶ See references

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Most Contractors do not have the legal knowledge to prepare a policy or up to date legal precedence information surrounding this topic. As indicated above, each organization requires a policy that is tailored to its specific operating parameters. BC FSC could develop a "Policy Module" in a binder or other format to provide guidance for Contractor policy development. It is suggested that this be prepared in conjunction with a law firm or other organization and updated on a periodic basis to ensure that Contractors have up to date information on legal responsibilities. This information could be presented at Contractor workshops as an integral component of the four FCS safety initiatives.

8) Board Training

It is recommended that Board members participate in an overview awareness training session so that the Board is fully cognizant of the following:

- Issues and impacts on safety, health and business
- General knowledge of categories of misused substances
- Worker safety and health rationale and business case for this initiative
- Best practices that businesses can engage in to reduce substance abuse issues
- General knowledge of resources available to assist businesses and employees for counseling, rehabilitation and treatment
- Positive action that companies can take to promote health and healthy alternatives within their workplaces

This would assist Board Members with knowledge in their leadership role of promoting a culture change within the industry and motivating member organizations to actively participate in this initiative.

9) Contractor, Supervisor and Other Leaders Training

Contractor, Supervisor and other Leader training including Union/Non-union representatives, Safety Committee members is critical to have senior members of the workforce knowledgeable about the implications and impacts of substance misuse on safety, health and work performance. How to motivate Contractors and Supervisors to acquire the skills to conduct effective interventions and provide the catalyst for Workers to seek help must be identified. As indicated in **Figure 1** above, interventions are often required to address issues with moderate and at risk alcohol and drug users and well as Workers with severe alcohol/drug related issues including abuse and addiction.

Contractors, Supervisors and other Leaders need to be aware of the legal implications of substance misuse issues in the workplace including implications pertaining to union grievances and arbitrations (where appropriate), Worksafe BC obligations of both Employers and Employees, as well as civil, vicarious and criminal liability.

It is recommended that the BC FSC partner with other organizations that already have specialized training programs in place such as the NBCCSA for substance abuse training and Healthy Hearts for promoting healthy workplaces and lifestyles. Training programs can be modified to meet the specific delivery and target needs identified by individual Associations. The training seminars can be implemented as a course under the four safety programs of the Council, and tailored as necessary for the target audience.

10) On Going Education and Awareness Training

An integral focus of mitigating substance misuse issues is to bring awareness about all factors leading to impairment on the worksite and its impact on safety, health and work performance. Education and awareness regarding the collective action that can be taken by Employers, Supervisors, Union Representatives, Safety Committee Members, EFAP Representatives, Co-workers and others to eliminate enabling on the worksite and assist those Workers in need is also critical. Providing information on stress, fatigue, lack of sleep, financial, marital and other factors that may lead to a substance abuse issues will assist those Workers facing these challenges. Individual and collective workplace strategies that will reduce causal factors leading to substance misuse need to be identified and acted upon. Collaboratively engaging the workforce will provide positive solution oriented results.

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Education/awareness programs need to be individually tailored to each sector to have the greatest benefit and implementation success for each Employer, Supervisor and Employee group. Education/awareness programs should focus on providing general information to the entire workforce. An equally important focus is to enlist the support of the 70% abstainers and mild drinkers⁵⁷. These Workers are key in changing culture and assisting companies to:

- Proactively address workplace substance misuse
- Reduce risk of Worker use becoming misuse
- Avoid enabling behaviours from all Employees, and
- Provide troubled Workers the greatest chance of treatment and rehabilitation success before Workers become heavy users or suffer from addiction.

Education and awareness sessions should clearly communicate the company's position regarding alcohol and drugs and information contained in the corporate policy. This includes:

- Reasons for the policy
- Performance standards and expected employee behaviour
- Issues regarding impairment (including over-the-counter and prescription drugs) affecting safety and health
- Supervisor and other training
- Treatment and rehabilitation services available, and
- Consequences for violation of the policy.

Education and awareness must be on-going to maintain a consistent high profile of this issue. It is also suggested that education be extended to the family unit which provides support to troubled Workers to reduce enabling and assist in earlier interventions.

11) Employee and Family Assistance Program Promotion

As indicated above, a large sector of the Contract workforce does not have access to Employee and Family Assistance Programs. These programs provide many services including financial, marital, relationship and substance abuse issues and can be very effective in preventing substance related issues. It is also likely that Workers in need of assistance are not aware of other counseling, rehabilitation and treatment services provided through Health Authorities, non-profit and other organizations. Some Companies' work is very seasonal and continuity of the workforce is also an issue – both for funding and on-going continuity of EFAP programs and identifying and treating Employees with substance misuse issues. Many small Contractors do not participate in EFAP due to cost, knowledge of service benefits or other reasons. Therefore, an Employee who may be seeking help does not have access to services required.

It is recommended that the FSC review the number of Workers that currently do not have access to EFAP and/or other services and work with the Associations, other agencies such as Provincial Health Authorities and service providers to examine options of providing services for Companies that do not have a formalized EFAP. This will help to provide Workers that do not currently have access programs the services they need. The estimated annual cost of an Employee Family Assistance Program per employee is \$40 to \$60 per year⁵⁸. Based on an average salary of \$55,000⁵⁹, this represents approximately 0.1% of annual wage costs. The FSC could establish this as a Contractor requirement under each of the four FSC safety initiatives. Contractors would have the option on how to provide this service - through their existing Association's service provider, part of a major licensee EFAP program, through a "FSC general service provider" or other means available to Contractors.

It is suggested that a compendium of counseling, rehabilitation and treatment centers be also be made available to the Associations and posted on the FSC website. The Kaiser Foundation's website

⁵⁷ See Figure 1 for further details

⁵⁸ Consultant discussion with EFAP providers

⁵⁹ Personal Communication with M Arcand

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<http://www.kaiserfoundation.ca> provides a directory of addiction services throughout BC. It is the understanding of the Consultant that the website information has not been updated within the past few years. The FSC may wish to partner with the Kaiser Foundation, Health Authorities, counseling, rehabilitation and treatment service providers and others to ensure that the information is kept current. Another source of information for the lower mainland is the Redbook Online Service.

12) Business or Self Analysis

There are a number of organizations that provide business or self-analysis of issues or information related to substance misuse. The Canadian Centre on Substance Abuse (CCSA) provides national survey information on substance misuse. The Alberta Alcohol and Drug Commission (AADAC), the Construction Association of Alberta (COAA) and Northern BC Council on Substance Abuse (NBCCSA) provide some information on substance misuse in the workplace and strategies that Employers can implement to create safer Drug Free worksites. An example of a simple calculation outlining the cost of absenteeism due to alcohol and marijuana misuse is included in **Appendix IV**⁶⁰.

Websites such as www.alcoholcostcalculator.org⁶¹ can assist companies to determine what the cost is to businesses and what corporations can do about it. Unfortunately this calculator utilizes US medical cost information but does provide useful information for companies to examine and relate to their operations. The website also provides a tool for communities to assess the number of youth that may need treatment for their community. Another website entitled www.alcoholscreening.org⁶² allows individuals to take the test to determine whether their drinking patterns are harmful, risky or within safe limits. The website provides respondents with personalized feedback about drinking and their health based on their responses. Again, this is a US based website.

13) Web-based and Other Resource Material

A key role recommended for the FSC is to develop information for Associations and their members. Contractors have limited resources and are often do not have knowledge around substance misuse issues and are unable to effectively source relevant materials on practices and services available. Developing information for posting on the FSC website and potential printed material would be a benefit to Associations and their members. Information could be presented in “info flip” format, on CD, in video, on the FSC’s website or by other methods. Suggested information to be made available are issues and impacts, terminology regarding substance misuse, common types of substances used and their impacts, as well as “Industry Best Practices” outlining Owners, Supervisors and Employees responsibilities to create safe drug free workplaces. A cost calculator could be developed for the Forest Industry similar to those identified in the Business or Self Analysis Section above in partnership with a university or other research facility. As indicated above, a simple cost calculator that Contractors can use to determine the costs associated with substance misuse is included in **Appendix IV**.

Links to other resource websites such as the Kaiser Foundation, AADAC, COAA, CCSA, NBCCSA, alcohol cost calculator and alcohol screening could assist businesses and workers in finding out information on substance misuse and how to implement strategies to address this issue.

Links to the Canadian Human Rights Commission (<http://www.chrc-ccdp.ca/default-en.asp>), the BC Human Rights Tribunal (<http://www.bchrt.bc.ca/>) and BC Employment Standards Branch (<http://www.labour.gov.bc.ca/esb/>), WorksafeBC (<http://www.worksafebc.com/>), Canadian Center for Occupational Health and Safety (CCOHS) (<http://www.ccohs.ca/>) and other government agencies and organizations would also assist Employers in identifying their legislated obligations and provide additional resources and information on how to create safe drug free worksites.

⁶⁰ Based on information from RCMP’s National Initiative on *Drugs and the Workplace – Project Working Group* as part of Canada’s renewed Drug Strategy.

⁶¹ Funded by the George Washington University Medical Centre (See references)

⁶² Funded by Join Together (See references)

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14) Substance Abuse Testing

It is recommended that the Forest Safety Council focus on implementing the above recommendations and strategies as a priority to create safe drug-free workplaces and provide assistance to Workers in need. The Consultant recommends that the option of any substance abuse testing be left solely to the discretion of individual companies and that the Forest Safety Council not require substance abuse testing as a standard requirement by its member organizations. The Consultant also suggests that the Forest Safety Council may wish to review this recommendation at some future date based on the success of strategies implemented by the Council.

15) Communication, Development and Implementation Accountability, Timelines and Follow-up

A clear timeframe and mechanisms for periodic follow-up along with specific roles, responsibilities and accountabilities of all parties for communication, program development and implementation is required to ensure that this initiative achieves the maximum benefits to Companies and their Workers. A strategic plan which outlines short, medium and long term goals and objectives needs to be formulated in collaboration with the various Associations and other partners.

Conclusion

The evidence is clear that there are significant issues across Canadian society with regards to substance misuse. According to the research, BC alcohol and drug consumption exceeds that of the national average. The question we must ask ourselves is "Do we want somebody on the worksite that is a hazard to themselves, other members of the workforce and the public". This issue clearly affects safety, health and productivity in the Forest Industry. The Industry is at stage a where it must take positive action to facilitate a significant change in its current culture. New standards and practices are required to create safe drug free worksites. Services are required to assist Workers in need. This culture shift also requires training, education and awareness programs, creating caring worksites, and protecting human rights. This will reduce work-related injuries, disabilities and fatalities. Companies will benefit from having much safer, healthier, more productive workplaces that are able to provide services on a more profitable and competitive basis. Equally important it will allow Employers to retain its entire valuable workforce by mobilizing all Employees address workplace substance misuse issues and assist those Workers in need.

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Ensuring Solutions to Alcohol Problems Website <http://www.alcoholcostcalculator.org> George Washington University Medical Centre 2021 K Street NW, Suite 800, Washington, DC USA 20006 Phone: 202.296.6922 Fax: 202.296.0025 Email: info@ensuringsolutions.org

Join Together. www.AlcoholScreening.org 441 Stuart Street, 7th Floor, Boston MA USA 02116 Phone 617.437.1500

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Work-based Alcohol Risks in Alberta; An Assessment, November, 1993. Alberta Alcohol and Drug Abuse Commission Resource Development, 10909 Jasper Avenue, Edmonton, Alberta T5J 3M9

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Letter to Collaborative Partners April 13, 2006

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Appendix III

Summary of WorkSafe BC, Forest Industry GDP and Employment Information

Appendix I - Letter Outlining Terms of Reference for Safety Review

July 7, 2006

Rick Publicover
Forestry Consultant
Box 907
Valemount
British Columbia V0E 2Z0

Dear Mr. Publicover:

Re: Establishing a Framework for the consideration of the use and abuse of substances in the Forest Sector

This is to confirm your engagement to complete an initial draft framework as set out in your letter to MaryAnne Arcand dated March 20th (attached).

Proposed Process and Steps

The process and steps to develop a framework for addressing substance abuse issues are the following:

1. Identify Scope of Substance Abuse Issue within the Forest Sector

- Identify issues and impacts related to substance misuse and abuse in the industry from information available and identify any gaps that may require further research and/or data collection and analysis

2. Review Opportunities for Collaborative Approach with Other Stakeholders

- Contact other stakeholders to identify existing individual organization strategies, successes and challenges to date in addressing substance abuse issues
- This may include, but not be limited to, the following organizations:
All Member Associations of the FSC, Health Authorities, Insurance Corporation of BC (ICBC), Royal Canadian Mounted Police (RCMP), and Commercial Vehicle Safety Enforcement (CVSE), ENFORM (Upstream Petroleum Industry Training, Certification, and Health and Safety Services) and others
- Identify parties interested in working collaboratively with the FSC to develop an inclusive approach including exchange of information, coordinated research, strategy development and program implementation
- Propose potential partnerships for formalization by the FSC and assist in facilitating the implementation of the partnerships

3. Identify Forest Safety Council Position

- Identify FSC position in consultation with FSC representatives for addressing substance abuse issues in the absence of a collaborative approach in this regard including objectives, approach, expected results **and timelines**

4. Develop a Framework to Implement Collaborative Strategies to Address Substance Abuse Issues and Provide Assistance to Workers and Employers

Solicit input to recommend an effective framework to:

- Establish a frank and open dialogue process for identifying issues and challenges faced by each stakeholder
- Engage participant organizations in brainstorming collaborative solutions
- Encourage stakeholders to take individual responsibility and ownership of issues, and identify stakeholder action to implement a coordinated approach to reduce substance use issues and provide help to workers and employers
- Identify FSC's role in implementing the process and type of support to various stakeholders
- Identify individual stakeholder financial support to the process
- Develop proposed objectives, timelines, budget for review by FSC

5. Summarize and Report Findings and Recommendations to FSC

Summarize existing programs, interest in participation, discussions, and recommendations from various stakeholders

Identify next step in the process of implementing a collaborative approach

Present key findings and recommendations to FSC representatives for review

Estimated Time to complete the following phases:

- 1) Identify Scope of Substance Abuse Issue within Forest Sector**
 - Review of Canadian Centre of Substance Abuse Information (CCSA), Coroner Statistics, Worksafe BC information and Centre for Addiction Research BC (CARBC), and others
 - (2 to 3 days)
- 2) Review Opportunities for Collaborative Approach with other Stakeholders**
 - Information bulletin to various stakeholders on FSC initiative
 - Meetings one on one where possible and telephone contact where not possible
 - (7 to 10 days)
- 3) Identify Forest Safety Council Position**
 - Meeting/ telephone discussion with various FSC stakeholders, drafting position and reviewing/revising position statement
 - (1 to 2 days)
- 4) Develop a Framework to Implement Collaborative Strategies to Address Substance Abuse Issues and Provide Assistance to Workers and Employers**
 - Meeting discussion with various stakeholder groups (part of Number 2)
 - Review of proposed framework with stakeholders
 - (3 to 4 days)
- 5) Summarize and Report Findings and Recommendations to FSC**
 - Preparing report and budget
 - Presentation to FSC representatives
 - Travel to Vancouver/return for presentation

- (5 to 6 days including travel)

Retainer and Reporting

The fee structure set out in the attached letter are approved.

In terms of reporting, you will deal directly with MaryAnne Arcand in the execution of the project. Final approval of the completed project will be reviewed Suzanne Christensen, Director, Policy and Program Development.

Any work completed on the project prior to this letter can be taken into account in the completion of the contract.

Rick, welcome aboard. This review will assist us to develop the Council's position in this very difficult area.

Yours Sincerely,



Tanner Elton
For the BC Forest Safety Council
Unsafe is Unacceptable

Appendix II - Summary of Interviews, Meetings, Discussions and Other Activities

April 13, 2006

BC Forest Safety Council Initiative Addressing Substance Abuse Issues in the Forest Sector

Dear Colleague:

I invite you to participate in the BC Forest Safety Council's initiative to develop a framework with the objective of addressing substance abuse issues in the Forest Sector. I have been engaged by the BC Forest Safety Council (FSC) to assist in this regard. The Council is interested in pursuing a collaborative approach with various partners including associations, government and other organizations to maximize the collective benefit by working together on this initiative.

Background Information

The Forestry TruckSafe Summits have identified substance abuse issues as an important contributing factor to the number of truck crashes and has been raised as a major concern in other parts of the industry. There is general consensus that drug and alcohol use needs to be addressed to improve worker and worksite safety in all aspects of the forest industry. The Council has identified that the issue of substance abuse needs to be considered broadly to take into account the circumstances that contribute to the use of substances in the industry, both legal and illegal. The framework must also identify on how to best provide assistance and support to workers and employers. At the same time, it is recognized that there is reluctance on many sectors in the industry to address substance misuse ranging from lack of knowledge/understanding of how effectively to address the issue to "enabling" the present situation to continue through a "Code of Silence".

Review Objectives

The focus of the review is to identify current efforts in BC and experiences and initiatives of other industries and jurisdictions. The intention is to develop a better understanding of the issue and prepare options for the consideration of the Council, industry and government on practical collaborative steps that can be taken to reduce the incidence and impact of substance use in the industry. This initiative is one of the overall strategies to meet the Council's mandate to eliminate fatalities and injuries.

Proposed Process and Steps

The following is an outline of the proposed process and steps to develop a framework for addressing substance abuse issues:

- 2) **Identify Scope of Substance Abuse Issue within the Forest Sector**
 - Identify issues and impacts related to substance misuse and abuse in the industry from information available and identify any gaps that may require further research and/or data collection and analysis

- 3) **Review Opportunities for Collaborative Approach with Other Stakeholders**
 - Contact other stakeholders to identify existing individual organization strategies, successes and challenges to date in addressing substance abuse issues
 - This may include, but not be limited to, the following organizations:

- i. All Member Associations of the FSC, Health Authorities, Insurance Corporation of BC (ICBC), Royal Canadian Mounted Police (RCMP), and Commercial Vehicle Safety Enforcement (CVSE), ENFORM (Upstream Petroleum Industry Training, Certification, and Health and Safety Services) and others
 - Identify parties interested in working collaboratively with the FSC to develop an inclusive approach including exchange of information, coordinated research, strategy development and program implementation
 - Propose potential partnerships for formalization with the FSC
- 4) Identify Forest Safety Council Position**
- Identify FSC position in consultation with FSC representatives for addressing substance abuse issues
- 5) Develop a Framework to Implement Collaborative Strategies to Address Substance Abuse Issues and Provide Assistance to Workers and Employers**
- Solicit input to recommend an effective framework to:
 - Establish a frank and open dialogue process for identifying issues and challenges faced by each stakeholder
 - Engage participant organizations in brainstorming collaborative solutions
 - Encourage stakeholders to take individual responsibility and ownership of issues, and identify stakeholder action to implement a coordinated approach to reduce substance use issues and provide help to workers and employers
 - Identify FSC's role in establishing the type of and mechanism for support of various stakeholders initiatives
 - Identify individual stakeholder financial support to the process
 - Develop proposed objectives, timelines, budget for review by FSC
- 6) Summarize and Report Findings and Recommendations to FSC**
- Summarize existing programs, interest in participation, discussions, and recommendations from various stakeholders
 - Identify next step in the process of implementing a collaborative approach
 - Present key findings and recommendations to FSC representatives for review

I will be contacting you in the near future on behalf of the FSC to discuss your organization's interest in participating in discussions to identify a framework for the Forest Safety Council's and other organizations' consideration.

Yours truly,



Rick Publicover
Rick Publicover Forestry Consulting

April 13, 2006

BC Forest Safety Council (FSC) Initiative Addressing Substance Abuse Issues in the Forest Sector

Discussion Questionnaire

- 1) Your input is important to identify general industry knowledge of substance abuse issues and impacts, and discuss what you consider important in the development of a coordinated framework to address substance misuse and abuse issues.
- 2) The purpose of this questionnaire is to focus discussion/comments on the various issues identified.
- 3) You are encouraged to review and provide your comments regarding the questions/discussion points raised prior to discussion with the Consultant.
- 4) The responses received to this questionnaire will form part of the information used by the Consultant to make recommendations to the BC Forest Safety Council on the development of a collaborative framework to address substance abuse issues.

Organization Name	
Contact Name	
Contact Telephone Number	
Email Address	
Discussion Questions	Comments
1) Issues and Impacts	
a) Your general knowledge about substance abuse Issues	
b) Knowledge gaps you believe require further information (e.g. research, prevention, treatment, etc.)	
c) Recommended action to collect Information and by which organization	
d) Your knowledge of impacts of substance misuse and abuse within Forest Sector	
e) Your knowledge of impacts within your organization and/or your members	
f) Other issue and impact comments	
2) Describe your individual organization's existing strategies to address substance abuse	

<p>3) Interest in working collaboratively with BC FSC</p>	
<p>a) Exchange of information</p>	
<p>b) Coordinated research (e.g. funding or participation)</p>	
<p>c) Coordinated substance abuse issue strategy development</p>	
<p>d) Coordinated program implementation (What would be the roles of each organization?)</p>	
<p>e) Other comments regarding initiating a collaborative approach</p>	
<p>4) Interest in Developing Formalized Partnership</p>	
<p>a) Your view of the form or type of partnership</p>	
<p>b) Partnership details (i.e. What should be included in a potential partnership?)</p>	
<p>c) Other organizations you believe that should be included in the partnership</p>	
<p>d) Other comments regarding developing partnerships</p>	
<p>5) Framework to implement collaborative strategies to address substance abuse issues and provide assistance to workers and employers</p>	
<p>a) Recommendation for initiating a process for having frank and open dialogue to identify issues and challenges faced by each stakeholder and develop collaborative strategies</p>	
<p>b) Your view of your organization's or members' responsibility and role to address substance abuse issues</p>	
<p>c) Your organization's or members' present action to implement a</p>	

coordinated approach to provide help to workers and/or employers	
d) Successes or challenges you have faced in implementing action to address substance abuse issues	
e) Challenges that you believe are impediments to effectively addressing substance abuse issues that need to be resolved	
f) Role that FSC can play in implementing strategies to address substance abuse issues – as an individual organization or collaboratively with other organizations	
g) Financial support of your organization to fund formulation or implementation of strategies to address substance abuse in conjunction with FSC	
h) What should be the specific objectives of the framework to address substance abuse issues in the Forest Sector?	
i) What are suggested timelines to implement each specific objective under the framework?	
j) What is the estimated budget for each specific objective identified?	
k) What are the funding sources for each budget this initiative	
l) Recommend FSC budget and funding source	
m) Recommended additional funding commitments for your/other organizations by budget item	
6) Leadership	
a) What organizations do you believe should take a leadership role in the coordinated strategy development and implementation and why?	

7) Other general comments	
----------------------------------	--

End of Questionnaire

Thank you for taking time to complete this questionnaire

Appendix II Table 1 - Summarizing Presentations, Meetings, Discussions, and Other Activities

Date	Interviewee	Title	Organization
April 28/06	Bill Sauer	Executive Director	Northwest Loggers Association
April 29/06	Mike McKibbin	President	Western Fallers Association
May 01/06	Anne Mauch	Director, Regulatory Issues	Council of Forest Industries
May 01/06	Keith Rush	Senior Advisor, SAFE Companies Project	BC Forest Safety Council
May 01/06	Ron Corbeil	Secretary Treasurer National Health & Safety Director	Steelworkers
May 02/06	Keith Playfair	Board Member	Central Interior Logging Association
May 02/06	John Betts	Executive Director	Western Silviculture Contractor's Association
May 03/06	Dave Dickson	Regional Manager Loss Prevention North Central Region	ICBC
May 03/06	Rick Jeffery	President & CEO	Coastal Forest Products Association
May 03/06	Roy Nagel	General Manager	Central Interior Logging Association
May 03/06	Jim Hackett	President	Interior Lumber Manufacturers Association
May 04/06	Dr. David Bowering	Chief Medical Health Officer	Northern Health Authority
May 05/06	MaryAnne Arcand	Director, Forestry Trucksafe	BC Forest Safety Council
May 05/06	Tom Holmes	Vice-President, Canadian Forestlands	Weyerhaeuser Canada
May 08/06	James Haggerstone	Regional Manager	Northern Health Authority
May 08/06	Jim Stinson	Partner	WLP Consulting Group
May 08/06 (Conference Call)	Michael Paine Roberta Sheng-Taylor Bert O'Brien	Manager, Industry and Labour Services Project Manager, Trucksafe Industry Specialist	WorksafeBC
May 08/06	Gord Flewelling	Sergeant, North District Traffic Safety Services NCO ⁶³	RCMP – North District Traffic Safety Services
May 15/06	Ron Kelly	Data Analyst/Chief Statistician	BC Coroner's Service
May 16/06	Grant Parnell	Director, Operations	BC Timber Sales
May 16/06	Jim Girvan	Executive Director	Truck Loggers Association
May 16/06	Tom Pawlowski	Forestry Coroner	BC Coroner's Service

⁶³ Non-Commissioned Officer

Appendix II – Table 1 Continued

Date	Interviewee	Title	Organization
May 17/06	Sara Parry	Research Coordinator Communication and Resource Unit	Center for Addictions Research BC
May 18/06	Bill Bolton	Director, BC Faller Certification Program	BC Forest Safety Council
May 18/06	Jie Shu	Economic Analyst	Ministry of Forests and Range Economic Trade Branch
May 18/06	Wayne Lintott	Executive Director	Interior Logging Association
May 19/06	Mike Rushby	Vice-President, Human Resources	Weyerhaeuser Canada
May 19/06 / June 06/06	Kevin Thipthorpe	Statistical Assistant	Worksafe BC

Appendix III – Summary of WorkSafe BC, Forest Industry GDP and Employment Information

Appendix III – Table 1 Summary of WCB Claims, Benefit Costs and Lost Days for Forestry Harvesting, Hauling and Silviculture

Appendix III – Table 2 Summary of WCB Claims, Benefit Costs and Lost Days Wood Products

Appendix III – Table 3 Summary of Forest Industry GDP for BC and Canada

Appendix III – Table 4 Summary of Employment

Appendix IV – Formula for Calculating Costs of Absenteeism

Appendix IV - Table 1 - Example of Cost Comparison of Absenteeism Due to Alcohol and Drug Misuse for a Male and Female Workforce of 20 Employees Each

Column/Row	1	2	3	4	5
A		Males	Males	Females	Females
B	Number of Employees		20		20
C	% of Employees that are Current Drinkers⁶⁴	82%	+B3*C2 16.4	77%	+B5*C4 15.4
D	% of Drinkers that Drink Heavily⁶⁵	25%	+B3*D2 5	10%	+B5*D4 2
E	% Past Year Marihuana Users (Overall)⁶⁶	17%	+B3*E2 3.4	17%	+B5*E4 3.4
F	Estimated Total Substance Users		+D3+E3 8.4		+D5+E5 5.4
G	Average Absenteeism	10 days/yr		10 days/year	
H	Substance User Absenteeism (3 times average absenteeism)⁶⁷	30 days/yr – 10 days/yr average = 20 days	+F3*20 Days 168	30 days/yr – 10 days/yr average = 20 days	+F5*20 Days 108
I	Additional Absenteeism Cost (Daily cost of employee - \$55,000/year⁶⁸/250 days/yr)	\$220/day	+H3*I2 \$36,960	\$220/day	+H5*I4 \$23,760

These costs do not account for poor productivity on days when workers are at work but hung over or still “under the influence” of the drug

Table prepared by the Consultant using example format from the RCMP National Initiative on *Drugs and the Workplace – Project Working Group* as part of Canada’s renewed Drug Strategy and using information from the 2004 CAD and Renascent Foundation.

⁶⁴ Based on BC Drinkers, CAS Study

⁶⁵ Based on BC Drinkers, CAS Study

⁶⁶ Based on BC Marihuana Users, CAS Study

⁶⁷ Based on Renascent Foundation Survey

⁶⁸ Based on Average Salary Information provided by M Arcand