



The Building Trades Group of Unions Drug and Alcohol Committee

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**NOT AT WORK,
MATE**

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THE BUILDING TRADES GROUP OF UNIONS DRUG AND ALCOHOL COMMITTEE SAFETY AND REHABILITATION PROGRAM

A paper presented to the

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By

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The National centre for Research into the Prevention of Drug Abuse at Western Australia's Curtin University of Technology, in a 1989 publication, suggested that the overall cost of alcohol and drug problems to the Australian community has been conservatively estimated at \$12.1 billion annually.

A later publication by the Australian Alcohol and Drug Foundation concluded that \$10 billion of this annual cost is borne by industry.

According to the February 1991 Australian Bureau of Statistics figures, the New South Wales Building and Construction industry accounts for 2.5% of the Australian workforce and therefore, assuming that each industry is equal in its relative alcohol and drug consumption, bears an annual alcohol and drug use burden of \$250 million and we suspect that the building industry is more than equal.

The World Health Organisation, for example, estimates that 20% of all industrial accidents are related to alcohol or drug use. It has been generally accepted however that the building industry has a disproportionately high level of risk as a consequence of this problem.

In 1989, rehabilitation became a legal requirement of the New South Wales Workers' Compensation Act. Rehabilitation is the alternative to injured workers languishing at home, bored, miserable and broke.

About that time I came across a young bricklayer who refused an offer of alternate duties on a brick cutting machine, which in the building industry is comparatively light work.

I was puzzled and a little annoyed, because here we were doing all this good work and the worker didn't want to know about it. WHY? Because he was scared stiff of that brick cutting machine, he was using drugs and was frightened that he might cut his fingers off. That was when I first realised that something had to be done in the building industry to tackle the problem of alcohol and drug consumption.

Excessive drinking and consumption of other drugs is rife in the building industry and everybody knows it. Workers are scared to work with other workers on site because of alcohol and drug consumption which makes them extremely dangerous, but no one wants to do anything about it, especially the workers, because they would be "DOBBING IN THEIR MATES".

The employers were reluctant to do anything about it because nine times out of ten, if they threatened to sack an intoxicated worker they finished up in an industrial dispute because the other workers protected their mate.

It became very obvious that there was an urgent need for the building unions to address the problem of alcohol and drug consumption in the industry, BUT HOW???

Right in the middle of this dilemma, yet another young worker was terribly injured when he fell 60 ft head first down a hole on a demolition site. That was three years ago and this lad has permanent brain damage at the age of 32 and looks forward to a very bleak future of unemployment, boredom and desperate poverty. His employer maintains he was drunk and skylarking when he fell down the hole. This of course makes it extremely difficult to succeed with a successful claim to common law.

We know because of the nature of the industry, and the character of the workforce, that the usual Employment Assistance Programs would not work. We had to find a program to which building workers would respond and the best way to do that was to involve building workers in the process of drawing up the Program.

A committee was formed which included six workers off the job, three recovering alcoholics and drug addicts, Dr. Peter Sago from the Trade Union Medical Centre, Roger Matheson from MEND (the industry rehabilitation advisory unit) and myself.

We met once a week for about a year, in between meetings we went to the building sites and spoke to the safety committee and union delegates.

These on-site discussions were an amazing experience. We were usually met by a fairly hostile group, who probably thought we were a bit nutty. We would explain our ideas and ask for suggestions. At first they seemed to be confused, but after half an hour or so the discussion would begin to take off, and I mean take off.

FOR EXAMPLE.

WELDER: "Why should I dob in my mate, he is my friend and what's more he is the best bloody welder in Sydney. He needs a few drinks to get him started and a few more at lunch time, but apart from that he is a BLOODY GOOD WORKER".

ITALIAN WORKER: "If you were really his friend you would want to help him, protecting a drunken worker is not being his best friend, eventually he will become so sick he won't be able to work at all, then who will be his friend"?

Pretty soon the workers begin to debate with each other and the final result was positive agreement that a program was essential in the industry for the safety of the workers themselves.

The Committee continued to meet regularly and after much drafting and redrafting the Program was taken to a mass meeting of workers where it was endorsed unanimously. The Program was presented to the Building Trades Group whose affiliates are all the building unions in the industry, where it was endorsed and became Building Trades Group Policy.

THEN THE HARD WORK BEGAN...

Having got this wonderful document down on paper, the job in front of us was to get out to all the building sites in Sydney and convince workers that the Program was essential for their safety and it should become site policy. Once it became site policy, every worker on site is required to carry it out.

We would arrange a meeting through the Safety Committee of all workers on site. They varied from 100 to 400 workers. We anticipated animosity, resentment or at least healthy opposition or apathy. To our amazement, on every site, without exception, the vote was unanimously in favour of endorsement of the Program. The workers sat there in complete silence listening very attentively, not one game of cards in progress, none of the usual disinterest and banter, it was an amazing experience.

The very first thing we say when opening such a meeting, to make sure they understand that we are not do gooders or wowers, is that we are not there to tell them what they can drink or not drink, that we are not a drug agency...

We are a Union, and this is Union policy. It is to ensure their safety and protection and at the same time offer assistance to anyone who wants it, including counselling and most importantly job protection.

Once they understand that we are not there to stop them having a beer at lunchtime, you can see them relaxing as a group. A fellow who has a couple of beers with his lunch is not necessarily a safety hazard, a fellow who stays over the pub for a couple of hours and then comes back to work definitely is a safety hazard.

The fact that our Program is based on safety and is part of the responsibility of the Safety Committee, makes it very difficult to argue with. There are not too many building workers who would put up an argument against safety.

Before the ink was dry on the paper, we began to get phone calls from job delegates with problems.

The very first call was from a large building site and the delegate was very concerned because the Company were going to sack a young Polish worker because every now and then he would go on a binge and not turn up for work for up to a week. The delegate said his Polish mate was a good young fellow and wanted some way to stop the boss from sacking him. I rang the employer, told him about our Program and asked him not to sack the boy. At first, he refused, but finally agreed to give him one last change.

Well this poor lad was so far gone, he could not even lift the telephone to talk to the Alcohol and Drug Information Service for help. I went to his flat and he was sitting there surrounded by at least a dozen empty whisky bottles and by this time was so sick I had no problem getting him to come with me to the doctor. He was referred to Langton Clinic where he undertook detoxification. He was back to work within two weeks and hasn't had a drink since, and that was about 18 months ago. He rang me just before Christmas, he was very, very happy, had met and married a lovely girl. Maybe a bit like a fairy story, but I might add, the employer who wanted to sack him, is now totally converted to the policy.

The delegate rang from another large site, he knew nothing about the Program, but had a Vietnamese worker, who only had a couple of beers at lunchtime, but when he came back to work his personality changed and he became aggressive and threatening to his fellow workers. You would not have to be Einstein to realise that this poor migrant worker had probably suffered terribly in his own country from war and deprivation, who knows whether or not he is here with his family or what number of things might cause him to act this way.

We took the Program to a mass meeting of the workers, they endorsed it unanimously and the employer agreed to allow this worker time off work for counselling on full pay. This made the workers, the employer and the Vietnamese worker very happy, especially the boss because an industrial dispute had been avoided by carrying out the policy of the BTG Program. Another experience was with a migrant worker, this time from Uruguay, another troubled country. This worker was a binger and when he binged he went wild, spending every penny he had, leaving his wife and mother without support and demanding money from the Company in a most aggressive way. This worker was also referred for counselling, but unfortunately not with success. He went along alright for quite some time and we thought he was OK, but he lapsed again, came to the job site terribly drunk, demanding money and threatening violence. When his threats failed, he climbed onto a lofty crane and threatened to jump.

Police, fire-brigade and ambulance were called and he was taken to Rozelle Psychiatric Hospital. He chose to remain in the hospital to undergo a 12 week rehabilitation program, and we are hopeful that he will recover.

We have not been 100% successful however. We have had at least one failure which was a great disappointment to the Union delegate on site and the other workers, because they really wanted to help their mate.

He was a heroin addict and was on parole. The boss tried to sack him earlier, but the workers threatened industrial action because in their words they "wanted to give him a fair go".

However, by the time the delegate rang me, the boy had disappointed his fellow workers and was not only not turning up for work, but when he did turn up he was so high he was an obvious danger. The workers were scared, they did not want to work with him.

The Union delegate was a very caring person, he wanted to do something to help the boy and save his job. He brought him to the Union office, where it was immediately obvious to me, and I am no expert, that he was high on heroin. He assured me that here was nothing wrong with him, but that everyone else was picking on him, especially the boss.

We arranged for him to see the doctor from the Trade Union Medical Centre, but the doctor was unable to help him because he would not admit he had a problem.

We explained to him that if he did not have a problem that was fine, but now the ball was in his court, if he screwed up again, it meant the BTG policy must be carried through and he would be asked by his fellow workers to leave the site, and the employer would terminate his employment. Unfortunately, that is exactly what happened.

SOCIAL ASPECTS OF PRESSURE ON BUILDING WORKERS

A very unexpected side affect of the Program is that we are asked to help with stress problems which are not alcohol or drug related at all.

The site delegate brought a young 19 year old lad to see me because the lad had not been turning up to work or attending Tech, and his boss wanted to sack him.

The lad began to talk and it went like this: He was a British migrant, here only two years, he could not communicate with his father and he did not want to worry his mother because she had five foster children to look after.

He left home and went to stay with his girlfriend. The estranged husband came home and when he saw the lad living there threw all his possessions into the street, whereupon the lad gave him a hell of a hiding and was promptly charged with assault

The mother of the girlfriend threw him out, so there he was no mum, no dad, no girlfriend, nowhere to live, and his boss wanted to sack him.

Through our talk his eyes filled with tears and he cried. He said he wanted help because he felt so bad, he wanted to kill himself. We arranged some counselling for him, the boss gave him another chance and the last I heard he was back home with mum and dad, attending Tech and doing just fine.

Someone took the trouble to listen to him... the delegate listened... the delegate cared, and so did we. It seemed to be all that was needed.

The other such case was a New Zealand father of two, who could not handle the behaviour of his teenage girls. They were naughty. Mum had to give up her job to

keep an eye on them, which meant their income dropped dramatically, so dad had to put in every extra minute he could on overtime to meet the mortgage payments.

Well he snapped... started throwing things around including an angle grinder, frightened the daylights out of his fellow workers and again the boss wanted to sack him.

But, again we had a very caring delegate, who reckoned he was a good bloke. We arranged counselling which will at least help him try and understand his problems even if it does not solve them.

A day or so later I received a call from his boss, and he thanked the Union very sincerely for helping this worker, because he reckons he was a good bloke too.

It is my view that the BTG Program could be adjusted to any industry. All industries have union involvement and all industries have safety committees.

I recently attended a Seminar in Sydney at a rehabilitation hospital for alcoholism. Delegates to that Seminar were mostly representatives of large employers such as Telecom, Colgate Palmolive and other such large companies.

What came through to me during the day was that we were rehashing old ground, and that most of the people there really didn't know what to do. There was a continuous expression of frustration about dealing with the problem of alcohol and drugs in their enterprise, there seemed to be little success.

I asked for time to explain our Program and the response was quite overwhelming. Most of those I spoke to could see no reason why a similar Program could not be adopted in their own enterprise.

Since then we have been approached by such large employers such as the Australian Construction Services and the Royal Australian Showground, who of course are not involved in the building construction industry, but wanted to adapt the Program for their industries.

The Master Builders Association of NSW has, in principle declared its support for this worker initiated program which provides a new and pragmatic strategy to address the problem of, and the problems associated with, the use of alcohol and other drugs in our industry.

The MBA is currently working with the unions to produce a booklet about the Program for distribution in the industry to their members.

FOOTNOTE: This has been completed and a copy is enclosed (employers' guide to Program).

This manual is designed, firstly, to encourage employer support for the Program and, secondly, to advise employers how they can assist their employees should they, through their workplace Safety Committee, decide to adopt and seek to implement the Program.

The Building Workers' Industrial Union is a National Union and it has now been decided by the National Occupational Health & Safety Committee to adopt the NSW BTG Program and implement it on a National basis.

We are now in the process of making an application through the Commonwealth Government National Drug Offensive for funding. Our aim is to employ a member of our committee who is a building worker and a recovering alcoholic and drug addict who has special skills in communication.

Because of the interest in the Program, we are confident that we will get funding, which will allow us to develop our work nationally.

FOOTNOTE: Our funding application has been successful and our full time Drug and Alcohol Education Officer commenced in January 1992.

We are now in the process of implementing our Program within NSW as well as Nationally.