

Chapter 2

Alcohol and other drugs



What is the hazard?

Drinking alcohol increases the risk of cancers of the bowel, breast, mouth, throat, oesophagus and liver. Heavy use of alcohol is linked to cirrhosis (scarring) of the liver, alcohol dependence, stroke, suicide and accidents.

In the past, researchers thought that red wine decreased the risk of heart problems. This is no longer considered to be true. Alcohol also contributes to weight gain. The type of alcohol doesn't make any difference. Even at low intake, alcohol contains a lot of energy (calories), so it can easily contribute to weight gain.

The combined effects of smoking and alcohol greatly increase the risk of cancer - more than either of these factors alone.

Alcohol consumption is one of the four big risk factors for chronic disease. Many of us are at risk:

- 29% of adult males and 10% of adult females drink more than two standard drinks per day
- More than half of adult males and almost one-third of adult females drink more than four standard drinks on a single occasion.

The higher the Blood Alcohol Concentration (BAC) of the driver, the higher the risk of vehicle accidents:

- 0.05 BAC - double the risk compared to zero
- 0.08 BAC - 7 times the risk compared to zero BAC
- 0.15 BAC - 25 times the risk compared to zero BAC.

The term "other drugs" refer to illicit drugs, pharmaceuticals and tobacco.

Tobacco use is the leading cause of cancer - its use accounts for 1/5 cancers.

In 2016 cannabis was the most commonly used 'illicit' drug -

- Cannabis: used by 10.4% of the population
- Cocaine used by 2.5%
- Ecstasy 2.2%
- Methamphetamines 1.4%.

H&S laws and testing for alcohol and other drugs

The general H&S laws do not have specific requirements regarding drugs and alcohol.

Some industries have extra laws e.g.

- Rail industry workers are required to undergo drug and alcohol testing
- Mine industry employers are required to have drug and alcohol policies.

General H&S laws - Workers whose behaviours and safety is risky because of their substance use are clearly not meeting their obligations as workers. Workers have an obligation to take reasonable care and not wilfully or recklessly endanger health and safety of themselves or others.

AMWU Policy

AMWU policy opposes testing as a mechanism to address problems associated with alcohol and other drug use. The most important reason for the AMWU policy is that there is little evidence that testing improves workplace safety. Independent research says: *the evidence for the effectiveness of testing in improving workplace safety is at best tenuous.*

A copy of our extensive policy is available from your local branch.

Alcohol

There is a strong link between the level of alcohol in the blood and the impairment of the individual. The standard measure is via a breathalyser, with a wait of 20 minutes for a confirmatory test to rule out the effect of mouth washes etc.

Other drugs

Testing regimes for drugs test for the presence of the drug, not for an individual's impairment due to drug use. The Australian Standards sets the drug levels for technical reasons; these levels are a measure of the presence of the drug and its metabolites, not levels of impairment.

2. Alcohol and other drugs

Saliva tests are regarded as a better approximation of impairment as these tests reflect more recent use. Metabolites of some drugs can persist for days and weeks in a person's urine. Some medications can be detected in the on-site oral fluids testing e.g. cold and flu tablets, allergy tablets, methadone and painkillers either prescribed or over the counter medications. See table at end of this Chapter.

HSR action

When a PCBU/employer wishes to introduce or revise drug and alcohol policies or testing regimes, it is essential that HSRs work with delegates as often PCBU/employer policies include:

- Disciplinary action following a positive test
- Requirements to take leave whilst waiting for test results
- Consequences for employment.

PCBU/employers have an obligation to consult with HSRs and workers before the introduction of these policies (see Part 1, Chapters 1 and 2)

The AMWU policy focus is on impairment, fair processes, confidentiality and rehabilitation.

Essential safeguards for alcohol and other drug policy/procedure

- Consultation with delegates and health and safety representatives (see health and safety law)
- Information and training to all employees about the effects of drugs and alcohol on performance and on the procedure and policy for testing
- All records and test results are to be kept confidential and secured in a record other than an employee record (Note: employee records are not subject to Privacy law)
- If an employee is on medication this is only to be revealed, at the point of being tested, to the authorised testing officer, for the purposes of notifying the NATA accredited laboratory only. That information is not to be shared with the employer. Here is some suggested wording. *If an employee is on prescription medication, there is no obligation on the employee to notify the employer of this unless a side effect of that medication will adversely affect performance of work tasks normally undertaken by the employee.*
- The employee need only disclose any prescription medication at the point of testing for the purpose of notification to the laboratory undertaking test analysis. The disclosure is not to be communicated to the employer.
- Testing regimes:
 - blanket testing is less open to only selected employees being tested i.e. everyone across the whole organisation is tested
 - Random testing, names selected randomly but not everyone is tested
 - For cause testing, this keeps it within the safety, rather than a human resources issue.

- Saliva testing rather than urine as it is more reflective of recent use, easier, less privacy issues and is less expensive for the employer/less disruptive for employee. The confirmatory testing at a laboratory after the onsite testing is quicker than for urine on-site screening or confirmatory urine testing
- Suspension on full pay whilst waiting for test results
- A fair and just disciplinary procedure for positive tests - first and second written warnings before possibility of dismissal on the third occurrence within 12 months
- Access to representation during any discussions of testing or assessment of fitness for work
- Confirmation of any positive test through assessment by a medical practitioner (to rule out medical reasons for the positive result)
- Ability for worker to be provided with a reference sample, which the worker can have independently tested
- Employer to pay transport home for person who tests positive
- All laboratory testing to be done at a NATA approved facility
- Paid leave to attend counselling and rehabilitation services. These services should be offered for voluntary self-referral at any time.

Education and training programs need to include the following:

- What constitutes harmful alcohol and other drug use
- Dealing with the long-term user and those intoxicated in one-off situations
- The long- and short-term effects of drugs and alcohol on fitness for work including health, safety and work performance
- The long- and short-term effects of drugs and alcohol on an individual's health
- Workplace and personal lifestyle stressors that can contribute to alcohol use
- Personal stress reduction methods
- Ways of dealing with problem drinking
- Who to approach in the workplace for assistance with drug and alcohol problems
- The counselling, treatment and rehabilitation services available in the workplace and externally
- The consequences for employees who fail to comply with the drug and alcohol procedure
- Employee's responsibilities in relation to the use of medication.

2. Alcohol and other drugs

Drug detection window

Time between the use of the drug and when that drug or metabolite can be found in saliva or urine. This is a guide only. The actual time will vary by individual and frequency of drug use.

Targeted drug	Saliva	Urine
Alcohol	1–12 hours	6–12 hours (an ETG urine test can show use up to 80 hours)
Amphetamines	2–48 hours	1–4 days
Barbiturates	2–48 hours	Short acting type: 1–4 days Long acting type: 3 weeks or longer
Benzodiazepines	2–48 hours	Infrequent user: 1–3 days Chronic User: 4–6 Weeks
Cannabinoids (THC–marijuana)	1–18 hours	Infrequent user: 1–10 days Chronic user: 30 days or longer
Cocaine metabolite (coke/crack)	1–48 hours	1–4 days
Methadone	1–48 hours	1–6 days
Methamphetamines (ice/speed)	1–48 hours	1–4 days
MDMA (ecstasy)	1–48 hours	1–3 days
Opiates (heroin, morphine, codeine)	1–48 hours	1–3 days
Oxycodone	1–48 hours	1–3 days
Phencyclidine (PCP)	1–48 hours	Infrequent user: 1–8 days Chronic user: 1–2 days +
Propoxyphene	1–48 hours	1–3 days