

KEEPING OUR RECORDS UP TO DATE

Dear Delegate/HSR,

For some workplaces the AMWU does not have up to date details for all our AMWU Health and Safety Representatives (HSRs) and Deputy HSRs. Our records need to be up to date to ensure that HSRs make the most of their AMWU membership entitlements such as:



- ➔ **AMWU Health and Safety Representative training courses, both the mandatory five-day and the yearly refresher**
- ➔ **Support from Organisers/OHS Officers**
- ➔ **Quarterly newsletters**
- ➔ **Occasional flyers**
- ➔ **The annual OHS booklet**

Please ask other AMWU HSRs at your workplace if they received this newsletter? If they didn't, either we do not know who they are or their details are incorrectly listed on the AMWU membership system.

To update our records, please use the form on the back page.

Send it into your State Office or give it to your Organiser.

If you don't have HSRs, now is the perfect time to organise a Work Group and elect one. If you need assistance or the relevant paperwork, contact your State Office or Organiser.

Thanks for your assistance.

Andrew Dettmer
National President

BULLETIN
www.amwu.org.au

Protecting members' health and safety is Union business Drugs and alcohol (see over)

Open
and place on
noticeboard

The use and misuse of drugs and alcohol are extremely common in our society (see box).

Increasingly, employers are tackling this social problem by relying on drug and alcohol testing of workers.

But according to experts at the Alcohol and Drug Foundation:

“...despite the growth in the prevalence of testing, reviews of evaluation research consistently finds that few conclusions can be drawn regarding the efficacy of testing due to the poor quality of the evidence base. Moreover, poorly implemented testing programs may not only fail to reduce risk, but may also result in unintended negative consequences for workplace safety and productivity.”

“Workplace alcohol and other drug programs: What is good practice?” Pidd, K & Roche, A. July 2013. Alcohol and Drug Foundation, page 7 <http://www.adf.org.au/>

Of course, there is no place for illegal drug or alcohol related impairment in the workplace. Any person working under the influence of drugs or alcohol can be a danger to both themselves and their colleagues.

However, the best gauge of impairment is likely to be old fashioned observation. Management training and systems are more likely to have a higher impact on safety than the introduction of drug-testing at work. The focus on testing is often at the expense of paying proper attention to other common causes of accidents at work, such as fatigue, shiftwork and unsafe systems of work.

Experts at the Alcohol and Drug Foundation in July (see above) list four basic components of good practice on workplace drug and alcohol that are likely to be effective:

- *The development and implementation of a formal workplace policy*
- *The provision of education and training*
- *Access to counselling and treatment*
- *Evaluation of the effectiveness of the above three points.*

The AMWU Policy does just that. Ask your State Branch of Organiser for a copy.

It's important to understand the limitations and lack of effectiveness of testing regimes, as many workplaces are now relying on or wishing to introduce drug and alcohol testing.

Alcohol breath testing – detects intoxication, but drug testing does not identify impairment.

Drug tests – identify the presence of a targeted substance or metabolite in a sample – for example, urine or oral fluid – which may indicate the donor has consumed a drug in the relatively recent past.

Testing cannot detect the impairment that results from hangovers, or the residual effects of drug use, or effects experienced as a result of withdrawal from the drug.

Simple over the counter remedies and some ordinary foodstuffs can break down into the same metabolites as ‘drugs’.

Eating as little as a teaspoon of poppy seeds, less than the amount on a poppy seed bagel, can produce false-positive results on tests for opioid abuse. As can cold medications, antidepressants, painkillers, antibiotics and slimming and muscle building products.

When a sample proves positive, it must be subject to a confirmatory laboratory test which is more precise.

If a positive result is confirmed, it should not be acted upon until the person who gave the sample has been interviewed by a medical doctor to find out if anything else could have resulted in the positive result.

In addition, workers should have access to a sample for independent testing without charge.

Just think ...



drink makes them shrink!

STAY UP TO DATE

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 www.amwu.org.au

DRUGS AND ALCOHOL

Ignoring the problems of misuse of drugs and alcohol is not sensible. But testing does not solve the problem.

Alcohol consumption is one of the four big risk factors for chronic disease, and many of us are at risk:

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

Drinking alcohol increases the risk of cancers of the bowel, breast, mouth, throat, voice box, oesophagus (food pipe) 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 does not appear to be the case.

Alcohol, also contributes to being overweight and obese. 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 so from either of these factors alone.

Drinking increases the Blood Alcohol Concentration (BAC) and the risk of being involved in a vehicle accident.

- 0.05 – double the risk
- 0.08 – 7 times the risk
- 0.15 – 25 times the risk

BREATH TESTING FOR ALCOHOL

There is strong evidence to support the link between alcohol detected by breath analysis and intoxication, ie. being under the influence.

ADVANTAGES	DISADVANTAGES
Onsite tests can indicate intoxication/impairment.	Only detect alcohol.
Non-intrusive, breath sample only.	Testing equipment relatively expensive and does not require regular calibration and maintenance.
Window of detection is narrow. As for breath alcohol testing devices, 1997.	Cannot detect impairment due to 'hangover effects'.
	Unable to store for confirmation.

URINE TESTING

The least expensive of all the technologies, both for point of collection testing and laboratory testing. For most drugs it tests for what has happened up to three days prior to the test. But for cannabis (marijuana): for occasional users, up to six days, and for regular users, up to several weeks.

ADVANTAGES	DISADVANTAGES
Least expensive of all tests.	Intrusive, for example, lack of privacy when providing the specimen.
Sufficient quantities of specimen can be collected for confirmatory testing.	Wide window of detection, for example, days to weeks.
Many laboratories have expertise.	Cannot detect current/recent use or intoxication or impairment levels, as the test is for drug metabolites, not the drug itself.
Detection of past drug use more likely in urine compared with other test types.	Collection facilities needed for donor privacy.
Relevant standard: AS/NZS 4308 2008.	Point of collection devices can be expensive.
	Can be time consuming.
	Dilution, adulteration or substitution of urine samples is more easily achieved when compared with other specimen samples.

SALIVA TESTING

Less invasive than urine testing. Sometimes it is hard to collect sufficient saliva. The onsite test has to be confirmed by a laboratory test. The police use a version of this for roadside testing.

ADVANTAGES	DISADVANTAGES
Collection relatively non-intrusive, ie. mouth swab.	Can be difficult to collect sufficient sample for laboratory confirmatory tests.
Can detect current or recent use.	Oral contamination can disrupt the test.
Specimen available immediately.	Can be time consuming – donors should be observed for 30 minutes prior to sample collection.
Collection of sample easily supervised, therefore less opportunity for adulteration etc.	Cannot detect intoxication or impairment.
More reliable identification of drug type and recent use due to higher concentrations of the parent drug in saliva compared with urine.	Currently, some doubt about reliability in detection of cannabis in saliva.
Relevant Standard: AS/NZS 4760 2006.	



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**'It's no accident' is the OHS
newsletter of the AMWU.**

**Feedback and story ideas to
amwu@amwu.asn.au**

Notification to AMWU of HSR

To: State Secretary, AMWU _____
(Insert name of State Branch)

Fax number _____

Re: **Election of Health and Safety Representative/Deputy HSR**

I have been elected as Health and Safety Representative/Deputy HSR.
If you have it, please attach a copy of the election notification provided to my
employer. (Notification to Employer on Election of Health and Safety
Representative).

I was elected on / / for a term of _____
(Insert number years)

Select one option below

- New HSR Position Re-elected
 Replacing _____
(Insert name of previous HSR)

Could you please update my membership details?

Thanking you in anticipation.

Name _____

Union Member Number _____

Signature _____ Date / /

Employer _____

Area / Section (Work Group) _____

Workplace Address _____

Home Address _____

Home Phone No. _____

Work Phone No. _____

Mobile No. _____

Email _____

Please indicate preferred method of communication