

**GUIDANCE NOTE**  
ALCOHOL AND OTHER DRUGS  
AT THE WORKPLACE

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**commission  
for occupational  
safety and health**

**MIAC**



# Contents

<b>1. Introduction .....</b>	<b>1</b>
1.1 General duties at the workplace.....	2
1.2 Duty in relation to clients, customers and visitors at the workplace.....	3
1.3 Other legislation .....	4
<b>2. The risk management process: the three step process .....</b>	<b>5</b>
2.1 Hazard identification.....	5
2.2 Risk factors and risk assessment .....	6
2.3 Risk control: implementing alcohol and other drug strategies.....	7
2.3.1 Workplace policy on alcohol and other drugs.....	8
2.3.2 Supporting procedures.....	11
<b>3. Information, education and training at the workplace.....</b>	<b>14</b>
<b>4. Identification of impairment to work safely.....</b>	<b>15</b>
<b>5. Rehabilitation/employee assistance programs (EAPs) .....</b>	<b>20</b>
<b>Appendix 1 Further information.....</b>	<b>21</b>
<b>Appendix 2 Where to go for help .....</b>	<b>22</b>
<b>Appendix 3 Information on alcohol and other drugs .....</b>	<b>23</b>



## 1. Introduction

A range of factors, both at the workplace and in people's personal lives, impact on the ability to work safely. The use of alcohol and/or other drugs may be one of them.

Alcohol and other drugs usage becomes an occupational safety and health issue if a worker's ability to exercise judgment, coordination, motor control, concentration and alertness at the workplace is impaired, leading to increased risk of injury or incidents to themselves or others.

Co-workers may be placed in difficult situations, expected to cover unsafe work practices or faced with reporting a fellow worker.

Workers must take reasonable care of their own safety and health and not endanger the safety and health of others at the workplace. The consumption of alcohol and illicit drugs while at work is therefore unacceptable, except in relation to any authorised and responsible use of alcohol at workplace social functions. Workers should present themselves for work and remain, while at work, capable of performing their work duties safely.

For employers, alcohol and other drugs can cause a range of problems. In some cases, their use may lead to loss of life, injury and damage to plant or equipment. Employers have a general 'duty of care' obligation to ensure that, as far as practicable, workers are not exposed to hazards and risks that could arise from workers being impaired by alcohol and/or other drugs and, where they may arise, address them through a systematic risk management process.

This guidance note is presented as a starting point to address relevant issues where usage of alcohol and/or other drugs may have occupational safety and health considerations at the workplace.

Where the ability to work safely is impaired, the employer and workers should respond in a humane manner based on the information available. A range of strategies to address alcohol and/or other drugs safety and health risks at the workplace is discussed in sections 2, 3, 4 and 5.

The strategy adopted by a workplace must ensure workplace hazards and risks associated with the use of alcohol and other drugs are eliminated or reduced, as far as practicable. It may include a range of initiatives to deal with the particular hazards and risks specific to the workplace.

Having an alcohol and other drugs policy in place that sets out clearly how to address safety and health risks arising from people impaired by alcohol and drugs can help reduce the risk to all people involved. If a policy is adopted as part of a strategy, it should reflect the safety and health needs of the particular workplace.

Education and information about the ways in which alcohol and other drugs can affect safety and health should form part of every strategy. It is important that people at a workplace understand the effects that alcohol and other drugs may have on their ability to work safely.

Workers and safety and health representatives, where they exist, must be consulted on safety and health matters, such as the development of an alcohol and other drugs policy. Consideration may also be given to consulting relevant employer and employee organisations and people with relevant expertise.

*See sections 20 and 20A of the OSH Act and sections 10 and 10A of the MSI Act.*

*See sections 19 and 19A of the OSH Act and sections 9 and 9A of the MSI Act.*

*See section 19(1)(c) of the OSH Act and section 9(1)(c) of the MSI Act.*

Where a worker's capacity to work safely may be impaired, including impairment by alcohol and/or other drugs, the employer should ensure the worker is not in a position of personal risk and does not present a hazard or risk to the safety and health of others.

Impairment can be caused by a range of factors, including alcohol and other drug use. The focus at the workplace should be on occupational safety and health management rather than more general concerns about personal health.

It should not be assumed that any observed impairment is caused by alcohol and/or other drug use. Other impairment factors may include fatigue, medical conditions, chemicals, heat, noise and symptoms of work-related stress.

The effects of a range of drugs including alcohol, cannabis, opioids, hallucinogens, volatile substances and stimulants are briefly outlined in Appendix 3. This section also outlines how prescription and 'over the counter' medication may also affect a worker's ability to work safely, as can combining different drugs or mixing medications with alcohol. Discussion on nicotine is not included in this guidance note.

## 1.1 General duties at the workplace

Responsibilities for safety and health are placed on all parties at the workplace.

The employer's general 'duty of care' obligations for safety and health under the *Occupational Safety and Health Act 1984* (the OSH Act) and the *Mines Safety and Inspection Act 1994* (the MSI Act) include:

- providing a workplace and safe system of work so workers are not exposed to hazards;
- providing workers with information, instruction, training and supervision to enable them to work in a safe manner; and
- consulting and cooperating with workers and safety and health representatives, where they exist, in matters related to safety and health at work.

Where there may be a risk of injury or harm to people resulting from the use of alcohol and/or other drugs, it must be assessed and measures taken to eliminate or reduce the likelihood of any injury or harm occurring.

Workers also have obligations under the OSH Act and MSI Act. They must take reasonable care to:

- ensure their own safety and health at work and that of others are not adversely affected. For example, they should ensure that their activities away from work do not impact on their ability to perform their duties safely. They should also inform themselves about the effects of alcohol and other drugs on their ability to work safely. A worker should present and remain, while at work, fit for work. Being impaired by alcohol and/or other drugs may be a hazard or create risks for co-workers and other people at the workplace;
- report to their employer any situation that they have reason to believe could constitute a hazard and they cannot reasonably correct themselves. This includes not being able to work safely due to alcohol and/or other drugs. It may also include the legitimate use of prescription and non-prescription drugs that may impair the capacity to work safely; and
- report to their employer any injury or harm to health of which they are aware that arises in the course of, or in connection with, their work.

See sections 19 and 19A of the OSH Act and sections 9 and 9A of the MSI Act.

See sections 20 and 20A of the OSH Act and sections 10 and 10A of the MSI Act.

The workers' duty for safety and health at the workplace is complementary to the employer's duty and they need to receive adequate information, instruction, training and supervision to fulfil it.

People, who in the course of trade or business, engage contractors and their workers, have the 'duty of care' responsibilities of an employer (outlined above) towards these people in relation to matters over which they have control or capacity to have control. Further to this, when the engaged contractor hires workers they, in turn, also have a 'duty of care' for the safety and health of their workers for matters over which they have control.

Self-employed people must take reasonable care to ensure their own safety and health at work and, as far as practicable, ensure their work does not affect the safety and health of others.

See section 23D of the OSH Act and section 15A of the MSI Act.

See section 21 of the OSH Act and section 12 of the MSI Act.

#### Reference to alcohol and other drugs in the OSH Act and MSI Act

**For workplaces covered by the OSH Act** — although there is no specific reference to alcohol and other drugs in the OSH Act or supporting regulations, all parties at the workplace must comply with their general 'duty of care' in relation to usage of alcohol and other drugs and their potential acute and chronic effects in relation to safety and health at the workplace.

**For workplaces covered by the MSI Act** — regulation 4.7 of the Mines Safety and Inspection Regulations 1995 prohibits a person, whether or not an employee, being in or on a mine while adversely affected by intoxicating liquor or drugs.

People at the workplace should also make themselves aware of other relevant legislation, some of which is outlined in section 1.3, which may specifically deal with alcohol and other drugs in their industry or occupation.

For further information on the duty of care obligations, see the Commission's *Guidance note: General duty of care in Western Australian workplaces*, or MIAC's *General duty of care in Western Australian mines – guideline*, published by Resources Safety.

## 1.2 Duty in relation to clients, customers and visitors at the workplace

Responding to a hazard or risks at the workplace caused by alcohol and/or other drugs may include situations where clients, customers or visitors enter the workplace or staff are visiting clients at other venues.

Should these situations occur, the employer must, as far as practicable, respond by minimising the risks of people creating hazards to staff. If such occurrences are likely, it is advisable to have workplace procedures in place that outline how to deal with these situations. If the nature of the workplace presents special risks to workers, for example if they regularly work alone, it may be advisable to have in place extra safety precautions such as distress alarms.

See section 57A of the OSH Act and section 102A of the MSI Act.

Where visitors' conduct or presence is hazardous at the workplace, 'authorised people' may direct visitors to leave immediately. 'Authorised people' are employers and people who have the management and control of a workplace. Where this is likely to occur, workplace procedures should address the situation and caution should be exercised in case the directions increase the hazard and risks.

### 1.3 Other legislation

People at workplaces should be aware of other legislation relevant to alcohol and other drugs such as:

- the *Misuse of Drugs Act 1981* — this identifies:
  - offences concerned with prohibited drugs and plants in relation to premises and utensils (section 5); and
  - offences concerned with prohibited plants generally (section 7);
- the *Road Traffic Act 1974* — this identifies offences relating to driving a motor vehicle, truck or mobile equipment while under the influence of alcohol and/or drugs;
- the *Liquor Licensing Act 1988* — this deals with the sale, supply, possession and consumption of liquor on prescribed land; and
- the *Workers' Compensation and Injury Management Act 1981* — this disallows compensation for an employee if alcohol and/or other drugs are involved in the employee's disablement, unless the incident results in death or permanent disablement.

In some industries, specific legislation on alcohol and other drugs applies, for example:

- the Fire Brigades Regulations 1943 — regulation 133 deals with conduct requirements;
- the *Rail Safety Act 1998* — section 31 deals with employees impaired by alcohol and/or drugs;
- the Mines Safety and Inspection Regulations 1995 — regulation 4.7 prohibits a person, whether or not an employee, being in or on any mine while 'adversely affected' by intoxicating liquor or drugs, prohibits possession and consumption of intoxicating liquor or deleterious drugs on mines, and specifies the penalty and related responsibilities;
- the Dangerous Goods Safety (Explosives) Regulations 2007 — regulation 39 deals with people affected by alcohol or a drug near explosives; and
- the Dangerous Goods Safety (Storage and Handling of Non-explosives) Regulations 2007 — regulation 85 states that a person at a dangerous goods site must not be under the influence of alcohol or drugs.

People in relevant industries should read these provisions in conjunction with this guidance note.

## 2. Risk management: the three step process

The hazards and risks associated with alcohol and other drug use at the workplace should be assessed in the same way as for other occupational safety and health issues.

The Occupational Safety and Health Regulations 1996 contain a specific requirement for employers to undertake a risk management process. This involves a three-step process to:

- identify hazards that could arise;
- assess risks of injury or harm arising from each identified hazard; and
- control risks through implementation of control measures to eliminate or reduce them.

### 2.1 Hazard identification

The first step in the risk management process is identifying hazards or hazard factors. This involves identifying anything that may cause injury or harm to the health of people at the workplace.

When assessing whether alcohol and other drug use poses a safety and health hazard at the workplace, a range of factors, some of which are outlined below, should be considered.

At some workplaces, the hazards associated with alcohol and other drugs may be greater due to the nature of the workplace.

Even when people return a zero alcohol or drug level they may still be impaired – 'hangover' effects can endure beyond the direct presence of the drug and create risks.

Hazards or hazard factors to consider in relation to increased risks of injury or harm if workers are impaired by alcohol and/or other drugs include:

- operation of machinery;
- driving in the course of work;
- situations where concentration or motor coordination is relied on to carry out a job;
- use of hazardous substances; and
- performing duties as part of a team.

In some occupations, a worker impaired by alcohol and/or other drugs may be more likely to jeopardise the safety and health of others, for example drivers and pilots.

## 2.2 Risk factors and risk assessment

The next step is for employers, workers and contractors to consider risk factors that may exist at the workplace.

Risk factors to consider when assessing whether risks exist or may arise from alcohol and other drugs include:

- **usage of alcohol and/or other drugs in relevant social groups.** If this increases, decreases or is a known problem, it may have an impact at the workplace;
- **patterns of alcohol and/or other drug consumption.** Different patterns of use create different risks. For example, people who use large amounts on single occasions may create different risks compared to people who are regular heavy users;
- **type of workplace culture.** For example, there may be a culture at work that encourages or accepts excessive consumption of alcohol and/or other drugs at the workplace;
- **availability of alcohol and/or other drugs.** At some workplaces, workers are more likely to be exposed to usage and therefore the risk of them being impaired may increase. In other workplaces, they may be more exposed to the consequences. For example, workers in the hospitality industry may be more at risk of harm from non-workers impaired by alcohol;
- **isolation from family and friends.** Workers in isolated areas or separated from family and friends sometimes report that they are more likely to consume alcohol and/or other drugs due to boredom, loneliness or lack of social activities;
- **inadequate job design and training.** Unrealistic performance targets and deadlines, excessive responsibility, monotonous work or low job satisfaction may, in some instances, be risk factors. For example, symptoms of stress are sometimes associated with poor health, including alcohol and/or other drug related problems. Inadequate training, supervision and communication may also contribute to this risk factor;
- **inadequate supervision.** Jobs where there is inadequate supervision and performance management may increase the risk of alcohol and/or other drug related problems. For example, inadequate supervision and communication about expected roles and behaviour on the job and consequences of unacceptable behaviour may be a risk factor;
- **extended working hours or shift work.** For example, illicit drugs, such as amphetamines, or prescription medication, may be taken by workers to keep awake if they are working long hours or engaged in shift work;
- **interpersonal factors.** For example, bullying at work may increase risks — for guidance, see the Commission's *Violence, aggression and bullying at work: A code of practice for prevention and management* and MIAC's *Prevention and management of violence, aggression and bullying at work – code of practice* published by Resources Safety; and
- **poor working conditions.** For example, poor working conditions such as hot or dangerous environments may contribute to alcohol and/or other drug taking.

The risks at every workplace must be assessed individually.

In assessing the above risks, consideration must be given to the related hazards that could arise at the particular workplace.

During the development of a workplace strategy to address alcohol and other drug safety and health issues, it is important to identify the cultural and workplace factors that may contribute to risks from alcohol and drug use.

An employer should bear in mind that, if there are currently potential safety and health risks at the workplace from alcohol and/or other drug usage, the employer is required to prevent them arising, as far as practicable, under their general 'duty of care' to provide a safe working environment.

See section 19(1)(a) of the OSH Act and section 9(1)(a) of the MSI Act.

## 2.3 Risk control: implementing alcohol and other drugs strategies

The third step is to implement control measures, such as alcohol and other drug strategies, to eliminate or reduce the risks of people being injured or harmed. It should be ensured the control measures are monitored and reviewed on an ongoing basis.

While there is no single way to prevent or address safety and health issues arising from alcohol and/or other drug use at the workplace, a number of strategies may be adopted.

The aim of any alcohol and other drugs strategy should be to eliminate alcohol and other drugs related safety and health risks, as far as practicable. This can be achieved through adopting several approaches suitable for the particular workplace.

Deciding which strategies to adopt will depend on a number of different 'risk factors' (see above), and the extent of alcohol and/or other drug use, the nature of the industry and the size and resources of the business.

The strategy should be tailored to meet the needs of the particular workplace. Information, education and training about alcohol and other drugs should form part of the range of strategies adopted by the workplace.

The strategies may include:

- developing an alcohol and other drugs policy and supporting procedures for all levels of staff, based on a workplace hazard identification and risk assessment (see sections 2.1 and 2.2). The procedures should outline how to deal with impaired people, both staff and visitors, at the workplace;
- communicating, to all at the workplace, the policies and procedures on alcohol and other drug usage and related issues arising and the general expectations for occupational safety and health;
- encouraging those in management positions to support the policies and procedures;
- providing information, education and training to workers, which includes the risks from alcohol and other drug use;
- implementing safeguards on tasks, processes and equipment that require a high level of concentration or motor coordination, where a hazard identification and risk assessment identifies a high level of risk if workers are impaired by alcohol and/or other drugs;
- identifying and responding to factors that may contribute to symptoms of stress and/or fatigue, for example redesigning jobs and providing regular breaks. See also the Commission and MIAC's *Code of practice: Working hours*;
- depending on the situation, providing ready access to counselling and/or support groups early in the apparent development of alcohol and/or other drug problems; and
- where relevant, providing recreational options, especially where boredom might be a risk factor, for example where workers are isolated from family and friends.

### 2.3.1 Workplace policy on alcohol and/or other drugs

A constructive step for employers to address alcohol and other drugs safety and health issues is to develop a workplace alcohol and other drugs policy, with supporting procedures, which address specific circumstances at the workplace. Workers and safety and health representatives, where they exist, must be consulted on safety and health matters, such as developing a workplace alcohol and other drugs policy.

The development of a written policy and supporting procedures provides an opportunity to develop a range of management strategies to deal with issues that could arise.

The workplace alcohol and other drugs policy should outline the workplace's aims in relation to alcohol and/or other drug use, with the objective being the elimination and reduction of hazards and risks that could arise. The 'supporting procedures' should provide the strategies and action plans to meet this objective.

The policy and supporting procedures should be communicated clearly to everyone who comes into the workplace.

The level of support and commitment by management at all levels may have a bearing on how well a new policy is taken up and adhered to. This should be considered when implementing the policy to ensure it remains continually active.

#### Why develop a policy and supporting procedures?

There are a number of reasons why it may be appropriate to develop a workplace policy on alcohol and other drugs. These include:

- **meeting the general 'duty of care' obligations** — an employer could be found in breach of their 'duty of care' obligations to provide a safe workplace free from hazards if injury or harm occurs as a result of alcohol and/or other drug use;
- **preventing uncertainty when situations arise** — without a clear policy and supporting procedures in place it may be difficult to deal with certain situations when they arise, for example dealing with a worker impaired by alcohol and/or other drugs at the workplace;
- **demonstrating management commitment to a safe workplace and informing workers and others on acceptable behaviour** — having a policy also provides a means of informing workers and other people at the workplace about acceptable and unacceptable behaviour in relation to alcohol and other drug use; and
- **facilitating peer support** — the workplace is an ideal place to run effective alcohol and other drug prevention programs because the peer support network at a workplace can be used to shape behaviour. Policies that facilitate some peer involvement may be useful, as peers can pick up changes in behaviour and assist in cultural changes. Workers also have a better chance of recovery from alcohol problems if they can continue working.

It may be good practice to have a policy, even if alcohol and other drugs do not pose a current risk at a workplace. However, all workplace safety and health policies, including those on alcohol and other drugs, should be prioritised according to the hazards and assessed level of risk at the workplace.

**What should happen if there is no policy or procedure to deal with a worker impaired by alcohol and/or other drugs?**

Where an issue arises and there is no policy or procedures at the workplace, consideration should be given to consulting human resources staff and/or people with appropriate expertise and, where applicable, the relevant employer organisation and union.

To avoid confusion and uncertainty when situations arise, it is strongly recommended that workplace alcohol and other drugs policies and procedures, developed in consultation with workers and safety and health representatives, where they exist, are in place. The steps set out in this section and section 2.3.2 may be helpful.

**Steps to undertake to develop a workplace alcohol and other drugs policy**

The following steps may assist in developing a policy at the workplace.

**i) Establish a representative group to formulate and implement the policy**

The group established to oversee development of the policy should include workers' representatives, safety and health representatives, where they exist, and management representatives. The more diverse and encompassing the range of people involved, the more likely that the policy will be viewed as relevant and appropriate.

An existing safety and health committee could be used to develop the policy or a specific working group could be formed. In some cases, it may be beneficial for larger companies to establish a steering committee to oversee the development of the policy and the associated implementation program.

The group should clarify its task to ensure clear objectives. Adequate resources should be provided to enable the group's objective to be carried out.

**ii) Develop the policy through consultation with all workers**

The policy should be developed through an open, participatory process. Consideration may also be given to consulting employee and employer organisations. Effective communication strategies that ensure regular consultation and feedback to workers should be adopted. This approach will give workers a sense of ownership of the policy, making it more likely to be accepted and followed at the workplace.

Consultation may include the following steps:

- develop procedures and a timetable for implementation of the policy commencing with an education program;
- develop a preliminary draft policy and have it reviewed by the representative group overseeing its development;
- seek feedback on a draft policy from all at the workplace who may be affected by its operation. Where appropriate, feedback received should be incorporated into the document;
- present a draft policy to the safety and health committee, where one exists, for its consideration;
- present a final draft policy to management for endorsement;
- distribute the endorsed policy to all workers and people at the workplace; and
- where practicable, ensure the policy is readily available, for example on the company noticeboard or intranet.

As there may be some disagreement about the significance of the effect of alcohol and other drugs on safety, consultation and input from all at the workplace may assist with acceptance of a policy, especially one that includes some element of drug testing.

### iii) Ensure there is clear communication and provision of information throughout the development stage

To introduce a new policy successfully, it may be necessary to take steps to overcome anxiety among workers. Throughout development, employers should convey the message that the business values its workers and is committed to responding responsibly to the issue of alcohol and other drugs and ensuring safety. Management should also be seen to actively promote and reinforce such a policy both initially and on an ongoing basis. The policy should clearly explain why an alcohol and other drug policy will benefit the workplace.

Employers should point out that, while not responsible for the private lives of their workers, they carry the primary responsibility for safety at work through creating and maintaining a safe working environment. The impact of unsafe behaviour caused by alcohol and other drugs should be emphasised in communications about the policy.

The concept of regulating alcohol and other drug use may challenge some attitudes and existing practices of workers and employers. Focusing on creating and maintaining a safe working environment may help to overcome some of these barriers.

#### Content of a workplace alcohol and other drugs policy

The content of the alcohol and other drugs policy should be based on the identification of hazards and assessment of workplace risks and the strategies to address them (see previous sections).

Much of the content will depend on the perceived extent of alcohol and other drug use, assessment of the associated risks and the individual requirements of the workplace. For example, some workplaces may require an alcohol and other drugs policy whereas others may only require a policy on other drugs.

The policy could be incorporated into an existing occupational safety and health policy framework. For example, it may be appropriate to have a policy that deals with impairment from a wide range of sources, including fatigue.

As with any occupational safety and health policy, an alcohol and other drugs policy and its supporting procedures should be simple and easily understood.

#### An effective policy should include information on the following areas:

- **rationale** — the policy should include an explanation about why it is being implemented, with an emphasis on the safety and health of all workers and that alcohol and other drug usage can affect all at the workplace not just those who partake;
- **aims and objectives** — the policy should aim to prevent safety and health issues arising in relation to alcohol and other drugs use, while also addressing the response to occurrences of usage and rehabilitation. The objective could be, for example, fostering and maintaining a safe working environment. The expected outcomes and standards arising from the policy should also be clear;
- **scope** — the application of the policy and its supporting procedures should be outlined. It should be clear that every person, including employers, directors, consultants and workers, as well as visitors, clients, customers and contractors entering the workplace, are covered. People at the workplace need to be assured that there will be no discrimination in the way they are treated under the policy and its supporting procedures;

- **workplace specific content and details** — the policy should be specific to each workplace and an individual document, not one just copied from elsewhere. Taking into account workplace specific risks and hazards, it should include:
  - specific controls and strategies in place to address issues arising from alcohol and/or other drug usage. If considering implementing drug testing, full consideration should be given to relevant factors (see section 4); and
  - contact organisations for further information or assistance (see Appendices 1 and 2); and
- **infringement of the policy** — it is important to ensure that all people at the workplace have a clear understanding of what constitutes an ‘infringement’ in relation to alcohol and other drugs use. A written policy is a good opportunity for clear direction to be given about acceptable and unacceptable behaviour in relation to alcohol and other drugs.

The policy also provides the means to state clearly what happens on the first, second and third infringement, if more than one infringement is possible. This should be determined in consultation with workers and safety and health representatives, where they exist, through workplace consultative processes. The policy may include provisions to ensure compliance.

The policy should also identify complaint and grievance procedures, including processes for review of breaches. Employers and workers should keep confidential the proceedings of any complaint and grievance procedure.

### 2.3.2 Supporting procedures

The supporting procedures may address all or some of the following matters.

#### i) Identification of a worker impaired by alcohol and/or other drugs

The procedures for identifying workers apparently impaired by alcohol and/or other drugs should be clearly specified. Unless such procedures are clear, complications and uncertainty will almost certainly arise.

It may be appropriate to include information that assists workers to identify and appropriately respond to hazardous behaviour by co-workers. Section 4 provides further guidance on identification of workers apparently impaired by alcohol and/or other drugs. However, it should be noted that identification of a worker impaired by alcohol and/or other drugs is often much more complex than it first appears.

#### ii) Dealing with a worker impaired by alcohol and/or other drugs

The procedures for managing a worker apparently impaired by alcohol and/or other drugs at the workplace should be outlined. It should be made clear to all at the workplace that if any worker at a workplace appears to be impaired by alcohol and/or other drugs, the procedures should be followed.

The procedures should provide that, if any worker has doubts about a co-worker's ability to work safely, the safety concern should be reported to a person nominated in the policy.

When developing a procedure for dealing with people impaired by alcohol and/or other drugs, it should be borne in mind that factors other than alcohol and/or drug use may cause or impact on impairment. All workers should therefore be encouraged to discuss observed changes in a non-confrontational way, making clear statements about actual behaviours that have been noted and the reason for concern, rather than confronting the co-worker with an accusation of alcohol and/or drug use, which may be incorrect.

Where possible, only trained people, nominated in the policy or procedures, should be the ones to approach a worker apparently impaired by alcohol and/or other drugs. A suitable person may include a staff counsellor, for example. If the impaired person is aggressive or appears unpredictable, more than one person should be involved in the initial approach, which should be quietly assertive, not aggressive, argumentative or threatening.

An outline of procedures for dealing with a worker impaired by alcohol and/or other drugs is provided in section 4.

### **iii) Information, education and training seminars**

It is important the supporting procedures establish a system that ensures everyone at the workplace is aware of the existence and contents of the policy and supporting procedures. Copies of these documents should be readily available at the workplace and widely publicised.

It is also important that ongoing information, education and training are provided and it is clear to all that management actively supports the policy and the procedures.

A system for providing information to people at the workplace on alcohol and other drugs should be included as a preventative strategy. A range of material is available from the organisations identified in Appendix 1.

It may be appropriate for information and training sessions on the workplace alcohol and other drugs policy to be provided for workers in the supporting procedures. Employers, supervisors and other nominated workers also need to be fully aware of the contents so they can advise and answer questions about their operation. See section 3 for issues to cover in workplace training.

### **iv) Workplace induction**

The supporting procedures should address workplace induction to ensure new workers are made aware of and understand the policy and procedures in relation to alcohol and other drugs.

### **v) Confidentiality**

Procedures dealing with confidentiality and protection of privacy should be included in the supporting procedures.

### **vi) Rehabilitation, counselling and EAPs**

If employee assistance programs (EAPs) and other rehabilitation options are available, workers should be made aware of them. It may also be appropriate to include a means of referral to these services that supports the policy.

The workplace's approach to referral should be clearly communicated. For example, some workplaces support rehabilitation if the worker refers himself voluntarily, but will not support rehabilitation in other circumstances.

The details of access to rehabilitation should also be clearly communicated.

### vii) Evaluation

It is important to evaluate any workplace alcohol and other drugs policy after implementation. The supporting procedures may provide a mechanism, including a time-frame and criteria, for such an evaluation.

### viii) Testing for alcohol and other drugs

If a workplace is considering alcohol and drug testing, it needs to consider the strengths and limitations of such an approach, the costs and the potential unintended consequences, as well as the potential benefits. Full consideration should be given to all relevant factors.

If alcohol or other drugs testing is introduced, then:

- written procedures for testing and an implementation timetable need to be included in the supporting procedures;
- procedures for managing a worker testing positive from the presence of a drug at a workplace need to be developed through a consultative process and communicated to everyone at the workplace; and
- the follow up action and outcomes from positive drug tests should be made clear in the supporting procedures.

More information on alcohol and other drugs testing at the workplace is included in section 4.

### ix) Other people at the workplace

It may be appropriate to include supporting procedures dealing with the situation where customers, clients or visitors enter the workplace apparently impaired by alcohol and/or other drugs. In some workplaces, there may be a greater risk of this occurring.

The supporting procedures should provide for management of such a potential hazard through specifying safety precautions and procedures that will minimise the risk of problems.

See also the Commission's *Violence, aggression and bullying at work: A code of practice for prevention and management* and MIAC's *Prevention and management of violence, aggression and bullying at work – code of practice* published by Resources Safety.

### x) Work sponsored functions

Any form of alcohol use at the workplace can cause risks. If some work functions include access to alcohol, it may be advisable to include in the supporting procedures a section outlining the organisation's policy on consumption of alcohol at work sponsored functions, for example where it may be provided or available for entertainment. Alternatively, a separate policy or set of procedures dealing with work-sponsored functions may be developed.

Whichever mechanism is used, the document should clearly outline the employer's expectations of appropriate behaviour in relation to the consumption of alcohol.

There are also a number of steps that can be taken by management to minimise the risk of alcohol and other drugs related problems at these functions, for example:

- communicating the responsibility of workers for safe behaviour at the workplace and expectations about low risk alcohol consumption;
- providing non-alcoholic drinks and low alcohol beverages and substantial food and, for example, having them in a location that is more readily accessible than that for alcoholic beverages;

- in the event someone becomes intoxicated, ensuring that they get home safely by following normal procedures for managing intoxicated workers;
- ensuring workplace social activities do not centre around alcohol such as hosting family friendly functions during the day as an alternative to evening functions; and
- encouraging workers to organise alternative transport prior to any function where alcohol is available, to minimise the risk of them driving under the influence of alcohol.

### 3. Information, education and training at the workplace

One important strategy for preventing problems is to provide information, education and training to all people at the workplace about the effects of alcohol and other drugs and their risks to safety and health, and the alcohol and other drugs policy and supporting procedures if developed.

Providing information about alcohol and other drugs also contributes towards developing a workplace culture where workers are aware of the potential risks to safety and health and are prepared to encourage each other to work safely.

For sources of information:

- see Appendix 3 for information on alcohol and other drugs and Appendix 1 for organisations to contact, in particular the Alcohol and Drug Information Service; and
- see Appendix 2 for places where information, treatment and referral may be obtained.

Education may also be presented in the form of posters, leaflets, general health information, meetings, newsletters or magazines, or through safety and health or medical personnel.

Workers should make themselves aware of any assistance available at the workplace or of support offered by external agencies. If a worker believes their safety or health is impaired by alcohol and/or other drugs, the worker should seek assistance through recognised treatment.

Holding information sessions on the operation of any alcohol and other drugs policy provides a useful forum for people at the workplace to familiarise themselves with and have queries answered about alcohol and other drugs related safety and health issues.

Information and education are key parts of any alcohol and other drugs policy and, to be effective, they should be clearly and transparently supported by management.

Issues to consider addressing in training programs include:

- why there is a workplace alcohol and other drugs policy and supporting procedures and the rationale for their implementation;
- how the workplace policy defines acceptable and unacceptable behaviour in relation to alcohol and other drug use;
- the effects of alcohol and other drugs on safety and health and work performance. In some instances, this might include the impact of late night drinking and/or drug taking (see the information in Appendix 3 or contact one of the organisations listed in Appendix 1, in particular the Alcohol and Drug Information Service);
- specific safety and health hazards and risks that could arise at the particular workplace (see sections 2.1 and 2.2);
- relevant occupational safety and health and other legislation regarding drug use (see section 1);
- an outline of workers' responsibility to ensure their own safety and health at work and not affect that of others at the workplace (see section 1.1);
- what will happen if certain situations arise in relation to alcohol and other drugs usage, for example dealing with a worker impaired by alcohol and/or other drugs;

- workplace procedures for referral of workers to internal and external services;
- where assistance may be obtained at the workplace or from external agencies, if there is an alcohol and/or other drugs problem; and
- training of supervisors, managers at all levels and elected safety and health representatives, where they exist, as all have a role in preventing alcohol and other drugs safety and health problems and implementing policies and supporting procedures. An issue to consider is training these people on how to enforce the alcohol and other drugs policy while ensuring their own safety.

See also the guidance in the next section on training people who will be required to do the identification.

## 4. Identification of impairment to work safely

The means by which people who are apparently impaired by alcohol and/or other drugs at the workplace will be identified needs to be determined at the policy development stage, with details outlined in supporting procedures.

Under the OSH Act and MSI Act, people at the workplace are expected to be able to carry out their work without risking the safety and health of themselves or others. It is therefore important that any identification addresses whether a worker's ability to work safely is impaired. It is the 'impairment' itself that is the key concern for safety and health, as that is what is hazardous, from whichever cause.

Potential difficulties should be considered when identification strategies are being formulated. When assessing 'impairment' of a worker, the possibility of impairment through other causes, such as fatigue or stress, should be borne in mind.

Appendix 3 provides further information on the effects of a range of substances on the ability to work safely. However, it should be noted that the overall aim is to eliminate or reduce risks. That is, impairment is the key and this should not be lost sight of while trying to identify substances and/or substance use.

There are a number of ways that people who are adversely impaired by alcohol and/or other drugs may be identified. The following steps may assist in developing an identification process.

### i) Criteria for identification

Criteria should be formulated that clearly set out the factors that will be considered when workers who appear to be impaired by alcohol and/or other drugs are identified. It is essential that the criteria are developed in consultation with all workers, safety and health representatives, where they exist, and management. Expert assistance may be required to formulate the identification process.

*See the Commission and MIAC's Code of practice: Working hours for fatigue management.*

**ii) Identifying impairment**

Identifying people impaired by alcohol and/or other drugs is a complex process. The question as to who will identify an impaired worker must be clear in the policy or supporting procedures. The emphasis is on identifying someone who is impaired, not diagnosing the impairment; such matters are for trained professionals.

***Training***

It is important that the designated people, such as health and safety staff, medical and paramedical staff, who will be required to approach workers, are properly trained in identification and the use of the most effective style of approach.

It is also important that supervisors and managers are trained in recognising and appropriately assisting workers with 'fitness for work' problems that may impact on work performance or safety. However, unless adequately trained, supervisors and managers should identify work performance and safety issues, not diagnose why someone's performance may be impaired.

It may be advisable to seek a range of independent expert assistance. The organisations set out in Appendix 1 should be referred to for further assistance.

**iii) Procedures for dealing with alcohol and/or other drugs impaired people**

It is not possible to clearly identify if a person is intoxicated by alcohol and/or other drugs purely on observation. Therefore, it is important that the emphasis is on feedback about observed behaviours that have caused concern at the workplace. Making 'accusations' of alcohol and/or other drugs use should be avoided.

When dealing with apparently impaired workers at the workplace:

- avoid using terms such as 'You're drunk';
- be brief, firm and calm. Use their name. If necessary, repeat your message, such as 'I am instructing you to stop work for the day. Arrangements will be made for you to go home';
- do not argue or debate, simply repeat your message; and
- make arrangements to ensure they get home safely.

If the apparently impaired worker refuses to cooperate, possible steps to implement include:

- contacting a person specified in the workplace alcohol and other drugs policy and/or supporting procedures. This may include a union representative, the employer or another person specified;
- assessing risks; and
- either evacuating all surrounding people at risk from the location of the impaired worker or isolating the impaired worker.

After the incident and when the employee has returned to the workplace not impaired by alcohol and/or other drugs, an investigation should be instigated. This should be based on the alcohol and other drugs policy and its supporting procedures, for example it could involve the site manager or safety staff and appropriate processes. It may also include:

- according to the situation, arranging for sick leave, special leave or arrangement for sickness benefits advice;
- making clear to the employee the policy regarding further incidents; and
- providing information and advice about alcohol and/or other drugs abuse, assessment and counselling.

Should further incidents occur involving the same employee impaired by alcohol and/or other drugs, possible steps include:

- repeating the above procedure;
- following the disciplinary procedure outlined in the alcohol and other drug policy or other workplace procedures;
- keeping all relevant parties informed; and
- encouraging them to seek information, counselling and treatment, if appropriate.

#### **iv) Self-assessment by workers**

The alcohol and other drugs policy should state that workers are not to present themselves for work, if they have recently consumed alcohol or other drugs, as these can affect the ability to work safely. The policy should also state that workers should not remain at the workplace if they become impaired by alcohol and/or other drugs.

The chances of a worker recognising that they are impaired will be improved if they are informed and educated about the effects of alcohol and other drugs on their ability to work safely.

Simple self-assessment may also be useful in assisting people to assess their own problems and attitudes. These tools could be developed by the workplace or obtained from services available in the community.

Such self-assessment tools can also have a positive impact on behaviour. For example, some employers have provided the opportunity for workers to self-test for alcohol by providing access to breathalysers. Someone who identifies that she or he is impaired then voluntarily takes leave, such as sick leave or unpaid leave. The usual procedures for such leave apply.

Education, training and healthy lifestyle programs can also have a positive impact on behaviour and educate workers about the safety and health risks of alcohol and other drugs.

#### **v) Testing for illicit drugs and impairment**

Employers have a general 'duty of care' to provide a safe workplace free from hazards under the OSH Act and MSI Act. It allows flexibility for employers and workers to agree upon an alcohol and other drugs policy for their workplace. Some employers have interpreted their 'duty of care' obligations to provide a safe working environment to require alcohol and/or drug testing of workers.

There are no provisions in the OSH Act or MSI Act that require alcohol and/or drug testing. Employers therefore have a choice as to whether to test, if risk assessments show particular risks in this regard. However, employers should bear in mind that:

- industries may have industry-specific legislation or codes that deal with alcohol and/or other drugs at the workplace and these should be referred to; and
- drug testing is a contentious area and has limitations.

When considering whether to introduce testing for illicit drugs, employers should ensure that the nature of the policies and programs is appropriate to the level of risk at the workplace by carrying out a risk assessment.

Even if a risk assessment suggests a level of risk, employers should consider the following points:

- drug testing does not measure impairment. It only detects whether somebody has been exposed to drugs, for example:
  - saliva testing measures the presence of a drug, not how much has been consumed or how intoxicated a person is;
  - urine testing usually measures the presence of metabolites of drug use; and
  - breath testing for alcohol measures the direct presence of alcohol and is a reliable indicator of level of intoxication.

Except for alcohol testing, a positive drug test is not directly related to impairment nor does it provide a reliable indicator of impairment. Current testing techniques do not disclose the quantity of drug consumed, exactly when consumed or the level of impairment resulting from the drug consumption.

- saliva testing, which does measure the presence of a drug and can show recent usage, is in its early stages of development and there has been limited independent testing or review of it carried out to date;
- there is the possibility of inaccurate results and false positives in drug testing. Other issues relate to insufficient integrity of the testing process and the interpretation of results. Drug testing has limits and therefore may be subject to legal challenge. Testing procedures should comply with quality assurance, ie Australian standards, and for initial positives there should be a confirmation test by a quality assured individual or organisation;
- the evidence is inconclusive about whether drug testing improves safety at the workplace;
- if it is intended to introduce drug testing, the general consensus is that it should only be introduced as a part of a comprehensive health and safety program and all parties at the workplace should be consulted; and
- there is a range of other issues associated with testing for illicit drugs including confidentiality and workers' concerns about privacy.

Impairment testing, also known as 'fitness for work' or 'fitness for duty testing systems', measure actual impairment rather than the existence of drugs or drug by-products in the system. Tests vary and can include the use of testing of reaction times on a computer and eye reaction to light. Although it may become a viable alternative to drug testing, the evidence as to its effectiveness is still limited. Some employers in Australia are already using impairment testing as an alternative to or in conjunction with alcohol and other drug testing at the workplace. As with drug testing, such testing has limits and should always be carried out as part of comprehensive alcohol and other drugs policy at a workplace.

If after careful consideration a workplace decides to introduce drug testing:

- it should form part of a comprehensive drug and alcohol program, for example including a policy, education and rehabilitation or counselling, which in turn are part of a general safety and health program. The rationale for drug testing should be clearly stated and communicated. Workers should be informed of relevant workplace processes at the time of taking a drug test;
- if a worker refuses to be tested, it cannot be assumed that the worker is therefore intoxicated. Procedures should be developed to address what should happen if this scenario arises;
- issues relating to confidentiality and concerns about privacy need to be dealt with prior to implementation; and

- appropriate safeguards need to be put in place including:
  - ensuring the policy is written in simple and clear language and is regularly communicated to all staff;
  - ensuring that cut-off points for a positive result are selected and clear;
  - stating the types of drug testing, for example pre-employment, after probation, after accident, random or voluntary;
  - ensuring there is no discrimination in the selection of workers for testing;
  - ensuring that an initial positive from a screening test is subjected to a confirmation test by a quality assured individual or organisation. Employers may need to be familiar with Australian New Zealand Standard *AS/NZS 4308 Procedures for the collection, detection and quantification of drugs of abuse in urine* and/or Australian Standard *AS 4760 Procedures for specimen collection and the detection and quantification of drugs in oral fluid*, which outline the recommended practice for the collection, detection and quantification of drugs of abuse in urine and saliva;
  - ensuring there is well defined procedure indicating to whom the final result will be communicated;
  - ensuring that confidentiality is protected and the procedure identifies who will have access to the results, who will interpret them, how the results will be stored and for how long; and
  - ensuring that there is a grievance and complaints process included in the procedure, including accepted procedures to challenge the outcome of a drug test.

If testing is introduced, written procedures on workplace testing, covering the above issues, need to be in place and independent expert guidance should be sought. See Appendix 1 for contact details of relevant organisations.

#### vi) Testing for alcohol

When considering the introduction of alcohol testing, employers should ensure they adopt the least invasive means of testing. Breathalysers, for example, use less invasive processes than other tests and eliminate the need for chain of custody considerations, as the worker and person testing are both present during the process. Breathalysers may also provide a more cost effective solution than other testing options.

Procedures for identification should be clearly spelled out in the workplace alcohol and other drugs policy and the supporting procedures, and made clear to all people at the workplace. Section 2.3.1 provides guidance in developing a policy.

The chosen cut-off point needs to be clearly indicated in the policy and communicated. Different companies use different cut-off points and may vary them for specific jobs. For example, some companies use a cut-off point of 0.05mg% for general staff, but a cut-off point of 0.0mg%-0.02mg% for some safety sensitive or designated jobs.

If a policy does not exist, written procedures should be in place that assist in identifying workers whose performance is impaired.

If an employer uses, or intends to use a breathalyser, they should seek independent advice before purchasing. Breathalysers should be reliable and accurate. To maintain accuracy, they need to be regularly calibrated, following manufacturer's guidelines.

**vii) Safeguards in relation to use of medications**

Another issue that may be addressed is the management of workers impaired by medication, including prescription and over-the-counter (non-prescription) medication such as cough medicines purchased at a pharmacy.

This issue may be addressed in the policy on alcohol and other drugs or could be considered separately.

A number of steps may be taken to minimise the risk of injury or harm caused by medication use:

- if a worker's ability to work safely may be impaired as a result of medication, the worker should inform the employer, supervisor or, where they exist, their safety and health representative of the effects of the medication. It is not necessary for the worker to disclose the illness for which they are taking medication;
- it may also be appropriate for the worker to provide some means of verification as to the side-effects of the medication, such as a medical certificate, especially if medication is to be taken over an extended period of time;
- it should also be noted that, where a company nurse or doctor issues medication at work, including non-prescription, the potential impairment resulting from either the injury or illness or the medication must be assessed when determining if that worker should be returned to usual duties at that time;
- if a worker can perform their usual work duties safely, depending on the situation, an appropriate person should be assigned the task of monitoring their safety performance; and
- if a worker is unable to perform their usual work tasks safely, the worker should not be assigned them. Where practicable, a worker should be given reasonable alternative work until consumption of the medication ceases.

**5. Rehabilitation and employee assistance programs (EAPs)**

As part of addressing alcohol and other drugs issues at the workplace, an employer may wish to provide for the introduction of a confidential rehabilitation program or EAP. An EAP can be defined as a coordinated group of strategies designed to encourage workers to seek professional, confidential counselling for personal problems that may significantly affect their work performance, safety or health.

An EAP provides assistance to workers on a range of problems including those involving alcohol and other drugs. An EAP also provides assistance for other personal problems unrelated to health.

If a workplace uses a rehabilitation program or EAP, the alcohol and other drugs policy or its supporting procedures should outline the means and conditions of referral. Some employers will only provide a referral if a worker voluntarily refers. Whereas some employers allow use of sick leave and annual leave, others allow use of leave without pay and insist on a thorough medical before return to duties. Some employers will not return workers to certain designated duties.

It is important that referrals to a rehabilitation program or EAP for alcohol and/or other drug use issues are related to concerns about safe job performance, rather than attempts to identify symptoms of alcoholism or drug abuse.

In smaller workplaces, establishing an EAP may not be appropriate. However, it is recommended that workers with alcohol and/or other drug problems are referred for professional help. If an EAP is not available, the employer may wish to provide information about general assistance available in the community – see, for example, the places listed in Appendix 2. It may also be necessary for workers experiencing problems to seek medical advice.

## Appendix 1 Further information

<b>Alcohol and Drug Information Service (ADIS)</b>	<i>Confidential 24 hour service</i> Tel: (08) 9442 5000 Country (toll free): 1800 198 024 <a href="http://www.dao.health.wa.gov.au">www.dao.health.wa.gov.au</a>
<b>Drug and Alcohol Office</b>	7 Field Street MT LAWLEY WA 6050 Tel: (08) 9370 0333 Fax: (08) 9272 6605 Email: <a href="mailto:DAO@health.wa.gov.au">DAO@health.wa.gov.au</a> <a href="http://www.dao.health.wa.gov.au">www.dao.health.wa.gov.au</a>
<b>Western Australian Network of Alcohol and Other Drug Agencies (WANADA)</b>	City West Lotteries House 2 Delhi Street WEST PERTH WA 6005 Tel: (08) 9420 7236 Fax: (08) 9486 7988 Email: <a href="mailto:drugpeak@wanada.rog.au">drugpeak@wanada.rog.au</a> <a href="http://www.wanada.org.au">www.wanada.org.au</a>
<b>Your relevant employer association or union</b>	
<b>The Chamber of Minerals and Energy of Western Australia</b>	Level 7, 12 St George's Terrace PERTH WA 6000 Tel: (08) 9325 2955 Fax: (08) 9221 3701 Email: <a href="mailto:chamber@cmewa.com">chamber@cmewa.com</a> <a href="http://www.cmewa.com">www.cmewa.com</a>
<b>Chamber of Commerce and Industry of Western Australia</b>	180 Hay Street EAST PERTH WA 6004 Tel: (08) 9365 7415 Fax: (08) 9365 7500 E-mail: <a href="mailto:osh@cciwa.com">osh@cciwa.com</a> <a href="http://www.cciwa.com">www.cciwa.com</a>
<b>UnionsWA</b>	4th floor, 79 Stirling Street PERTH WA 6000 Tel: (08) 9328 7877 Fax: (08) 9328 8132 Email: <a href="mailto:unionswa@tlcwa.org.au">unionswa@tlcwa.org.au</a> <a href="http://www.unionswa.com.au">www.unionswa.com.au</a>
<b>Department of Consumer and Employment Protection</b>	
<b>Resources Safety Division</b>	303 Sevenoaks Street CANNINGTON WA 6017 Tel: (08) 9358 8002 Fax: (08) 9358 8000 Email: <a href="mailto:resourcessafety@docep.wa.gov.au">resourcessafety@docep.wa.gov.au</a> <a href="http://www.docep.wa.gov.au/ResourcesSafety">www.docep.wa.gov.au/ResourcesSafety</a>
<b>WorkSafe Division</b>	1260 Hay Street WEST PERTH WA 6005 Tel: 1300 307 877 Email: <a href="mailto:safety@docep.wa.gov.au">safety@docep.wa.gov.au</a> <a href="http://www.worksafe.wa.gov.au">www.worksafe.wa.gov.au</a>

## Appendix 2 Where to go for help

### Telephone information services - access to a counsellor

For a confidential, non-judgmental conversation with a professional, experienced, drug and alcohol counsellor, call:

- the Alcohol and Drug Information Service on 9442 5000. Country callers can telephone 1800 198 024; or
- the Parent Drug Information Service on 9442 5050. Country callers can telephone 1800 653 203.

### Drug and Alcohol Centres

There are three Drug and Alcohol Centres in Perth, providing:

- the community with access to clinical treatment, information and referral for people with alcohol and other drug problems;
- outpatient services and treatment; and
- clinical services including:
  - assessment for clients wishing to access the service;
  - youth services at the East Perth centre, which provide specialist services for young people and their families – see contact details below;
  - and an adult residential withdrawal service at the East Perth centre – see contact details below.

The Drug and Alcohol Centres' services are free and centres are located at:

- for the inner city and east metropolitan area
  - the East Metropolitan Drug and Alcohol Centre at 32 Moore Street, East Perth – telephone 9219 1919;
- for the south metropolitan area
  - the South Metropolitan Community Drug Service  
Fremantle – 22 Queen Street, Fremantle – telephone 9430 5966;  
Rockingham – Unit 3 3 Goddard Street, Rockingham – telephone 9529 2500; and  
Mandurah – 22B Tuckey Street, Mandurah – telephone 9581 4010; and
- for the north metropolitan area
  - the North Metropolitan Drug and Alcohol Centre at Unit 3, 26 Dugdale Street, Warwick – telephone 9246 6767.

See also [www.dao.health.wa.gov.au](http://www.dao.health.wa.gov.au) (search under services).

### Other services available in Western Australia

For a comprehensive guide to the help available in Western Australia, see the Directory of Alcohol & Other Drugs Services in Western Australia. This lists a range of services that can provide access to information, counselling, support, advice and referral. It can be found at [www.dao.wa.gov.au](http://www.dao.wa.gov.au) (search under services).

## Appendix 3 Information on alcohol and other drugs

It is essential that all people at the workplace are aware that alcohol and other drugs may impact on their ability to work safely and may affect the safety of others.

Workers can only take 'reasonable care' when they understand the effects of alcohol and other drugs and the safety and health risks that could arise. Therefore, where there may be risks arising from alcohol and/or other drugs usage, employers must provide information, instruction and training in relation to safety and health at the workplace, as with other hazards and risks. Similarly, workers should inform themselves of the effects of alcohol and other drugs on their ability to work safely.

### 1. Alcohol

Alcohol is the most commonly used drug in Australia. Alcohol is a depressant drug that slows brain activity responses and impairs co-ordination.

The effects of alcohol vary according to:

- gender;
- body size and weight;
- state of health;
- development of tolerance and dependence;
- the amount and strength of alcohol and the way it is consumed;
- the presence of food in the stomach when drinking;
- environmental and psychological factors; and
- whether alcohol is used with other drugs or substances.

Alcohol consumption may impair work performance. 'Hangovers' from alcohol may also decrease work performance, increase hazards or increase time off work. That is, somebody may be impaired, even with a zero blood alcohol level.

A raised blood alcohol level while at work may increase the likelihood of incidents. Alcohol consumption can lead to:

- delayed reaction time;
- impaired coordination, memory and other cognitive functions; and
- decreased ability to concentrate and communicate.

In some cases, alcohol consumption may lead to an increased likelihood of violent or aggressive behaviour.

Regular heavy consumption of alcohol can lead to a range of psychological, social and medical problems, and is associated with poor work performance and attendance. Alcohol dependence is also likely to lead to deterioration of skills and interpersonal difficulties.

## 2. Cannabis

Marijuana consists of dried flowers and leaves of the cannabis plant and may be smoked or eaten in food. It is the most commonly used illicit drug in Australia. Marijuana is also known as 'grass', 'mull', 'weed', 'dope' and 'ganja'. Marijuana, hashish and hashish oil come from this plant.

Tetrahydrocannabinol (THC) is the major psychoactive compound that gives the user a 'high' and affects the mood and perception of the user. Hashish is made from the resin of the cannabis plant. Hashish is stronger than marijuana and is usually mixed with tobacco for smoking.

Hashish oil is a liquid extract and is the most potent cannabis product. It is usually added to 'joints' (cigarettes) or cooked in food and eaten.

As with alcohol, the effects of cannabis will vary from person to person depending on:

- individual weight and height, general health, mental health and vulnerability to mental health problems and mood;
- the way in which the cannabis is taken or ingested;
- the amount or concentration of cannabis taken;
- whether the drug is mixed with other drugs; and
- the experience and regularity of use.

Cannabis use promotes a feeling of well being and relaxation in the majority of users. Somebody impaired by cannabis may exhibit:

- signs of tiredness;
- difficulty in concentration;
- lack of interest;
- poor coordination;
- confusion;
- clumsiness;
- glazed eyes;
- impaired judgement; and
- slowed reaction times.

Cannabis consumption may lead to psychological dependence and paranoia.

When mixed with alcohol, there is an increased risk of accidents.

Somebody who is vulnerable to mental health problems is at increased risk of experiencing mental health problems if they use cannabis.

Cannabis use can cause respiratory problems and make pre-existing problems worse.

### 3. Opioids

The following drugs are opioids:

- opium (illegal);
- morphine (on prescription or illegally obtained);
- heroin (illegal, also known as 'smack', 'skag', 'hammer', 'h', 'gear', 'slow' and 'horse');
- pethidine (on prescription or illegally obtained);
- methadone (on prescription or illegally obtained); and
- codeine (on prescription or illegally obtained).

These types of drugs relieve pain and use produces a feeling of euphoria and well being. However, users can develop a tolerance and dependence very quickly. If large amounts of opiates are consumed, adverse physical effects include nausea, vomiting, constipation, drowsiness, reduced vision and respiratory depression. Overdose can be fatal. Other effects include poor appetite, lack of emotion, apathy and indifference.

People who are dependent on opioids will spend more and more time and energy acquiring drugs and, consequently, less time on other behaviours, such as those related to work, family and recreation.

If somebody is injecting drugs, and sharing needles and/or injecting equipment, there is an increased risk of blood borne virus, such as HIV and Hepatitis C.

Methadone is used to treat heroin dependant people and is only legal within a treatment program. Methadone maintenance treatment is recognised as an effective method for treating opioid dependence and reducing the harm associated with illegal opioid use. During the early stages of methadone treatment, the ability to drive a car or operate heavy machines may be impaired.

### 4. Stimulants

Stimulants are drugs that elevate the mood and increase wakefulness but may have a variety of negative effects such as agitation, fatigue, convulsions and dependence.

#### Amphetamine type stimulants

Amphetamine type stimulants (ATS) may be obtained illegally or on prescription. They include the various forms of speed, including methamphetamine (ice) and dexamphetamine, which is prescribed for attention deficient hyperactivity disorder (ADHD) but commonly abused.

ATS are known by many names, including 'speed', 'goey', 'fast', 'whizz', 'shabu' and 'ice'.

Use of amphetamines promotes a feeling of well being and energises the user, making sleep difficult. In higher doses, it may result in increased pulse rate and blood pressure, anxiety, confusion, insomnia, loss of appetite and, in some cases, psychosis.

Prolonged methamphetamine use is associated with dependence, extreme paranoia, argumentativeness, loss of appetite and hyperactivity. In severe cases, users may be impaired by hallucinations, delusions or increased likelihood of violent or aggressive behaviour.

ATS use increased in the mid 1990s. This was associated with an increase in ATS-related mental health problems, including anxiety, depression and, sometimes, psychosis.

## MDMA

Ecstasy is the common name for methylenedioxymethamphetamine (MDMA). It is available in tablet, capsule and powder form and usually ingested in tablet form, but can be injected or snorted.

Effects include increased blood pressure. The ability to regulate body temperature is impaired and, in an environment with high temperatures, this can result in increases in body temperature that are life threatening. Other effects include dehydration, nausea and anxiety.

High doses can lead to convulsions and hallucinations. Other drugs such as amphetamines are often used with ecstasy.

Ecstasy is usually used once or twice a week. It is uncommon to find it used more frequently.

## Cocaine

Cocaine hydrochloride is a white powder that is also known as 'coke'. The effects of cocaine are similar to ATS. Consumption of large amounts of cocaine may cause chest pain, a heart attack or psychosis. Regular use can result in cocaine dependence.

## 5. Hallucinogens

Hallucinogens are a group of drugs that can change a person's perception. Hallucinogens include substances such as phenylcyclidine (PCP). The most common hallucinogens available in Western Australia are lysergic acid diethylamide (LSD) and magic mushrooms (containing psilocybin) which grow in the South West but are seasonal. LSD is also known as 'trips' or 'acid'.

Consumption of hallucinogens may lead to illusions and hallucinations, poor perception of time and distance, panic, paranoia, possible drowsiness, hyperactivity, confusion, inability to concentrate, loss of memory and insensitivity to pain and anxiety.

The gross distortions in perception that can occur can place the user at serious risk of injury, accident and sometimes mental health problems, both acute and chronic.

## 6. Volatile substances (solvents and inhalants)

Volatile substances are commonly known as inhalants or solvents. A wide variety of commonly occurring household and industrial products can be inhaled to produce a 'high'. The most commonly used volatile substances are butane gas, chrome, paint thinner, petrol and glues. As with alcohol, volatile substances are classified as a 'central nervous system depressant'.

Deliberate inhalation of solvents, along with unintentional inhalation occurring, for example, when working with solvents, may lead to intoxication and/or impair the ability to work safely. Employers who require workers to work with solvents must consult national exposure standards and conduct risk assessments and address identified risks. Deliberate inhalation should be responded to in the context of this guidance note.

Onset of intoxication can be rapid and severe, with increased risk of injury. Effects are short term, and recovery, like intoxication, is relatively rapid.

Effects include headache, sore eyes, drowsiness, disorientation, double vision, anxiety, dizziness, tiredness, nausea, poor coordination, slowed reaction time and, in higher doses, reduction in muscle strength.

Intentional and unintentional long-term inhalation of solvents may be a serious health hazard. For example, inhaling excessive amounts of toxic substances such as leaded petrol can damage the brain and nervous system, liver, kidneys and bone marrow. Death can, in rare cases, result from arrhythmia (irregular heart beat) or suffocation.

## 7. Medications

Everyone at a workplace should be alert to the fact that some medications prescribed by doctors or available 'over the counter' may affect the ability to work safely. Prescribed and over the counter medications can also be misused for the purposes of intoxication.

### Prescription medication

Workers taking medication should find out how it may affect them by consulting their doctor. During this consultation, they should explain their work duties to the doctor in order to determine if their ability to work safely will be impaired by the medication.

Any directions or warnings on the medication should also be read carefully and followed.

Doctors issuing prescription medication should ask their patients about their work duties when giving advice on the likely side-effects of medication.

Side effects that could affect work performance may include, but are not limited to, drowsiness, being less alert, tiredness, difficulty in concentration, slowed reaction times and decreased physical coordination.

Antihistamines, prescribed or purchased over the counter for allergies or as cold medicine, can cause drowsiness.

### 'Over the counter' medication

Workers should ask their doctor or pharmacist about the short and long term effects of medication and whether or not their ability to perform their work duties safely may be impaired.

Workers should always be alert to the fact that commonly taken medications can cause drowsiness and impair the ability to work safely.

It is also advisable that workers inform their employer and/or relevant occupational safety and health staff regarding any medication they are taking so that the implications for work safety can be assessed. It is not relevant for the employer or anyone else at work to be advised why the worker is taking medications.

## 8. Combining drugs

Combining different drugs may increase the intensity or completely alter the effect of a drug. It is advisable for workers to seek advice from their doctor or pharmacist about any possible side effects arising from mixing drugs.

Combining medication and alcohol may also alter the side-effects of medication and affect a worker's ability to work safely. Sleeping tablets mixed with alcohol, for example, may impair judgment or coordination.

Mixing illicit drugs that depress the central nervous system and alcohol can also increase the risk. For example, combining cannabis and alcohol significantly increases the risk of accidents to higher levels than occurs with either drug alone.

Further information about alcohol and/or other drugs and their effects can be obtained from the Alcohol and Drug Information Service. See Appendix 1 for contact details.

