A handbook for the earth resources industry

Management of alcohol and drugs in mines

Edition 2
June 2017
Introduction

Employees adversely affected by alcohol consumption and drug use (illegal or prescription drugs) can pose a risk to themselves and others in the workplace. This is a recognised health and safety risk in many industries, including earth resources, and can prevent people from functioning within normal boundaries.

By law, a mine operator must protect people at a mine from health and safety risks associated with alcohol consumption or drug use. This guidebook aims to assist mine operators establish a workplace alcohol and drug management strategy so the issue can be dealt with ethically, legally and to the benefit of both the organisation and employee.

This guidebook contains advice about developing strategies to manage alcohol consumption and drug use at a mine during work hours, including information about possible control measures.

This guidebook provides practical guidance to mine operators and workers in earth resources on how to comply with duties under the Occupational Health and Safety Act 2004 (OHS Act) and Occupational Health and Safety Regulations 2017 (OHS Regulations). However, it is not an exhaustive guide or substitute for the detail required by the OHS Act or Regulations.

It outlines how employers may:

- develop a workplace alcohol and drugs management strategy and meet their duties and obligations under the OHS Act and Regulations
- consult with employees in relation to managing the risks associated with alcohol consumption and drug use in the workplace
- conduct a risk assessment that takes into account the risk factors in the workplace commonly associated with alcohol consumption and drug use
- apply control measures, as appropriate, to adequately control the risks
- document details of the assessment and control measures in the mine’s health and safety management plan.

And how employees may:

- participate in the development of a workplace alcohol and drugs management strategy, and meet their duties and obligations under the OHS Act and Regulations
- recognise what is meant by health and safety risks associated with alcohol consumption and drug use
- appreciate what factors – both work and non-work related – may contribute to risks arising from alcohol consumption and drug use
- identify their role in the development of a workplace alcohol and drugs management plan and procedures
- manage their non-work activities to arrive at work in a non-affected state from alcohol and drugs.
Legal requirements

The OHS Regulations place obligations on the operator of a mine in relation to the management of alcohol consumption and drug use. The Regulations deal with specific aspects of alcohol and drugs in mines and should be consulted, together with this guidebook, to achieve compliance. The operator of a mine must develop and implement strategies to protect persons at the mine from any risk to their health or safety arising from the consumption of alcohol or the use of drugs to any person.

Strategies must include the introduction of risk control measures for the presence and use of alcohol and drugs at a mine during working hours. A person is adversely affected by alcohol and/or drugs if the person’s judgment or capacity is impaired to the extent they may expose their own or another person’s health or safety to a risk.

Risk control measures

The operator of a mine must adopt risk control measures that eliminate or reduce, so far as is reasonably practicable, risks to health or safety associated with hazards at the mine. This includes hazards arising from the consumption of alcohol and the use of drugs. These control measures must be reviewed and, if necessary, revised when required.

In eliminating or reducing risks, the operator of a mine must use one or any combination of the following risk control measures:

a. substitute a new activity, procedure, plant, process or substance for that activity which is related to the relevant mining hazard
b. isolate persons from the mining hazard
c. use engineering controls (such as physically changing a workplace).

If a risk to health and safety still remains, the operator must, so far as is reasonably practicable, use administrative controls (such as new procedures and policies).

To ensure appropriate risk control measures are being used, the mine operator must review, and if necessary revise, the:

- identification of mining hazards
- assessment of risks to health and safety associated with mining hazards
- risk control measures adopted.

A review must be done:

- before any mine modification is made and in any event
- after any incident involving a mining hazard occurs at the mine
- in any event, at least once every three years.

A review may also be appropriate:

- after an incident where impairment and/or inappropriate behaviour from alcohol consumption or drug use has occurred
- if the operator has removed or assigned a person alternative work after receiving a health surveillance report that indicates a person has detrimental health effects (note: the operator must notify WorkSafe in writing when this happens)
- after receiving a request from a health and safety representative (HSR).
Legal requirements

Employer responsibilities
The specific recognition of alcohol consumption and drug use as a potential health and safety hazard means it must be managed as part of the OHS responsibilities of the employer. This means:

- ensuring employees are informed of the risks associated with alcohol consumption and drug use and how to control the risks
- ensuring the definition of ‘adversely affected by alcohol and drugs’ is understood through consultation with employees
- ensuring systems of work are structured and managed to minimise the effects and impairment of alcohol and drugs
- ensuring a process through which an employee can inform their supervisor that they or someone else may be in an adverse state following the alcohol consumption or drug use
- ensuring the use of drugs prescribed by a registered medical practitioner are authorised.

Employee responsibilities
Employees, including independent contractors and their employees, must cooperate with the measures in place to control hazards pertaining to alcohol consumption and drug use at a mine. This means an employee must:

- follow the instructions given by the operator in relation to controlling risks associated with alcohol consumption and drug use
- inform their supervisor if they suspect they are in an impaired condition due to alcohol consumption or drug use
- inform their supervisor if they suspect or observe another employee is in an impaired condition due to alcohol consumption or drug use
- not enter or remain at the mine if adversely affected by alcohol or drugs
- not take alcohol into a mine without permission of the operator
- not take drugs into a mine that may adversely affect an employee (regardless of whether a registered medical practitioner has prescribed the drugs and authorised their use at work)
- understand through consultation with the employer what is meant by ‘adversely affected by alcohol and drugs’
- arrange activities outside working hours so they are not in an adverse state from alcohol or drugs when arriving to work.
Consultation

Mine operators must consult with employees and HSRs (if any) when developing and implementing risk controls to health and safety associated with the presence and consumption of alcohol and/or drug use at a mine.

Employers should consult with employees and HSRs:

- when the presence and consumption of alcohol and/or drug use is identified as a hazard or there are indications alcohol or drugs are affecting the health and safety of workers
- when carrying out risk assessments and taking steps to eliminate or control risks
- when developing and implementing educational programs for the control of any risks to health and safety associated with alcohol and drug use
- post-incident or after a 'near-miss' occurs.

It is important to consult employees to establish a common understanding of alcohol consumption and drug use in the workplace and how their presence and use is different from other physical hazards.

Using a risk management approach

Using a risk management approach is a key part of managing alcohol consumption and drug use in the workplace. The table below shows an example of such an approach. Consultation should take place at every step of the process.

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<th>Risk management approach to alcohol consumption and drug use</th>
<th>Getting started</th>
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<tr>
<td><strong>Getting started</strong></td>
<td>1. Establish a joint approach to controlling the risk through consultative forums.</td>
<td>2. Agree on a process that supports effective control, including an education and communication strategy and adequate resources.</td>
<td>7. Implement agreed controls.</td>
<td>8. Evaluate the effectiveness of controls.</td>
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<td><strong>Agreeing how to do it</strong></td>
<td>3. Identify hazards that can cause the use of alcohol and drugs in the workplace.</td>
<td>4. Assess the risk factors.</td>
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<td><strong>Setting it up</strong></td>
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<td>5. Decide how to control the risks associated with the presence and use of alcohol and drugs, ensuring employees are closely involved.</td>
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<td><strong>Making it work</strong></td>
<td></td>
<td>6. Document the control measures in an alcohol and drugs management plan.</td>
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<tr>
<td><strong>Review</strong></td>
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Consult the workforce throughout the process.
Overview of alcohol consumption and drug use

Before developing a plan, it is critical to understand that the hazards associated with alcohol consumption and drug use in mines can be greater than other workplaces due to their nature and type of work.

Both alcohol and drugs have hangover effects that can continue beyond alcohol consumption and drug use. It is important to note that other factors (such as fatigue) may also display hangover effects. Signs that may indicate a person is adversely affected by alcohol or drugs include:

- initial stimulation, euphoria
- loss of inhibition
- impairment of co-ordination, judgement, intellectual capacity and ability to act quickly
- blurred vision
- slurred speech
- hangover-headache, shakiness, nausea and vomiting
- in the longer term, toxic to the brain, liver, heart and stomach.

In some occupations, an employee impaired by alcohol consumption and/or drug use could be more likely to jeopardise the health and safety of others (e.g. drivers or pilots). Specific factors to consider in relation to increased risks of injury or harm by impaired employees include:

- operation of machinery
- work-related driving
- situations where concentration or motor coordination is relied on to carry out a task
- use of hazardous substances
- performing duties as part of a team.

A range of factors, both at the workplace and in employees’ personal lives, can impact on the ability to work safely. Alcohol consumption and drug use may be one of them. Many factors may contribute to the misuse of alcohol and other drugs including:

- unrealistic deadlines and performance targets, or inadequate resources
- lack of participation in any decision making process
- inadequate training and supervisory support
- harassment, bullying or victimisation in the workplace
- access to alcohol and/or drugs at work or a culture tolerating or encouraging alcohol consumption and/or drug use during work hours
- fear of losing job
- conflict with peers or supervisors
- discrimination or prejudice
- peer pressure
- marital or personal relationship problems
- grief or bereavement
- trauma or stress
- health issues or concerns
- gambling or financial problems
- habituation or addiction.

Alcohol consumption and drug use is an occupational health and safety issue if an employee’s ability to exercise judgment, coordination, motor control, concentration and alertness at the workplace is impaired, leading to an increased risk of injury or incidents to himself/herself or others (see the Glossary on page 22 for further information on the possible effects and consequences of alcohol and drugs).

Being adversely affected by alcohol consumption and drug use may damage physical and mental health. Colleagues may be placed in the uncomfortable position of feeling obligated to cover for poor work performance or to dob in a mate.
Overview of alcohol consumption and drug use

Use of medications

The management of employees impaired by prescription or over-the-counter medication may be addressed in the workplace alcohol and drugs management plan or considered separately.

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

- if an employee’s ability to work safely is impaired as a result of medication, their employer, supervisor, HSR should be notified. The employee does not need to disclose their illness
- the employee providing verification of the side-effects of the medication (eg a medical certificate)
- where a company nurse or doctor issues medication at work (including non-prescription), the potential of impairment must be assessed when determining if the employee should return to usual duties
- if an employee can work safely, depending on the situation, a person should be assigned to monitor their safety performance
- if an employee is unable to perform their usual work tasks safely, they should be given reasonable alternative work until the use of medication stops.
Developing a workplace management plan

Employers should develop a workplace management of alcohol and drugs plan with supporting procedures that address specific circumstances at the workplace.

A workplace alcohol and drugs management plan should be a written document that applies to all employees at the workplace. It should be developed by management, employees and an HSR and/or union representative working together. It should also have the total commitment of management. Evidence suggests that workplaces with good employee consultation have good OHS outcomes.

A workplace alcohol and drugs management plan should outline the workplace's aims to eliminate or reduce hazards and risks, so far as reasonably practicable. The supporting procedures should provide strategies and action plans to meet this objective.

There are a number of reasons for workplaces developing a workplace alcohol and drugs management plan. These include:

- the OHS Regulations require strategies be implemented to control any risks to health and safety associated with the presence and use of alcohol and drugs at a mine
- preventing uncertainty when such situations arise – without a clear plan and supporting procedures in place it may be difficult to deal with certain situations when they arise
- demonstrating management commitment to a safe workplace and informing employees and others about acceptable behaviour. Having a plan also provides a means of informing employees and other persons at the workplace about changed behaviours in relation to someone adversely affected by alcohol consumption and drug use
- facilitating peer support – policies that facilitate peer involvement will be useful in encouraging peers to pick up on changes in behaviour of those at the workplace and assist in workplace cultural change.

Steps to develop a workplace alcohol and drugs management plan

1. Establish a specific, representative group to form and implement the plan

The more diverse and encompassing the representative group, the more likely the plan will be viewed as relevant and appropriate. An existing health and safety committee may be utilised or a specific working group formed. Larger companies may establish a steering committee to oversee the development of the plan and the associated implementation program.

2. Develop the plan through consultation with all employees

The plan should be developed through an open, participatory process. Consideration may also be given to consulting employee and employer organisations. Regular consultation and feedback to employees should be adopted to give employees confidence that their views have been considered.

The following table lists steps to consider when consulting employees.

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<thead>
<tr>
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<tr>
<td>Develop procedures and a timetable for implementation of the plan, starting with an education program.</td>
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<td>Develop a preliminary draft plan and have it reviewed by the representative group overseeing its development.</td>
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<td>Seek feedback on a draft plan from all at the workplace who may be affected by its operation. Where appropriate, feedback received should be incorporated into the document.</td>
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<tr>
<td>Present a draft plan to the health and safety committee for consideration.</td>
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<tr>
<td>Formal management endorsement of the final plan.</td>
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<tr>
<td>Distribute endorsed plan to all employees and people at the workplace.</td>
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<tr>
<td>Ensure the plan is readily available (eg on the company notice board or intranet).</td>
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</tbody>
</table>
Consultation and input from employees and HSRs in the development and implementation of strategies to protect against health and safety risks from the consumption of alcohol or use of drugs is required by the Regulations. There is also a duty upon the employer to consult with employees under the OHS Act (see WorkSafe’s Consultation on health and safety – A handbook for workplaces for further information).

3. Ensure there is clear communication and provision of information throughout the development stage

It may be necessary to take steps to overcome anxiety among employees. Employers should point out that, while not responsible for the private lives of their employees, it is the employer who carries the primary responsibility for maintaining a healthy and safe working environment. The impact of unsafe behaviour caused by the consumption of alcohol and the use of drugs should be emphasised when communicating the plan.

Dealing with an employee impaired by alcohol consumption and/or drug use

The approach taken when dealing with an employee whose work performance is affected by alcohol and/or drugs depends on:

- the workplace culture and structure
- the position of the employee
- the personality of the employee
- whether the case relates to long-term harmful use or a ‘one-off’ situation.

Designated persons, who should approach workers who appear to be affected by alcohol and/or drugs, may include managers, supervisors, OHS representatives and fellow workers. They should all be properly trained in the most effective style of approach. Care needs to be taken when making this judgement in case the worker is ill or injured, taking prescribed medication or in some other form of distress, that may account for their behaviour.

The workplace alcohol and drugs management plan should outline a chain of responsibility for approaching an impaired person if initial contact produces a negative or hostile response. When approaching an impaired employee it can be more effective and less confronting to talk about their safety and work performance rather than their alcohol consumption or drug use.

A company Enterprise Bargaining Agreement (EBA) should detail counselling and discipline procedures to be followed.

Information, education and training seminars

It is important that employees are made aware of the plan. Copies should be readily available at the workplace and widely publicised.

It is also important for the employer to provide ongoing information, education and training to show that management actively supports the workplace alcohol and drugs management plan and procedures. Information on alcohol and drugs should be included as a preventative strategy (see Appendix 1).

It may be appropriate for the employer to hold an information and training session on the workplace alcohol and drugs management plan for employees. Employers, supervisors and nominated employees should be aware of the contents of the plan so they can appropriately advise employees and answer questions about the operation of the plan.

Providing information about alcohol consumption and drug use to all employees contributes to the development of a workplace culture where employees are aware of the potential risks to health and safety and encourages them to work safely.

To be effective, it should be clear and transparently supported by management. Training programs should outline:

- the need for a workplace alcohol and drugs management plan and supporting procedures and the rationale for their implementation
- how the workplace alcohol and drugs management plan defines acceptable and unacceptable behaviour in relation to alcohol consumption and drug use
- the effects of alcohol consumption and drug use on health, safety and work performance. This could include the impact of late night drinking and/or drug taking
- health and safety hazards that could arise at the particular workplace
- relevant occupational health and safety laws and obligations and other legislation regarding alcohol consumption and drug use
- an employee’s responsibility to ensure health and safety at work
- how to handle a situation in relation to alcohol consumption and/or drug use
- where assistance can be obtained at the workplace or from external agencies
- workplace procedures for referral of employees to internal and external services
- training supervisors, managers and elected HSRs.
Workplace induction

Supporting procedures should be raised in a workplace induction to ensure new employees are aware of and understand the workplace alcohol and drugs management plan.

Confidentiality

Procedures dealing with confidentiality and protection of privacy should be included in the workplace alcohol and drugs management plan.

Rehabilitation, counselling and employee assistance programs (EAPs)

As part of addressing alcohol and drug issues at the workplace, an employer can introduce a confidential rehabilitation program or an employee assistance program (EAP) – a coordinated group of strategies designed to encourage employees to seek professional, confidential counselling for personal problems that may affect their work performance, health or safety.

If a rehabilitation program or EAP is used, the workplace alcohol and drugs management plan should outline:

- the means and conditions of referral. This must be clearly communicated
- the level of support an employer will provide. Some employers will only provide a referral if an employee voluntarily refers
- the absence from work procedure. Some employers allow use of sick leave and annual leave, while others allow use of leave without pay and insist on a thorough medical before return to duties
- how employees will return to work. Employers may not return employees to some designated duties.

A referral to a rehabilitation program or EAP for alcohol and drug use should relate to concerns about safe job performance, rather than attempts to identify symptoms of alcoholism or drug abuse.

In smaller workplaces, implementing an EAP may not be appropriate, but employees with alcohol and drug problems should be referred for professional help. If an EAP is not available, the employer can provide information about general assistance available in the local community (see Appendix 1). It may also be necessary for employees experiencing problems to seek medical advice. The details of access to rehabilitation should also be clearly communicated in the plan.

Evaluation

It is important to evaluate the workplace alcohol and drugs management plan after implementation. Supporting procedures may provide a time frame and criteria for such an evaluation.

Other people at the workplace

It may be appropriate to include supporting procedures to deal with the situation where customers, clients or visitors enter the workplace impaired by alcohol and drugs. Supporting procedures should specify safety precautions and procedures to minimise the risk of problems.

Work sponsored functions

If work functions include alcohol, include an additional section in the supporting procedures outlining the organisation’s policy on consumption of alcohol at social functions. Alternatively, a separate policy or set of procedures dealing with work-sponsored functions may be developed. 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 drug related problems at functions including:

- communicating the responsibility of employees for safe behaviour at the workplace and expectations about low risk alcohol consumption
- providing non-alcoholic drinks and low alcohol beverages and substantial food
- ensuring an intoxicated employee gets home safely
- ensuring workplace social activities do not centre around alcohol (eg hosting family friendly functions during the day as an alternative to evening functions)
- encouraging employees to arrange alternative transport prior to a function where alcohol is available. This can minimise the risk of employees driving under the influence of alcohol.
Testing for alcohol and/or drugs

If a workplace is considering alcohol and drug testing, consider the strengths and limitations, the costs and potential unintended consequences, as well as the benefits. When considering the introduction of alcohol, illicit drug or impairment testing, employers should ensure workplace policies and programs are appropriate to the level of risk by doing a risk assessment. Ultimately, testing is one of a variety of control measures that can be used and its applicability in the workplace should be considered and agreed upon.

**Note:** The OHS Act and Regulations do not mandate, require or prohibit testing. Some workplaces may require testing as part of their drugs and alcohol management plan and industrial agreements.

If alcohol or drug testing is introduced:

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

Under the OHS Act, employees have a duty to take reasonable care for their own health and safety as well as a duty to take reasonable care for the health and safety of other persons who may be affected by their acts or omissions at the workplace. If a risk to health and safety is identified (through impairment of an employee by alcohol/drugs), it is important to assess whether an employee is still able to work without risks to health and safety.

When formulating identification strategies, potential difficulties should be considered. An employee can be impaired through other causes such as fatigue or stress.

The following steps may assist in developing an identification process.

### Self-assessment by employees

The workplace alcohol and drugs management plan should state that employees must not present themselves for work if they have recently consumed alcohol or used drugs. The plan should also state that employees should not remain at the workplace if they become impaired by alcohol consumption and/or drug use.

A simple self-assessment may be useful in assisting people to assess problems and attitudes. These tools can be developed by the workplace or obtained from other services (see Appendix 1).

Self-assessment tools can also have a positive impact on behaviour (eg providing employees with a breathalyser). An employee who identifies impairment could take voluntarily leave (eg sick leave or unpaid leave).

Education, training and healthy lifestyle programs can also have a positive impact on behaviour and educate employees about the safety and health risks of alcohol consumption and/or drug use.

### Advantages and disadvantages of testing

Testing may be intrusive and raises confidentiality and privacy issues.

If a risk assessment suggests a level of risk from alcohol consumption and/or drug use employers should consider that:

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

Excluding alcohol testing, a positive drug test is not directly related to impairment, nor does it provide a reliable indicator of impairment. Other issues to consider with a drug testing program include:

- current testing techniques do not disclose the quantity of drugs consumed, when consumed or the level of impairment resulting from drug consumption
- saliva testing, which measures the presence of a
Testing for alcohol and/or drugs

Drug and shows recent usage, is in early stages of development with limited independent testing or review
- a 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 can be subject to legal challenge. Testing procedures should comply with quality assurance and for initial positive results, a confirmation test by a quality assured individual or organisation should be obtained
- inconclusive evidence as to whether drug testing improves safety at the workplace
- drug testing should only be introduced as a part of a comprehensive health and safety program and all parties at the workplace should be consulted and aware of the program
- a range of other issues associated with testing for illicit drugs including confidentiality and employees’ concerns about privacy.

Impairment testing

Impairment testing, also referred to as fitness for work or fitness for duty testing systems, measures actual impairment (rather than the presence of alcohol and/or drugs or drug by-products in the system). Tests vary and can include testing reaction times on a computer and eye reaction to light. Although it may be a viable alternative to drug testing, evidence of its effectiveness is limited. Some employers in Australia are using impairment testing as an alternative to, or in conjunction with, alcohol and other drug testing at the workplace. Such testing has limits and should be carried out as part of comprehensive alcohol and drugs management plan at a workplace.

Drug testing

If after careful consideration a workplace decides to introduce drug and/or impairment testing:
- it should form part of a comprehensive alcohol and drug program (eg a policy, education and rehabilitation or counselling program). The rationale for drug testing should be clearly communicated and employees should be informed of relevant workplace processes at the time of taking a drug test
- it should not be assumed the employee is intoxicated if they refuse a test.

Procedures should be developed to address the next step if this arises
- issues relating to confidentiality and concerns about privacy should be dealt with prior to implementation.

Appropriate safeguards include:
- ensuring the policy is written simply in clear language and regularly communicated to all staff
- ensuring cut-off points for a positive result are selected and clear
- stating the types of drug testing (eg pre-employment, after probation, after accident, random or voluntary)
- ensuring there is no discrimination in the selection of employees for testing
- ensuring there are well defined procedures indicating to whom the final result will be communicated
- ensuring 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
- ensuring 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 should be in place and independent expert guidance sought.

Testing for alcohol

Employers should adopt the least invasive means of testing. Breathalysers for example, use less invasive processes and eliminate the need for chain of custody considerations, as the employee 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 clear in the workplace alcohol and drugs management plan and supporting procedures, and made clear to all people at the workplace.

A cut-off point must be indicated in the management plan and communicated (eg some companies use a cut-off point of 0.05mg% for general staff and a cut-off point of 0.0-0.02mg% for safety sensitive or designated jobs).

If a workplace does not have a plan, written procedures should be in place to assist identifying impaired employees.

Independent advice should be sought before using a breathalyser to ensure they are reliable and accurate. To maintain accuracy regularly calibrate breathalysers following manufacturer’s guidelines.
Risks associated with alcohol and drugs

Impaired performance and inappropriate behaviour are the risks from alcohol consumption and drug use in the workplace. The hazard factors that could lead to these risks may include:

- **patterns of alcohol consumption or drug use** – 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 users.

- **type of workplace culture** – there may be a culture at work that encourages or accepts consumption of alcohol and use of drugs at the workplace or socially.

- **availability of alcohol and other drugs** – at some workplaces, employees are more likely to be exposed to usage and the risk of being impaired may increase. In other workplaces, they may be more exposed to the consequences.

- **isolation from family and friends** – employees in isolated/remote areas or separated from family and friends sometimes report they are more likely to consume alcohol and/or 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 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 drug related problems. For example, inadequate supervision and communication about expected roles and behaviour on the job could allow impaired behaviour to continue and consequences of unacceptable behaviour to eventuate.

- **extended working hours or shift work** – illicit drugs, such as amphetamines or prescription medication, may be taken by employees to keep awake if they are working long hours or engaged in shift work.

- **interpersonal factors** – bullying at work may increase risks (see WorkSafe’s *Preventing and responding to bullying at work*).
Assessing alcohol and drug risks

A number of strategies should be adopted to prevent health and safety issues arising from alcohol consumption and drug use at the workplace.

In assessing alcohol and drug risk factors, it is important to recognise many of them will be interrelated and should not be considered in isolation. The risk assessment should place the hazards in order of priority for the implementation of risk control measures.

A generic risk assessment may be completed for similar work groups where the risk factors are the same. However, employers should further consider individual circumstances to ensure that any generic assessment is valid for each employee within each group (e.g. holiday season).

The aim of an alcohol and drugs risk assessment is to eliminate related health and safety risks so far as reasonably practicable. It is also to ensure people adversely affected by alcohol or drugs do not enter or remain at a mine. This can be achieved through adopting a number of approaches.

The varying factors and extent of drug consumption and alcohol use, the nature of the industry and size and resources of the business will determine the controls used.

Assessment of the risk should be tailored to meet the needs of the workplace. Factors to consider when assessing alcohol and drug risks include:

- employees arriving at work in an adversely affected state
- employees arriving and entering at the workplace in an adversely affected state
- employees adversely affected by prescribed and authorised medication.
Controlling alcohol and drug impairment risks

Each workplace should conduct a risk assessment on factors that have the potential to create alcohol and drug-related issues. Implementing and maintaining the control strategies to minimise health and safety risks relating to the presence and use of alcohol and drugs can then follow.

Employer and employee responsibilities should be taken into account when assessing the suggested risk factors and any other factors identified during the risk assessment process. These responsibilities should also be taken into account when implementing control measures.

### Control measures

The following table shows examples of risk controls that focus on the source of the risk and measures they rely on to work effectively.

<table>
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<tr>
<th>Alcohol and drug risk</th>
<th>Examples of risk controls</th>
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| Preventing isolation  | ▪ establishing support networks for new employees that may not have family/friends (eg migrant workers)  
▪ encouraging social interaction outside the workplace (eg sporting clubs or social groups)  
▪ establishing and communicating the existence of employee assistance programs (EAPs)  
▪ providing and promoting educational information about the risks of isolation. |
| Minimising work impact | ▪ eliminating excessive physical demands from an activity  
▪ considering job rotation for repetitive or monotonous work and work that involves physical exertion  
▪ redesigning the activity to include a variety of mental and physical tasks  
▪ utilising rest periods in addition to scheduled meal breaks to reduce the physiological demands of the activity  
▪ eliminating or reducing the need to work extended hours or overtime which may create stress  
▪ eliminating the need to work long shifts or too many consecutive days without a day off  
▪ 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 employees are impaired by alcohol consumption and drug use  
▪ identifying and responding to factors that may contribute to symptoms of stress (eg redesigning jobs)  
▪ ensuring there are adequate resources (eg staff and tools) to do the activity without placing excessive demands on other employees  
▪ reducing time employees spend doing physically and mentally demanding activities. Shift length and rosters should not place employees (including contractors and subcontractors) at risk of fatigue or sleep deprivation that may lead to drug use to stay awake  
▪ identify and address other factors that may impact someone’s alcohol consumption and drug use in the workplace (eg bullying). |
Controlling alcohol and drug impairment risks

<table>
<thead>
<tr>
<th>Alcohol and drug risk</th>
<th>Examples of risk controls</th>
</tr>
</thead>
</table>
| Monitoring for impairment | • responding non-punitively to declarations of possible impairment  
• watching for possible impairment of employees taking authorised and prescribed medication  
• training supervisors to identify changed behaviour (e.g. horseplay or aggressive attitude) and make enquiries about possible impairment from alcohol consumption and drug use  
• considering a testing regime to include invasive and non-invasive means  
• offering self-assessment opportunities for employees to test for possible impairment  
• communicating the policies and procedures on alcohol consumption and drug use, related issues arising and the general expectations for occupational health and safety  
• providing information, education and training to employees including the risks from alcohol consumption and drug use. |
| Support of rehabilitation | • providing information about employee assistance programs and education material available  
• clearly defining voluntary and non-voluntary support for employees seeking rehabilitation  
• managing return to work programs in support of rehabilitation  
• arranging suitable work alternatives during a return to work program. |
| Individual factors outside of work | • for employers: informing employees who are required to work compressed, extended schedules or shift work of the potential for increased levels of stress and educating them on ways they can help to control it  
• for employees: managing out-of-work activities to ensure they are available for work in a non-impaired state as a result of alcohol consumption and drug use  
• where boredom might be a risk factor, providing recreational options (e.g. where employees are isolated from family and friends). |
Monitoring and review

To effectively manage alcohol and drugs in the workplace, procedures must be monitored, evaluated and reviewed. Answering the following questions will assist in driving the monitoring and review activity:

- Have control measures been implemented as planned?
- Are the control measures working?
- Are there any new problems?

In determining the frequency of the monitoring and review processes, consider:

- the level of risk
- the type of work practice, schedule or plant involved
- a regular review of the process for hazard identification, risk assessment and risk control to ensure the risks are effectively managed
- reviewing incidents, near-misses, injuries and any other appropriate data (including staff turnover and absenteeism) to establish if these could attribute to impairment from alcohol consumption and drug use
- further reviewing control measures when methods, tasks, equipment, hazards, operations, procedures, rosters or schedules are introduced or the environment changes or there is any indication that risks are not being controlled.

A program that monitors and reviews the workplace alcohol and drugs management plan and procedures should be established to ensure control strategies are applied and remain valid. Reviews or changes to the plan should be done in conjunction with employees and documented in the health and safety management plan.
<table>
<thead>
<tr>
<th>Drug</th>
<th>Possible effects</th>
<th>Consequence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alcohol</strong></td>
<td>• delayed reaction time</td>
<td>Hangovers can decrease work performance, increase hazards or increase time off work.</td>
</tr>
<tr>
<td></td>
<td>• impaired coordination, memory and other cognitive functions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• decreased ability to concentrate and communicate.</td>
<td></td>
</tr>
<tr>
<td><strong>Cannabis – Marijuana.</strong></td>
<td>• tiredness</td>
<td>Cannabis consumption may lead to psychological dependence and paranoia. When mixed with alcohol, there is an increased risk of incidents.</td>
</tr>
<tr>
<td></td>
<td>• poor coordination</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• glazed eyes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• slow reaction times</td>
<td></td>
</tr>
<tr>
<td><strong>Opioids – Opium, morphine, heroin and pethidine.</strong></td>
<td>• nausea/vomiting</td>
<td>People dependent on opioids spend more time acquiring drugs and less time on other behaviours related to work, family and recreation.</td>
</tr>
<tr>
<td></td>
<td>• drowsiness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• reduced vision</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• poor appetite</td>
<td></td>
</tr>
<tr>
<td><strong>Stimulants – Amphetamine stimulants (speed or ice), MDMA (ecstasy), cocaine, hallucinogens and solvents or inhalants (eg paint thinner or petrol).</strong></td>
<td>• agitation/anxiety</td>
<td>Prolonged methamphetamine use is associated with dependence, extreme paranoia, argumentativeness, loss of appetite and hyperactivity.</td>
</tr>
<tr>
<td></td>
<td>• convulsions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• chest pain</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• psychosis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• hallucinations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• paranoia</td>
<td></td>
</tr>
<tr>
<td><strong>Prescription medications – Morphine, codeine and ibuprofen.</strong></td>
<td>• drowsiness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• slowed reaction times</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• decreased physical coordination.</td>
<td></td>
</tr>
</tbody>
</table>
### Appendix 1 – Further information

<table>
<thead>
<tr>
<th>Drug</th>
<th>Possible effects</th>
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</thead>
</table>
| Drugs and Alcohol in Victoria                  | Confidential 24-hour service  
1800 888 236  
health.vic.gov.au/drugs                                      |
| Alcoholics Anonymous                           | alcoholicsanonymous.org.au                                                      |
| Incolink                                       | 1800 337 789  
incolink.org.au                                                        |
| Turning Point Alcohol and Drug Centre          | Confidential 24-hour service  
turningpoint.org.au  
Advice (toll free) 1800 812 804                                           |
| Family Drug Help                               | 1300 660 608  
familydrughelp.org.au                                                   |
| Victorian Drug and Alcohol association         | 03 9416 0899  
vdha.org.au                                                                 |
| Australian Drug Foundation                     | 03 9278 8100  
adf.org.au                                                                  |
| DrugInfo                                       | 1300 858 584                                                                 |
| Family Drug Helpline                           | 1300 660 068                                                                  |
| Youth Substance Abuse Service (YSAS line)      | 03 9418 1020  
1800 014 446 (rural)                                                      |
References

WorkSafe Victoria, 2017, Alcohol in the workplace – Guidelines for developing a workplace alcohol and other drugs policy.

WorkSafe Victoria, 2007, Consultation on health and safety – A handbook for workplaces.

WorkSafe Victoria, 2009, Preventing and responding to bullying at work.

WorkCover NSW, 2006, Alcohol and other drugs in the workplace – Guide to developing a workplace alcohol and other drugs policy.

Commission for Occupational Safety and Health and Mining Industry Advisory Committee, 2008, Western Australia Guidance Note - Alcohol and other drugs in the workplace.

Department of Consumer and Employment Protection, 2006, General Duty of Care in Western Australian Mines — Guideline: Resources Safety, Department of Consumer and Employment Protection, Western Australia.


AS 4760-2006 Procedures for specimen collection and the detection and quantitation of drugs in oral fluid.

OHS reps at work (fatigue, impairment and shift work: more info). ohsrep.org.au
WorkSafe Victoria

WorkSafe Agents
Agent contact details are all available at worksafe.vic.gov.au/agents

Advisory Service
Phone, ........................ (03) 9641 1444
Toll-free, ...................... 1800 136 089
Email, ....................... info@worksafe.vic.gov.au
Website, .................. worksafe.vic.gov.au

For information about WorkSafe in your own language, call our Talking your Language service

廣東話 ......................... 1300 559 141
Ελληνικά ..................... 1300 650 535
Македонски .................. 1300 661 494
Italiano ....................... 1300 660 210
普通話 ......................... 1300 662 373
Српски ....................... 1300 722 595
Español ...................... 1300 724 101
Türkçe ....................... 1300 725 445
Việt Ngữ ..................... 1300 781 868
العربية ..................... 1300 554 987
English ...................... 1300 782 442
Other ......................... 1300 782 343