

Get serious about a healthy workplace

Webinar 2: Drugs and alcohol

18 November 2015



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Meet your moderator

Melanie Stojanovic

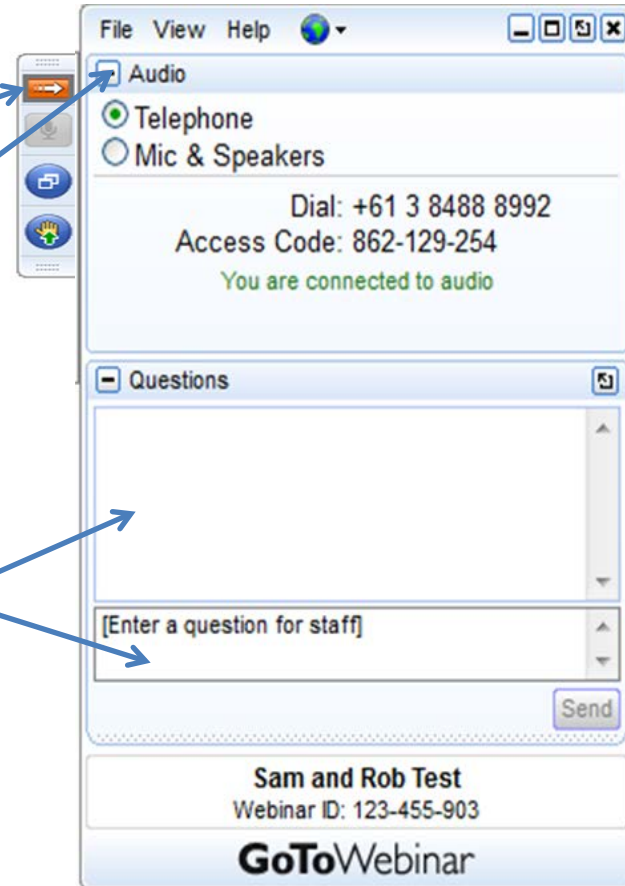
Industry Manager

WorkCover Queensland



How to interact today

- Click on the red button to hide and unhide the panel.
- Select audio on the control panel to change between computer audio or telephone.
- Type your comments and questions here
- Your questions and comments will appear here



After the webinar

- A recording of the webinar and presentation slides will be available on our website worksafe.qld.gov.au
- If we don't answer all questions, we will collect them and publish answers on our website
- Please complete a short survey at the end of the webinar. Your feedback will help us improve webinars and identify potential topics.

Forms and resources tab

The screenshot shows the WorkCover Queensland website. At the top, there is a navigation bar with links for Home, Injury prevention & safety, Rehab & claims, Insurance, Laws & compliance, Service providers, Licensing & registrations, and Forms & resources. The 'Forms & resources' tab is highlighted. Below the navigation bar, there is a search bar and a sidebar with a 'Forms & resources' menu. The main content area is titled 'Webinar and event videos' and contains a list of video recordings, including 'Understanding common law claims - an accommodation and food services industry perspective' and 'Return to work strategies in the labour hire industry'. There is also a 'WorkCover Connect' section on the right side of the page.

Webinar and event videos



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Rob is a physician who has specialised in the field of Occupational Medicine for over 20 years.

His work ambition is to help maximise the health, wellbeing, productivity and safety of working Australians.

He is a Fellow of the Australasian Faculty of Occupational and Environmental Medicine and the past president of the Australian and New Zealand Society of Occupational Medicine.

A passionate and highly experienced doctor with a track record of managing risk and solving problems at the health and work interface.

He has extensive experience assisting organisations develop effective, defensible and fair AOD policies and procedures.



**Dr Robert
McCartney**

Purpose of this Webinar

Gain an understanding of:

- Overview of Alcohol and other Drugs in our community
- The impact AOD can have on workplace health and safety
- Overview of human factor principles in workplace safety
- Fitness for Work concepts

What are Drugs?



Chemical substance that changes a person's mental state and that may be used repeatedly by a person for that effect

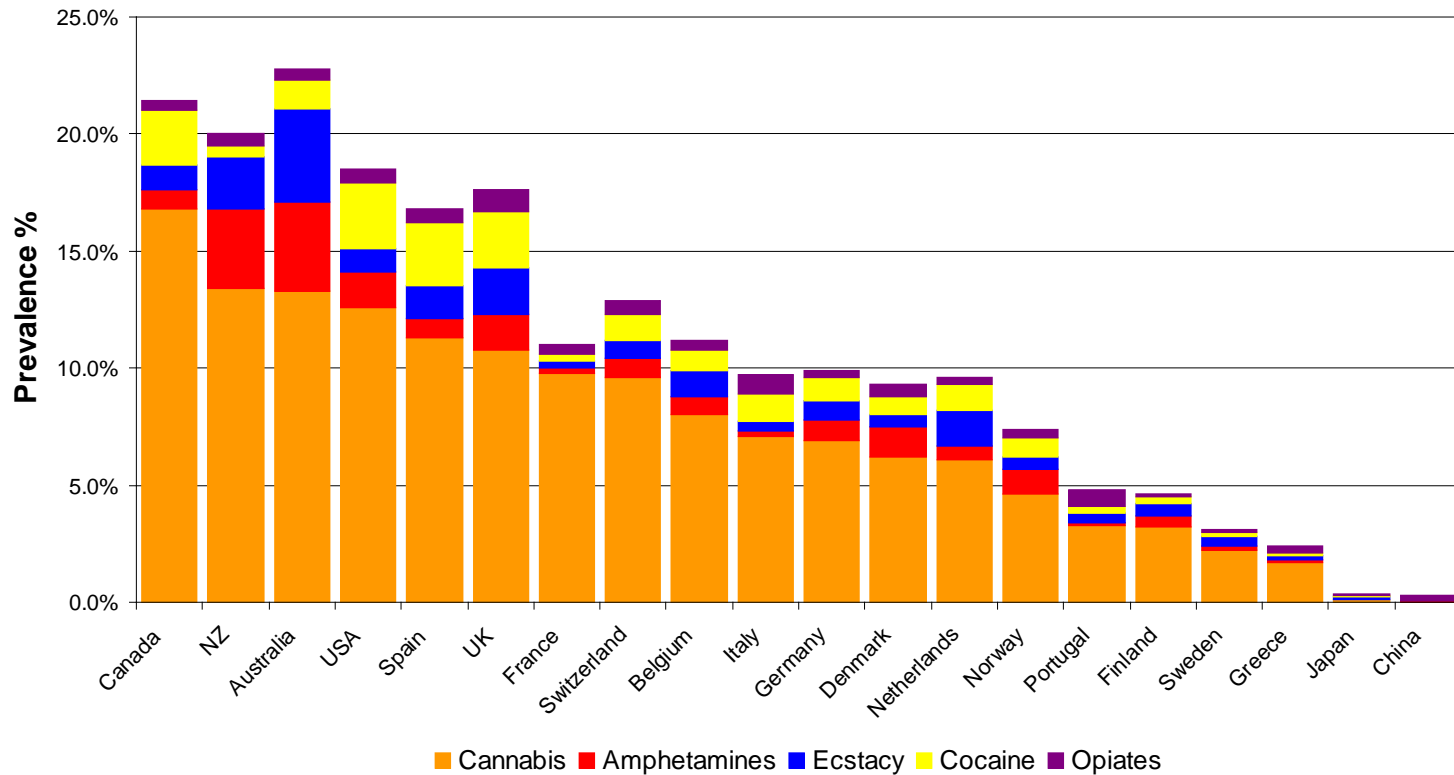
Why people drink alcohol and use drugs



- enjoyment
- to forget - escapism
- social conviviality
- self medication
- celebration and ceremony
- to relax
- to relieve stress & tension
- food and flavour

Drug and alcohol use in Australia

Annual Prevalence of Abuse [Age 15-64]



Let's look at some common drugs in detail

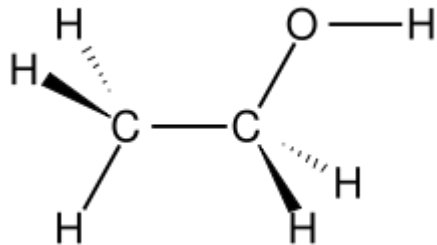
- Alcohol
- Marijuana
- Amphetamines
- Cocaine
- Opiates
- Synthetic Drugs

Alcohol



- Most widely used psychoactive recreational drug
- Product of the fermentation process
- Clear colourless liquid
- Depressant or sedative
- Inadequate food

The effect of alcohol on the body



- how much
- strength
- how quickly
- food consumed
- person drinking
 - Gender
 - size and weight
 - general state of health
 - other drugs
- frequency of drinking

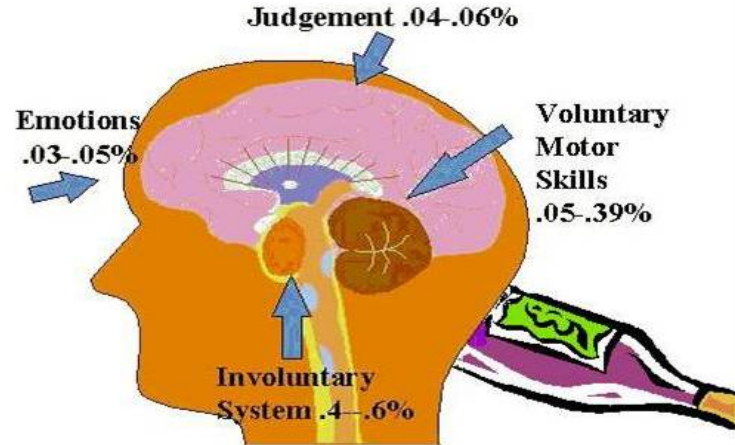


Standard Drink

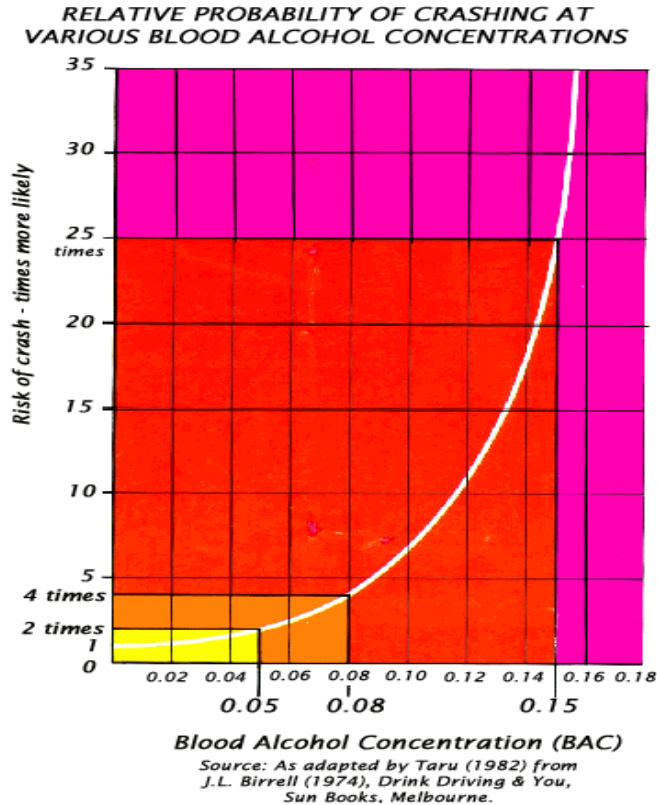


The effect of alcohol on the brain

Alcohol is absorbed into the blood and is distributed to all parts of the body, including the brain where it has its major effects.



Short term effects of alcohol use



- Predominately behavioral
- Decreased visual performance
 - Judge distance
 - Judge speed
 - Distinguish colours
- Loss of co-ordination, balance and speech
- Loss of memory, sensation
- Hallucination

Long term effects of alcohol

- Heart
- Muscle
- Skin
- Stomach
- Lungs
- Breast Cancer
 - 35% higher if 3-4 drinks/day
 - 67% higher if > 4 drinks/day
- Liver
- Pancreas
- Intestines
- Blood
- Reproduction
- Violence

Safe Drinking

- No more than 2 /day average
- No more than 10 / week
- No more than 4 in any day
- 1-2 alcohol free days per week

Affect on the workplace

Workers who drank at short-term risky or high risk levels at least **weekly** were:

- 19x more likely to miss a work day in past three months due to alcohol use
- 6x more likely to have attended work under the influence of alcohol

Those who drank at short-term risky or high risk levels at least **monthly** were:

- 7x more likely to miss a work day in the past three months due to alcohol use
- 3x more likely to have attended work under the influence of alcohol

The “Hangover”

- Toxins (Acetaldehyde)
- Dehydration
- Sleep deprivation
- Middle ear retaining alcohol
- Not able to function normally
- 20% more likely to be in a MVA / Work accident



Marijuana

- Very common use
 - 1.5 million in the past year
 - 750,000 weekly
 - 300,000 daily.
- “Accepted” by some communities
- Misconceptions regards health effects
- Lasts in system for longer than other drugs



Marijuana

- Toll on mental health has been underestimated
- More likely to suffer depression, anxiety and psychosis than stimulant drug takers.
- Most people do not experience major problems with occasional use but heavy use can lead to:
 - depression
 - memory loss
 - lung damage
 - low sex drive
 - brain shrinkage



Impairment due to Marijuana Intoxication

- Depends on:
 - Physical characteristics
 - Personality
 - Quantities
- Decreased alertness and reaction time
- Balance and co-ordination impaired
- Reduces cognitive function
- Short term memory loss
- Affects ability to safely operate machinery / tools and perform complex tasks
- Impairment can be measured next day



Amphetamines

- Speed, ecstasy, designer drugs
- Increasing use amongst youth
- Cascading release of norepinephrine dopamine and serotonin
- Increased alertness, excitation, euphoria, anorexia
- Insomnia, dizziness, anxiety, hallucinations/psychosis in high dose
- Impaired ability to concentrate and make rational decisions



Amphetamines

- Unsafe if affected by substance while at work
- Withdrawal characterized by excessive sleeping, eating, and depression-like symptoms, often accompanied by anxiety and drug-craving
- Coming down can last for 48hrs
 - Sleep deprived / fatigue, lethargy,
 - Inability to concentrate,
 - Impaired decision making ability
 - Decreased mood / depression
- Use sedatives (benzodiazepines) to "come down"



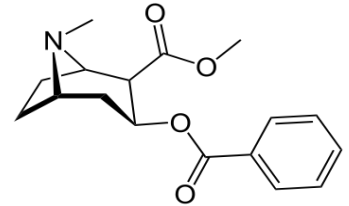
Amphetamines

- Very addictive
- Long-term effects
 - Wt loss
 - Malnutrition
 - Dental
 - Hallucinations
 - Depression / aggression / emotional disturbances
 - Impotence



Cocaine

- benzoylecgonine
- euphoric, energetic, talkative, and mentally alert, especially to the sensations of sight, sound, and touch.
- Temporarily decrease the need for food and sleep.
- The short-term physiological effects of cocaine include constricted blood vessels, dilated pupils and increased temperature, heart rate, and blood pressure



Cocaine

Large amounts intensify the user's high, but may also lead to bizarre, erratic, and violent behaviour.



These users may experience tremors, vertigo, muscle twitches, paranoia, or, with repeated doses, a toxic reaction closely resembling amphetamine poisoning.

Some users of cocaine report feelings of restlessness, irritability, and anxiety.

In rare instances, sudden death can occur on the first use of cocaine or unexpectedly thereafter.

Opiates

Heroin, opium, morphine, codeine



Somnolence, slurred speech, euphoria, disordered behaviour, lethargy

Decreased alertness and response time



Difficulty in safely operating machinery and tools and carrying out complex tasks



Very addictive

Long-term: hepatitis, ulcers, abscesses, malnutrition, bronchitis, pneumonia, brain damage, AIDS



Synthetic Cannabis

Sprayed onto dried plant material and smoked

In 2011 eight synthetic cannabis like substances classified as prohibited substances

Perception disorder

Elevated blood pressure

Hallucinations

Nausea and vomiting

Agitation / seizures / psychosis



New psychoactive substances

Herbal high or party pills

- Loaded, HyperDrive and Neuroblaster
- Pills or small bottle of liquid
- Swallowed

Research chemicals

- Mephedrone, flakka/gravel, Dr Death, Synthacaine, methoxetamine, benzo furry and Ivory Wave
- White power, crystals, capsule or on blotter paper
- Swallowed, smoked, injected, snorted or taken anally (shelved)

No safe use and hard to predict effects as constantly changing

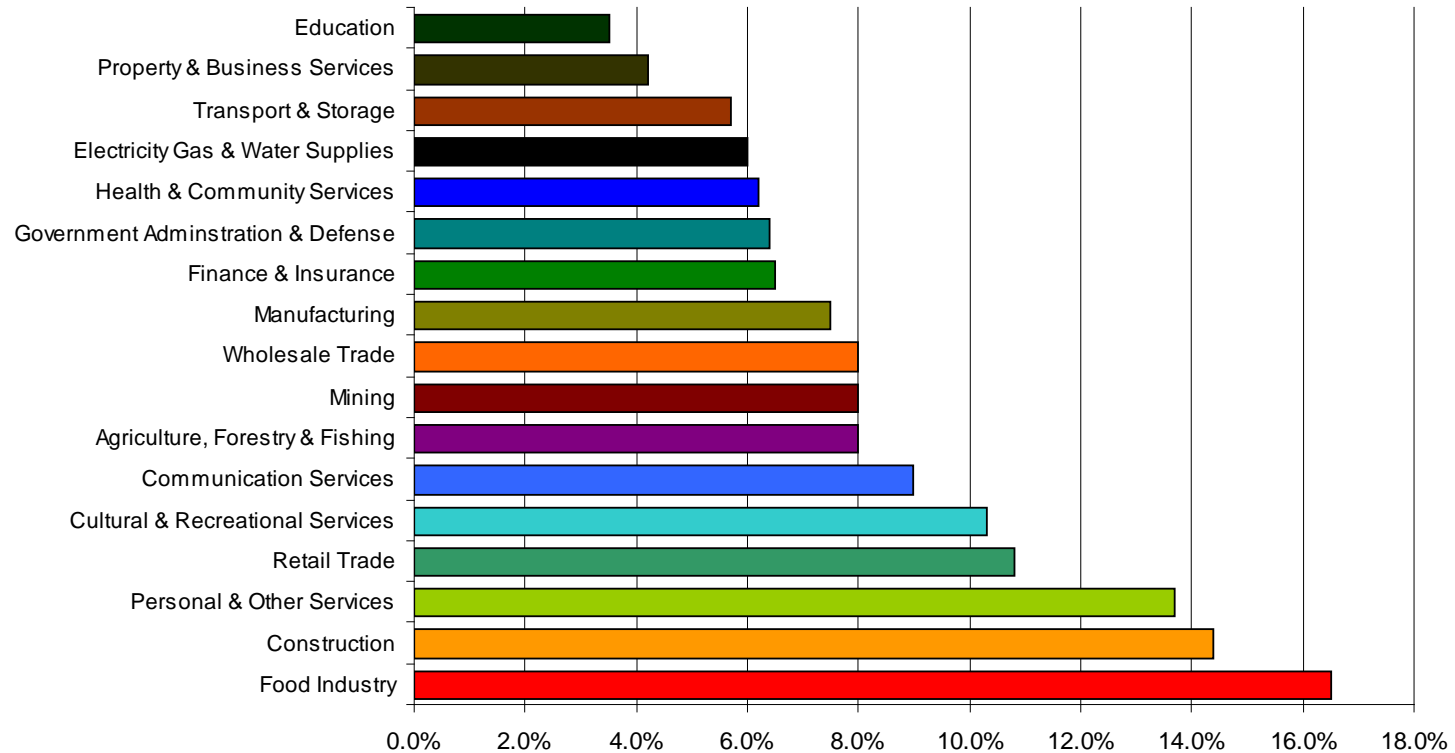
Drugs and alcohol in the workplace

Increasing evidence of drugs and alcohol in the workplace

- 73% of current drug users (aged 18 and over) employed
- 14% of employees “heavy” drinkers and 30% of those use drugs
- 10-15% of construction workers, machine op, labourers report current illicit drug use
- 60% of builders admitted use of MJ
- 60% of people reported knowing somebody who has gone to work under the influence of drugs or alcohol
- Recent testing revealed average 10% (and up to 30%) synthetic cannabis detected across some mine sites

Drugs and alcohol in the workplace

Drug Use By Industry



Workplace factors that may contribute

- Availability of alcohol and drugs in the workplace
- Social or peer pressure to use alcohol or drugs
- Travel or separation from family and friends
- Stress at work, unstable employment, monotonous work
- Shift or night work

Modifying workplace behaviour

Combination of education, policy and consequences

1. Education to inform about the dangers of drugs and alcohol in the workplace and look at ways to modify behaviour
2. Company policy to outline the expected behaviour
3. Consequences of breaching policy for those who cannot or will not comply with the required behaviour

Why AOD Policy and Procedures?

Recognised that the effects of drug and alcohol use/abuse can pose a significant threat to workplace health and safety and quality.

Provide assistance to employees where required (EAP)

It's the law

Make the workplace safer

Drug taking employees are 3-4 times more likely to be involved in a workplace incident

75% of callers to a drug help line reported using drugs on the job and most admitted it affected their performance

ILO estimates drugs are associated with:

- 20-25 % of all occupational injuries
- 3-15 % of fatal injuries

22% of all drivers killed (Vic) tested positive for the presence of drugs other than alcohol (10% cannabis, 4% amphetamines, 4.5% benzodiazepines and 3% opioids)

Assistance to employees

Employers respect employees and recognise the value of its workforce and wants to help them stay healthy and safe

Provides confidential counseling and rehabilitation when required through the Employee Assistance Program (EAP)

It's the law

Workplace Health and Safety Act

- Obligation to ensure that an individual is capable of safely undertaking the required duties – without harm to themselves or others

There is a common law duty to ensure the health and safety of employees and others

Objectives of an AOD Policy

Maintain safe and healthy work environment minimising risks associated with acts or omissions by individuals that are adversely effected by drugs and/or alcohol in the workplace

Provide assistance to employees through Employee Assistance Program to aid in overcoming issues that could effect their fitness for work.

Foster and reinforce the view that it is not acceptable risk to be at work whilst under the influence of drugs and/or alcohol.

Ensure all workers that are deemed unfit for work are managed in an effective and fair manner.

Drug Screening

- Screening is important because it underpins the policy
- Screening encourages positive behaviour choices
- Drug screening is used to find out whether you use or have used drugs or not
- Passing a drug test means that either all traces of the drug have been metabolised (processed) by your body or that the testing procedure isn't complex enough to detect these traces OR you haven't taken any drugs

Types of Drug and Alcohol Tests

- **Blood** - used for very recent drug use (a couple hours of use)
- **Urine** - detects drug use for a longer period of time, is one of the most common methods of testing because it is easier to administer and provides more accurate results
- **Hair** - can provide a history of your drug use because these traces may be present in your hair follicles. Hair testing is the only reliable method used at the moment that can detect drug use beyond a couple of days or weeks
- **Saliva** - confirmation testing on saliva is problematic
- **Breath** - for alcohol only

Medical Review Officer

A Medical Review Officer is a person who is a licensed physician and who is responsible for receiving and reviewing laboratory results generated by an employer's drug testing program and evaluating medical explanations for certain drug test results.



Risky Business

Without the use of an MRO, the organisation puts itself at significant risk:

- FWA
- Discrimination
- Privacy breach
- Unfair dismissal

Outcome of Screening Programs

Many drug and alcohol screening programs find between 10% and 15% of positive results at the commencement of a program

After commencing a screening and educational program it is expected to reduce this positive rate to 2-3%

People modify their consumption. They might still consume but do so in a way that has little chance of presenting a positive screening result in the workplace.

Modified consumption still achieves the ultimate objective of minimising risk and improving the safety of the workplace

Employee Assistance Programme (EAP)

EAP is a confidential, independent counselling service

That provides assistance to employees with work or personal issues that may influence their wellbeing and work effectiveness

Information on who uses the EAP is not disclosed to the Company

How do you know that someone is in trouble

- Personality changes
- Work behaviour changes
- On the job absenteeism
- Stay away absenteeism

How can you help

Family or Friends

- Contact a local self-help group, or local counselling or community organisation for guidance

Co-workers

- Advise a supervisor or your HR consultant
- Obtain guidance from the Employee Assistance Program counsellor or from the local resources above

Information and assistance

Government

- State Health Departments
- Local Hospital
- Local and State Community Services
- Centre for Education and Information on Drugs and Alcohol

Non Government

- Australian Professional Society on Alcohol and Other Drugs
- Australian Drug Foundation
- Drug-Arm
- Salvation Army

Questions



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Upcoming webinars

- Register for our final webinar in this series:
 - Psychological barriers to rehabilitation and return to work
Wednesday, 25 November at 11am

Thank you!

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