

Alcohol and other drug testing in the workplace.

Did you know:

Not all workplaces need drug testing, but when you do make sure you understand what it can and can't do. There is very little good quality evidence that testing improves workplace safety or reduces drug use. Testing may have a deterrent effect. It may also have the effect of shifting use to other types of drugs – typically those not tested for - without actually decreasing the overall use of drugs in the workforce.

In some sectors of the workforce, such as some Australian government-funded construction sites, alcohol and other drug testing is mandated.

Workplaces considering the introduction of testing need to consider the practice carefully.

How is alcohol and other drug testing conducted?

There are several different types of workplace alcohol and other drug testing practices, most commonly:

- Breath testing for alcohol
- Saliva testing for drug use
- Urine testing for drug use

Less common are hair follicle testing and blood analysis.

Saliva testing generally has a shorter detection window than other tests, but will still pick up drugs that have been used within at least the last 24 hours.

The detection of drugs in the system is affected by some or all of the following:

- Amount of drug taken
- How frequently the drug is taken
- The type of drug
- Metabolism and general health
- The amount of fluids and exercise since using the drug
- Genetic factors

What can alcohol and other drug testing tell us?

Alcohol testing detects current levels of alcohol in the system, so it can indicate some level of impairment. Tests for the use of other drugs however do not definitively indicate impairment or

'fitness for work'. Some drugs can be detected in the system well after the physical effects have worn off.

A **negative** test indicates that a person is probably not impaired from drugs (at least for those drugs that are tested), but a **positive** test does not necessarily indicate that they are impaired.

Although limited, current research suggests that alcohol and other drug testing does not reduce drug use or harms in the workplace.¹

The strongest argument for testing is for immediate safety – by ensuring only people who do not have drugs in their system are allowed on to worksites, risk of accidents is likely to decrease. This has some merit but what about:

- a) workers who test positive, given they may or may not be impaired and have most likely been using in their own personal time?
- b) workers who use other drugs that may cause impairment but are not part of the testing regime? and
- c) impairment from other factors such as fatigue and mental health problems?

To ensure these issues are effectively dealt with, alcohol and other drug policies need to be part of a broader healthy workplace solution that considers how to assess for fitness for work and impairment rather than focusing on drug use per se.

Ensuring managers, team leaders and supervisors are able to recognise impairment, and have the skills to respond effectively, is more likely to reduce a range of impairment related problems in the workplace than relying on drug testing alone.

Where does testing fit into evidence-based policy?

When a workplace introduces alcohol and other drug testing, the testing regime should form just one component of a comprehensive response focusing on whole-of-workforce safety and wellbeing.

Written policies, training programs, and access to counselling for workers who need it have been found to have a positive impact on alcohol and other drug use and reduce workplace injury. These strategies should always be established in conjunction with testing.

Efforts to introduce testing should involve input from workers into the development and implementation of testing processes, and should be perceived by workers as an appropriately targeted and justified strategy to manage identified risk and improve workplace safety.

Identification of risk will emerge from the initial needs analysis (also see *Does my organisation need drug and alcohol testing?* and *Needs and risk analysis*).

Before introducing testing, conduct meaningful consultation initially with workers and then ongoing; adopt the least invasive and timely testing method possible; comply with current Australian testing

¹ Lee NK, Roche AM, Duraisingam V, Fischer J, Cameron J, Pidd K. A systematic review of alcohol interventions among workers in male-dominated industries. *Journal of Men's Health* 2014; 11 (2): 53-63.

standards; enact a testing policy that is fair and equitable, and suits the needs of the workplace; and encourage workers who return a positive result to access support or professional help if required.

Random, blanket or impairment testing?

Random testing is conducted on a selection of workers on a random day. It is designed to detect use of alcohol and other drugs among the workforce on a given day. Equitable systems to identify target workers are crucial to ensure they do not feel singled out for testing.

Blanket or 100% testing tests all workers or contractors going on to a worksite.

This type of testing is sometimes used in safety sensitive industries such as mining, as a mechanism to ensure anyone entering a worksite is unlikely to be impaired from the use of alcohol and other drugs.

Impairment testing is used when there is a reasonable suspicion that someone is affected by alcohol or other drugs. This is also known as 'for-cause' testing. When an effective impairment policy is in place, impairment testing does not generally provide any additional information to assist with immediate action.

Testing may also be conducted as a condition of pre-employment; on a worker or workers following a workplace accident or near miss; and on a voluntary basis for workers to 'self-check'.

Myths about alcohol and other drug testing

Myth #1: Testing identifies most workers who use alcohol and other drugs

Research tells us that workplace testing is likely to identify workers who use alcohol and other drugs frequently, while most workers who use drugs do so irregularly. If detection is the primary goal, most will fly under the radar.

Myth #2: A positive test identifies workers or contractors who are intoxicated and therefore unfit for work

Research tells us that tests for drug use do not provide a good measure of impairment or lack of fitness for work in real time. A positive test shows that the worker has used drugs at some time but does not indicate the extent of a worker's current impairment or even when the drug was used.

On the other hand, alcohol breath testing does detect the level of alcohol in the person's system in real time and is a much more reliable indicator of impairment, which may be in line with the person's blood alcohol content reading. But the by-products (metabolites) of other drugs such as cannabis can be detected in the system for days, weeks or months after use, depending on how much and how often the worker uses the drug. In such cases, a positive result does not necessarily indicate that the person is under the influence of the drug at that particular time. So, for drugs other than alcohol, testing indicates that someone is probably not impaired from drugs when a negative result is returned, but a positive test result also doesn't necessarily indicate that the person is currently impaired.

Myth #3: Testing deters workers from using alcohol and other drugs and make workplaces safe

Australian researchers² recently published a systematic review of the evidence for the effectiveness of workplace drug testing on both workers' drug use and workplace safety. They found that the quality of most studies was poor and therefore, the evidence for effectiveness of workplace testing to deter use and improve workplace safety, remains weak. A notable exception was one well-designed study that showed random alcohol testing in the road transport industry reduced fatal accidents.

Does my organisation need drug and alcohol testing?

There is a belief in some workplaces that alcohol and other drug testing is integral to an effective alcohol and other drug workplace policy, but this is not necessarily the case.

Workplace policies that meet best practice standards generally don't require a testing component, although some safety-sensitive industries do include testing in an effort to manage safety concerns identified through robust needs and risk analyses.

In some cases, legislative provisions are such that alcohol and other drug testing is introduced to manage workplace and community safety in industries such as railway, road and aviation transport. The construction industry is also required by law to mandate testing when some Australian Government contracts are involved.

Because it cannot definitively indicate impairment or fitness for work, legally testing can only be justified on health and safety grounds. Workplaces need to ensure that they have a legitimate safety reason for introducing testing.

For most workplaces, a policy that promotes the safety and wellbeing of the workforce with a fitness for work focus and referral pathways for those who require assistance is extremely effective without the need for workplace alcohol and other drug testing. An effective policy without a testing component also avoids issues related to the perceived intrusiveness of testing that has been challenged and often upheld by the legal system. Testing can also be costly.

In some cases, introducing alcohol and other drug testing into a workplace may cause more trouble than it is worth, so consider the implications very carefully and consult widely before a decision is made. The need for testing should be based on findings from a robust needs and risk assessment.

In general, workplaces that are not safety-sensitive should start with a strong policy and detailed procedures that focuses on whole-of-workforce wellbeing and fitness for work in the first instance, providing formalised links to an EAP or an external professional health support network for workers adversely affected by alcohol and other drug use.

² Pidd K, Roche AM. How effective is drug testing as a workplace safety strategy? A systematic review of the evidence. *Accid Anal Prev.* 2014 Oct;71:154-65. doi: 10.1016/j.aap.2014.05.012. Epub 2014 Jun 9. PMID: 24922614.

The WorkWell program.

WorkWell is the workplace policy program of 360Edge. You can be confident in the results you will achieve with WorkWell because it is backed by the latest scientific evidence.

Our best practice policy program ensures that your organisation complies with its legal and duty of care obligations, while promoting a workplace culture that values the safety and wellbeing of all.

The WorkWell program can be tailored to suit your organisation's needs. It consists of the following components:

- Rapid review
- Policy development and implementation
- Expert review
- Resources

Rapid review

Our Rapid Review service involves a fast and effective assessment of your current workplace policies and programs using our scientifically informed measurement and review system.

Following a Rapid Review, workplaces are presented with a comprehensive report of our finding and a set of recommendations for improving your policies and programs.

Policy development and implementation

An all-inclusive, comprehensive service to review your existing policies, customise and deliver a state of the art drug and alcohol policy backed by the latest evidence and legal review. Includes resources, full support during implementation and a progress check at 6 months.

Expert review

360Edge is composed of [leading experts](#) in alcohol and other drug matters including evidence-based prevention, treatment and harm reduction.

Our Expert Support program can help with:

- Responding to alcohol and other drug issues which impact productivity and workplace safety.
- Designing effective employee assistance programs and referrals for alcohol and other drug problems.
- Implementing effective programs and policies which shift problematic workplace cultures in relation to alcohol and other drugs.
- Workforce training and development on alcohol and other drug matters.
- Managerial training on effective behaviour change through our evidence-based Moventium® team motivation training.

Resources

We offer a full suite of resources for self-directed policy implementation:

- Toolbox topics on alcohol and other drugs for workers
- Toolbox topics information brochures to post in the work site
- Training for managers and team leaders in how to deliver Toolbox topics
- Self-completed policy templates that meet best practice standards and are legally sound
- Policy dissemination posters
- Video implementation guides

Previous clients



About 360Edge.

We are a leading Australian health consultancy, specialising in the alcohol and other drug, and allied, sectors. We provide a full suite of advisory services to help organisations accelerate change. We work with leading international organisations, governments and not for profit agencies across Australia and internationally.

Our vision is for a thriving community that provides the best policy and practice responses right across the spectrum of alcohol and other drug use. Our mission is to ensure governments and services have the tools they need to respond effectively and efficiently to people who use alcohol and other drugs to reduce harms.

We are driven to make a positive impact in the world and strongly believe in social justice and human rights, and it drives all of our work. We believe that everyone has the right to the opportunities and privileges that society has to offer. Our values of excellence, transparency and integrity are at the core of everything we do. We live these values within the team and with our customers and collaborators.

Our team of experienced 'pracademics' take a 360 approach to viewing situations from multiple perspectives. We collaboratively and holistically work with our clients at every stage, wherever they are in the cycle of change, to achieve their goals.

In the spirit of reconciliation, we acknowledge the traditional custodians of country throughout Australia and their connection to land, sea and community. We pay our deep respects to elders past, present and future, and to all Aboriginal and Torres Strait Islander people

