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The information presented in this guidebook is intended for general use only. It should not be viewed as a definitive guide to the law, and should be read in conjunction with the Occupational Health and Safety Act 2004 (Vic). Whilst every effort has been made to ensure the accuracy and completeness of this guidebook, the advice contained herein may not apply in every circumstance. Accordingly, WorkSafe cannot be held responsible, and extends no warranties as to the suitability of the information for your specific circumstances; or actions taken by third parties as a result of information contained in this guidebook.
Introduction

Employees adversely affected by the use of alcohol and other drugs (reference to drugs in this guide includes prescription and illegal drugs) can pose a risk to themselves and others in the workplace. This Guide aims to help employers establish a workplace alcohol and other drugs policy so that risks to workplace health and safety associated with the use of alcohol and other drugs can be dealt with consistently, legally and to the benefit of both the employer and the employee.

Alcohol and other drug use, whether it occurs in or away from the workplace, becomes an occupational health and safety issue if an employee's ability to exercise judgment, coordination, motor control, concentration and alertness at work is impaired.

Employees unfit for work as a result of alcohol or other drug use put themselves and other people at the workplace at risk of harm. Co-workers may feel obliged to cover unsafe work practices or not report an affected employee due to loyalty or fear of consequence.

Employers may be faced with lateness, inefficiency and absenteeism, lost time and production as a result of accidents, damage to plant, equipment and other property.
Occupational health and safety (OHS) laws are designed to ensure the health and safety of employees and others in the workplace. The *Occupational Health and Safety Act 2004* (Vic) (OHS Act) requires employers, so far as is reasonably practicable, to provide and maintain a safe and healthy work environment for their employees (see section 21 of the OHS Act).

The duty to provide and maintain a safe and healthy work environment and the duty to consult with employees extends to include independent contractors engaged by an employer and any employees of the independent contractor.

**Employer duties**

An employer’s duty to provide and maintain a safe and healthy work environment includes:

- providing and maintaining safe systems of work, so far as reasonably practicable
- making arrangements for the safe use, handling, storage or transport of plant or substances, so far as is reasonably practicable
- providing information, instruction, training or supervision to employees as is necessary for them to carry out their work safely.

Employers must consult with employees and their health and safety representatives (HSRs) when doing certain things that affect or are likely to affect employees health and safety (see section 35(1) of the OHS Act). These things include:

- identifying or assessing hazards or risks in the workplace, including those arising from the use of alcohol and other drugs
- making decisions about procedures:
  - to prevent and manage risks associated with the use of alcohol and other drugs
  - for resolving health or safety issues at the workplace
  - for monitoring the health and safety of employees, and workplace conditions
  - for providing information and training to employees, including information and training on alcohol and other drugs
- proposing changes to the workplace, plant, substances or other things used in the workplace, or
- the conduct of the work performed at the workplace that may affect the health and safety of employees.

Employers and self-employed persons are also required to ensure that persons other than employees (which includes the public) are not exposed to risks to their health or safety arising from the undertaking of the employer or self-employed person (see section 23 and 24 of the OHS Act).

In addition to general OHS Act duties, the *Occupational Health and Safety Regulations 2007* (OHS Regulations) require mine operators to develop and implement strategies to protect persons at the mine from risks to their health and safety arising from the consumption of alcohol or use of other drugs by any person (see regulation 5.3.12 of the OHS Regulations). See further information about alcohol and other drugs in mines at the end of this guide.

**Employee duties**

The OHS Act requires employees to take reasonable care for their own health and safety in the workplace, and the health and safety of others who may be affected by their acts or omissions (see section 25(1)(a) and (b) of the OHS Act). This includes ensuring they are not, as a result of alcohol or other drugs, affected in a way that may put themselves or others at risk.

Employees must also cooperate with their employer with respect to any action they take to comply with the OHS Act or OHS Regulations (see section 25(1)(c) of the OHS Act).
The risk management process

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

Adopting a risk management approach may assist employers manage risks associated with alcohol and/or drug impairment in the workplace. The risk management process involves:

- **Identifying** hazards associated with alcohol and drug use in the workplace.
- **Assessing** the likelihood of risk.
- **Controlling** the risks associated with the use of alcohol and other drugs.
- **Reviewing** the effectiveness of control measures to ensure they are working as planned and, when necessary, revising and improving existing controls.

Consultation should take place at every step of the risk management process in accordance with section 35 of the OHS Act.

The likelihood of risk to employee's health and safety due to impairment from alcohol and other drug use will increase in workplaces that:

- operate high risk machinery, handle hazardous substances or dangerous goods
- are a high risk environment (e.g., workplaces that involve working at heights).

The likelihood of the use of alcohol and other drug use by employees may be increased by workplace factors including:

- whether the organisation's culture, nature of the work or workplace practices encourage alcohol or drug use at work
- availability at work - some workers may be more exposed to the risk of alcohol consumption at work, for example those working in licensed premises.
Overview of alcohol consumption and drug use

Problems associated with the use of alcohol and other drugs can occur in any workplace. However, the harmful use of alcohol and other drugs both during and outside of work hours is more prevalent in some industries than others, pointing to environmental, cultural and workplace stressors as risk factors.

Stressors at home and at work can contribute to the extent to which alcohol and other drugs are used. These may include:

- shift work
- type of work activities undertaken such as high risk work
- unrealistic deadlines and performance targets, or inadequate resources
- access to alcohol and other drugs at work or a culture tolerating or encouraging alcohol and other drug use during or after work hours
- lack of opportunity to participate in decision making
- inadequate training and/or supervisor support
- bullying, harassment or victimisation in the workplace
- lack of job security
- conflict with peers or supervisors
- discrimination or prejudice
- peer pressure
- dirty, noisy work environment
- poorly designed, difficult to use equipment
- poor job design, including boring or extremely demanding work.

Personal psychosocial factors that may impact on the extent of alcohol and other drug use may include:

- marital or personal relationship problems
- grief and bereavement
- trauma or stress
- health issues or concerns
- gambling or financial problems
- dependency or addiction.

Employers should identify stressors in the workplace setting including working conditions and aspects of the workplace culture that may contribute to or exacerbate potentially harmful alcohol and drug use.

Adverse effects associated with alcohol and drug use may be minimised where employers provide:

- a safe and healthy workplace
- well organised, adequately supervised work that employees find challenging and rewarding
- appropriate support to help with problems or pressures at work
- restricted access to alcohol and other drugs at work, and
- a clear and well publicised alcohol and other drug policy that applies to all employees.
Developing an alcohol and other drugs policy

A constructive step for employers in addressing health and safety risks associated with the use of alcohol and other drugs is to formulate a policy, with supporting procedures, that addresses the specific circumstances of the workplace. See tips for setting out a workplace alcohol and other drugs policy below.

The aims of any workplace alcohol and other drugs policy should be prevention, education, counselling and rehabilitation. The focus of the policy should be to reduce or eliminate the risks associated with the use of alcohol and other drugs in the workplace in a way that is consistent and fair to all employees.

A workplace alcohol and other drugs policy should be developed in a collaborative manner between management, employees and their representatives or HSRs. When developing the policy employers must share information, allow employees a reasonable opportunity to express their views about how the policy should operate, and take these views into account.

The policy will be most successful if it has the commitment of management and support of the workplace. If employees are represented by a HSR, the HSR must be involved in the development of the policy with or without direct involvement of the employees they represent.

Steps to develop a workplace alcohol and other drugs policy may include:

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

• Establish a group to oversee development of the policy that includes employees, employee representatives or HSRs and management representatives.

• Use existing health and safety committees to develop the policy or set up a specific working group.

• Ensure the group clearly identifies its objectives and has adequate resources to carry them out.

ii) Develop the policy in consultation with employees

• Develop the policy through an open process that seeks input from employees, employee representatives, or HSRs and if possible, professional drug and alcohol support networks.

• Undertake a risk assessment to identify workplace factors that may impact on the use of alcohol and other drugs, and the nature of risk arising from the use of alcohol and other drugs by employees. The outcomes of the risk assessment will help shape the content of the policy.

• Adopt effective communication strategies to ensure regular feedback is provided to employees should be adopted. This approach will give employees a sense of ownership of the policy, making it more likely to be accepted and followed at the workplace when it is introduced.

Consultation on an alcohol and other drugs policy may include the following steps:

• develop procedures and a timetable for implementing the policy starting 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 (including employees, independent contractors and/or employees of the independent contractor). Where appropriate, feedback received should be incorporated into the document

• present a draft policy to the health and safety committee, where one exists, for its consideration

• present a final draft policy to management for endorsement

• distribute the endorsed policy to all employees and others at the workplace

• ensure the policy is readily available, for example pin it on the company noticeboard or upload it to the company intranet.
iii) Provide information, education and training

Employers must provide the necessary information, instruction and training to employees to enable them to perform their work safely. Providing information on drug and alcohol use can help to ensure that all employees are aware of the issues associated with the use of alcohol and other drugs and how this may impact on health and safety in the workplace.

In addition, employers should ensure that comprehensive information, instruction and training is provided to employees on the content and operation of an alcohol and other drugs policy.

Once a policy is developed, it should be well communicated within the workplace and a suitable information and education program put in place to engage all employees. Effective ways to communicate the policy may include employee briefings, team meetings, posters on notices boards and emails to employees. Details of the policy should be included in induction materials and ongoing information, education and training provided to employees.

Information provided to employees may include:

- what constitutes harmful alcohol consumption and other drug use
- what to do if they suspect a co-worker is affected by alcohol or other drugs
- the effects of alcohol and other drugs on health, safety and work performance
- general statistics on workplace alcohol and other drug use and related accidents
- the consequences for employees who fail to comply with the workplace alcohol and other drugs policy
- workplace and personal lifestyle stressors that can contribute to alcohol and other drugs use
- personal stress reduction methods
- who to approach in the workplace for assistance with an alcohol or other drugs problems
- the legal position (rights and penalties) of employees and management in relation to alcohol and drug use — eg as specified in the OHS Act or Regulations, an employment agreement, award or industry specific legislation
- counselling, treatment and rehabilitation services available in the workplace and contact details for services available externally
- how the use of alcohol and other drugs outside of work can impact safety in the workplace (eg as a result of being hungover or coming down from a drug).

Employers should also provide specific training for managers, supervisors and OHS representatives about how to identify employees affected by alcohol or other drugs, how to manage associated risk, and their specific responsibilities under the alcohol and other drugs policy.
Supporting procedures

It is important to have appropriate supporting procedures in place to ensure an effective alcohol and other drugs policy. Supporting procedures may address all or some of the following matters:

**Identification of an employee not fit for work as a result of alcohol and/or other drug use**

Clearly specify procedures for identifying employees who appear to be impaired by alcohol and/or other drugs. If procedures are not clear, employees are unlikely to implement them and uncertainty will almost certainly arise.

**Approaching an employee under the influence**

Clearly outline and communicate the procedures for managing an employee suspected of being impaired by alcohol and/or other drugs at the workplace.

The procedures should outline the designated persons who should approach employees who appear to be affected by alcohol or other drugs. Designated persons may include managers, supervisors, OHS representatives and/or fellow employees.

Designated employees should be properly trained in the most effective style of approach, and be provided with clear information about the scope and nature of their responsibility under the procedure. Care needs to be taken when approaching an employee in case the employee is ill or injured, taking prescribed medication or in some other form of distress, which may account for their behaviour.

The best approach to take when dealing with an employee whose work performance is suspected of being affected by alcohol or other drugs may differ depending on the nature of the workplace and the particular circumstances of the case.

Relevant factors may include:

- the nature of the industry
- the workplace culture and structure
- the work carried out by the employee
- the personality of the employee, and
- whether it is a case of suspected long-term harmful use, or a ‘one-off’ situation.

The procedure should address situations where initial contact produces a negative or hostile response. In these situations, the procedure should make clear who the matter can be escalated to.

When approaching an affected employee it can be more effective and less confronting to talk in terms of their approach to safety and general work performance rather than their suspected alcohol or drug use.

Procedures should include steps to remove an affected employee from the workplace that do not further endanger the employee or their co-workers. For example, procedures should ensure that there are steps in place to ensure that the employee is able to get home safely.

Procedures should also outline steps for initiating police or ambulance intervention if the situation cannot be safely managed at the workplace level.

**Work sponsored functions and the provision of alcohol**

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, and should be re-communicated to employees prior to each function. For instance, an email may be sent to employees the week before a work function reminding attendees about the organisation’s policy or procedures on consumption of alcohol at social functions.

**Counselling and discipline**

The procedure for counselling, and if necessary, disciplining employees whose work performance indicates there may be a problem with the use of alcohol and/or other drugs should be consistent with existing awards, agreements and other established counselling and disciplinary measures which apply in the workplace.

Employees should be encouraged to recognise poor and unsafe work performance, and encouraged to take steps to address the issues contributing to their behaviour.
Employee Assistance Programs (EAPs)

Employees who identify as having an alcohol and/or other drugs problem should be referred to professional assistance, which might include an employer provided service like an EAP. Employees can also choose to access the service of their own accord. EAPs provide a confidential service to assist employees to resolve personal issues which may affect their work performance and can add to the effectiveness of a workplace alcohol and other drugs policy. Workplaces that use an EAP may experience indirect benefits such as a reduction in accidents, sick leave and absenteeism.

More information about establishing an EAP is available on page 13 of this guide.

It is important to remember that a workplace alcohol and other drugs policy must deal directly with unsafe conditions, stressors and one-off situations and not rely solely upon an EAP.

Testing

A workplace that is considering implementing an alcohol and drug testing program should consider the strengths and limitations, costs and potential unintended consequences, as well as the benefits.

When considering the introduction of alcohol or drug 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 carefully considered.

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

Employers may wish to consider the appointment of a Medical Review Officer (MRO) to assist with alcohol and other drug testing in their workplace. The use of MROs in workplace testing programs helps manage privacy and confidentiality issues as well as sample collection, results storage and legal challenges. MROs are registered medical practitioners who have knowledge and understanding of:

- substance abuse disorders and their management
- testing procedures
- interpretation of test results including alternative medical explanations for laboratory confirmed test results as well issues relating to contaminated and/or substituted specimens
- ethical and privacy issues surrounding workplace drug and alcohol testing
- laboratory methodology and quality control
- legislation and recommended standards in relation to alcohol and other drug testing programs
- fitness for work and other medical related safety issues.

It is important to remember that:

- testing may be intrusive and raises confidentiality and privacy issues
- excluding alcohol testing, a positive drug test is not always directly related to impairment
- there is a possibility of inaccurate results and false positives in drug testing. There may also be issues related to insufficient integrity of the testing process and the interpretation of results. Drug testing has limits and can be subject to legal challenge
- if an employee refuses to be tested it cannot be presumed that they are intoxicated. An employee may have a valid reason to refuse to be tested, unless specific legislation, contracts or employment agreements provide otherwise.

If an employer decides to implement alcohol or drug testing:

- it should be part of a comprehensive alcohol and drug program and supported by appropriate safeguards, clear policy and procedures, and provision of information, instruction, education and support
- the policy and procedures for testing should be developed in consultation with employees. While consultation does not require agreement, given the intrusive nature of drug testing, employee agreement to a testing regime is preferable
- issues relating to privacy and confidentiality of employees need to be considered
- procedures should be developed on how to address the situation where an employee refuses to be tested
- appropriate safeguards should be put in place, which ensure:
Supporting procedures

- cut-off points for a positive result are selected and clear
- testing is conducted in accordance with the relevant Australian Standards (AS4760 – 2006 Procedures for Specimen Collection and the Detection and Quantitation of Drugs in oral fluid and AS/NZ 4308:2008 – Procedures for Specimen Collection and the Detection and Quantitation of Drugs of Abuse in Urine)
- there is no discrimination in the selection of employees for testing
- there are well defined procedures indicating who the final result will be communicated to
- confidentiality is protected and the procedures identify who will have access to the results, who will interpret them, how the results will be stored and for how long
- there is a grievance and complaints process, including accepted procedures to challenge the outcome of a test, and
- procedures are put in place for employees to travel home safely following a positive test.

If testing is introduced, written procedures for testing and an implementation timetable should be communicated to employees. Employers should also ensure procedures are developed to address the employees return to work and any future testing obligations.

Alcohol and other drug testing must be undertaken where required by specific legislation.

Some industries and occupational groups are covered by specific legislation that regulates the use of alcohol and other drugs in the workplace. For example, the OHS Regulations require mine operators to introduce strategies to protect persons at the mine from risks to their health and safety associated with consumption of alcohol or use of other drugs by any person (see regulation 5.3.12 of the OHS Regulations). There is also public safety legislation in place in the transport industry (covering specified aviation, rail, road and maritime employees) that restricts the use of alcohol and other drugs in the workplace.
Victoria has laws which govern how organisations may collect, use and disclose personal information. These laws include the:

- Privacy Act 1988 (Cth)
- Privacy and Data Protections Act 2014 (Vic)
- Health Records Act 2001 (Vic).

Employers need to be aware of their obligations under these laws and all other relevant legislation. All information concerning an employee is strictly confidential and the OHS Act is also careful to protect the privacy of employees.
An EAP is a confidential service designed to help employees address and resolve personal issues that may be affecting their work performance such as marital, legal and financial problems and the use of alcohol and other drugs. An EAP may help an individual to regain satisfactory job performance.

Establishing an EAP may not be appropriate for many small workplaces. Where an employer does not establish an EAP, they should investigate appropriate services to which employees can be referred.

Below is an outline of how to establish and run an EAP.

**Establishing an EAP**

An EAP should be established by management in consultation with employees and/or their HSR.

Organisations can establish in-house counselling services or refer employees to external counselling services provided by either private consultants or community based organisations. Smaller organisations wishing to establish an EAP often employ external counselling services.

EAP counsellors should have skills in psychological assessment and referral. Clinical psychologists, psychiatrists and social workers are suitably qualified to be EAP counsellors.

Employers can assist employees by displaying and distributing lists of EAP counsellors and their specialist areas. A supervisor who believes an employee's performance at work is affected by alcohol or other drugs can suggest that the employee see an EAP counsellor. An employee does not have to accept an offer to see an EAP counsellor. Some employees may prefer to choose a counsellor of their choice from outside the organisation.
The credibility of an EAP depends on a code of strict confidentiality. EAP counsellors may inform employers that an employee will be attending a counselling session between certain times, if the employee consents to this information being provided. No other information about an employee's personal problems may be disclosed without the written permission of the employee.

An employee can be referred to an EAP by a supervisor or can contact an EAP counsellor on their own initiative.

If an employee visits a counsellor during working hours they should advise their supervisor that they are using the service but do not have to give the reason for the visit. If they use the service outside of working hours they do not have to tell anyone.
Publicity and training

All employees should be made aware of the EAP and how to make use of its services. Information booklets and/or brochures and videos should be made available explaining EAP policy and procedures and the range of assistance offered. Posters are a useful reminder of the existence of the services of the EAP.

All ongoing training courses such as supervisor skills courses, employee inductions and management development courses should include information about the EAP.
Evaluation of an EAP is essential to ensure that it is meeting the needs of the organisation.

Data should be kept about:
• the ongoing costs of running the EAP
• injury and fatality rates
• absentee and sick leave rates
• production statistics.

A confidential survey of employees can establish the:
• number of employees using the service
• types of problems they present with
• rate of success in improving work performance.

The EAP may provide regular reports containing de-identified data to the employer outlining any work-related OHS matters that are identified by employees using the EAP (e.g., unrealistic deadlines, excessive work load) which may be increasing the risk of harmful use of alcohol and other drugs by employees (see list of stressors, page 6).
Tips for setting out a workplace alcohol and other drugs policy

Use the headings and tips below to formulate an alcohol and other drugs policy and procedures that are relevant to your workplace.

Statement
Use the information contained in this guide to introduce and discuss the problem of the use of alcohol and other drugs in the workplace and the need for development of a policy statement for the organisation. State a management commitment to provision of a safe, healthy and productive workplace and a willingness to consult with employees and their representatives. Consider the stressors in the workplace that could contribute to the harmful use of alcohol and other drugs.

Aim
Clearly state the aims and expected outcomes arising from the policy. The objectives of the policy should be clearly stated. For example, the policy should aim to:
- maintain a safe and healthy work environment
- reduce the costs associated with alcohol and other drugs to the organisation and individuals
- link action on alcohol and other drugs issues with other occupational health and safety initiatives, and
- provide access to information on alcohol and other drugs use and encourage those with problems to seek assistance.

Scope
Specify the name of the company, the branch, the physical location and the employees covered by the policy.

Code of behaviour
Spell out the code of behaviour required by employees of all levels and work areas. This should include:
- when it is considered appropriate and not appropriate to consume alcohol and other drugs (such as prescription medication) in relation to work, and
- acceptable standards of work performance.

Roles and responsibilities
Specify the scope of everyone's responsibility to contribute to the management of the problem.
Specify whose task it is to:
- monitor work performance
- report incidents and concerns
- investigate and document such reports
- approach an employee who may be intoxicated
- impose a corrective measure
- refer an affected employee to counselling/rehabilitation
- keep records, and
- evaluate the policy.

Special circumstances
Some high risk duties or professions may need special requirements. Identify all safety critical positions and special requirements that apply. Specify employees who may require:
- alcohol and other drugs testing
- specific training, and
- disciplinary measures for breaches.

Testing
If alcohol and/or other drug testing is used, specify the following:
- the purpose of testing for presence of alcohol or other drugs
- the type of tests used and testing procedures, including cut-off points for a positive result
- whether a MRO will be used
- circumstances when tests are carried out
- who may conduct the tests
- how and where test samples and results are to be stored, handled or destroyed
- procedures following a positive test including consequences (if any)
Tips for setting out a workplace alcohol and other drugs policy

- consequences of refusing to take a test
- legal rights of those tested
- the grievance and complaints process, and
- how the results of the tests will be reviewed and conveyed to management eg, through the use of a MRO.

**Discipline**

Specify the grounds for transfer, demotion or dismissal for breaches of the policy and the number of warnings employees will be given before discipline is imposed.
Further information

Occupational Health and Safety Act 2014
Occupational Health and Safety Regulations 2007

Preventing and managing work-related stress, WorkSafe Victoria, April, 2016

Management of alcohol and drugs in mines, WorkSafe Victoria, October, 2009
Below is a list of key alcohol and other drugs information, education, counselling, medical and self-help services available in Victoria.

**Victorian Government Department of Health and Human Services**
The Department of Health and Human Services website contains information about a range of alcohol and other drug policy issues, including Victoria’s Plan 2013-2017. It also contains information about drug treatment services and guidelines.

health.vic.gov.au/alcohol-and-drugs

**Better Health Channel**
The Better Health Channel provides health and medical information on a wide range of health issues to help improve the health and wellbeing of Victorians and provides a wide range of information about the health effects of alcohol and other drugs.

betterhealth.vic.gov.au/healthyliving/drugs

**Achievement Program**
The Achievement Program health promoting framework assists workplaces to determine what policy, cultural and environmental changes are needed within their organisation to make it easier for employees to be healthy. The Program is managed by the Cancer Council Victoria on behalf of the Victorian Department of Health and Human Services.

Aligned to international best practice and government recognised, the Program provides practical state-wide support to all Victorian workplaces, providing organisations with the tools they need to develop a tailored approach and monitor their achievements. This includes best practice benchmarks, policy templates and other guidance on promoting responsible alcohol consumption.

achievementprogram.health.vic.gov.au/workplaces

PH: 1300 721 682

**DrugInfo**
This service is provided by the Australian Drug Foundation to inform and support drug prevention in Victoria. This service functions as a drug prevention and harm minimisation network, providing easy access to information about alcohol and other drugs, drug prevention and harm minimisation. Professionals and members of the general community can use the service as their first port of call for information from local, national and international sources.

druginfo.adf.org.au

PH: 1300 858 584

**DirectLine**
This is a 24 hours, 7 days confidential alcohol and drug counselling and referral line run by Turning Point Alcohol and Drug Centre Inc.

turningpoint.org.au

PH: 1800 888 235

**Family Drug Help**
This is a 24 hour telephone helpline for families affected by a loved one’s substance use.

sharc.org.au/program/family-drug-help

PH: 1300 660 068

**Alcohol and Drug Foundation**
The Alcohol and Drug Foundation Workplace Services team have a suite of factsheets, programs and tools to assist organisations to prevent alcohol and other drug issues from arising at work, including:

- Effects of alcohol and other drugs on health, safety and work performance
- How to approach employees under the influence
- Factsheets available to download and circulate around your office
- Policy development
- Online education, face to face training and upskilling managers to deal with incidents as they arise

adf.org.au/workplace

PH: 9611 6107
Incolink Alcohol and other drugs Program – Drugs or Alcohol Not at Work

Incolink provides support for members of the construction industry and provides information about services and support across Australia.


PH: 9639-3000

Employee Assistance Professional Association of Australasia (Inc) (EAPAA)

EAPAA is the peak Australasian body representing provider and user members that supply Employee Assistance Programs in the workplace. EAPAA is not a service provider but does provide a list of EAP providers in Victoria.

eapaa.org.au/index.php/providers/providers_vic/

PH: (02) 9882 2688

Australasian Medical Review Officers Association (AMROA)

AMROA is the professional body representing Medical Review Officers in Australasia.

The website has useful information about drug and alcohol testing and a “find an MRO function”.

amroa.org.au

National Centre for Education and Training on Addiction (NCETA)

NCETA is an internationally recognised research centre that works as a catalyst for change in the alcohol and other drugs field. They offer information and access to a wide range of Alcohol and other Drug resources and research.

Nceta.flinders.edu.au

PH: (08) 8201 7535

nceta@flinders.edu.au
Appendix A: how alcohol and other drugs or chemicals affect performance

In general, the effects of alcohol and other drugs vary according to:

- the amount and the way it is consumed
- gender
- weight and state of health
- built-up tolerance and dependence
- the pharmacological nature of the substance
- combination with food or other drugs.

 Alcohol

Alcohol is a depressant drug which slows brain activity and responses. The effects vary depending on a number of variables including individual tolerance, gender (in general women have a lower tolerance than men) age (younger people tend to be more greatly affected by alcohol than older people) and general health.

The legal blood alcohol concentration limit for driving in Victoria is under 0.05% which can be reached by a 70kg male consuming two standard drinks in one hour and for a 50kg female, one standard drink in one hour. However, it is important to note that the effects of alcohol can vary from person to person in response to various factors, such as body fat, stomach contents and general health, so the above formula should be used as a guide only.

Tolerance means the need to drink or take larger amounts of alcohol or other drugs to get the same effect. While a person may not feel impaired, the ability to make a good decision quickly is impacted.

A standard drink in Australia refers to 10 grams of alcohol. On average, this is how much the human body can process in one hour. The number of standard drinks in a beverage differs depending on the type and size of alcohol. For example:

<table>
<thead>
<tr>
<th>Drink Type</th>
<th>Number of Standard Drinks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full strength (4.8%) beer</td>
<td>Pot (285ml) = 1.1 standard drinks</td>
</tr>
<tr>
<td></td>
<td>Can/stubbie (375ml) = 1.4 standard drinks</td>
</tr>
<tr>
<td></td>
<td>Schooner (425ml) = 1.6 standard drinks</td>
</tr>
<tr>
<td></td>
<td>Pint (570ml) = 2.2 standard drinks</td>
</tr>
<tr>
<td></td>
<td>Longneck (750ml) = 2.8 standard drinks</td>
</tr>
<tr>
<td>Red wine (13.5%)</td>
<td>glass (150ml) = 1.6 standard drinks</td>
</tr>
<tr>
<td>White wine (11.5%)</td>
<td>glass (150ml) = 1.4 standard drinks</td>
</tr>
<tr>
<td>Champagne (12%)</td>
<td>glass (150ml) = 1.4 standard drinks</td>
</tr>
<tr>
<td>Straight spirit (40%)</td>
<td>shot (30ml) = 0.9 standard drinks</td>
</tr>
<tr>
<td>Pre-mixed spirit (5%)</td>
<td>bottle (300ml) = 1.2 standard drinks</td>
</tr>
</tbody>
</table>

For further information on standard drinks, visit drinkwise.org.au

There are many employees who are professionally employed as drivers who are covered by blood alcohol restrictions. For example, a zero blood alcohol (0.00) limit has been set for bus, taxi-cab drivers, driving instructors and certain heavy vehicle licence holders.

Possible effects of alcohol use include:

- impairment of co-ordination, judgement, cognition and the ability to respond
- blurred vision
- slurred speech
- nausea
- vomiting
- disinhibition and increased risk taking.
Appendix A: how alcohol and other drugs or chemicals affect performance

In the longer term heavy alcohol use can lead to excess weight gain, increased risk of cancer, heart disease and diabetes, and for some the risk of dependence. Health effects can include damage to all organs in the body, including the brain, nerves, liver, heart and stomach.

Cannabis

Cannabis (marijuana) is the mostly common used illicit drug in Australia. It consists of dried flowers and leaves of the cannabis plant.

Possible effects of cannabis use include:
- difficulty in concentration
- poor coordination
- confusion
- clumsiness
- impaired judgement
- slowed reaction times.

Cannabis consumption may lead to psychological dependence and paranoia. When mixed with alcohol, there is a much increased risk of accidents. Somebody who is vulnerable to mental health problems is at increased risk of experiencing mental health problems including psychosis if they use cannabis. Cannabis use may also cause respiratory problems and make pre-existing health problems worse.

Synthetic cannabinoids are chemicals that mirror the chemical compounds in cannabis but as the name suggests are synthetically manufactured. These are sometimes incorrectly referred to as "legal highs" or "fake weed" and physical effects are often unpredictable and have been known to cause death.

Opioids

The following drugs are opioids:
- opium
- morphine
- heroin
- pethidine
- methadone
- codeine
- oxycodone
- fentanyl.

These types of drugs relieve pain and can produce feelings of euphoria and wellbeing. However, users can develop a tolerance and dependence very quickly.

Possible effects of opioid use include:
- drowsiness
- reduced vision
- hypoventilation (slow breathing or breathing difficulties)
- nausea
- vomiting
- loss of consciousness.

Severe consequences including overdose and death can also occur if opioids are mixed with alcohol or other drugs that can cause drowsiness or reduce breathing.

Methadone is an opioid predominantly used to treat heroin dependent people but can be used to treat chronic severe pain that does not respond to other types of pain medication. Methadone is only legal within a treatment program.

The ability to drive a car or operate heavy machinery may be impaired when using any kind of opioid, including over the counter codeine products.

Stimulants

Stimulants are drugs that elevate the mood and increase wakefulness. Possible effects of their use include:
- hyperactivity
- agitation
- confusion
- insomnia
- paranoia
- violent or aggressive behaviour
- increased pulse rate and blood pressure
- convulsions
- stroke.
Appendix A: how alcohol and other drugs or chemicals affect performance

Amphetamine type stimulants (ATS) include methamphetamine (speed, ice), methylenedioxymethamphetamine (MDMA, Ecstasy), and cocaine.
Possible effects of methamphetamine use include:
• fast heart rate and breathing
• hyperactivity, agitation and confusion
• enlarged pupils and dry mouth
• reduced appetite
• teeth grinding and excessive sweating
• repeating simple things like itching and scratching.
Possible effects of MDMA use include:
• blurred vision
• muscle cramping
• inability to regulate body temperature
• convulsions
• hallucinations.
Possible effects of cocaine use include:
• increased heart rate, blood pressure and body temperature
• erratic and sometimes violent behaviour
• chest pain
• heart attack
• convulsions
• seizures
• psychosis.

Hallucinogens
Hallucinogens are a group of drugs that can change a person’s perception. The most common forms of hallucinogens are lysergic acid diethylamide (LSD) and wild mushrooms containing psilocibin.
Possible effects of hallucinogens include:
• illusions and hallucinations
• poor perception of time and distance
• drowsiness
• confusion
• inability to concentrate
• loss of memory
• panic
• paranoia
• hyperactivity
• insensitivity to pain
• anxiety.

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

Volatile substances (solvents and inhalants)
Volatile substances are commonly known as inhalants or solvents and are sometimes used as substitutes for other drugs. The most commonly used volatile substances are butane gas, chrome, paint thinner, petrol and glue. As with alcohol, volatile substances are classified as central nervous system depressants.
Deliberate inhalation of volatile substances or unintentional inhalation, for example, when working with solvents, may lead to intoxication and/or impair the ability to work safely. Employers who require employees to work with solvents must be aware of exposure standards and ensure these are not exceeded.
If an employee inhales a volatile substance the onset of intoxication can be rapid and severe. Effects are short term and include:
• drowsiness
• disorientation
• double vision
• poor coordination
• slowed reaction time
• reduction in muscle strength
• dizziness
• fatigue
• nausea
• death as a result of irregular heart beat or suffocation.
Long term inhalation of excessive amounts of toxic substances, such as leaded petrol, can damage the brain, nervous system, liver, kidneys and bone marrow.
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.

Side effects that could affect work performance as a result of prescription medication include, but are not limited to, drowsiness, being less alert, difficulty in concentration, slowed reaction times and decreased physical coordination. For example, antihistamines or codeine containing products prescribed or purchased over the counter for allergies, or cold medicines, can cause drowsiness.

Employers should remind employees taking medication to find out how it may affect them by consulting their doctor. During this consultation, employees should explain their work duties to the doctor in order to determine if their ability to work safely will be impaired by the medication. Employers should remind employees that they have a duty to take reasonable care for their own health and safety as well as the health and safety of persons that may be affected by their actions in the workplace, such as their co-workers.

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

An employee is not obliged to disclose the reason why they are taking a particular medication. However, employees should still be encouraged to inform their employer and/or relevant occupational safety and health representative regarding any medication they are taking so that the implications for work safety can be assessed. This can be specified in a drug and alcohol policy or communicated to employees through other means. Other information about the potential effects of medication and what information an employee should obtain from a doctor if medication is prescribed can also be referenced in the policy.

Hazardous substances

Chemicals such as solvents and pesticides can affect performance in a way similar to alcohol and can make the effect of alcohol and other drugs more potent.

The OHS Regulations 2007 place duties on employers to protect people at work against risks to their health associated with the use of hazardous substances. For more information about controlling risks associated with the use of hazardous substances visit worksafe.vic.gov.au.

Combining prescription medications

Combining different prescription medications may increase or multiply the intensity or completely alter the effect of a drug. It is advisable for employees to seek advice from their doctor or pharmacist about any possible side effects arising from mixing prescription medication. Combining medication and alcohol may also alter the side-effects of medication and affect an employee’s ability to work safely. Cold and flu or other over the counter tablets mixed with alcohol, for example, may impair judgment or coordination.
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

Head Office
222 Exhibition Street, Melbourne 3000
Phone: (03) 9641 1555
Toll-free: 1800 136 089
Website: worksafe.vic.gov.au

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

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