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## INTRODUCTION

A range of factors, both at the workplace and in our private lives, impact on our ability to work safely. These factors, as they relate to the workplace, must be dealt with through the normal procedures for dealing with safety issues at the workplace. Alcohol and other drugs may be a factor that affects a person's ability to work safely.

The use of alcohol and other drugs becomes an occupational safety and health issue if a person's ability to exercise judgment, coordination, motor control, concentration and alertness is affected at the workplace, leading to an increased risk of injury or illness.

Employees affected by alcohol or other drugs may present a hazard in the workplace, causing injury to themselves and others. Co-workers may also be placed in difficult situations, expected to cover for unsafe work practices or faced with reporting a fellow employee.

Alcohol and other drugs can cause a range of problems for employers. In some cases, their use may lead to loss

of life, injury, damage to plant or equipment and negative publicity for the business.

This Guidance Note has been prepared by the WorkSafe Western Australia Commission as an explanatory document on how to satisfy the general duty of care obligations under the Occupational Safety and Health Act 1984.

Employers have a general duty to provide a safe workplace, free from hazards. Employees must take reasonable care of their own safety and not endanger the safety of others at the workplace. The consumption of alcohol and illicit drugs whilst at work is therefore unacceptable and employees should present themselves for work and remain, while at work, capable of performing their work duties safely.

This document aims to assist employers, self-employed people and employees understand and manage alcohol and other drug issues at the workplace.

Further information about the purpose of a Guidance Note is provided in the Appendix.

A range of strategies to manage alcohol and other drugs in the workplace are discussed in Section 2 of the Guidance Note. The strategy adopted must ensure workplace hazards and risks associated with the use of alcohol and other drugs are eliminated or reduced as far as practicable. If a policy is adopted as part of this strategy, it should reflect the safety needs of that workplace. Education and information about the ways in which alcohol and other drugs can affect safety should form part of every strategy.

It is important that people at a workplace understand the effect that alcohol and other drugs may have on a person's ability to work safely. The effect of a range of substances including alcohol, cannabis, opiate analgesics, hallucinogens, volatile substances and stimulants is outlined in Section 5. Prescription and over-the-counter medication may affect a person's ability to work safely,

as can combining different drugs or mixing drugs with alcohol.

If further information about these substances and their effects is sought, the agencies outlined in Section 6 should be contacted. Discussion of nicotine is not included in this Guidance Note.



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## STRATEGIES

While there is no single way to address the problem of alcohol and other drugs at the workplace, there are a number of strategies that may be adopted. Deciding upon which strategy to adopt will depend on the extent of alcohol and other drug use, the nature of the industry and the size and resources of the business. Any strategy should be tailored to meet the needs of that workplace. Information and education about alcohol and other drugs should form part of any strategy.

The aim of the strategy should be to eliminate or reduce alcohol and other drug related harm as far as practicable. This objective should be achieved through a three-tiered approach:

- ② preventing harm through such steps as providing information and education;
- ② management of hazards through introducing procedures for dealing with affected persons at the workplace; and
- ② provision in the strategy for the return to usual work duties of affected employees.

### 2.1

#### POLICY ON ALCOHOL & OTHER DRUGS AT THE WORKPLACE

One approach to managing alcohol and other drugs is to establish a policy, with supporting procedures, which takes into consideration the specific circumstances of the workplace. Section 4, which discusses "risk factors", provides further guidance on determining an appropriate strategy for your workplace.

The development of a policy provides an opportunity to develop management strategies dealing with a range of alcohol and other drug related issues.

- ② The policy should outline the organisation's aims in relation to alcohol and other drug use with the objective being the reduction of the hazards and risks associated with alcohol and other drug use.
- ② The "supporting procedures" should provide the strategies and action plans to meet this objective.

## 2.1.1

**WHY DEVELOP A POLICY?**

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

An employer could be found in breach of the general duty to provide a safe workplace that is free from hazards if injury or harm is suffered as a result of alcohol or other drug use. Having a clearly defined policy with supporting procedures in place will assist the employer to provide a safe workplace and manage drug and alcohol related issues in the workplace.

The existence of a policy also provides a means of informing employees and other people at the workplace about what behaviour is acceptable in relation to alcohol and other drugs.

Having an alcohol and other drug policy also demonstrates management commitment to a safe and healthy workplace.

It may be good practice to have a policy even if alcohol and other drugs do not pose a current risk at a workplace. It is important, however, that all workplace safety and health policies, including alcohol and other drug policies, are prioritised according to the hazards present and perceived level of risk at your workplace.

### HOW TO DEVELOP A POLICY

The way in which a policy on alcohol and other drugs is developed will depend on the individual requirements of your workplace.

It may suit your workplace to have a separate policy dealing specifically with "alcohol and other drugs." Alternatively, the contents of an alcohol and other drugs policy could be incorporated into an existing occupational safety and health policy framework.

At some workplaces it may be appropriate to have a policy that deals with impairment from a wide range of sources, in which alcohol and other drugs are included. Such a policy could incorporate other workplace safety and health issues such as stress and fatigue.



2.1.2

### KEY STEPS IN POLICY DEVELOPMENT

The following steps may assist in developing a policy on alcohol and other drugs at the workplace.

#### **Establishing a representative group to formulate and implement the policy**

2.1.3

A group established to oversee development of the policy should include any Safety and Health Representatives, other employee representatives and management. The more diverse and encompassing the range of people involved in formulating the policy, the more likely the policy will be viewed as relevant and appropriate.

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

The group should clarify its task to ensure a clear mandate.

Adequate resources should be provided to enable the group's objective to be carried out.

 **Development of the policy**

The policy should be developed through an open, participatory process. Effective communication strategies that ensure regular consultation and feedback to employees should be adopted. This approach will give employees a sense of ownership of the policy, making the policy more likely to be accepted and followed at the workplace.

A preliminary draft policy should be produced and then reviewed by the overseeing group. It is important that feedback is received at this stage from all persons at the workplace who may be affected by the operation of the policy.

Procedures and an implementation timetable for the policy should also be devised.

When writing the draft policy, the inclusion of a trial period can assist in its successful introduction.

The draft policy should be reviewed and, where appropriate, feedback from the workforce incorporated.

Upon preparation of the final draft, the policy should be presented to management for endorsement and then distributed to all employees and persons at the workplace.

To successfully introduce a new policy, it may be necessary to take steps to overcome the anxiety the changes precipitate. Throughout the policy development stage, employers and managers should convey the message that the business values its employees and is committed to responding to the issue of alcohol and other drugs responsibly. The policy should clearly explain why an alcohol and other drugs policy would benefit the workplace.



Good communication and provision of accurate information will reduce anxiety for employees. It is essential employers make it clear to their employees that they are endeavouring to assist them to work safely and that an alcohol and other drugs policy is not aimed at removing people from the workplace. Employers should point out that while employers are not responsible for the private lives of their employees, they carry the primary responsibility for safety at work through creating and maintaining a safe working environment. The impact of unsafe behaviour caused by alcohol and other drugs should be emphasised in any communications and in the policy.

## 2.1.4

### CONTENT OF POLICY

What is included in the policy will vary according to the nature of the workplace, the perceived extent of alcohol and other drug use and the resources available. As with any occupational safety and health policy, an alcohol and other drugs policy and its supporting procedures should be simple and easily understood.

An effective policy should include information on the following areas:

#### **Aims and objectives**

The policy should aim to prevent harm, whilst also dealing with occurrences and rehabilitation. The objective could include, for example, fostering and maintaining a safe working environment. The expected outcomes and standards arising from the policy should also be clear.

#### **Scope**

The application of the policy and its supporting procedures should be outlined. It should be clear that every person including employers, directors, consultants, employees, as well as visitors, clients, customers and contractors entering the workplace is covered. People at the workplace need to be assured there will be no discrimination between employees in the way in which they will be treated under the proposed policy and procedures.

The organisation's policy and procedures with respect to alcohol and other drugs at the workplace should be communicated clearly to everyone who comes onto the workplace.

## 2.1.5

 **Infringement of the policy**

The policy is the opportunity to specify what constitutes an infringement in relation to alcohol and other drug use. Clear direction should therefore be provided about how people are expected to behave in relation to alcohol and other drugs at the workplace.

The policy also provides the means to state clearly what happens on the first, second and third infringement. This should be determined in consultation with any Safety and Health Representatives or through another employee consultative process.

The policy may include provisions to ensure compliance.

**CONTENT OF SUPPORTING PROCEDURES** **Identification**

The procedures for identifying persons impaired by alcohol and other drugs should be specified in the supporting procedures. Unless such procedures are clear, complications and uncertainty will arise.

It may be appropriate to include information that assists employees to identify and appropriately respond to hazardous behaviour by co-workers in the supporting procedures. Section 2.1.6 provides detailed guidance on identification of persons impaired by alcohol and/or other drugs.

The procedures for managing a person affected by alcohol and other drugs at the workplace should be outlined in the supporting procedures.

The supporting procedures should also provide that if any employee has doubts about a co-worker's ability to work safely, this safety concern should be reported to their Safety and Health Representative, supervisor, or other person, as nominated in the policy.

#### **Dealing with an impaired person**

If any person at a workplace appears to be impaired by alcohol and other drugs the procedures outlined in the policy should be followed.

The person nominated in the policy should approach the impaired person. A suitable person may include a staff counsellor, for example. If the person is aggressive or appears unpredictable, more than one person should be involved in the initial approach which should be quietly assertive - not aggressive, argumentative or threatening.

Detailed procedures for dealing with a person impaired by alcohol and/or other drugs are provided in Section 2.1.6.

### **Information and training seminars**

It is important the supporting procedures establish a system that ensures everyone at the workplace is aware of the existence and contents of the alcohol and other drugs policy and supporting procedures. Copies of both documents should be readily available at the workplace.

A system for providing information to persons at the workplace on alcohol and other drugs should be included as a preventative strategy. A range of material is available from the agencies outlined in Section 6.

It may be appropriate for information and training sessions on the alcohol and other drug policy to be provided for in the supporting procedures. Employers, supervisors or other nominated employees also need to be fully aware of its contents so they can advise and answer questions about its operation.

### **Workplace induction**

The supporting procedures should address workplace induction. Workplace induction procedures should be adapted to ensure new staff are made aware and understand the policy and procedures in relation to alcohol and other drug issues at that workplace.

### **Confidentiality**

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

 **Rehabilitation and counselling**

If Employee Assistance Programmes (EAP's) are available at the workplace, employees should be made aware of the assistance available. It may also be appropriate to include a means of referral to EPA's or other counselling or rehabilitation services in the supporting programmes.

 **Evaluation**

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

 **Testing**

If alcohol testing or testing for illicit drugs is introduced, written procedures for testing and an implementation timetable need to be included in the supporting procedures.

Procedures for managing an employee testing positive at a workplace need to be developed through a consultative process and communicated to everyone at the workplace.

The follow up action and outcomes from positive tests should be made clear in the supporting procedures.

Further information on testing for illicit drugs and alcohol is available in Section 2.1.6 (v).

### **Third persons**

It may be appropriate to include procedures dealing with the situation where a third party, who is not an employee, enters the workplace affected by alcohol or other drugs. In some workplaces there may be a greater risk of this incident occurring.

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

### **Work sponsored functions**

At some workplaces it may be advisable to include a section outlining the organisation's policy on consumption of alcohol at work sponsored functions. Alternatively a separate policy or set of procedures dealing with "work sponsored" functions may be developed.

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

There are also a number of steps that can be taken by management to minimise the risk of alcohol and drug related harm at such functions. Simple strategies such as providing low alcohol beer and non-alcoholic drinks at functions, providing a choice of beverages and serving substantial food can lessen the chance of alcohol induced injuries or incidents.

Other initiatives include ensuring workplace social activities do not centre around alcohol. Hosting family-friendly functions during the day, as an alternative to evening functions, for example, may contribute to a safe and healthy environment.

Employees should be encouraged to organise alternative transport prior to the function, to minimise the risk of their driving under the influence of alcohol.



## 2.1.6

**IDENTIFYING PERSONS IMPAIRED BY ALCOHOL AND OTHER DRUGS**

The means by which persons who are "impaired" by alcohol and other drugs at the workplace will be identified needs to be determined at the policy development stage. The means for identification should then be included in the policy, with details outlined in the supporting procedures.

Persons in the workplace are expected to be able to carry out their work without risking the safety and health of themselves or others. It is therefore important that any identification addresses whether an employee's ability to work safely is impaired.

Potential difficulties should be borne in mind when identification strategies are being formulated. When assessing "impairment" of an employee, the possibility of impairment through other causes, such as fatigue or stress, should be borne in mind. Strategies should aim to differentiate between the effects of a drug, alcohol and fatigue. Fatigue, which can be defined as loss of alertness, eventually ending in sleep, is common in a range of industries, particularly in motor transport. This loss of alertness leads to slower reaction times, decreased skill and poor judgment. Fatigue can result from long or arduous work, poor sleep or lack of sleep.

Section 5 provides further information on the effect of a range of substances on the ability to work safely.

There are a number of ways persons who are adversely affected by alcohol and other drugs may be identified. The following steps may assist in developing an identification process:

(i) **Criteria**

Criteria should be formulated that clearly set out the factors that will be considered when employees, that appear impaired by alcohol and other drugs, are identified. It is essential that criteria are developed in consultation with all employees, any Safety and Health Representatives and management. Expert assistance may be required in formulating the identification process.

(ii) **Identification**

The question as to who will identify an impaired employee must be clear in the policy or supporting procedures. Options include identification by:

- a supervisor or senior manager;
- a fellow employee or co-worker;
- self-assessment by the employee;
- a position designated in the workplace policy; or
- a combination of some or all of the above.

It may be worthwhile for management to state that the entire workforce is encouraged to report a person at the workplace who may be impaired or not working safely.

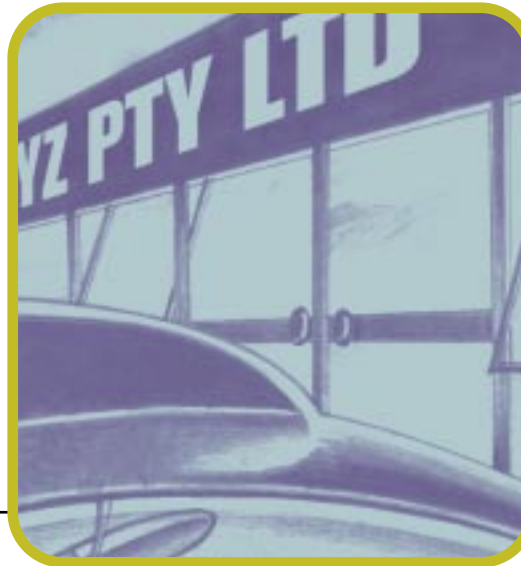
(iii) **Training**

Identifying persons affected by alcohol and other drugs is a complex process, therefore designated persons who approach employees should be properly trained in substance abuse identification and the use of the most effective style of approach.

It is important supervisors and managers are trained in recognising and appropriately assisting employees with "fitness for work" problems that may impact on work performance or safety. It may be advisable to seek a range of expert assistance.


**When dealing with substance-impaired persons in the workplace:**

- avoid using terms such as "You're drunk;"
- be brief, firm and calm. Use the affected person's name; repeat your message ("I am instructing you to stop work for the day. Arrangements will be made for you to go home");
- do not argue or debate; simply repeat your message;
- make suitable arrangements to ensure the impaired person gets home safely; and
- try to persuade them not to drive their own vehicle.




 **If the impaired person refuses to cooperate:**

- contact the person specified in the policy or supporting procedures which may include the union representative, the employer or other person specified in the policy;
- assess dangers; and
- evacuate all surrounding people at risk from the location of the impaired person or isolate the impaired person.

 **After the incident and the employee returns to the workplace not impaired by alcohol and/or other drugs:**

- sick leave, special leave or sickness benefits advice should be arranged;
- information and advice about substance abuse, assessment and counselling should be provided;
- the policy regarding further incidents should be made clear to the employee, but the normal procedures concerning failure to perform should apply.

**Further incidents:**

-  Should further incidents of being impaired by alcohol or other drugs occur by the same employee:
- repeat the above procedure;
  - follow disciplinary procedure outlined in the alcohol and other drug policy or other written procedures;
  - keep all parties informed; and
  - encourage the impaired person to seek information and counselling and treatment if appropriate.\* <sup>1</sup>

\* <sup>1</sup>SOURCE: OCCUPATIONAL SAFETY AND HEALTH BULLETIN, Information Australia

**(iv) Self-assessment by the employee**

The policy should state that employees are not to present themselves for work if they have consumed alcohol and other drugs that affect their ability to work safely. The policy should also state that employees should not remain at the workplace if they become affected by alcohol and other drugs.

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

Simple self-assessment tools may also be useful in assisting persons in assessing their own problems and attitudes. These tools could be developed within an organisation or obtained from services available in the community. Such self assessment tools can also have a positive impact on a person's behaviour.

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

**(v) Testing for illicit drugs**

When considering the introduction of testing for illicit drugs, employers should ensure the nature of the policies and programs is appropriate to the level of risk in the workplace.

If testing is introduced it should also form part of a comprehensive alcohol and drug program, which in turn is part of a general safety and health program.

Employers should be aware that drug testing does not measure impairment. Current testing techniques do not disclose the quantity of the drug consumed, when it was consumed or the level of impairment that has resulted from the drug consumption.

There are a range of issues associated with testing for illicit drugs including confidentiality and employee concerns about privacy.

Employers should also be alert to the possibility of inaccurate results and false positives. Other issues relate to insufficient integrity of the testing process and the interpretation of results. Employers should ensure, as far as practicable, that a proper chain of custody of the samples is followed.

If drug testing is introduced, expert guidance should be sought. Appropriate safeguards include ensuring test results are supervised and assessed by a qualified person. Employers may need to be familiar with Australian Standard 4308 which outlines the recommended practice for the collection, detection and quantification of drugs of abuse in urine.

If testing is introduced, written procedures on workplace testing need to be in place.

#### **(vi) Testing for alcohol**

When considering the introduction of alcohol testing, employers should ensure they adopt the least invasive means of testing. Breathalysers, for example, use less invasive processes than other tests and eliminate the

## 2.2

**SAFEGUARDS FOR MEDICATION**

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 clearly spelled out in the workplace policy and the supporting procedures need to be clear to all persons at the workplace.

Section 2.1.2 provides guidance in developing a policy on alcohol and other drugs at the workplace. If a policy does not exist, written procedures should be in place that assist in identifying employees whose performance is impaired.

Another issue that may be addressed is the management of employees affected by medication, including prescription and over-the-counter medication. Details about the effect of medication on a person's ability to work safely is provided in Section 5.2.5. This issue may be addressed in the policy on alcohol and other drugs or can be considered separately.

There are a number of steps that may be taken to minimise the risk of harm caused by consumption of medication :

- If an employee's ability to work safely may be affected as a result of medication, the employee should inform either the employer, supervisor or Safety and Health Representative at the workplace of the effects of the medication. It is not necessary for the employee to disclose the illness for which they are taking medication.

It may also be appropriate for the employee to provide some means of verification as to the side-effects of the medication, such as a medical certificate, if medication is to be taken over an extended period of time.

It should also be noted that where a company nurse or doctor issues medication at work (including non-prescription), the potential impairment resulting from either the injury/illness or medication must be assessed when determining if that person should be returned to usual duties at that time.

If an employee can perform their usual work duties safely, an appropriate person should be assigned the task of monitoring the safety performance of the employee.

If an employee is unable to perform his or her usual work tasks safely, the employee should not be assigned those usual tasks. Where practicable, an employee should be given reasonable alternative work until consumption of the medication ceases.

If an employee is unable to complete usual work duties safely for an extended period of time, and there is no alternative work available for the employee, there needs to be consultation between the employee concerned, the Safety and Health Representative and the employer to discuss steps that can be taken until the employee can resume duties. The process of consultation also needs to address issues of transport away from the workplace. The employee should only recommence normal duties when they are able to work safely.

**Employee Assistance Program (EAP)**

As part of addressing alcohol and other drug issues in the workplace, an employer may wish to provide for the introduction of a confidential EAP. An EAP can be defined as a coordinated group of strategies designed to encourage employees to seek professional, confidential counselling for all personal problems significantly affecting their work performance, safety or health. An EAP provides assistance to employees on a range of problems, including those involving alcohol and other drugs. An EAP also provides assistance for other personal problems unrelated to health.

The policy should recommend that employees with alcohol and/or other drug problems are referred to an EAP and it may be appropriate to outline the means of referral in the policy or supporting procedures.

It is important, however, that EAP support for alcohol and other drug issues in the workplace is related to job performance rather than attempts to identify symptoms of drug abuse or alcoholism in the workplace. This is because impaired job performance carries less stigma than alcohol/drug abuse or addiction.

Establishing an EAP may not be appropriate in smaller workplaces, however it is recommended that employees with alcohol or other drug problems are referred to professional help.

If an EAP is not introduced or available at a workplace, the employer may wish to provide information about general assistance available in the community. Where no EAP is available it may be necessary for employees experiencing problems to seek medical advice.

## 2.3

### EDUCATION AT THE WORKPLACE

One of the most important strategies for prevention of harm is providing information about alcohol and other drugs to persons at the workplace. Employees are more likely to work safely if they are aware of the effect of alcohol and other drugs.

Employers should provide information about services, programs and assistance available either at the workplace or by external agencies, for employees seeking support.

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

Providing information about alcohol and other drugs also contributes towards developing a workplace culture where employees are prepared to encourage each other to work safely.

Employees should make themselves aware of any assistance available at the workplace or of support offered by external agencies. If an employee believes their safety or health is affected by alcohol or other drugs, they should seek assistance through recognised treatment.

Workplace education or training programs can also play an important role in preventing or minimising the risk of hazards associated with safety performance impairment. Holding information sessions on the operation of any alcohol and other drug policy provides a useful forum for persons at the workplace to familiarise themselves, and have queries answered, about alcohol and drug related safety and health issues.

3



## DUTIES OF EMPLOYERS & EMPLOYEES

### 3.1

#### DUTY OF CARE

Employees and employers have obligations under the Occupational Safety and Health Act 1984 (the Act) in relation to safety at the workplace.

Although there is no specific reference to alcohol and other drugs under Western Australian occupational safety and health laws, employers and employees must comply with their general duty of care.

Persons in workplaces should also be aware of other legislation (outlined in this section) that may specifically deal with alcohol and other drugs at their workplace.

## 3.2

## OBLIGATIONS OF EMPLOYERS (SECTION 19 OF THE OCCUPATIONAL SAFETY AND HEALTH ACT)

Employers have a general duty to ensure the safety of their employees.

Employer duties are set out in Section 19 of the Act. Employers must, so far as is practicable:

- ⓐ provide a workplace and safe system of work so that, as far as practicable, employees are not exposed to hazards;
- ⓑ provide employees with information, instruction, training and supervision to allow them to work in a safe manner;
- ⓒ consult and co-operate with safety and health representatives and other employees in matters related to safety and health at work;
- ⓓ provide adequate protective clothing and equipment where hazards cannot be eliminated; and
- ⓔ provide for the safe use, transport and disposal of machinery and substances.



The use of alcohol and other drugs may present a hazard at the workplace. The risk of injury or harm to any person resulting from the use of alcohol and other drugs must be assessed and measures taken to reduce the likelihood of any injury or harm occurring from their use.

Where a person's capacity may be impaired by alcohol and other drugs, the employer should ensure the person is not in a position of personal risk, and that the person does not present a risk to the safety and health of others.

If developing a policy on alcohol and drugs in the workplace, employers are obliged to 'consult and co-operate' with any Safety and Health Representatives and other employees.

### OBLIGATIONS OF EMPLOYEES (SECTION 20 OF THE OCCUPATIONAL SAFETY AND HEALTH ACT)

#### 3.3

Employees also have a general duty in relation to safety at the workplace as outlined in Section 20 of the Act. Employees have an obligation to take reasonable care to:

- ☐ ensure their own safety and health at work

Employees should ensure their activities away from work do not impact on their ability to perform their duties safely when at their workplace. An employee should inform him/herself about the effect of alcohol and other drugs on their ability to work safely. An employee should present and remain, while at work, fit for work;

- ⌚ avoid adversely affecting the safety and health of other persons at the workplace:  
An employee affected by alcohol and other drugs presents a danger to co-workers and other persons at the workplace.
- ⌚ report to their employer any situation that they have reason to believe could constitute a hazard and he/she cannot reasonably correct themselves.  
A person who cannot work safely due to impairment by alcohol or other drugs may constitute such a hazard and this situation should be reported to the employer or other appropriate person in control: and
- ⌚ report to their employer any injury or harm to health of which he/she is aware that arises in the course of, or in connection with, his/her work.

## 3.4

**DUTY IN RELATION TO THIRD PERSONS****⌚ Self-employed persons**

As outlined in Section 2.1 of the Act, self-employed persons must take reasonable care to ensure their own safety and health at work and, as far as practicable, ensure the work does not affect the safety and health of others.

**⌚ Contractors**

If a principal engages a contractor to carry out work, the principal is considered, in relation to matters over which he has control, to be the employer of the contractor and any person employed or engaged by the contractor to carry out or to assist in carrying out the work. The principal's duties are in addition to the contractor's duties as an employer.

**⌚ Third persons at the workplace**

Responding to a hazard presented by alcohol and other drugs may also include a situation where a third person, who is not an employee, enters the workplace affected by alcohol and other drugs. An example includes when a client, customer or visitor is at the workplace.

Should this situation occur, the employer and employee must respond by minimising the risk of an impaired third person presenting a hazard at the workplace. If such an occurrence is likely, it is advisable to have workplace procedures in place, that outline how to deal with this situation. If the nature of the workplace presents special risks to employees, for example, if employees regularly work alone, it may be advisable to have in place extra safety precautions such as distress alarms.

## 3.5

## OTHER LEGISLATION

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

- Ⓒ) ***Misuse of Drugs Act 1981***  
Section 5: Offences concerned with prohibited drugs and plants in relation to premises and utensils.  
Section 7: Offences concerned with prohibited plants generally.
- Ⓒ) ***Road Traffic Act 1974***  
Offences relating to driving a motor vehicle, truck or mobile equipment whilst under the influence of alcohol and/or drugs.
- Ⓒ) ***Workers' Compensation and Rehabilitation Act 1981***  
This Act disallows compensation for an employee if alcohol and drugs are involved in the employee's disablement, unless the incident results in death or permanent disablement.  
In some industries specific laws on alcohol and other drugs apply, for example:
- Ⓒ) ***Fire Brigades Regulations 1943***  
Regulation 133. 3: Conduct requirements.
- Ⓒ) ***Rail Safety Act***  
Section 31 deals with employees affected by alcohol and/or drugs.
- Ⓒ) ***Mines Safety and Inspection Regulations 1995***  
Regulation 4.7 prohibits a person, whether or not an employee, being in or on any mine while adversely affected by intoxicating liquor or drugs, and specifies the penalty and related responsibilities.



## RISK FACTORS

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

When assessing whether alcohol and other drugs pose a safety and health risk at your workplace, a range of factors, some of which are outlined below, should be considered.

At some workplaces the hazards associated with alcohol and other drugs may be greater due to the nature of the workplace. Employees who operate machinery, drive in the course of their work or rely on concentration or motor coordination, may face an increased risk of injury if affected by alcohol and/or drugs.

At other workplaces there may be a greater potential for serious harm. Employees who are operating heavy machinery or using hazardous materials, for example, may be at risk of more serious harm if injured.

In some occupations an employee affected by alcohol and other drugs may be more likely to jeopardise the safety and health of others. Examples include persons working with hazardous materials or performing duties where they are working as part of a team.

Alcohol and other drug consumption may also be more prevalent in some industries than others. The following are some factors to consider when assessing whether a risk exists from alcohol and drugs in your workplace. An employer should also bear in mind that if any of these problems currently exist in the workplace, the employer may be required to minimise the risk associated with them under their general duty of care to provide a safe working environment.



#### **Availability**

At some workplaces, employees are more likely to be exposed to alcohol or other drugs, and therefore the risk of employees being affected may be increased.

In other workplaces employees may be more exposed to the consequences of substance consumption. For example, persons who work in licensed premises may be more at risk of harm from persons affected by alcohol.



#### **Low job satisfaction**

Low job satisfaction may lead to higher rates of alcohol-related harm through drinking on the job and after hours drinking.

Illegal drugs such as amphetamines and/or prescription medication may be taken to enable employees to keep awake if they are performing repetitive or monotonous tasks or wish to relieve boredom.

Alcohol and drug use may be more common in environments where there is poor job design and unrealistic performance targets and work deadlines. Inadequate training and supervision, job insecurity, lack of communication and participation in decision-making processes may also contribute to such an environment.

Poor working conditions may also increase pressure for example: employees working in hot, noisy, dirty or dangerous working conditions.



### Workplace culture

In some occupations, for example in workplaces dominated by young males, the prevailing workplace culture may support the expectation that there will be consumption of alcohol at the workplace. Such a culture may condone or encourage heavy drinking or use of illicit drugs.



### Isolation from family and friends

Employees in isolated areas or separated from family and friends sometimes report that they are more likely to consume alcohol due to boredom, loneliness or lack of social activities.



### Other

Jobs that involve high levels of stress, excessive responsibility, long hours or shift work, are sometimes associated with poor health, including alcohol-related problems.

Persons suffering from stress may be more likely to take anti-depressants or anxiety medication. In some cases stress may lead to consumption of illegal drugs such as marijuana.

These factors may provide some guidance when considering the risk of alcohol and other drug use at a workplace, however it is important that every workplace is assessed individually.

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## INFORMATION ON ALCOHOL & OTHER DRUGS

It is essential that all persons at a workplace are aware that alcohol and other drugs may impact on a person's ability to work safely and the effect this may have on the safety of others at the workplace.

Employees can only take "reasonable care" when they understand the effects of alcohol and other drugs. Employers therefore need to provide 'information, instruction and training' about alcohol and other drugs as with any other hazard. Similarly, employees should be aware and inform themselves of the effects of alcohol and other drugs on their ability to work safely.

### ALCOHOL

#### 5.1

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

The effects of alcohol vary according to:

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

Alcohol consumption may impair work performance. "Hangovers" from alcohol may also decrease work performance and/or increase time off work.

A raised blood alcohol level while at work may increase the likelihood of accidents. Alcohol consumption can lead to delayed reaction time, impaired coordination, memory and other cognitive functions and decrease the ability to concentrate and communicate. In some cases alcohol consumption may lead to an increased likelihood of violent or aggressive behaviour.

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

## OTHER DRUGS

### 5.2

#### Cannabis

**Cannabis** is the short name for the hemp plant *Cannabis Sativa*. Marijuana, hashish and hashish oil come from this plant. THC is the major psychoactive compound that gives the user a 'high' and affects the mood and perception of the user. Cannabis, when smoked, emits a distinctive odour.

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

Hashish is made from the resin of the cannabis plant. 'Hash' is stronger than marijuana and is usually mixed with tobacco for smoking.

### 5.2.1



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

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

- ✦ the person's weight and height;
- ✦ the person's general health;
- ✦ the person's mood;
- ✦ the way in which the cannabis is taken or ingested;
- ✦ the amount or concentration of cannabis taken;
- ✦ whether the drug is mixed with other drugs, including alcohol; and
- ✦ the experience and regularity of use.

Cannabis consumption may lead to difficulty in concentration, fatigue, psychological dependence and paranoia. A person affected by cannabis will exhibit signs of tiredness or lack of interest; poor coordination, confusion, clumsiness, glazed eyes and vision problems, decreased mental alertness, impaired judgement and slowed reaction times.

## 5.2.2

### Opiate Analgesics

The following drugs are opiate analgesics:

- H** Heroin (illegal) (Also known as 'smack', 'skag', 'hammer', 'h', 'gear', 'slow', 'horse').
- O** Opium (illegal).
- M** Morphine (on prescription or illegally obtained).
- P** Pethidine (on prescription or illegally obtained).

Methadone (on prescription or illegally obtained) is used to treat heroin dependent people and is only legal within a treatment program. Methadone maintenance treatment is recognised as an effective method for treating opioid dependence and reducing the harms associated with illegal opioid use.

During the early stages of methadone treatment a person's ability to drive a car or operate heavy machinery may be affected.

These types of opiates relieve pain and produce euphoria. However users develop a tolerance and dependence very quickly. If large amounts of opiates are consumed, adverse physical effects include nausea, vomiting, constipation, drowsiness, reduced vision and respiratory depression (the cause of death from overdose). Other effects include lack of emotion, apathy and indifference.

## 5.2.3

**Stimulants**

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

**A Amphetamines**

Amphetamines may be obtained illegally or on prescription. Amphetamines are known by many names, including 'speed', 'goey', 'fast' and 'whizz'.

Consumption of amphetamines may affect the user through increased pulse rate and blood pressure, anxiety, confusion, insomnia, loss of appetite and, in some cases, psychosis.

Methamphetamine use is associated with high physical and psychological dependence, extreme paranoia, argumentativeness, loss of appetite and hyperactivity. In severe cases, users may be affected by hallucinations, delusions or increased likelihood of violent or aggressive behaviour.

**C Cocaine**

*Cocaine hydrochloride* is a white powder that is also known as 'coke', 'charlie', 'flake', 'snow' and 'c'. The effects of cocaine are similar to amphetamines. Consumption of large amounts of cocaine may cause chest pain, a heart attack or psychosis.

**H Hallucinogens**

Hallucinogens are a group of drugs that can change a person's perception. Hallucinogens include substances such as *Phencyclidine* (PCP) and *Lysergic Acid Diethylamide* (LSD). LSD is also known as 'trips', 'tabs' and 'microdots'. *Psilocybin* is a hallucinogen that occurs naturally in plant species and is sometimes referred to as magic mushrooms.

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

**M MDMA**

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

Effects include increased blood pressure and body temperature, dehydration, nausea and anxiety. High doses can lead to convulsions and hallucinations. Other drugs such as amphetamines are often used with Ecstasy.

## 5.2.4

### Volatile Substances (Solvents and Inhalants)

Volatile substances are commonly known as inhalants or solvents. They include butane gas, paint thinner and petrol. As with alcohol, volatile substances are classified as a central nervous system depressant.

Deliberate inhalation of inhalants, along with unintentional inhalation, may lead to intoxication and/or impair the ability to work safely. Research evidence suggests that short-term use of volatile substances rarely causes permanent damage, except from accidental injury caused by intoxication.

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

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

## 5.2.5

### Medication

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.



#### Prescription Medication

Employees taking medication should find out how it affects 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 affected by the medication.

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

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

Side effects which could affect work performance may include, but are not limited to, drowsiness, being less alert, tiredness, difficulty in concentration, slowed reaction times or decreased physical coordination. Antihistamines, prescribed or purchased over the counter for allergies or as cold medicine, can cause drowsiness.



#### **Over the Counter Medication**

Employees should ask their doctor or pharmacist about the short and long term effects of medication and whether or not their ability to perform their work duties safely may be affected. Employees should always be alert to the fact that commonly taken medications can cause drowsiness and impair the ability to work safely.



#### **Combining Drugs**

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

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

Further information about alcohol and other drugs and their effect can be obtained from the agencies outlined in Section 6.

## FURTHER INFORMATION

Further information on alcohol and other drugs may be available from industry or employee organisations or the following agencies:

### **Alcohol and Drug Information Service (ADIS)**

**Tel: (08) 9442 5000**

### **Alcohol and Other Drugs Program**

Health Enhancement Branch  
Health Department of Western Australia  
Ground Floor, C Block  
189 Royal Street  
EAST PERTH WA 6004  
**Tel: (08) 9222 2074**

### **Next Step Specialist Drug and Alcohol Services**

7 Field Street  
MT LAWLEY WA 6050  
**Tel: (08) 9442 5000**

### **Western Australian Network of Alcohol and Other Drug Agencies**

City West  
Lotteries House  
2 Delhi Street  
WEST PERTH WA 6005  
**Tel: (08) 9420 7236**

### **WA Drug Abuse Strategy Office**

Level 1  
6 Thelma Street  
WEST PERTH WA 6005  
**Tel: (08) 9483 8244**

### **Chamber of Commerce and Industry of Western Australia**

180 Hay Street  
EAST PERTH WA 6000  
**Tel: (08) 9365 7555**  
Email: info@cciwa.com

### **Unions WA**

4th floor  
79 Stirling Street  
PERTH WA 6000  
**Tel: (08) 9328 7877**  
Email: unionswa@tlcwa.org.au

### **WorkSafe Western Australia**

1260 Hay Street  
WEST PERTH WA 6005  
**Tel: (08) 9327 8777**  
Email: safety@worksafe.wa.gov.au

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FURTHER INFORMATION

## APPENDIX

The *Occupational Safety and Health Act 1984* established the WorkSafe Western Australia Commission which comprises representatives of employers, unions, government and experts. The Commission has the function of developing the legislation and any supporting guidance material and making recommendations to the Minister for implementation. To fulfil its functions the Commission is empowered to establish advisory committees, hold public inquiries and publish and disseminate information.

### 7.1 THE ACT

The *Occupational Safety and Health Act 1984* provides for the promotion, co-ordination, administration and enforcement of occupational safety and health in Western Australia.

With the objective of preventing occupational injuries and diseases, the Act places certain duties on employers, employees, self-employed persons, manufacturers, designers, importers and suppliers.

In addition to the broad duties established by the Act, it is supported by a further tier of statute, commonly referred to as regulations, together with lower tiers of non-statutory codes of practice and guidance notes.

### 7.2 REGULATIONS

Regulations have the effect of spelling out the specific requirements of the legislation.

Regulations may prescribe minimum standards. They may have a general application or they may define specific requirements related to a particular hazard or a particular type of work. Regulations may also be for the licensing or granting of approvals, certificates, etc.

### 7.3 CODES OF PRACTICE

A code of practice is defined in the Act as a document prepared for the purpose of providing practical guidance on acceptable ways of achieving compliance with statutory duties and regulatory requirements.

Codes of practice should be followed, unless there is another solution which achieves the same or better result; and can be used to support prosecution for non-compliance.

### 7.4 GUIDANCE NOTES

A guidance note is an explanatory document approved by the Commission providing detailed information on the requirements of legislation, regulations, standards, codes of practice or matters relating to occupational safety and health.

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