



**FRIEND
OR FOE?**™

Drug & Alcohol Guide



Improve your health and habits or help a family member, friend or colleague.

United Services Union

Contents

Alcohol		Drugs	
Words of Wisdom	3	Did you Know?	22
Pub Vision	4	Drug Use	23
Clinical State	5	Drug Classes	24
How Alcohol Works	6	Cannabis	26
Alcohol Harms	7	Drug Addiction	28
Guidelines	8	EAP	30
Guidelines/Consumption	9	Treatment	31
Standard Drinks	10	Drug Addiction Spiral	32
How Much Do You Drink	11	Drug Testing	33
Standard Drinks Diary	12	Specimens	34
The Audit Test	14	Detection Times	35
Are You Ready?	17	Impairment	36
How to Cut Down	18	Drug & Alcohol Policy	37
My Goals	20	Problem Solving	38
Warning Signs	21	Acknowledgements	39

This guide has been prepared from existing public domain material. It is a guide only and is no substitute for professional medical and legal advice and assistance.

Words of Wisdom

In wine there is **health**
(Pliny the Elder, AD 23-79)

Beer is living proof that God loves us and
wants us to be **happy**
(Benjamin Franklin, 1705-1790)

A bottle of wine contains more **philosophy**
than all the books in the world
(Louis Pasteur, 1822-1895)

Alcohol is our most valuable **medicinal**
agent and the milk of old age
(William Osler, 1849-1919)

Alcohol is the **anaesthesia** by which we
endure the operation of life
(George Bernard Shaw, 1856-1950)

FRIEND OR FOE?

Pub Vision

Stage 1. Clever. This is when you suddenly become an expert on every subject in the known universe and want to pass on your knowledge to anyone listening. You are always right, and the person you are talking to is wrong. This makes for an interesting argument when both parties are CLEVER.

Stage 2. Attractive. This is when you realise that you are the most ATTRACTIVE person around and that everyone fancies you. You can go up to a perfect stranger knowing that they fancy you and want to talk to you. Bear in mind that you are still CLEVER and can talk about any subject under the sun.

Stage 3. Rich. This is when you suddenly become the RICHEST person in town. You can buy drinks for the entire bar and can also make bets at this stage because, of course, you are still CLEVER so, naturally, you will always win.

Stage 4. Invincible. You are now ready to pick fights with anyone, especially those you have been betting or arguing with. You can also challenge anyone you fancy to a battle of wits or strength without any fear of losing as you you're more CLEVER, ATTRACTIVE and RICH than them anyway.

Stage 5. Invisible. This is the final stage of drunkenness. At this point you can do anything, because you are now INVISIBLE. You are also INVISIBLE to the people who want to fight you and can walk through the street singing at the top of your lungs because no one can see or hear you.



Clinical State

A. Euphoria (BAC .05-10)

The person becomes overconfident and daring. They have trouble paying attention. They have more color in their face. They lack good judgement, acting on impulse. They find tasks requiring fine motor control difficult.



B. Excitement (BAC .10-20) The person may become sleepy. Their short term memory is impaired. Their reaction time is greatly reduced. Their gross motor skills are uncoordinated. They have trouble maintaining their balance. Vision becomes blurry. Their senses become dull (hearing, tasting, touching).

C. Confusion (BAC .20-30) The person might not know where they are or what they are doing. Walking may be difficult. Emotions run high (aggressive, withdrawn or overly affectionate). Slurred speech. Vision is very blurry. They are very sleepy. The sensation of pain is dulled.

D. Stupor (BAC .25-35) The person can barely move. They do not respond to external stimuli. Walking or standing is impossible. They may vomit repeatedly. They may become unconscious.

E. Coma (BAC .35-45) The person is unconscious. Pupils are unresponsive to light. Body temperature is lower than normal. Breathing is shallow. Pulse rate is slow. Death may occur.

F. Death (BAC .45+) Breathing is halted and the person dies.

How Alcohol Works

Alcohol is the most widely used recreational drug in Australia and responsible for a large part of workplace, health and social problems.

Alcohol is a depressant, slowing the activity of the central nervous system, and its effects on co-ordination and reflexes make it a major factor in accidents.

Alcohol is believed to be involved in a third of serious car crashes, a third of drownings and strongly linked to anti-social behaviour and violence, with an estimated three-quarters of assaults related to alcohol use.

Due to the different ways that alcohol can affect people, **there is no amount of alcohol that can be said to be safe for everyone.** People choosing to drink must realise that there will always be some risk to their health and social well-being.

The more alcohol consumed, the higher the risk.

Alcohol Harms

♥ YOUR BODY

- ▶ liver & kidneys
- ▶ lungs & pancreas
- ▶ heart & blood
- ▶ skin & muscles
- ▶ cancer & ulcers
- ▶ brain & nerves

🚗 YOUR HEALTH

- ▶ hangovers
- ▶ risky/unsafe sex
- ▶ appetite/weight
- ▶ sleeping pattern
- ▶ fatigue & memory
- ▶ premature ageing

👤 YOUR WORK

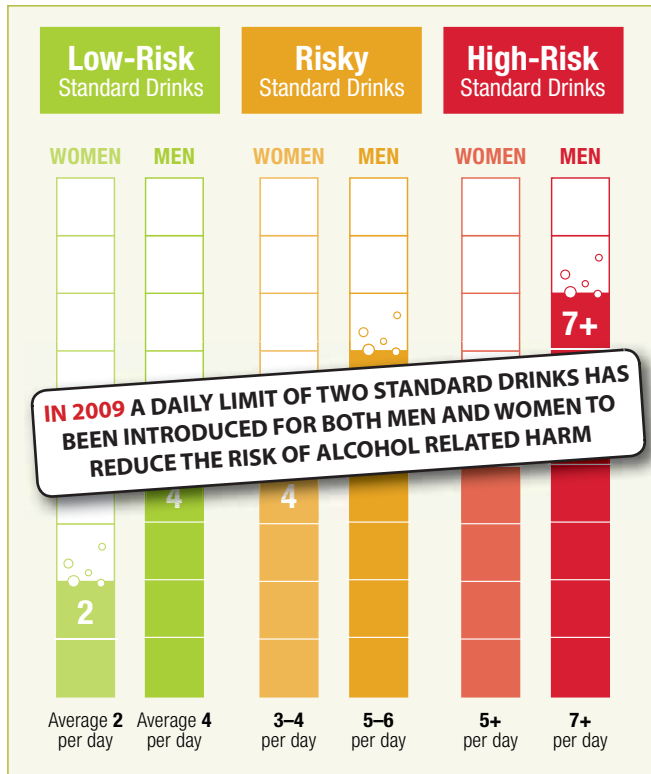
- ▶ absenteeism
- ▶ performance
- ▶ accidents
- ▶ loss of license
- ▶ loss of job
- ▶ bankruptcy

☹️ YOUR SELF

- ▶ stressed/moody
- ▶ aggressive/violent
- ▶ injuries/damages
- ▶ family breakdown
- ▶ mental breakdown
- ▶ suicidal/suicide

FRIEND OR FOE?

Guidelines



* Australian Alcohol Guidelines, National Health and Medical Research Council, October 2001

Guidelines v. Consumption

	Recommended Max Number of Standard Drinks Per Day		Consumption	
	Men	Women	Litre/Year*	World Rank
Sweden	2	2	6	66
Canada	2	2	8	47
Australia	2	2	9	37
France	2	2	13	7
USA	3	1	9	43
New Zealand	3	2	10	28
England	3	2	11	18
Denmark	3	2	12	17
Ireland	3	2	14	4
Singapore	3	3	3	118
Spain	3	3	12	16
Japan	4	-	8	56
Holland	4	2	10	27
Portugal	4	3	12	13
Italy	4	4	9	39

* Pure alcohol consumption per capita per year

Standard Drink Guide



1.1
285ml
Full Strength Beer
4.9% Alc./Vol



1.6
425ml
Mid Strength Beer
3.5% Alc./Vol



0.8
285ml
Light Beer
2.7% Alc./Vol



1.5
375ml
Full Strength Beer
4.9% Alc./Vol



1
375ml
Mid Strength Beer
3.5% Alc./Vol



0.8
375ml
Light Beer
2.7% Alc./Vol



1.5
375ml
Pre-mix Spirits
5% Alc./Vol



1.2
300ml
Pre-mix Spirits
5% Alc./Vol



1
30ml
Spirit Nip
40% Alc./Vol



22
700ml
Bottle of Spirits
40% Alc./Vol



1
30ml
Spirit Shot
40% Alc./Vol



1
60ml
Port/Sherry
Glass
20% Alc./Vol



1.5
170ml
Average Serve of
Sparkling Wine/
Champagne
11.5% Alc./Vol



1.5
150ml
Average Serve
of Wine
12.5% Alc./Vol



7.5
750ml
Bottle
of Wine
12.5% Alc./Vol

How much do you drink?

If you have two beers after work and share a bottle of wine (with eight standard drinks) over dinner, you have had **seven (7)** standard drinks.

How much do you drink?
(standard drinks per week) _____

How many drinks do you think
you are going to have next week? _____

Are you ready to take the test and
keep count of your drinks next week? _____



Fill in the **Standard Drinks Diary** (page 12) with friends/workmates and see if anyone can predict their number of drinks next week.

NOTE: See label on bottle for number of standard drinks.

In Australia, a standard drink contains 10 grams of alcohol. On average, the liver breaks down close to one standard drink per hour. The breakdown of alcohol is at a constant rate which is not affected by coffee, showers or pills etc.

Standard Drinks Diary

#	Mo	Tu	We	Th	Fr	Sa	Su
20							
19							
18							
17							
16							
15							
14							
13							
12							
11							
10							
9							
8							
7							
6							
5							
4							
3							
2							
1							
0							



Add up each square ticked in the Standard Drinks Diary opposite.

Total Drinks _____

Was this a typical week? Yes No

Did you drink more than you thought you would? Yes No



www.drinkwise.com.au
www.everydrinkcounts.qld.gov.au
www.therightmix.gov.au

The AUDIT Test

World Health Organisation



Circle each answer and add up your points

1. How often do you drink (alcohol)?

0 1 2 3 4
Never Monthly Biweekly Weekly Daily

2. How many (alcoholic) drinks do you have on a typical day when you are drinking?

0 1 2 3 4
1-2 3-4 5-6 7-9 10+

3. How often do you have six or more per day?

0 1 2 3 4
Never Monthly Biweekly Weekly Daily

4. How often during the last year have you not been able to stop drinking once you had started?

0 1 2 3 4
Never Monthly Biweekly Weekly Daily

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

0 1 2 3 4
Never Monthly Biweekly Weekly Daily

6. How often during the last year have you needed a drink first thing in the morning to get yourself going after a heavy drinking session?

0 1 2 3 4
Never Monthly Biweekly Weekly Daily

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

0 1 2 3 4
Never Monthly Biweekly Weekly Daily

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

0 1 2 3 4
Never Monthly Biweekly Weekly Daily

9. Have you or someone else been injured as a result of your drinking? (If yes, how long ago?)

0 2 4
No Over 1 Year Less 1 Year

10. Has a relative, friend, colleague or doctor been concerned about your drinking or suggested you cut down? (If yes, how long ago?)

0 2 4
No Over 1 Year Less 1 Year



Add up your points from the Audit Test on pages 14-15

Total Points _____

- 0-7 Points** You are drinking at a low risk level.
- 8-15 Points** You are at a medium risk level and should focus on your drinking habits and consider reducing your drinking.
- 16-19 Points** You are drinking at a high risk level and should cut down and get some brief advice and support.
- 20+ Points** You are drinking at a high risk level – and you may also have become dependent. You really should see your doctor and perhaps cut it all out for a while.



www.beatalcohol.com.au

Are you ready?

Cutting down can be quite a challenge, and you need motivation and determination to succeed.

If you are not quite prepared yet, think it over. It may also be worthwhile to see your doctor and have him/her to perform a medical test to check your liver function etc. Perhaps you only have a high reading without any permanent damage yet. But it's your call – whenever you are ready.

If ready, you may like the idea of comparing the challenge with a game, where you over the next month are going to beat the alcohol. To play, you need rules and goals. To win, you need a coach and a game plan. Get some tips on the following pages.

If you win, continue to keep count of your drinks, and stay in control in the “low risk” area. If you do not win the first game, take time out and go through the errors made. Set some new realistic goals, adjust the game plan and see if you can beat team alcohol in a best-of-three playoff.



How to cut down

1. Identify the good reasons for cutting down. Think of some good reasons for reducing your alcohol consumption. These reasons might include losing weight, avoiding hangovers, having a clearer head and better memory, or minimising relationship or money problems. Choose some reasons that make good sense to you and write them down.

2. Set some goals. Pick a day when you plan to start cutting down and set your daily consumption goals each week. Then record your consumption in a diary to help work out whether you are on track to meet your goals. If you do not achieve all your goals, work out some practical strategies to help you next time.

3. Be aware of high-risk times. There will be times when you will find cutting down difficult. Common high-risk times might be after work, at a party, watching sports events or when you feel lonely, stressed or depressed. Think of some high-risk times for you, and write them down near your reasons for cutting down.

4. Manage the high-risk times. Think about practical and sensible ways to deal with the high-risk times you identified. Then, on a daily basis, think about each of your high-risk times and imagine how you will manage them. Some ways of coping with high-risk times might include planning to do other things at times when you would usually have a drink. Make sure you eat before drinking, make every second drink non-alcoholic or simply avoid high-risk places, people and situations.

5. Identify someone you trust to support you. Often people find it is easier to cut down if they have someone they can talk to and be honest with. This person might be your partner, a friend or perhaps a colleague. Your doctor or other health professional can also support you.

6. Stick to your goals. Some habits are difficult to break. Talk to your support person to help you get through the times when you are finding it hard to stick to your goals. Each time you stop yourself doing something by habit, you are another step closer to breaking that habit altogether. Your cravings will pass more easily if you are occupied with something else.

My Goals



Maximum drinks a day: _____
 Maximum drinks a week: _____
 No. of alcohol-free days: _____

	Wk 1	Wk 2	Wk 3	Wk 4	Total
Monday	___	___	___	___	___
Tuesday	___	___	___	___	___
Wednesday	___	___	___	___	___
Thursday	___	___	___	___	___
Friday	___	___	___	___	___
Saturday	___	___	___	___	___
Sunday	___	___	___	___	___
TOTAL	___	___	___	___	___

Warning Signs

Recent Use

- Blurred vision • Slurred speech • Dizziness • Drowsiness and falling asleep at work • Extreme emotional highs and lows
- Hangovers – including headaches, shaking, vomiting and nausea • Lack of co-ordination or poor reflexes • Sudden violent or aggressive behavior • Lack of inhibition, judgement or self control (**Bear in mind that there can be other explanations for all these signs.**)

Heavy Use

- Arguments with family members about drinking • Anxiety at facing a social situation without drinks • Having an urge or strong desire to drink • Inability to stop drinking once started
- Feeling annoyed when other people comment on, or criticise your drinking habits • Inability to control your behavior
- Continuing to drink even though you have health problems being affected or caused by drinking • Feeling remorse or guilt after drinking • Difficulty in managing feelings • Poor judgement
- Putting yourself or others in danger • Focusing on recreational activities involving alcohol • Drinking alone or in secret

www.aa.org.au



If you have internet access, you can now run your own self-assessment and self-treatment program on-line 24/7:

<http://www.acar.net.au/online.asp>

Did you know?

Alcohol is involved in an estimated:

75%

- assaults/violence

40%

- police work

33%

- car crashes

- bike accidents

- fire injuries

- drownings

25%

- workplace accidents

- hospitalisations

- homicides

- suicides

- ▶ Each year 15% are driving under the influence of alcohol and 5% under the influence of drugs
- ▶ A majority of problem drinkers are employed, however they have a higher rate of absenteeism, work accidents, health care costs and other problems
- ▶ The workplace is ideal for addressing and preventing drug and alcohol problems according to the International Labour Organisation (ILO)



If you are affected by alcohol or other drugs (including medicines) and are injured at work, you may not be able to get workers compensation. If you possess, consume, distribute or sell illegal drugs in the workplace, you can be prosecuted.

Drug Use

Illicit drugs are illicit because they are extremely potent (capable of distorting peoples judgement and personality), addictive (programmed to take control of the mind) and self-destructive (set to ruin lives and families). Experimenting with drugs is always dangerous, and one step closer to addiction. On this US based website, you can make a self-assessment of your drug, alcohol or tobacco habits:

www.drugscreening.org

Unlike alcohol, which comes with a standard drink declaration on the bottle, drugs do not come with a reliable standard dose declaration. So, you never know how hard or how long the next dose is going to affect you.

Don't mix drugs with alcohol or any other drugs, as the outcome is unpredictable and dangerous. Mixing drugs and driving (or similar safety-critical tasks) is another recipe for disaster, and now a traffic offence - whether you are impaired or not.

Drug Classes

Amphetamine & Methamphetamine:

ICE - Crystal methamphetamine. *Symptoms:* Increased heart and breathing rate, hypertension, irregular body temperature. *Problems:* Risk of stroke, decreased lung function, memory loss and psychosis, aggressive and violent behavior requiring chemical and physical restraint or police intervention and high risk of addiction.

SPEED & BASE - Methamphetamine. *Symptoms:* Euphoria, increased blood pressure and pulse rate, increased and irregular breathing and heartbeat, insomnia, loss of appetite and dilated pupils, increased energy and talkativeness. *Problems:* Sleep problems, weight loss, stroke or heart problems, paranoia, anxiety, panic attacks, hallucinations, depression, mood swings, aggression and violence.

ECSTACY - MDMA. *Symptoms:* Increased blood pressure and pulse rate, sweating, nausea, anxiety, excitability, tremors, insomnia, enlarged pupils, loss of appetite. *Problems:* Sleep problems, nervousness, hallucinations, memory and attention impairment, decreased emotional control, lethargy, severe depression, possible nerve cell damage, thermal meltdown, death from heart failure.

CANNABIS - Marijuana, hashish, pot, dope. *Symptoms:* Slow reflexes, impaired motor skills, reduced coordination and concentration, apathy, blood shot or glassy eyes, increased appetite, dryness of the mouth. *Problems:* Mood swings, memory impairment, weight gain, chronic bronchitis, cancer, panic attacks, anxiety, depression, paranoia, dependence, risk of psychosis and suicidal thoughts.

COCAINE - Crack cocaine. *Symptoms:* Anxiety, agitation, increased pulse rate, large pupils, paranoia, agitation, hallucinations, excitability, euphoria, talkativeness. *Problems:* High risk of addiction, erratic behaviour, hallucinations, cocaine psychosis, eating or sleeping disorders, impaired sexual performance, ongoing respiratory problems, collapse of the nasal septum, cardiac arrest, convulsions.

DEPRESSANTS - Sleeping pills, tranquillisers. *Symptoms:* Drowsiness, confusion, incoordination, slurred speech, depressed pulse rate, shallow breathing. *Problems:* Anxiety, depression, restlessness, tremors, insomnia, changes in eyesight, high risk of addiction, suicide.

OPIOIDS - Heroin, morphine, codeine, methadone. *Symptoms:* Lethargy, drowsiness, nausea, constipation, constricted pupils, slowed breathing. *Problems:* High risk of addiction, mood swings, depression, anxiety, chronic constipation, infection at site of injection, HIV and hepatitis and death from overdose.

Cannabis

Marijuana, hashish, pot, dope or joint is the most widely used illegal drug in Australia – especially popular among young people. Many regard it as a 'soft' drug, that doesn't cause any real harm. But there are many risks involved and cannabis is illegal throughout Australia (as in all other countries) and most drug arrests in Australia relate to cannabis.

Cannabis contains much more harmful tars and carcinogens than tobacco. Regular use can affect the motivation, attention and memory and create problems with school, work, friends, money and life in general.

Heavy cannabis users often find that they are only hanging out with other cannabis users and lose contact with other friends who don't use it. They may also start to feel isolated and down from depression. Some users may have to resort to selling it or doing other illegal activities to get money for the dope (or cultivate it themselves).

Cannabis users can also become dependent on it, which is much more common than people think. When cannabis starts to cause problems (aside from it being expensive and illegal), users may find that giving up can be difficult.

Most of the tips for cutting down are the same as "How to cut down" on alcohol. But by just cutting down, many will soon be back at the same level. Others believe the best way is to 'go cold turkey' – and stop completely, overnight.

Either way you should keep away from the old situations where you used to get stoned and stay away from friends who are still using cannabis, until you are sure that you can manage without it. The cravings and withdrawal symptoms will go away after a few days of quitting. And reward yourself by using the time and money saved on other things and activities you really enjoy. For more information and professional advice call:

Cannabis Info & Helpline - 1800 30 40 50

www.ncpic.org.au

Drug Addiction

A former Australian Tax Office manager who became a bankrupt junkie living for his \$700-a-day speed habit appeared in court.

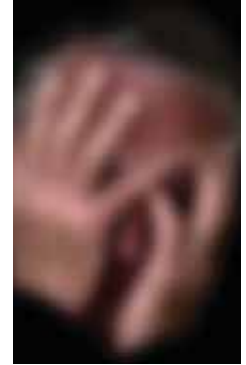
XXX Magistrate's Court heard 35-year-old YYY, a once happily married father of two, became an addict after first trying the drug at his buck's party in 2003.

YYY became a dealer in his own right and pleaded guilty to charges including trafficking, possessing and using ecstasy, amphetamines and anabolic steroids.

YYY admitted to police he was a heavy speed addict, consuming 3.5 grams a day at a cost of between \$500 and \$700. He said he bought each ecstasy tablet for \$15 and was hoping to sell the 60 pills in lots of 10 for \$200 and use the \$300 profit to fund his speed addiction.

YYY worked as a manager at Centrelink for 10 years, before moving to the Australian Tax Office, where he was in charge of GST implementation teams. "Above-average intelligence, but fails to use it," magistrate ZZZ commented.

YYY had often used amphetamines at weekends in social settings, but found the use increasing as stresses in his life did and was described as both "financially and morally bankrupt" who had squandered his life. "He had opportunity, he is intelligent . . . and he's got two young kids . . . they are who I focus on when I deal with drug traffickers."



In July 2007 YYY and his wife separated and he was put on sick leave after collapsing at work. The events signaled an out-of-control spiral involving excessive drug use that only ended with his arrest.

He was now undergoing treatment and was due to start drug counselling on Monday and lives with his father on a rural property, where he is "concentrating on getting straight".

YYY was convicted and sentenced to 11 months jail, with eight months to be served in the community through an intensive corrections order, and three months wholly suspended for 18 months. He was also fined \$2,000.

EAP

An Employee Assistance Program (EAP) is part of a Drug & Alcohol Policy in most major workplaces. It is a free service where the employee can call for professional advice and assistance without the employer getting to know who called and for what reason. You can get advice over the phone or you can arrange a meeting with your EAP provider to get help and understanding with most addictions (drug, alcohol, tobacco, gambling), traumas (loss of loved ones) or other problems (divorce) etc.

The EAP counsellor will also be able to discuss which treatment programs may be of interest. So, make good use, in good time, of your EAP.



Treatment

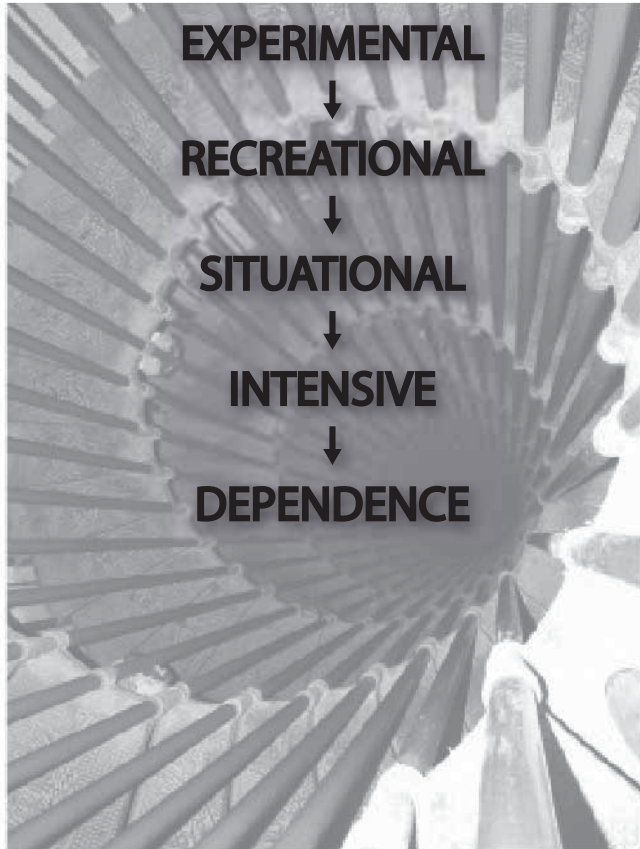
Drug rehabilitation faces a twofold nature of substance abuse: physical and psychological.

Physical symptoms of dependence may require a detoxification process to cope with withdrawal symptoms from regular use of a drug. Tolerance (needing more to get the same effect) is another symptom. **Psychological** aspects of dependence are addressed in many rehabilitation programs by attempting to teach the patient new methods of interacting in a drug-free environment. In particular, patients are encouraged or required not to associate with friends who still use the addictive substance.

Various types of programs offer help in drug rehabilitation, including: residential treatment (in-patient), out-patient, local support groups, extended care centres, and recovery or sober houses. Narcotics Anonymous is a community based organisation for recovering addicts:

www.na.org.au

Drug Addiction Spiral



Drug Testing

Drug & Alcohol in the workplace is an extremely complex issue, which needs to be addressed at multiple levels instead of just relying on simplistic measures such as drug and alcohol testing.

And drug testing has many limitations: In fact, all a “positive” drug test can tell you is recent use of a certain drug. A drug test cannot tell why the drug was taken, when the drug was taken, how much was taken, how often it has been taken, whether the person is addicted or not, or whether the person was actually unfit, impaired or intoxicated at the time of the test.

As with urine testing, a person having had a few beers the day before may be perfectly sober next morning and return a negative **blood or breath** test, but test positive to a **urine** alcohol test!

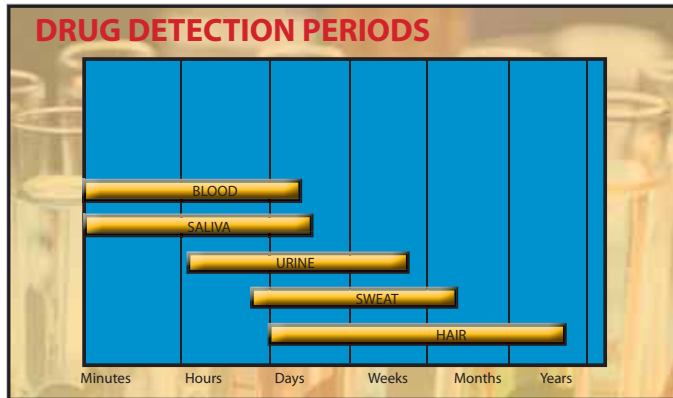
This triggers the question (and fierce opposition): Is urine testing really aimed at acute impairment and safety issues – or is it simply monitoring the employees’ private life (style) after-hours?



Specimens

Each test specimen has different characteristics and “Window of Detection” – revealing different pictures. Some are having a short-term memory, while others are having a long-term memory.

Blood: Hours
 Saliva: Hours
 Urine: Days
 Sweat: Weeks
 Hair: Months



Detection Times

Beneath you will find the normal detection limits for the most common drugs in saliva and urine. The ranges depend on amount, frequency of use, metabolic rate, body mass, age, health and pH. Generally, a saliva test is more likely to detect the active (parent) drug, whereas a urine test will only detect the inactive drug metabolite. Most drugs can only be detected for a *few hours* after use, but their metabolites can be detected for *several days*.

Drug Class	Saliva Hours	Urine Days
Amphetamines	24-36	2-4
Benzodiazepines	24-36	2-3
Cannabis: <i>Single</i>	18-24	1-6
<i>Weekly</i>	18-24	3-9
<i>Daily</i>	18-24	7-30
Cocaine	24-36	2-4
Opiates	24-36	2-4

Thus, saliva/oral fluid testing is more impairment related – and less invasive – than urine testing.

Impairment

The police are now performing random drug tests at the roadside, where it is an offence to test positive to the most common illicit drugs:

www.rta.nsw.gov.au/roadsafety/alcoholdrugs

Whereas the relationship between blood/breath **alcohol** concentration (BAC) and impairment is well known, far less is known about the far more complex relationship between other **drugs** and impairment, except that a **positive drug test** - being saliva, oral fluid or urine based - **is no proof of impairment**.

Drivers can be tested at the roadside for alcohol levels in their blood through a breathalyser, but there is no comparable device for testing drivers impaired because of illicit drugs, prescription drugs, tiredness or for other reasons.

To test for impairment, police will have to rely on a **Field**

Impairment Test, where drivers are asked to perform manual tasks like walking a straight line.



Drug & Alcohol Policy

The Drug & Alcohol policy is the cornerstone in regulating a workplace's D&A issues. It must be written in a clear language understood by all and communicated to all. It must apply to all and be upheld in a consistent and non-discriminative fashion.

The D&A policy must also be part of a wider OHS and risk policy, aimed at impairment and safety. But most important of all, it must be developed in consultation with key stakeholders.

When required by law as in civil aviation, drug testing is aimed at impairment, based on oral fluid and focussing on employees performing safety sensitive aviation activities. This aside, drug testing should only be considered as a last resort; a notorious battleground and minefield:

- ▶ Impairment Testing v. Drug Testing
- ▶ Non-invasive Tests v. Invasive Test Methods
- ▶ Saliva/Oral Fluid Testing v. Urine Testing
- ▶ On-site Testing v. Laboratory Testing
- ▶ For Cause/Incident Testing v. Random Testing
- ▶ Support & Counselling v. Punitive Measures

Problem Solving

Acknowledgements



“For every complex problem there is an answer that is clear, simple and ... wrong.” H. L. Mencken

This booklet is part of a Drug & Alcohol Workshop and Awareness Program funded by **WorkCover NSW** under the WorkCover Assist Program – Education and Training Grants 2009/10. For this support we would like to express our sincere appreciation. In addition, we would like to mention a few of the numerous resources we have leaned on in this project:

Australian Government Department of Health and Ageing, Australian Government Department of Veterans’ Affairs, National Health and Medical Research Council, Australian Centre for Addiction Research, National Centre for Education and Training on Addiction, National Cannabis Prevention and Information Centre, Civil Aviation Safety Authorities, National Safety Council of Australia, Alcohol & other Drugs Council of Australia, Australian Drug Foundation, Council Safe Advisory Network, NSW Department of Health, Division of Analytical Laboratories, University of Sydney, Children, Youth and Women’s Health Service, St. John of God, National Institute on Drug Abuse, Join Together, UK Home Office, International Labour Organisation, World Health Organisation, Wikipedia and members, delegates and organisers of USU. Thank you.

United Services Union

Level 7, 321 Pitt Street Sydney NSW 2000

Tel 1300 136 604 · Fax (02) 9261 2265

united@usu.org.au · www.usu.org.au

Copyright © United Services Union 2010 All Rights Reserved

Help Lines

Lifeline 13 11 14

DirectLine 1800 888 236

ADIS (02) 9361 8000 – 1800 422 599

Family Drug Support 1300 368 186

Kids Help Line 1800 551 800

www.counsellingonline.org.au

www.lifeline.org.au

www.reachout.com.au

www.headspace.org.au

www.beyondblue.org.au

www.kidshelp.com.au

www.salvos.org.au

www.fds.org.au

www.yds.org.au

www.adf.org.au

www.aodservices.net.au

www.drugs.health.gov.au

www.usu.org.au/aod.html