

# ALCOHOL

## AND OTHER DRUGS IN THE WORKPLACE

GUIDE TO DEVELOPING A WORKPLACE ALCOHOL AND OTHER DRUGS POLICY

GUIDE 2006

**Disclaimer**

This publication may contain occupational health and safety and workers compensation information. It may include some of your obligations under the various legislations that WorkCover NSW administers. To ensure you comply with your legal obligations you must refer to the appropriate legislation.

Information on the latest laws can be checked by visiting the NSW legislation website ([www.legislation.nsw.gov.au](http://www.legislation.nsw.gov.au)) or by contacting the free hotline service on 02 9321 3333.

This publication does not represent a comprehensive statement of the law as it applies to particular problems or to individuals or as a substitute for legal advice. You should seek independent legal advice if you need assistance on the application of the law to your situation.

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# 1. HOW TO USE THIS INFORMATION

## 1.1 WHAT IS THIS GUIDE ABOUT?

This guide provides an overview of how to establish a policy for managing the misuse of alcohol and other drugs in the workplace.

A single alcohol and other drug policy will not be suitable for all workplaces. Rather than advocate a particular approach, this guide includes information on a range of initiatives. Businesses can consider incorporating one or more of these into an alcohol and other drug policy that is suitable for their workplace.

## 1.2 WHO IS THIS GUIDE FOR?

This guide is for employers, managers, supervisors, employees, unions and employer organisations.

## 1.3 WHEN IS THIS INFORMATION USED?

Use this guide when developing or reviewing a workplace policy that refers to the misuse of alcohol and other drugs.

Policies should be reviewed in the event of an incident or near miss involving alcohol or other drugs. Policies should also be reviewed if a risk assessment identifies work activities that would pose a significant hazard if an employee were intoxicated, such as driving a vehicle, operating machinery or working at heights.

## 1.4 DUTY OF CARE

Everyone in the workplace has a role to play in occupational health and safety, however, under the *Occupational Health and Safety (OHS) Act*, ultimate responsibility for providing a safe workplace rests with the employer. The OHS Act stipulates the obligations of various people at work, several of which are outlined below. The OHS Act also qualifies these obligations with defence provisions where it is not reasonably practicable to comply or the duty holder had no control over the matter and it was impracticable to make provision.

### **Employers**

Employers must ensure the health and welfare of all employees by providing, for example:

- a safe workplace environment, free of risks to health
- safe work systems and procedures
- information, instruction, training and supervision for all employees
- a process for consulting with employees, involving them in decisions and informing them of decisions that may affect their health and safety
- processes for identifying hazards, assessing risks and elimination or control of risks
- processes for regular review of risk control measures.

Employers must also ensure that people other than employees, who are on the worksite, are not exposed to risks to their health and safety arising from the employer's work systems or environments.

### **Managers, coordinators and supervisors**

It is the employer's responsibility to ensure that managers, coordinators and supervisors are aware of and trained to undertake certain responsibilities with respect to OHS.

Managers, coordinators and supervisors have a responsibility to ensure that premises, equipment or substances under their control, are safe and without risks to health. They are accountable for taking practical measures to ensure that:

- the OHS program is complied with, in the area under their control
- employees are supervised and trained to meet their requirements under this program
- identified hazards under their control are addressed
- employees and volunteers are consulted on issues that affect their health and safety
- any OHS concerns are referred to management.

### **Employees**

It is the responsibility of each employee:

- to take reasonable care of the health and safety of others in the workplace
- to cooperate with employers in their efforts to comply with OHS requirements such as following procedures and participating in hazard identification and reporting
- to use equipment properly in order to provide for the health and safety of people in the workplace.

### **Self-employed persons**

It is the responsibility of each self-employed person to take reasonable action to ensure that people are not exposed to foreseeable health or safety risks arising from the conduct of the self-employed person's undertaking.

## 2. ALCOHOL AND OTHER DRUG USE

Alcohol and other drug related problems can occur in any workplace.

Estimates of the cost of injuries, absenteeism, lost production, workers compensation and rehabilitation services, arising from the misuse of alcohol and other drugs in the workplace vary in the current research data available.

The abuse of alcohol and other drugs may damage physical and mental health. The impairment of behaviour can cause affected employees to injure themselves or others. Workmates are often placed in the uncomfortable position of feeling obligated to cover for poor work performance, or 'to do' in a mate for their own good. Employers may be faced with lateness, inefficiency and absenteeism, lost time and production from dangerous incidents and damage to plant, equipment and other property.

Many factors have been put forward as possibly contributing to the misuse of alcohol and other drugs including:

- grief
- family and relationship problems
- interpersonal conflict
- health concerns
- gambling
- financial problems
- loss of control and lack of participation in any decision making process
- harassment, bullying or victimisation
- long and/or irregular working hours
- tight deadlines and unrealistic performance targets
- high risk of personal injury or illness at work
- discrimination or prejudice
- corporate entertaining
- poor job design or hazardous work processes
- history of substance abuse

### 2.1 IDENTIFYING ALCOHOL AND OTHER DRUG RELATED RISKS

The OHS Regulation requires that hazards are identified and action taken to systematically eliminate (or if elimination is not practicable, to control) risks arising from them.

Risk management is the process of recognising situations which have the potential to cause harm to people or property, and making an informed decision about how best to avoid or control the impact of the risks. The risk management process must be conducted in consultation with employees through OHS consultative arrangements. Refer to *WorkCover's Risk Assessment Code of Practice 2001* and *Risk Management at Work Guide 2001* for further information about the risk management process.

When attempting to identify alcohol and other drug related risks to health and safety, consider the presence of hazards that might be caused by:

- on-the-job intoxication
- regular use or dependence on alcohol or other drugs that adversely affects work performance or conduct
- the possession, consumption, distribution and sale of illegal drugs in the workplace
- chemicals used legally in the workplace that can impair a person's performance or magnify the effects of alcohol and other drugs in persons if exposed. Refer to Attachment C for further information about hazardous chemicals.

Some indicators that can suggest the presence of alcohol and other drug misuse include:

- 'near miss' incidents
- violence
- habitual lateness
- frequent absences
- neglect of personal grooming
- interpersonal problems
- employee experiencing poor coordination, poor concentration and/or visual disturbance.

### **3. DEVELOPING AN ALCOHOL AND OTHER DRUGS POLICY**

The first step for employers in dealing constructively with an alcohol or other drug related hazard in their workplace is to develop a policy in consultation with employees.

Comprehensive workplace alcohol and other drug policies apply to all workers in the workplace and include prevention, education, counselling and rehabilitation arrangements.

This guide describes a range of policy and safety initiatives that can be considered for inclusion in a workplace alcohol and other drug policy, including information on:

- managing alcohol and other drug related health and safety risks
- approaching a worker who may be under the influence of alcohol or other drugs
- procedures for reporting alcohol and other drug use
- alcohol and other drug information, education and training
- counselling and support, eg Employee Assistance Programs (EAP)
- disciplinary procedures.

Not all of the initiatives described will be suitable in all workplaces. The nature and severity of alcohol and drug related hazards vary between workplaces. An alcohol and other drug policy that is suitable in one workplace may not be appropriate in another.

Matters to consider when developing a policy include:

- the aims and expected outcomes of the policy
- the standards of behaviour required to comply with the policy
- the value of senior management commitment to the policy and for creating workplace awareness about the harmful effects of alcohol and other drugs
- the factors in the workplace that may contribute to harmful drug and alcohol use
- the role of restrictions on the availability of alcohol and other drugs in the workplace, eg at company functions
- early intervention: the earlier a problem is addressed, the better the chance of successful management
- reporting procedures: a confidential process for reporting alcohol and other drug misuse will encourage both the affected employee and/or others to report hazards. Consider having a data item in your incident reporting systems that identifies if alcohol or other drugs involvement may have been a factor
- the type of counselling and support services that are most appropriate for the workplace in question
- the education, information and training needs of managers, supervisors and employees
- confidentiality, privacy and anti discrimination requirements
- the types of disciplinary action that are suitable for the workplace in question.

#### **3.1 APPROACHING A WORKER WHO MAY BE UNDER THE INFLUENCE**

Approaching a person who is under the influence of alcohol or other drugs requires skill and sensitivity to achieve the best outcome for all at the workplace. When establishing a policy, consideration should be given to designating and training persons to approach workers who

are displaying signs of being under the influence of alcohol or other drugs. Suitable persons may include managers, supervisors, health and safety representatives or other persons who have appropriate knowledge, experience and/or qualifications (eg counselling). It is important that designated persons are aware of the most effective style of approach.

The approach taken when dealing with an employee whose work performance is affected by alcohol or other drugs depends on:

- the industry
- the workplace culture and structure
- the position of the employee
- the personality of the employee
- whether it is a case of long-term abuse, or a 'one-off' situation
- the legal environment including the contract of employment.

Procedures of this kind should include a chain of responsibility for making approaches if initial contact produces a negative or hostile response.

When approaching an apparently intoxicated 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 alcohol or drug use.

Care needs to be taken when making this judgement in case the employee is ill or injured, taking prescribed medication or in some other form of distress which may account for their behaviour. Where legitimate medication is the cause of unsafe performance, the employee may need to see their general practitioner for a medication review.

### **3.2 PROCEDURES FOR REPORTING ALCOHOL AND OTHER DRUG USE IN THE WORKPLACE**

The role of the manager/supervisor is critical to the successful implementation and monitoring of a workplace alcohol and other drugs program. The manager/supervisor needs to be consistent in the implementation of any policy and program and consider the following factors:

- provision of training and information to relevant managers/supervisors/employees that outlines their role and responsibilities in the management of this problem in the workplace
- explain to employees the organisation's policy and program on alcohol and other drug use in the workplace and nominate a contact person who can provide additional information
- provide appropriate support, assistance and guidance to the employee who is attending a rehabilitation program
- review and evaluate the policy and program through the employee consultative mechanism to ensure it is current and in line with changes that may occur within the organisation. Keep the policy and procedures up to date and widely publicised.

Refer to the brochure *Workplace Policies and Procedures* for further general guidance on the development of workplace policies. The brochure is available from the Office of Industrial Relations, NSW Department of Commerce ([www.industrialrelations.nsw.gov.au](http://www.industrialrelations.nsw.gov.au)).

### **3.3 INFORMATION, EDUCATION AND TRAINING**

It is important to promote a workplace that is drug and alcohol free. Employers can encourage this culture by providing information and education to all employees.

Information should be well publicised within the workplace and included in induction and ongoing training. Employees should be aware of the issues associated with the misuse of drugs and alcohol, and how it can have serious consequences for workplace health and safety.

Consider the following points when developing a training program:

- how the company's policy defines unacceptable alcohol and other drugs use
- dealing with the long-term user and those intoxicated in one-off situations
- the effects of alcohol and other drugs on health, safety and work performance. Alcohol and other drug use and its retention in the blood stream into the working day, eg the impact of late night drinking
- OHS training could include general statistics on workplace alcohol and other drugs use, and related incidents
- advice on personal responsibility relating to alcohol and other drug taking
- the consequences for employees who fail to comply with company alcohol and other drugs policy
- workplace and personal lifestyle stressors that can contribute to alcohol and other drugs use and strategies for personal stress reduction
- information about a person's ability to recover after consuming alcohol and other drugs as some people believe they can recover quickly after heavy alcohol or other drug consumption, and believe they are fit to work
- ways of dealing with problem drinking and drug use
- who to approach in the workplace for assistance with an alcohol/drug problem
- the legal environment including the contract of employment in relation to alcohol and other drugs use
- any relevant counselling, treatment and rehabilitation services available in the workplace and/or externally. (Post contacts with phone numbers on notice boards/in newsletters)
- training for relevant managers that includes: how to explain and implement any services the organisation provides in relation to their alcohol and other drugs policy and program, eg how to refer an employee to rehabilitation and support services, how to identify alcohol and other drug use and approach employees who may be under the influence.
- information for employees about their role in identifying and assessing any work-related risks/tasks associated with the inappropriate use of alcohol and other drugs.

### **3.4 COUNSELLING AND SUPPORT**

Employees should be informed about avenues for counselling and support services, which can be accessed through their GP, the local community health centre or an employee assistance program (EAP) where available.

EAPs may add to the effectiveness of a workplace alcohol and other drugs policy. Employees who are identified by supervisors or themselves as having an alcohol or drug problem could be assisted through recognised treatment or an EAP where available.

A workplace alcohol and other drugs policy should not rely solely upon an EAP (refer to Attachment B for further information about how to establish an EAP).

### **3.5 DISCIPLINARY PROCEDURE**

A procedure for the counselling and, if necessary, discipline of employees should be consistent with existing awards, agreements and other established counselling and disciplinary measures which apply in their workplace.

The outline below is an example of a counselling/disciplinary procedure, which may be adapted by organisations with no formal procedure or those wishing to revise their procedure.

This procedure uses a series of interviews to guide an employee away from inappropriate alcohol or drug use and towards safer work practices.

#### **Interview one**

The first interview should be held between the employee, supervisor and union or other employee's representative if requested. The following should be discussed:

- details of unsatisfactory work performance
- the standard of performance required.

The employer/supervisor should give the employee an opportunity to discuss any factors contributing to poor work performance. If appropriate, the employer/supervisor should refer the employee to professional counselling (for example through an EAP if one is available) with time off work to attend.

An agreement should be reached about the time it will take for the employee to return to satisfactory performance. If, in reviewing performance, it is found that the employee has regained satisfactory performance, no further interviews will be required.

#### **Interview two**

The second interview should be held between the employee, supervisor and union or other employee's representative if requested. At the second interview:

- any additional details of unsatisfactory performance and the standard of performance required should be stated
- the employee must be informed that they risk discipline and possible dismissal for failing to improve performance
- repeat the offer of assistance through counselling or other appropriate professional help.

An agreement should be reached about the time it will take for the employee to return to satisfactory performance. If, in reviewing performance, it is found that the employee has regained satisfactory performance, no further interviews will be required subject to continued good performance.

### **Interview three**

Interview three should be held between the employee, supervisor and union representative if requested. At the third interview:

- all details of unsatisfactory performance should be stated
- inform the employee that they risk losing their job if their performance continues to be unsatisfactory
- repeat the offer of professional counselling
- the performance of the employee should then be reviewed on an on-going basis.

If, in reviewing performance, it is found that the employee has regained satisfactory performance, no further interviews will be required subject to continued good performance.

### **Interview four**

Interview four should be held between the employee, a union representative (if requested) and the supervisor with the authority to take disciplinary measures and terminate employment. It is convened to arrange appropriate disciplinary measures, which may include termination of employment.

### **Records of interview and confidentiality**

When collecting records relating to employees, employers should consider:

- the type and quality of information that is collected
- the secure storage of information
- access to employee records
- employees' access to their own records.

The invasion of privacy, including the misuse of personal information, is unlawful under various state and federal laws, and employers should determine what their legal obligations are. For further information, refer to the Office of the NSW Privacy Commissioner ([www.lawlink.nsw.gov.au/privacynsw](http://www.lawlink.nsw.gov.au/privacynsw)).

## 4. ALCOHOL AND OTHER DRUG TESTING

Drug testing, as a means of managing alcohol and other drug related risks, has a number of significant limitations:

- a positive test for alcohol and other drugs is not in itself evidence of impairment of ability to perform or intoxication. This is particularly so in relation to the presence of a drug (other than alcohol) where there is much less international consensus on the relationship between the measured level of a drug (or its metabolite) and levels of impairment
- if a worker refuses to be tested it cannot be presumed that they are intoxicated. Workers have a legal right to refuse to be tested, unless specific legislation, contracts or employment agreements provide otherwise
- the reliability of testing can be subject to legal challenge due to varying accuracy rates.

The decision to use alcohol and other drug testing should be made in consultation with employees, OHS representatives and union representatives. Agreement may be sought where a risk assessment has identified that there are risks involved in undertaking certain activities whilst under the influence of alcohol and other drugs. Privacy, confidentiality and the legal position of employees and management also need to be considered.

However, WorkCover recommends that alcohol and other drug testing only be implemented as part of a comprehensive alcohol and other drug program with appropriate safeguards, clear policy and procedures, and provision of education and counselling. If utilised, testing should act as a deterrent, not a mechanism to 'catch people out'.

Other less invasive strategies should be investigated before making a decision to introduce testing.

Workplace alcohol and other drug testing should be introduced if there are existing legislative provisions, such as those relating to rail safety workers, passenger transport workers and heavy vehicle drivers. There is also legislation prohibiting employees from working while intoxicated in the mining and aviation industries.

Employees should be informed about drug and alcohol testing expectations before commencing employment. Employees should also be informed that alcohol and other drugs used outside of the workplace may remain in their systems after returning to work and can affect work performance.

Drug testing in professional sport is outside the scope of this document.

### **Testing procedure**

If testing is to be conducted, it is recommended that rigorous testing procedures be developed and applied.

For further information, Australian Standards (including AS/NZS 4308:2001 and AS 4760-2006) are a source of detailed technical advice on appropriate collection procedures. These and other relevant Australian Standards can be purchased online at [saiglobal.com](http://saiglobal.com).

Employers need to ensure that all testing is undertaken by an accredited laboratory.

## **FURTHER INFORMATION**

Refer to Attachment A for further information about developing your workplace alcohol and other drugs policy. Also refer to Attachment C for information about alcohol, drugs, chemicals and performance.

## **ATTACHMENT A – DEVELOPING A WORKPLACE ALCOHOL AND OTHER DRUGS POLICY**

The headings and tips below may be used to format an alcohol and other drugs policy that is relevant to your workplace.

### **Introduction**

Use the information contained in this guide to introduce the problem of alcohol and other drugs use in the workplace and a general duty of care statement. State a commitment to a safe, healthy and productive workplace. List the stress factors in the workplace that could add to the inappropriate use of alcohol and other drugs.

### **Aim**

Clearly state the aims and expected outcomes and standards arising from the policy.

### **Scope**

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

### **Code of behaviour**

Spell out the code of behaviour required by staff of all levels and sections. Include:

- if and when it is considered appropriate to consume alcohol
- acceptable standards of work performance
- appropriate use of prescribed and 'over the counter' drugs
- prohibition of being under the influence of illegal drugs at work
- acceptable (if any) blood alcohol levels.

### **Roles**

Specify whose task it is to:

- approach an intoxicated employee
- impose a disciplinary measure
- keep records
- evaluate the policy and the EAP
- monitor work performance.

**Chemical hazards**

Summarise the procedures for preventing exposure to the harmful and intoxicating effects of chemicals used in the workplace, such as solvents and pesticides.

**Support Services**

Describe the avenues for counselling and support services recommended by the employer (see Attachment D for information about counselling and support services). If an EAP is utilised, outline the relevant details here.

**Discipline**

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

## **ATTACHMENT B – EMPLOYEE ASSISTANCE PROGRAM (EAP)**

An EAP is an effective early intervention service that provides professional and confidential counselling and referral services for employees to assist them resolve personal, health or work-related concerns. Personal issues that may be of concern include relationship problems, legal and financial problems, illness and the use of alcohol and other drugs. Success inevitably relies on the individual's interest, commitment and resolve.

Some businesses may not have the resources to establish an EAP, however, it is recommended that all workers with alcohol and other drug problems be referred for appropriate professional help. This may include referral to their general practitioner.

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

### **Establishing an EAP**

Establish an EAP in consultation with employees and relevant union where present. It is management's responsibility to administer an EAP. For an EAP to be effective, it is recommended that agreement be reached and documented about the following issues:

- sick leave benefits for EAP clients
- referral procedures
- disciplinary provisions
- confidentiality.

Organisations can establish in-house accredited counselling services or refer employees to external counselling services provided by either private consultants or community based organisations. Organisations with less than 2000 employees usually 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.

You may wish to select an EAP provider that is an accredited member of the Employee Assistance Professional Association of Australia (EAPAA). The EAPAA provides guidance for quality control for EAPs, defines professional and ethical standards in EAP provision and provides recommendations for qualifications and issues of accreditation in service provision. For further information refer to the EAPAA website [www.eapaa.org.au](http://www.eapaa.org.au).

Employers can assist employees in accessing the EAP by displaying and distributing lists of EAP counsellors and their specialist areas. Employees always have the right to a counsellor of their choice from outside the organisation.

A supervisor who believes that an employee's work performance is adversely effecting safety or production, can suggest that they see an EAP counsellor. The employee is free to reject the offer.

## **Confidentiality**

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. No other information about an employee's personal problems may be passed to any person without the written permission of the employee.

An employee can be referred to an EAP by a supervisor or on his or her own initiative. Employees can refer themselves to a counsellor by contacting the counsellor personally. 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 on-going training courses such as supervisor skills courses, staff inductions and management development courses should include modules about the functioning of the EAP.

## **Evaluation**

Evaluation of an EAP is essential to ensure that it is meeting the needs of the organisation. Data should be kept about:

- the on-going costs of running the EAP
- injury and fatality rates
- absentee and sick leave rates
- production statistics.

A confidential survey of employees can establish:

- the numbers of employees using the service
- the type of problems they present with
- the rate of success in improving work performance.

# **ATTACHMENT C – ALCOHOL, OTHER DRUGS, CHEMICALS AND PERFORMANCE**

Legal and illegal drugs can be broadly categorised as depressants, stimulants or hallucinogens. Many drugs, even in very low doses, can affect the capacity of an employee to carry out their duties safely.

Certain chemicals that are used in workplaces can also impair a person's capacity to work safely and have a similar effect to illicit drugs. Where these are used, a strict hierarchy of hazard control should be employed and employees should be educated in the potential hazards.

## **DEPRESSANTS**

### **Alcohol**

Alcohol is the most commonly used depressant drug. It affects both mental and motor function. The effects vary depending on individual tolerance and in general women have a lower tolerance than men. A 'standard' drink contains 10 g of alcohol – equal to one glass of full strength beer (285 ml) or two 285 ml glasses of light beer, or five 285 ml glasses of superlight beer. It is also equal to one small (100 ml) glass of wine, one measure (30 ml) of spirits or one 60 ml glass of fortified wine such as sherry or port.

There are many people who are professionally employed as drivers who are covered by blood alcohol restrictions. The legal blood alcohol limit for driving in NSW is 0.05 per cent, which can be easily reached by a 75 kg individual from three standard drinks in one hour. The legal limit for heavy vehicles drivers is 0.02 per cent and provisional licence drivers 0 per cent.

The effects of alcohol on performance include:

- initial stimulation, euphoria
- loss of inhibition
- impairment of co-ordination, judgment, intellectual capacity and ability to act quickly
- blurred vision
- slurred speech
- hangover-headache, shakiness, nausea and vomiting
- in the longer term, damage to the brain, liver, heart and stomach.

Alcohol is broken down by the liver at a rate of approximately 0.015 per cent per hour. Nothing can speed up the work of the liver – not black coffee, cold showers, exercise, vomiting or any other remedy.

### **Sedative hypnotics**

These are used to reduce anxiety and sleeplessness. They cause drowsiness and impair motor coordination, judgment, reaction time and intellectual capacity. The effects are greatly increased when mixed with alcohol. Sedative hypnotics include:

- minor tranquillizers or benzodiazepines (on prescription) (valium, serepax)
- barbiturates (on prescription) eg phenobarbitone.

## **OPIATE ANALGESICS**

These drugs relieve pain and can impair the ability to drive and operate machinery. They cause nausea and vomiting, constipation and depress breathing. Users develop both a tolerance and dependence very quickly. They include:

- opium (illegal)
- morphine
- codeine (on prescription and over the counter mixed with aspirin or paracetamol)
- heroin (illegal)
- pethidine
- methadone.

## **STIMULANTS**

Stimulants are drugs that over stimulate and can elevate the mood and wakefulness but have a variety of negative side effects such as fatigue, restlessness, insomnia, confusion, aggression, poor judgment, tremors, increased blood pressure and heart rate. They include:

### **Amphetamines (illegal, or on prescription)**

Known as 'speed'. Although amphetamines increase alertness and delay fatigue, actual performance can be impaired. In the short term unwanted effects include restlessness, palpitations, headache, tremors and sleeplessness. Longer-term use can produce paranoia and hallucinations.

### **Cocaine (illegal)**

Produces euphoria and excitement. Dose increases can cause anxiety, confusion, rapid pulse, convulsions, nausea and vomiting. Longer-term use can induce paranoid psychosis.

### **Caffeine (legal)**

Causes increase in metabolism and body temperature and can cause headaches, insomnia, fine tremors and impatient and aggressive behaviour. High dosage (above six cups of coffee per day) can cause chronic insomnia, persistent anxiety, depression and upset stomach.

### **MDMA (illegal)**

Also known as 'ecstasy', effects include an increase in blood pressure, pulse and confidence, sweating, teeth grinding, nausea, anxiety and paranoia. High doses can cause hallucinations, irrational behaviour, fits and vomiting.

## **HALLUCINOGENS**

Hallucinogens are capable of producing profound alteration of perception and thought processes. They include:

### **Cannabis (illegal)**

Known as pot, dope, marijuana and hashish. In the short term can impair motor coordination, short-term memory, tracking ability, sensory functions and perception. In the longer term it may cause decreased sperm count and motility, interfere with ovulation and prenatal development and impair immune responses (Can also be classified as a depressant).

### **LSD (illegal)**

Known as acid. Causes profound alteration to perception and sensory functions.

## **ANTIHISTAMINES**

Antihistamines are prescribed or purchased over the counter as allergy or cold remedies. Many can cause drowsiness and should not be mixed with alcohol.

## **INHALANTS**

Inhalants are liquid or aerosol products such as petrol, solvents or glues. These are sometimes deliberately used by individuals to get 'high' or can be inhaled inadvertently at work.

The effects include drowsiness, disorientation, anxiety and tension, nausea and vomiting, sensitivity to sunlight, eye irritation and double vision. Inhalants can cause death from arrhythmia (irregular heart beat) or suffocation.

## **PESTICIDES**

### **Organophosphate pesticides**

These chemicals can produce effects similar to tranquillizers, including blurred vision, drowsiness, slowed reaction time, headache, giddiness, confusion, ataxia, slurred speech and convulsions.

These chemicals can also produce flu like symptoms and impairment of vision. When mixed with alcohol the effects are increased.

### **Organochlorine pesticides**

In high doses these chemicals have a stimulant effect, producing poor coordination and excitability. Over exposure can cause violent convulsions, coma and death.

## **SOLVENTS**

Solvents are used to dilute solid chemicals and for cleaning. Solvents act as depressants. Effects include slowed reaction time, poor coordination, dizziness, headache, nausea, and tiredness. In higher doses exposure can cause confusion and reduced muscle strength (peripheral neuropathy). The effects can be compounded if an individual is exposed to a mixture of solvents. The adverse effects may be increased if mixed with alcohol.

## **ATTACHMENT D – RESOURCES**

Alcohol and other drugs information, education, counselling, medical and self-help services available in NSW are listed below. Also look for information and services available in your local area in the Yellow Pages.

### **AA – Alcoholics Anonymous**

Central Service Office  
127 Edwin Street North, Croydon  
24 hour help line (02) 9799 1199  
Email [aacroydon@bigpond.com.au](mailto:aacroydon@bigpond.com.au)  
Internet [www.aasydney.org.au](http://www.aasydney.org.au)  
*Self-Help, information*

### **ADCA**

Alcohol & Other Drugs Council of Australia  
17 Napier Close  
Deakin ACT 2600  
Phone (02) 6281 0686  
Internet [www.adca.org.au](http://www.adca.org.au)  
*Information, education, media*

### **ADIS**

Alcohol & Drug Information Service  
366 Victoria Street, Darlinghurst  
24 hour, 7 days confidential service which includes advice, information and referral to local agencies.  
Phone (02) 9361 8000  
Country areas free call 1800 422 599  
*Counselling, assessment, referral*

### **Anti-Discrimination Board**

Level 4  
175-183 Castlereagh Street  
Sydney NSW 2000  
Phone (02) 9268 5544  
Country areas free call 1800 670 812  
Internet [www.lawlink.nsw.gov.au/adb](http://www.lawlink.nsw.gov.au/adb)  
*Anti-discrimination laws*

### **Australian Safety and Compensation Council**

Internet [www.ascc.gov.au](http://www.ascc.gov.au)  
(previously National Occupational Health and Safety Commission NOHSC)

**Better Health Centre**

NSW Health Department  
Locked Mail Bag 5003  
Gladesville NSW 2111  
Phone (02) 9816 0452  
Internet [www.health.nsw.gov.au](http://www.health.nsw.gov.au)

*Publications*

**Building Trades Group  
Drug and Alcohol Committee**

PO Box 1145,  
Rozelle NSW 2039  
Phone (02) 9555 7852  
Fax (02) 9555 9737  
Email [program@tpg.com.au](mailto:program@tpg.com.au)  
Internet [www.btgda.org.au](http://www.btgda.org.au)

*D & A advice for the building industry*

**Centre for Drug and Alcohol NSW Dept of Health**

Locked Mail Bag 961 North Sydney 2059  
Phone (02) 9391 9000  
Internet [www.health.nsw.gov.au](http://www.health.nsw.gov.au)

*NSW Department of Health body responsible for D & A services, policy, funding, research.  
Also see local area health service.*

**Lifeline Sydney**

15 Belvoir Street  
Surry Hills NSW 2010  
24 hour counselling  
Phone 13 11 14

**Youthline** (02) 9951 5522

Face to face counselling (02) 9951 5577

**Narcotics Anonymous**

Helpline Phone (02) 9519 6200  
Internet [www.na.org.au](http://www.na.org.au)

*Counselling and information services*

**NSW Department of Commerce Office of Industrial Relations**

McKell Building  
2-24 Rawson Place  
Sydney NSW 2000  
Enquiry Service 131 628 (anywhere within NSW)  
Fax (02) 9020 4700  
Internet: [www.industrialrelations.nsw.gov.au](http://www.industrialrelations.nsw.gov.au)

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**Unions NSW****Drug & Alcohol Unit**

Level 3, Trades Hall

4 Goulburn Street

Sydney NSW 2000

Phone (02) 9264 1691

Free Call 1800 688 919

Internet [www.council.labor.net.au](http://www.council.labor.net.au)

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**WorkCover NSW**

92-100 Donnison Street

Gosford NSW 2250

Phone 13 10 50

Internet [www.workcover.nsw.gov.au](http://www.workcover.nsw.gov.au)

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