CRICOS No 00213J

A review of work-related drug testing: Learning from the past

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August 2006

Working with Industry

Question:
Who uses Alcohol and Other Drugs in the Workplace?

Answer:
Who uses Alcohol and Other Drugs in the Community?

Almost everyone uses or almost everyone has the potential to be a drug user

"No other workplace policy has the potential to reach into your lounge rooms and tell you what to do at home"

2004 National Household Survey

Males only			
Drug	Ever Used	Recently	High Use Group Recent Use
Marijuana	37%	14%	20-29 yrs 32%
Heroin	2%	0.3%	20-29 yrs 1%
Meth/amphetamines	11%	4%	20-29 yrs 13%
Ecstasy	9%	4%	20-29 yrs 15%
Cocaine	6%	1%	20-29 yrs 4%

Random Roadside Drug Testing Study

- 800 Saliva Drug Tests undertaken in Townsville
- 2000 Saliva Drug Tests undertaken in SEQ
- Following reported data from the Townsville study

Random Roadside Drug Testing Study

- Encountered no problems at all with acceptance
- Response rate was 74.12%
- Screened for Marijuana, Meth/Amphetamine & Ecstasy, Heroin and Cocaine

Questionnaire Results
Self-Reported Drug Driving (N = 782)

- Almost one in every five drivers had driven within four hours of using at least one type of the above drugs in the previous year
- 5% of respondents reported doing this frequently (once a week or more)

Oral Fluid Sample Analysis

- All samples were collected, stored and initially screened using the Cozart® RapiScan oral fluid drug test device
- All positive samples were sent to Queensland Health Scientific Services (Toxicology) for confirmation using GC-MS and LC/MS/MS analysis techniques

Overall Illicit Substances

- 3.5% of all drivers provided oral fluid samples that were confirmed positive for the presence of at least one illicit drug
  - 4.8% of male sample
  - 1.4% of female sample
- Cannabis (delta 9 THC) only 1.7% of sample
- ATS only 1.4% of sample
- Polydrug Use (THC & ATS) 0.4% of sample

Drink Driving During Study Period

- During shifts when data collection took place:
  - 3,230 random breath tests conducted
  - 27 positive results (charged)
  - 0.8% detection rate
  - Less than 1 in 100 for alcohol compared to 4 in 100 for illicit drugs

2000 SEQ Data Collection

- Rates appear to be higher in this (SEQ) data collection round
- Results in the next month

Focusing on Industry Response to the AOD ISSSUE

The question often asked is:

What is our industry doing well in the AOD area?

- This has a sense of good practice
- Best practice has historically been any practice
- What are the guidelines for good practice?

- What has been best practice?
- What are the bench marks for evaluating this?
- Why is it best practice?
- Is any practice best practice?

Show me your ongoing EDUCATION program first?

We have been good at getting testing initiatives under way but have lacked in starting and sustaining education programs.

Reactive vs Proactive

Reactive = testing

Reactive = “to be seen to be doing something”

Reactive = “get something out there now”

Testing alone is not enough
What do you do to support your policy?

OR RATHER

What do you do to support your workplace?

The workplace has been slow to learn from drug and alcohol responses in Australia over the past 20 years.

This is where the foundation of an approach should come from.

Development of the field within industry overall is still in its adolescence.

There has been a lack of independent informed advice to management and input into the field.

It is also the nature of the issue:

- everyone is an expert
- often driven by emotion
- reactive and poorly thought out strategies
- informed by a historical approach dominated by the USA

For most industries the drug and alcohol in the workplace response is focused on testing.

This can lead to the situation of the tail leading the dog.

A historical, political and cultural difference:

- They have been testing in the US for years
- Much of the literature is based on US programs

An important point in history that people need to know:

- US policy, legislation and programs are based on a zero tolerance to drug use and users

- The Australian national approach and policies to substance use are based around harm minimisation.
- Compared to the US this results in major structural, policy and operational differences in how we view and respond to substance use in our community.

What does this mean for workplace approaches?

- One approach, ie. US, will focus on detecting and excluding substance users.
- The other approach is about minimising the harm caused by substance use.

The operational focus for drug and alcohol programs in the workforce is about reducing risk…not identifying a drug user.

In responding to risk exposure, organisations have tended to focus more on liability exposure.

The Testing has an operational process of documentation and signing off.

Perception of evidence of “doing something” and meeting OH&S requirement.

Is our organisation safe from litigation or safe as a workplace ?

Another historical issue is that urine has been the primary reliable and available testing technology.

This may have led by default to the adoption of identification of a drug user philosophy. (The key issue of marijuana).

Debate between saliva and urine:

- Has had negative effects on the general domain of workplace programs
  - One is better than the other, one is more valid than another etc.
- The reality is that different approaches are appropriate for different organisations

The key question that organisations need to ask is why they are testing…this can inform (among many things) the type of test.

In the absence of other players the testing suppliers may be driving the field.

This is a natural outcome when there has been a lack of available credible independent advice.

Industry has been reluctant or not aware to seek such advice. Academics and researchers have kept quiet.

- Inappropriately informed executives and decision makers
- Everyone is an expert…or rather everyone has an opinion

Why would you spend millions on a bridge construction and design, or an IT implementation, and not have an independent consultant or advisor?

Industry need for good independent advice

How informed by knowledge of drug use behaviours, and behavioural change, is the workplace response and management of drug and alcohol issues in your organisation.

Emerging Issue of Saliva Testing

Does it work : Yes

SOMEONE ELSE HAS RECENTLY STRUGGLED WITH THIS

Almost all states and police jurisdictions in Australia have now commenced the process of introducing random road side saliva testing for illicit drugs

Queensland will most likely start road side testing in the next six months

Jurisdictions chose not to go with urine testing for two reasons: (1) operational; and (2) urine tests only identify the metabolite of THC…Government had to consider the social and legal issue that this does not correlate well with impairment

Impaired driving and risk is to be the focus

All jurisdictions have waited for appropriate and accurate saliva testing products

All positive tests go off to the lab for confirmation

Despite what sales reps tell you there are basically two products on the market at the moment which have passed police review as appropriate, sensitive and accurate for roadside police operations…and these are being used across Australia

A point to note on the perceived need for an Australian standard for oral fluid testing

The Standard really only talks about carrying out the test and analysing. IT DOES NOT DEFINE IMPAIRED

Good policy and practice is defined by the operations of an organisation not by the Standard

How important is it for your organisation to know (and pass judgement) on an employee's behaviour two weeks ago in their time off on holidays? (Police organisations YES yet in other organisations it is a long bow)

Why are you doing this?…RISK…(legislative, corruption, public credibility, litigation, safety)

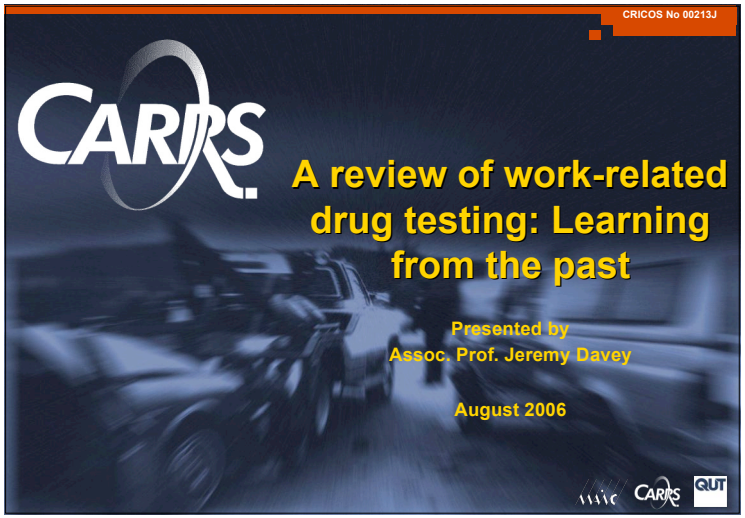
- Testing should be viewed, performed and evaluated as a prevention program.
- We need to learn from policing drink driving.
- It is not how many are positive, it is about how many are negative.
- Even for Police this is a constant message that needs to be reinforced.

- The true success in RBT/DD has been culture change.
- Cultural shift from "poor bugger" to "social crime" where a driver may injure or kill someone.
- Success due to enforcement and education
- Shift from "let's try and beat the test" to "let's support the program".

We are starting to become more serious about appropriate program development.

Making mistakes is a normal process

Time for the next generation responses/approach to A O D in the workplace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