



# **AMMA Drug & Alcohol Testing Survey 2016**



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## ABOUT AMMA

AMMA is Australia's national resource industry employer group, a unified voice driving effective workforce outcomes. Having actively served resource employers for more than 98 years, AMMA's membership spans the entire resource industry value chain: exploration, construction, commercial blasting, mining, hydrocarbons, maritime, smelting and refining, transport and energy, as well as suppliers to those industries.

AMMA works to ensure Australia's resource industry is an attractive and competitive place to invest, do business, employ people and contribute to our national wellbeing and living standards.

The resource industry is and will remain a major pillar of the national economy and its success will be critical to what Australia can achieve as a society in the 21st Century and beyond.

The Australian resource industry currently directly generates over 8% of Australia's GDP. In 2014-15, the value of Australian resource exports was \$171.9 billion. This is projected to increase to \$256 billion in 2019-20. It is forecast that Australian resources will comprise the nation's top three exports by 2018-19. Over 50% of the value of all Australian exports are from the resource industry.

Australia is ranked number one in the world for iron ore, uranium, gold, zinc and nickel reserves, second for copper and bauxite reserves, fifth for thermal coal reserves, sixth for shale oil reserves and seventh for shale gas reserves.

AMMA members across the resource industry are responsible for significant levels of employment in Australia. The resources extraction and services industry directly employs 219,800 people. Adding resource-related construction and manufacturing, the industry directly accounts for four per cent of total employment in Australia.

Considering the significant flow-on benefits of the sector, an estimated 10 per cent of our national workforce, or 1.1 million Australians, is employed as a result of the resource industry.

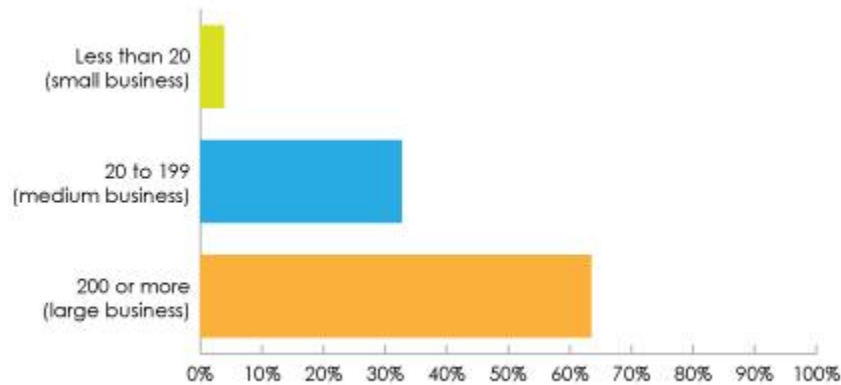
## ABOUT THE SURVEY

During July and August 2016, AMMA conducted an anonymous survey of resource industry employers on drug and alcohol testing policies and procedures at their workplaces.

The AMMA Drug and Alcohol Testing Survey 2016, initiated by AMMA's Board Reference Group in early 2016, was rolled out across the industry to gather up-to-date information about drug and alcohol testing policies, procedures, their efficacy and the most pressing challenges faced by employers.

A total of 53 companies across the industry responded, from sub-sectors including: oil and gas / hydrocarbons, maritime, construction, metalliferous mining, coal mining, mineral processing, exploration, commercial diving, drilling, subsea operations, vessel operators, transport, maintenance and fabrication, services to mining such as catering, and manning agents and labour hire.

As the graph below shows, the majority of respondents (64%) were large businesses having 200 or more people in their workforce including employees, contractors and casuals. The majority of large businesses reported having a workforce of at least several thousand people.



## EXECUTIVE SUMMARY

Based on responses to the *AMMA Drug and Alcohol Testing Survey 2016*, the top issues / challenges cited by employers in managing the interaction of drug and alcohol use and work, and the implementation of onsite policies and procedures, are outlined below.

### **Increased societal use of drugs**

Numerous respondents cited the increased social acceptance of the use of prescription and illicit drugs as a particular challenge in managing risks at workplaces. The capacity to allocate sufficient resources to conduct increased testing in an environment where societal drug use appeared to be on the rise was a major concern.

Convincing employees to manage their lifestyles outside the workplace, and to take into account the potential impact on their ability to work safely, was an ongoing challenge.

*“We educate our employees, however, as we are a residential site, we cannot control what they do when they leave site at the end of the shift,”* one resource industry employer said.

### **Consistent disciplinary outcomes**

Ensuring disciplinary outcomes were consistently applied, fair and equitable was a major focus for employers.

One respondent said they sought to ensure any measures imposed were commensurate with the risk posed by the substance being tested for.

While 65% of respondents reported taking a “zero tolerance” approach to drug and alcohol use, 26% focused instead on “harm minimisation”.

*“We will support employees who seek assistance in dealing with an alcohol and / or drug dependency. We encourage all employees who may need help to use the company’s employee assistance program,”* one respondent said.

### **Contractor management**

The overwhelming majority of respondents (96%) included contractors as well as employees in their onsite drug and alcohol testing protocols.

*“When testing is being conducted there are no exclusions – if you enter the site you are subject to the testing criteria,”* one respondent said.

*“Contractors are treated identically to employees,”* said another.

This was not without its challenges, however, with some employers citing issues around getting the message across and maintaining education and awareness in light of an often transient contractor workforce.

### **Synthetic cannabis testing**

Forty per cent of respondents tested for synthetic cannabinoids. However, some were concerned about the efficacy of such testing.

*“Testing is too difficult with only very limited numbers of accredited labs,”* one company said.

Another respondent was concerned that tests could not keep up with the number of new synthetic drugs entering the market.

### **Other challenges**

Other challenges / concerns reported by respondents included:

- Uncertainty around Australian Standards for saliva testing, raising practical, legal and sensitivity concerns;
- Some employees not realising the importance of declaring prescription medication;
- Some workers using masking agents or “fake” urine samples in an attempt to “beat the system”; and
- Issues around data privacy and confidentiality in testing and handling protocols.

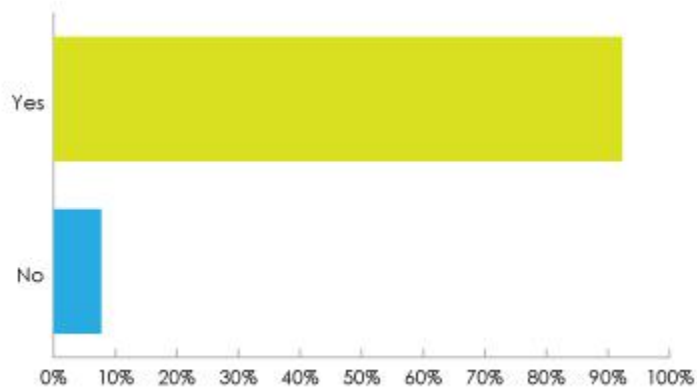
### **Where to from here?**

This is AMMA’s first national drug and alcohol testing survey. It aims to increase industry knowledge and allow AMMA members to compare their processes and protocols with those of their peers in the industry.

There will be implications from this and future surveys for policymakers and for workplace relations practices, and these results will factor into AMMA’s lobbying and advocacy going forward.

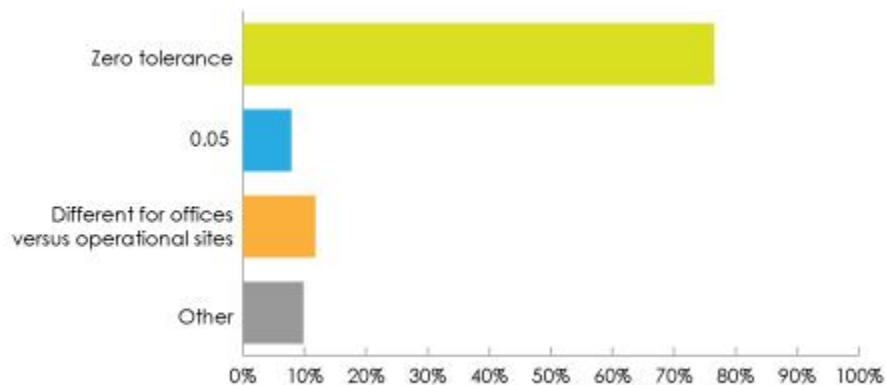
## ALCOHOL TESTING

**Do you currently conduct onsite testing of employees, contractors or others for the presence of alcohol?**



As the above graph shows, the vast majority of respondents to the survey (92%) conducted onsite testing of their workforce for the presence of alcohol.

**What blood alcohol content (BAC) limit do you use for alcohol testing?**



A significant majority of respondents (77%) reported taking a “zero tolerance” approach to alcohol testing, which is understood to mean that if any alcohol is detected then immediate disciplinary action including termination would ensue.

A small minority (12%) cited different cut-off levels for blood alcohol content (BAC) depending on whether employees were in operational or office-based roles.

Of those that allowed up to a certain blood alcohol limit, it generally ranged between 0.00 and 0.05.

One respondent cited a less than 0.02 cut-off level onshore and a less than 0.01 cut-off level at the heliport.

Another respondent cited a 0.00 cut-off for operational sites but 0.05 for city offices.

Another had a 0.00 cut-off for operational sites and 0.02 for offices.

Comments from respondents included:

*"If a person is operating machinery and blood alcohol content (BAC) is between 0.02 and 0.05, the employee is put on restricted duties."*

*"[We have] zero tolerance irrespective of different sites. This includes all people coming to site."*

*"There is no differentiation for testing between office workers and operational sites."*

*"Our limit is 0.02; the major contractor is 0.00."*

*"Zero at all times for all employees and subcontractors engaged."*

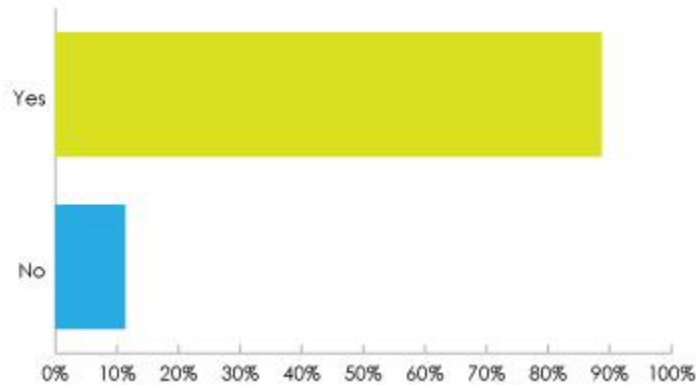
*"0.00 is the limit for random testing during mobilisation tests."*

*"Disciplinary action depends on the test result obtained."*



## DRUG TESTING

**Do you currently conduct onsite testing of employees, contractors or others for the presence of drugs other than alcohol?**



The vast majority of survey respondents (89%) conducted onsite testing of their workforce for the presence of drugs other than alcohol.

It should be noted that some respondent companies did not conduct drug or alcohol testing themselves but were subject to client or site operator drug and alcohol testing protocols that applied on various worksites. Their employees would be subject to the client's onsite procedures.

### **Which specific drugs / substances do you test for?**

The majority of survey respondents reported testing for the following substances / metabolites:

- Amphetamines
- Methamphetamines
- Barbiturates
- Benzodiazepines
- Cannabinoids
- Cocaine
- Methadone
- Opiates
- Morphine.

Other tested-for substances not reported by the majority of respondents but included in some companies' protocols included:

- Codeine
- Ephedrine
- Pseudoephedrine.

Some but not all respondents reported testing periodically (or more frequently) for synthetic cannabinoids.

Comments from respondents as to what specific drug classes they tested for included:

*"All. We have a medical declaration process in place where all employees, contractors and visitors must declare any medication they are on before coming to site/ taking the medication."*

*"All illicit drugs per AS/NZS 4308."*

*"All banned and illegal substances. If prescription medication is confirmed positive we ask to see copies of prescription and packaging to confirm and also place on file."*

*"We are covered by the Rail Safety Act; they are described in there."*

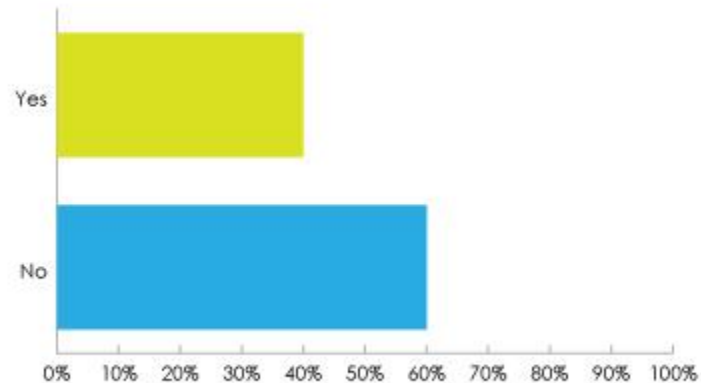
*"Any drug that can affect a person's physical or mental functioning. Prescribed medication is allowed so long as it is pre-declared to the Captain, declared permitted and entered in the vessel log book, with a precautionary plan in place to address it if the crew member is declared not fit to carry out duties."*

*"Non-synthetic drugs (standard test kit)."*

*"A broad range including synthetics."*

## SYNTHETIC CANNABIS

### Do you test for synthetic cannabinoids?



Forty per cent of respondents included tests for synthetic cannabinoids in their suite of tests.

Comments from respondents re synthetic cannabis testing included:

*"We test randomly but no detects to date."*

*"We test for those on a random basis."*

*"Testing is too difficult with only very limited numbers of accredited labs."*

*"Testing for synthetic cannabinoids occurs at headquarters prior to mobilising to job sites."*

*"Currently we only test at four of 11 projects."*

*"Not routinely [for synthetic cannabis]. We have done some testing campaigns, but it's not in our routine program."*

*"We do reasonable cause testing only [for synthetic cannabis]."*

## How effective do you believe testing for synthetic cannabinoids is?

A number of respondents were happy with the perceived efficacy of testing measures for synthetic cannabinoids:

*"It is good but could be better; the issue is the continual changing of ingredients."*

*"We have found it to be effective."*

*"Our testing has been extremely positive, and more so as a deterrent."*

*"As effective as the test is, new metabolites have been added as new drugs hit the market."*

A number of other respondents were unsure about the efficacy of testing for synthetic cannabis. Comments from respondents who were uncertain about the efficacy of testing for those substances included:

*"[Efficacy is] limited as the tests to detect cannot keep up with the number of new synthetic drugs entering the market."*

*"This is almost not effective as substances change rapidly."*

*"We have had no positive results to date - so that is either a true reflection of the workforce usage or the testing is not effective."*

*"This is unknown. Trust is placed in the accredited laboratory."*

*"The effectiveness is limited."*

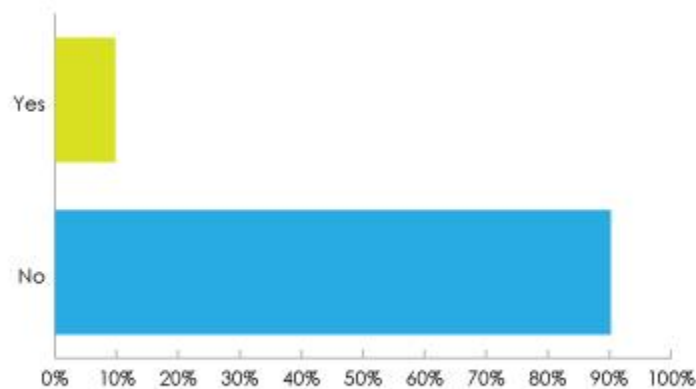
*"It is 50% effective."*

*"The formulas for 'synthetics' appear to change rapidly and therefore make detection much harder."*

*"Results are inconsistent."*

## METHAMPHETAMINES

### Have you changed any facilities at your sites to deal with methamphetamine identification?



As the above graph shows, 10% of respondents had changed facilities at their sites to deal with methamphetamine identification specifically.

However, as the answer to an earlier question showed, the vast majority of respondents do currently test for methamphetamines, including “ice”, as part of their normal suite of tests.

Comments from respondents included:

*“We undertake random personnel and vehicle searches, not specifically targeting substances but they may be located through this process. Periodic blanket screening [for methamphetamines is also conducted].”*

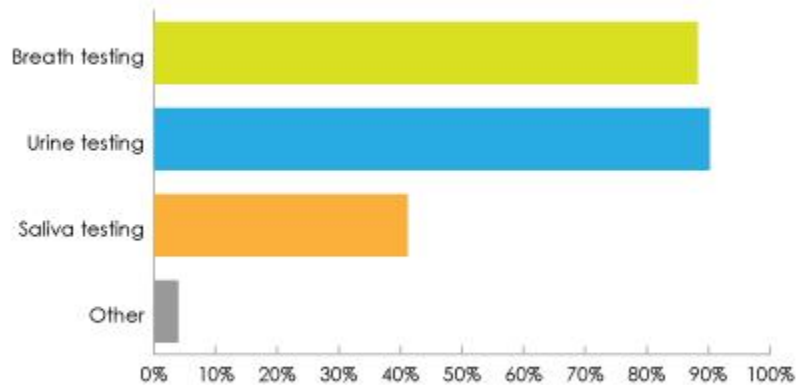
*“In some cases we have changed our procedures to deal with this.”*

*“I wouldn't say we have changed; meth gets picked up during our standard urine drug testing I believe.”*

*“This is already in the test suite.”*

## TESTING MEDIUMS

**Which of the following testing mediums do you employ at your worksites? Tick all that apply.**



A high proportion of respondents are using breath testing (88%), which is the standard way for testing blood alcohol content.

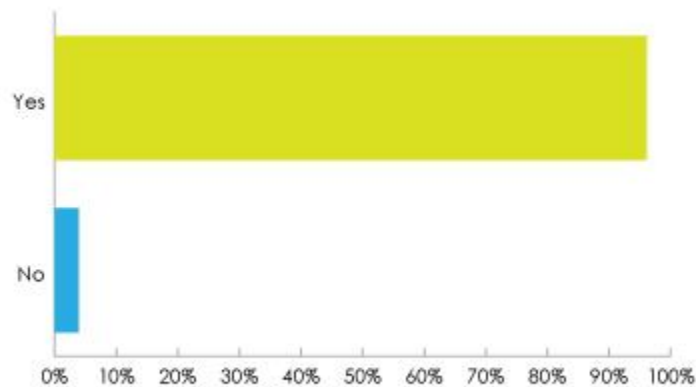
A similarly high proportion of respondents used urine testing in their onsite drug and alcohol testing protocols (90%).

A smaller percentage (41%) reported using saliva testing in their drug and alcohol testing protocols.

It should be noted that these results are not mutually exclusive and that some companies reported using breath, urine and saliva as part of their protocols.

## CONTRACTORS

### Are contractors included in your testing protocols?



The overwhelming majority of respondents (96%) said contractors were included in their drug and alcohol testing protocols.

The vast majority of respondents treated everyone who came onsite in the same manner in relation to drug and alcohol testing, with comments including:

*"There is blanket testing for all individuals going to work on the morning and night shift."*

*"Our policy states: each and every company employee and contractor / sub-contractor has a 'duty of care' responsibility to report to work free from the influence of alcohol and other drugs that may affect their performance in the workplace."*

*"When testing is being conducted there are no exclusions - if you enter the site you are subject to the testing criteria."*

*"All company personnel are included in testing by our clients. This includes employees and contractors."*

*"All visitors to site are included in our testing protocols."*

*"All personnel entering site are subject to drug and alcohol testing."*

*"Anyone onsite at the time of testing is included."*

*"All visitors and short-term workers are required to provide a valid drug and alcohol screen prior to mobilising to site."*

*"Contractors are treated identically to employees."*

*"Any contractor or visitor is required to participate."*

*"If we are conducting a test onsite, all employees are required to undergo testing. Our bases are relatively small hence we capture the entire workforce rather than pulling names out of a hat."*

*"Only company contractors are tested; not client contractors."*

*"If they are contracted to the company then they fall under the company's testing requirements."*

*"Our testing includes anyone on board at the time that testing is carried out."*

*"All contractors are required to have equal to or better than our standards."*

*"Contractors directly engaged to perform work at our sites are included in all testing that employees are subject to."*

*"Anyone within the company worksites may be tested under the policy."*

*"All people are tested if that site has mandatory testing."*

*"Testing is a condition of access to site."*

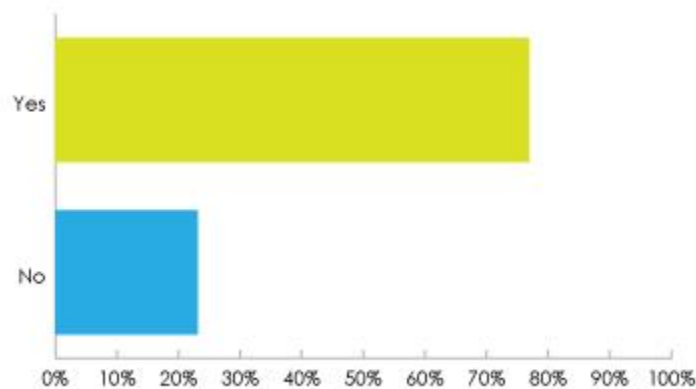
*"All contractors or visitors are required to follow the drug and alcohol policy and procedures."*

*"Everybody is included - even our CEO!!"*



## PRE-START TESTING

### Are there any sites where drug and alcohol testing is mandatory prior to work starting?



The majority of respondents (77%) had sites where drug and alcohol testing was mandatory prior to work starting.

Feedback from respondents detailing when and how this occurs is included below, with quite a few reporting mandatory pre-shift alcohol testing. While this question did not distinguish between alcohol and drug testing, the comments below show the two types of testing are often treated differently:

*"All sites test for alcohol prior to commencing a shift."*

*"It is part of the pre-mobilisation process only."*

*"Alcohol testing is mandatory at the beginning of each shift; drug testing is random."*

*"[We do this] at customer worksites and points of departure."*

*"We have daily pre-start breath testing."*

*"This is done at pre-employment medicals."*

*"This is the case at some client sites."*

*"[We do this] when high-risk construction work is to be performed; where the risk rankings are assessed as high."*

*"At shift start, employees are required to test every day."*

*"[Mandatory testing is done] prior to boarding of a helicopter to go to an offshore rig."*

*"[We do it] during major shut downs."*

*"Every employee is blood alcohol content tested at the heliport."*

*"This is now done for the majority of work supplied."*

*"We have daily breath tests at pre-start."*

*"[We do this] at all sites."*

*"When employees are on member worksites, respective company policies apply."*

*"All employees are required to undergo alcohol testing prior to mobilisation out to site and prior to commencing rig duties."*

*"Multiple job sites we attend initiate mandatory D&A testing prior to accessing onto site."*

*"[This occurs] pre-employment only. Contractors test pre-shift daily for blood alcohol content."*

*"[This happens] when working as a contractor for some clients at their sites."*

*"We conduct breath alcohol tests for all employees and contractors before every shift."*

*"We do pre-start breathalyser alcohol testing. Again, this follows the client required program."*

*"Pre-work alcohol testing is mandatory at all sites. Breathalysers are located at all start points."*

*"[Our workforce] self-tests and gets sign-off by a supervisor."*

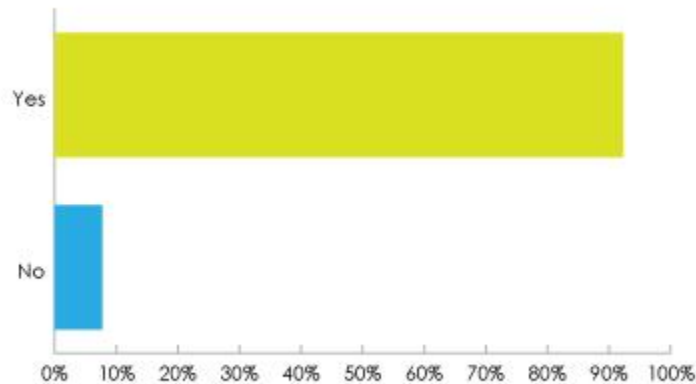
*"We have 100% breath test for offshore work."*

*"It is mandatory for everyone on day one; after that it's random."*

*"All of our remote sites require employees to be alcohol tested prior to commencing work daily."*

## RANDOM TESTING

### Do you perform random drug and alcohol testing on your sites?



The vast majority of respondents (more than 92%) performed “random” testing as part of their suite of drug and alcohol testing.

Comments from respondents providing further details as to how random testing was performed on their sites included:

*“Individuals are selected and required to present to the gatehouse (alcohol testing) or the medical centre (drug testing).”*

*“The client conducts random drug testing on the sites that they operate. Alcohol is tested every shift at shift commencement.”*

*“Alcohol testing is mandatory at the beginning of each shift; drug testing is random.”*

*“At entry to site, all are tested for alcohol; then there is random testing for drugs (a selection device is used) up to 15 times per year.”*

*“We do not own any sites. All testing of personnel is conducted by our clients (operators). Our personnel must adhere to our clients’ testing processes.”*

*“Random alcohol and drug screening may be conducted at the site from time to time. The random test selection may be conducted in the following ways: random self-selection of marble conducted at the mine entrance as a part of block testing for drugs. Breath testing for alcohol at the entrance of the site and at a time at the*

*discretion of the General Manager on advice from the Emergency Services Supervisor."*

*"[We perform random testing] on a quarterly basis approximately."*

*"Random alcohol and drug screening will be conducted on entry to site on weekdays and onsite on weekends and public holidays. The process of selection will involve each person pulling a coloured ball from a screening bucket. The description and ratio of balls in the bucket is as follows: Green - no screen required. Yellow - alcohol screen required. Pink - alcohol and drug screen required."*

*"[We have] random, scheduled, causational [testing]."*

*"Each worksite has random drug and alcohol testing each month."*

*"We do random computer-generated room selection and employees are required to present to the site medic for testing."*

*"There is no pre-determined frequency."*

*"We use a risk-based random selection."*

*"Random selection is conducted by the contractor and we also conduct 'for cause' testing if the occasion arises."*

*"Our site entry system is set to randomly select 1 in 10 entry attempts."*

*"We utilise a random number generator with a monthly target of around 5% of the workforce."*

*"Random testing is performed at our sites throughout the year."*

*"We have a random selection from time to time, with a risk-based focus, e.g. shutdowns."*

*"All testing is random .... other than 'for cause' testing."*

*"Our personnel are subject to random testing at our company or client's request."*

## What are your annual random drug and alcohol testing numbers as a percentage of your workforce?

The percentage of the workforce subject to random testing each year ranged from around 5% to 400% (ie. up to an average of four tests per employee per year), with variations common between different worksites.

The most commonly cited percentages were in the range of 10% to 40% of the workforce being subject to random drug and alcohol testing each year.

Several respondents said testing was performed by the client operating the worksite and therefore they did not have access to the percentages data.

Respondents were asked how frequently they conducted random testing, and of what percentage of the workforce each year:

*"We conduct up to 2,400 tests per year."*

*"For 2015: approximately 275% for drug testing (i.e. approximately 2.75 tests per employee / contractor each year on average). Around 7652% for alcohol testing (i.e. approximately 76.52 tests per employee / contractor each year on average)."*

*"20% of personnel except for weekends or public holidays when all staff are tested."*

*"5% for ongoing random tests. At least one site-wide drug test annually covering 100% of the workforce."*

*"A minimum of 6.5% of the workforce per month."*

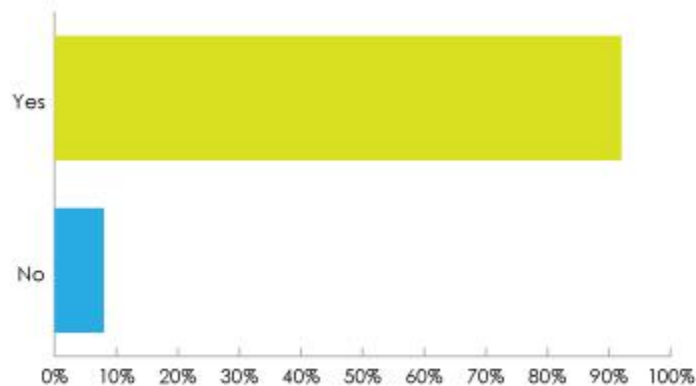
*"Averages 50% for operational sites."*

*"Drug testing - 1% of every entry. Alcohol - generally 5% but increases during special events."*

*"Approximately 10,500 tests conducted during 2015 for a workforce of approximately 4,000."*

## POST-INCIDENT / 'FOR CAUSE' TESTING

### Do you perform post-incident or for-cause drug and alcohol testing on your sites?



The vast majority of respondents (92%) performed post-incident or “for cause” testing.

“For cause” drug and / or alcohol testing was typically carried out in the following circumstances:

- following accidents or incidents, equipment damage, near misses;
- where an individual's erratic, unusual, or dangerous behaviour raises concern that they may be influenced by alcohol or other drugs;
- upon the request of any other person in the workplace who has reasonable grounds to believe that an individual may be influenced by alcohol or other drugs, and where the supervisor also believes this may be the case;
- individuals who have previously tested positive may be monitored on a regular basis to ensure that any concerns of substance misuse are eliminated;
- if any evidence is found of possible alcohol or other drug use at work (e.g. drug paraphernalia, alcohol containers on worksites or in vehicles) and the company can identify with reasonable certainty those who may have been involved.

Feedback from respondents on when and how post-incident and 'for cause' tests were carried out included:

*“When a supervisor has cause to suspect that an employee is affected by alcohol or other drugs of abuse and / or where deemed necessary by either the project*

*manager; any person who is involved in an accident or incident which results in damage to mobile or fixed plant and equipment or which had the potential to result in serious personal injury or property damage, or results in personal injury (MTI) or injury to another [is tested]."*

*"This is standard procedure if an incident occurs."*

*"Employees are stood down and a third party would be engaged for testing."*

*"We conduct for cause testing when an incident has occurred or a person has taken a sick day after a rostered day off (RDO)."*

*"After any incident."*

*"As per CASA regulations."*

*"Post-incident and for cause testing is performed if appropriate to the situation."*

*"For significant incidents."*

*"Where a random test picked up a non-negative and a second test confirmed post B sample test."*

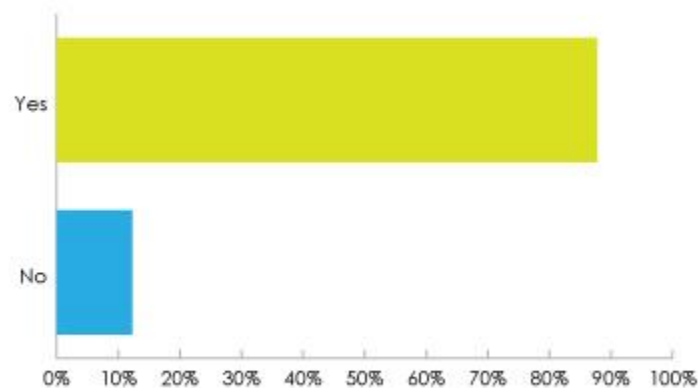
*"This is detailed in the company standard and procedure. It applies to sub-contractors."*

*"Yes, [we test for] drugs, alcohol, fatigue and hydration on every injury and instance of equipment damage."*

*"Personnel are tested when fitness for work may have been a contributing factor to an accident / incident; or where personnel displays behaviour that raises concerns; or where there is evidence of possible recent drug use."*

## ‘REASONABLE SUSPICION’ TESTING

### Do you perform ‘reasonable suspicion’ drug and alcohol testing on your sites?



The vast majority of respondents (88%) performed “reasonable suspicion” testing as part of their drug and alcohol testing protocols.

Comments from respondents as to how and when they acted on reasonable suspicions included:

*“When a supervisor has cause to suspect that an employee is affected by alcohol or other drugs of abuse.”*

*“The person reporting the reasonable suspicion is also tested.”*

*“This is standard procedure if a formal duty of care or query is raised over an employee.”*

*“If we have substantial evidence to suggest that the employee may have or is under the influence then yes we would. This can be a bit tenuous, however, if the tip-off received is out of spite (for example, an ex-partner is seeking revenge and trying to set up the employee).”*

*“[Reasonable suspicion testing] would be done based on supervisor concerns / suspicion and risk associated with work being undertaken.”*

*“For cause or suspicion; generally work groups are targets in cases of suspicion.”*



*“A reasonable cause test may be requested when there are reasonable grounds (ie. behavioural observations) to suspect the presence of alcohol and / or drugs which may compromise the safety of the employee or other personnel.”*

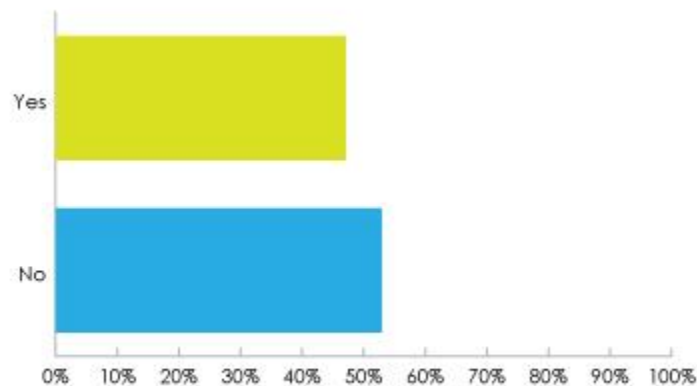
*“[This is done] based upon evidence to do with employee behaviours, attitude and attendance.”*

*“If a supervisor or any employee is suspicious.”*

*“Where personnel displays behaviour that raises concerns; where there is evidence of possible recent drug use.”*

## SPECIFIC CAMPAIGNS

### Are drug and alcohol testing campaigns conducted at specific times such as around shutdowns or major works?



Slightly fewer than 50% of respondents reported they conducted drug and alcohol testing campaigns at specific times in addition to their regular testing procedures. Typical campaigns included:

- Every day during a major shutdown;
- During high-risk construction works and critical lifts;
- Pre-mobilisation and occasionally at the point of embarkation; and
- During special events or before and after public holidays.

Comments from respondents as to how those testing campaigns were implemented included:

*"We take a risk-based approach with blanket tests, day and night shifts, shutdowns, etc."*

*"We have campaigns during State of Origin, Grand Finals, New Year's Eve, etc."*

*"There is blanket alcohol testing every day during a major shutdown. Generally, contractors test their personnel daily as well."*

*"We have testing campaigns during high-risk construction works and critical lifts."*

*"On a construction facility, the rules may change as the nature of the project changes."*

*“Testing is conducted pre-mobilisation; occasionally at the point of embarkation.”*

*“We take a risk-based approach with blanket tests, day and night shifts, shutdowns, etc.”*

## POSITIVE / NON-NEGATIVE RESPONSE RATES

### What is your current positive / non-negative incidence rate as a percentage of your workforce?

The majority of respondents cited a positive / non-negative response rate of 1% or less of the workforce each year although a couple of responses were as high as 10% of the workforce turning up a positive or non-negative result each year.

Some respondents did not track that data although they did perform the testing.

While this question did not distinguish between positives / non-negatives for alcohol versus drugs, comments as to the number of positive tests being returned included respondents citing:

*"One positive out of 50 tests on average."*

*"For July 2016 - undeclared medication / illicit drugs - 0.38%; alcohol - 0%."*

*"We roughly will get one positive every 6 to 12 months."*

*"We have recorded 99.79% pass and 0.21% fail."*

*"Perhaps one employee every two years approximately."*

*"10 incidents in the last 12 months."*

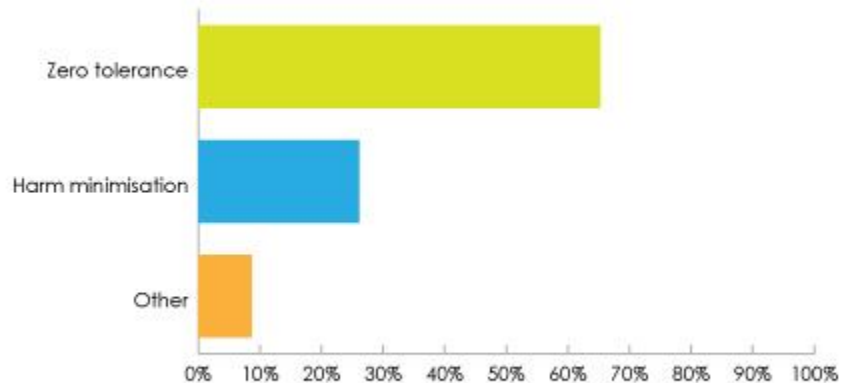
*"0.8% for drugs."*

*"Positive Incidence rate - alcohol 0.005% (54,000 tests); drug tests 0.79% (4,800 tests)."*

*"In 2015: employees 0.02%; contractors 0.1%."*

## POLICY APPROACHES

### What is your general policy approach when it comes to drug and alcohol testing?



As the graph above shows, 65% of respondents cited a “zero tolerance” policy approach to drug and alcohol testing, while 26% cited an approach of “harm minimisation”, understood to mean there is no specific mandated disciplinary response such as termination of employment for a positive result and each incident is weighed according to the circumstances and risk.

Comments from respondents as to what their policy approach is depending on the circumstances are outlined below. A common theme was for positive results for alcohol and drug tests to be treated differently:

*“Alcohol testing = disciplinary action. Drug testing = zero tolerance.”*

*“We issue a first and final warning for the first breach due to illicit drugs and alcohol testing. A second breach will lead to further disciplinary action up to and including termination. Those who breach due to undeclared medication will receive a first written warning. A second breach will lead to further disciplinary action up to and including termination.”*

*“Our approach is to provide a safe and healthy work environment.”*

*“We will support employees who seek assistance in dealing with an alcohol and / or drug dependency. We encourage all employees who may need help to use the company’s employee assistance program.”*

*“Don’t do it - if someone appears impaired / under the influence, they are removed from their work location and arrangements are made to ensure they are safely taken to their residence. Depending on the nature of their impairment / behaviour, etc, they will be subject to normal counselling, disciplinary and / or termination of employment considerations.”*

*“We encourage self-testing prior to attending the worksite; there is no penalty for a positive test. This reduces the risk of running the gauntlet. Alcohol testing has three levels of discipline if people present for work under the influence. Drug testing is generally zero tolerance; stood down pending confirmatory GCMS then dismissal if positive.”*

*“Employees receive one warning - with another breach equating to termination.”*

*“[There is] employee assistance with referrals to specialists, but a line of zero tolerance is held.”*

*“It is a mixture [of both zero tolerance and harm minimisation] but our focus is on health, safety and wellbeing.”*

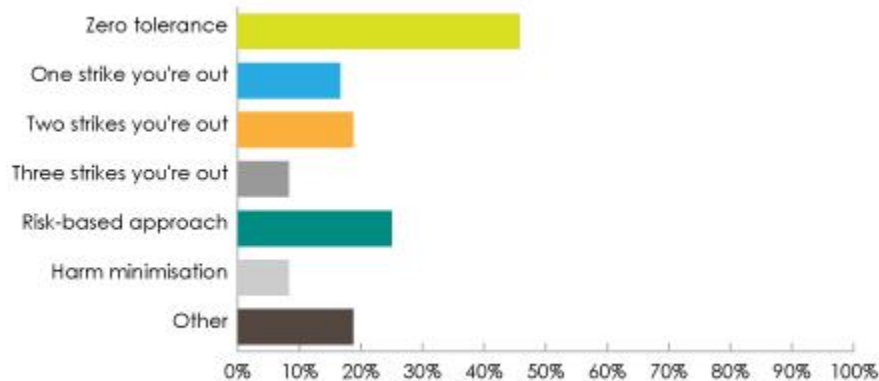
*“In both regimes, employees must test zero before returning to work.”*

*“We have the same consequence management process for a breach, irrespective of whether it's alcohol or other drugs.”*

*“[We have] zero tolerance to illicit drugs and any non-declared legal pharmaceuticals.”*

*“Disciplinary action depends on the test result obtained.”*

## What is your policy response to a confirmed non-negative test result? Tick all that apply.



As the graph above shows, in providing further details on exactly what disciplinary measures would ensue from a positive test result:

- 46% of respondents had a zero tolerance response;
- 17% had a “one strike you’re out” policy;
- 19% had “two strikes you’re out”;
- 8% had “three strikes you’re out”;
- 25% had a risk-based approach; and
- 8% had a harm minimisation approach.

Comments as to what the specific policy approach was when they received a confirmed non-negative test result included the following, which revealed nuanced responses to non-negative tests depending on the site:

*“Employees are stood down with pay pending lab confirmation for drugs. [It’s] three strikes for alcohol unless over 0.05. There is a monitoring period of 12 months after the first offence and any positive reading within that period leads to termination.”*

*“One strike: positive result to two or more banned substances or simultaneous positive for drugs and alcohol.”*

*“The employee is suspended pending a lab confirmation. If the outcome is a non-negative result, then employment will be terminated.”*

*“This is done on a case-by-case basis depending on site, location and client.”*

*“In most situations, employees who return a positive result, who have not returned a positive result previously, will be disciplined but not terminated unless they lose*

client site access or have created a serious WHS risk. Where an employee has previously returned a positive, then this second time they will ordinarily be terminated."

"For alcohol and illicit drug breaches employees receive a first and final warning. For a second breach in the same year, the employee may be terminated. In certain circumstances, an employee may be terminated on the first occasion. Breaches due to undeclared medication will only receive a first written warning and will have more chances before termination becomes an option. All employees are stood down without pay pending a laboratory confirmation of a non-negative onsite result for alcohol, illicit drugs and undeclared medication. Employees who have declared medication will be allowed to return to work."

"The person is stood down without pay."

"They are stood down pending a lab test; if the lab test is non-negative, investigation and disciplinary proceedings up to and including termination commence."

"Contractors are stood down without pay pending laboratory confirmation. Employees are stood down on pay pending confirmatory analysis."

"Employees are stood down on pay (may be annual or personal leave) whilst the confirmatory result comes through and receive MRO validation."

"Drugs - stood down without pay (but have access to annual leave) until laboratory result received. Alcohol - depending on level and where / when detected, response ranges from zero tolerance to one or two strikes."

"Employees are stood down pending the lab test."

"Personnel are disciplined by being stood down, receiving a written warning, and are required to return a clear pathology test. A second strike and they are delisted."

"Zero tolerance to drugs; alcohol generally two to three strikes dependent on levels."

"Employees are stood down with pay pending lab confirmation of a non-negative result."

"For declared 'prescription' medication, employees are stood down on pay. For suspected other breaches, they are stood down without pay pending laboratory confirmation."

"They are stood down and take leave / leave without pay (not personal leave)."



*"We cannot have drug-affected employees in the workplace. However, we need to assist them with rehab or counselling."*

*"Generally, two strikes and you are out but each situation must be dealt with on its merits and in some cases discretion is applied - so it is not implausible in some cases that a first breach may be a final breach, dependent upon circumstances."*

*"It varies from site to site."*

*"The person is stood down whilst awaiting confirmation. They can use personal leave."*

*"Employees are stood aside without pay pending laboratory confirmation and / or until they present a zero test; but they can take annual leave. The disciplinary response is variable depending on the specific test and an employee's history."*

*"We can terminate for a first breach depending on the circumstances."*

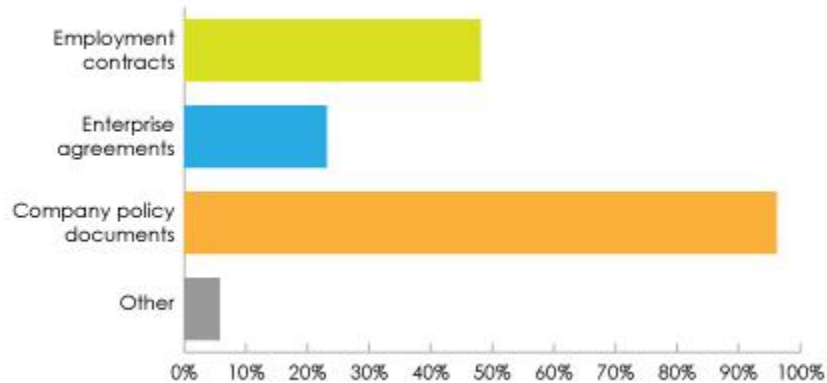
*"It can be up to two breaches and then possible termination. There is also a category for serious misconduct depending on the circumstances. Depending on the non-negative result, they may be able to proceed to site after completing a satisfactory fitness for work assessment. If stood down pending GCMS, that will be with pay."*

*"They are stood down pending lab results; if they test positive then leave is generally made to be taken."*

*"[They are] stood down without pay whilst the GCMS test is conducted. If it comes back negative, the employee is reimbursed for the time they were stood down."*

*"Our policy is framed around three strikes but there is flexibility to terminate after a second strike based on the circumstances."*

## Where are your drug and alcohol testing policies housed? Tick all that apply.



As the graph above shows, the vast majority (96%) of respondents house their drug and alcohol testing policies in company policy documents.

Around 48% house them in employment contracts and 23% in enterprise agreements.

Some use a mixture of all three – policy documents, enterprise agreements and employment contracts - and the options are not mutually exclusive. Some reported having separate company policies which were also referenced in employment contracts and enterprise agreements.

Comments from respondents as to where they kept their drug and alcohol testing policies and how they referred to them in other documents included:

*“Our policy is in our Alcohol and Other Drugs of Abuse policy. Fitness for work is referenced in the enterprise agreements and contracts.”*

*“We are governed by our clients in regards to drug and alcohol testing. These principles are incorporated in the overarching contract between us and our clients. However, we also have a robust fitness for work policy whose principles are reinforced on our employment contracts and enterprise agreements.”*

*“Reference is made to company policies and procedures in the employment contract.”*

*“Our policy is displayed on all construction site noticeboards; contained in all induction packs; and forms an important part of all inductions. We also undertake on-site small group training and toolbox talks to re-visit the policy, especially when changes are made.”*

*“It is displayed on walls onsite and in our head office.”*

*"Personnel are given all information at their induction process, questions answered, and given documentation to read and sign alerting them to the company's policy on drugs and alcohol and our testing requirements."*

*"It is included in a section of the induction process also."*

*"Reference is made to the policies in the employment contract. Policy documents are housed on the company intranet / portal."*

*"It is referenced in employment contracts."*

*"Policies are referred to in employment contracts."*

*"It is referenced in our code of conduct, fitness for work, ASO procedures."*

*"It is clearly published, covered through every induction and very visible enforcement!"*

*"It is part of our EHSMS policies and system."*

## **How are your drug and alcohol testing policies communicated / re-communicated to staff?**

Comments from respondents in answer to this question included the below, with inductions, pre-employment screening and toolbox meetings being the top ways that staff were made aware of drug and alcohol testing policies and procedures:

*"We hold fitness for work information sessions at commencement of employment."*

*"The policy is available to all employees. It is referenced in contracts and enterprise agreements."*

*"It is communicated in HSR meetings with all ports six-monthly."*

*"Via inductions and awareness programs."*

*"It is covered at pre-employment inductions, pre-starts, induction refreshers, etc."*

*"It is addressed through the employment / induction process."*

*"It is covered at commencement of employment / through safety meetings."*

*"It is communicated verbally. There is also policy sign-off and re-enforcement. The policy is available on the company intranet."*

*"All our personnel are made aware of fitness for work expectations through their instrument of employment (contract / enterprise agreement), induction process and within the company policies. In addition, communication regarding testing is done through our clients."*

*"We cover this via email, memos, toolbox meetings, safety meetings, intranet."*

*"Via inductions, re-inducting, safety meetings, emails, company newsletter."*

*"Communication from CEO by email for office workers and by supervisors / managers at pre-start meetings for factory and refinery workers."*

*"On inductions and we get all employees a copy of the policy and record that they signed as agreed to abide by it and read and understood it."*

*"Inductions, visitor inductions, contractor inductions and site entrances."*

*"Toolbox, newsletters, training."*

*"Email and toolbox meetings."*

*"Multiple mediums - verbal and written communications."*

*"Email, newsletters, induction."*

*"Employee induction, HSE meetings, toolbox talks and HSE notice boards."*

*"At induction and yearly updates."*

*"Induction and following policy revisions and before major shutdowns, and via company newsletter."*

*"Inductions, regular toolbox discussions, policies displayed, other communications."*

*"Employee handbook, daily pre-start and policies on the walls."*

*"Induction and toolbox meetings."*

*"Conditions of employment."*

*"Via intranet, on-line training and starter packs."*

*"Via HR induction processes and recurrence training every 30 months."*

*"Policies and staff communications."*

*"Induction and regular updates to all staff."*

*"All employees receive a copy of the policy every time they go on swing and are required to sign as having understood it."*

*"Emailed and verbally discussed."*

*"Inductions and follow-up training sessions."*

*"Stored in management system. Introduced at employee induction."*

*"All devices."*

*"At induction and through toolbox meetings throughout the year."*

*"Employee handbook, induction."*

*"On employment, awareness training, newsletter updates, tool box meetings."*

*"Via the policy at commencement of employment."*

*"During employment interviews and with employment documentation, also an induction topic and reinforced frequently."*

*"Face to face by leaders in addition to employment contracts and central policy documentation."*

*"Induction, policies, noticeboards, site communications."*

*"Intranet. Inductions. Contracts."*

*"Induction, awareness sessions."*

*"Through tool box talks and pre-shift meetings."*

*"At time of online pre-employment offers."*

*"At shift meetings."*

*"It is a condition of access to sites so it is visible daily. Procedure and changes are communicated through intranet, email, forums, toolbox talks, posters."*

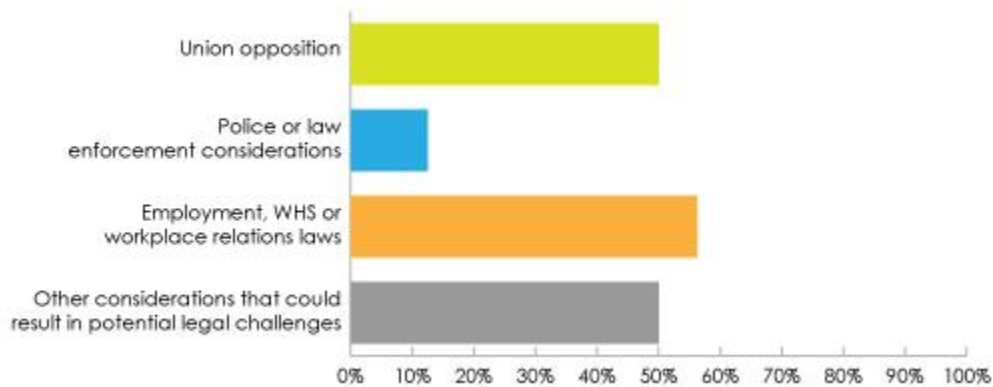
*"Inductions."*

*"Inductions, toolbox talks, intranet, displayed on sites."*

*"Consultation via OHS committees, toolbox meetings, etc."*

## ENFORCEMENT

**Do any of the following issues impact your ability to implement / enforce the drug and alcohol testing policies of your choice? Tick all that apply.**



As the graph above shows, while not overwhelmingly cited as obstacles to adopting the drug and alcohol testing policy of their choice, the below issues were reported to have impacted on some respondents' ability to implement and enforce their drug and alcohol testing policies:

- Union opposition (50% of respondents said this had had an impact although the impact was not quantified);
- Police or law enforcement considerations (13% of respondents cited this as having an impact but again the impact was not quantified);
- Employment, WHS or WR laws (56%) said that had had an impact on implementation / enforcement.

Comments from respondents as to perceived or actual impacts on their enforcement ability included:

*"Potentially the Fair Work Commission and their view of what is considered harsh with regards to chosen testing methods will have an impact."*

*"There are challenges in having to prove that an employee is unfit for work at 0.04 or 0.03 in court."*

*"The union sought to be involved at our initial policy launch some years ago. They were supportive of our policy though the union did try to steer the company in the direction of saliva testing. Research on saliva testing conducted by the company*

*found urine sampling to be the most reliable as saliva testing was in the early stages of use."*

*"Legal implications are always a risk. Hence, our very clear zero tolerance policy. Employees are terminated for breaching the policy, not for being high."*

*"Our testing programme is of a voluntary nature to be considered for employment."*

*"Our concerns are not having sufficient grounds to dismiss an employee for use of undeclared medication, even if the employee holds no recognised prescription for the medication. WHS laws are overly sympathetic to the claimant, despite an employee failing a drug and alcohol test, despite the employee not being able to present a prescription, despite the medication being bought over the counter in Asia."*

*"Our policies are clear."*

*"There has been union opposition to urine and to blood testing other than at the time of pre-employment."*

*"Challenges include the location of work sites - often working on remote sites without access available to anyone trained to perform the testing."*

*"The process is very clear in employment terms and conditions. The push back is from unions."*

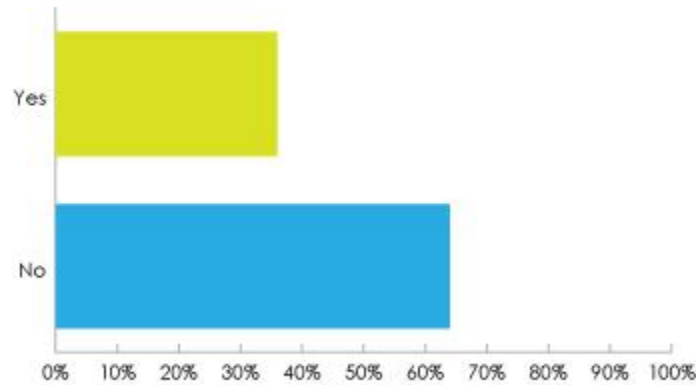
*"Our policy and standard takes into account legislation and the law."*

*"Concerns include legal considerations and scrutiny of drug procedures."*

*"No, our policy has been in place for 15 years; we comply with all state requirements and have full workforce support and engagement."*

*"To date, implementation and enforcement of drug and alcohol policies has been relatively unaffected by the above factors."*

## Have you been challenged by an employee over your management of a non-negative result?



As the graph above shows, the majority of respondents (64%) had not been challenged by an employee over their management of a non-negative test result, but 36% had.

Comments from respondents showed that some remained concerned about legal challenges:

*“One employee challenged the testing laboratory’s drug testing procedure. The case was dismissed on grounds of lack of evidence.”*

*“Generally, there is denial [by the individual concerned] but there is usually acceptance once the confirmed results are received from the lab test.”*

*“We had one instance of a breakdown in communication; the employee was unsure of the actual policy and process and the contractual right of the company to stand down an employee. The issue is still ongoing.”*

*“Re a previous position in the maritime industry, the MUA debated whether the employee’s personal use, which had not fully worn off when they presented to work, was a legitimate reason to stand them down. The levels of the employee in question were 23,000 mcg. We said ‘yes’ [it was a valid reason].”*

*“We have had unfair dismissal claims.”*

*“One employee applied for unfair dismissal – however, the employee did not pursue it beyond the conciliation stage.”*

*“As per our testing procedure, when a negative test is returned, the individual is referred onto a pathology for substantiation testing on a voluntary basis.”*



*"We've had an informal challenge. Options were provided to formally challenge the organisation but the employee declined."*

*"A termination based on a breach of the AOD policy was challenged in the FWC and resolved at conciliation."*

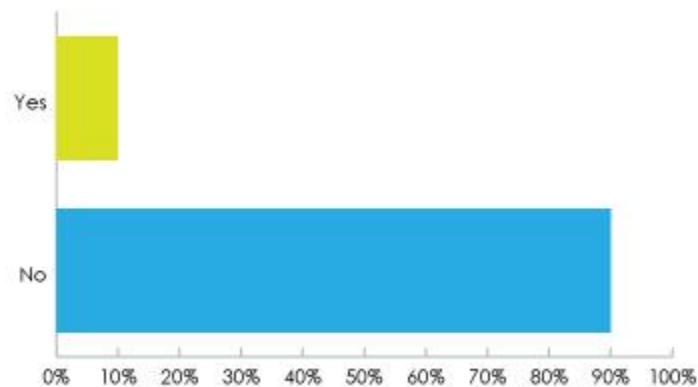
*"Employees terminated for an alcohol breach deemed the dismissal unfair. There was also a challenge over a THC-related non-negative dismissal. The employee disputed whether he was under the influence with the drug in his system several days after use."*

*"We have only had challenges until the confirmatory laboratory test has come back."*

*"There was second sample testing at an independent lab for confirmation. The results were confirmed as positive."*

*"Yes, we get challenged. But we have a clearly defined process; we stand our ground and have never lost or been overturned."*

## **Has a union taken a dispute to the Fair Work Commission over drug and alcohol testing issues?**



As the graph above shows, only 10% of respondents had a union take a dispute to the Fair Work Commission over drug and alcohol testing issues.

Comments from respondents on that issue included:

*"All cases have been won by us."*

*"There are lots of arguments but employees get caught in the middle."*

## TOP ISSUES / CHALLENGES

### What are your top issues /challenges in the management of drug and alcohol use and abuse in relation to your workplaces / employees?

Respondents described their top issues and challenges in relation to onsite drug and alcohol testing in the following ways, with the following key themes identified.

#### **Increased societal use of drugs**

*"Ensuring sufficient resources to conduct more testing in an environment where drug use appears to be becoming more prevalent."*

*"That it is a society issue - we educate our employees, however, as we are a residential site, we cannot control what they do when they leave site at the end of the shift."*

*"Ensuring that people are not under the influence while onsite."*

*"The social acceptability of cannabis."*

*"Convincing employees to manage their lifestyle outside the workplace because their lifestyle outside the workplace can impact on their ability to work safely at work."*

*"Having a wet mess onsite and employees secretly storing alcohol in their rooms."*

#### **The use of masking agents**

*"Guys trying to beat the system with excuses of what and why they have chosen to take certain medications."*

*"Cover-ups through cheating the sample regime, sample urine, etc."*

*"Potential masking agents, increasing societal use."*

*"[The use of] masking agents."*

#### **Gaining employee acceptance of testing methods**

*"Acceptance by workers of urine testing. Union resistance, mainly from the maritime union. A current enterprise agreement with 'saliva' testing."*

*"Acceptance of an increase in testing."*

### **Ensuring fair, proportionate and consistent management responses**

*"Supporting employees with addictions / ensuring disciplinary outcomes are consistent, fair and equitable."*

*"Ensuring that any measures imposed are commensurate with the risk posed by the substance(s) being tested for."*

*"Implementing a system that catches all infringers to prevent safety issues but which doesn't compromise the employer / employee trust relationship."*

*"The level of disciplinary action issued. Management adherence to follow due process."*

### **Maintaining awareness with a sometimes transient contractor workforce**

*"Changing the attitude that you won't be caught."*

*"Awareness, compliance, data privacy."*

*"Communication and general awareness."*

*"Maintaining low levels of risk, education and awareness; possible review of aspects of policy standards to achieve higher standards."*

*"Transient contractors, e.g. shutdowns."*

### **Absenteeism associated with drug use**

*"The window of opportunity to test for reasonable suspicion - employees taking multiple sick days in a row (with medical certification from a doctor)."*

*"There appears to be an increasing trend in methamphetamine use and issues to do with usage, e.g. absenteeism."*

### **Having to stand workers down while awaiting lab test confirmation**

*"Waiting for GCMS results; waiting for CASA approved MRO to review results; having tight crewing numbers and managing an absence from the business whilst the employee is stood down."*

*"Initial non-negative management and stand-by administrative requirements as a result."*

## **Resources required**

*"The expense of testing regimes and resources."*

*"Detection above AS4308 doesn't measure the degree of impairment; management of positive results; you can't test everyone for everything often enough to be a real deterrent."*

## **Changing compositions of synthetic cannabis**

*"New and emerging drugs with a rapidly changing chemical make-up; abuse of prescription drugs e.g. codeine-based; 'fake' urine; current CMSH legislation does not allow us to mandate urine testing which is our preferred testing regime."*

*"The changing compositions in synthetic cannabinoids."*

*"Synthetic drugs and potentially steroids."*

## **Employees failing to declare prescription drugs**

*"People continuing to present to work unfit for duties despite communication that this is unacceptable. People also not realising the importance of declaring medication."*

## **Happy with current system / no issues**

*"Currently there are no issues."*

*"No issues as we have good compliance with our policy."*

*"Minimal; our worksite is pretty damn good."*

*"We have been testing since 2002 and all is good."*

*"We don't have any issues as we have a long-term workforce."*

## **Please provide any further comments you might have about drug and alcohol testing policies, either specific to your operations or in general**

Respondent comments included observations about why they thought their particular protocols had been successful:

*"We plan to use an external provider to complete all the drug and alcohol testing rather than using site level management or shore employees."*

*"[Our testing regime] has not been challenged yet but we fear it may be."*

*"If properly communicated and conducted by independent accredited third parties so there is no suggestion of bias, there has been a widespread endorsement in the tunneling industry."*

*"As the Rail Safety Act applies, this assists in dealing with any opposition."*

*"Reinforcing company values, including individual responsibilities."*

*"Our testing program works well for our operational needs."*

*"Making sure policies are well distributed and understood."*

*"Fear that our zero tolerance approach will be tested and the Fair Work Commission will overturn a dismissal."*

*"While we do have procedures, all the projects for the last four years have been subject to client-driven drug testing regimes onsite. We do pre-start breathalyser alcohol testing. Again this follows a client-required program."*

*"In general, in the Qld Coal Industry the issue of the CMSHA legislation is not employer-friendly when it comes to trying to do something about drugs in the workplace. This flies in the face of common sense and health and safety of employees. Too much union influence is encompassed in the legislation."*

*"The Australian Standards landscape with regards to urine or saliva testing from practical, legal and sensitivity points of view can be conflicting. Difficulty in following regional patterns of use and the supporting culture that underpins it."*

*"I believe the message is getting through that drugs and alcohol won't be tolerated."*