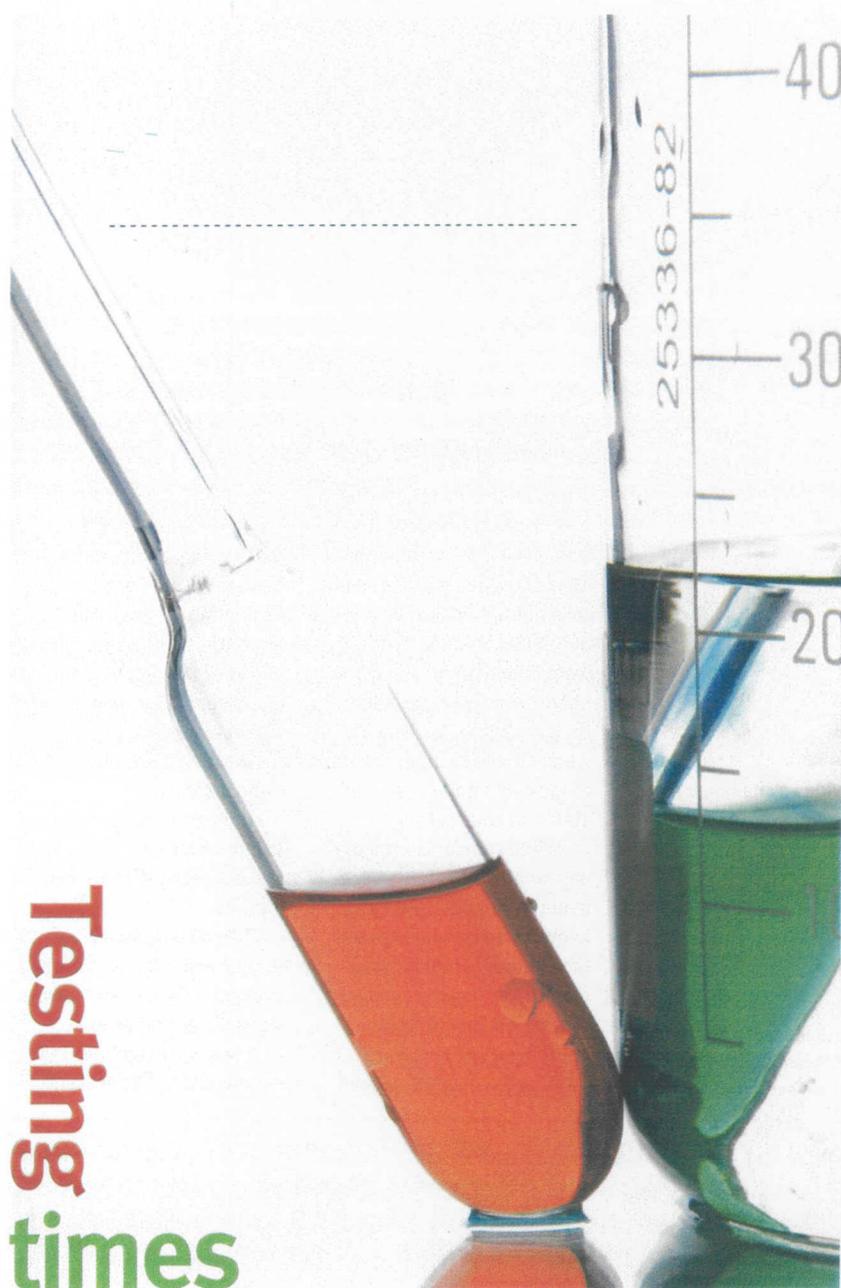


# Testing times



*Drug and alcohol testing in the workplace is increasingly common. However, as CRAIG DONALDSON writes, there are a number of important considerations to take into account with the development and implementation of any drug and alcohol policy*

**S**ubstance abuse in the workplace is estimated to cost at least \$13.7 billion in direct and indirect costs to the Australian economy, while the Australian Chamber of Commerce and Industry has estimated it to be a factor in 10 per cent of workplace deaths and 25 per cent of workplace accidents.

Drug testing in Australia has advanced significantly in the past few years, with an evolution from what is known as the traditional method of urine drug testing, to state-of-the-art use of saliva or oral fluid testing, according to James Wruck, business unit manager – drug testing, for Alere, which offers SureStep drug screen tests that can test up to nine drugs simultaneously from a single urine sample.

Each method has its place, and Wruck says urine is more for historical drug use compared to oral fluid which detects current drug use. For many workplaces, he notes that current drug use is more important as it indicates that an employee may be under the influence of a drug while at work.

“If they are under the influence, the potential risk that they will cause a safety incident is higher. In addition, the use of drugs in the workplace may have a negative impact on the output from an individual and also on fellow workers who may potentially be put at risk from this behaviour,” he says.

Stephen Lane, managing director of LaneWorkSafe, which provides a wide range of drug testing products including a split-specimen urine drug screen cup and a number of saliva screening devices, says providers of onsite urine devices claim their devices meet the Australian Standard 4308: 2008 cutoff levels.

However, when asked to supply a compliance certificate (issued by an independent National Association of Testing Authorities (NATA) accredited laboratory) he says they are unable to do so. “End users should ensure the device they use or intend to use has a compliance certificate. By reducing the number of false positives supplied by inferior devices and using an accurate reliable device, organisations reduce unnecessary angst and costly confirmatory testing and associated wasteful costs,” he says.

Laurie Wilson, general manager of Alcolizer, a specialist manufacturer of alcohol breath testing equipment, says the move from low alcohol tolerance to zero alcohol tolerance that has progressively spread across OHS testing is a positive move for the industry, but has highlighted the significant differences between quality instruments and “cheaper newcomers”.

“Most alcohol breath testers, and the technology they incorporate, are geared towards police testing at the 0.050 BAC drink driving limit. Unknown by many OHS professionals and procurement officers, is the fact that most instruments struggle for accuracy at very low levels of alcohol. For police this has never been important, but for industry moving down from 0.020 BAC limit to zero tolerance, this is of major importance,” he says.

## Drug and alcohol testing pitfalls

The single biggest pitfall companies can fall into is solely relying on Australian Standards (AS) Certification, according to Wilson. While this is the only alcohol breath testing standard in the handheld side of the industry, “it can be misleading for those who do not understand it, or if it is misrepresented”, he says.

“Commonly equipment is promoted as AS certified, and customers are told accuracy under AS is +/- 10 per cent. This is only correct at reading of 0.100 BAC (twice the drink driving limit) and above. AS below 0.100 is in fact +/- 0.010. What does this mean for industry use?” he asks.

“When an OHS professional is trying to establish whether a worker has any alcohol in their system, an instrument they use can give a reading of anywhere between 0.000 up to 0.020 BAC and still be AS compliant if a person’s true reading should 0.010. In plainer English, the AS only requires an instrument to work within +/- 100 per cent at 0.010 BAC, and this is really the figure around which most companies are looking for accuracy to make decisions on their workers fitness for duty. This is clearly unacceptable.”

Lane says many organisations with the intention of commencing a workplace alcohol and drug program fail to understand the importance of their actual policy. “This document will become the ‘hub’ or ‘cornerstone’ of the alcohol and drug program,” he explains.

*“If they are under the influence, the potential risk that they will cause a safety incident is higher”*

James Wruck, business unit manager – drug testing, Alere

“As an aid to formulating this alcohol and drug policy many organisations use an initial blanket screen of all employees ... Conducted prior to, and an aid to preparation of the alcohol and drug policy, it provides answers as to the extent of substance abuse in their workplace.”

Wruck says that when an organisation puts a drug and alcohol policy in place they really need to have clear objectives in mind. By taking the wrong approach, he says the policy may impact the workforce and potentially create a rift between the employer and the employee. “Taking a hard line for the purpose of ‘cleaning out’ drug users may have a negative impact by creating mistrust between both parties and creating resistance to implementation and buy in,” he says.

“However, if the employer takes a consultative approach by working to support the employees in the workplace, there will be greater cohesion between both parties. Oral fluid testing has been shown to be a very supportive process as it tests for recent drug use and is aimed at supporting the employee in the workplace.”

### Keys to success

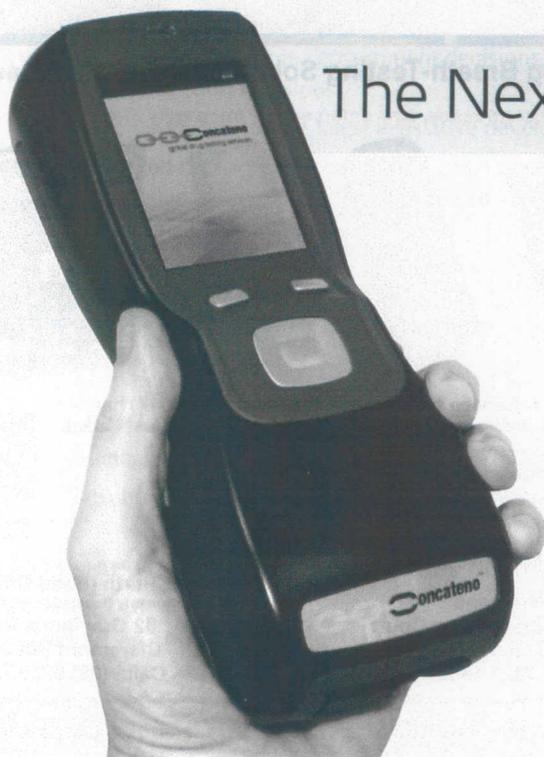
Consultation and clear education in the implementation process are vital, according to Wruck. “By building trust, organisations are more likely to be able to implement programs easily and successfully. Employee involvement during the implementation process allows for greater understanding and aids in the education process through word of mouth discussion between employees,” he says.

Similarly, Lane says that explaining the contents and an alcohol and drug policy will make for easier adoption and acceptance. However, says it’s important to understand that an alcohol and drug program is not a silver bullet. “It should be viewed as part of an organisation’s strategy to address workplace substance abuse and unsafe workplace practice as a result of such abuse. True, there is a deterrent factor attached to a workplace alcohol and drug policy, but it goes beyond this.”

He observes that most workplaces are a microcosm and reflective of society in general, and having a policy that is fair and equitable to all shows that the particular workplace is mindful of this fact. As such, it is important to demonstrate concern and an ability to manage the policy in a fair and equitable manner. “It is not about punishment or catching people out [but] more about identifying persons at risk through substance abuse and managing their path forward in a sensible transparent manner,” says Lane.

*“There is no real problem with a worker being responsible, testing before clocking on, and advising their supervisor that they still have a low residual alcohol from the night before”*

Laurie Wilson, general manager, Alcolizer



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## THE LAW ON SALIVA VERSUS URINE TESTING

*“Understand that substance abuse can be an issue for any workplace [and] understand that a heavy-handed approach is not the preferred option”*

Stephen Lane,  
Managing Director,  
LaneWorkSafe

The “old chestnut” of drug and alcohol testing – saliva versus urine testing – was recently revisited when the NSW Industrial Relations Commission (IRC) heard an industrial dispute between cement supplier Holcim (Australia) and the NSW branch of the Transport Workers’ Union (TWU).

Holcim developed a national policy of drug and alcohol testing that utilised urine tests rather than oral saliva testing for its workforce of 140 contract drivers. However, the policy was opposed by the TWU on the basis that oral testing was a more appropriate method and the TWU also argued that urine testing is more intrusive for employees and less convenient than oral testing with saliva swabs, according to Allens Arthur Robinson lawyer Tristan Garcia. After analysing the evidence given by a toxicologist and a pharmacologist concerning the effect and testing of various drugs, the NSW IRC held that the most appropriate

and reliable method of drug and alcohol testing in the circumstances was through a regime of urine testing, says Garcia, who was commenting in a legal update on the case.

The NSW IRC noted that:

- urine testing had already been introduced for the entire Holcim workforce nationally and was consistent with the method adopted for State Rail projects;
- urine testing has proper accreditation and sophistication, unlike oral testing which has not yet achieved equivalent accreditation;
- urine testing has been generally accepted throughout the industrial community for several years and only takes a limited amount of additional time for employees when compared with oral testing; and a properly implemented system of urine testing will act to minimise the number of chronic and habitual drug users in the industry.

Stephen Lane, managing director of LaneWorkSafe, says the ramifications and implications of this recent decision “have not hit the deck, yet”. He said it’s fair to say this decision should prompt debate and cause consideration of organisations’ current and future postures, relevant to which matrix they currently use or intend using.

“Relevant to this decision is the CASA legislation which specifies saliva as the preferred matrix for employees in the Australian Aviation Industry including all commercial pilots. The proposition that saliva is not considered reliable enough for use with concrete truck drivers, and yet suitable for pilots of 747 and similar aircraft, is one worthy of further discussion,” he says.

“Perhaps this should be ventilated in the public arena. I am not sure if the traveling public were made aware of this anomaly it would sit well with their psyche. Perhaps the federal government may revisit the legislation.”



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