Methamphetamine use in the workplace: Options for prevention & treatment

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Why the workplace?
Meth/amphetamine & performance

Stay fit and Slim

By taking Amphetamine

IS OFTEN PREFERABLE TO OTHER FORMS OF AMPHETAMINE—

because—

smaller doses produce longer cerebral stimulation, with a minimum of undesirable excitement and other side-effects.

When patients with depression, narcolepsy, alcoholism, or obesity are selected as suitable cases for stimulant therapy, ‘Amphedroxyn Hydrochloride’ is a prudent choice of drug.

Detailed information and literature on ‘Amphedroxyn Hydrochloride’ are personally supplied by your Lilly medical service representative or may be obtained by writing to Eli Lilly and Company, Indianapolis 6, Indiana, U.S.A.
The workplace as an intervention setting

- The workplace is an ideal intervention setting
  - Access to large numbers of drug users
    - Most drug users are employed
  - Employees spend a lot of time at work
    - Maximises exposure
  - Employers support safety/productivity improvement & worker wellbeing initiatives
  - Existing IR & WH&S frameworks exist to support prevention & intervention strategies
  - Workplace prevention/intervention efforts extend to the wider community
Workplace interventions & barriers to treatment

• Workplace interventions can overcome many common barriers to treatment
  – Drug use not perceived as a problem
  – Lack of motivation
  – Work commitments
  – Lack of support
  – Lack of awareness of treatment options
The statistics:
Prevalence of use
% methamphetamine users (last 12 months) by employment status

- Employed: 2.3%
- Unemployed: 5.6%
- Not in labour force: 1.0%

2.1% Total Population

Number of methamphetamine users (last 12 months) by employment status

- Employed: 231,893
- Unemployed: 49,895
- Not in labour force: 61,464

Number of methamphetamine users (last 12 months) by paid labour force status

- Employed: 231,893
- Not employed: 111,359

What’s different about employed methamphetamine users?
Similar gender profile


Employed
- Male: 2.9%
- Female: 1.7%

Not employed
- Male: 2.3%
- Female: 1.1%
Similar age profile

Similar marital status

Employed
- Never married: 5.6%
- Div/wid/sep: 2.7%
- Married: 1.3%

Not employed
- Never married: 4.1%
- Div/wid/sep: 0.6%
- Married: 0.5%

Similar education level

Difference in prevalence by location

Difference in form of methamphetamine used

Difference in method of use


Employed
- Smoke: 37.0%
- Snort/swallow: 55.1%
- Inject: 7.3%

Not employed
- Smoke: 44.9%
- Snort/swallow: 44.2%
- Inject: 10.9%
Difference in frequency of use


Employed
- Regular use (at least once a week): 10.3%
- Monthly: 13.6%
- Less than monthly: 76.1%

Not employed
- Regular use (at least once a week): 20.9%
- Monthly: 21.4%
- Less than monthly: 57.7%
Similar amount normally used

Methamphetamine use in the workforce
Prevalence by occupation

Prevalence by industry

Other industries <2.0%

### Workplace harms

<table>
<thead>
<tr>
<th></th>
<th>Meth</th>
<th>Other illicit</th>
<th>Sig diff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absenteeism due to injury*</td>
<td>16.9%</td>
<td>10.3%</td>
<td>$p&lt;.01$</td>
</tr>
<tr>
<td>Absenteeism due to illness*</td>
<td>42.3%</td>
<td>39.5%</td>
<td>ns</td>
</tr>
<tr>
<td>Absenteeism due to drug use*</td>
<td>7.3%</td>
<td>1.3%</td>
<td>$p&lt;.01$</td>
</tr>
<tr>
<td>Absenteeism due to alcohol use*</td>
<td>12.5%</td>
<td>6.4%</td>
<td>$p&lt;.01$</td>
</tr>
<tr>
<td>Usually use at work</td>
<td>9.7%</td>
<td>3.8%</td>
<td>$p&lt;.01$</td>
</tr>
<tr>
<td>Worked under influence#</td>
<td>31.6%</td>
<td>6.0%</td>
<td>$p&lt;.01$</td>
</tr>
</tbody>
</table>

* at least 1 day off in past 3 months
# at least once in past 12 months

High risk workforce groups

- Workers aged 20-29
- Males
- Trades/blue collar
- Industry
  - Wholesale
  - Construction
  - Mining
  - Manufacturing
  - Hospitality
Workplace risk factors

- **Workplace environment**
  - Availability
    - Workforce demographic, location, supervision level, policy response
  - Working conditions
    - Shift work, long hours, fast paced work, FIFO/DIDO work

- **Workplace motivations**
  - Reduce fatigue
    - Increased productivity, increased alertness
  - Reduce risk of positive drug test
Implications for prevention/treatment

• Access to large numbers of ‘at risk’ individuals
  – Young males
  – Recreational/occasional users

• Opportunity for prevention & early intervention
  – Onsite awareness & brief intervention
  – Referral to counselling

• Provides treatment pathway
  – Employment as motivator
Prevention/intervention strategies

- Supervisor/manager training
  - Signs & symptoms of use
  - Referral/supporting affected employees
  - Factors that contribute to use

- Employee awareness
  - Physical & mental health risks of use
  - Factors that contribute to use

- Treatment pathways
  - EAP/Community AOD (and other) services
Summary

• the workplace provides an opportunity for cost effective prevention/early intervention strategies that can each large numbers of drug users

• these strategies are likely to receive substantial employer support

• AOD agencies/service providers can play a significant role
Thank you

www.nceta.flinders.edu.au