



NCETA

Australia's National Research Centre
on AOD Workforce Development

Young workers

and workplace safety: Guidelines for
managing alcohol and other drug risk

safety

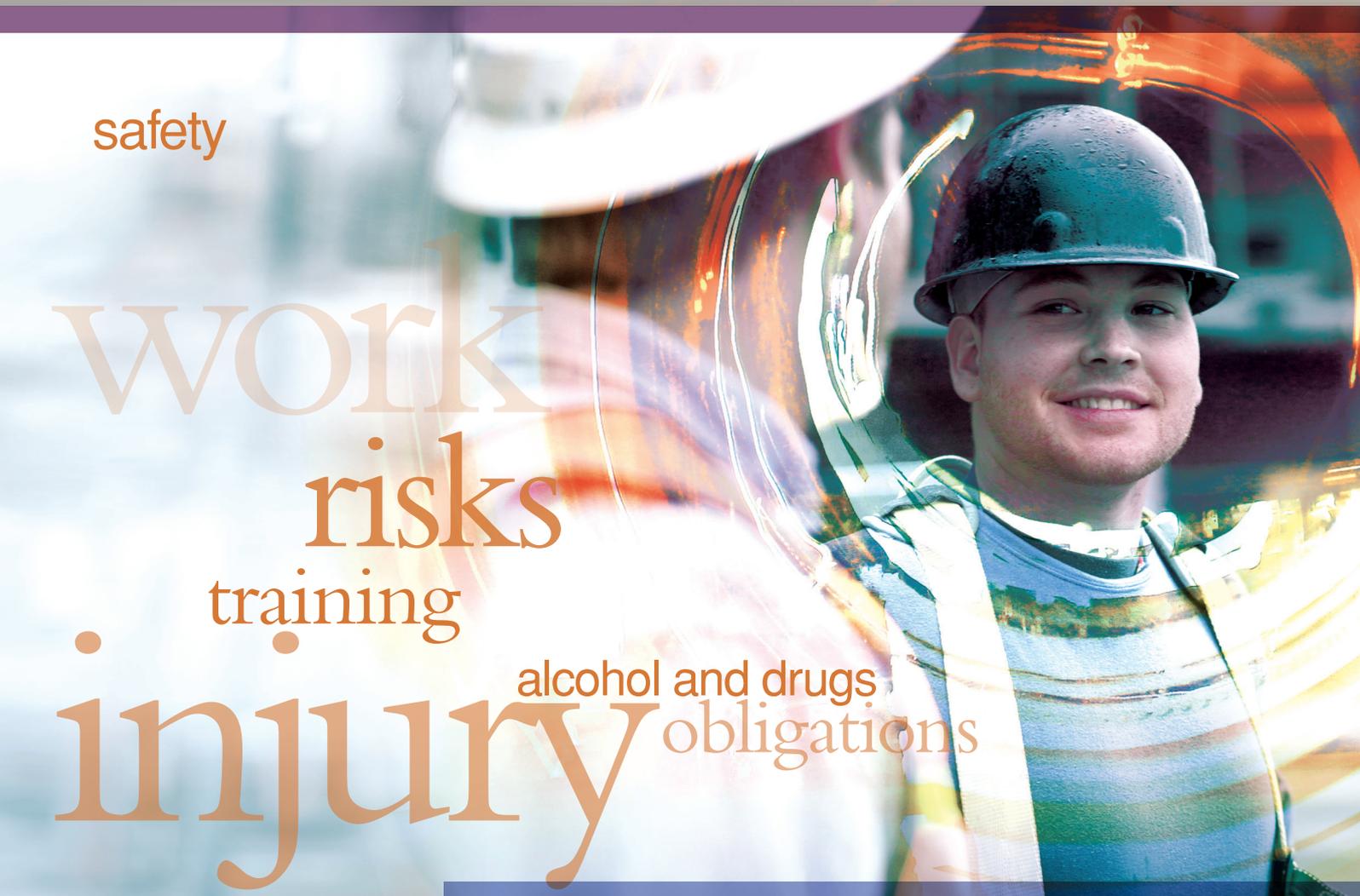
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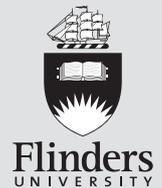
Young workers and workplace safety:

Guidelines for managing alcohol and other drug risk

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Foreword

This resource on managing alcohol and drug related workplace risk among young workers was prepared by the National Centre for Education and Training on Addiction (NCETA) at Flinders University, South Australia.

The National Centre for Education and Training on Addiction (NCETA) is an internationally recognised research centre that works as a catalyst for change in the alcohol and drugs (AOD) field. The Centre works to influence systems that affect workers through policy change, legislation, recruitment and best practice guidelines. The Centre was established in 1992 and is a collaborative venture between Flinders University, the South Australian Department of Health and the Australian Government Department of Health and Ageing. NCETA has a strong interest in the workplace. Our concerns focus on workplace safety, worker wellbeing and its implications for productivity.

Our particular focus is in relation to matters that pertain to alcohol and drug issues and the workplace. NCETA has undertaken numerous research projects and workplace policy consultancies in relation to alcohol and other drugs in the workplace.

Readers are directed to NCETA's website which contains a wide array of downloadable material of relevance to the workplace:

www.nceta.flinders.edu.au

The NCETA workplace team is also available for advice and further support in this area and can be contacted by phone 08 8201 7535 or via email nceta@flinders.edu.au

The guidelines presented here were developed by NCETA as part of a project funded by SafeWork SA that examined ways to best manage the issue of elevated occupational health and safety risk experienced by young workers¹.

The focus of these guidelines is on alcohol and drug related workplace safety risk that may be encountered by young workers. The guidelines contain strategies to minimise this risk. In doing so, it also addresses young workers' risk of workplace injury in general. In this way, the guidelines have wider applicability that goes beyond just addressing alcohol and drug concerns and may be of assistance to managers in dealing with young workers' safety in general.

We hope employers and supervisors and others involved in the safety and care of young workers find the guidelines useful in enhancing the workplace safety of young workers.

**Professor Ann M Roche,
Director NCETA**

¹A copy of the full project report is available at www.nceta.flinders.edu.au

Acknowledgements

This resource was developed with funding from the South Australian Government through SafeWork SA. The development of these guidelines was assisted by key individuals and groups with extensive experience in employing, training, and ensuring the safety of young workers. These individuals and groups included representatives of the hospitality, agriculture, manufacturing, retail, and construction industries and South Australian registered training providers and technical colleges.

The development of the guidelines was also assisted by a Project Reference Group consisting of representatives from the Department of Premier and Cabinet, SA Unions, Drug and Alcohol Services SA, Attorney General's Department, Business SA, and the Department of Further Education, Employment, Science and Technology. We would like to thank all those who generously provided valuable input and feedback during the development of the guidelines.

Young workers and workplace safety:

Guidelines for managing alcohol and other drug risk

Did you know?

Young workers aged 15-19 years are over-represented in workplace injury statistics.

Many factors can effect young workers' risk of workplace injury. These include:

- ▶ lack of experience with the workplace environment
- ▶ lack of understanding of safety risks in the workplace
- ▶ believing that they are invincible
- ▶ limited safety training
- ▶ limited awareness of their rights and obligations under OHS&W legislation.

Alcohol and drug use is also a risk factor.

Australians under the age of 20 years are a group at risk of harm due to alcohol and drug use. Young workers are:

- more likely than unemployed Australians under 20 years of age to drink at risky levels or use illicit drugs
- more likely than older workers to drink at risky levels
- use illicit drugs
- more likely than older workers to miss work due to alcohol or illicit drugs
- at high risk for attending work under the influence of alcohol or illicit drugs.

Physical, psychological and social changes that occur during adolescence can contribute to young workers' risk of harm from alcohol and drug use, and their risk of workplace injury.

- ▶ Physical changes
 - During adolescence many young people are still undergoing organ, muscle and bone development. Immature bone structure can increase the risk of stress fractures. Immature brain development may also increase the risk of alcohol or drug related harm.
- ▶ Psychological changes
 - Adolescents actively seek out new experiences, however, parts of the brain that control emotions and executive functions (e.g., planning, reasoning, impulse control, judgement) are not fully developed. As a result, young workers can engage in new and sometimes risky behaviours in their own time (e.g., drug use and binge drinking) or during work hours (e.g., skylarking and misusing equipment) without being fully able to assess the associated risk.
- ▶ Social changes
 - During adolescence, young people actively try to develop a sense of who they are and their place in the world. They have a strong need to 'fit in' and please others, including peers, supervisors and co-workers. This can influence their alcohol and drug use and increase risk of injury.

All these factors can result in young workers being at particular risk of both alcohol and drug related harm and workplace injury.

What are my occupational health and safety obligations regarding young workers?

Under the South Australian Occupational Health, Safety and Welfare Act 1986, an employer must ensure that all employees are safe from injury and risks to health while at work. The Act places emphasis on ensuring the health and safety of inexperienced workers. This means employers should pay special attention to the needs of young workers because they lack experience and familiarity with workplace procedures.

In addition, South Australian Occupational Health, Safety and Welfare Regulations, 1995, require employers to identify potential health and safety risks and ensure that these risks are eliminated or minimised.

As young workers' inexperience, drug and alcohol use, psychological and social development are identified risks, employers need to take steps to address these risks.

More detailed information concerning alcohol and drugs is available on the Drug and Alcohol Services SA website (www.dassa.sa.gov.au/) the Australian Drug Information Network website (<http://www.adin.com.au/>) and the NCETA website www.necta.flinders.edu.au

How can a young workers' alcohol or drug use affect workplace safety?

Regardless of the age of a worker, their alcohol and drug use can negatively affect workplace safety in a variety of ways. Young workers may be more at risk due to the effects of alcohol and drugs and their lack of knowledge and experience with these effects.

Alcohol

Drinking even small amounts of alcohol can lead to:

- ▶ impaired judgment of speed and distance
- ▶ hand-eye co-ordination
- ▶ slow reaction times and judgement.

Larger amounts of alcohol affect muscle coordination, reflexes, vision and hearing. Alcohol can also produce a false sense of confidence in one's ability to perform tasks.

Hangovers

Headaches, fatigue and nausea are characteristics of a hangover that can greatly reduce efficiency and levels of concentration.

Drugs

The effects of drugs vary according to whether they are stimulants or depressants. Stimulants (e.g., amphetamines, cocaine, ecstasy, etc) can lead to irritability, argumentativeness, agitation and sleeplessness. In larger doses stimulants may lead to violence, risk taking, and other behavioural problems. Depressants (cannabis, heroin, morphine, etc) can result in feelings of drowsiness. They can also negatively affect concentration, balance and coordination.

Some types of prescription drugs can have negative effects similar to illicit drugs.

What negative workplace outcomes can occur as a result of a workers' alcohol or drug use?

A worker's alcohol and drug use, whether it occurs outside of work or during work hours, is associated with a range of negative workplace outcomes. This can include:

- ▶ accidents involving injury or death
- ▶ damage to equipment
- ▶ increased insurance costs
- ▶ bad publicity
- ▶ increased absenteeism
- ▶ lower levels of productivity
- ▶ staff turnover
- ▶ poor workplace relationships.

What can be done to minimise alcohol and drug related risk to workplace safety?

1. Identify and deal with workplace factors that can contribute to the risk.

The range of workplace factors that can contribute to alcohol and drug related risk to safety and productivity include:

- ▶ **The physical environment of the workplace**
 - hot or dusty conditions/hazardous or dangerous work
 - inadequate training/poor quality equipment
- ▶ **Workplace controls**
 - the availability of alcohol and drugs during work hours
 - social and peer pressure to drink or use drugs
 - lack of a clear alcohol and other drug policy
- ▶ **Workplace stressors**
 - a poor/volatile industrial relations climate
 - lack of control over the planning or pace of work
 - heavy workloads/unrealistic performance targets and deadlines
 - workplace bullying/harassment
- ▶ **Job characteristics**
 - long hours/shiftwork/boring, repetitive, or monotonous work
 - low visibility/working away from the workplace
- ▶ **Management style**
 - absence of clear work goals/instructions
 - lack of supervision/poor feedback on performance.

minimising
alcohol

and
drug related
risk

2. Develop and implement a written alcohol and drug policy.

- ▶ The policy should clearly state rules and guidelines concerning the consumption, possession or supply of alcohol or drugs at the workplace. It should also provide procedures for responding to alcohol and drug use in the workplace, and detail of any action to be taken as a result of policy breaches.

3. Provide relevant education and training.

- ▶ Education and training are necessary to raise workers' awareness of the policy and procedures and provide information about the health and safety implications of alcohol and drug use.
- ▶ Education and training are also necessary to enhance the capacity of supervisors and other staff to implement the policy.

4. Provide access to counselling and rehabilitation services.

- ▶ It is important that workers have access to help if they have alcohol or drug problems. This access can operate through a process of referral by the employer or voluntarily by the employee.
- ▶ Employers can provide access to a private service provider in the form of an Employee Assistance Program (EAP) or offer access to a public non-profit service provider.
- ▶ In either case, access to the service provider should be private and confidential.

5. Consider additional strategies.

- ▶ There is a range of additional strategies that employers can utilise to minimise alcohol and drug related risk to workplace safety including health promotion, peer intervention and drug testing. There is no 'one size fits all' response. The choice of strategy should be made in consideration of the needs and resources of individual workplaces and in consultation with the workforce.

What special steps are needed for young workers?

The strategies outlined above target all workers, regardless of age. However, there are steps you can take to ensure these strategies are particularly effective for young workers. They include the following:

1. Provide a copy of the workplace drug or alcohol policy.

- ▶ Clearly communicate the content of the policy to young workers, explain the safety risks associated with alcohol and drug use and outline the penalties that apply to breaches of the policy.
- ▶ Do not supply alcohol to young workers under the age of 18 (even after work) and avoid supplying alcohol to any young worker.

2. Provide OHS&W orientation and training that includes relevant alcohol and drug information.

- ▶ Due to their lack of knowledge and experience in the workplace, young workers need training in:
 - their OHS&W rights and obligations
 - recognition of safety risks
 - the use of personal protective equipment
 - site/task specific safety risks.
- ▶ Training should include the threat drug and alcohol use represents to health and safety. It should also inform young workers of their obligations under OHS&W legislation to be fit for duty by attending work un-affected by alcohol or drugs.
- ▶ Due to their incomplete cognitive development, OHS&W training and instruction needs to be repeated regularly and assessed. Young workers should regularly be asked questions about safety to reinforce safe working knowledge and practice.

3. Reward young workers for safe work practices.

- ▶ Due to their desire to please and impress co-workers and supervisors, positive rewards from these individuals can provide strong reinforcement for safe work practices. This includes safe practices concerning alcohol and drug use.

4. Provide adequate supervision.

- ▶ Due to their lack of work experience and incomplete cognitive development young workers require more supervision than older workers. Ensure that supervisors model safe work behaviours, including safe behaviours relating to alcohol and drug use.

5. Provide a workplace mentor or 'buddy'.

- ▶ An assigned mentor or 'buddy' can monitor young workers' work practices, provide health and safety advice, and model safe work behaviour, including safe behaviours relating to alcohol and drug use.

How can I identify alcohol or drug related risk to workplace safety?

Working under the influence of alcohol or a drug and coming to work suffering the after effects of use (e.g., hangover, fatigue, etc.) can be a safety risk.

Unfortunately identifying alcohol and drug related risk to workplace safety is not straightforward as many of the signs of alcohol or drug use can also be explained by other factors.

However, there are signs that can indicate possible alcohol or drug use. They include:

Physical signs

- ▶ Bloodshot eyes
- ▶ Dilated or pinpoint pupils
- ▶ Changes in appetite or sleep patterns
- ▶ Deterioration of physical appearance and personal grooming
- ▶ Unusual smells on breath, body, or clothing
- ▶ Slurred speech or impaired coordination.

Behavioural signs

- ▶ Reduction in attendance levels or performance at work
- ▶ Unexplained need for money or financial problems
- ▶ Engaging in secretive behaviours
- ▶ Frequent arguments or problems with co-workers.

Psychological signs

- ▶ Unexplained change in personality or attitude
- ▶ Sudden mood swings, irritability or angry outbursts
- ▶ Periods of unusual hyperactivity or agitation
- ▶ Lack of motivation, lethargy
- ▶ Appearing anxious or paranoid for no apparent reason.

identify drug
and alcohol
risks

If I observe these signs, or become aware that one of my young workers may be affected by alcohol or drugs at work, what steps should I take?

In managing any identified alcohol or drug related risk it is important to focus on work performance and safety. What young workers do in their own time only becomes relevant when it affects their performance or behaviour on the job.

If you are a host employer and the young worker you are concerned about is employed by a group training organisation, contact this organisation to advise them of your concerns.

A word of caution

It is important to remember that alcohol and drug related harm in the workplace is a complex issue and there is no 'one size fits all' response for every circumstance. It is likely that relevant factors and responses will vary according to specific alcohol and drug related incidents. Thus, the following recommendations should be regarded as guidelines only, not as an inflexible prescriptive response.

Communicating with young workers

The way you speak to a young worker is of critical importance. Young workers may not have a fully developed ability to accurately read facial expressions and body language. This can result in them misunderstanding what is being communicated. Shouting, being too critical, or ignoring what the young worker is saying may result in them turning off.

Rather than lecturing the young worker, engage in a two way conversation that allows them to put their point of view forward. Importantly, make sure you indicate to the young worker that you are interested in what they have to say and what is happening in their lives. If a young worker believes that their supervisors care about them, they are more likely to respect and respond to their supervisor's advice and instructions.

Managing risks associated with intoxication

When a worker is suspected of being affected by alcohol or drugs at work, primary consideration must be given to their safety and the safety of others. In such cases, some measure of risk assessment should be undertaken involving the application of reasonable judgment as to what constitutes unacceptable risk.

If the risk to the worker or others in the workplace is judged as unacceptable, the worker should not be allowed to work. The worker should be removed from any safety sensitive work area and moved to an area where their safety and the safety of others can be managed.

- ▶ When talking to the worker, avoid using judgmental words such as 'drunk' or 'stoned'. Use words such as: "I am concerned about your safety because I have observed/been made aware of" List the performance related reasons for your concern and make sure that they are put in writing.
- ▶ Be specific and state the facts only. Do not discuss or argue. Follow with "I have a responsibility for your safety and the safety of others and for that reason I am instructing you to (go home/move to another area)."
- ▶ Tell the worker that you will organise transport to get them home safely and that you will discuss the situation when they return to work in a safe state.
- ▶ Be brief, firm and calm. It is likely that they will deny any alcohol or drug use.
- ▶ Avoid confrontation and do not be provoked into a debate.
- ▶ Ensure the worker gets home safely. When they return arrange a meeting with the worker, the worker's representative (if the worker chooses this) and their supervisor. At this meeting the worker should be reminded of the workplace alcohol and drug policy and given the opportunity to provide an explanation of the incident. If they cannot provide a reasonable explanation, then procedures and processes outlined in the alcohol and drug policy should be implemented.

Managing risks associated with alcohol and drug use outside of work hours

Alcohol and drug use outside of working hours can also increase risk to workplace safety and productivity.

If a worker's behaviour appears to be having a negative effect on workplace safety or performance, initial discussions with the worker regarding these concerns should be conducted on an informal basis. Simply making them aware that their behaviour is of concern may lead to an improvement. If this informal approach does not result in any apparent improvement then a more formal 'constructive confrontation' approach may be needed. Again, it is important to remember that the following recommendations should be regarded as guidelines only, not an inflexible prescriptive response.

Counselling a young worker using constructive confrontation

Constructive confrontation is a three stage approach used to counsel a worker in relation to a problem that is impacting on workplace safety or performance. The aim is not to discipline or dismiss the worker. Rather, the aim is to offer advice and assistance to address the problem and motivate change. This process involves outlining to the worker the consequences of not addressing the problem behaviour in question. There are three stages to the constructive confrontation process:

1. Advise
2. Caution
3. Confront.

advise

caution

confront

1.

ADVISE

After documenting specific instances of unsafe or poor work performance an initial interview should be conducted with the worker. The objective of this first interview is to advise them of the problem, supported by examples. The worker should be allowed to provide an explanation, and suggestions to improve the situation should be discussed. If personal problems (including alcohol or other drug problems) are playing a role, information and assistance on where they can get help for these problems should be provided. It is important that confidentiality is maintained throughout the process.

The worker should be advised that if the situation does not improve disciplinary action (including dismissal) may result. A written record of the interview should be kept and agreed to and signed by both parties. Following this first interview there should be a designated period during which the worker is monitored and details of any improvements (or otherwise) are documented. If work performance does not improve a second interview needs to be conducted.

2.

CAUTION

The aim of the second interview is to caution the worker. They must be provided with documented evidence of how their work performance has remained unsatisfactory and again information and assistance on where they can get help for any problems should be provided. The worker is permitted to have a representative present at this second interview stage. The worker is further cautioned that unless satisfactory work performance is achieved, dismissal or other disciplinary action may result.

The threat of job loss is often a motivating factor for the worker to seek help with any personal problems (including alcohol and drug problems). Details of the interview must be recorded in writing, agreed to and signed by both parties. Following this second interview continued monitoring of the worker's performance needs to occur with details documented. If the second interview does not result in improvement, a third interview is undertaken.

3.

CONFRONT

The aim of the third interview is to confront the worker to give them the option to either improve their work performance or face disciplinary consequences, including dismissal. The employee is to be advised that the option to seek help for any problem is no longer voluntary and that a mandatory assessment is required. The employee should have a witness or representative present at this third interview stage. They are advised that if there is no immediate improvement, a formal notice of dismissal will be issued. Details of the third interview must be recorded in writing, agreed to and signed by both parties.

By documenting all stages of the constructive confrontation process and showing that a fair and considerate position has been taken there may be fewer difficulties with any unfair dismissal legislation.

Typical scenarios

Scenario 1

Jane is a supervisor employed by a medium sized manufacturer. She has become concerned that John, a 19 year old worker for whom she is responsible, has frequently been absent from work or has come to work late over the last month or so. This usually occurs on Mondays. When he does come in late, his performance is usually below par. It is Monday morning and Jane has just been made aware that John has again turned up late, in casual clothes that look like they had been slept in, and smelling of alcohol.

Jane immediately takes action to prevent John from starting work. She suspects that he may be affected by alcohol and is concerned about possible safety risks. She approaches John and explains that the smell of alcohol on his clothes and his appearance indicates to her it may be unsafe for him to start work. John responds that yes, he was out drinking until late last night and that to save time he slept in his car and came straight to work. He also maintains that he stopped drinking more than 8 hours ago, has had enough sleep, and that he is safe to work. Jane explains to John, that it was still likely that hangover effects or fatigue resulting from poor quality sleep would impact on his ability to work safely. She informs John that she can arrange for a doctor to assess his fitness for work, or alternatively he can go home and they will discuss the issue when he returns to work tomorrow. John opts for the latter and Jane organises transport to get him home safely.

The following day, John attends a meeting with Jane and her manager and the constructive confrontation process outlined above was implemented. Help through the organisation's employee assistance program was offered if John felt he needed it. John admitted that he partied heavily on weekends, but believed he did not have a drinking problem, and that in future he would make sure his drinking and partying on the weekends would not affect his ability to work safely and effectively. His performance improved initially, but the same issue resurfaced within two weeks. He subsequently was counselled a second time and again his performance improved initially, but the issue resurfaced within weeks. At a third interview, John was told that he was required to attend a counselling session with the employee assistance program provider. John refused this direction and subsequently quit.

Scenario 2

Phil is becoming increasingly concerned about Jessica, a 17 year old trainee for whom he is responsible. Jessica often appears tired, lethargic, depressed to the point of crying for no apparent reason, and is sometimes confused over specific work instructions. Jessica's behaviour is irregular and appears to be worse on Mondays and Tuesdays gradually improving as the week progresses.

Phil has kept a record of Jessica's behaviour and decides to informally approach her to discuss any problems. Jessica informs him that some problems at home have left her depressed, but that everything else was fine. Phil tells Jessica that he is always available if there is anything he can do to help, and that he has the contact details for a youth counsellor. Jessica thanks him but says she will be fine.

About two weeks later, Jessica gets into a heated argument with a co-worker for no apparent reason. Phil immediately requests Jessica to go to his office where he proceeds to counsel her over the incident. He explains the seriousness of her behaviour to her and reminds her of his previous talk, noting that her behaviour had not changed much since then. Again he asks for an explanation and Jessica again informs him that the problem is a personal issue with her family. Phil offers assistance in seeking professional help, and again Jessica replies that she will be able to improve her behaviour without help.

About a week later, Phil received a phone call from Jessica's mother informing him that she was very concerned about Jessica. Her mother told Phil that despite being only 17, Jessica has a group of older friends with whom she regularly attends nightclubs. Both she and Jessica's Dad had noticed that Jessica's behaviour and her relationship with them has deteriorated over the past few months and they were concerned that she was taking drugs. Her mother recently found some small tablets with funny markings in Jessica's handbag that she thought may have been ecstasy. When confronted, Jessica became angry and told her mother to mind her own business.

Phil informed Jessica that her mother had called and raised some concerns. Phil arranged a time to talk with Jessica again and suggested that her parents also be involved. Jessica agreed and a meeting was arranged. At this meeting Jessica admitted that she took ecstasy on the weekend, but this had nothing to do with work. Phil informed her that he had spoken to a drug information service and they had advised him that it was likely that her ecstasy use was responsible for her erratic behaviour at work. He informed Jessica that if she wanted to keep her traineeship, she would need to stop using and that undertaking treatment or counselling may help. Her parents also offered assistance and Jessica took up these offers of help.

Scenario 3

Jim is a self-employed plumber and has recently taken on an apprentice through a group training organisation. While working on a site one day he could smell marijuana. As there were a number of other tradespersons working on the site he could not be sure who was responsible. Later that day he went to the van to put a mislaid tool in the apprentice's toolbox. In doing so he found a cannabis pipe.

Jim confronted the apprentice. The apprentice denied that he had been smoking cannabis and ownership of the pipe. Jim immediately raised his concerns with the group training organisation that employed the apprentice, and informed them that he did not want to work with an apprentice that used drugs.

The apprentice was removed from the worksite by the group training organisation's field officer and taken to the group training organisation's office where he was interviewed by the training manager. At this interview, the apprentice again denied using cannabis and ownership of the pipe. The manager informed him that this was a very serious incident as it was not only about safety, but the organisation's reputation with host employers. The manager requested that the apprentice attend a doctor, where his fitness for work could be assessed. The apprentice then admitted that he had been using cannabis on-site, but only after work had finished. The manager informed him that this was still unacceptable because he had been using on-site. The manager informed the apprentice that according to their alcohol and drug policy anyone who was found to be using drugs on-site would have their apprenticeship suspended until they undertook professional alcohol and drug assessment and counselling. With support from the group training organisation the apprentice attended an assessment and counselling program and a few weeks later returned to work with a doctor's certificate stating he was fit for work.

Useful contacts

Alcohol and Drug Information Service (ADIS)

1300 13 1340

A 24-hr phone information, counselling and referral service staffed by professionals in the alcohol and other drug field. ADIS can provide information about how to access Drug and Alcohol Services SA prevention, intervention and treatment services. A wide range of information pamphlets and other resources is available.

BeyondBlue

1300 22 4636

A national organisation working to address issues associated with depression, anxiety and related substance misuse disorders in Australia.

Counselling Online

www.counsellingonline.org.au or 1800 888 236
24-hr online AOD counselling and referral service for AOD users and others affected.

Drug & Alcohol Services SA (DASSA)

(08) 8274 3333

Offers a range of prevention, treatment, information, education and community-based services for all South Australians - www.dassa.sa.gov.au/

Kids Help Line (5 – 25 yrs)

1800 55 1800

Australia's only free, private and confidential, telephone and online counselling service specifically for young people aged between 5 and 25 years old.

Lifeline

13 11 14

24-hr telephone counselling and/or crisis support.

Mens Line Australia

1300 789 978

24-hr telephone support, information and referral for men with family and relationship concerns.

National Cannabis Prevention and Information Centre

1800 30 40 50 (Cannabis Info and Helpline)

<http://ncpic.org.au/>

Offers a range of cannabis-related information and services.

Ozhelp

1300 694 357

A workplace based early intervention suicide prevention and social capacity building program.

SafeWork SA 'Help Centre'

1300 365 255

For general workplace queries including occupational health, safety and welfare and industrial relations in South Australia.

South Australian Construction and Other Industry Drug and Alcohol Program

0418 847 180

<http://www.birst.com.au/drug-alcohol-program.htm>

Offers a 2 hour drug and alcohol safety training program to trainees and apprentices.

Youth Safe

(02) 9809 4615

Peak body for 'preventing serious injury in young people' aged 15 to 25 years in NSW.

Youth Safe – Talking Safety

<http://www.talkingsafety.org/>

A self-assessment and training support tool for employers, supervisors and young workers.

Suggested reading list

Managing workplace alcohol and drug issues:

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