The National Methamphetamine Symposium

Making Research Work in Practice

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Methamphetamine use in the workplace: Options for prevention & treatment

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Why the workplace?

Meth/amphetamine & performance

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The workplace as an intervention setting

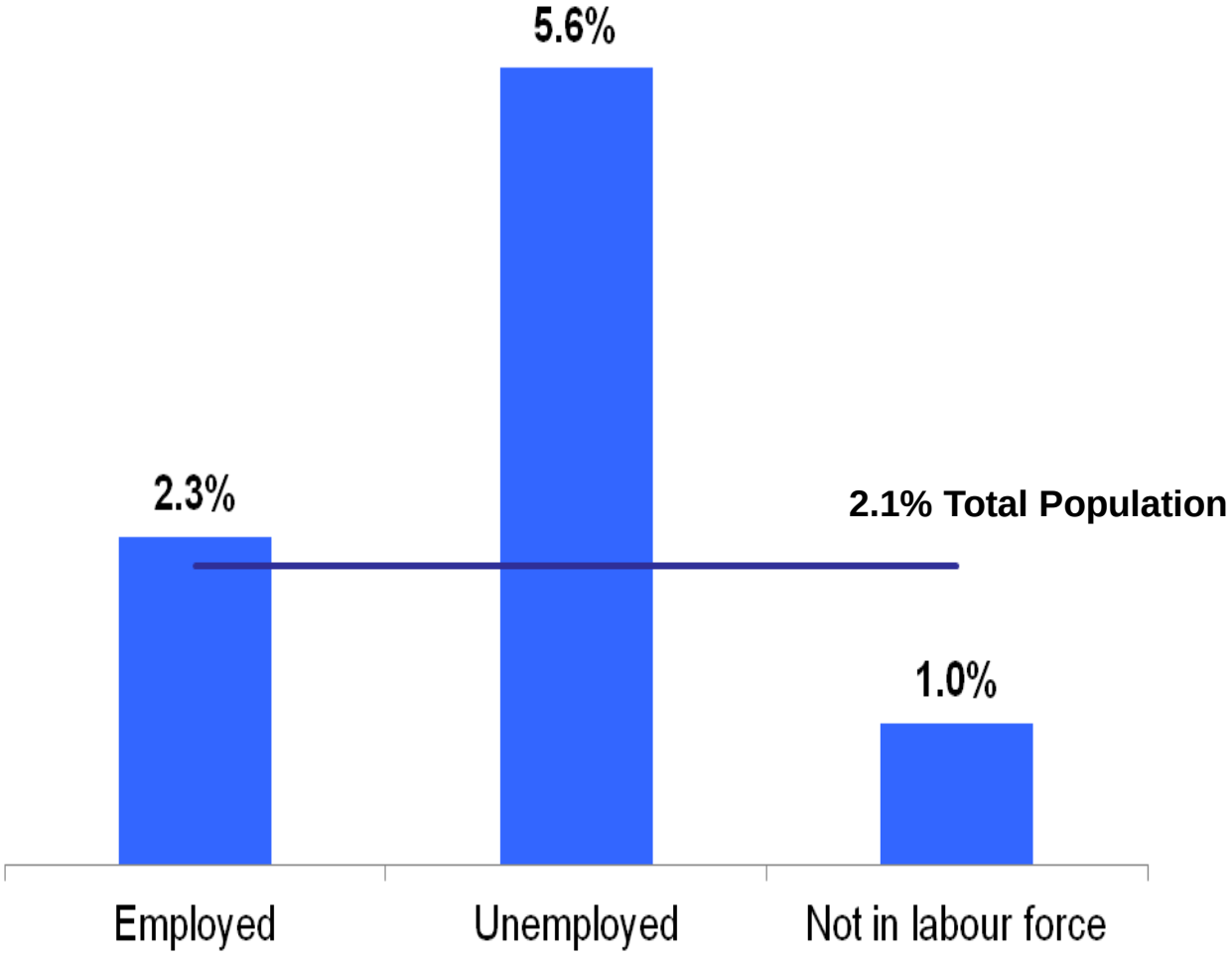
- The workplace is an ideal intervention setting
  - Access to large numbers of drug users
    - Most drug users are employed
  - Employees spend a lot of time at work
    - Maximises exposure
  - Employers support safety/productivity improvement & worker wellbeing initiatives
  - Existing IR & WH&S 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



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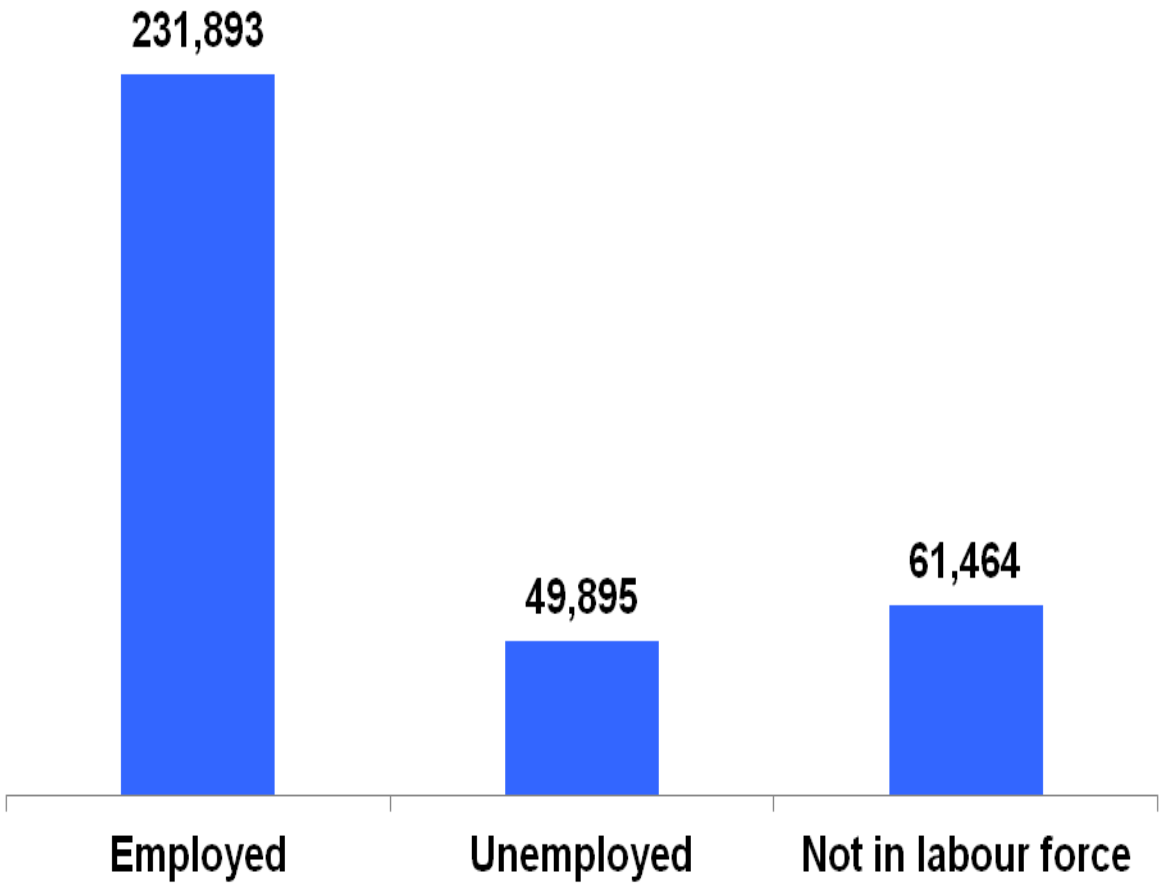
Data source: 2013 National Drug Strategy Household Survey

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



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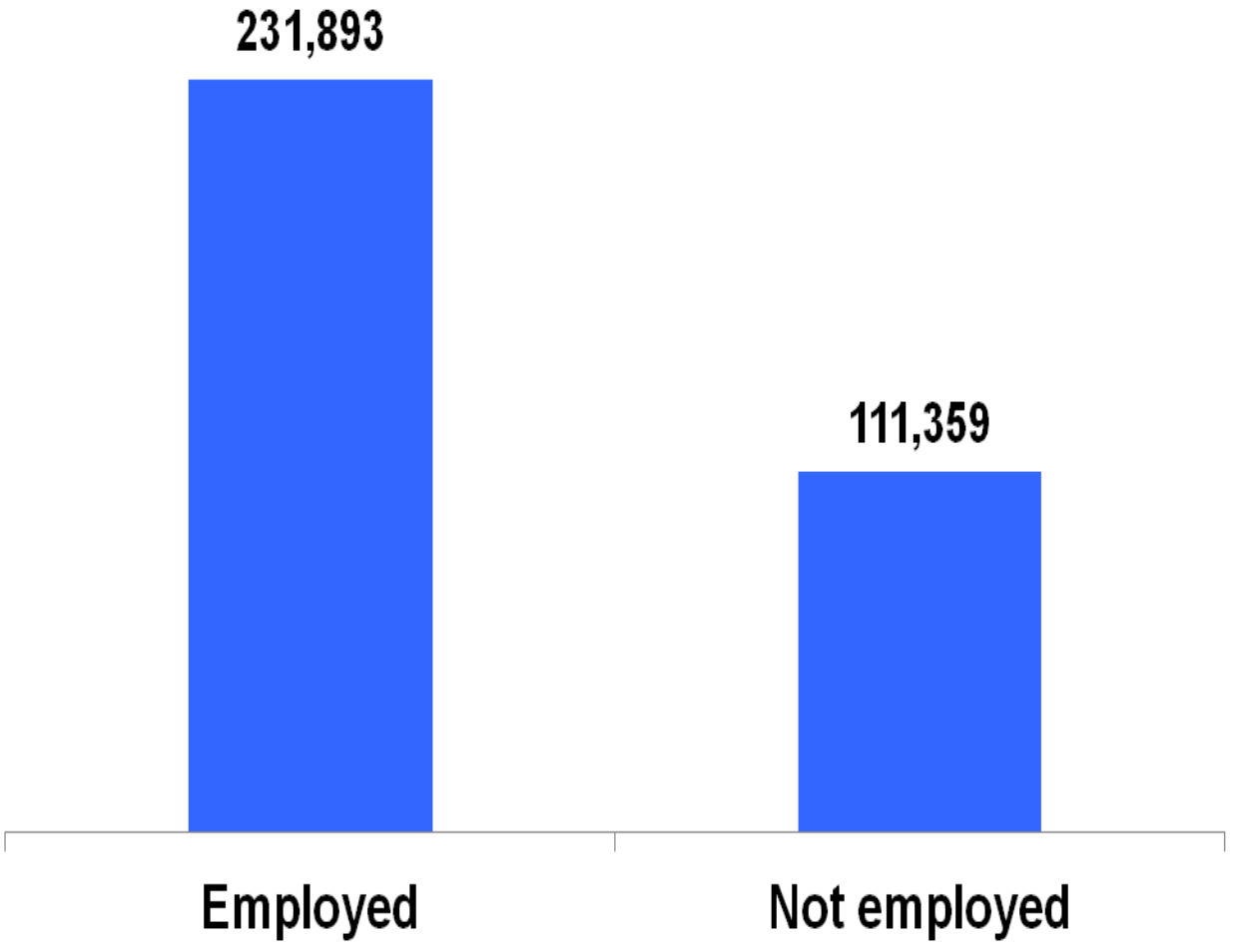
Data source: 2013 National Drug Strategy Household Survey

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



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Data source: 2013 National Drug Strategy Household Survey

What's different about ***employed*** methamphetamine users?

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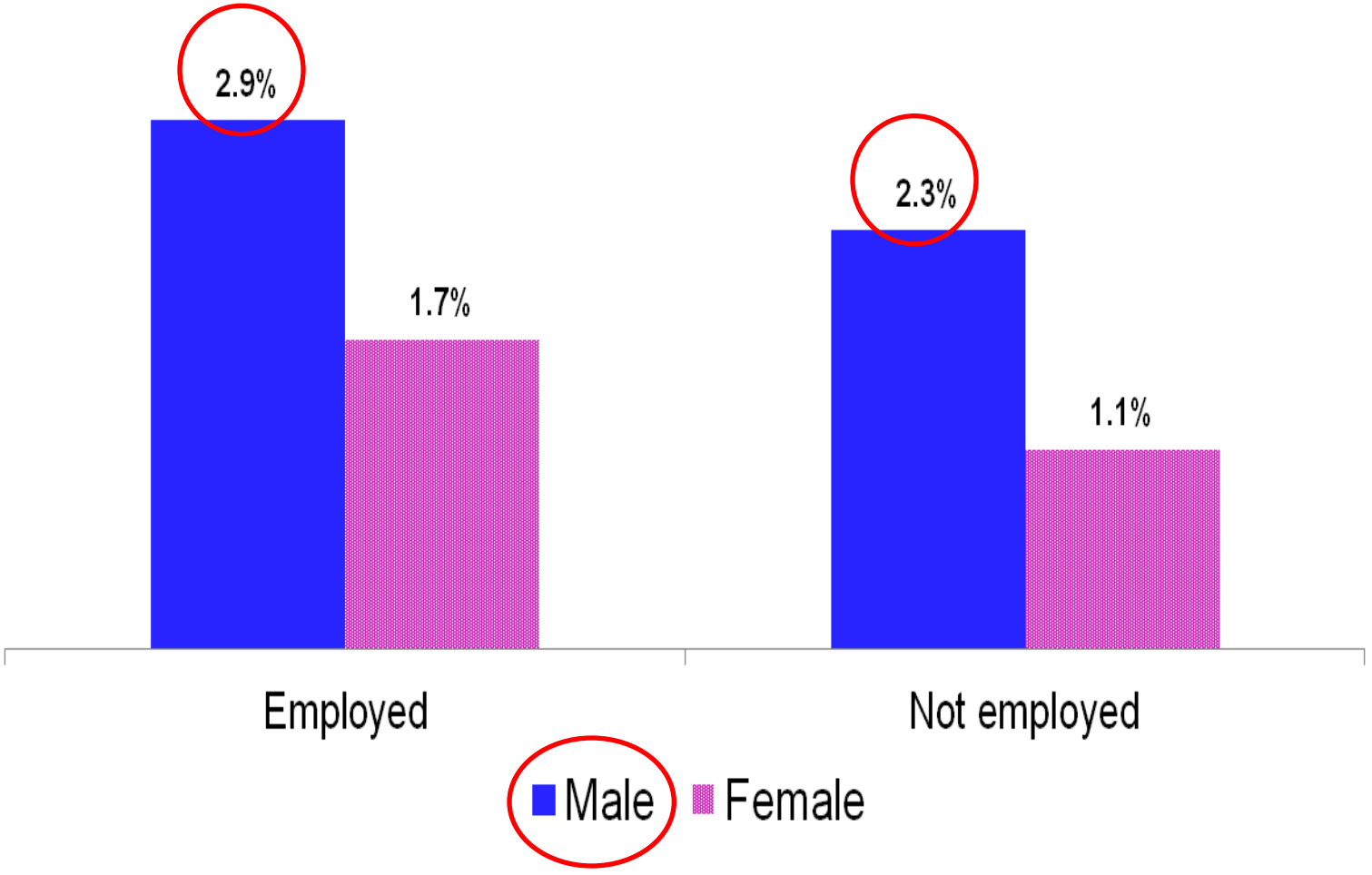
Similar gender profile



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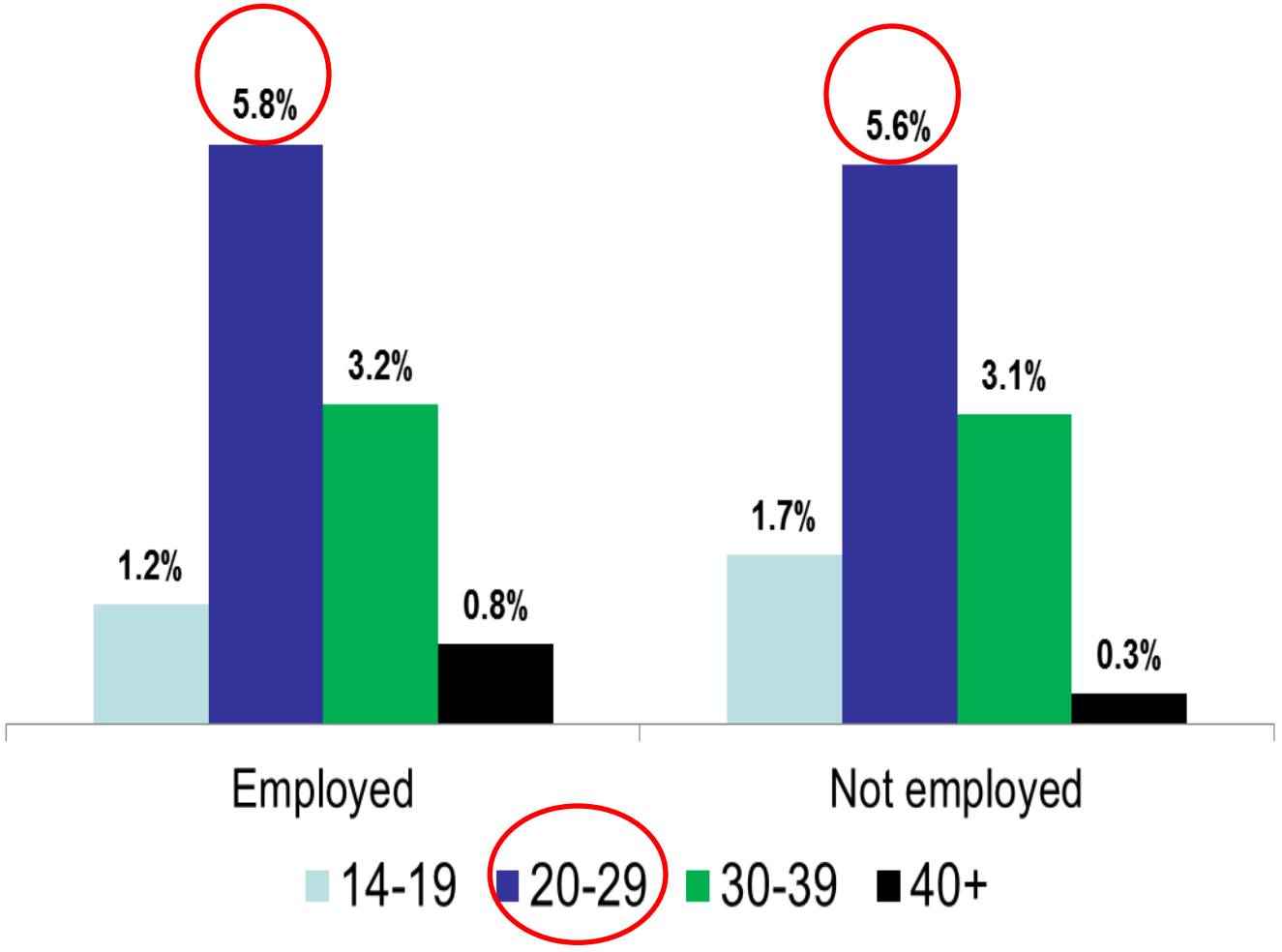
Data source: 2013 National Drug Strategy Household Survey

Similar age profile



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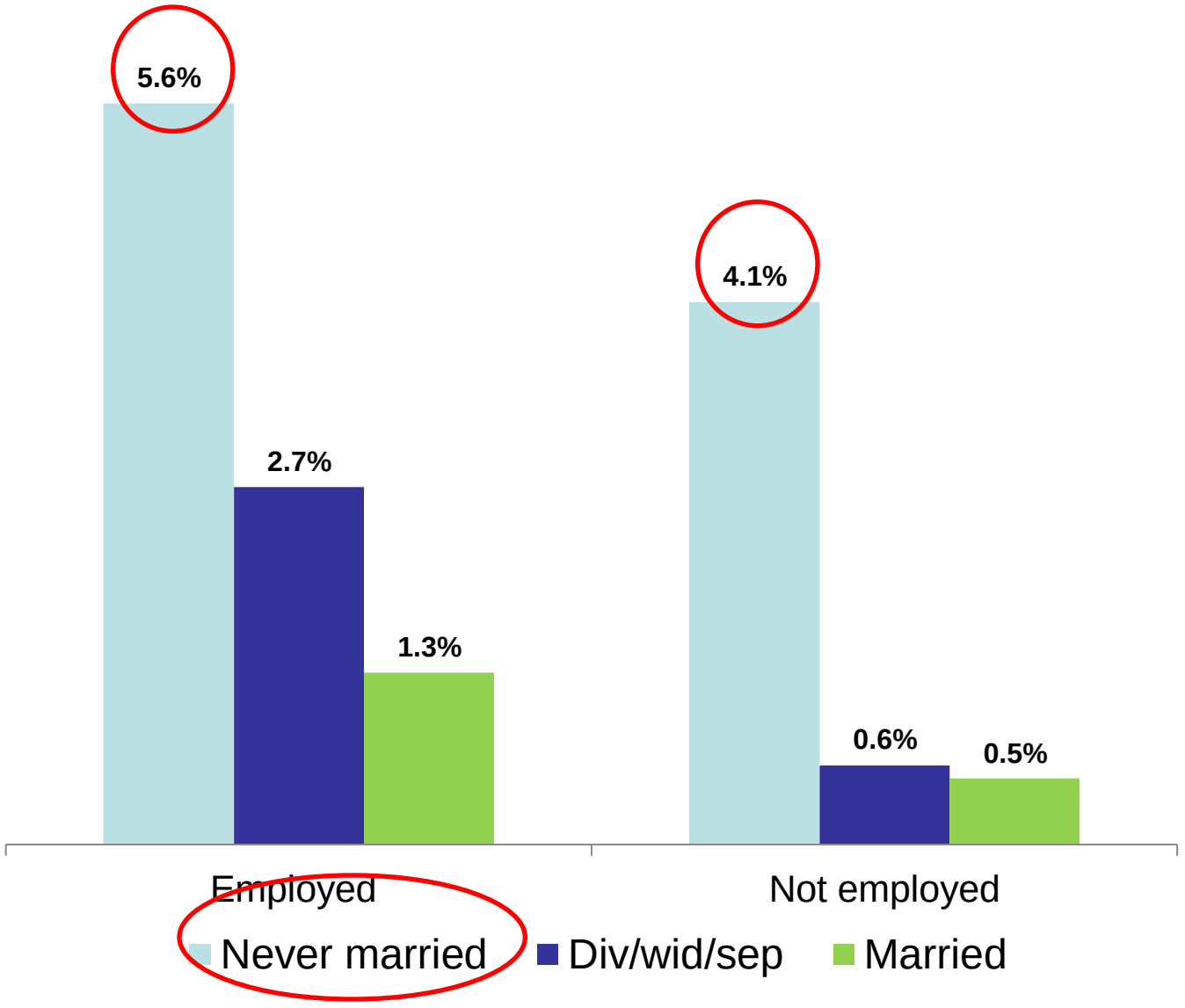
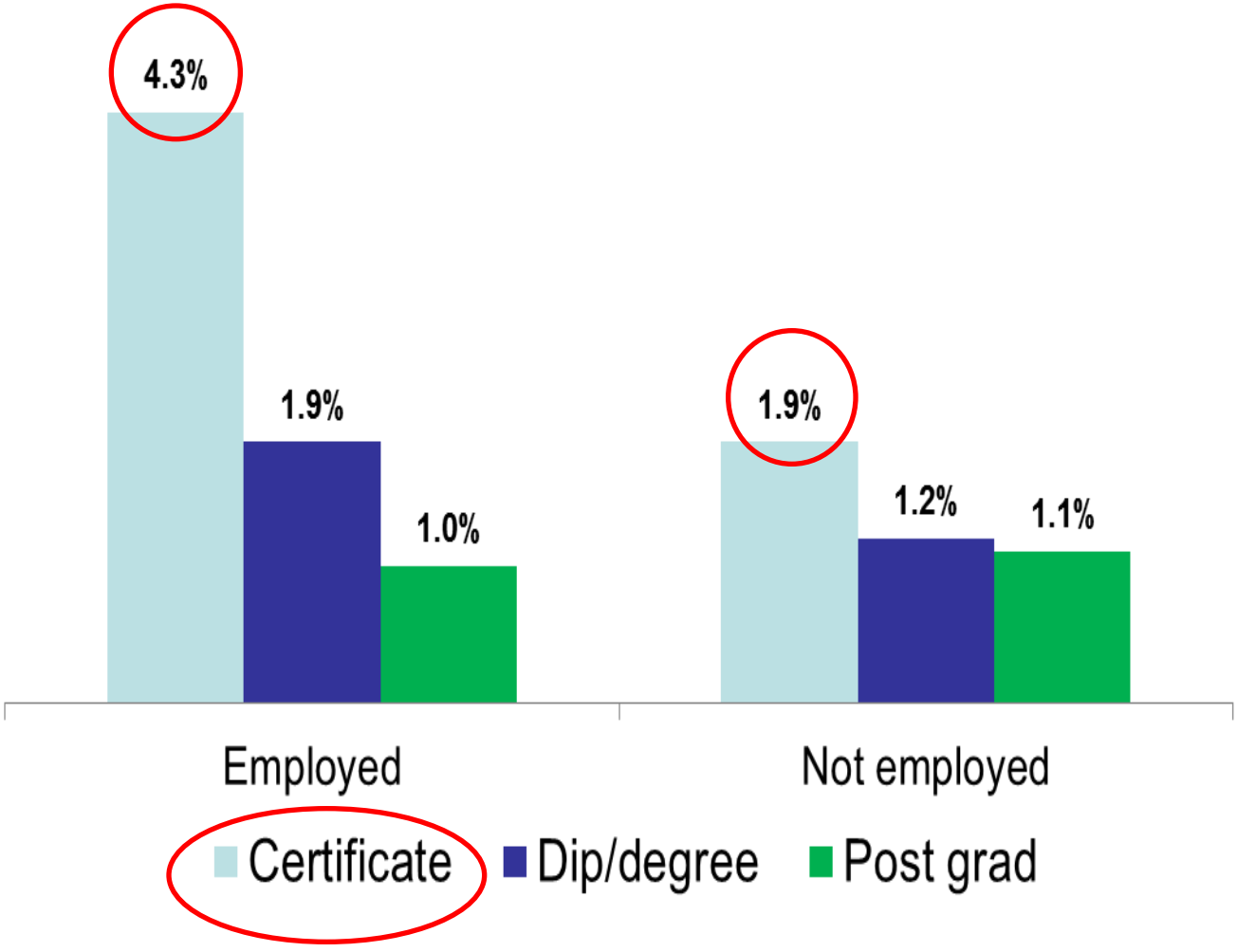
Data source: 2013 National Drug Strategy Household Survey

Similar marital status



Data source: 2013 National Drug Strategy Household Survey

Similar education level



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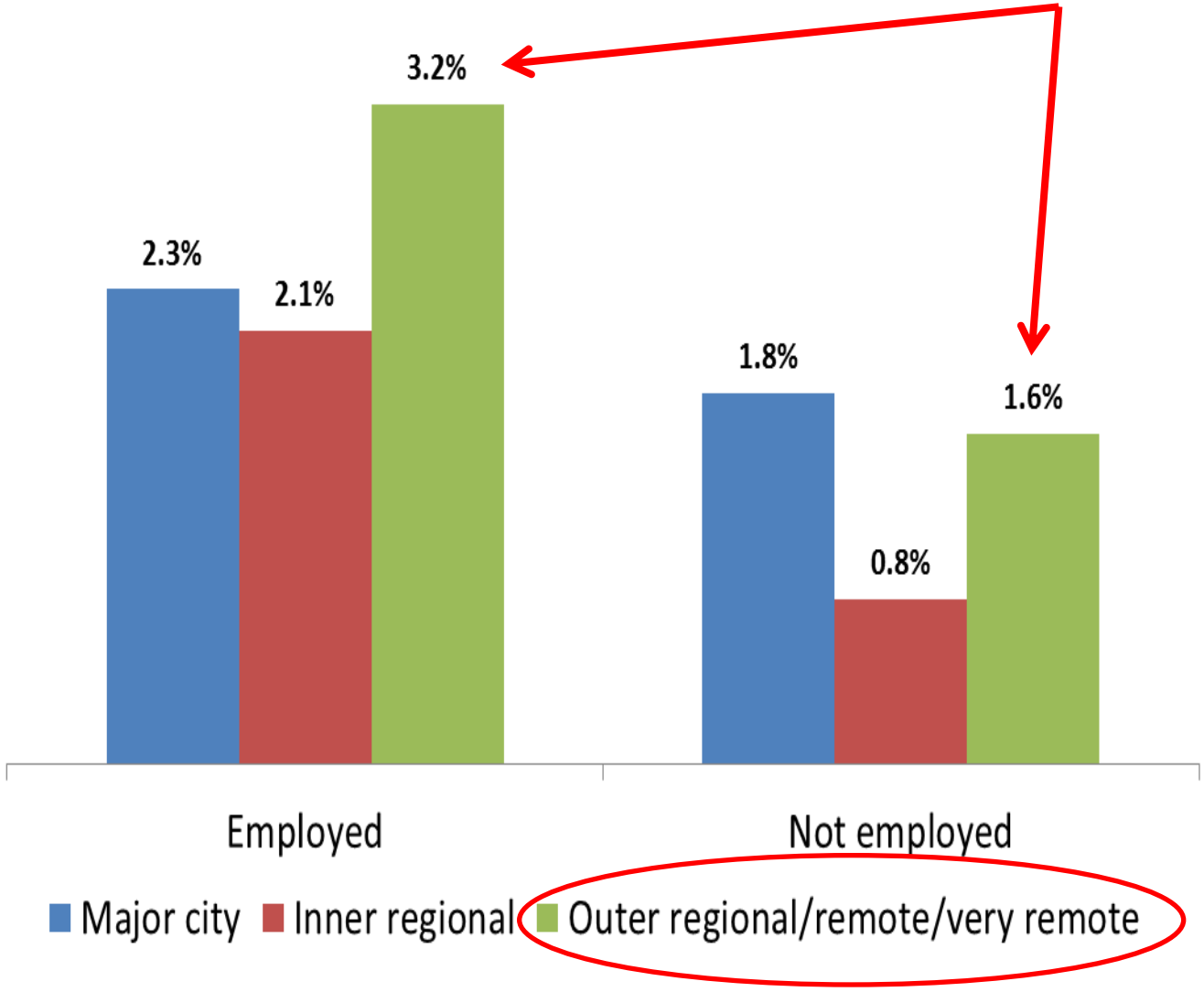
Data source: 2013 National Drug Strategy Household Survey

Difference in prevalence by location



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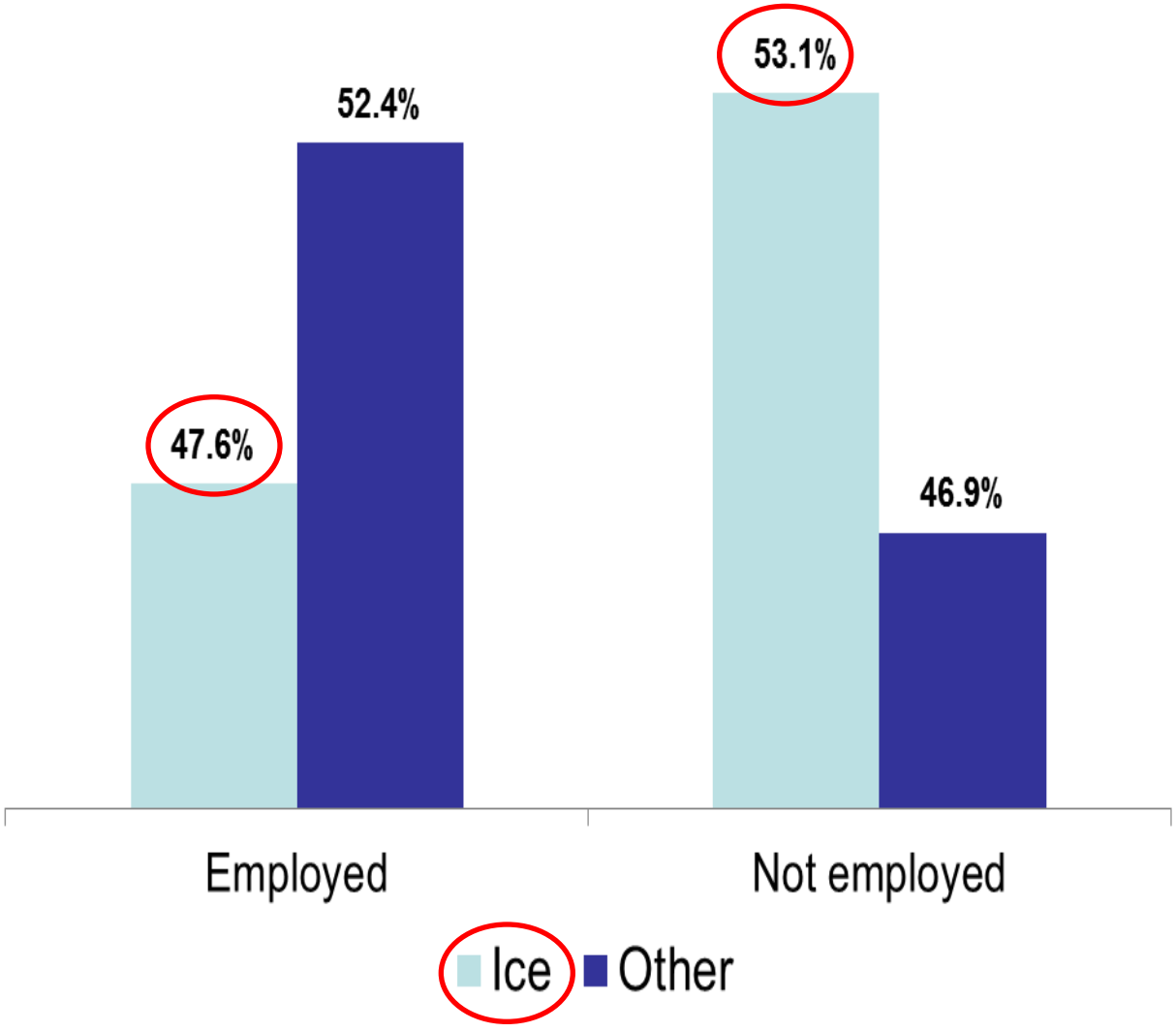
Data source: 2013 National Drug Strategy Household Survey

Difference in form of methamphetamine used



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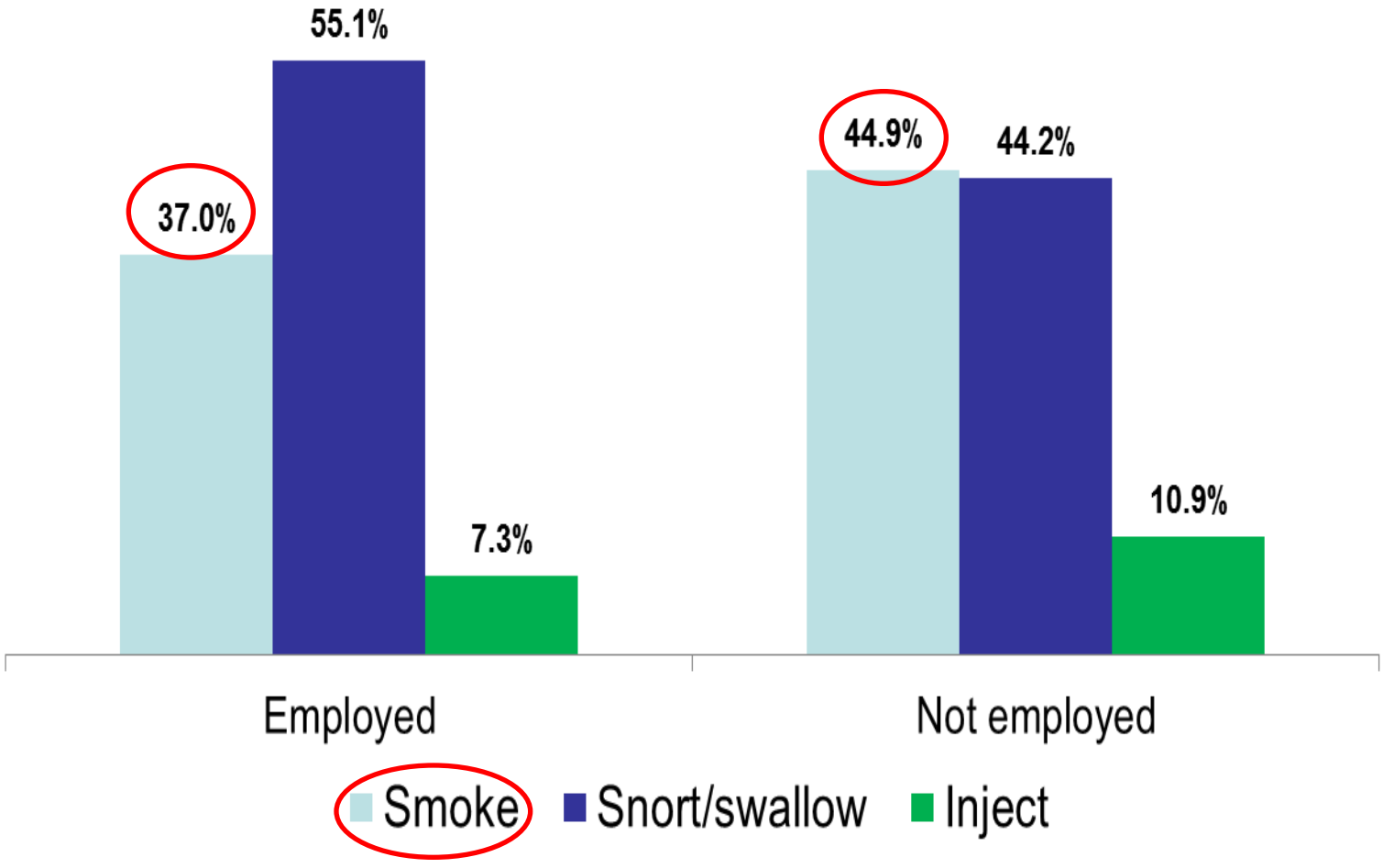
Data source: 2013 National Drug Strategy Household Survey

Difference in method of use



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Data source: 2013 National Drug Strategy Household Survey

Difference in frequency of use

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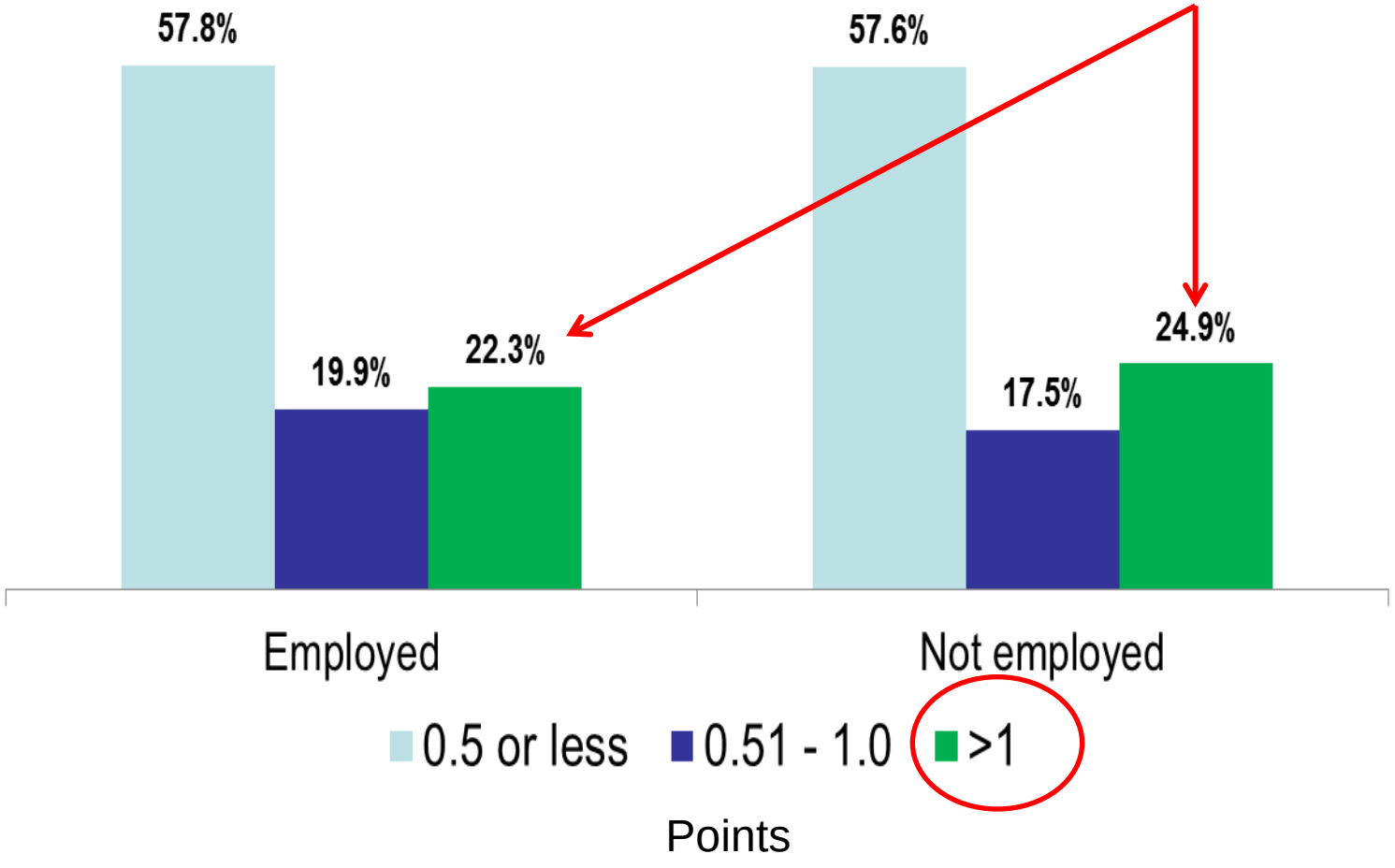
Data source: 2013 National Drug Strategy Household Survey

Similar amount normally used



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Data source: 2013 National Drug Strategy Household Survey

Methamphetamine use in the workforce

Prevalence by occupation

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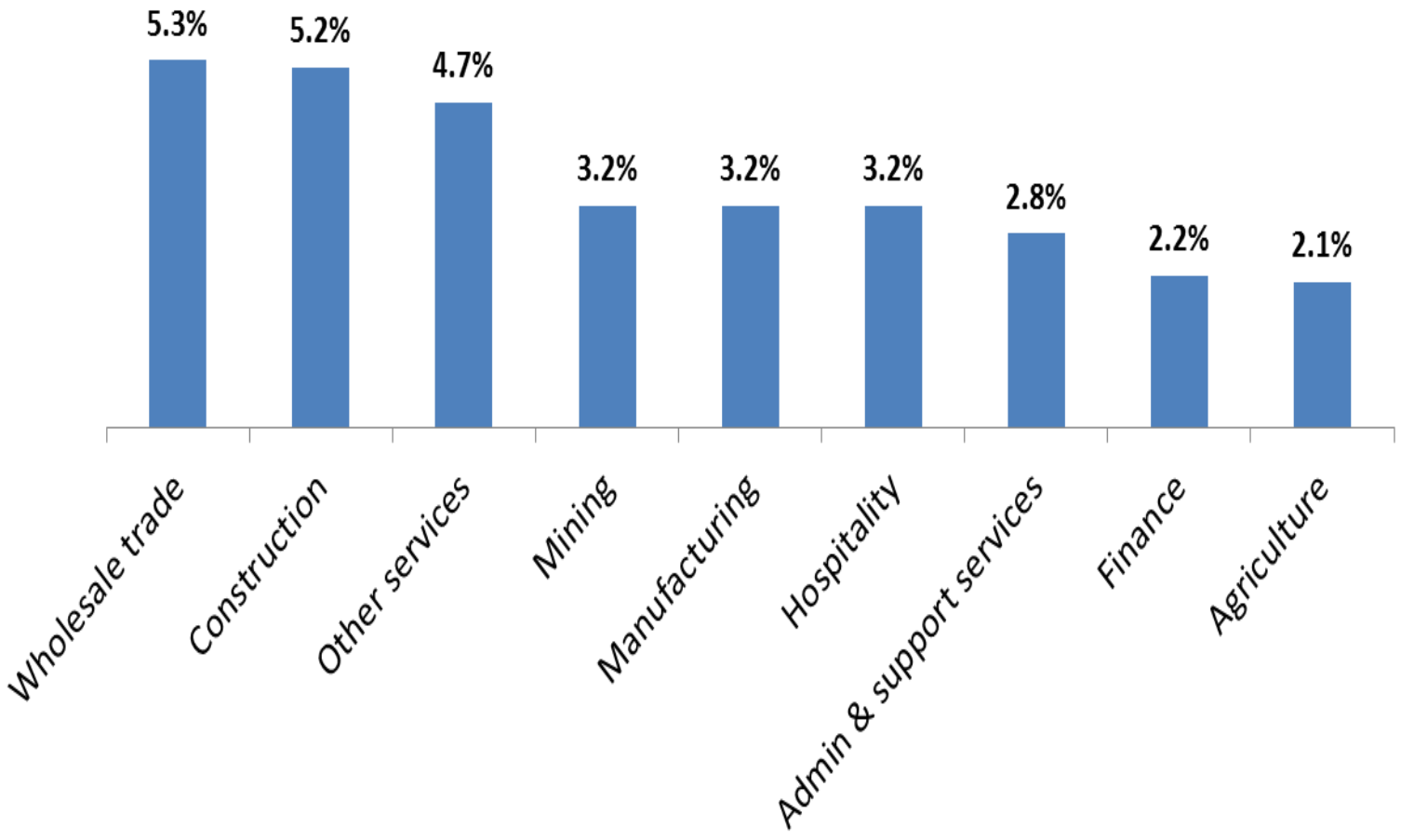
Data source: 2013 National Drug Strategy Household Survey

Prevalence by industry

Other industries <2.0%



Data source: 2013 National Drug Strategy Household Survey

Workplace harms

	Meth	Other illicit	Sig diff
Absenteeism due to injury*	16.9%	10.3%	***p*<.01**
Absenteeism due to illness*	42.3%	39.5%	ns
Absenteeism due to drug use*	7.3%	1.3%	***p*<.01**
Absenteeism due to alcohol use*	12.5%	6.4%	***p*<.01**
Usually use at work	9.7%	3.8%	***p*<.01**
Worked under influence#	31.6%	6.0%	***p*<.01**

* at least 1 day off in past 3 months

at least once in past 12 months

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Data source: 2013 National Drug Strategy Household Survey

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

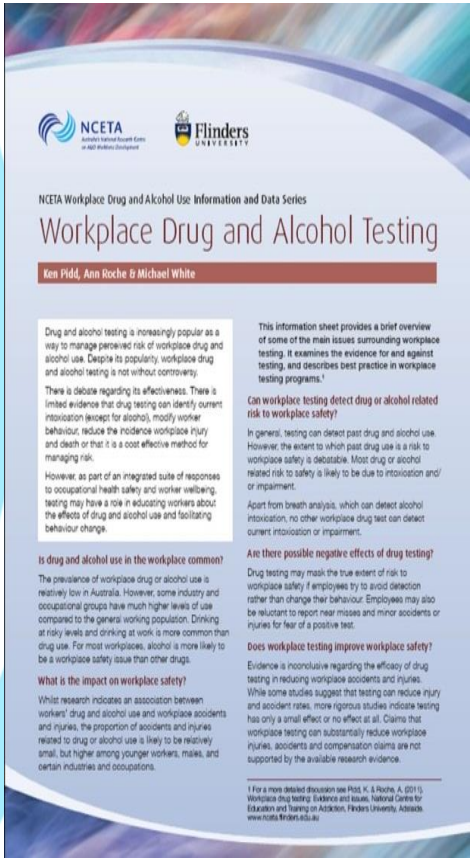
Prevention/intervention strategies

- 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

Resources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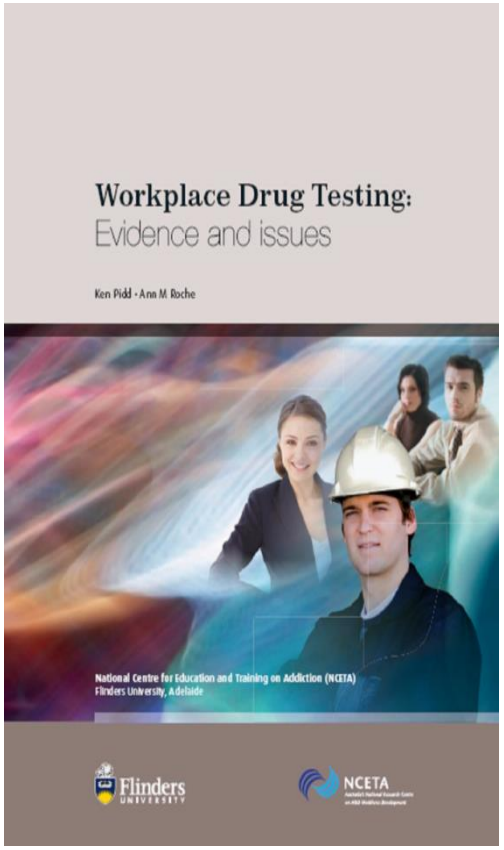
NCETA Workplace Drug and Alcohol Use Information and Data Series
Workplace Drug and Alcohol Testing
Ken Pidd, Ann Roche & Michael White
Drug and alcohol testing is increasingly popular as a way to manage perceived risk of workplace drug and alcohol use. Despite its popularity, workplace drug and alcohol testing is not without controversy.
There is debate regarding its effectiveness. There is limited evidence that drug testing can identify current intoxication (except for alcohol), modify worker behaviour, reduce the incidence workplace injury and death or that it is a cost effective method for managing risk.
However, as part of an integrated suite of responses to occupational health safety and worker wellbeing, testing may have a role in educating workers about the effects of drug and alcohol use and facilitating behaviour change.
This information sheet provides a brief overview of some of the main issues surrounding workplace testing. It examines the evidence for and against testing, and describes best practice in workplace testing programs.[1]
Is drug and alcohol use in the workplace common?
The prevalence of workplace drug or alcohol use is relatively low in Australia. However, some industry and occupational groups have much higher levels of use compared to the general working population. Drinking at risky levels and drinking at work is more common than drug use. For most workplaces, alcohol is more likely to be a workplace safety issue than other drugs.
What is the impact on workplace safety?
Whilst research indicates an association between workers' drug and alcohol use and workplace accidents and injuries, the proportion of accidents and injuries related to drug or alcohol use is likely to be relatively small, but higher among younger workers, males, and certain industries and occupations.
Can workplace testing detect drug or alcohol related risk to workplace safety?
In general, testing can detect past drug and alcohol use. However, the extent to which past drug use is a risk to workplace safety is debatable. Most drug or alcohol related risk to safety is likely to be due to intoxication and/or impairment.
Apart from breath analysis, which can detect alcohol intoxication, no other workplace drug test can detect current intoxication or impairment.
Are there possible negative effects of drug testing?
Drug testing may mask the true extent of risk to workplace safety if employees try to avoid detection rather than change their behaviour. Employees may also be reluctant to report near misses and minor accidents or injuries for fear of a positive test.
Does workplace testing improve workplace safety?
Evidence is inconclusive regarding the efficacy of drug testing in reducing workplace accidents and injuries. While some studies suggest that testing can reduce injury and accident rates, more rigorous studies indicate testing has only a small effect or no effect at all. Claims that workplace testing can substantially reduce workplace injuries, accidents and compensation claims are not supported by the available research evidence.
1 For a more detailed discussion see Pidd, K. & Roche, A. (2011). Workplace drug testing: Evidence and issues. National Centre for Education and Training on Addiction, Flinders University, Adelaide. www.nceta.flinders.edu.au


Workplace Drug Testing:
Evidence and issues
Ken Pidd • Ann M Roche
National Centre for Education and Training on Addiction (NCETA)
Flinders University, Adelaide
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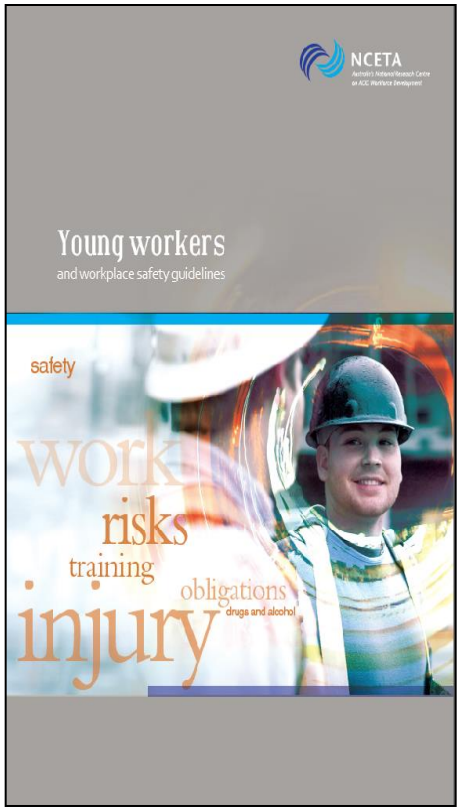
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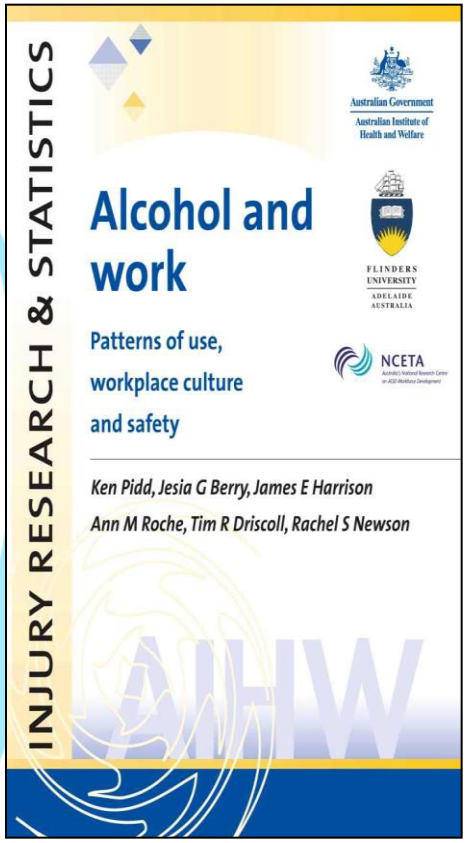
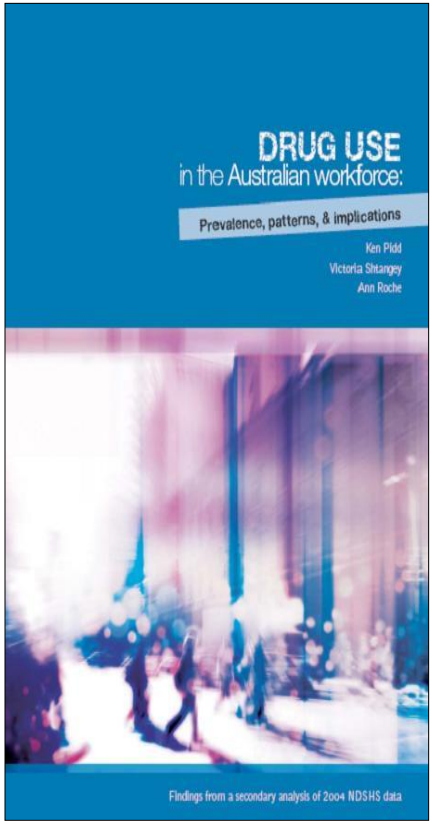
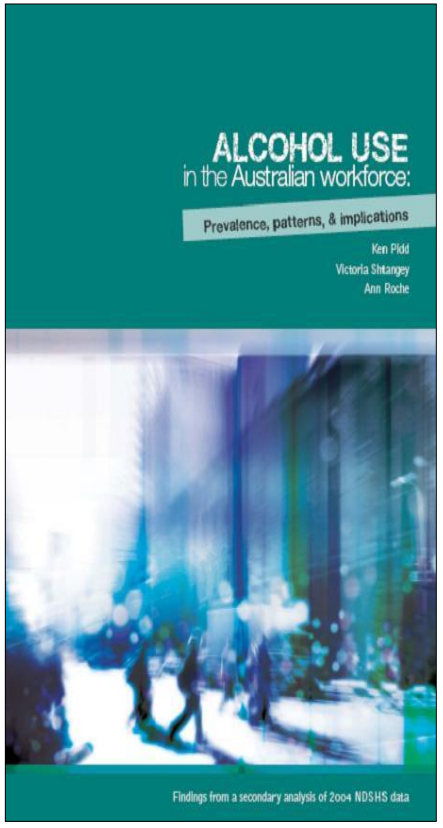
Young workers
and workplace safety guidelines
safety
risks
training
obligations
injury
drugs and alcohol

Research reports







Peer reviewed papers

- Roche, A., Pidd, K., & Kostadinov, V. (in press). Alcohol- and Drug-Related Absenteeism: A Costly Problem, Australian and New Zealand Journal of Public Health.
- Pidd, K., Roche, A. & Fischer, J. (in press). A recipe for good mental health: A pilot randomised controlled trial of a psychological wellbeing and substance use intervention targeting young chefs, Drugs Education, Prevention and Policy.
- Pidd, K., Roche, A. & Kostadinov, V. (2014). Trainee chefs' experiences of alcohol, tobacco and drug use. Journal of Hospitality and Tourism Management, 21, 108-115.
- Pidd, K., Roche, A.M., Fischer, J.A., & McCarthy, C. (2014). Risky behaviours, risky work settings: The alcohol and drug consumption patterns, health and wellbeing of commercial cookery trainees. Journal of Health, Safety and Environment, 30(2), 293-302.
- Pidd, K. & Roche A.M. (2014). How effective is drug testing as a workplace safety strategy? A systematic review of the evidence. Accident Analysis and Prevention, 71, 154-165.
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- Lee, N., Roche, A.M., Duraisingam, V., Fischer, J., Cameron, J. & Pidd, K. (2014). A systematic review of alcohol interventions among workers in male-dominated industries. Journal of Men's Health, 11(2), 1-11.
- Pidd, K., Roche, A., Buisman-Pijlman, F. (2011). Intoxicated workers: Findings from a national Australian survey, Addiction, 106, 1623-1633.
- Pidd, K. & Roche, A. M. (2009). Prevention of alcohol-related harm in the workplace. Prevention Research Quarterly, 10, 1-9.
- Roche, A. M., Pidd, K., Berry, J., & Harrison, J.E. (2008). Workers' drinking patterns: The impact on absenteeism in the Australian workplace. Addiction, 103, 738-748.
- Roche, A. M., Pidd, K., Bywood, P, Freeman, T. (2008) Methamphetamine use among Australian workers and its implications for prevention. Drug and Alcohol Review, 27, 334-341.
- Berry, J. G., Pidd, K., Roche, A.M., & Harrison, J. E. (2007). Prevalence and patterns of alcohol use in the Australian workforce: Findings from the 2001 National Drug Strategy Household Survey. Addiction, 102, 1399-1410.
- Pidd, K., Berry, J. G., Roche, A. M., & Harrison, J.E. (2006). Estimating the cost of alcohol-related absenteeism in the Australian workforce: The importance of consumption patterns. Medical Journal of Australia, 185, 637-641.
- Pidd, K., Boeckmann, R., & Morris, M. (2006). Adolescents in transition: The role of workplace alcohol and other drug policies as a prevention strategy. Drugs: Education, Prevention and Policy, 13(4), 353-365.

Thank you

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