

# Drug Testing

Alcohol and drug testing is not compulsory for all industries; know the facts before you start.

Drug testing has been around for a number of years and it is becoming more of a concern for many Australian workplaces. Some commonly asked questions are:

- Should my workplace be testing for drugs?
- What type of test should we use?
- Why should I be concerned about what people do outside of work hours?

It is essential that organisations first evaluate if testing is necessary for their workplace, keeping in mind that the main aim of workplace drug testing is to improve workplace safety and productivity. Alcohol and drug testing is not compulsory for all workplaces; however it is the employer's responsibility to know the legislation for their particular industry.<sup>1</sup>

It is crucial to consider the purpose of testing and what the organisation is hoping to achieve by implementing testing. It is also important to note that drug testing should be a component of a broader, rehabilitation-focussed strategy implemented to address the potential harms from workplace alcohol and drug use. This factsheet provides information on various aspects of alcohol and drug testing in the workplace.<sup>2</sup>

## Types of tests

Three types of workplace alcohol and drug tests are commonly performed in Australian workplaces, including urine, saliva and breath. Follicle (hair) and blood testing are also available however these are rarely used within Australian workplaces.

It is estimated that urine testing accounts for an estimated 85-90% of Australian workplace testing with saliva testing accounting for the remaining 10-15%. It is interesting to note that breath testing for alcohol remains low, although 80+% of the Australian population (over the age of 18) consume alcohol, yet only 15% have reported to have taken any form of illicit drug in the past 12 months.<sup>3</sup>

## Should I use a Urine or Saliva test?

There are arguments from both sides of the divide as to whether an organisation should test an employee for recreational drug use (urine) or determine whether an employee is 'fit for work' (saliva).

Urine tests are used to determine if an employee has taken an illicit substance in the past, such as on the weekend or on leave. A urine test can highlight an individual's drug use, however it cannot determine whether or not that person is 'under the influence'. A urine test can be seen as a detection method for recreational use and also as a means of deterring drug use.

*1 in 10 Australian workers admit to going to work while still feeling the effects of drug use.*

A saliva test on the other hand detects the 'active' ingredient in the drug. Although there is no way of determining through a saliva test if a person is 'impaired', by identifying the 'active' ingredient, there is a greater probability that that person has recently taken the drug (within the last couple of days). Recent use of an illicit drug means there is a higher likelihood the person may still be under the effect of that drug.

Identifying if an employee is using a drug for recreational use is important as it can also have an impact on the workplace as various drugs can effect performance in many ways, such as:

- Inconsistent work quality
- Poor concentration and lack of focus
- Lowered productivity or erratic work patterns
- Increased absenteeism or on the job "presenteeism"
- Unexplained disappearances from the jobsite
- Carelessness, mistakes or errors in judgment
- Risk taking
- Disregard for safety for self and others
- Extended lunch periods and early departures
- Workplace accidents and injury<sup>4</sup>

### **Australian Standards**

Australian Standards are published documents that set out varying specifications and procedures to guide services, such as drug testing to be reliable, safe and consistently performed the way they were intended to. All drug testing services in Australia are required to adopt these standards.<sup>5</sup>

- Urine Test - AS/NZS 4308:2008
- Saliva Test - AS 4760:2006
- Alcohol Test - AS 3547:1997

### **Estimated Detection Periods**

The rate in which a drug remains in the body varies from person to person, based on many different factors, including, how much of the drug is consumed, by which method it is taken, body size and how efficiently the body processes it.

**Windows of detection by drug type and testing method**

Drug	Urine	Saliva
Alcohol	Up to 24 hours	N/A
Amphetamine and Methylamphetamine	Up to 4 days	Up to 2 days
Barbiturates		
Barbs (short acting)	Up to 4 days	N/A
Barbs (long acting)	Up to 30 days	
Benzodiazepines	Therapeutic: up to 7 days Chronic: up to 4-6 weeks	Up to 48 hours
Cocaine	Up to 3 days	Up to 2 days
Codeine	Up to 3 days	Up to 3 days
Heroin	Up to 3 days	Up to 2 days
Marijuana/Hash/Cannabis (THC)	Casual user up to 7 days Heavy user up to 30 days	Up to 24 hours
Methadone	Up to 3 days	Up to 24 hours
Morphine	Up to 2 days	Up to 2 days

Source: Australasian Medical Review Officers Association (amroa.org.au)

**Collection of specimens**

Testing may be undertaken on-site using 'point-of-collection-testing' (POCT) devices, or samples may be sent to a laboratory for analysis. In general, POCT devices are less expensive and provide more timely results, while laboratory analysis is more accurate and can better distinguish illicit from prescription drug use. These methods can also impact on detection times.<sup>7</sup>

**Cut-off levels**

Drug testing cut off levels are the minimum concentrations of drugs or metabolites (small traces of drugs) that must be present in specimens, before labs will report the drug testing results as positive. Cut-off levels are in accordance with Australian Standards.<sup>6</sup>

**Urine cup cut off levels:**

Class of Drug	Cut Off Level (ug/L)
Amphetamine Type Stimulants	300
Benzodiazepines	200
Cannabis Metabolites	50
Cocaine and Metabolites	300
Opiates	300

(ug/l is the symbol for micrograms per litre or one millionth of a gram per litre.)

**Saliva fluid device cut off levels:**

Class of Drug	Cut Off Level (ug/L)
Opiates	50
Amphetamine Type Stimulants	50
Cannabis	25
Cocaine and Metabolites	50

## Best Practice

For testing to have any impact, programs need to be based on 'best practice'. Best practice testing programs need to:

- be justifiable
- be designed to address an identified risk
- adopt policies that are procedurally fair
- result in counselling, treatment and rehabilitation rather than punitive outcomes
- allow for employee input into the development and implementation of the program
- allow for a right of appeal
- adequately disseminate associated policy and procedures
- incorporate appropriate education and training<sup>7</sup>

## References

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### Further Information

The Druginfo website has information on:

- Help & support services
- Treatment
- Drug facts, including withdrawal symptoms

Go to [druginfo.adf.org.au](http://druginfo.adf.org.au)

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Page 4 / 4

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# Frequently Asked Questions

## What are the terms used?

There are many terms used to explain the outcome of a test. To simplify things, you only need to understand three terms.

- Positive

The term positive can only be used with confirmation testing results using either a GCMS (Gas Chromatography–Mass Spectrometry) or LCMS (*Liquid Chromatography–Mass Spectrometry*). Under AS4308 you cannot say a result is positive at a screening test, until it has been through a confirmation test either at a laboratory or a specialised on-site test equipment.

- Non-negative

Non-negative is the term used at a screening test by either urine or saliva device. If a drug is present, according to these instant devices, the collected samples need to be further tested using either GCMS or LCMS to confirm. At the screening stage, the term positive cannot be used.

- Negative

Negative is used when nothing is detected in the screen test or the GCMS/LCMS confirmation test.

## Can a drug test tell how impaired someone is?

No. Only an alcohol breath analyser can determine the level of impairment of an individual. Both saliva and urine tests can only detect the presence of a drug in a person's system. The saliva test is more likely to detect recent drug use rather than a urine test which can detect drugs up to a longer period.<sup>1</sup>

## Do masking agents work?

No. There is a belief that masking agents such as fake urine or water-diluted samples can produce a negative result. All commercially available masking agents can be detected by a trained collector when performing an Adulteration Test.<sup>2</sup>

## Can synthetic cannabis (Kronic) be detected?

Yes. Synthetic cannabis can now be detected through both saliva and urine testing. Synthetic cannabis such as Kronic, K2, Spice, Kaos can contain any number of ingredients, most claiming to be herbal, but the two most prevalent analogues are JWH-018 and JWH-073 which can be detected.

Results from a drug testing company indicated methamphetamine is the most commonly used drug in Victorian businesses.

## Frequently Asked Questions

### **Can I use a Saliva test to detect the presence of a drug then use a Urine test to confirm the result?**

No. The saliva and the urine test are two completely different types of drug tests. They both have different cut off levels as per the Australian Standard therefore are designed to detect a drug which has been processed at separate rates and in separate parts of the body.

### **Can a drug test tell how much of a drug was used or exactly when it was used?**

No. Drug tests don't measure impairment, apart from breath testing. Tests are dependent on a number of factors including the strength of the drug, route of administration, metabolism, pattern of drug use and the collection device used.<sup>1</sup>

### **How do I know my test is not tampered with?**

Due diligence must be followed when collecting a sample from a donor through to that sample being provided to a laboratory for confirmation testing. A chain of custody form must be completed by the appropriate people including; the donor (employee), the collector (on-site tester) and the laboratory analysts.<sup>3</sup>

### **Do I have to test my workplace?**

Unless you are directed by a specific work order or a code of practice, as set out within the construction, road and rail transport, aviation and the mining industry, the decision to test is up to you.<sup>1</sup>

### **How many people should I test?**

The percentage of staff chosen to test is largely determined by the organisation and varies according to the risk assessment of the industry. If your company operates with heavy machinery the percentage of tests maybe greater than a company which solely operates in an office environment. The percentage of staff to be tested generally ranges from 10 to 30 per cent per annum.

### **Can someone refuse to be tested?**

An employee has the right to refuse a test however that refusal may have a detrimental impact on their continued employment with that company. It is critical that a company has a comprehensive Alcohol and Drug Policy that is widely known by all staff and linked back to their employment agreement. A good policy will ensure compliance if you chose to test and help avoid any unnecessary conflict.

### **Do I have to get a tester on-site?**

A company has many different options to conduct a test. You can have a specialised on-site tester, have a nominated and fully trained member of staff conduct the test or you can send the staff member to a workplace medical facility to be tested.

### **How else can I reduce the impact of drugs in my workplace?**

Best practice requires the implementation of a meaningful policy in conjunction with effective employee education programs.

## Frequently Asked Questions

### Can I target test staff members or does it have to be random?

Your Alcohol and Drug Policy will cover this area in detail; stipulating that you can conduct both random and target testing. Whilst it is recommended that organisation's conduct random testing across the whole organisation, target testing is appropriate if, for example, an employee returns a negative test (after a confirmation test) or an employee is involved in an accident.

### Should I have a zero tolerance policy?

Zero tolerance is a term that is used in a number of different ways and is often not understood by many employees. Some organisations state their employees are not allowed to have any alcohol or drugs in their system otherwise their employment will be terminated. Whereas other organisations understand zero tolerance means administrative action will be taken against every instance where an employee has a negative result from an alcohol or drug test. It is important that your policy clearly states how your organisation uses the term. Factors to consider include:

- Allowable levels of alcohol or drugs in your body
  - For example. 0.0% or 0.05% Blood Alcohol Concentration
- What action will be taken if an employee returns a negative result
  - Disciplinary action will escalate after every instance of a negative result (often a three stepped approach is used in these circumstances);
  - Termination of employment is considered however the employee has an opportunity to explain their actions or reasons for special consideration; or
  - Immediate termination of employment.

The most common position taken by companies is if a three strike policy giving the employee an opportunity to demonstrate they made an error in judgement and are taking steps to prevent any further incidents.

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### Further information



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