THE DRUG EPIDEMIC HITTING THE SA WORKFORCE

Business SA
Chamber of Commerce and Industry South Australia
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We’ve all heard about ice, but we’re now seeing a new frontline in the epidemic – and unfortunately it’s in our day-to-day operations in the Australian workplace.

Business SA is responding to concerns raised by our members, in the business community and by other state-based chambers which have reported similar issues.

Our special investigation into how methamphetamine has infiltrated South Australian workplaces and has undermined safety, productivity and staff engagement will surprise many when they realise how prevalent it is and how much of an impact it is having.

Based on figures provided to us by SafeWork Laboratories – which drug-tests workers in industries including agriculture, mining, manufacturing, utilities, construction and transport – on any given day 5,000 workers turn up to South Australian workplaces either under the influence of ice or suffering its hangover effects, which can range in severity from lethargy, irritability and poor concentration to unpredictable outbursts and aggression.

The figures cannot take into account the many companies and industries which don’t undertake testing – and probably should.

Across the country, more than 270,000 Australians currently use methamphetamines, with ice being meth in its purest form. We know that 81 per cent of this group – or at least 220,000 people – are employed.

Workers who have used ice pose a serious risk to their own safety and the safety of their co-workers. Businesses have a duty of care to provide a safe workplace. This duty is sometimes at odds with a user’s need to seek help and remain in viable employment while rehabilitating.

When confronted with a worker suspected of being on ice or other methamphetamines, businesses are reporting a lack of understanding on how to deal with the situation from a legal, social and moral standpoint.

In our discussion paper, we identify the complexities of dealing with a worker on ice. We don’t just consider the employer’s legal obligations, but the workers’ and users’ point of view and how they believe businesses can help address this growing epidemic in South Australia.

Drug abuse is a complex social issue that workplace laws alone cannot address. The problem must be tackled at its source within the community to ensure our workplaces and employees can be protected, and to ensure we can provide a positive outcome for people who are unfortunate enough to fall into the traps of drug use and abuse.
On any given day in South Australia’s safety-sensitive industries, close to 5,000 people would be working with methamphetamines in their system.

They could have taken ice, speed, crystal meth or other methamphetamines the night before, or even two days before, and even if they think they’re fine to operate machinery, drive a truck or work in a mine, their senses are impaired.

New figures compiled by national drug testing organisation SafeWork Laboratories show that in South Australian safety-sensitive industries – which include construction, mining, agriculture, forestry, fishery, manufacturing, transport, postal, warehousing, electricity, gas, water and waste services – 2.2 per cent of workers tested recorded positive results for methamphetamines in their system.

With 226,400 full-time and part-time workers in those industries in South Australia alone, SafeWork Laboratories toxicologist Andrew Leibie said the positive test figures represented a large proportion of the state’s workforce.

“The means today there’s 5,000 people working in a safety-sensitive industry who have tested positive, tomorrow it might be another 5,000 separate people,” Mr Leibie said.

“That doesn’t include people working in bars and clubs because they’re not in safety-sensitive industries. But if they’re driving to work or driving their kids to school, they’re still putting themselves, other drivers or their children at risk.”

“THERE IS NO SAFE OR TOLERABLE LIMIT FOR METHAMPHETAMINE FROM A TOXICOLOGY PERSPECTIVE.”

SafeWork Laboratories has compiled data on workplace drug testing for the past three years, with 2017 figures showing a marked increase on 2016, where 1.8 per cent of workers tested recorded positives for methamphetamine use.

The national figure has also increased, rising from 1.5 per cent of workers tested recording positives for methamphetamine use to 1.9 per cent over the same period.

With close to 850,000 workers in safety sensitive industries throughout Australia, Mr Leibie said at least 18,500 people would be turning up with methamphetamines including ice in their system to work every day. Mr Leibie said that figure could be much higher because many workplaces did not test for drug use, with some fearing their workers would test positive and be unable to work, which meant they would find it difficult to replace employees at short notice.

There are also questions of workers rights, he said, because many people felt employers did not need to know, or had a right to know, what their staff did on weekends.

“There’s the argument of “what does it matter what I do on weekends”, but if you haven’t slept for 24 hours and you’re entering a safety site, fatigue management is a real issue,” he said.

“There is no safe or tolerable limit for methamphetamine from a toxicology perspective. If you had anyone who tested positive for methamphetamine, no matter how little, I would say they’re unfit for work.”

Mr Leibie said testing was also showing a greater use of ice and other methamphetamines in regional areas, increasing significantly from a decade ago. He said it was now being seen in areas including the Riverland, Mount Gambier, Port Lincoln and even Crystal Brooke, due to it being much easier to access, the lower grades easier to manufacture, and drugs generally being cheaper than previously.
Ice is also a more dangerous drug, Mr Leibie said, because of its purity and potency.

"Why is ice so much more dangerous? It’s the purity. A lot of speed or crystal meth is ingested or smoked, but ice is more commonly injected and more potent," he said.

"It’s like saying you only have one drink a night, but if it’s one glass of red, it’s not the same as one bottle of scotch. It’s similar with hard drugs.”

Mr Leibie stressed how important it was for worksites to have policies in place which dealt with drug use, testing requirements in certain industries and tolerance, including having plans for dealing with users, referral groups if needed and legal obligations.

FACTS ABOUT ICE

- Methamphetamine is a type of amphetamine, a drug which stimulates the central nervous system.
- Amphetamines can be prescribed for conditions such as ADHD, narcolepsy and Parkinson’s disease. Illegal amphetamines are usually mixed with other drugs and binding agents.
- There are three forms of methamphetamine; crystal (ice), powder (speed) and paste (meth, base or wet).
- Ice is approximately 80 per cent pure. It is colourless to white crystals or a coarse crystal-like powder, but it can also appear in other colours. Ice is also known as crystal meth, shabu, crystal, glass and shard.
- Speed is approximately 10-20 per cent pure. Speed comes in white or yellow powder or pills.
- People use methamphetamine for an instant positive feeling, increased confidence, energy, stamina, concentration and sex drive.
- Negative side effects include a dry mouth, bad breath, increased heart rate, blood pressure, irritability and restlessness.
- Harmful effects include tremors, irregular breathing, rapid pounding heartbeat, violent or aggressive behaviour, collapse, seizure, stroke, and heart attack.
- Side-effects can be fatal.
- Using methamphetamine can cause amphetamine psychosis, especially when methamphetamine is used regularly or in high doses.
- Amphetamine psychosis can include hallucinations, paranoid delusions, and bizarre, aggressive and violent behaviour.
- Long-term use can cause weight loss and malnutrition due to reduced appetite and poor diet, mood swings and depression, less resistance to infections, skin problems, muscle stiffness, tooth decay, sleep problems, increased risk of stroke, and social, legal, financial and emotional problems.
- People who inject methamphetamine also risk vein damage and blood-borne viruses such as hepatitis C and HIV.

The culture of any workplace can play a large role into whether drug use is accepted and encouraged or discouraged.

A range of factors employers should be aware of, both internal and external to the workplace, can individually or combined contribute to employees’ drug use. Employees may feel pressured to join co-workers in ‘end of the working week’ social rituals despite not normally partaking on a regular basis. Similarly, employees working long or irregular hours may be encouraged by co-workers to use stimulants to combat the effects of fatigue, or as a stress release.

Businesses should identify why their worksite or employee has an issue. Although those who are young (18-30 years old), male and employed as tradespersons or technicians are the workforce groups most likely to use methamphetamines, no workplace is immune. Factors such as high levels of stress, long hours and shift work contribute to an elevated risk.

Regular drug testing by itself may not change a culture around drugs. As a large proportion of methamphetamine use occurs outside of work hours and testing by saliva/urinalysis has a detection period of approximately 24 hours after use, weekend use may be undetectable.

Although tests may be negative, this doesn’t mean a drug problem won’t negatively affect workplace safety and productivity, and needs to be addressed. The hangover effects of methamphetamine use can last for several days afterwards and can include fatigue, aggression, mood swings and depression, and these cannot be tested for but can still impact the workplace.

There is now a shift away from the traditional approach to managing alcohol and drug-related harm in the workplace to a broader primary prevention approach. Drug testing should not be used in isolation and should be combined with education, training and employee assistance programs to have a positive effect on the workplace.

In addition to implementing drug and alcohol policies and procedures and or drug testing, the following are practical responses which are likely to be effective in improving workplace culture and providing long term positive changes:

1. Education and training
2. Access to counselling and treatment
3. Health promotion programs
4. Brief interventions
5. Peer interventions
6. Psychosocial skills training
Workplaces are generally recognised as being a microcosm of society, particularly when employees range from blue collar workers to finance, administration, international trade and management.

With more than 350 employees, wine industry packaging and wine making company Pinnacle Drinks (Vinpac International / Dorrien Winemaking) is a perfect example of different walks of life under one roof, over its four sites in the Barossa Valley and McLaren Vale.

“It is generally accepted that if there are somewhere between seven and 10 per cent of the population abusing alcohol, illicit drugs or prescription drugs, it is reasonable to assume similar percentages in the workplace,” Pinnacle Drinks Human Resources Operations Manager Patrick Manning says.

“In regional communities everybody knows everybody and it’s not hard to get a feel for where the risk may exist.”

Patrick and other senior staff had concerns that illicit drugs, particularly ice, were an issue both in the community and in the workplace and were presenting an unacceptable risk to the safety and wellbeing of its people, but without a policy in place, it was very difficult to take action.

With an over-arching message of ensuring working conditions were safe and staff were fit for work, particularly those involved in high-risk work like using heavy machinery such as fork lifts, the company needed to ensure they could test staff suspected of being impaired by substances, work with those needing help, and ensure they complied with occupational health and safety standards.

“Without having a policy or procedures in place it was very challenging, unless there was a serious incident and then testing could be enacted under WHS legislation.” Patrick said. “It took us about 14 months to put policies in place.”

Vinpac / Dorrien had previously discussed creating workplace drugs policies, but attempts had been shelved. This time the company went through rounds of consultation, included a fitness for work and wellbeing component, requested feedback, wrote three drafts, and gave plenty of notice before any policies were implemented.

The company then introduced random testing, post-incident testing and causal testing when there was a reason to believe someone was under the influence of any substance. Vinpac / Dorrien also introduced a self-disclosure component to allow staff to declare confidentially if they were on prescription medication that may pose a risk or ask for help if they were struggling with substance abuse.

“Without a policy or procedures in place it was very challenging, unless there was a serious incident and then testing could be enacted under WHS legislation.”

Patrick said the testing had allowed Vinpac / Dorrien to improve its reputation and is now an employer of choice in both regions. He said several staff on prescription medication sought medical advice on their medication, and some had either their dosage reduced or medication changed to ensure they were safer at work, with lesser side-effects.

“We’re working closely with local medical providers including rehabilitation providers and police,” he said. “We’re promoting health and wellbeing, fitness for work, but there is also an element of contributing to the wellbeing of the community and providing education. We’re not being judgmental on peoples’ lifestyle, it’s all about fitness for work and ensuring we provide a safe working environment.”
For Michael Alder, there is no safe limit for ice or methamphetamine use. Even the tiniest amount can lead to addiction, job loss, a potential life of crime, the desertion of friends and family, poor health, and the worst-case scenario, death.

Michael is a reformed ice addict, who at his worst was using the drug to keep awake while working in a management role, dealing to support his habit, and mixing with the wrong crowd.

"When you’re an addict, there are three ways you can support your habit," Michael says. "Stealing, prostitution or trafficking. I was selling a little bit on the side after losing my job to support my drug addiction and I got busted. I really have to thank the police for arresting me and saving me from my actions, as I felt like I was in a chemical jail."

Michael first tried cocaine almost 15 years ago in London, where he was working in a hospital accident and emergency department. After returning from his two-year stint in London in 2004, he tried ice for the first time, before moving to Melbourne. He only used ice for a short period of time and didn’t go back to it until he was offered some while drunk in 2013, when he was trying to recover from a relationship breakdown. Ice helped him forget his emotional pain.

"I LOST MY HEALTH, I LOST MY JOB, I COULDN’T PAY BILLS..."

Michael’s use became more regular, to the point where he was using his ice pipe in the toilets during breaks at work to keep awake. He wasn’t alone. Ice is odourless. Unlike marijuana, workers can smoke it, inject it or ingest it while at work and are unlikely to be caught.

The telltale signs of users who are on the gear at work, he says, include erratic behavior, unexplained high energy, a lack of coherence, the inability to concentrate, dilated pupils, paranoia, and wanting to please everyone.

Like many other addicts, Michael was unable to work effectively and lost his job. He had taken extended sick leave from a brain injury which neurosurgeons have said ice may have precipitated.

"I lost my health, I lost my job, I couldn’t pay bills, my weight ballooned, sleep apnoea kicked-in, I wasn’t feeling good and self-medicating," he said.

"I was getting beaten up. You can’t call the police when you’re a drug addict. If you’re in that world you’re going to get stood over. You get ripped off left, right and centre. You’re lying, you’re cheating, you’re desperate. You run out of money."

If it wasn’t for Michael’s mother, who pushed him to see addiction specialists and then stay at the Adelaide Clinic, he might not be here today.

He has been clean for almost a year now. Each night he attends a Narcotics Anonymous session, and he heads the Adelaide team for the Australian Anti-Ice Campaign.

"We go into schools with the message Not Even Once with ice. Only two per cent of users break-free, 98 per cent relapse, that’s why we tell kids not even once."

Michael has returned to part-time work in aged care, and has a re-registration application before the Australian Health Practitioners Regulation Authority, where strict drug-testing policies apply.
John Smith* looks like any normal 50-something man. He’s well dressed, groomed and healthy looking, wears glasses and has greying hair, and no outward sign of having recently been homeless, drug-addicted and psychotic.

John, who has been clean for the past 15 months and has returned to work in the travel industry, hit rock bottom in early 2017, after spending two years spiralling downwards, addicted to ice.

He turned to ice after his business partnership dissolved, his agency had financial trouble and his relationship broke down.

“I made sure everyone was looked after when we closed, my staff, my clients, but I didn’t look after myself,” John said.

“I’d always been a go-getter and thought I’d be able to get a job but I couldn’t get one. I became a bit angry and bitter.”

John initially took ice to make himself feel better, and because it was a sexually-enhancing drug. A person he had met offered it to him, and it didn’t take long for him to get hooked. He felt instant gratification.

As the type of person who helps people, John had wide networks within the drugs and gay communities. Even though he was addicted, he would constantly try to help others.

An old contact in the travel industry offered him work, and despite using at work, he held down his role for several months until his psychosis got the better of him.

“I thought I could stop the drugs because I was working and could see it had an impact,” he says.

“I’d lose my train of thought and just rubbish would come out of my mouth. I’d email people and they were just gibberish, sometimes just strings of letters. My come downs were pretty bad and sometimes I’d just cry at work. I’d put my boss through hell, coming and going.”

John eventually lost his job, had no money left, was in debt, and about to lose his house.

“As I drove off from the house I was renting I said “I’m going to die”.” He went cold turkey. Despite moving in with his brother for two weeks, he ended up on the streets with his dog Molly.

John started sharing his story on social media as a cathartic exercise, and in a bid to help others in similar situations. He has been seeing a psychologist and found support through Drug and Alcohol Solutions Australia.

He found some short-term work contracts before being offered part-time work with his old contact, and has returned to close to full-time work.

He has scraped up enough money to pay for a bond and rental, has a reliable housemate and a supportive employer who understands his background.

“For an employer it’s how much you believe in that person. If you show the employee that you believe in them, that means a lot. It only takes one person to do that to turn a person’s life around sometimes.”

* John Smith is not his real name. Business SA has changed his name to protect his identity and his role in the community.

The most common signs of recent ice use are:

- Extreme tiredness or blurred vision
- Mood swings
- Paranoia, depression, irritability or agitation
- Difficulty concentrating, poor performance
- Trouble making decisions and planning
- Unexplained patterns of absenteeism or lateness
- Lack of concern about otherwise serious matters
- Poor appetite, palpitations, infected injection sites or lesions
ICE IS THE MOST CONSUMED ILLICIT DRUG NATIONALLY ACCORDING TO WASTEWATER TESTING

8,387KG
Ice consumed annually in Australia

MORE THAN $5 BILLION
The social cost of ice use in Australia in 2013-14

At its peak in October 2017, wastewater testing showed the equivalent of one in 10 people in Adelaide took one dose of the destructive drug each day.

AVERAGE CONSUMPTION OF METHAMPHETAMINE

It is an unfortunate reality that drug use in the workforce is growing, with businesses increasingly calling for help on how to combat the scourge across South Australia. Workplace drug testing statistics have proven the rising incidence, and wastewater testing has also shown consumption of illicit drugs is on the way up.

The latest figures on wastewater drug testing, released by the Australian Criminal Intelligence Commission earlier this year, have shown methamphetamine consumption has increased across Australia. Testing undertaken by SA Water and analysed by the University of South Australia for the ACIC report, found methamphetamine consumption levels increased from 2012 to 2018, with a dip early this year.

Nationally, Australians were estimated to be consuming 8,387kg of methamphetamine annually, compared to 3,075kg of cocaine, 1,280kg of MDMA and 765kg of heroin, according to the ACIC report.

The report found methamphetamine consumption levels increased on weekends. While recreational use often increases when people are on days off, it raises concerns for businesses whose staff may not realise methamphetamines can stay in their system for up to 48 hours. Direct intoxication lasts for 24 hours, but the drug’s impacts can still pose an occupational health and safety risk days later.

The wastewater testing found methamphetamine was the predominant stimulant consumed in metropolitan Adelaide. The analysis showed that during the peak detection period over the past six years – in October 2017 – the equivalent of one in 10 people in Adelaide took one dose of the destructive drug each day.

Illicit drug use is not limited to methamphetamines, with wastewater testing also detecting levels of cocaine, MDMA, opioids such as morphine, codeine, methadone, oxycodone, fentanyl and heroin, along with cannabis, nicotine, tobacco biomarker anabasine and alcohol.

Cocaine had the second-highest recorded usage, but dosage levels per 1000 people were only a third of the levels of methamphetamine. Ecstasy levels were lower than cocaine detections, decreasing since August 2017. Heroin consumption levels were similar to ecstasy and cocaine. Most drugs had higher consumption levels on weekends compared to weekdays.

Nationally, alcohol and nicotine remained the highest consumed substances while ice continued to be the most consumed illicit drug tested.

The ACIC report captured the drug use of 54 per cent of Australia’s population — about 12.7 million people. Nine of 45 sites tested were in SA.

The economic costs of methamphetamine use across Australia are high. In 2016, the SA Centre for Economic Studies, as part of a study published by the National Drug Research Institute at Curtin University, estimated the social cost of ice use in Australia at more than $5 billion in 2013-14. The figure did not include the additional costs for partners and children of ice-dependent users or the costs to methamphetamine users.

The report also estimated methamphetamine use in 2013-14 accounted for workplace accidents and absenteeism costing $289 million nationally.
Random testing in the workplace can be a minefield, and is often viewed by legal tribunals as an intrusion of privacy which can only be displaced on the grounds of work, health and safety (WH&S).
However, WH&S in a workplace is not a ‘one fit for all’ approach. Where zero tolerance is appropriate in some workplaces, it will not suit all working environments. An employer has a right and an obligation under WH&S safety laws to have and maintain a safe workplace.

If a workplace does not have a drug and alcohol policy or similar clauses contained within their employment contracts, the business will need to rely on the provisions within the Fair Work Act and Regulations which relate to misconduct in the workplace. For example, Regulation 1.07 classifies intoxication as serious misconduct.

The following are steps to help guide businesses.

**STEP 1: EVIDENCE**
Ensure you have evidence. The difficulty and risk in relying solely on Regulation 1.07 is that termination for serious and wilful misconduct requires strong evidence. Although the onus on the employer to provide evidence is not beyond reasonable doubt, there is a very high onus of proof.

**STEP 2: REMOVE**
If you suspect a person is under the influence of ice, you should remove them from the workplace immediately. You may decide to suspend them on full pay while undertaking an investigation. Employees should not be terminated without being given the chance to respond to claims. You may need to arrange a taxi or lift home.

**STEP 3: TESTING**
An employee has the right to refuse a drug test. Without a drug and alcohol policy setting out the repercussions for refusing a test, an employer cannot use the refusal as grounds to terminate or discipline the employee. If the employee agrees to testing, the employer must cover all costs.

**STEP 4: INTERVIEW**
If you suspect ‘serious misconduct’ (or intoxication), you must put this matter to the employee, as you would with any other form of misconduct. This should be done in a pre-arranged meeting where the employee may bring a support person. The employer will present the intoxication allegations and seek the employee’s response.

**STEP 5: DECISION**
Best practice for procedural fairness ensures an employer will consider the employee’s responses; the evidence of the intoxication; the workplace environment and workplace policies (if any). Termination is not the only possible outcome. The consequences, depending on the workplace, the drug of intoxication and the employee responses will impact on whether the employer decides to warn the employee (informally or formally,) offer employee assistance and counselling, or terminate either with notice or without, depending on the circumstances.

**SUMMARY**
Consider the best possible option for your workplace. This should include a risk assessment of the WH&S of your workers and the work environment. A good policy should include education and training for both employees and managers. The policy may also contain referral options for Employee Assistance Programs and should refer to potential consequences if policies are breached.

Business SA can assist in drafting an appropriate D & A Policy for your workplace.

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Business SA is working to support businesses dealing with the issue of drugs in the workplace. Businesses should take the following steps with the help of appropriate experts:

1. **Educate** – Develop and implement a robust drug and alcohol policy and educate employees
2. **Define** – Policy should clearly define ‘drug’ (i.e. illicit, prescription, synthetic etc.) and appropriate cut-off levels
3. **Plan** – Source a reputable provider to undertake testing, either on or off site.
What really is ice? Methamphetamine (meth or ice) is a drug of the amphetamine-type stimulants class that acts primarily by stimulating the excitatory pathways of the central and peripheral nervous system.

Taking methamphetamines leads to hyperarousal, a rush of euphoria, and feelings of alertness and confidence. However, these effects are not always evident when performing workplace tasks where we see overconfidence, poor judgement, anxiety, irritability, aggression and other undesirable outcomes.

The repeated use of ice depletes normal stores of excitatory neurotransmitters in the brain and leads to rebound depression. Ice is highly addictive and contributes significantly to socially undesirable outcomes.

When workers on methamphetamines show these effects in the workplace, they represent a serious risk to their own safety and that of their colleagues. Incidents and accidents, especially involving machine and vehicle use, are highly represented amongst ice users. Businesses have a duty of care to manage risk in the workplace, and the risk represented by the ice-using worker may be identified and limited by using workplace drug testing.

A workplace drug (and alcohol) program is served by four main elements; a robust policy that clearly establishes expectations around drug use in workers and at workplaces and the consequences of any breaches of that policy; education and training for workers about the effects of drugs; an accurate and reliable testing regime which can determine drug exposure above accepted standards; and an employee assistance program providing support for workers who experience drug addiction, misuse, or abuse.

Workplace drug testing usually involves a two-part approach. Onsite testing uses a validated device that screens workers based on those who are negative for drugs (compared with the appropriate standard) or those who are non-negative, where there is a need for further investigation. These devices detect drugs by class (or structural similarity of the drug molecules). Samples which require further investigation are submitted for laboratory confirmation analysis using sensitive and selective methods including gas or liquid chromatography with mass spectrometry. These results identify any drugs present and their concentrations. Results are then compared with appropriate standards to determine whether a potential breach of the drug policy has occurred.

These analytical methods clearly identify illicit drugs (including ice, cocaine, cannabis etc) and legitimate drugs (such as prescription and non-prescription medicines).

Drug testing in workplaces should really be considered to actually be ‘non-drug testing’. Screening is designed to identify the 99 per cent of workers who are drug-free and may return to work immediately. The one per cent of workers who are screened with positive results may then have more detailed analysis to establish whether illicit drugs are being used. When applied appropriately, drug testing in the workplace is a valuable tool in risk minimisation.
SIGNS OF ICE

THE FOLLOWING ARE SIGNS THAT SOMEONE YOU KNOW MIGHT BE OVERDOsING ON ICE. IF YOU WITNESS ANY OF THE FOLLOWING SYMPTOMS, AN AMBULANCE SHOULD BE CALLED IMMEDIATELY:

- Racing heartbeat and chest pain
- Breathing problems
- Fits or uncontrolled jerking
- Extreme agitation, confusion, clumsiness
- Sudden, severe headache
- Unconsciousness
- Stroke, heart attack or death

Reference: Alcohol and Drug Foundation

WHERE TO GET HELP

24 hour Help Line for Substance Abuse
13 11 14

Alcohol and Drug Information Services
1300 13 1340 (Free for SA Callers)
Confidential counselling & info 8.30–10am

Government Inpatient Withdrawal Unit
DASSA Withdrawal Unit (Adelaide, Glenside)
1300 13 1340

Private Day Centre &
Private Inpatient Withdrawal Services
(Private Health Insurance required)
Kahlyn Day Centre / Adelaide Clinic
Contact: Heidy (08) 8130 4700

Government Inpatient Recovery Unit
The Woolshed (Country SA, Strathalbyn)
1300 13 1340

Inpatient Recovery Rehabilitation Unity
Visible Recovery (Adelaide CBD)
(08) 8223 6486

Business SA Advice Hotline
(08) 8300 0000

Australian Anti Ice Campaign
(07) 5665 6063

Medvet
1800 633 838

Narcotics Anonymous
Addiction Recovery meetings across SA
1300 658 820

SafeWork Laboratories
1300 795 227

The National Centre for Education and Training on Addictions
Based at Flinders University
(08) 8201 7535
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