PLANTATION FORESTRY CODE OF PRACTICE


ELIMINATING ALCOHOL & OTHER DRUGS FROM THE WORKPLACE

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supported by forestgrowers commodity levy

FOREST OWNERS ASSOCIATION

ELIMINATING DRUGS & ALCOHOL FROM THE WORKPLACE

A Code of Practice for the New Zealand plantation forestry industry

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ISBN: 978-0-473-32221-2 (soft cover)
ISBN: 978-0-473-32222-9 (pdf)

October 2008
Updated: March 2015

Acknowledgements

Thanks are due to the members of the FOA Health, Safety and Training Committee led by Chairman Warwick Foran, who have driven the publication of this Code; also to Susan Nolan of Susan Nolan & Associates Ltd (SNA).

ELIMINATING ALCOHOL & OTHER DRUGS FROM THE WORKPLACE

The NZ Forestry Drug & Alcohol Code of Practice is published by the NZ Forest Owners Association and is supported by the Forest Industry Contractors Association, NZ Farm Forestry Association, the Forest Growers Levy Trust and Competenz

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Contents

Alcohol & other drugs have no place in our workplaces

People affected by alcohol and other drugs pose a threat to health, safety and performance. In recognition of this, in 2000 FOA developed a Drug & Alcohol Toolkit which has been used by many companies with considerable success.

In 2008, as part of a campaign to ensure that drug and alcohol abusers are not permitted to compromise the health and safety of their co-workers and themselves, a Code of Practice was produced for use by all forest owners and industry employers.

With the introduction of new classes of drugs and the ongoing development of relevant case law, FOA has commissioned this update to continue to facilitate the industry moving towards an alcohol and other drugs-free workplace.

The Code is a quality management programme with three main elements – education, alcohol & other drugs-free testing of all workers in safety-sensitive positions, and rehabilitation.

Staff and contractors need to be consulted during the development of company drug and alcohol policies. Then, when they are in place, the policies and procedures must be explained to them.

Selected staff need to be trained. Employee assistance, rehabilitation and case management systems need to be set up.

All these elements are essential if the programme is to be effective, lasting and compliant with the law.

This document is designed to be useful at the operational level of every business.

As a Code of Practice, it has similar status in law to a NZ Standard. As such, all forest owners are advised to adopt alcohol & other drugs-free policies based on the principles detailed in the following pages.

"People affected by alcohol & other drugs pose a threat to health, safety and performance"

Paul Nicholls
President, Forest Owners Association

The case for an alcohol & other drugs-free workplace

The purpose of this Code of Practice is to assist each and every forestry business to develop an alcohol & other drugs-free workplace programme that is tailored to its specific needs.

While this Code focuses on the 'why' and 'how' of workplace drug and alcohol testing, this must be part of a comprehensive programme involving education, training and rehabilitation in order for it to deliver the positive outcomes sought by forest owners, managers and most employees.

If the impact of alcohol & other drugs is eliminated from all forestry workplaces, it will create a healthier and safer environment for all employees, contractors and customers. It will also enhance the reputation and customer service of the plantation forest industry.

Alcohol is still New Zealand's most widely used and abused drug. Overall, in the workplace, it has 10 times the impact of illicit recreational drugs and this is reflected in the road toll and in accident rates in many industries.

Nevertheless, since the 1970s, cannabis abuse has been an ongoing problem for many industries, including forestry. Other depressant and hallucinogenic drugs, including LSD, heroin and benzodiazepines, have also been used, often combined with alcohol.

Since the late 1990s, stimulants like methamphetamine ('speed', 'P' or 'meth'), ecstasy, fantasy, BZP and cocaine have become increasingly available. By 2008, use of these stimulants had grown to the point where they were often creating unpredictable and dangerous behaviour among users. Until recently 'legal highs' were of concern, and there are ongoing issues as new drug derivatives are continually developed.

Accident trends

Far too many people are still being injured in our forests. The FOA is determined to see a marked improvement in the rate of progress to its goal of zero serious workplace accidents. It is therefore continually reviewing everything that impacts on safety in the forest workplace.

This reviewed Code is one of the outcomes of that process. Forest owners, contractors and other industry employers are urged to adopt it as the basis of their own alcohol &

other drugs-free workplace programmes.

As a Code based on statute law and legal precedent, there is a strong legal incentive for employers to take it seriously.

Fatalities

The forest industry has an unacceptable rate of serious harm injuries and fatalities. This reviewed Code is part of a wider initiative to address the safety culture of the industry. Workers affected by alcohol & other drugs are a hazard to their workmates and have no place on a forest site.

Benefits

A comprehensive alcohol & other drugs-free workplace programme will:

- Help employees play their part in creating a healthier and safer New Zealand society and assist employers to maintain their reputation as responsible citizens
- Reduce the number, type and cost of accidents, and associated medical costs
- Reduce employee turnover and the costs of recruiting and training new staff
- Reduce absenteeism, especially morning-after 'sickies'
- Reduce the incidence of non- or poor-performance due to drug use
- Reduce errors and their associated costs
- Increase customer satisfaction
- Increase the desirability of forestry as a place to work.

This Code is designed to be comprehensive, practical, and cost-effective. It is suitable for use by all forestry companies, contractors, independent saw millers and other organisations associated with the forest industry that wish to eliminate the effects of alcohol & other drugs in the workplace.

At its core is an alcohol & other drugs-free policy and procedures template that can be adopted directly by individual forestry businesses, or tailored and customised to suit a company's requirements. The most up-to-date version can be downloaded from the nzfoa website: www.nzfoa.org.nz

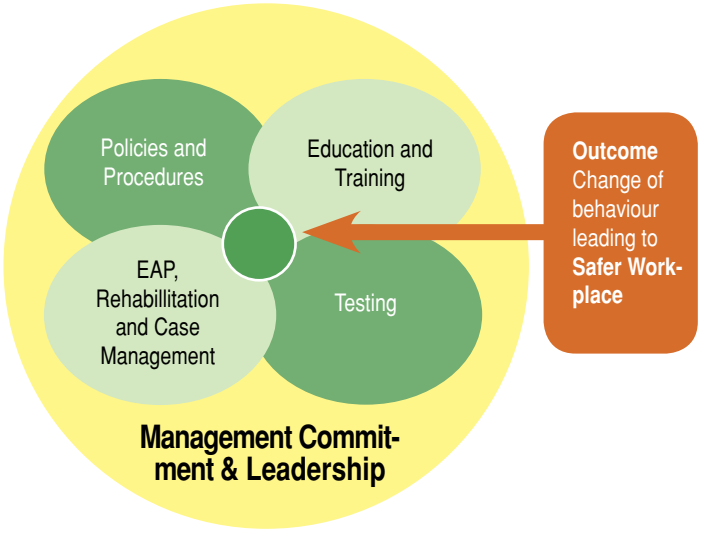
The alcohol & other drugs-free workplace model

Achieving an alcohol & other drugs-free workplace requires a comprehensive approach, involving employers, contractors and their employees. It is most effective when it is fully integrated into the operational procedures of the organisation.

The alcohol & other drugs-free workplace model (see illustration) overlaps with the risk management, medical, security, training and organisational development areas of companies. It includes policy and procedures, drug testing, education and prevention activities, training of selected staff, employee assistance, case management and rehabilitation.

Alcohol & other drugs-free testing is but a small part of an integrated set of policies and procedures which should emphasise education and rehabilitation. Strong management commitment and leadership is required to make these policies work. Evidence from a decade of experience indicates that the programme will fail unless top management buy into it and review its implementation and progress frequently.

Alcohol & other drugs-free workplace programmes do not offer instant results, but if the model is applied on a systematic and sustained basis it can provide major long-term benefits for the organisation and its employees.



Training

Competenz is the forest industry's training organisation (ITO). It is involved in aspects of forest industry education and training.

Competenz can assist with the education of supervisors and employees, and has built subject matter addressing drugs and alcohol into industry training programmes, most of which lead to National Certificates.

Two unit standards provide for education in and understanding of alcohol & other drugs in the forestry workplace. They are consistent with, and support, this Code of Practice:

- Unit standard 22994: Demonstrate knowledge of factors that affect the performance of forestry workers
- Unit standard 24577: Demonstrate knowledge of health and safety management in a commercial forestry situation

US22994

Demonstrate knowledge of factors that affect the performance of forestry workers

This unit standard is:

- Suitable for all employees and is included in the core of qualifications at levels 2 and 3.
- Focuses on substances that may adversely affect work performance and safety, nutrition, hydration, fatigue and personal health.

The unit ensures candidates understand the effects of substance misuse on work performance, can identify substances that can be used legally in the work environment, and know ways in which substances can be misused and the consequences of misuse.

In addition, the unit covers indicators of possible substance misuse, ways to manage substance misuse, and policy related to the misuse or abuse of substances.

US24577

Demonstrate knowledge of health and safety management in a commercial forestry situation

This unit standard is suitable for supervisors and advanced operators and is included in the core of the level 4 qualifications.

It ensures candidates are aware of the drug and alcohol policy for forestry operations. Topics include company policy on alcohol & other drugs use, types of workplace drug and alcohol testing, and the procedure to be followed for different types of alcohol & other drugs testing.

In addition, the unit covers procedures for dealing with non-compliance with company policy on alcohol & other drugs use, the importance of encouraging compliance with company alcohol & other drugs policy and support methods for workers identified as being non-compliant with the drug and alcohol procedures.

For specialised training in alcohol & other drug testing contact:

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Sala Street South Entrance
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Tel 0800 526 1800 | Fax 07 348 7749
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DrugFree Sites (Susan Nolan & Associates Ltd)
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The Drug Detection Agency (TDDA)
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Freephone: 0508 DRUG TEST (0508 3784 8378)
Tel 09 477 0032 Mobile 0274 139 443
Email: wayne.duley@tdda.co.nz
Web: www.tdda.co.nz

The health effects of drug and alcohol abuse

Excessive use of alcohol and other drugs is damaging to health. Addiction to any drug makes people lose control over when, where and how often they use that drug.

Drugs are categorised according to the overall effect they have on the body, central nervous system and brain. Some drugs will fall into more than one category but they are classified according to the dominant effect. The three main categories relevant to workplace behaviours and performance are:

Depressants: Depress brainwave activity eg alcohol, opiates, cannabinoids (including synthetic cannabinoids), benzodiazepines and other tranquillisers/sedatives

Stimulants: Stimulate brainwave activity eg caffeine, nicotine, amphetamines, cocaine, party pills, cathinones [has hallucinogenic properties]

Hallucinogenics: Rewire and alter brainwave activity eg LSD, NBOMe, magic mushrooms (psilocin/psilocybin).

Depressants

Alcohol

Alcohol is the most commonly used and widely abused psychoactive drug in the country.

It is absorbed by the stomach, enters the bloodstream, and travels to every living cell, tissue and organ in the body. It is then metabolised and broken down by the liver.

In general, the liver can process one standard drink in an hour. If more than this is consumed, the additional alcohol accumulates in the blood and body tissues until it can be metabolised. This results in high blood concentrations that can last for several hours. For example, if a lot of alcohol is drunk at night, a high level could still be in the bloodstream the next day.

The effects of alcohol are influenced by a person's size, weight, age and gender, as well as the amount of food and alcohol consumed.

There are far too many rescue callouts for forest workers

Drugs and alcohol are risk factors in forest health and safety

Photo credit: Auckland Rescue Helicopter Trus

THE **HEALTH EFFECTS** OF DRUG AND ALCOHOL ABUSE CONTINUED

Moderate alcohol intake tends to make people lose their inhibitions and become talkative and dizzy. Larger amounts of alcohol can result in slurred speech, nausea, vomiting and disturbed sleep.

Insufficient restorative sleep has a significant impact on work performance. It negatively affects:

- Reaction time
- Physical coordination
- Vigilance (paying attention)
- Memory
- Logical reasoning

Lack of sleep can also increase the effects of alcohol on the user.

Problems with alcohol usually develop over time. Some people become sick quickly; others drink for years without knowing that they are addicted and that their body is being damaged.

Continuing to use alcohol once an addiction has developed can result in liver and brain damage that may not be reversible.

Sudden cessation of long-term, extensive alcohol intake is likely to produce withdrawal symptoms. These include headaches, severe anxiety, tremors, hallucinations and convulsions.

At work, the withdrawal can make it hard for an affected person to concentrate, and they may become short-tempered.

How do I know if someone has a drinking problem?

Some quick clues:

- Inability to control drinking – it seems that regardless of what they decide beforehand, they frequently wind up drunk
- Using alcohol to escape problems
- A change in personality – turning from Dr Jekyll to Mr Hyde
- A high tolerance level – drinking just about everybody under the table
- Blackouts – sometimes not remembering what happened while drinking
- Problems, such as absenteeism and anger, at work or in school as a result of drinking
- Concern shown by family and friends about drinking.

Cannabis (Marijuana)

Marijuana is the most commonly used illicit drug in New Zealand. It is made from the dried shredded plant *Cannabis sativa*, and is known as cannabis, dope, dak, grass, herb, hooch, mary jane, mull, pot, wacky backy and weed.

Marijuana looks like dried herbs or tea. Sometimes it contains seeds or twigs. It can be grey, green or brown in colour.

Most users roll loose marijuana into a cigarette. It can also be smoked in a pipe. Some users mix marijuana into foods or use it to brew tea.

Hash – pressed cannabis – is either smoked in a pipe or mixed with tobacco and smoked as a cigarette. In New Zealand, hash oil is often used to lace a cigarette or for 'spotting' over heat and breathing in the smoke. Hash oil is more potent than cannabis leaf.

What is THC?

THC is the main drug chemical in marijuana that makes the user feel 'high' – that is, experience a change in mood and possibly see or feel things in a different way. This is because it has hallucinogenic as well as depressant properties.

When marijuana is smoked, THC goes quickly into the

Alcohol – Effects

Short-term	Long-term [heavy users]
Altered perceptions & emotions	Heart & central nervous system damage
Bad breath	Liver damage (Cirrhosis)
Distorted vision, hearing, coordination	Loss of appetite
Hangovers	Memory loss
Disturbed & restless sleep	Sexual impotence
Impaired judgement	Skin problems
	Stomach ailments
	Vitamin deficiency

Marijuana – Effects		
Small amounts	**Large amounts**	**Regular use over long period**
Feel unusually well & happy	Confusion	Decreased motivation
Do or say things they normally wouldn't	Restless and excited	Decreased concentration, memory, ability to learn new things
Talk & laugh more than usual	Forget things, especially information from yesterday. Short-term memory loss	Decreased sex drive & sperm-count in men. Irregular menstrual cycles in women
Feel hungry (munchies)		
Impaired motor skills ie bad balance & coordination	See or hear things which are not there	Some people may have psychological effects. This is more likely if the person already has a schizophrenic condition
Find it hard to concentrate	Anxious or panicky	
Impaired spatial judgement	Feel distant or separate from reality	Increased risk of getting bronchitis, lung cancer and other respiratory system diseases
Focus awareness on one particular thing and ignore all other things		
Faster heart rate (20-50%)		
Red eyes		
Feelings of slowing down & sleepiness		
Slow reaction time & information processing		

blood through the lungs. It then goes to the brain and this is when the 'high' is felt. This can happen within a few minutes and can last up to five hours. When marijuana is eaten, THC is absorbed more slowly into the blood, as it has to pass through the stomach and intestine. It can take up to one hour to experience the 'high' effects and these can last up to 12 hours.

THC is absorbed quickly into body fat. It is then released very slowly back into the blood. It can take up to one month for a single dose of THC to fully leave the body.

Marijuana smoke contains some of the same carcinogens and toxic particulates as tobacco, sometimes in higher concentrations. Long-term users of cannabis may develop psychological dependence and require more of the drug to get the same effect. The drug can become the centre of their lives.

Synthetic cannabinoids/THC

Synthetic cannabinoids are structurally different from THC (the active component of cannabis) but act in similar ways to affect the cannabinoid system in the brain.

Synthetic cannabinoids fall into seven major structural groups:

1 Naphthoylindoles eg JWH-018, JWH-073
2 Naphthylmethylindoles
3 Naphthoylprrroles
4 Naphthylmethylindenes
5 Phenylacetylindoles
6 Cyclohexylphenois eg CP 47,497
7 Classical cannabinoids eg HU-210

Synthetic cannabinoids, in their original state, are a liquid. They are usually sold combined with dried herbs intended for smoking. They can be purchased in a range of quantities eg by the gram, ounce or pre-rolled like a 'joint'. They are occasionally sold as powders and if so may be drunk as a tea.

'Spice' was the earliest in a series of synthetic cannabinoids sold in many western countries. Since then a large number of other similar products have been developed for sale in New Zealand – such as Kronic, Northern Lights, K2, Zeus, Puff, Tai High, Aroma, Magic Dragon, Serenity and Pulse.

There are hundreds of synthetic cannabinoid compounds and more are being produced all the time. Manufacturers are constantly changing compositions to produce new products and to keep in step with legal controls over the sale of the substances.

THE **HEALTH EFFECTS** OF DRUG AND ALCOHOL ABUSE CONTINUED

NOTE: As of **8 May 2014** there are no psychoactive substances legally available for sale in New Zealand

Health effects

We don't know much about the health effects of synthetic cannabinoids. Many synthetic cannabinoids have only recently been developed. They have not been approved for human consumption and there is very limited information available regarding their short and long-term effects.

The majority of information based on medical research around synthetic cannabinoids has focused on JWH products – in particular JWH-018 and JWH-073. Not all synthetic cannabinoid products are based on JWH compounds.

JWH compounds are believed to be active at doses around 2-4 mg when smoked. The effect they have on the consumer tends to be similar to the 'high' people report from cannabis, but with a longer time before onset and shorter duration.

Toxic symptoms generally last no longer than 3-4 hours, with no remaining adverse effects in many cases. However, there is increasing concern about serious acute and long-term toxicities and long-lasting psychosis in some consumers. People with pre-existing mental health conditions appear to be particularly negatively affected by synthetic cannabinoids.

The National Poisons Centre reports that the increased availability of synthetic cannabinoids has resulted in more calls from doctors and ambulance officers reporting breathing problems, paranoia and recurring psychotic episodes.

New Zealand doctors have reported concerns over the increase in clients in their emergency departments suffering adverse effects.

The inventor of synthetic cannabinoids, Emeritus Professor John Huffman, has publically declared his concern over their use, saying they can lead to serious psychological problems which may be irreversible.

Dependence, addiction and overdose risk

There is limited research evidence around the dependence, addiction and overdose risk from synthetic cannabinoid use.

A 2009 report from the European Monitoring Centre for Drugs and Drug Addiction suggested tolerance to synthetic cannabinoids may develop fairly fast, which could lead to a risk of developing dependence.

In late 2012, New Zealand health service professionals reported that synthetic cannabinoids were proving to be very addictive for some consumers, with people using up to three bags a day, seeking treatment from addiction services to address their use, and experiencing negative outcomes in their jobs and relationships as a result of heavy use.

A UK study found evidence of a withdrawal effect after smoking the product 'Spice Gold'. This effect has also been found in New Zealand, with increasing reports from health services that some people who use synthetic cannabinoids heavily for several months and then stop using experience withdrawal.

Synthetic cannabinoids/THC

Common effects	Toxic effects
Similar effect to smoking cannabis	Hallucinations
Disconnection from thoughts, feelings, memories, sense of identity (dissociative state)	Rapid heart rate
Fast and irregular heartbeat	Hypertension
Relaxation	Tachypnea (rapid breathing)
Euphoria	Abdominal pain
Rapid pulse rate	Nausea/ vomiting
Racing thoughts	Chest pain
Delayed reaction time	Heart palpitations
Dry mouth	Severe paranoia, especially around fear of dying
Lowering of inhibitions	Racing thoughts
Dizziness	Seizures
Agitation	Tremors
Anxiety	Renal failure
Paranoia	Psychosis, sometimes lasting for several days

Synthetic cannabinoids/THC – Reported withdrawal symptoms	
Paranoia	Rapid heartbeat/tachycardia
Anxiety	Insomnia
Panic attacks (even when sober)	Difficulty breathing
Severe memory problems	Constipation
Difficulty concentrating	Nausea
Severe confusion or disorientation	Difficulty eating
Fear of dying	Weight loss

Opiates

Opiates are narcotic analgesic drugs. The seedpod of the opium poppy produces a sticky resin that contains a mixture of opiates including the alkaloid morphine. Heroin and codeine are derived from morphine. Heroin is a highly addictive drug and there is significant risk of overdose.

Other synthetic opiates include methadone and pethidine.

In New Zealand, 'homebake' can be manufactured from over-the-counter and prescription painkillers. The most common sources are panadeine and morphine sulphate tablets (misties). In other countries, heroin is more common.

Opiates are classed as depressants, although they won't necessarily make a user feel depressed. Depressants slow down activity in the brain and central nervous system. Other depressants include alcohol and cannabis.

Methadone is often used as a replacement therapy for people addicted to opiates. A newer product called buprenorphine is also used as a replacement for heroin.

Opiates – Effects	
Short-term	**Long-term**
Loss of concentration	Addiction
Nausea	Constipation
Sweating	Irregular menstrual cycles
Dry, itching skin	Infertility/loss of sex drive
Falling asleep 'on the nod'	Collapsed veins & tetanus
Slow & shallow breathing	Susceptibility to infection: skin, heart, lung
Slow, irregular heart rate	Malnutrition
Constricted pupils, impaired night vision	Risk of overdose
Slow, slurred speech	Risk of HIV & hepatitis (sharing needles etc)

Under medical supervision, the short-term use of opiates does not produce significant health problems.

Dependence, addiction and overdose risk

Using large doses of heroin and other opiates can lead to death. Breathing becomes very slow, pulse becomes irregular and body temperature drops. Blue lips and fingernails, pinpoint pupils, cold skin, convulsions and snoring can also indicate an overdose.

Because opiates cause physical dependency, a person who stops or reduces the amount they use may suffer withdrawal symptoms. These symptoms include craving the drug, restlessness, yawning, tears, diarrhoea, low blood pressure, stomach and muscle cramps, vomiting, goose bumps and a runny nose. These symptoms usually peak around two to four days after the last time a person uses the drug.

Other symptoms that may last up to a week after last use include insomnia, irritability, appetite loss, vomiting, elevated pulse, muscle spasms and emotional depression.

Sometimes, symptoms include chronic depression, anxiety, appetite loss and agitation. Further cravings for the drug can last for months, even years.

Sudden withdrawal from opiates rarely causes death unless the user is using other drugs and/or is in poor health.

Benzodiazepines

Benzodiazepines have anxiety relieving and sleep inducing properties. Physicians may also prescribe them as muscle relaxants, or to treat epilepsy and other seizure disorders, alcohol withdrawal, panic and sleeping disorders.

Benzodiazepines are prescribed with caution and never to patients

THE **HEALTH EFFECTS** OF DRUG AND ALCOHOL ABUSE CONTINUED

with personality disorders or a history of substance abuse.

Those commonly prescribed in New Zealand include alprazolam, clobazam, clonazepam, diazepam, lorazepam, lormetazepam, oxazepam and temaxepam. Flunitrazepam (Rohyphnol or rollies) is illicitly abused.

Benzodiazepines come in a variety of shapes, sizes and colours. The drugs take effect after 30 minutes and last for several hours depending on dosage, the type of benzodiazepine used, the condition being treated and the presence of other drugs.

Non-medical use of benzodiazepines has become a worldwide concern. Users take benzodiazepine to induce a state of intoxication or euphoria or as a substitute/enhancer to the effects of opiates. They are also used to help counteract the negative effects of other drugs and to help induce sleep.

Short-term effects

Medically, most benzodiazepines are prescribed for a period not exceeding one month (depending on the type of benzodiazepine used, its strength and the condition being treated) with a view to avoiding the development of tolerance and withdrawal symptoms upon discontinuation.

Benzodiazepines	
Recommended doses: 1-2 months	**Administered at higher doses**
Relaxation	Over-sedation
Calmness	Sleepiness
Relief from tension & anxiety	Cognitive and coordination impairment
Drowsiness	Mood swings
	Aggressive outbursts
Long-term effects	
Physical dependence & addiction	Difficulty sleeping and disturbing dreams
Lack of motivation	Nausea, headaches
Unclear thoughts, memory loss	Skin rash
Behavioural and personality changes	Menstrual and sexual problems
Drowsiness	Greater appetite, weight gain
Anxiety, irritability	Lack of coordination, accident prone
Aggression	Slurred speech
Depression	

Benzodiazepines Withdrawal symptoms: Physical & psychological	
Headaches, nausea	Palpitations
Sweating, shakes	Changes in perception
Muscle aches and pains	Confusion
Visual disturbances	Depression
Fatigue	Rapid mood changes
Indigestion	Memory loss
Diarrhoea	Hallucinations
Numbness	Hyperactivity
Anxiety, panic attacks	Nightmares

Dependence, addiction, and overdose risk

Because the misuse of benzodiazepines leads to psychological and/or physical addiction, discontinuation after heavy or long-term use requires medical attention to help prevent withdrawal symptoms or a relapse of the condition it was originally being used to treat.

Chronic heavy use of benzodiazepines, or use with other drugs, can lead to an overdose resulting in unconsciousness and possibly death. Anyone showing signs of an overdose, or of the effects of combining benzodiazepines with alcohol or other drugs, should get immediate emergency help. Warning signs include slurred speech or confusion, severe drowsiness, staggering and profound weakness.

Kava

Kava is a depressant drug, which means it slows down the messages travelling between the brain and the body. Kava is made from the root or stump of the kava shrub (*Piper methysticum*).

Kava comes in different forms including:

- Brownish-coloured drink
- Brown powder
- Capsules
- Extracts
- Drops

Other names

Kava kava, kawa, waka, lewena, yaqona, grog (Fiji), sakau (Pohnpei), ʻawa (Hawaii), ʻava (Samoa) and wati (New Guinea).

How is it used?

Pacific Islands

Traditionally, Pacific Islanders crushed, chewed and ground the root and stump of the shrub, then soaked it in cold water to produce a drink for ceremonies and cultural practices. These rituals were said to strengthen ties among groups, reaffirm status and help people communicate with spirits.

Many Pacific Islanders who have settled in Australia and New Zealand have continued drinking kava or using kava extracts.

Aboriginal and Torres Strait Islander peoples

Kava was introduced to the communities in the north of Australia in the 1980s as a substitute for alcohol, to reduce alcohol-related harms in the community. The kava drink is often used for sedative, hypnotic and muscle-relaxant effects, in much the same way that alcohol is used.

Herbal preparations

Kava extract is used in some herbal preparations. They are sold as over-the-counter tablets and preparations to be used in the treatment of insomnia, stress and anxiety.

Effects

There is no safe level of drug use. Use of any drug always carries some risk. It's important to be careful when taking any type of drug.

Kava affects everyone differently, based on:

- Size, weight and health
- Whether the person is used to taking it
- Whether other drugs are taken around the same time
- The amount taken
- The strength of the drug

People with a family history of mental illness or who are experiencing mental health problems such as depression and schizophrenia, may find excessive use of kava makes the symptoms of these conditions more severe.

Kava – Effects	
Short-term	**Long-term**
Feeling happy & relaxed	Mood swings
Mild sleepiness	Apathy
Numb mouth & throat	Dry, scaly skin
Reduced or loss of appetite	Malnutrition & severe weight loss
	Shortness of breath
Large amounts	
Drowsiness	Chest pains
Nausea	Need to use more to get same effect
Loss of muscle control	Financial, work & social problems
Mild fever	
Pupil dilation & red eyes	

Manufactured products such as herbal remedies that contain kava extract have been linked to irreversible liver damage. Anyone at risk of liver damage or who has an existing liver condition should avoid taking preparations containing kava.

Stimulants

Methamphetamine (P)

P, pure, glass, ice, speed, meth, crystal and burn are slang terms for methamphetamine, a crystal-like substance that sometimes comes in large translucent rock-like chunks. It is normally shaved and broken down to smaller crystals for sale purposes.

Methamphetamine is a powerfully addictive synthetic stimulant that is commonly used as a recreational drug. Its availability in New Zealand was scarce until 2000 when gangs worked out how to manufacture the most potent form of methamphetamine, 'crystal meth', known as 'P' in this country. It is now the second most widely abused illicit drug (after cannabis) and its usage crosses the whole spectrum of socio-economic demographics.

Whilst most 'P' is manufactured in clandestine laboratories, a considerable amount of crystal meth is also imported.

Meth can be snorted, swallowed, injected or smoked. If smoked or injected, users report increased energy and motivation often coupled with a false sense of

THE **HEALTH EFFECTS** OF DRUG AND ALCOHOL ABUSE CONTINUED

Methamphetamine is highly addictive

Some users avoid sleep for several days while bingeing – a dangerous practice for a forestry worker

invincibility. If snorted or swallowed, the onset is not as extreme and not accompanied by an initial 'rush'.

Scientific research has shown that methamphetamine releases high levels of the neurotransmitter dopamine. This stimulates brain cells and results in heightened physical and mental performance, and enhanced mood.

Meth is highly addictive and toxic in excess. Users can develop a tolerance quickly, needing more and more to get high and going on longer and longer binges. Some users avoid sleep for several days while bingeing.

When users come off a meth binge, they often behave in a compulsive non-purposeful, repetitious way, doing things like pulling out body hairs, obsessive cleaning or scratching their skin to get rid of imagined insects known as 'meth bugs'.

Short-term effect

Because methamphetamine is a powerful stimulant it can, even in small doses and in the short-term, increase physical activity and the desire to stay awake, and decrease appetite. Increased alertness, energy and talkativeness are linked with the overall feeling of wellbeing and euphoria.

Whilst these are seen by some as positive reasons to use this drug, the impact on the central nervous system mimics the fight or flight response of adrenalin and, as a result, breathing, heart rate, body temperature and blood pressure increase. Other symptoms, such as a dry mouth, are also evident.

Methamphetamine (P) – Short-term effects

Low dose	High dose
Increased alertness: 'wired'	Muscle spasms
Feeling of well-being: 'euphoria'	Jaw clenching
Greater self confidence, talkativeness: 'The talkies'	Fits, seizures, convulsions
More energy, hyperactivity	Irregular heart beat, breathing rate
Reduced appetite	Excess sweating, hyperthermia (over-heating)
Increased heart rate, breathing rate	Headaches, potential stroke/ heart attack
Raised blood pressure	Delusions, paranoia
Dry mouth	

Methamphetamine (P) – Symptoms		
Physical	**Psychological**	**Other**
Poor appetite, weight loss, malnutrition, anorexia	Anxiety, depression, suicidal tendencies	Insomnia, disturbed sleep patterns
Fatigue, energy loss, heart palpitations, shortness of breath	Paranoia, aggressiveness, violent behaviour	Relationship problems (children, partners, family, friends, workmates)
Itching: 'The scratchies' Delusions of 'bugs' under the skin	Moodiness, irritability	Work & study difficulties
Involuntary body movements: Tics, twitching, grimacing	Delusions of grandeur & power	Neglecting necessities of life: Food, shelter, clothing, love
Jaw clenching, teeth grinding	Schizophrenia	Financial problems
Extreme hyperactivity		Legal problems: Using, possessing, dealing
Kidney, lung, liver disorders		Generally disorganised lifestyle

Long-term effects

The long-term effects are potentially very damaging and are as a result of compulsive, drug-seeking behaviours associated with addiction to this drug. Chronic methamphetamine abusers may display both physical and psychological symptoms as well as other symptoms too.

Methamphetamine manufacture

Crystal methamphetamine, 'P', is made in clandestine laboratories using the decongestant drug medication pseudoephedrine. For this reason, pseudoephedrine is now a controlled drug in NZ. A prescription and controlled drug form is required to be provided by a medical practitioner before anyone can obtain this medication.

Additionally, dangerous chemicals are used in the manufacture of 'P', and the processes are potentially explosive, give off toxic fumes and gases, are flammable and pollute the environment with toxic waste left over after the 'cook'.

Since 2000 many cooks have blown their lab up (sometimes themselves also), gassed themselves or burnt the site down. Some sites used as clandestine laboratories are so contaminated that they cannot be 'cleaned up' and need to be destroyed.

The growth of the number of 'P' labs dismantled by the NZ Police and ESR peaked in 2004 (215 labs). Since then the annual strike has remained above 100 labs. However, this is the tip of the iceberg as many manufacturing processes are continually on the move and difficult to encounter.

Ecstasy (E)

Ecstasy could be one of four to five designer amphetamine drugs, manufactured in clandestine laboratories eg MDA, MDMA, MDEA. Some street names are XTC, E, Adam, X, hug drug. Most ecstasy in New Zealand is imported as tablets and the price per tablet ranges from $25-$100.

Ecstasy is both a stimulant and a hallucinogenic drug. It is commonly referred to as 'an all-rounder' because of this blurring of physiological/psychological impacts. It is a favourite of the 'Rave' dance scene because of its ability to provide a quick and immediate source of energy and stimulation, subtly alter mood and increase energy levels. Users report feelings of wellbeing and connectedness to the people around them. It is also use by professionals wishing to unwind.

Its use causes significant depletion in the brain 'feel good' chemical serotonin. This chemical affects mood, sleeping/eating patterns, aggression, sexual function, thought processes and sensitivity to pain. Depletion of the brain's chemical can lead to lethargy and apathy, known as 'rebound depressions' once the effect of the drug has worn off. In turn these effects often lead to greater drug use.

Ecstasy affects an area of the brain that controls body temperature. It is really hard to know how much to drink. Some people end up with the opposite of hypothermia (low body temperature). They overheat instead. This is often due to intense dancing in a really hot room without enough water consumption. Some have ended up in a coma and have died.

THE **HEALTH EFFECTS** OF DRUG AND ALCOHOL ABUSE CONTINUED

Ecstasy – Adverse effects	
Observed	**Physical/health**
Inappropriate familiarity	Increased blood pressure
Fainting	Muscle tension
Nausea	Sleeplessness
Depression/psychosis	Increased heart rate/blood pressure
Reduced/ blurred vision	Nerve cell damage
Reduced appetite	Chills and/or sweating
Compulsive/frenetic activity	
Dizziness	
Hallucinations	

Some users drink too much water. Ecstasy makes it difficult for the kidneys to get rid of extra water. Mixing with other drugs (eg alcohol) can be very dangerous. Alcohol is a diuretic and makes the body lose fluid thus dehydrating the system at a greater rate.

Cocaine

Cocaine is a highly addictive stimulant of the central nervous system and an appetite suppressant. It provides increased energy and a euphoric sense of wellbeing.

Cocaine is extracted from the leaves of the coca bush and commonly comes in the form of a white odourless powder called cocaine hydrochloride (HCl). This pure form of cocaine is pearly-white and has a bitter numbing taste.

There are several forms of cocaine, each with differing modes of administration:

Cocaine hydrochloride: This is the purest form of cocaine. Sometimes it is mixed with other substances, some of which are poisonous. It is a powder that is snorted. Regular and heavy snorting can damage the tissue on the inside of the nose.

Freebase: Freebase is derived from cocaine hydrochloride that has been chemically treated with ammonia or baking soda (sodium bicarbonate). It forms shards of rock-like crystals that are not water-soluble. It is smoked in pipes, or mixed with tobacco or cannabis and the rush is almost instant. The initial high lasts no longer than 5-10 minutes and a craving for a second hit occurs soon after.

Crack cocaine: Crack is a less pure variety of freebase that is smoked. Its impurity is indicated by its colour that generally ranges from a yellowish crème to light brown.

Cocaine can be swallowed (eaten) or injected, although these methods are more rarely used.

Cocaine's effects can last from 20 minutes to several hours depending on the dosage, method of administration and purity. Common initial signs are an intense sense of euphoria, hyperactivity, restlessness and increased blood pressure and heart rate.

The initial rush commonly wears off fast and is usually followed by feelings of discomfort, depression and a craving to experience the drug again. Side effects include twitching, paranoia and impotence that usually increases with frequent use.

Cocaine – Effects	
Central nervous system stimulation	**Physical/health**
Pupil dilation	Increased blood pressure
Increased respiratory rate	Increased body temperature
Stuffy or runny nose	Insomnia
Irritation of mucous membrane of nose	Loss of appetite
Elevated heart rate	Seizures
Hallucinations	Death by cardiac arrest or respiratory failure
Paranoia	Constricted peripheral blood vessels
Restlessness, irritability, anxiety	Aids, hepatitis, other diseases caused by injecting with contaminated equipment
Extreme interpersonal relationship problems	Harm to health/development of infants born to women who use whilst pregnant

When administration stops after binge use, it is usually followed by a 'crash', or the onset of a state of restlessness and anxiety, with escalating exhaustion until sleep is achieved.

Long-term injection use can result in blood vessels becoming blocked by substances mixed with cocaine, collapsed veins, tetanus, abscesses, and damage to the lungs, heart, liver and brain. Nosebleeds can also occur with excessive use.

Dependence, addiction, and overdose risk

The 'high' from cocaine can be intensely rewarding but the experience is very short lived. The euphoria initially experienced produces an intense craving that can develop quickly into an addiction. Addiction rates are high for smoking and much higher for injecting.

Many dependent users develop a transient manic-like condition similar to amphetamine psychosis and schizophrenia. Symptoms of this include aggression, severe paranoia, tactile hallucinations as well as feelings of insects crawling under the skin.

Because cocaine is a highly addictive substance with short-lived effects, users sometimes go on binge sessions resulting in overdose. Overdoses can lead to rapid heartbeat, raised blood pressure, heart attack, seizures, kidney failure, stroke and repeated convulsions. Death may result. There is no specific antidote for cocaine overdose.

Cathinones (Bath salts)

Other slang names include: 4-MMC, Meow, meow-meow, m-cat, plant food, drone, kitty cat.

Cathinones, commonly referred to as 'Bath salts' in the USA and 'Plant food' in the UK, are a relatively new family of drugs. They contain one or more manmade chemicals related to cathinone, an amphetamine-like stimulant found naturally in the khat plant that is grown in Somalia, Ethiopia and Middle Eastern countries. It has also has been found in the northern part of NZ.

Bath salts are usually a white, off-white, or yellowy powder, a pill or a capsule. The powder is commonly snorted or bombed (swallowed wrapped in paper) and the pills and capsules are swallowed or ground up and snorted or injected.

Some of the manmade cathinones found in bath salts include 3,4-methylenedioxypyrovalerone (MDPV), mephedrone (Drone, Meph or Meow Meow), and methylone, but there are many others. There is a lot we still don't know about how these substances affect the human brain, and each one may have somewhat different properties. Chemically, they are similar to amphetamines (such as methamphetamine and Ecstasy).

The energizing and often agitating effects reported in people who have taken bath salts are similar to the effects of other drugs like amphetamines and cocaine. These drugs raise the level of the neurotransmitter dopamine in brain circuits that control reward and movement.

Dopamine is the main neurotransmitter that makes people feel good when they do something they enjoy. A rush of dopamine in these circuits causes feelings of joy and increased activity and can also raise heart rate and blood pressure.

There have been reports of severe intoxication and dangerous health effects from using bath salts. The synthetic cathinones in bath salts can produce feelings of joy and increased sociability and sex drive. They have similar effect to Ecstasy and cocaine. But some people who abuse bath salts experience paranoia, agitation, and hallucinations; some even lose contact with reality and act violently. Deaths have been reported in several cases.

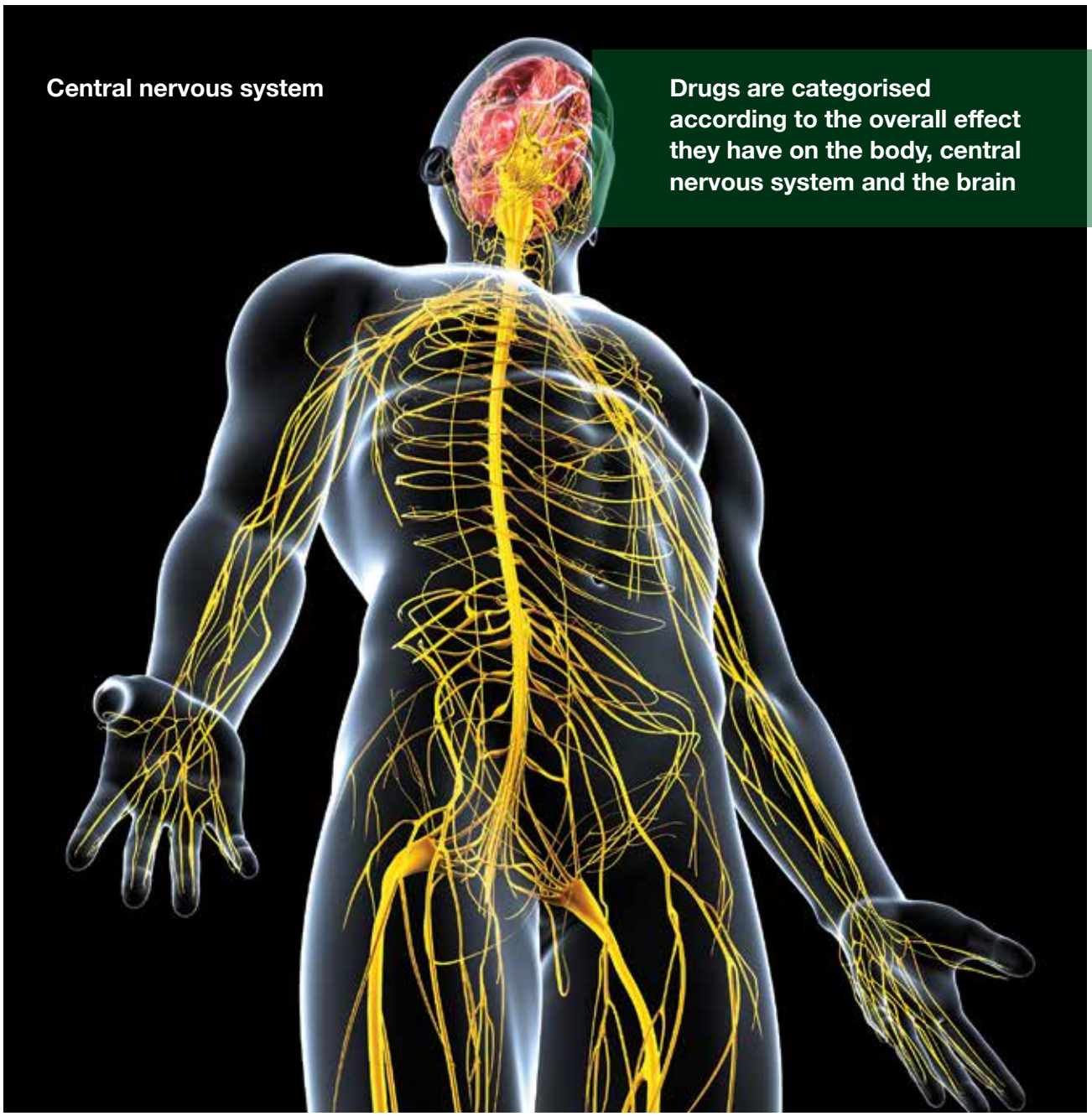
Hallucinogenics

LSD (Lysergic Acid Diethylamide)

LSD (or Acid) is the most potent hallucinogen known. Its use causes changes in the pathways of the electrical signals in the brain creating the illusion of 'seeing sounds' and 'hearing colours'. LSD is usually impregnated in sheets of blotting paper featuring colourful cute pictures. The sheets are then divided into small squares (tickets or tabs) approximately 0.5 cm square.

LSD (Lysergic Acid Diethylamide) – Effects	
Observed	**Physical/health**
Fainting/nausea	Increased blood pressure
Suicide (unplanned)	Convulsions/seizures
Depression/psychosis	Increased heart rate/blood pressure
Reduced appetite	Nerve cell damage
Self harm	Chills and/or sweating
Dizziness	Sleeplessness/fatigue
Blurred vision	Impaired depth/ time perception
Dilated pupils	Distorted perception of sizes, shapes, movements, colours, sound, touch

THE **HEALTH EFFECTS** OF DRUG AND ALCOHOL ABUSE CONTINUED



LSD usage peaked in the 'Flower-power' hippy era (1960s) and had an influence on that colourful psychedelic period. Recently, in New Zealand, there has been a resurgence of LSD abuse amongst young people.

A risk associated with LSD use is the potential for 'bad trips'. Many users have experienced feelings of panic, extreme anxiety or loss of control associated with what they are 'seeing'. When this happens they may endanger themselves by attempting to 'escape' what they are experiencing ie leaping from a building to evade capture by aliens. Studies have also shown that LSD use could also be linked to spontaneous abortion.

Another effect of long-term or high-dose exposure to LSD is the risk of flashbacks. A flashback is a phenomenon

where the brain is 'triggered' into a previously existing altered state. In the case of an LSD flashback, the experience is normally unpleasant and can even be dangerous as they are unpredictable and therefore difficult to guard against.

NBOMe

25C-NBOMe (NBOMe-2C-C, 2C-C-NBOMe, Cimbi-82) is a psychedelic drug and a derivative of the psychedelic phenethylamine 2C-C. It is a potent hallucinogenic drug.

NBOMe effects usually last 6–10 hours if taken sublingually [if placed under the tongue to be absorbed by the body] or buccally [if placed between the gums and cheek]. Effects can however last significantly longer depending on dosage; durations longer than 12 hours have been reported.

NBOMe can also be vaporized and inhaled. This may cause significantly quicker effects of shorter duration. This route of administration is however not recommended, unless when using precise liquid measurement, due to the difficulties of measuring and handling substances active in the microgram range.

NBOMe has similar effects to LSD, though users report more negative effects while high and more risk of harm following use as compared to other classic psychedelics.

25C-NBOMe was sold as a designer drug in New Zealand in early 2012, but was classified as a class C controlled drug and withdrawn from legal sales.

Ketamine

Slang: K, Special K, Horse tranq, Kit kat, Jet, Vitamin K, Ket.

Ketamine is a hallucinogenic drug originally used as a medical and veterinary anaesthetic. It can alter sensory perceptions, often resulting in an 'out of body' experience, sometimes referred to as going into a 'K-hole'. These effects have led to its recreational use as a party drug, and it has also been implicated as a date-rape drug.

Ketamine can come as a white crystalline powder, as a clear liquid, or as a tablet. It can be taken orally, snorted or injected.

The effects of Ketamine vary depending on how much is taken and how it is taken. Users commonly experience hallucinations, altered thinking and emotions, and a distorted sense of time. Effects normally wear off after one to four hours.

Some people find the experience enjoyable, while others find the loss of control over themselves and their body unpleasant or scary. Heavier doses of ketamine can lead to a near-death experience. The desired effect for some users is to experience a 'K-hole'. Others react badly to ketamine, resulting in a 'bad trip'.

Long-term effects

Little is known about the long-term effects of ketamine, although there are some reports of mental impairment including LSD-type flashbacks and a negative effect on short-term memory.

Regular and long-term use has been linked to changes in personality and moods, including depression and trouble concentrating. Tolerance and dependence on Ketamine is also possible.

Ketamine – Effects

Low dose (up to 20 minutes)	High dose
Euphoria, relaxation	Drowsiness
Dissociation or feeling removed from the body	Unpredictable, hostile, bizarre behaviour
Blurred vision, constricted pupils	Feelings of panic, terror
Poor coordination	Paranoia
Hallucinations, altered sensory perception	Emotional depression
Disorganised thinking, confusion, poor attention	Amnesia
Anxiety, paranoia and panic	Anaesthesia
Slurred speech	Muscle rigidity
Increased heart rate, elevated blood pressure	Increased salivation
Sweating	Increased body temperature or fever
Nausea, vomiting	Irregular heartbeat
Insensitivity to pain and numbness	Convulsions, coma
	'Near death' experience
	Increased risk of accidents

Legal requirements

The policy and procedures in this Code have been prepared to meet the requirements of existing New Zealand legislation and testing standards, in particular:

- Health and Safety in Employment Act 1992, and its 2002 Amendment (this will be replaced by the 2015 Health and Safety Reform Bill)
- Privacy Act 1993 (or any updated version)
- New Zealand Bill of Rights 1990
- Human Rights Act 1993 (or any updated versions)
- The Australian/New Zealand Standard *Procedures for specimen collection and the detection and quantitation of drugs of abuse in urine* (AS/NZS 4308: 2008)
- Australian Standard AS 3457: 1997/ Amendment 2000 (Type 2) *Breath alcohol testing for personal use*.

The legal obligations of employers and employees under existing New Zealand legislation follow. In addition, guidance is offered to companies to vary existing documentary arrangements with contractors so they comply with the company's alcohol & other drug-free programme.

Specifically, the common law and statutory duties on employers (and employees) are:

- The employer's duty to provide a safe workplace
- The employee's 'duty of obedience and reasonable behaviour', and
- The general statutory duties on employers and employees under the Health and Safety in Employment Act 1992 and the Health and Safety in Employment Amendment Act 2002. These are to be replaced in 2015 by stricter requirements under the Health and Safety Reform Bill.

In order to meet privacy and human rights obligations, workplace drug testing must have the following general features:

- Random testing is for the express purpose of ensuring the safety of employees and those likely to be affected by their actions in the workplace. This means their jobs must be safety-sensitive – involving the use of dangerous machinery, or operating within environments in which serious or fatal accidents could occur if there is a lapse in concentration, poor judgement or impairment
- Employees are not selected for testing on discriminatory grounds
- The employee concerned gives informed consent to the testing process
- The specimen collection is carried out in private and not under direct observation or supervision, unless there is an unacceptable risk to the integrity of the specimen, in which case the collection may be observed by a person of the same sex as the donor
- The integrity and confidentiality of the testing process and chain of custody is preserved, and
- Any measure taken by an employer to discipline an employee who refuses to provide a specimen for testing, or who returns a positive test result, must be provided for in the company's workplace rules, drug and alcohol policy or in the employee's employment contract or agreement.

Case law

1. New Zealand

Case law has confirmed that workplace drug and alcohol testing is a lawful way for employers to ensure the health and safety of employees in safety-critical workplaces.

The Air New Zealand case
Reference: *Air New Zealand Employment Court Judgment (AC 22/04; File No: ARC 42/03)*.

In October 2003, six unions challenged the Air New Zealand D&A Policy in the High Court. The judgment (from three judges) in April 2004 stated that:

- Air New Zealand can randomly test those staff in safety-critical jobs
- Air New Zealand can test all staff for Reasonable cause and Post Accident/Incident
- Pre-employment testing was 'well established'
- All testing processes must be conducted to the Australian/New Zealand standard (AS/NZS 4308: 2008) or any updated version

Testing must be part of a comprehensive drug- and alcohol-free workplace programme (includes education for managers and staff and rehabilitation options).

The Toll Owens case
Reference: *Maritime Union of New Zealand Inc (MUNZ) versus TLNZ Ltd, Employment Court Judgement (AC51A/07; File No: ARC 34/07).*

In September 2007, the MUNZ challenged the lawfulness of TLNZ's workplace drug and alcohol testing policy. In particular, they questioned whether the policy was in breach of collective agreements, was in breach of collective agreement consultation obligations and whether a requirement for an employee to participate in the drug and alcohol policy was lawful and reasonable. MUNZ also challenged the use of urine drug testing and argued that oral fluid screening was the only appropriate methodology for testing for drugs of abuse in a workplace programme.

The judgement of Chief Judge G L Colgan on 21 December 2007 stated that:

- The drug and alcohol policy would not be in breach of collective and individual employment agreements
- The policy would not be in breach of collective agreement consultation obligations
- A requirement for an employee to participate in the policy would amount to a lawful and reasonable direction in employment with which the employee must comply.

The judgement also recognised the lack of sensitivity and reliability of current oral fluid tests for detecting THC and recommended that urine testing was the most appropriate form of testing for cannabis in workplace programmes at that time.

2. Australia

Construction, Forestry, Mining, Energy Union v HWE Mining Pty Ltd
Reference: *FWA 8288: 30 November 2011*

An Australian Standard for oral fluid testing (AS 4760: 2006) was introduced in November 2006. At that stage, the union pushed for HWE to change their testing to oral fluid as opposed to urine testing. However, HWE sought expert advice that indicated that on-site oral fluid devices were too unreliable and too insensitive for detecting THC and some other drugs.

HWE proposed introducing a new policy that provided for urine screening tests in conjunction with on-site saliva screening tests. The union argued that HWE was obligated to only implement saliva testing.

FWC (Fair Work Commission) dismissed the union's application for a number of reasons, including that there were compelling rational reasons why oral fluid testing was less effective than urine testing.

Specifically, saliva testing incurred more false negatives than urine testing, and was easier to defeat or mask than urine testing. The FWC found that in light of HWE's safety concerns, HWE's decision to retain urine testing was reasonable. HWE was able to vary its policy in the proposed manner.

Endeavour Energy v Communications, Electrical, Electronic, Energy, Information, Postal, Plumbing & Allied Services Union of Australia
Reference: *FWA 1809 (26 March 2012) and FWAFB 4998 (14 August 2012*

Endeavour Energy sought to introduce a new drug and alcohol policy but the unions objected to some aspects of it. Endeavour sought to implement urine testing but the unions argued that oral fluid testing would be more appropriate.

The dispute was referred to FWC. Although there were some differences in the expert evidence, the FWC determined that drug testing should be conducted using oral fluid, rather than urine. Further, testing was to be conducted in accordance with the procedures contained in the Australian standard for oral fluid testing, AS 4760: 2006: *Procedures for specimen collection and the detection and quantitation of drugs in oral fluid.*

The key findings were:

a. Both methods are susceptible to cheating. For example, it is possible for an employee to clean his/her mouth after smoking cannabis to manipulate an oral fluid test, or to adulterate a urine test. However, when

testing is random and without warning cheating successfully is unlikely

b. Both methods are governed by Australian Standards and there are laboratories accredited for the analysis of both oral fluid and urine samples. Systems are in place to verify on-site testing devices for both oral fluids and urine

c. Neither method directly tests for impairment. However, a method that tests for recent consumption (only) is more likely to identify someone who is actually impaired. Some experts regarded this as a weakness of oral fluid testing, but FWC found that it is precisely because it only detects for recent use that oral fluid testing is a better indicator of likely impairment. Urine testing may not be able to detect the presence of cannabis in someone who had smoked it in the previous four hours, which is the time frame most relevant for identifying likely impairment; and

d. Urine testing may also give a positive result even though it has been several days since a person has taken a drug and is no longer impaired.

NATA's current position on on-site oral fluid testing

NATA (National Association of Testing Authority) is Australia's accreditation body. In July 2013, NATA issued a note stating that in light of a number of significant technical issues it was not in a position to consider accrediting entities for testing in accordance with AS 4760: 2006, Section 3 *On-site initial testing*. Hence, NATA has withdrawn its accreditation to on-site oral fluid screening devices and services.

The concerns included high numbers of false negatives and false positives when using this method and the insensitivity of these devices to detecting certain drugs, particularly THC, at levels which would indicate very recent use and impairment. The note emphasised that NATA's decision does not affect the provision of accreditation for Section 2 *Collection, storage, handling and dispatch*, Section 4 *Laboratory initial testing* or Section 5 *Confirmatory testing procedures* of AS 4760: 2006.

A summary of the issues are:

- There are no clearly defined cut-off concentrations for devices published in AS 4760: 2006 as there are for urine devices in AS/NZS 4308: 2008
- Target values are only described as "nominated" target values and are very wide. The lowest concentration can be anything from the value described in Table 5.1 of AS 4760: 2006 to a value above those described in Table 3.1
- There is no definitive criteria for what constitutes "fit for purpose" as described in AS 4760: 2006
- There are no acceptance criteria for what constitutes a methodology or acceptance criteria for verification of devices as published in Appendix B of AS/NZS 4308: 2008
- There is no recognised expert technical group available for consultation for oral fluid drug testing eg the AACB Toxicology Working Party for urine toxicology
- Due to the lack of a recognised technical expert group there has been inconsistency in the review of data collected at NATA assessments
- The expertise of NATA technical assessors has been challenged in relation to this testing due to a lack of an expert technical group.

Due to this NATA positioning, Standards Australia has approved the updating of the current AS 4760: 2006. This will be a joint project with Standards NZ. The committee will first meet in April 2015. Consequently, the earliest the updated AS/NZS 4760 is likely to be completed is mid 2016.

Due to the current inability to obtain a verified on-site oral fluid device and/or become certified or accredited to conduct on-site oral testing in compliance with the Standard, NZFOA's advice to NZ forestry companies is to not consider including oral fluid testing as a viable option until there is an updated standard which can fully be complied with.

Raymond Briggs v AWH Pty Ltd [2013]
Reference: *FWCFB 3316 (5 June 2013)*

This Australian case also considered the appropriateness of either urine or saliva testing. The case was important because it:

a. Affirmed that urine testing **is acceptable** where it is

provided for in the employer's policies

b. Established that disciplining an employee for a refusal to undergo urine testing is not harsh, unjust or unreasonable; and
c. Illustrated that drug testing is a developing area which employers must keep up to date with so that policies and testing methods are appropriate in the circumstances.

Mr Briggs repeatedly refused to provide a urine sample to the contractor engaged by AWH to undertake random drug testing. He claimed that the test was unlawful and that a saliva test was more appropriate for testing impairment, given that AWH's drug and alcohol policy only provided for urine testing. He argued that urine testing could not differentiate between historical drug use and current impairment. He offered to take an oral swab test instead, claiming this method was best practice and more suited to occupational health and safety purposes. After multiple warnings and his continued refusal, Mr Briggs was dismissed.

At first instance, the FWC held that the direction to submit to a urine test issued by the employer was both lawful and reasonable and this was upheld on appeal to the Full Bench. The Full Bench found that AWH's policy 'did not confine itself to testing for impairment' and specifically provided the employer with a right to require an employee to undergo a urine test.

The policy also recognised different disciplinary consequences that resulted from a positive urine test compared to a positive saliva test. Mr Briggs was 'contractually bound to comply' with AWH's lawful and reasonable request to provide a urine sample given that this was common practice in the industry and his refusal to take the urine test was 'repudiatory of the employment contract'.

Policies and records

Principals

Principals should ensure that their contractors have developed policy and procedures for effectively managing alcohol and other drugs in their workplace. These should be independent and separate, but consistent with, the policy and procedures of the companies that provide services to them.

Contractors

Contractors should develop policy and procedures for their own business that are adequate and suitable for managing the risks of alcohol & other drugs in their workplace.

Ideally the policy and procedures should be consistent with the policy and procedures of the companies they provide services to.

Records of training

To be effective and able to withstand legal challenge, employers must be vigilant in maintaining records of employees' attendances at training sessions for their workplace alcohol and other drugs-free programme. Employers may also be required to show that the employees were aware of the content of policies, such as copies of completed 'tick-box' type questionnaires.

It is important to have:

- Records showing employee attendance at training about the policy
- Evidence of the general awareness of employees about the policy
- The policy applied in an appropriate manner.

Privacy

Workplace alcohol and other drug testing must comply with the Privacy Act 1993 and amendments. This means information about alcohol and other drug test results must be handled in a strictly confidential manner by the employer.

The information must be held in a secure filing system and destroyed three months after the employee's termination of employment with the company or as per the National Pathology Accreditation Advisory Council Guidelines.

Failure to observe strict confidentiality leaves the employer open to a personal grievance claim.

The collecting agent and/or laboratory should communicate with only one person within a company or at a site. In a large company, this person will usually be

LEGAL REQUIREMENTS CONTINTUED

the chief executive or manager, HR manager or health & safety manager or their backup. In a smaller forest contacting business it will normally be the owner.

The company contact must only disclose the information to those within the company that 'need to know'. Typically this would be a person with direct line management responsibility for the person in question. The information cannot be passed on to a third party, eg a potential future employer (note the exception to this rule in the next section).

The only other person who may require the information is a doctor contracted by the company as their medical advisor, who can help determine whether a positive drug result may have come from the legitimate use of, for example, a prescription drug or medicine purchased from a chemist shop.

If an on-site collection agency is used, that agency will be required to retain information relating to the collection process for a specified period before the information is destroyed.

A forest owner may require firms providing contract services to keep them informed about the timing of drug tests and their outcome. It would be a breach of privacy to request or require the contractor to divulge the names of the individuals involved.

Central controlled regional database

Disclosure of information of a positive result to a central association will require the written irrevocable consent of the employee.

Consent clause recommendations

1 Where an organisation exists to collect and protect the data (regional associations such as the Eastland Wood Council, Southern Wood Council etc)

Disclosure of a positive result to [the Council] will require the written irrevocable consent of the employee. Such information will be disclosed only on a 'need to know basis' for the purpose of ascertaining whether a [Company's] prospective employee has tested positive while working for another member company.

2 Where no association is established to share drug and alcohol test results then the alternative clause may be as follows:

Disclosure of a positive result to members of a regional forestry association which have a confidential and secure process for sharing such information will require the written irrevocable consent of the employee. Such information will be disclosed only on a 'need to know basis' for the purpose of ascertaining whether a [Company's] prospective employee has tested positive while working for another member company.

All consent forms to be signed should include the words 'irrevocably consent' to ensure that a person does not elect to withdraw their consent part way through any employment.

Definitions

The following definitions apply to this Code of Practice.

NB: Relevant, definitions have also been placed in Section 1 of the drug and alcohol procedures template.

Accident	Accident as defined by the *Health and Safety in Employment Act 1992* (or the updated reform bill) means an event that causes any person to be harmed; or in different circumstances, might have caused any person to be harmed.
Accreditation	Assessment by IANZ (International Accreditation New Zealand) of the technical competence of a laboratory conducting specific analysis as dictated by AS/NZS 4308: 2008 (or any updated version), or a collecting agent where both collection procedures and on-site screening procedures are performed. When the updated Oral Fluid AS/NZS testing standard is released, accreditation criteria will also be detailed for laboratories and collecting agents.
Adulteration	Deliberate use of a substance to compromise, or attempt to compromise, the integrity of a urine specimen in order to attempt to 'beat' the drug test eg specimen dilution, using a masking agent, or providing a substitute urine specimen.
Alcohol	Includes any substance or beverage that contains ethyl alcohol including, but not limited to, beer, cider, wine, pre-mix drinks and spirits.
Aliquot	A portion taken from the specimen.
Australian Standard AS 3547: 1997/ Amendment 1-2000	*Breath alcohol testing devices for personal use* – published by Standards Australia, New South Wales, ISBN 0 7337 09346. New Zealand allies to this standard.
Australian/ New Zealand Standard, AS/NZS 4308: 2008	*Procedures for specimen collection and the detection and quantitation of drugs of abuse in urine* – jointly published by Standards Australia International Ltd and Standards New Zealand: ISBN 0 7337 8564 6.
Breath alcohol testing device (breathalyser)	A breath alcohol testing device is a unit designed to accurately measure breath alcohol content. The unit must meet the Australian Standard: AS 3547-1997/ Amendment 1-2000 (Type 2).
Chain of custody	**1. Employee to be tested: Post Accident/ Incident, Reasonable Cause, Random** The employee will be closely supervised and accompanied by the manager (or the manager's delegate) from the time of notification of the requirement to test until s/he has been delivered to the NZQA qualified collector. *Post accident/ incident and reasonable cause* All attempts will be made to get the alcohol test conducted within one hour and the urine specimen collected for the drug test within three hours (refer to Workplace Drug and Alcohol Policy definitions 5.4 *Procedure for emergency situations*). *Random testing* Systems will have previously been arranged to ensure the above time constraints are able to be met. **2. Urine collection** A series of procedures to account for the integrity of each specimen by tracking its handling and storage from the point of specimen collection to final disposal of the urine. Chain of custody forms are used to document the data from the time of collection of the specimen, throughout the on-site screening process and (where required) its receipt by the laboratory as well as dispatch between laboratories. Thereafter, appropriate laboratory data systems and documentation account for the handling of the urine or aliquots within the laboratory.

DEFINITIONS CONTINTUED

Collecting agency	An organisation to assume professional, organisational, educational and administrative responsibility for collection, on-site screening (if applicable), storage and dispatch of a urine specimen. Accreditation is required if the organisation is conducting on-site screening.
Collection site	A place where the donor provides a specimen of his/her urine (for drug testing) and/or a breath sample (for alcohol testing). On-site drug screening may be conducted at the collection site.
Collector	**Drugs** A person who has successfully completed NZQA qualifications demonstrating compliance with AS/NZS 4308: 2008 for: • specimen collection, handling, storage and dispatch of specimens, and • on-site screening and has received a statement of attainment in accordance with NZQA. The two unit standards required are: 1. US 25458: *Perform urine specimen collection in the workplace for drug testing.* 2. US 25511: *Perform urine drug screening in the workplace.* **Alcohol** A person who has been trained to use a breath alcohol testing device in compliance with the testing procedures. The person can be either a trained and authorised company employee or a third party.
Company business	Work carried out by an employee, whether on the employer's land or elsewhere, including driving for the purpose of work on public or private roads.
Confirmatory tests	**Drugs** An analytical procedure that uses mass spectrometry eg gas chromatography/mass spectrometry (GCMS), gas chromatography/mass spectrometry/mass spectrometry (GCMSMS) or liquid chromatography/mass spectrometry/mass spectrometry (LCMSMS), to unequivocally identify the presence and quantity of a specific drug and/or metabolite. **Alcohol** A second breath test following an initial test with a result greater than the cut-off concentration of 100µg/ L. The confirmation test must use the same approved breath-testing device as the first test. There should be a time limit of around 15-20 minutes between tests.
Contractor	A self-employed person or independent business engaged by the Company to undertake work for the Company. Includes a contractor's employee assigned to work at the Company.
Control specimen	A specimen containing drugs or drug metabolites at a recognised concentration and prepared wherever possible from a different source to the calibration standard for the purpose of evaluating the acceptability of a test result.
Cut-off concentration (drugs)	a. A urine level of drug and/or metabolite, dictated by Table 2 of the Australian/New Zealand Standard, AS/NZS 4308: 2008, at and above which the confirmed result will be reported by the laboratory as 'positive' and below which it will be reported as 'negative'. b. A urine level of drug and/or metabolite, not listed in Table 2 of the Australian/New Zealand Standard, AS/NZS 4308: 2008, at and above which the laboratory will report the result as 'positive' and below which it will report as 'negative'. The laboratory is required to determine the appropriate level.

Drug	Substances which are illicit or restricted drugs, drugs covered by the Psychoactive Substances Act 2013 and some currently legal drugs which have the potential to cause impairment. The term 'drug' includes (but is not limited to) cannabis and hashish, opiates (such as heroin, morphine, desomorphone (krokodil)) cocaine, amphetamine type substances (speed, 'P', ecstasy and party pills containing benzylpiperazine), synthetic cannabinoids, cathinone derivatives (bathsalts), LSD, NBOMe, kava and other phenylethylamine psychedelic substances. The term also includes misuse of some prescription drugs (eg tranquillisers, sedatives, oxycodone) and any legal party pills and herbal highs. Other 'mind altering' substances can be added to the testing suite as they become available and are misused.
Drug testing standards	**Urine** *AS/NZS 4308: 2008 Procedures for specimen collection and the detection and quantitation of drugs of abuse in urine.* NB: Any updated version will replace the 2008 version throughout these documents. **Oral fluid** *AS 4760-2006 Procedures for specimen collection and the detection and quantitation of drugs of abuse in oral fluid.* NB: The current Australian Oral Fluid Standard (AS 4760-2006) is currently not able to be complied with and will be reviewed, updated and changed to a joint AS/NZS Standard during 2014/2015. When there is a reliable AS/NZS standard for oral fluid testing, these policy and procedures will be updated to reflect this testing option. The earliest an updated joint standard will be completed late 2016.
EAP	The Employee Assistance Programme that may be provided by the Company to assist employees in dealing with personal problems (including drug & alcohol abuse or dependency), which can impact on work performance.
Employee	This policy and procedures covers those employed or engaged directly by the Company including staff and contractors. It includes all the above people whilst undertaking Company business.
Hazard	Any actual or potential cause of harm. It includes a situation where a person's behaviour may be an actual or potential cause or source of harm to themselves or someone else.
Impairment	Any loss or abnormality of a psychological, physiological or physical function.
Incident	This is an event or occurrence attracting general attention or which is noteworthy in some way.
Integrity testing	Testing for substances that affect the detection or quantitation of drugs or metabolites in the urine specimen. The test for temperature and the creatinine test for measuring the concentration of a urine specimen are mandatory integrity tests. Other tests for integrity are optional.
Laboratory	A testing facility accredited against AS/NZS 4308: 2008 at which the analytical procedures are carried out to screen for and/or confirm the presence of a specific drug or its metabolite(s) and report positive results only if the drug/metabolite is at or above the confirmatory cut-off concentration.
Legal drugs & medications	Legal substances available and used by employees to assist with recognised medical conditions, including both prescription and over the counter drugs/medication.

DEFINITIONS CONTINTUED

Metabolite	A metabolite is a breakdown product of a drug that may be less toxic and easier to excrete than the substance taken. Some drugs are not broken down, but they are converted into a form that is more watersoluble. They are also metabolites.
Negative alcohol test	**Zero alcohol tolerance** Means a level of alcohol below 100 micrograms per litre (µg/litre) of breath.
Negative drug test	Means that as the result of a urine screening test (on-site or laboratory) and/ or a confirmed laboratory testing of the urine, either: • no drug(s) and/or metabolite(s) are detected, or • the concentration(s) of drug(s) and/ or metabolite(s) detected are below the screening or confirmatory cut-off concentration(s) specified in Tables 1 and 2 of AS/NZS 4308: 2008, or • the concentration(s) are below the cut-off concentration determined by the laboratory for a drug or metabolite not listed in AS/NZS 4308: 2008
Not negative drug test	If the on-site screening device indicates the possible presence of a drug class (using the screening test cut off concentration(s) as defined by Table 1 of AS/NZ 4308: 2008) or if the specimen integrity is in question, the result is reported as not negative. The collector shall dispatch the specimen (split into more than one sample) to the laboratory for confirmatory testing. An interim report may be issued that can only advise that the specimen requires further laboratory testing, ie no indication of what caused the not negative.
On-site screening test	An Immunoassay device used to exclude the presence of drugs and/or metabolites in urine at the site of specimen collection and which has been verified in accordance with Appendix B of AS/NZS 4308: 2008. This test must be carried out by a NZQA qualified collector. In the event that the specimen gives a not negative screen it must be sent to a laboratory for confirmatory testing.
Place of work **Workplace** **Worksite**	A place where any person is to work, is working, for the time being works, or customarily works, for gain or reward; and, in relation to an employee, includes a place, or part of a place, under the control of the employer (not being domestic accommodation provided for the employee): a. Where the employee comes or may come to eat, rest, or get first-aid or pay; or b. Where the employee comes or may come as part of the employee's duties to report in or out, get instructions, or deliver goods or vehicles; or c. Through which the employee may or must pass to reach a place of work. It includes all premises (whether owned by the Company or leased), including offices, operational sites, Company vehicles, See also: W*orkplace*
Positive alcohol test	**Zero alcohol tolerance** Means a level of alcohol in the breath above 100µg/L.
Positive drug test	Means that as a result of laboratory confirmatory testing of the urine the concentration(s) of drug(s) and/ or metabolite(s) recorded are: • at or above the confirmatory cut-off concentration(s) specified in Table 2 of AS/NZS 4308:2008; or • at or above the cut-off concentration determined by the laboratory for a drug not listed in AS/NZS 4308: 2008

Proficiency testing programme	A series of tests to ensure that a laboratory or organisation conducting on-site screening can operate at a level of proficiency in accordance with AS/NZS 4308: 2008.
Rehabilitation	Means alcohol & drug rehabilitation. It is the process that involves *assessment* of an individual for abuse or dependency on alcohol & drugs, possible *treatment* in an individual counselling, group outpatient or group residential setting and the case *management* of the referral (which may involve the employer).
Risk management	The rational processes that enable a business to achieve its goals while not exposing staff, contractors, customers and the public to unacceptable levels of risk.
Safety-sensitive or critical	Positions where there is a significant and foreseeable risk of injury, including • All forest industry tasks, excluding solely administrative positions • Task where serious harm has occurred historically • Driving a Company vehicle
Sample	A portion or aliquot taken from the specimen on which the test or assay is actually carried out.
Screening tests	Methods used to exclude the presence of a drug or class of drugs and to identify whether specimen integrity might be compromised.
Serious harm	Serious harm means death, or harm of a kind or description declared by the Governor-General by Order in Council to be serious for the purposes of the *Health and Safety in Employment Act 1992*.
Serious misconduct	The following circumstances are strictly prohibited and will be deemed to be serious misconduct: a. The use, sale, transfer or possession of drugs and/or alcohol while on Company property or a Company worksite in the forest, Company vehicles, other Company sites or whilst undertaking duties for the Company off site. b. Reporting to and/or undertaking work with a risk level of drug(s) in the system. c. Reporting to and/or undertaking work with any level of alcohol above 100 micrograms of alcohol per litre of breath, ie zero alcohol tolerance. d. Reporting to and/or undertaking work with a urine level of drug and/ or metabolite that is at or exceeds the confirmatory concentrations in Table 2 of the Australian/New Zealand Standard, AS/NZS 4308:2008. e. Reporting to and/or undertaking work with an unacceptable urine level of a drug of abuse (and/or its metabolite) which is not listed in Table 2 of AS/NZS 4308: 2008 f. Compromising or attempting to compromise the integrity of the urine specimen or the testing process.
Specimen	Urine collected from the donor for drug testing or breath for alcohol testing.
Split/reserve sample	The original collected specimen is split into three samples prior to dispatch to the accredited laboratory. One of these is stored at the laboratory as a reserve sample. This is available for the individual to challenge the result via an independent analysis conducted by the same laboratory or another laboratory accredited to AS/NZS 4308: 2008.

DEFINITIONS CONTINTUED

Substance abuse professional (SAP)	A licensed medical practitioner, a licensed or certified psychologist, social worker, employee assistance professional, addiction counsellor (certified by the Drug and Alcohol Practitioners Association of Aotearoa New Zealand or the National Association of Alcoholism and Drug Abuse Counselors – NZ Certification Board), or any other professional approved by the Company, with knowledge of and clinical experience in the diagnosis and treatment of drug and alcohol related disorders.
Testing procedures	**1. Drug testing: AS/NZS 4308: 2008 compliant** Urine specimens shall be collected by a NZQA qualified collector qualified to collect urine specimens (US 25458) and conduct 'on-site' drug screens (US 25511). The screen is conducted using an AS/NZS 4308: 2008 verified 'on-site' screening device or at an accredited screening laboratory. Dilution and other specimen integrity tests shall also be undertaken. Any specimen resulting in either a not negative screen for a drug class or an indication that the integrity is suspect will be forwarded to an accredited laboratory for confirmatory testing. **2. Alcohol testing** Breath alcohol tests will be conducted using an approved testing device which meets the Australian Standard: AS3547:1997/Amendment 1-2000 (Type 2). The threshold levels will comply with the equivalent of zero alcohol tolerance, ie 100 micrograms of alcohol per litre of breath.
Workplaces/sites	See Place of work definition.

Frequently asked questions

Q: What is workplace drug testing?

A: Workplace drug tests detect residues of certain drugs or their metabolites in an employee's body. They identify workers whose use of potentially impairing drugs would usually go undetected and provides an opportunity for early intervention to prevent accidents, injury or dependence.

These tests must be part of a comprehensive alcohol & other drugs-free workplace programme that includes drug education. Depending on company policy, access to rehabilitation may also be offered, at the company's discretion, after an employee returns a first positive test.

Q: Is workplace drug and alcohol testing legal?

A: Yes. Under the Health and Safety in Employment Act (HASE) 1992, employers have an obligation to take 'all practicable steps' to ensure the safety of employees while at work. The Courts have interpreted this obligation as meaning employers should be alert to potential hazards and take measures to prevent injury and accidents.

A 2002 amendment to the Act highlights alcohol & other drugs as a potential hazard. The introduction of workplace drug testing, in conjunction with a comprehensive alcohol & other drugs-free workplace programme, is one way employers in safety-sensitive industries can meet their obligations.

The new Health and Safety Reform Bill, which is expected will be launched early 2015 and replace the HASE Act 1992, will have even higher standards and accountabilities for managing risks.

Q: Is drug testing compulsory for employees?

A: Yes. It is compulsory if a company has a proper alcohol & other drugs-free workplace programme in place.

It is lawful for the employer to request an employee involved in safety-sensitive work to give a specimen for testing as part of such a programme, and the employee must give their informed consent.

Q: What if an employee refuses to consent to a test?

A: If an employee refuses to give their consent, this is normally treated as serious misconduct and is dealt with under the disciplinary provisions in the employee's employment contract or under a specific provision in the company's workplace alcohol & other drugs testing programme.

Q: What is the evidence of a link between drug use and employee performance?

A: Research has demonstrated that some basic skills relevant to job performance are impaired by alcohol and many other drugs. The impact of substance use on workplace performance and productivity is difficult to isolate from other factors, like training and supervision, but there is a growing body of evidence that suggests there is a correlation between indicators of job performance and measures of drug use.

A study in Australia indicated that 25% of all safety-related incidents in the construction industry are associated with the abuse of alcohol or other drugs. A similar figure probably would apply in forest workplaces that do not have alcohol & other drugs-free policies.

Q: Are there other benefits from testing?

A: Yes. The main reason for workplace alcohol & other drugs testing is to improve safety. Employees who abuse alcohol or other drugs are likely to be a greater safety risk to themselves, other employees, customers and members of the general public.

Removing the effects of alcohol and other drug abuse from the workplace may also result in other benefits, including better staff morale, reduced staff turnover, increased productivity and efficiency, enhanced customer service and an improved reputation for the company.

Q: Who gets tested?

A: The following testing options should be included in forestry industry company policies and procedures (refer to the 'Workplace Alcohol & other Drugs policy and procedures' template).

Pre-employment testing

All prospective employees must pass a workplace alcohol and other drugs test. This includes changing jobs from a non-safety-sensitive to a safety-sensitive

FREQUENTLY ASKED **QUESTIONS** CONTINTUED

role within the same company/employer (referred to as an internal transfer).

Post-accident/incident testing

Employees are tested for the presence of alcohol and other drugs when they are involved in a significant accident or incident where their actions may have contributed to the event. If the accident/incident is categorised as serious, testing is likely to be automatically conducted.

Reasonable cause testing

Employees are tested for alcohol and other drugs where their actions, appearance, behaviour or conduct suggests alcohol and/or other drugs may be impacting on their ability to work effectively and safely.

Random testing

Employees involved in safety-sensitive operations, or who have any reason as part of their job to visit a safety-sensitive site or drive a company vehicle, are tested on a random basis.

Q: Which drugs are tested for?

A: The drugs that can be tested for are those that are a risk to be under the influence of in the workplace. These include both illicit and restricted drugs as well as synthetic drugs or party drugs which may, at some stage in the future, be considered legal (but with certain restrictions of sale) under the Psychoactive Substances Act, July 2013. Some medications which can have adverse risk affects are also included.

The drugs include (but are not limited to):

- Amphetamine type substances (P, speed, ecstasy and party pills containing benzylpiperazine)
- Cannabis and hashish
- Cathinone derivatives (bath salts)
- Cocaine
- Opiates (such as heroin, morphine, desomorphone (krokodil))
- LSD, NBOMe and other phenylethylamine psychedelic substances
- Synthetic cannabinoids/THCs
- Misuse of some prescription drugs (eg tranquillisers, sedatives, oxycodone)
- Currently or future legal party pills and herbal highs
- Other mind altering substances can be added to the testing suite as they become available and are misused.

Some of the drugs above will be automatically tested for in the standard testing suite and others will be included in the laboratory test if requested by the employer.

Q: What if a staff member is on medication?

A: Drugs for depression, sleep, pain relief and many other conditions may impair work performance and some show up on a drug test result.

Employees should be advised, as part of their workplace alcohol & other drugs-free training, to tell their doctor that their workplace has an alcohol & other drugs-free programme before he/she writes out a prescription. If that drug may affect performance, the doctor should be asked to provide the employee with a note to give their employer. Workplace drug testing consent forms should also provide employees with the option to state that they are on medication.

Q: How much can you drink and be sure of not being over the limit?

A: Everyone is different but, as a guide:

- Don't drink in the 8 hours before you start work
- Drink no more than 3-5 standard drinks in the 8-12 hours before you start work
- Don't drink more than 1 standard alcoholic drink in any hour

Q: What is the strength of different standard alcoholic drinks?

Pure alcohol	Strength by volume	Standard drinks
Beer	4%	300 ml
Wine	12%	100 ml
Sherry	18%	65 ml
Spirits	40%	30 ml

Q: What happens when someone is called in outside normal hours?

A: For those on call after hours and at weekends

This policy is not intended to restrict anyone's social life,

but staff must not be under the influence of alcohol or other drugs when they go on duty or start work.

Q: What if someone is not on call and they are called in after hours or on the weekend?

A: No-one should go to work unless they are confident they have no alcohol or other drugs in their system. In an emergency, where there is not enough time for this to happen, a manager will have to make a decision based on the balance of risks involved.

Q: Will a person test positive for cannabis if they spend time in a room where people are smoking marijuana, without smoking themselves?

A: No. A person will not return a positive cannabis test if they have only passively inhaled marijuana smoke.

Q: Are alcohol & drug tests accurate?

A: Breathalysers, complying with the Australian Standard AS 3547: 1997/ Amendment 1-2000 (Type 2), are used to detect alcohol. They must be calibrated every six months. They provide an accurate on-the-spot reading of the level of alcohol in a person's system.

At present, a urine specimen is needed for accurate drug detection. The sampling and testing of specimens taken in your workplace complies with the Australian/New Zealand Standard AS/NZS 4308: 2008 (or any future updates). This ensures very accurate results.

Q: How long does it take for drug test results to be reported?

A: If on-site screening tests are conducted, the negative results will be available immediately. All not-negative results or specimens with suspect integrity issues will require confirmation at an accredited laboratory before any final action is taken. Testing for additional drugs which are not detected in the on-site screening tests will also require testing for at the accredited laboratory.

If specimens are dispatched to an accredited laboratory, it may take between two to five days for a result to be reported to the employer. The employee would normally be suspended from work whilst awaiting the results of the laboratory confirmation test. It is the employer's responsibility to manage the communication of the results to the employee concerned.

It is unlawful for an employer to use or threaten physical force against an employee who refuses to comply with a request for a specimen or any other requirement of a testing programme.

Q: Can oral fluid (saliva) testing be used to screen for drugs?

A: No. Urine tests must be used at present.

The current Australian Oral Fluid Standard (AS 4760: 2006) is not able to be complied with and will be reviewed, updated and changed to a joint AS/NZS Standard during 2014/2015. When there is a reliable AS/NZS standard for oral fluid testing, this COP and the draft Policy and Procedures will be updated to reflect this testing option. The earliest an updated joint standard will be completed is early 2016.

A 2007 New Zealand employment court judgement in the 'Maritime Union of New Zealand Inc versus TLNZ Ltd' case also supported urine testing over oral fluid testing based on the technology available at that time (see Legal requirements).

Q: Which industries are carrying out workplace drug testing in New Zealand?

A: A large number of safety-critical industries in New Zealand have workplace drug testing programmes. They include:

– Agriculture/farming
– Construction
– Defence
– Dairy
– Education
– Energy
– Engineering
– Forestry
– Fishing
– Government/ local body
– Manufacturing
– Meat processing
– Mining

FREQUENTLY ASKED **QUESTIONS** CONTINTUED

– Oil/gas

– Roading

– Transport (air/sea/land)

– Tourism/ hospitality

Q: Are police involved in a positive drug or alcohol test?

A: Police will never be involved in a positive alcohol or other drug test for a workplace testing programme. This is different from the situation where drugs are found at a work site or a person is caught using drugs or dealing in drugs on-site. In the latter cases, the employer may involve the police.

Q: Can anyone, apart from the collecting agent, laboratory and the employer have access to a drug test result?

A: No, not unless the employee has given their informed agreement in writing.

Workplace drug testing must comply with the Privacy Act 1993 and amendments and therefore information about drug test results must be handled in a strictly confidential manner. This means the information must be kept in a secure location and may not be divulged by the employer's representative to anyone in the company who has no need to know.

The only other person who may require the information is a doctor contracted by the company as their medical advisor, who can help determine whether a positive drug result may have come from the legitimate use of, for example, a prescription drug or medicine purchased from a chemist shop.

For more information, see *Legal requirements* and the reference to *Central controlled regional database*.

TEMPLATE
[The Company]

Workplace Alcohol & other Drugs policy and procedures

Workplace Alcohol & other Drugs policy and procedures

COMPANY TEMPLATE

This policy, and its accompanying procedures, is intended to be adopted by individual companies operating in the forest sector. It is formatted as a template, so that a company can insert its name into the document by substituting their company name for [The Company], thereby setting it up as their company policy and procedures.

Because of constant changes in statute and case law, companies are strongly advised to download the most up-to-date version of this template policy and its procedures from the FOA website.

Companies are also advised that while the FOA provides this policy and its procedures in good faith, and on the basis of legal advice, it cannot take responsibility for the application of the policy and procedures to individual businesses. It is the responsibility of employers and managers to satisfy themselves that these documents are appropriate for their business circumstances.

Paul Nicholls
President, Forest Owners Association

(The Company)
Workplace Alcohol & other Drugs policy and procedures

1. PURPOSE

The purpose of this policy and its procedures is to address the possibility of our workplace safety and the safety of our employees being adversely affected by people who have unacceptable levels of alcohol and other drugs in their system.

The policy and its procedures apply to all people employed or engaged directly by [The Company], including staff and contractors. It covers all the above people when undertaking company business.

2. AIMS

a. To create a workplace free from alcohol & other drugs

b. To only recruit staff who comply with [The Company]'s alcohol & other drugs-free policies

c. To reduce the number, type and costs of accidents

d. To provide quality performance, productivity and quality of work

e. To support and rehabilitate staff with alcohol and/or other drug problems, when [The Company], at its discretion, considers this action appropriate

f. To comply with legal obligations under the:

- Health and Safety in Employment Act 1992 and its 2002 amendment (this will be replaced by the 2015 Health & Safety Reform Bill)
- Human Rights Act 1993 (or any updated version)
- Privacy Act 1993 (or any updated version)

g. To ensure all testing complies with latest international standards, currently:

- AS/NZS 4308: 2008 'Procedures for specimen collection and the detection and quantitation of drugs of abuse in urine'
- AS3547-1997/ Amendment 1-2000 (Type 2) 'Breath alcohol testing devices for personal use'

NB: The current Australian Oral Fluid Standard (AS 4760: 2006) is currently unable to be complied with and will be reviewed and updated to a joint AS/NZS Standard, expected release date during 2016.

3. TESTING

Workplace alcohol & other drugs testing will occur in the following circumstances:

3.1 Pre-employment testing

All prospective employees must pass a workplace drug & alcohol test. This includes changing jobs from a non-safety-sensitive to a safety-sensitive role within the same company/employer (referred to as an internal transfer).

3.2 Post-accident/Post-incident testing

Employees are tested for the presence of alcohol and/or other drugs when they are involved in a significant accident or incident where their actions may have contributed to the event.

3.3 Reasonable cause testing

Employees are tested for alcohol and/or other drugs where their actions, appearance, behaviour or conduct suggests alcohol and/or other drugs may be impacting on their ability to work effectively and safely.

3.4 Random testing

Employees involved in safety-sensitive operations, or who have any reason as part of their job to visit a safety-sensitive site or drive a company vehicle, are tested on a random basis.

3.5 Follow-up testing

Employees who are given a second chance after a first positive test, and who have returned a negative test and are fit to resume normal duties, will be subjected to a series of unannounced follow-up tests for the next two years. Depending on the company policy, such employees may also have had to have successfully completed a rehabilitation programme.

4. EDUCATION & TRAINING

The 'Workplace Alcohol & other Drugs Policy' and its procedures will be supported by educational material and ongoing training.

5. REHABILITATION (optional)

In the event of a positive test for the first time [The Company] may decide to assist the affected employee by giving them the opportunity to go through a rehabilitation programme. This may include the provision of support and counselling. It is the discretion of [The Company] whether to offer rehabilitation.

_____ [Manager signature] / / [Date]

[The Company]

Workplace Alcohol & other Drugs policy and procedures

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1. DEFINITIONS

1.1 Adulteration	Deliberate use of a substance to compromise, or attempt to compromise, the integrity of a urine specimen in order to attempt to 'beat' the drug test eg specimen dilution, using a masking agent, or providing a substitute urine specimen.
1.2 Alcohol	Includes any substance or beverage that contains ethyl alcohol including, but not limited to, beer, cider, wine, pre-mix drinks and spirits.
1.3 Aliquot	A portion taken from the specimen.
1.4 Breath alcohol testing device (breathalyser)	A breath alcohol testing device is a unit designed to accurately measure breath alcohol content. The unit must meet the Australian Standard: AS 3547-1997/ Amendment 1-2000 (Type 2).
1.5 Chain of custody	**1. Employee to be tested: Post Accident/ Incident, Reasonable Cause, Random** The employee will be closely supervised and accompanied by the manager (or the manager's delegate) from the time of notification of the requirement to test until s/he has been delivered to the NZQA qualified collector. *Post accident/ incident and reasonable cause* All attempts will be made to get the alcohol test conducted within one hour and the urine specimen collected for the drug test within three hours (refer to Workplace Drug and Alcohol Policy definitions 5.4 *Procedure for emergency situations*). *Random testing* Systems will have previously been arranged to ensure the above time constraints are able to be met. **2. Urine collection** A series of procedures to account for the integrity of each specimen by tracking its handling and storage from the point of specimen collection to final disposal of the urine. Chain of custody forms are used to document the data from the time of collection of the specimen, throughout the on-site screening process and (where required) its receipt by the laboratory as well as dispatch between laboratories. Thereafter, appropriate laboratory data systems and documentation account for the handling of the urine or aliquots within the laboratory.
1.6 Collecting agency	An organisation to assume professional, organisational, educational and administrative responsibility for collection, on-site screening (if applicable), storage and dispatch of a urine specimen. Accreditation is required if the organisation is conducting on-site screening.
1.7 Collector	**Drugs** A person who has successfully completed NZQA qualifications demonstrating compliance with AS/NZS 4308: 2008 for: • specimen collection, handling, storage and dispatch of specimens, and • on-site screening and has received a statement of attainment in accordance with NZQA. The two unit standards required are: 1. US 25458: *Perform urine specimen collection in the workplace for drug testing.* 2. US 25511: *Perform urine drug screening in the workplace.* **Alcohol** A person who has been trained to use a breath alcohol testing device in compliance with the testing procedures. The person can be either a trained and authorised company employee or a third party.

WORKPLACE ALCOHOL & OTHER DRUGS **POLICY AND PROCEDURES** CONTINUED

1.8 Cut-off concentration (drugs)	a. A urine level of drug and/or metabolite, dictated by Table 2 of the Australian/New Zealand Standard, AS/NZS 4308: 2008, at and above which the confirmed result will be reported by the laboratory as 'positive' and below which it will be reported as 'negative'. b. A urine level of drug and/or metabolite, not listed in Table 2 of the Australian/New Zealand Standard, AS/NZS 4308: 2008, at and above which the laboratory will report the result as 'positive' and below which it will report as 'negative'. The laboratory is required to determine the appropriate level.
1.9 Drug	Substances which are illicit or restricted drugs, drugs covered by the Psychoactive Substances Act 2013 and some currently legal drugs which have the potential to cause impairment. The term 'drug' includes (but is not limited to) cannabis and hashish, opiates (such as heroin, morphine, desomorphone (krokodil)) cocaine, amphetamine type substances (speed, 'P', ecstasy and party pills containing benzylpiperazine), synthetic cannabinoids, cathinone derivatives (bathsalts), LSD, NBOMe, kava and other phenylethylamine psychedelic substances. The term also includes misuse of some prescription drugs (eg tranquillisers, sedatives, oxycodone) and any legal party pills and herbal highs. Other 'mind altering' substances can be added to the testing suite as they become available and are misused.
1.10 Drug testing standards	**Urine** *AS/NZS 4308: 2008 Procedures for specimen collection and the detection and quantitation of drugs of abuse in urine.* NB: Any updated version will replace the 2008 version throughout these documents. **Oral fluid** *AS 4760-2006 Procedures for specimen collection and the detection and quantitation of drugs of abuse in oral fluid.* NB: The current Australian Oral Fluid Standard (AS 4760-2006) is currently not able to be complied with and will be reviewed, updated and changed to a joint AS/NZS Standard during 2014/2015. When there is a reliable AS/NZS standard for oral fluid testing, these policy and procedures will be updated to reflect this testing option. The earliest an updated joint standard will be completed is early 2016.
1.11 Employee	This policy and procedures covers those employed or engaged directly by the Company including staff and contractors. It includes all the above people whilst undertaking Company business.
1.12 Integrity testing	Testing for substances that affect the detection or quantitation of drugs or metabolites in the urine specimen. The test for temperature and the creatinine test for measuring the concentration of a urine specimen are mandatory integrity tests. Other tests for integrity are optional.
1.13 Laboratory	A testing facility accredited against AS/NZS 4308: 2008 at which the analytical procedures are carried out to screen for and/or confirm the presence of a specific drug or its metabolite(s) and report positive results only if the drug/metabolite is at or above the confirmatory cut-off concentration.
1.14 Legal drugs & medications	Legal substances available and used by employees to assist with recognised medical conditions, including both prescription and over the counter drugs/medication.

1.15 Metabolite	A metabolite is a breakdown product of a drug that may be less toxic and easier to excrete than the substance taken. Some drugs are not broken down, but they are converted into a form that is more watersoluble. They are also metabolites.
1.16 Negative alcohol test	**Zero alcohol tolerance** Means a level of alcohol below 100 micrograms per litre (µg/litre) of breath.
1.17 Negative drug test	Means that as the result of a urine screening test (on-site or laboratory) and/ or a confirmed laboratory testing of the urine, either: • no drug(s) and/or metabolite(s) are detected, or • the concentration(s) of drug(s) and/ or metabolite(s) detected are below the screening or confirmatory cut-off concentration(s) specified in Tables 1 and 2 of AS/NZS 4308: 2008, or • the concentration(s) are below the cut-off concentration determined by the laboratory for a drug or metabolite not listed in AS/NZS 4308: 2008
1.18 Not negative drug test	If the on-site screening device indicates the possible presence of a drug class (using the screening test cut off concentration(s) as defined by Table 1 of AS/NZ 4308: 2008) or if the specimen integrity is in question, the result is reported as not negative. The collector shall dispatch the specimen (split into more than one sample) to the laboratory for confirmatory testing. An interim report may be issued that can only advise that the specimen requires further laboratory testing, ie no indication of what caused the not negative.
1.19 On-site screening test	An Immunoassay device used to exclude the presence of drugs and/or metabolites in urine at the site of specimen collection and which has been verified in accordance with Appendix B of AS/NZS 4308: 2008. This test must be carried out by a NZQA qualified collector. In the event that the specimen gives a not negative screen it must be sent to a laboratory for confirmatory testing.
1.20 Positive alcohol test	**Zero alcohol tolerance** Means a level of alcohol in the breath above 100µg/L.
1.21 Positive drug test	Means that as a result of laboratory confirmatory testing of the urine the concentration(s) of drug(s) and/ or metabolite(s) recorded are: • at or above the confirmatory cut-off concentration(s) specified in Table 2 of AS/NZS 4308:2008; or • at or above the cut-off concentration determined by the laboratory for a drug not listed in AS/NZS 4308: 2008
1.22 Safety-sensitive or critical	Positions where there is a significant and foreseeable risk of injury, including • All forest industry tasks, excluding solely administrative positions • Task where serious harm has occurred historically • Driving a Company vehicle
1.23 Sample	A portion or aliquot taken from the specimen on which the test or assay is actually carried out.

WORKPLACE ALCOHOL & OTHER DRUGS **POLICY AND PROCEDURES** CONTINUED

1.24 Serious misconduct	The following circumstances are strictly prohibited and will be deemed to be serious misconduct: a. The use, sale, transfer or possession of drugs and/or alcohol while on Company property or a Company worksite in the forest, Company vehicles, other Company sites or whilst undertaking duties for the Company off site. b. Reporting to and/or undertaking work with a risk level of drug(s) in the system. c. Reporting to and/or undertaking work with any level of alcohol above 100 micrograms of alcohol per litre of breath, ie zero alcohol tolerance. d. Reporting to and/or undertaking work with a urine level of drug and/ or metabolite that is at or exceeds the confirmatory concentrations in Table 2 of the Australian/New Zealand Standard, AS/NZS 4308:2008. e. Reporting to and/or undertaking work with an unacceptable urine level of a drug of abuse (and/or its metabolite) which is not listed in Table 2 of AS/NZS 4308: 2008 f. Compromising or attempting to compromise the integrity of the urine specimen or the testing process.
1.25 Testing procedures	**1. Drug testing: AS/NZS 4308: 2008 compliant** Urine specimens shall be collected by a NZQA qualified collector qualified to collect urine specimens (US 25458) and conduct 'on-site' drug screens (US 25511). The screen is conducted using an AS/NZS 4308: 2008 verified 'on-site' screening device or at an accredited screening laboratory. Dilution and other specimen integrity tests shall also be undertaken. Any specimen resulting in either a not negative screen for a drug class or an indication that the integrity is suspect will be forwarded to an accredited laboratory for confirmatory testing. **2. Alcohol testing** Breath alcohol tests will be conducted using an approved testing device which meets the Australian Standard: AS3547:1997/Amendment 1-2000 (Type 2). The threshold levels will comply with the equivalent of zero alcohol tolerance, ie 100 micrograms of alcohol per litre of breath.
1.26 Workplaces/sites	A place where any person is to work, is working, for the time being works, or customarily works, for gain or reward; and, in relation to an employee, includes a place, or part of a place, under the control of the employer (not being domestic accommodation provided for the employee): a. Where the employee comes or may come to eat, rest, or get first-aid or pay; or b. Where the employee comes or may come as part of the employee's duties to report in or out, get instructions, or deliver goods or vehicles; or c. Through which the employee may or must pass to reach a place of work. It includes all premises (whether owned by the Company or leased), including offices, operational sites, Company vehicles,

2. EDUCATION & TRAINING

Education and training material will be prepared and/or conducted by expert trainers who are qualified in the relevant specialist fields. For general awareness, E-learning options will be available. NZFOA has brochures available explaining the alcohol and other drugs-free programme.

2.1 General awareness (all staff)

An educational programme available to all employees covering:

- Drug and alcohol trends and their adverse effects
- Use/misuse/abuse/dependency
- The implications of [The Company]'s alcohol & other drugs policy
- The testing options
- How alcohol & other drug tests are conducted
- How long substances can be detected after use
- How to access the alcohol & other drugs rehabilitation programme

2.2 Policy management & reasonable cause recognition (managers/supervisors)

Training workshops for managers and supervisors will cover in more detail the topics in 2.1 and will also focus on:

- Signs and symptoms to recognise alcohol & other drugs misuse
- Reasonable cause for testing
- Understanding [The Company]'s alcohol & other drugs policy and how to manage it
- Understanding the testing processes
- Understanding when to request for the urine to be forwarded to the laboratory for 'extended testing'

3. PRE-EMPLOYMENT TESTING

3.1 When applied

Appointment of a new employee is conditional on the applicant returning negative alcohol & other drugs tests.

3.2 Procedure

See Flowchart 1: Pre-employment testing

a. The applicant is informed that any offer of employment is subject to an alcohol & other drugs test. This may be part of a health check.

b. The applicant will be required to sign informed consent forms (Schedules B & C).

c. Any applicant refusing to take the tests will not be considered for a position.

d. The applicant will be directed to a NZQA qualified specimen collector and on-site screener to collect the urine and conduct an on-site screening test (refer to Sections 11 & 12 for alcohol & other drug testing procedures).

e. If [The Company] has an approved, calibrated breath-testing device and an approved process, trained managers can conduct the alcohol test.

f. The applicant must provide verification of ID with both photo and signature (eg driver's licence, passport or a mix of documents) to the collector for documentation on the chain of custody form.

g. Any specimen giving either a 'not negative' screen for a drug class or an indication that the integrity is suspect (see 3.2h) will be forwarded to the accredited laboratory for confirmatory testing only or screening and confirmatory testing, unless the applicant states in writing that they do not want to proceed.

NB: While it is preferred that the collecting agent is IANZ accredited, if [The Company] is using a quality agent without IANZ accreditation, it is recommended that any laboratory testing, after a 'not negative' screen, should include both the screening testing followed by the confirmatory test. This then ensures that, for a positive result, both the screen and confirmation have been conducted to IANZ accredited standards

h. If the specimen integrity is suspect, the applicant shall stay at the collection site and be supervised at all times until s/he can provide a second urine specimen. This second specimen will also be forwarded to the laboratory for both drug and specimen integrity testing. Both the original and further specimens shall be uniquely labelled and accompanied by individual chain-of-custody forms that are cross-referenced.

i. The applicant will not have their job confirmed nor commence employment until negative drug and alcohol tests have been returned.

j. Unlike existing employees, job applicants are not entitled to employer managed drug or alcohol rehabilitation or to a second confirmatory test.

k An applicant returning a positive test will not be considered for a position with [The Company].

4. INTERNAL TRANSFER TESTING

4.1 When applied

Internal transfer alcohol & other drugs testing may be applied to staff where:

- The employee has applied for and been offered a new appointment and/or
- The offer places the employee in an entirely new role.

4.2 Procedure

a. The employee is informed that their appointment is subject to a negative alcohol & other drugs test.

b. The employee gives written consent to the internal transfer alcohol & other drugs test (Schedules B and C).

c. The employee will be directed to a NZQA qualified specimen collector and on-site screener to collect the urine and conduct an on-site screening test. Any specimen giving either a 'not negative' screen for a drug class or an indication that the integrity is suspect (see 4.2d) will be forwarded to the accredited laboratory for confirmatory testing only or screening followed by confirmatory testing (refer to NB in 3.2g).

d. If the specimen integrity is suspect, the employee shall stay at the collection site (or an alternative suitable venue) and be supervised at all times until s/he can provide a second urine specimen. This second specimen will also be forwarded to the laboratory for both drug and specimen integrity testing. Both the original and further specimens shall be uniquely labelled and accompanied by individual chain-of-custody forms that are cross-referenced.

e. Breath alcohol testing may be conducted on-site if [The Company] has an approved, calibrated breath testing device and an approved process.

f. An employee refusing to take a drug and/or alcohol test will not be considered for the internal transfer.

g. If the confirmed result is positive for alcohol or other drugs, or the specimen integrity has been compromised, the employee will not be considered for the internal transfer and the serious misconduct rule will apply.

h. Whether or not the employee may be retained in their current role would depend on whether that role is still available and which of the options detailed in 5.3.1-5.3.3 [The Company] has selected.

5. POST ACCIDENT/INCIDENT TESTING

5.1 When applied

An employee may/will be tested for the presence of alcohol and/or other drugs where s/he is involved in any of the following circumstances affecting employees or customers:

a. An incident involving death or a lost time injury

b. An incident requiring treatment by a medical professional

c. An incident or near miss that had potential to cause serious harm or loss

d. An incident involving damage to vehicle, property, plant or equipment.

5.2 Procedure

See Flowchart 2: Post accident/incident testing PI1 & Flowchart 4: Post accident/incident, Reasonable cause

Consent for testing must be given in writing by the employee (refer to Sections 11 & 12 for alcohol & other drug testing procedures).

The manager or the employee's supervisor must:

a. Determine whether there is sufficient cause to test for alcohol or other drugs. If the accident/incident is sufficiently serious, the testing should be automatic for all people involved. [The Company] will specify which events will result in mandatory testing.

b. Assess whether it is practical to require a test (see 5.4 for emergency situations).

c. Advise the employee that they are required to undergo the test and advise them that while they may consult their representative at this time, the testing cannot be delayed.

   NB: If possible, the alcohol test should be conducted within one hour and the urine specimen collected for the drug test within three hours.

d. Obtain written consent from the employee (Schedules B & C).

e. Ensure that the employee has verification of identity (ID) that has both a photo and a signature. A photocopy is acceptable.

   NB: Note that the accompanying person personally verifying the employee's ID is not considered unequivocal independent verification.

   The ID must be documented on the chain-of-custody form by the collector.

   NB: It is recommended that managers have photocopies of employees' IDs with them on a site.

f. At the earliest possible time, arrange for the employee to be accompanied at all times and escorted to the designated NZQA qualified collector and on-site screener and trained breath testing provider.

g. If the alcohol test and the urine on-site screening tests are negative, the employment relationship may continue as usual provided it is determined that further extended testing is not required (refer to 5.2k).

h. If the alcohol test is positive, the urine drug screen is conducted and the employee is removed from the employment site (*must state in company procedures whether on full pay or not paid during this period*) until the disciplinary hearing.

i. If the urine specimen returns a 'not negative' screening result or its integrity is suspect (see 5.2j), the employee is removed from the employment site (*must state in company procedures whether on full pay or only on full pay if the*

confirmed result is negative) while the urine is sent to the laboratory for confirmatory only or screening plus confirmatory testing (refer to NB in 3.2g) and the final results are available from the laboratory.

j. If the specimen integrity is suspect, the employee shall stay at the collection site (or an alternative suitable location) and be supervised at all times until s/he can provide a second urine specimen. This second specimen will also be forwarded to the laboratory for both drug and specimen integrity testing. Both the original and further specimens shall be uniquely labelled and accompanied by individual chain-of-custody forms that are cross-referenced.

k. For post accident/incident and reasonable cause testing, it is strongly recommended that consideration be given to specimens, which have screened negative using the on-site testing options, being also forwarded to the accredited confirmatory laboratory for extended testing. [The Company] should request that the laboratory tests for additional drugs (eg synthetic cannabinoids, party drugs, LSD, cathinone derivatives, kava, krokodil, NBOMe) that will not be covered by the normal screening panel.

l. It is necessary to inform the laboratory that these additional tests are required.

5.3 Positive test result

If the confirmed result is positive for alcohol and/or other drugs, or the specimen integrity has been compromised, the serious misconduct rule will apply and disciplinary procedures will follow. [The Company] should select one of the following options:

5.3.1 Rehabilitation for first strike (refer to Schedules D1 & D2)

a. For the first positive test result the employee may be offered the opportunity to be referred to [The Company]'s alcohol & other drugs rehabilitation programme. This option is at the discretion of [The Company] and would be the only option available if the employee wishes to continue employment with [The Company].

b. If rehabilitation is not offered, the serious misconduct procedures will apply and the disciplinary procedure is likely to include dismissal.

c. If the employee refuses rehabilitation (if offered), the serious misconduct procedures will apply and the disciplinary procedure is likely to include dismissal.

d. Once the employee has completed the rehabilitation, has provide a negative test and is fit to return to work, s/he will be subjected to a series of unannounced follow-up tests. The recommended frequency is six follow-up tests per year for two years.

e. If the employee tests positive for the second time, it is unlikely that [The Company] will offer rehabilitation. Therefore the serious misconduct procedures will apply and the disciplinary procedure is likely to include dismissal.

5.3.2 Disciplined after second strike: No rehabilitation after first strike

a. For the first positive test result the employee may be offered the opportunity to return to work once s/he has returned a negative test. This option of being given a second chance is at the discretion of [The Company].

b. The employee will be subjected to a series of unannounced follow-up tests. The recommended frequency is six follow-up tests each year for two years.

c. If the employee is not offered a second chance or returns a second positive test (if offered a second chance), the serious misconduct procedures will apply and the disciplinary procedure is likely to include dismissal

5.3.3 Disciplined after first strike: No rehabilitation

a. After a first positive test the serious misconduct procedures will apply and the disciplinary procedure is likely to include dismissal.

5.4 Procedure for an emergency situation

Where it is not practical for a test to be carried out immediately due to injuries to the employee or where other corrective actions are required (injury, fire, spill, etc), the manager or supervisor must:

a. Attend to the other corrective actions

b. Ensure that a [The Company] representative accompanies the employee to the hospital/doctor so that the required tests can be carried out as soon as practicable

c. If the injuries/corrective actions preclude immediate tests, ensure the tests are carried out at the first practical opportunity.

5.5 Refusal to undergo test

Where an employee refuses to undergo a test, the refusal shall be treated under the serious misconduct procedures in [The Company] rules and the disciplinary procedure is likely to lead to dismissal.

Behaviour that constitutes a refusal to submit to a test includes, but is not limited to, the following:

- Refusal to consent to a test
- Failing to advise, in a timely way, of an accident/incident where the nature of the accident/incident is such that it might require drug or alcohol testing
- Inability to provide sufficient quantities of breath or urine to be tested without a valid medical explanation. A maximum of three hours is the limit for providing a urine specimen
- Tampering with or attempting to adulterate the specimen or collection procedure
- Not cooperating with the chain-of-custody procedures (Definitions 1.5).
- Leaving the scene of an accident without a valid reason before the test has been conducted.

6. REASONABLE CAUSE TESTING

6.1 When applied

The procedure will be used where there is reason to suspect that an employee's actions, appearance, behaviour or performance may be affected by alcohol and/or other drugs. In practice and where possible, there should be at least two people who have seen the employee and both have reason to believe that the person may be affected. One of these people should be a manager/supervisor who has attended the managers' training workshop (see 2.2) and an approved person – a credible person who has also observed the signs and symptoms.

Some reasonable cause indicators and grounds for testing are listed in Schedule A. The process for the manager/supervisor to follow to document a reasonable cause assessment is also included.

6.2 Procedure

See Flowchart 3: Reasonable cause testing & Flowchart 4: Post accident/incident, Reasonable cause

Refer to Sections 11 & 12 for alcohol & other drug testing procedures.

If sufficient cause to test for alcohol and/or other drugs is determined, the manager/supervisor must:

a. Advise the employee that they are required to undergo the test and advise them that while they may consult their representative at this time, the testing cannot be delayed. If possible, the alcohol test should be conducted within one hour and the urine specimen collected for the drug test within three hours).

b. Obtain written consent from the employee (Schedules B & C).

c. Follow the procedures detailed in 5.2e-5.3.3.

6.3 Drug dog searches (optional)

A specialist drug detection dog team may conduct periodic unannounced inspections of the company's premises. Examples include, but are not limited to, operational sites, offices, lockers, bags, vehicles in the car park or those parked on the road, and workstations. The purpose of these inspections is to detect the presence of drugs.

The reasonable cause to test component of these procedures will be applied when a drug detection dog provides a positive indication of recent possession and/or use of drug(s):

- On an employee
- In a vehicle that an employee has either driven to work in, or travelled in as a passenger on the way to work or during that shift (meal breaks etc)
- In a locker, clothing, or possessions/equipment that is the employees or that an employee has been using.

A person found in possession of a drug (Definitions 1.9) will be suspended pending an investigation.

6.4 Refusal to undergo test

Refer to Section 5.5.

7. RANDOM TESTING

7.1 When applied

Random testing must be carried out on all employees working in safety-sensitive operations. Unannounced random testing will be undertaken periodically as a deterrent to alcohol and other drugs misuse. Random testing must be carried out at a minimum rate equal to 50% of the workforce being randomly selected and tested annually.

For transparency and fairness, the selection process must use a valid random generator process and the selection should be conducted either by an external service provider or a senior person in [The Company] who is removed from operations and remote from those being randomly selected.

7.2 Procedure

See Flowchart 4: Post accident/incident, Reasonable cause

Refer to Sections 11 & 12 for alcohol & other drug testing procedures.

The person delegated the responsibility for managing the random testing process will:

a. Advise the employee that s/he has been randomly selected

b. Obtain written consent to both the alcohol & other drugs tests (Schedules B & C).

c. The procedures followed are the same as detailed in 5.2e-5.3.3.

7.3 Refusal to undergo test

Refer to Section 5.5.

8. COMPANY FUNCTIONS & EVENTS

Alcohol will only be permitted and supplied for company functions and events at the discretion of the site manager who is responsible for the management and control of consumption for all [The Company] functions and events (both on-site and off-site).

8.1 Guidelines for managers

Managers are responsible for managing the use and availability of alcohol on their sites. They are also responsible for managing the use of alcohol by their staff, whether on-site or off-site, while their staff are representing [The Company].

It is recommended that in carrying out this responsibility, all managers follow the guidelines set out below:

- A designated [The Company] representative with responsibility for the function should be at the function at all times. In the event that this person leaves, they must delegate responsibility to another appropriate person
- A designated area and clear time limits should be stipulated and adhered to
- Food and non-alcoholic drinks should be provided
- Spirits should not be provided (ie beer and wine only)
- Careful consideration must be given to alternative transportation arrangements
- Inappropriate and anti-social behaviour should be managed in the same way as if the incident occurred in the ordinary workplace.

Regular social club or after work drinks held on-site are a privilege and not a right. As such, the protocol for such events should be clearly defined in writing (including the consequences of not adhering to that protocol).

Managers should take into consideration that their approach to alcohol in the workplace plays a key role in setting an example to staff as to what is acceptable.

8.2 Guidelines for employees

All employees must take personal responsibility for their own behaviour and actions with regard to the consumption of alcohol at [The Company] functions and events, and other occasions. Due consideration must be given to:

- Personal and collective health and safety at all times
- The requirement for employees to meet the same standard of behaviour required from them in their ordinary workplace. Drinking to excess will not be considered as an excuse for failing to meet this standard
- The need for employees to present themselves for work, in a fit and proper state.

9. USE OF PRESCRIBED OR PHARMACEUTICAL OR OTHER MEDICATIONS

If an employee or contractor is on a medication which is either prescribed or purchased from a pharmacy or other 'over the counter', it is their responsibility to seek advice from their doctor, pharmacist or other authority on whether any side effects from the medication could cause impairment in their job (eg dizziness, fatigue, drowsiness, altered perception, mood swings, or loss of coordination).

The employee or contractor should immediately notify their manager or Human Resources so that [The Company] can take any necessary steps with a view to providing a safe workplace for the employee – such as temporarily providing alternative duties or appropriate leave entitlement. A medical opinion may be sought on the effects of any such prescribed drugs or medication in the workplace and how best to effectively manage those effects.

All advice received on the use of prescribed drugs must be treated by the manager in strictest confidence to protect the privacy of the individual.

10. PRIVACY

All information gathered as a result of alcohol and/or other drug testing is collected for the purpose of implementing [The Company]'s policy and achieving its objectives and will comply with the Privacy Act. The manager will hold the information in a secure filing system. Information may be disclosed only to managers who 'need to know'. Disclosure of this information to other parties (including future employers) will require the consent of the employee. The information shall be destroyed by [The Company] three calendar months after termination of employment with [The Company].

10.1 Sharing information

The Health and Safety in Employment Act obliges every employer to take all practicable steps to ensure the safety of its employees and to ensure a safe workplace. These obligations are also owed to independent contractors.

It is reasonable for forest companies to identify drug taking as having the potential to cause significant harm to employees in the forestry workplace. Following on from this, it is considered to be proactive and reasonable for forestry companies to share positive test results of employees' drug use to ensure that all those operating in the forestry workplace are safe.

10.2 Sharing of data

Where alcohol & other drug test results may be shared via a regional forestry association:

It is preferable for the relevant association that is to hold and manage the data to be named in the company's alcohol and other drugs policy. This is to ensure that the employee, in granting consent, is properly informed as to who may use the information. Also an employee can check to ensure that the named organisation has adequate protocols to ensure that such information is kept safely.

When a test is requested, a consent form is signed by the employee being tested (refer to Schedule B). This should contain either Clause 1 or Clause 2 (see below). All consent forms should include the words 'irrevocably consent' to ensure that a person does not elect to withdraw their consent part way through any employment.

Clause 1

Disclosure of this information to the specified association will require the written **irrevocable** consent of the employee. Such information will be disclosed only on a 'need to know basis' for the purpose of ascertaining whether a company's prospective employee has tested positive while working for another member company.

Where no association is established to share alcohol & other drug test results then the alternative clause in a company's policy may be as follows:

Clause 2

Disclosure of this information to members of a regional forestry association which has a confidential and secure process for sharing such information will require the written **irrevocable** consent of the employee. Such information will be disclosed only on a 'need to know basis' for the purpose of ascertaining whether a company's prospective employee has tested positive while working for another member company.

The association storing this information can retain it for 2-years after which it will be destroyed.

11. ALCOHOL TESTING PROCEDURE

11.1 Alcohol tolerance

[The Company]'s policy is for 'Zero Alcohol Tolerance'.

For the test to be positive there must be a level of alcohol in the employee's breath at or greater than 100 micrograms per litre (100µg/L).

11.2 Procedure

All aspects of the testing procedure will be carried out in a confidential and private manner.

The test for alcohol will be carried out by using a breath alcohol testing device, which complies with the AS3547: 1997/ Amendment 1: 2000 (Type 2), for the measurement of alcohol. The person conducting the test will have been trained in the procedures and use of the testing device.

a. An alcohol testing informed consent form will be signed (Schedule C)
b. Verification of ID (both photograph and signature) must be available to show to the collector. A photocopy is acceptable
c. The applicant/employee will be closely observed for 10 minutes prior to the test to ensure they have not taken any fluid, food or other substances into the mouth
d. The first test will require the employee to blow into the device with a disposable mouthpiece
e. If the result is zero no further test follows
f. If the result is above zero, a confirmatory test on the same device (using a new mouthpiece) will be conducted after 15-20 minute period. The person must be supervised (as described above) during this period
g. The time and result of the confirmatory test will be recorded
h. The applicant/employee, witness, and person doing the test will sign acknowledgment of the result and date and time of testing.

12. DRUG TESTING PROCEDURE

12.1 Testing standard: AS/NZS 4308: 2008

All aspects of the testing procedure will be carried out in a confidential and private manner. The procedures will comply with the strict criteria dictated by AS/NZS 4308: 2008: 'Procedures for specimen collection and the detection and quantitation of drugs of abuse in urine'.

NZQA qualified collectors will collect specimens, conduct an on-site screening test using a fully verified device and processes which comply with AS/NZS 4308: 2008, and forward any 'not negative' specimens to the accredited laboratory for confirmation testing.

12.2 Procedure

a. An informed consent form will be signed by the applicant/employee (Schedule B). *NB: This is the responsibility of [The Company] and a copy must be presented to the collector to place with their files.*
b. The donor will report to (pre-employment) or be accompanied to (internal transfer, post accident/incident, reasonable cause, random, follow-up) the NZQA qualified collector
c. The donor will be required to provide verification of identity (both photograph and signature) before the collection can proceed. A photocopy is acceptable.

NB: A manager's verification of the donor's identity is not considered unequivocal verification.

d. The donor will be able to observe the entire specimen collection, processing, on-site screening test and chain-of-custody procedure, including the splitting of the specimen (if it requires further laboratory additional testing and/or confirmation) into three tubes.

e. A chain-of-custody form will be partially completed initially, with final signatures being applied after the specimen has been collected and processed. This form contains as a minimum:

- Verification of the donor's identity containing both photo and signature (eg driver's licence, passport, company ID)
- Two identifiers unique to the donor (eg full name and date of birth)
- Date and time of collection
- Name and signature of collector
- [The Company] details
- Results of specimen integrity tests carried out at the point of collection
- Declaration by the collector that the specimen has been collected and (if applicable) screened in the donor's presence using an 'on-site' device and procedures in compliance with AS/NZS 4308: 2008
- Confirmation by the donor that the specimen is their own and was correctly taken.

f. A urine specimen will be provided in a manner that allows for individual privacy. *NB: Observed collections would only be considered if the individual has previously been suspected of compromising specimen integrity*

g. The donor will be able to note the temperature reading on the collection bottle and verify the temperature reading was correctly recorded on the form

h. Further tests for specimen integrity (eg dilution, masking agent, substitution) will be conducted in the presence of the employee

i. The donor will be asked to voluntarily provide information on drugs/medication they have used recently. This information is only for the laboratory and will not be made available to [The Company] unless the laboratory is able to match their test findings to the declared medication.

j. The specimen will be screened at the collection site using a verified on-site immunoassay device and process which complies with AS/NZS 4308: 2008. A negative report can be issued provided all drug classes tested for give negative results and the integrity of the specimen is not in question.

NB: For Post accident/incident or reasonable cause [The Company] should also send the specimen to the laboratory for testing for drugs which would not be detected with an on-site screen (see Section 5.2k). For some random testing events [The Company] may also decide to do additional laboratory testing. If testing for additional drugs is required, the laboratory must be instructed which substances to analyse for (eg synthetic cannabinoids, LSD, cathinone derivatives, kava, NBOMe).

k. All specimens screening 'not negative', or considered to have suspect integrity, will be sent to the accredited laboratory for either confirmatory testing only (if the collecting agent is IANZ accredited) or screening plus confirmatory testing (if the collecting agent is not IANZ accredited).

If the integrity is suspect, the donor will stay at the collection site (or another suitable location) and be supervised at all times until s/he can provide a second urine specimen. This second specimen will also be forwarded to the laboratory for both drug and specimen integrity testing.

Both the original and further specimens will be uniquely labelled and accompanied by their individual chain-of-custody forms, which will be cross-referenced. The confirmatory process is described below.

l. If the specimen is being sent to the laboratory, it is split into three samples, one of which is set aside on laboratory receipt as the donor's reserve sample.

m. [The Company] will receive an interim report, which only advises that the specimen requires further testing by the laboratory. There will be no indication from the collector, at this stage, as to the reason for further testing.

n. The donor will be asked to read, sign and date the chain-of-custody statement certifying that the specimen is theirs and has not been changed or altered at the time of the collection.

   NB: This step is not carried out until the on-site screening test has been completed and again (if required) once the specimen has been processed for dispatching to the laboratory.

o. The laboratory uses a more specific confirmatory test, either gas chromatography mass spectrometry (GCMS or GCMSMS) or liquid chromatography mass spectrometry mass spectrometry (LCMSMS) to confirm the identity of the drug or metabolite and accurately measure the concentration. These methods are considered by scientific and medical experts to be the most reliable procedures available. Diluents, masking agents and other substances affecting the specimen can also be confirmed.

p. The laboratory will report all the drug classes tested for. Those either not detected or detected but with concentrations below the confirmation cut-off will be reported as 'negative'. Individual drugs and/or metabolites confirmed by GCMS or LCMSMS and present at concentrations equal to or above the confirmation cut-off (tabulated in Section 12.3.1) will be reported as 'positive'. The report will not include the actual concentration(s).

q. For reported confirmed positive results for the additional drugs not covered in Section 12.3.1, the laboratory will advise what cut-off concentration was being applied.

r. Abnormal dilution or any other confirmed specimen integrity failure will also be reported.

s. If a current employee disagrees with an initial positive test result, they have the option of having the reserved split sample tested at the same or another accredited laboratory. This request should be made within seven days of receiving the initial result, and this reanalysis will look for the presence of any amount of the drug (ie it is not restricted to cut-off concentrations).

t. If the second test result proves positive, this will be accepted as a conclusive result and costs associated with this test will be borne by the donor. If the second test result proves negative, this will be accepted as a conclusive result and costs associated with this test will be reimbursed by [The Company].

12.3 Cut-off concentrations

12.3.1 Confirmatory test cut-off concentrations (as total drug): AS/NZS 4308: 2008)

Compound	Cut-off level (micrograms/litre)
Morphine	300
Codeine	300
6-Acetylmorphine	10
Amphetamine	150
Methylamphetamine	150
Methylenedioxymethylamphetamine	150
Methylenedioxyamphetamine	150
Benzylpiperazine*	500
Ephedrine*	500
Phentermine *	500
Pseudoephedrine*	500
11-nor- Δ9- tetrahydrocannabinol-9- carboxylic acid	15
Benzoylecgonine	150
Ecgonine methyl ester	150
Oxazepam	200
Temazepam	200
Diazepam	200
Nordiazepam	200
α-hydroxy-alprazolam	100
7-amino-clonazepam	100
7-amino-flunitrazepam	100
7-amino-nitrazepam	100

* These drugs may be optionally tested within each class and the specified cut-off levels shall apply.

12.3.2 Confirmatory test cut-off concentrations (as total drug): Drugs not listed in AS/NZS 4308: 2008

For the drugs/ metabolites not listed in AS.NZS 4308: 2008, the laboratory will determine what the appropriate cut-off concentration is and advise the client.

13. PROCESS FOR REVIEW

The [Company] 'Workplace Alcohol & other Drugs Policy' and its procedures will be reviewed periodically and changes may occur at the discretion of the company where they are deemed to be necessary. These changes will be deemed to be in force once the employees have been notified via the appropriate consultative process.

[The Company]

SCHEDULE A Reasonable cause indicators

When assessing 'reasonable cause', physical symptoms and/or unusual out of character behaviour must be considered. There will usually be more than one indicator present.

Examples of physical symptoms and behaviour include, but are not limited to, the following:

Physical symptoms

- Bad breath, body odour, clothes
- Slurred speech
- Unsteady on feet
- Eyes – bloodshot, dilated pupils, pin-point pupils
- Excessive sweating
- Flushed/red complexion
- Loss of weight

Behaviour

- Unusual or out of character on-site behaviour
- Continual involvement in small accidents or inattention
- Obvious continual drop in performance
- Changes in personality or mood swings
- Excessive lateness
- Absences often on Monday, Friday or in conjunction with holidays
- Increased health problems or complaints about health
- Emotional signs – outbursts, anger, aggression, mood swings, irritability
- Paranoia
- Changes in alertness – difficulty with attention span
- Changes in appearance – clothing, hair, personal hygiene
- Less energy
- Feigning sickness or emergencies to get out of work early
- Going to the bathroom more than normal
- Defensive when confronted about behaviour
- Dizziness
- Hangovers
- Violent behaviour
- Impaired motor skills
- Impaired or reduced short term memory
- Reduced ability to perform tasks requiring concentration and co-ordination
- Intense anxiety or panic attacks or depression
- Impairments in learning and memory, perception and judgement

Reasonable grounds testing may also take place where the company learns, from a credible source, that the employee/contractor is working under the influence of alcohol and/or other drugs, or where the employee/contractor is observed using, possessing, distributing or consuming alcohol and/or other drugs during work time or during any breaks, whether on or off the company premises.

Employee/Contractor's name: _____ Department: _____

Date(s): _____

Support person: Yes ☐ No ☐ Name: _____

Supervisor's name: _____ Department _____

Approved person's name: _____ Department: _____

Date(s): _____

Supervisor to record below the physical symptoms or behaviour observed:

_____

_____

_____

Comments/explanation of Employee/Contractor (if offered)

_____

_____

_____

Comments of Supervisor/Approved Person

_____

_____

_____

DETERMINING REASONABLE CAUSE

From your observation is there a risk to the health and safety of this person and others? Yes ☐ No ☐

Are you satisfied that it is reasonably possible that the risk is a result of the possible use of drugs or alcohol? Yes ☐ No ☐

Do NOT proceed with reasonable cause testing unless the above questions are answered with a YES.

TAKING ACTION

Reasonable cause established: Yes ☐ No ☐

Date: / / Time: _____

Action taken:

_____

_____

_____

Supervisor's signature: _____ Date: / / Time: _____

Approved person's signature: _____ Date: / / Time: _____

[The Company]

SCHEDULE B Consent for drug testing: Job applicant & existing employee

☐ **Pre-employment** ☐ **Post accident/incident** ☐ **Reasonable cause**

☐ **Random** ☐ **Internal transfer** ☐ **Follow-up**

I consent to undergo a urine drug test, to be undertaken by a NZQA qualified collector and urine drug screener and an accredited laboratory appointed by [The Company] which I acknowledge is for the purpose of determining whether I have a level(s) of a drug(s) (as defined by [The Company]'s policy) at or higher than:

- the accepted international standard as defined by the Australian/New Zealand Standard AS/NZS 4308: 2008, or
- the level determined by the laboratory.

I understand that a urine specimen will be collected and the drugs being tested for are cannabinoids, opiates, amphetamine type substances (including party pills containing benzylpiperazine), cocaine and benzodiazepines.

I understand that other illicit drugs (eg LSD, synthetic cannabinoids, cathinone derivatives, NBOMe), restricted and legal party substances, prescription drugs and other mind altering substances can also be tested for.

I undertake to advise the qualified collector of any medication that I am taking. I also agree to provide the collector with verification of my identity (photo ID and signature) and two unique identifiers (eg full name and date of birth).

I consent to the confidential communication of the drug test(s) results to [The Company]. Any collection, storage or exchange of information concerning the drug test will be in accordance with the requirements of the Privacy Act and results will only be used for the purposes for which they were obtained.

I also **irrevocably** consent to (use either option a or b):

Disclosure of this information to [a. A specified association] or [b. Members of a regional forestry association]. If I wish to apply for a job with another forestry company, such information will only be disclosed on a 'need to know' basis. The purpose will be to ascertain whether I have tested positive while working for another forestry company.

Existing employees only: I understand that I may request that a second test be conducted on the reserve sample that was split from the original urine sample and is stored at the laboratory. This request must be made within seven days of receiving the result.

For the second test to be positive there need only be the presence of a drug or metabolite detected (ie no cut-off limits). This will be accepted as a conclusive result and costs associated with this test will be borne by me. If the second test proves negative this will be accepted as a conclusive result and costs associated with this test will be reimbursed by [The Company].

I understand that refusing to sign this form, or the return of a positive result, means that:

☐ **Pre-employment** or ☐ **Internal transfer:** the job offered/applied for will not be confirmed or offered to me

☐ **Existing employee:** [The Company]'s disciplinary procedure for serious misconduct will follow.

I have read and understood the terms of this consent form.

Applicant/Employee: Signature: _____ Date / /

Name _____

Witness: Signature: _____ Date / /

Name: _____

[The Company]

SCHEDULE C Consent for Breath Alcohol Testing: Job applicant & existing employee

☐ **Pre-employment** ☐ **Post accident/incident** ☐ **Reasonable cause**

☐ **Random** ☐ **Internal transfer** ☐ **Follow-up**

I consent to undergo a breath alcohol test, which I acknowledge is for the purpose of determining whether I have a level of alcohol in my breath at or higher than 100 microgams per litre (µg/L) (zero alcohol tolerance).

Results of the breath alcohol test will only be used for the purposes for which it was obtained, as set out in [The Company]'s 'Workplace Alcohol and other Drugs Policy'.

I also agree to provide the collector with verification of my identity (photo ID and signature) and two unique identifiers (eg full name and date of birth).

I consent to the confidential communication of the breath alcohol test(s) results to [The Company]. Any collection, storage or exchange of information concerning the breath alcohol test will be in accordance with the requirements of the Privacy Act and results will only be used for the purposes for which they were obtained.

I also **irrevocably** consent to (use either option a or b):

Disclosure of this information to [a. A specified association] or [b. Members of a regional forestry association]. If I wish to apply for a job with another forestry company, such information will only be disclosed on a 'need to know' basis. The purpose will be to ascertain whether I have tested positive while working for another forestry company.

I understand that refusing to sign this form, or the return of a positive result, means that:

☐ **Pre-employment** or ☐ **Internal transfer:** the job offered/ applied for will not be confirmed or offered to me

☐ **Existing employee:** [The Company]'s disciplinary procedure for serious misconduct will follow.

I hereby authorise the collection and testing of a breath sample for alcohol, and the release of the test results to the authorised representative of [The Company].

I have read and understood the terms of this consent form.

Applicant/Employee: Signature: _____ Date / /

Name _____

Witness: Signature: _____ Date / /

Name: _____

Breath Alcohol Test

Applicant/Employee:

Verification of ID: _____ Date of birth / /

Breathalyser

Model: _____ Serial#: _____ Next recalibration date: / /

Test

Administered at: _____ Name of Tester: _____

1st Test Result (µg/L)		**2nd Test Result)** if required (µg/L		**Time between** tests (mins)		**RESULT (tick box)** Positive ☐ Negative ☐

Date & time of testing (final test):

Signature of Tester: _____

Signature of Applicant/Employee: _____

Signature of Witness: _____ Date: / /

[The Company]

SCHEDULE D1 Drug & alcohol rehabilitation (Optional)

1 Voluntary

All employees will be offered the opportunity to voluntarily join [The Company]'s supported alcohol and other drugs rehabilitation programme.

Voluntary rehabilitation is not an option for employees after they have been requested to undertake an alcohol and/or other drug test post accident/incident, for reasonable cause or if randomly selected.

2 Company referred

Current employees returning a positive test for the first time, who want to continue employment, may be given the opportunity to join [The Company]'s supported alcohol and other drugs rehabilitation programme. Failure to take part or complete the programme may result in the serious misconduct procedure and disciplinary action is likely to include dismissal.

NB: [The Company] reserves the right not to offer rehabilitation in situations where it can justify taking disciplinary action including dismissal.

3 Funding

Use either option 3a or 3b.

Option 3a

[The Company] will fund rehabilitation as follows:

- Initial assessment by a substance abuse professional
- Up to six sessions with a drug and alcohol substance abuse specialist
- Up to six unannounced follow-up tests per year over two years (see Section 6).

3b Option

- [The Company] will provide partial or no funds
- The employee will fund part or all of the rehabilitation including the follow-up tests
- The sessions shall be taken outside work hours or leave entitlements may be taken.

4 Procedure

a. The employee must sign a contract agreeing to the rehabilitation programme (see Schedule D2) and follow up testing.
b. The employee will be prohibited from working until negative tests for both alcohol and other drugs are obtained and the specialist deems the person fit to return to normal duties.
c. The employee will be required to take leave entitlement or unpaid leave during this period.
d. The manager will arrange an initial appointment for the employee to meet with the substance abuse specialist.
e. All communications between the specialist and employee will remain confidential. However the specialist will be required to communicate with the manager on the expected period for treatment, progress being made and the frequency of comparison testing to monitor progress. There will be a maximum of four weeks allowed for the employee to be ready to return to work.
f. The substance abuse specialist will report to the manager, after the agreed number of sessions, on the necessity or value of further treatment.

The employee is required to fund any sessions required beyond those provided by [The Company].

NB: If the employee is responsible for funding their own rehabilitation programme Section 4 will need modifying where appropriate.

5 Return to work decision

On advice from the rehabilitation service provider and drug testing provider [The Company] will make a return to work decision, based upon:

a. A comprehensive drug and/or alcohol assessment report from the rehabilitation service provider. This report will indicate the employee's ability and readiness to change.

Note that in some instances, the rehabilitation service provider will recommend that the employee abstains from drugs and/or alcohol as part of their treatment programme. In such circumstance, 'zero' results will be expected which is a higher standard than that required for 'return to work'.

b. Comparison drug and/or alcohol test result:

During the rehabilitation process, urine specimens will be collected at intervals (unannounced) and forwarded directly to the laboratory for comparison testing. The laboratory compares the level of drug in these subsequent specimens with the level in the original urine to determine whether the level is dropping at the expected rate. For alcohol related rehabilitation, periodic alcohol testing will be scheduled.

6 Follow-up testing

a. On completion of the programme the employee will be subject to up to six unannounced follow-up drug and/or alcohol tests per year over the next two years.

b. The drug tests will always be conducted by the accredited laboratory (ie not just rely on the on-site screening test) and the laboratory will be asked to test for all drugs including the additional panel.

c. These tests may look for the presence of any amount of the drug (ie it is not restricted to cut-off levels).

d. A second positive test outside the treatment period may result in disciplinary action including dismissal.

[The Company]

SCHEDULE D2 Drug & Alcohol Rehabilitation Contract

Employee's name _____

I _____ acknowledge that I have been entered into the [The Company's] health rehabilitation plan and my continued employment with [The Company] is subject to the following:

I am committed to full participation in the health rehabilitation plan with the service provider(s) specified by [The Company].

I authorise the service provider to release the following information to [The Company]:

- Whether I have kept appointments
- Whether the service provider has recommended a course of treatment
- Whether I am following that course
- Whether a return to work is appropriate and within what timeframe
- Whether I have completed the required treatment
- Whether return to work is to full or alternative duties
- Whether I have undertaken the comparison drug (or alcohol) tests when requested to do so.

I authorise [The Company] to permit the service provider to discuss results of drug and/or alcohol tests, undertaken during rehabilitation, with the accredited laboratory, toxicologist and medical advisor (if available).

I agree to use leave entitlements (or unpaid leave) whilst undergoing rehabilitation and until I have both returned a negative test(s) and am considered fit to return to my normal or alternative duties.

I agree to take six subsequent follow-up drug/alcohol tests per year in the 24 months following treatment and agree that the results are to be released to my employer. I understand that the drug tests will be conducted at the accredited laboratory and additional drugs will always be tested for (ie not just the substance I initially tested positive for).

I accept that if:

- I do not attend or complete the required course
- On any future occasion, including the subsequent tests above, I return a positive drug/alcohol test
- I refuse to take any of the subsequent tests

the consequence may be dismissal without notice.

I accept the terms of this contract, which I acknowledge may be in addition to the terms of my current contract and agree to be bound by both contracts.

Employee

Signature: _____ Date / /

Regional manager

Name: _____

Signature: _____ Date: / /

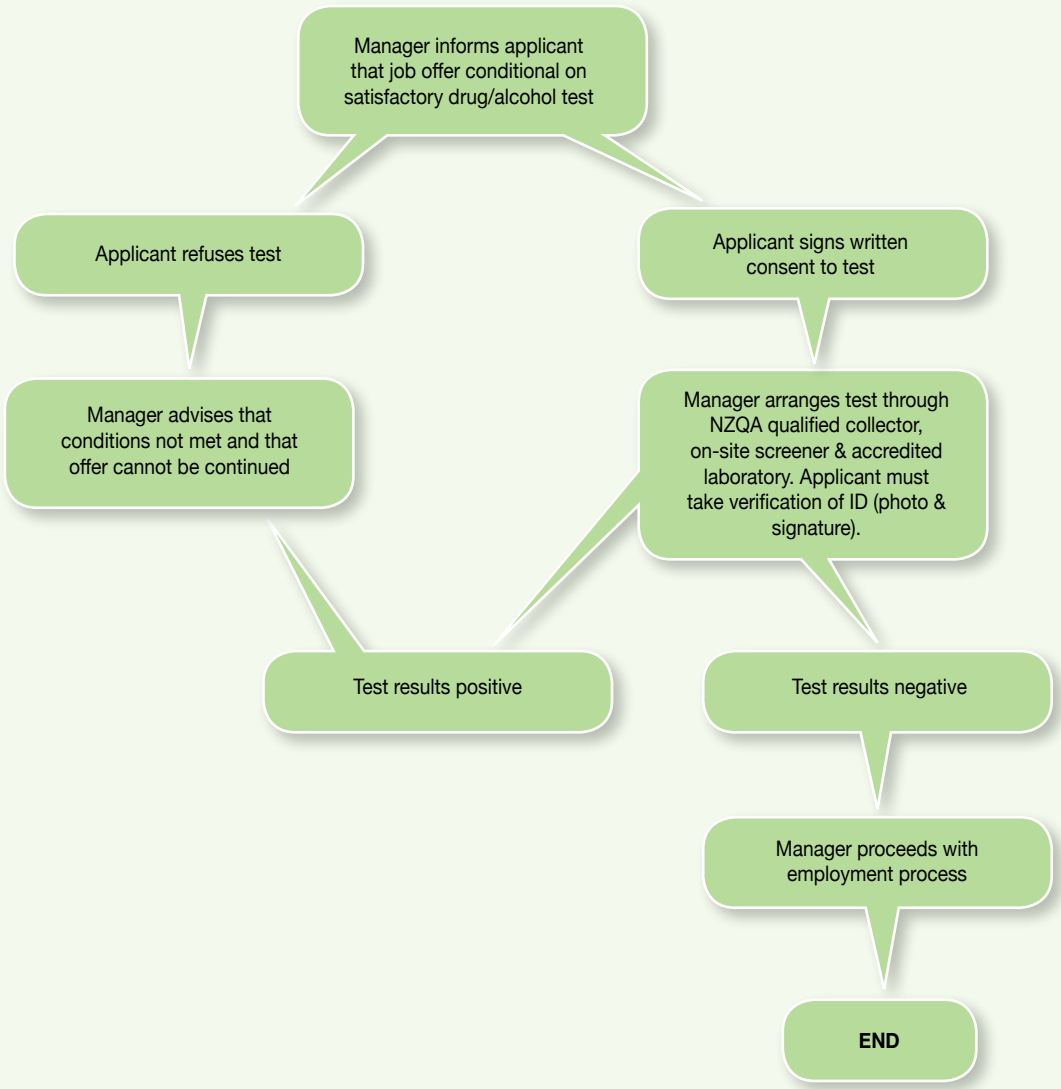
Witness

Name: _____

Signature: _____ Date: / /

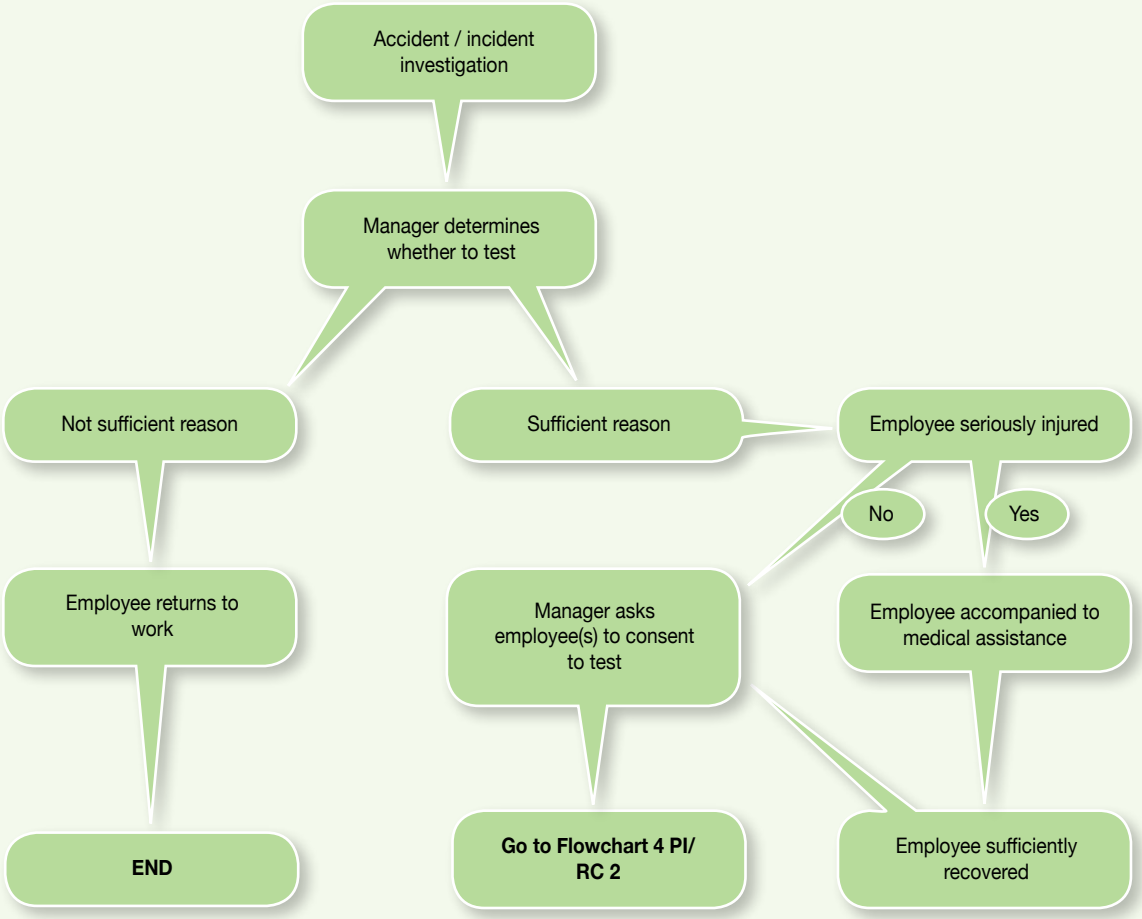
FLOWCHART 1

PRE-EMPLOYMENT TESTING



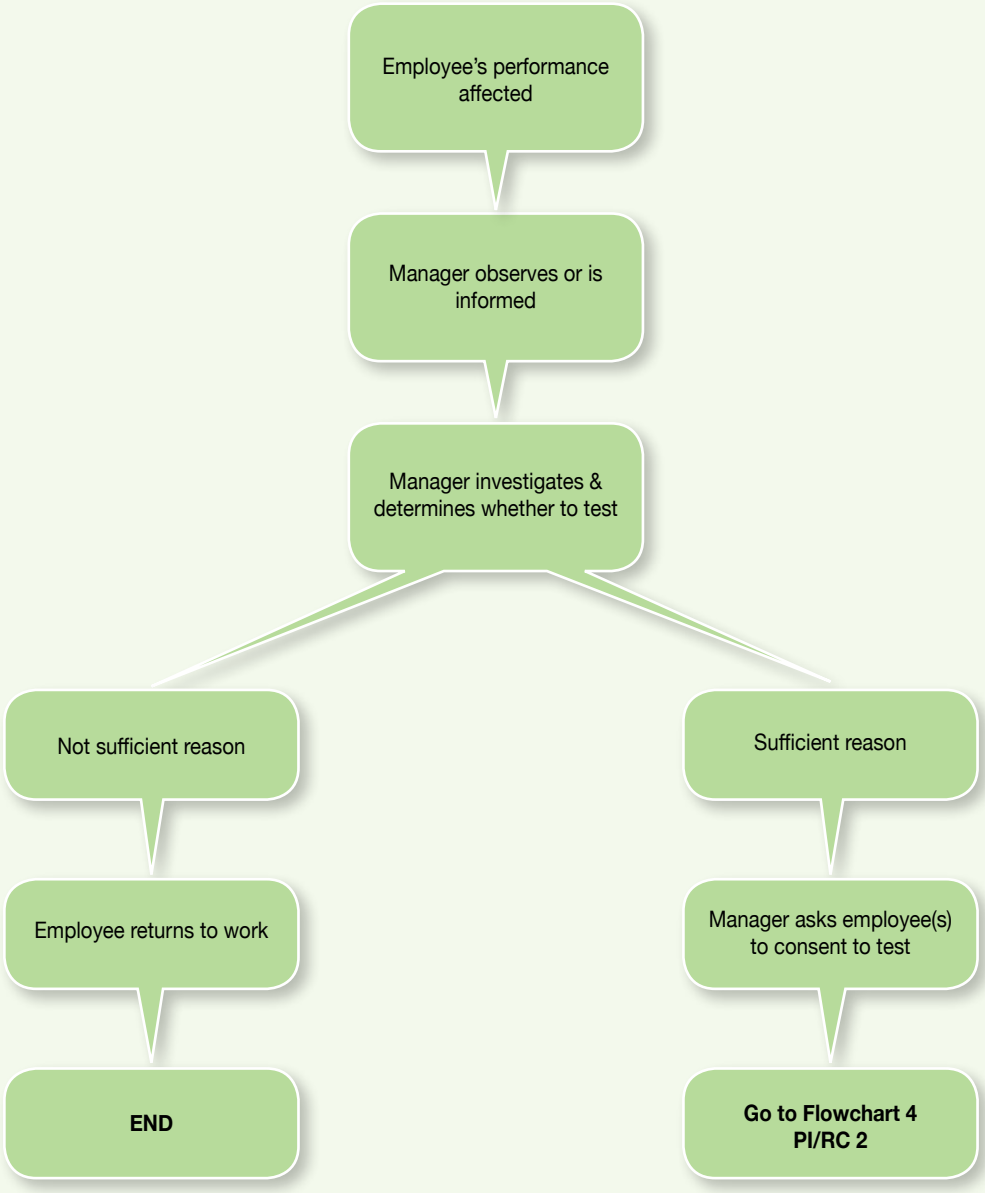
FLOWCHART 2

POST ACCIDENT/INCIDENT TESTING (FLOWCHART PI/RC1)



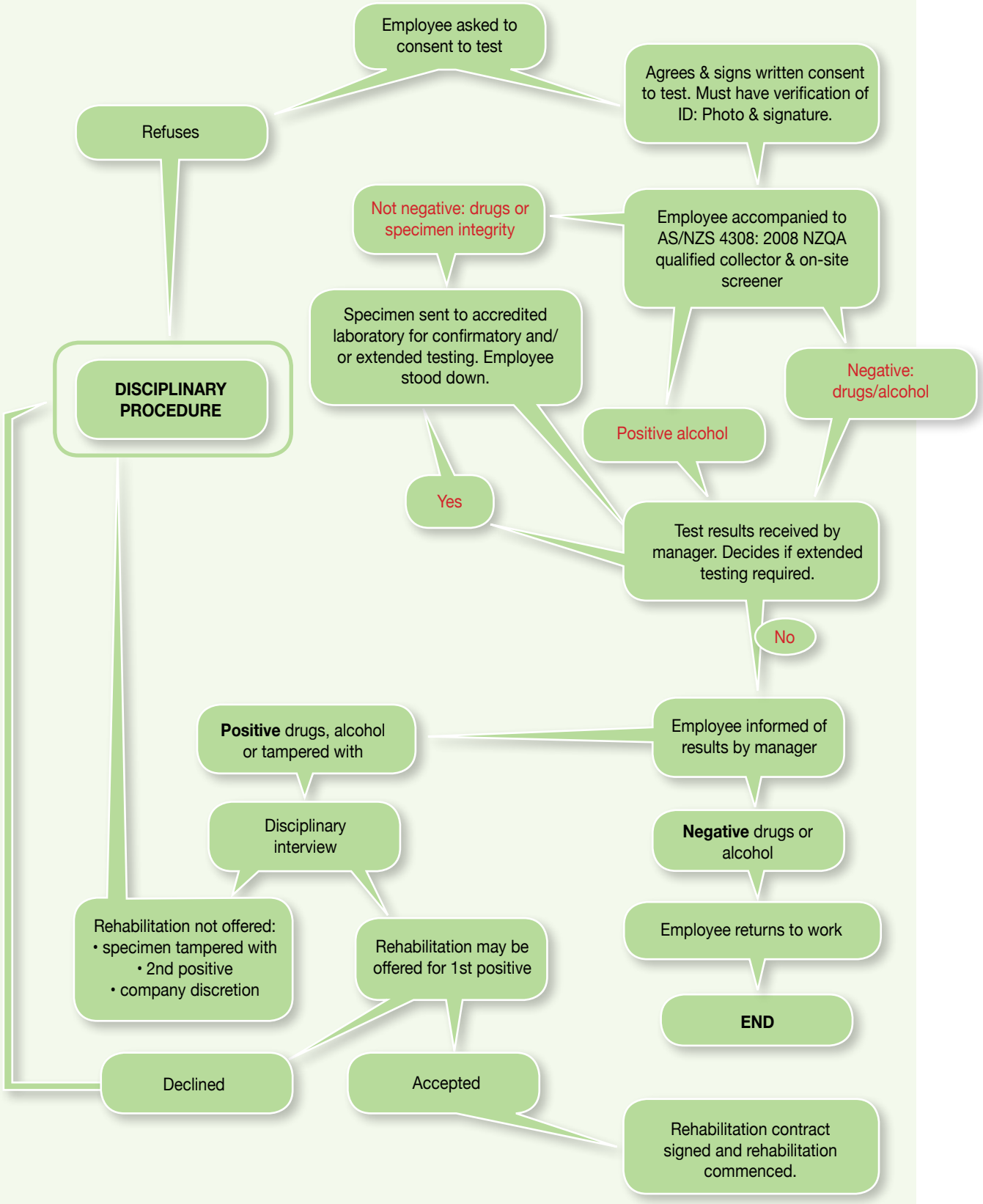
FLOWCHART 3

REASONABLE CAUSE TESTING. FLOWCHART RC 1



FLOWCHART 4

POST ACCIDENT/INCIDENT, REASONABLE CAUSE (FLOWCHART PI/RC2 & RANDOM TESTING)



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