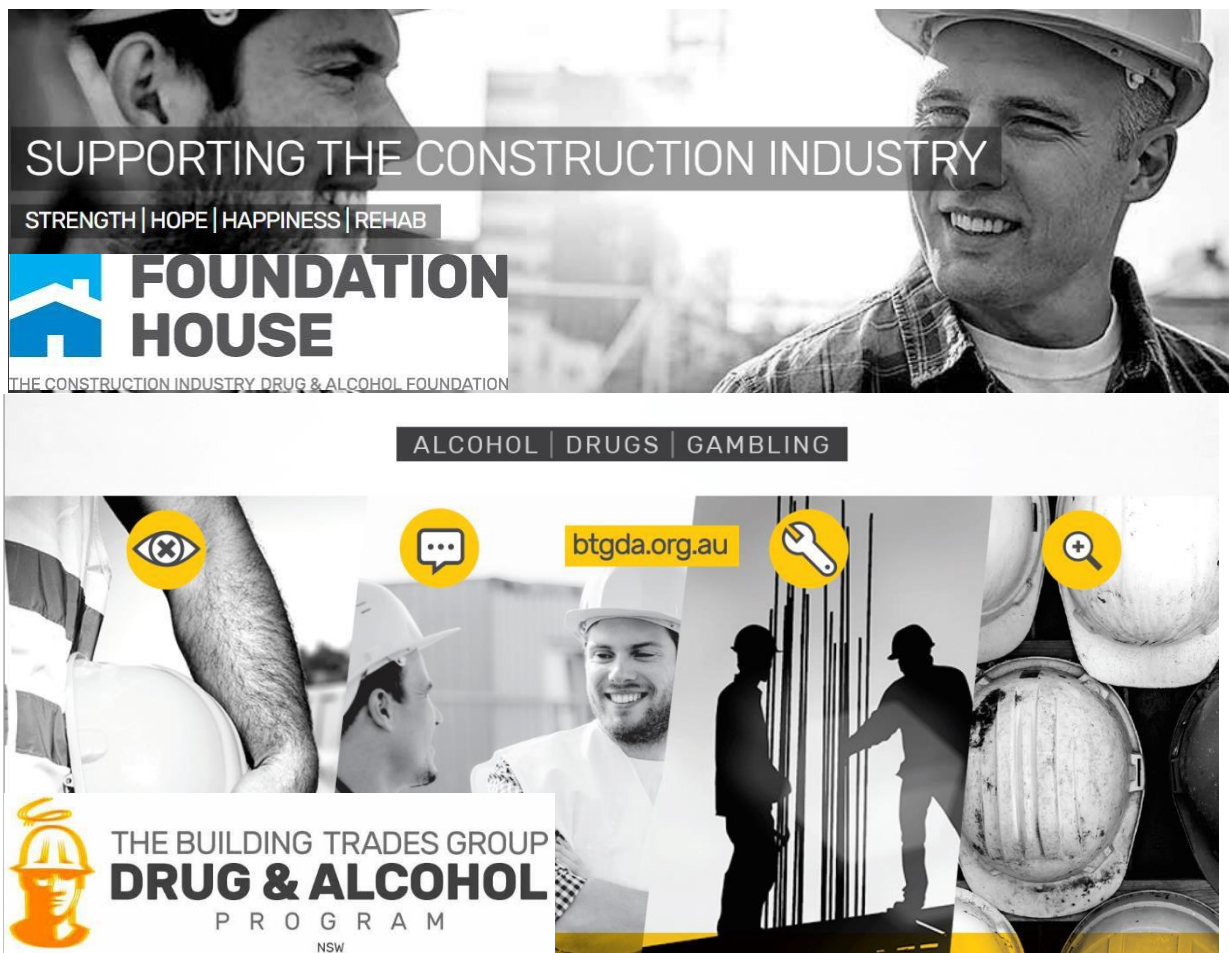


Built

Reduce Harmful Alcohol & Tobacco
Consumption, Avoid Drug Use & Gambling



SUPPORTING THE CONSTRUCTION INDUSTRY

STRENGTH | HOPE | HAPPINESS | REHAB

FOUNDATION HOUSE

THE CONSTRUCTION INDUSTRY DRUG & ALCOHOL FOUNDATION

ALCOHOL | DRUGS | GAMBLING

btgda.org.au

**THE BUILDING TRADES GROUP
DRUG & ALCOHOL
PROGRAM**

NSW



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Introduction

The workplace environment can make it more difficult to have a balanced, healthy lifestyle. Construction workers deal with especially challenging conditions including long work hours, high risk activities, and high levels of stress due to the pressure of meeting program targets. This leaves them more susceptible to 'SNAPO' risk factors – smoking, poor nutrition, alcohol overuse, inadequate physical activities, and obesity. These risk factors can lead to cardiovascular disease and other chronic illnesses. Data shows that substance abuse is a growing concern where construction workers, compared to workers in other industries, having higher rates of smoking and alcohol consumption.

This booklet has been developed to educate our workforce on understanding the negative impacts of harmful habits such as using alcohol, drugs, tobacco as well as gambling, on health and wellbeing.

It covers how to identify when a habit is becoming a dangerous addiction, educational material on the mental and physical health effects of substance abuse, how to reduce consumption and gambling, and information on support services available both through Built and externally.

The booklet also looks at the risks of impairment due to alcohol and drugs in the workplace and the legal consequences. Drugs and alcohol don't mix with a safe workplace – a construction site is a very high risk environment, and mistakes can be deadly.

The resources provided supplement your prior EBA training in Drug & Alcohol Awareness if completed, and you will also find our Built policies and procedures to prevent alcohol and drug impairment on site (DAMP). On all Built sites you will also be connected regularly with Foundation House and The Building Trades Group Drug and Alcohol Program (BTGDA) representatives onsite for in-person support and to be able to ask questions to a professional.

Substance Misuse Alcohol & Other Drugs – Lifeline

Substance misuse – alcohol & other drugs



The misuse of alcohol and other drugs can have a damaging effect on the brain. It is important to get support if you need help to manage a substance use issue.

What is substance misuse?

Substance misuse is the inappropriate or excessive use of substances – alcohol and other drugs. This includes the misuse of illegal substances, such as cannabis, ice and amphetamines, and legal substances, such as alcohol, prescription medications, and nicotine.

Why do people misuse alcohol and other drugs?

People use alcohol and other drugs for a number of reasons. Some of the reasons include to relax, have fun, dull emotional or physical pain, or to escape from problems or difficulties experienced in life. The misuse of substances can lead to a dependence on the substance to cope in certain situations and may prevent you from learning to use healthy effective coping strategies. The use of substances to escape emotional pain or to avoid dealing with issues may be effective in the short term however the long-term impact on your health and wellbeing has serious consequences.

Some substances are highly addictive eliciting a physical and psychological dependence on the substance following regular continued use. People with lower levels of self-control, or an impairment of the brain inhibitory mechanisms, are more likely to develop a substance use disorder.

Signs of substance misuse or addiction:

- neglecting responsibilities and becoming disengaged from activities you previously enjoyed, including work, family, hobbies, sport and spending time with friends

- participating in dangerous or risky behaviours – drink driving, unprotected sex, using dirty needles
- criminal behaviour – stealing, purchase and use of illegal substances, causing physical harm to self or others
- relationship problems – difficulty maintaining relationships, conflict with partner, family or friends, loss of friendships, family or relationship breakdown
- physical symptoms – developing a tolerance to the substance and increased usage to experience the same effects; withdrawal symptoms when not using the substance
- mental illness – substance use may cause a person to experience symptoms of depression, anxiety, paranoia or psychosis and may trigger an underlying mental disorder
- inability to control use of the substance – being unable reduce or stop using the substance
- substance use has significantly taken over your life and impaired your ability to function.

Risks of misusing alcohol and other drugs:

Legal and illegal drugs such as cannabis, ice and cocaine can be misused leading to accidental overdose or death. Misuse of alcohol and other drugs may be to manage or mask the effects of an underlying mental illness which may go untreated. Drug use is a risk factor for suicidality. People under the influence of alcohol or other drugs have impaired judgement, loss of normal inhibition and may act impulsively.

Ready to help 24/7.
 **13 11 14**

www.lifeline.org.au

 **Lifeline**

What if a person doesn't want help?

- Give the person information such as websites, so that they can read about the dangers of alcohol and drug use in their own time. They can also take an online alcohol/drug usage 'test'
- Let them know that you care for them, and are concerned about their wellbeing
- Set boundaries for inappropriate behaviour, e.g. aggression, alcohol/drug use in the home.
- Avoid nagging them to get help
- Ensure they know where to get help should they want to talk about their alcohol/drug use
- See someone yourself e.g. GP, counsellor, psychologist. They can give you tips on how best to support the person, and how to look after yourself



Where to go to for support?

- Phone Lifeline on 13 11 14 (available 24/7) or chat to a Crisis Supporter online at lifeline.org.au (7pm – midnight every night)
- National Cannabis Information and Helpline 1800 30 40 50 (11am–7pm Mon to Fri) or visit www.ncpic.org.au
- Alcoholics Anonymous Australia 1300 222 222 or visit www.aa.org.au
- Narcotics Anonymous Australia 1300 652 820 or visit www.na.org.au
- Quitline: 13 78 48 or visit www.quitnow.gov.au
- Mensline Australia: 1300 78 99 78 (24hrs)
- Kids Helpline: 1800 55 1800
- eheadspace (Age 12–25): www.eheadspace.org.au

For local services and centres in your area, visit the Lifeline Service Finder Directory at www.lifeline.org.au/get-help/service-finder

It is important to identify when your use of alcohol or other drugs becomes a problem and seek help.

For 24-hour telephone crisis support call 13 11 14. For more information visit www.lifeline.org.au

Ready to help 24/7.
 **13 11 14**

www.lifeline.org.au

 **Lifeline**

Drugs, Alcohol & Mental Health – Beyond Blue

Drugs and alcohol change the way your brain and body work. They change the balance of chemicals that help your brain to think, feel, create and make decisions.

If you're going through a tough time, it can be tempting to use drugs and alcohol as a coping strategy. However, these are addictive substances that can cause symptoms of depression and/or anxiety or make an existing problem worse, while making recovery much harder. Some people with depression and/or anxiety can also develop problems with drugs and alcohol, which may also need treatment.

Changing drug and alcohol habits can take time, but with support and perseverance you will notice positive changes in your mental and physical wellbeing.

Drugs, alcohol and your mind



Drugs and alcohol affect the chemical messaging processes in your brain, so it's difficult to predict how you will respond to them. Everyone is different. Every drug is different. And with illegal drugs you never quite know exactly what's in them.

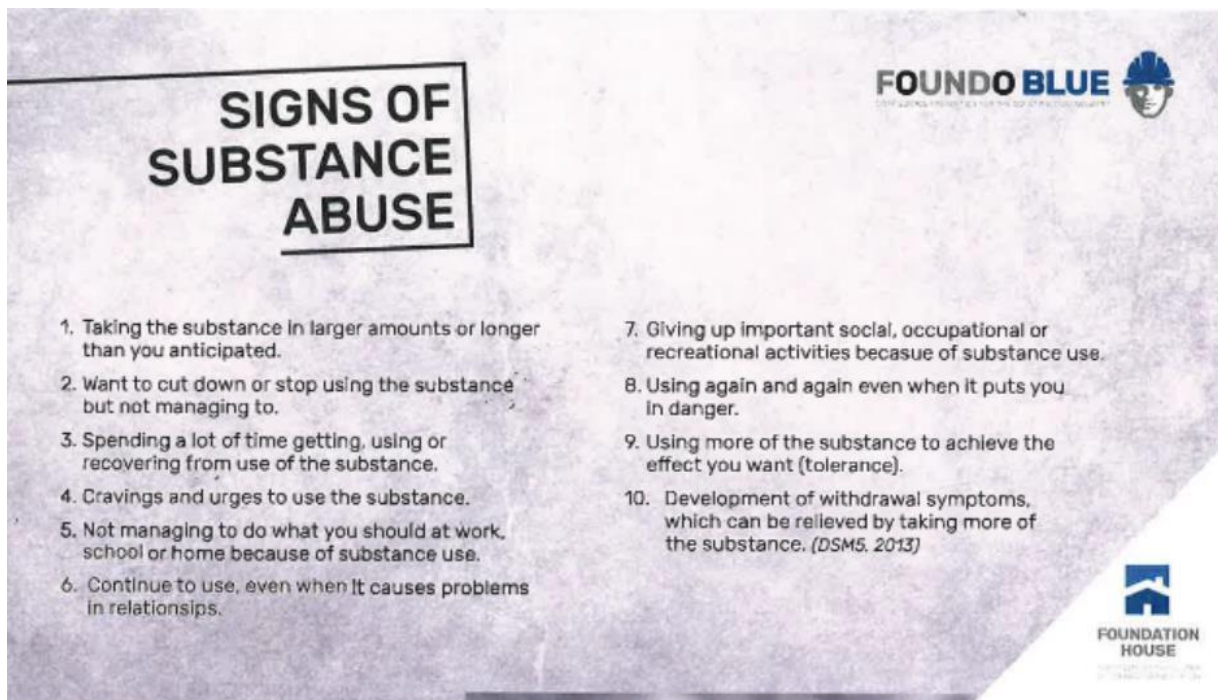
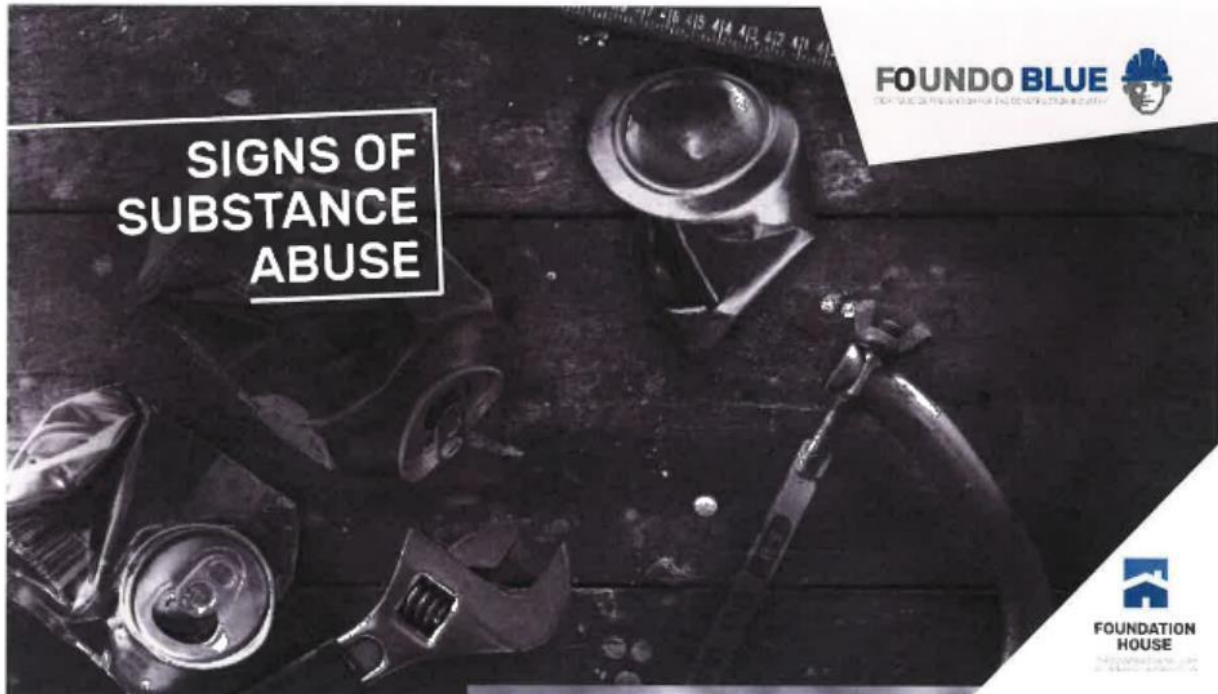
Some people use drugs or alcohol because they think they will make them feel better, but they can actually leave you feeling worse – anxious and agitated, or flat, unmotivated and moody. Your sense of reality can be affected too.

These reactions may be short term but they can still affect the way you think, make decisions and behave. There is a risk that while intoxicated you might act in ways that are out of character and that you later regret; you might act aggressively, take unnecessary risks or attempt to hurt yourself. Regular use can create health problems, affect your relationships with your friends and family, as well as causing potential problems for you at home or work.

If you're taking prescribed medication for anxiety or depression, it's also important to remember that alcohol and most illegal drugs interact with your medications and can reduce their effectiveness or increase the chance of side effects. If you've been drinking large amounts of alcohol or taking other drugs, tell your doctor so that they can assist you to get appropriate treatment.



Recognising Substance Abuse – Foundation House



STRESS & STRESSORS

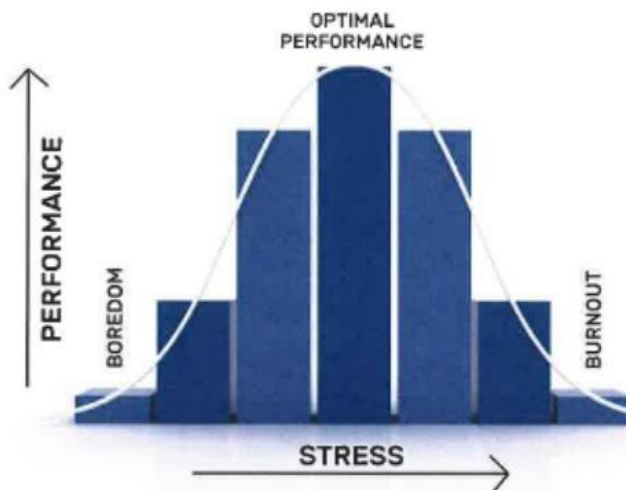
WORK RELATED STRESS

- Long hours
- High pressure
- Deadlines
- Missing family time
- Job insecurity in the industry

LIFE DIFFICULTIES

- Death
- Grief
- Loss
- Financial stress (mortgage, car, etc)
- Health Concerns
- Family pressure

THE STRESS CURVE



HELPFUL vs UNHELPFUL STRESS

SIGNS OF STRESS

PHYSICAL

Feeling tense, difficulty relaxing, excessive alertness, reduced energy, headaches, low immunity.

EMOTIONAL

Distress, worry, anxiety, guilt, irritability, angry outbursts, lack of confidence.

COGNITIVE

Thoughts that you are not coping, fatigue, self-criticism, suicidal thoughts, difficulties with memory and concentration.

BEHAVIOURAL

Altered sleep patterns, altered eating, use of drinking/drugging/gambling to avoid tasks, avoiding situations/places, decreased sex drive.

LOOKING AFTER YOURSELF & OTHERS

Exercise	Take care of the basics	Maintain a routine	Don't label yourself as crazy	Reach out	Limit alcohol/drugs, gambling	Check on others
Keep a journal	Don't make big life decisions	Eat well	Rest	Make Time for 'you'	Keep making daily decisions	Spend time with loved ones

Smoking & Tobacco Consumption – QUIT

Smoking causes disease

Smoking harms almost every organ in your body. But because it happens gradually, you may not notice. The strain put on your body by smoking often causes years of suffering.

Tobacco smoke is made up of over 7000 chemicals. At least 69 of them are known to cause cancer. Many of these chemicals pass through your lungs into your bloodstream. They go everywhere your blood flows.

Smoking can cause many serious diseases including:

- › **cancer** of the lungs, mouth, nose, throat, sinuses, oesophagus, pancreas, kidney, stomach, liver, bladder, bowel, ureter, ovary, cervix and bone marrow (leukaemia)
- › **lung diseases** such as chronic obstructive pulmonary disease, which includes emphysema and chronic bronchitis
- › **heart disease, stroke and diabetes**
- › **poor blood circulation** in feet and hands, which can lead to pain and, in severe cases, gangrene and amputation
- › **other conditions** such as blindness, hip fractures, rheumatoid arthritis, painful ulcers and for men, erection problems.

Two in three people who smoke all their lives will die from their dependence, on average 10 to 15 years earlier than non-smokers.

All cigarettes are toxic

It doesn't help if you smoke weaker-tasting cigarettes such as those labelled 'fine', 'smooth' or 'white'. You still end up inhaling the same amount of chemicals as you would from stronger-tasting cigarettes, so they do the same amount of damage.

There is no safe level of smoking

Cutting down the amount of tobacco you smoke every day may save you money. But studies show that it does very little for your health compared to stopping smoking completely. Even smoking a few cigarettes a day increases your risk of early death. Cutting down can help some people when used as a step towards stopping smoking altogether.

Your body can only start to recover when you stop smoking completely.



Do you know why you want to stop smoking?

People who have stopped smoking say it's important to be clear about your reasons. Work out what reasons are important to you. You may have tried to stop before, maybe many times. It's still a good idea to remind yourself why you want to stop.

What are you looking forward to when you stop smoking?



Feeling healthy

Less coughs, phlegm and wheezing. Fight off colds and the flu more easily.



More money

20 cigarettes each day = \$10,000+ every year

How much money will you save?

Use our calculator at www.quit.org.au.



Getting fit

Exercising becomes easier.



Freedom from the hassles of smoking

White teeth, no stained fingers, the house and car smelling fresh and clean, and never having to check you have enough cigarettes.



Less stress

Within a few months of stopping, most people feel less stressed than when they were smoking.



Taking back control

Many people come to realise that they are dependent and are not really choosing to smoke. Taking back control feels good.



More confidence

Once you succeed, you will have more confidence to take on other challenges.

When you stop smoking

Within 6 hours

- › Your heart rate slows and your blood pressure becomes more stable.

Within a day

- › The level of toxic carbon monoxide in your blood drops and oxygen more easily reaches the heart and muscles.
- › Your fingertips become warmer and your hands may be steadier.

Within a week

- › Your sense of taste and smell may improve.

Within 2 months

- › You cough and wheeze less.
- › Your immune system begins to recover so your body is better at fighting off infection.
- › Your blood is less thick and sticky and blood flow to your hands and feet improves.

Within 6 months

- › Your lungs' natural cleaning system starts to recover, becoming better at removing mucus, tar and dust from your lungs.
- › You are less likely to cough up phlegm.

After 1 year

- › Your lungs are healthier and you are breathing easier than if you'd kept smoking.

Within 2 to 5 years

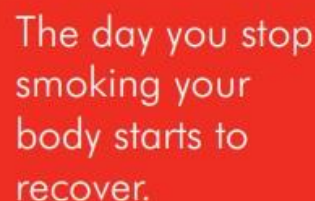
- › There is a large drop in your risk of heart attack and stroke which continues to decrease over time.
- › For women, the risk of cervical cancer is the same as someone who has never smoked.

Within 10 years

- › Your risk of lung cancer is lower than that of someone who still smokes.

After 15 years

- › Your risk of heart attack and stroke is close to that of a person who has never smoked.



The day you stop smoking your body starts to recover.

Gambling – Lifeline

What is problem gambling?



When gambling becomes a problem

Gambling can take the form of pokies, lotto, scratchies, card games, racing or other forms of betting. Each year, 70% of Australians participate in some type of gambling, but for some, gambling can quickly become a problem.

Problem gambling does not have to mean you are totally out of control; it is any gambling behaviour that disrupts your life, or the life of your loved ones. For many, accepting that their gambling is becoming a problem can be difficult. A common reaction is to minimise, hide or deny gambling problems and the harm it could be causing. Some people might also actively lie to themselves or others about how much money or time is being spent on gambling.

Impact of problem gambling

- Debt or other financial problems
- Relationship problems – arguments, disagreements or loss of connection with friends and family
- Loss of a job or problems at work due to lack of motivation, absences, inability to concentrate on work
- Mental and emotional health concerns – increased stress, depression, panic attacks
- Negative impacts on family, especially children – may start getting in the way of being a good parent
- Loss of control – gambling can be addictive and starts to take over, it can be hard to stop even when you know it is causing you and your family harm

Call Lifeline on 13 11 14

We're here to listen.

We're here for you.

Gambling facts

- The average amount a problem gambler loses per year is \$21,000
- People with gambling problems are six times more likely than non-gamblers to get divorced
- Problem gamblers are four times more likely to suffer from alcohol abuse
- Children with parents who are problem gamblers are up to 10 times more likely to become problem gamblers themselves (source: The Problem Gambling Treatment and Research Centre, Children at risk of developing problem gambling, May 2010)

How do I know if I have a problem?

If you experience any of the following:

- Spend more money and time than you intend to on gambling
- Feel guilty and ashamed about your gambling
- Try to win back your losses
- Miss important things in life such as family time, work, leisure activities or appointments because of gambling
- Think about gambling every day
- Have arguments with friends or family about your gambling
- Lie or steal to get money for gambling
- Get into debt or struggle financially due to gambling
- Worry about any other aspect of your gambling activities

Ready to help 24/7.
 **13 11 14**

www.lifeline.org.au

 **Lifeline**

How to help yourself

Taking steps to get help now to overcome gambling problems can help you regain control of your money, time and life, and reduce the impacts on your mental health, family, and relationships.

- 1 Identify or admit you may have a problem or be at risk of developing a problem.
- 2 Talk to someone you trust about your gambling. This will be the first step to finding the best way forward and developing a plan to cut down or stop.
- 3 Call the Gambling Helpline (1800 858 858 – any time 24 hours). They can talk to you confidentially and provide information and self-help tools.
- 4 Contact a gambling help service such as Gamblers Anonymous or another service in your local community. Even one session with a counsellor or support worker can help you assess your situation and set up a plan to help you.
- 5 Ask a friend to check in with you. Having the support of a close friend can be very helpful.
- 6 See a financial counsellor. After seeking help for your problem gambling behaviours, a financial counsellor can assess your financial concerns and help set up a plan to manage debts.



What can you do to help?

- Identify you have a problem
- Talk to someone you trust
- Contact the Gambling Help online – 1800 858 858
- Contact a local support group such as Gamblers Anonymous (GA)
- Ask a friend to check in with you

Where to go to for support and more information

Below are some of the places to go for information and support:

Gambling Help Online – 1800 858 858 (24hrs)

Gamblers Anonymous – <http://gaaustralia.org.au>

For local services and centres in your area, including problem gambling support, visit the Lifeline Service Finder Directory at www.lifeline.org.au/get-help/service-finder

If you are ever feeling overwhelmed and in need of support, please phone Lifeline on 13 11 14 (available 24/7) or chat to a Crisis Supporter online at lifeline.org.au (7pm-midnight every night).

Problem gambling does not have to mean you are totally out of control, it is any gambling behaviour that disrupts your life or relationships.

It can be hard to know if your gambling is getting out of control.

Seek help and take back control of your life.

For 24-hour telephone crisis support call 13 11 14. For more information visit www.lifeline.org.au

Ready to help 24/7.
 **13 11 14**

www.lifeline.org.au

 **Lifeline**

The Building Trades Group Drug and Alcohol Program (BTGDA)

The Problem

Many people in the building and construction industry acknowledge that alcohol has been part of the industry's culture for many years. These claims that high levels of alcohol and other drug consumption occurs in the industry is supported by research, data and most stakeholders.

These high levels of consumption, coupled with the fact that the building and construction industry is the second most dangerous industry in Australia, creates a set of very real personal and industrial risks in the workplace.

The Industry & it's workers

The building and construction industry is a diverse set of workplaces that brings together a unique collection of characters and lifestyles. It is a predominantly male environment where drinking forms a major part of its camaraderie dynamic, and alcohol is used as a reward for, and means of celebrating, a job well done.

The industry also has a lot of young, inexperienced and easily influenced workers who earn extremely good money and are presented with a vast array of ways to spend it. These young workers are often victims of peer pressure which can be dangerously negative, often encouraging reckless behaviour in regard to alcohol, drugs and other lifestyle choices.

The Program development and background

In 1989 Patricia Carr, the Workers Compensation Officer for the CFMEU, was concerned that the abuse of alcohol and other drugs in the building industry was leading to accidents and an unsafe workplace and these risks weren't being confronted.

In response, Pat established the Building Trades Group of Unions (The Building Trades Group) Drug and Alcohol Committee and invited building workers to become involved in its activities. The Committee met regularly with building workers on construction sites and after much discussion, drafting and redrafting, a program and workplace policy for the building and construction industry was developed.

The Program policy was then taken to mass meetings of workers where it was endorsed unanimously and then to The Building Trades Group where it was endorsed and became Building Trades Group Policy. 21 years since its inception, the program, is now being implemented nationally, achieving a high level of acceptance and becoming institutionalised within the industry. It is now a standard inclusion in all Enterprise Bargain Agreements negotiated in NSW.

<p>1. Health Costs</p> <p>Excessive alcohol intake, including short episodes of binge drinking and long term heavy drinking, is also a major risk factor for injury, illness and death. Illicit drug use is also a risk factor for health, wellbeing, mental illness and suicide. An impairment-aware workforce is a safer workforce, a more reliable workforce, and delivers better peer support.</p>	<p>2. Workplace Costs</p> <p>Using drugs and alcohol can also adversely affect workplace safety and productivity. This can include an increased risk of incidents, absenteeism and presenteeism. It is estimated that alcohol use contributes to 5% of all workplace deaths. Lost productivity in the workplace because of alcohol costs \$3.5 billion annually, with alcohol related absenteeism estimated at between \$437 million and \$1.2 billion.</p> <p>Source: mja.com</p>	<p>3. Legislation</p> <p>Recently there has been a change in regulatory requirements on job sites. That means if you're tendering for government work you are required to achieve relevant code compliance. We can assist with the rapid need for processes, management training and education on site. Further, there needs to be help available for workers who may test positive or identify as being at risk as a result of the training.</p>
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Case Management

When a worker contacts the Building Trades Group for help, we are able to provide case management assistance, facilitating a smooth pathway into Foundation House or counselling services.

Case Management takes a 'big picture' view of the workers' situation and after an initial assessment, helps the individual to manage their process into getting the help they need, such as arranging detox, liaising with the workers' employer and the union if necessary, and ensures they get full access to the services available to them.

In the instance that the worker goes into residential rehabilitation at Foundation House, The Building Trades Group Case Management team member then facilitates a handover, delivering clear and concise facts about their case so it's a smooth start to the recovery process.

When the person is leaving residential rehabilitation, they engage again with their Case Management team member, giving them an extra element of support as they move along their recovery path. If there are concerns, they are supported and acted on.

Critically, all records and conversations are totally confidential and are only used at Foundation House in relation to their treatment.

If you want to speak to a Building Trades Group team member about Case Management, please visit our Contact Us page.

Outreach Counselling

Workers who have been through Impairment Training with the The Building Trades Group Drug and Alcohol Program (BTGDA) are entitled to five free counselling sessions with a Foundation House rehabilitation centre professional. Our trainers have found that workers sometimes decide they need help or advice after impairment training and this service gets them started on their recovery journey.

The foundation House is a Sydney based rehabilitation program set up for construction workers and their families offering a 289 day rehab program for drugs, alcohol and gambling, and offer services for rehabilitation when they are needed.

Pathway to recovery

The Building Trades Group Drug and Alcohol Committee have a strong commitment to the health and well being of all workers and offer a pathway to recovery. This is done in partnership with the Construction Industry Drug and Alcohol Foundation (CIDAF).

If an employee tests positive after having completed Workplace Impairment Training, they will be referred to CIDAF for counselling and/or treatment at Foundation House.

<https://www.foundationhouse.net.au/>

Foundation House is an alcohol, drug and gambling treatment centre. We offer 28-day residential rehab services and ongoing support through ongoing outpatient counselling and relapse prevention.

Foundation House opens its doors to anyone who is in need of rehabilitation services and meets our admission criteria. Foundation House is often seen as the 'first step' for clients seeking drug, alcohol and gambling rehabilitation with our 28-day in-patient residential program.

Foundation House offers an empathic and kind approach to people entering our residential program. Our qualified and experienced staff sit down with clients, really talk to them, and create a tailored program during the assessment stage that is going to address the clients' needs best and give them the care they need.

Foundation House is a trauma informed service and our four week program provides a safe platform where complex needs can be supported. We respect that many clients come in with conditions like depression, anxiety, and complex mental and physical health needs. Foundation House staff are proactive about setting up referrals for additional medical care outside of Foundation House, and equipping clients with the tools and strategies they need to rebuild their lives.

Foundation House also knows that many clients need support to establish and increase their recovery capital, and social capital, and our relapse programs connect our clients with many other people who know exactly where they're coming from, share similar values and can offer genuine support.

Our rehabilitation clients often find their way to us via workplace training and toolbox talks and impairment training delivered by the BTGDA program. Foundation House represents a pathway that is far more than a standard employee assistance program or referral service. Foundation House delivers hope, strength and happiness.

Foundation House is a non profit organisation largely funded by the Construction Industry. We receive limited government support.



Alcohol & Drug Workplace Impairment –



Alcohol and drug impairment

Alcohol and drug use may impair workers' physical and mental health and work performance. Impaired workers may have difficulty completing tasks, operating machinery safely, and/or cooperating with management, co-workers, and the public.

Impairment is commonly associated with alcohol and illicit drug use. However, alcohol and illicit drug use is just one factor which may impair workers' physical and mental health and work performance in the short- or long-term.

Impairment factors

Workers can also be negatively impacted by:

- pharmaceutical drug use, both prescribed and over-the-counter drugs
- illness (chronic or temporary), injury, and mental health conditions (e.g., diabetes, pain, fatigue, stress, post-traumatic stress, depression, anxiety)
- overwhelming and/or traumatic life events (e.g., relationship problems, loss and grief, moving house, financial stressors)
- unusual and/or dangerous, stressful working conditions and environments (e.g., exposure to chemicals, extreme temperatures, shift work, repetitive tasks).

These factors can contribute to risky alcohol and drug use, and vice versa.

Workplaces can increase alcohol and drug use and risk.

For example:

- Shift workers may use methamphetamine to help them stay awake and alert
- Injured workers may become dependent on painkillers
- Workers may harm themselves or others after a few 'knock-off bevies'

Employers have a responsibility to address working conditions and cultures which negatively impact workers' alcohol and drug use.

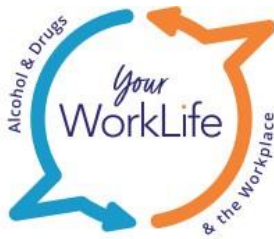
See [How-to-Guide: Assessing Workplace Alcohol and Drug Risk](#) for more information.

1

Produced by the National Centre for Education and Training on Addiction (NCETA), Flinders University with funding from the State Government of South Australia.

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www.nceta.flinders.edu.au | nceta@flinders.edu.au | 08 8201 7535





Alcohol and drug impairment

Impairment and risk

Impaired workers put themselves and others at risk and may have difficulty completing tasks, operating tools and machinery safely, making decisions, and/or cooperating with management, co-workers, and the public.

Employers and workers are jointly responsible:

1. for maintaining a safe working environment
2. identifying, reporting, and managing risk to reduce workplace harm.

Workplace alcohol and drug policies are crucial. They help employers and workers reduce alcohol- and drug-related risk by:

1. defining impairment
2. training staff to identify and respond appropriately to impaired workers
3. educating workers about low risk alcohol and drug use
4. encouraging workers to discuss alcohol and drug use with managers, supervisors, and team leaders and to access support services
5. detailing confidential reporting and return to work procedures.

How do you identify alcohol- and drug-related impairment?

Workers can be impaired by alcohol or drugs if they are:

1. under the influence/intoxicated
2. experiencing poisoning/overdose
3. experiencing long-term effects.

Different substances can lead to various forms of impairment.

Impairment can be:

- | | | |
|---------------|-------------|---------------------------------------|
| ■ physical | ■ obvious | ■ long-term |
| ■ mental | ■ subtle | ■ heightened by working environments, |
| ■ behavioural | ■ temporary | conditions, and activities. |

Common indicators of alcohol and drug impairment are detailed below. Please note that this list is not exhaustive. There are A LOT of alcohol and drug use indicators, of which any number singly or in combination can also exacerbate a medical condition or stressful work/life circumstances.



Alcohol and drug impairment

Indicators of alcohol and drug impairment

Physical indicators

- Blurred vision
- Chest pain
- Clumsiness
- Dizziness/fainting
- Excessive sweating
- Fatigue/increased tiredness
- Headaches
- High blood pressure
- Nausea
- Odour
- Poor immune system
- Rapid heart rate
- Reduced coordination
- Shaking/shivering
- Sleeplessness
- Slow reflexes
- Slurred speech
- Stumbling
- Unexplained bruises
- Teeth grinding
- Weight gain
- Weight loss

Mental/cognitive indicators

- Anxiety
- Brain damage
- Confusion
- Depression
- Distorted perceptions of speed and distance
- Lethargic/drowsy
- Loss of enjoyment/feeling numb
- Paranoia
- Persistent sadness/feelings of hopelessness
- Poor concentration
- Poor memory
- Psychosis
- Slowed reaction times

Behavioural/social indicators

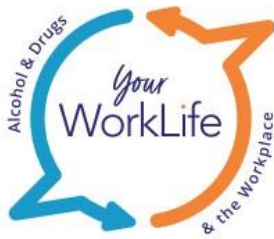
- Avoiding work duties or usual activities
- Dependence
- Deteriorating personal hygiene or appearance
- Exaggerated verbal or emotional responses
- False sense of confidence and/or power
- Family disharmony
- Frequent absences
- Frequent lateness or leaving early
- Hyper-vigilance and need to control environment
- Increased incidents or mistakes
- Irritability/agitation
- Lying
- Mood swings
- Reduced performance
- Restlessness
- Talkativeness
- Unusual negativity and constant worrying
- Withdrawing from friends and family

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Alcohol and drug impairment

Responding to workers' alcohol and drug use

If you are concerned about a worker's alcohol and drug use, behaviour, health, and/or performance, see [How-to-Guide: Having Helpful Conversations](#) for advice on how to approach and speak with workers about sensitive matters.

Workers who are intoxicated at work and/or grossly impaired will need to be immediately removed from the work environment. See [How-to-Guide: Critical Alcohol and Drug Situations](#) for advice about how to approach and manage intoxicated and/or aggressive workers.

Follow the [10 Principles for Responding to Intoxicated Workers](#) if a worker is agitated, pacing, and using threatening gestures or language.

Workplace adjustments

A range of workplace adjustments may be negotiated and implemented for workers who are impaired by alcohol and/or drugs, or other mental and physical health conditions.

Temporary and ongoing impairments may require different approaches.

Employers are required to make reasonable adjustments for workers using prescribed medicine and/or suffering from illnesses which impact their ability to complete their usual tasks.

Common workplace adjustments for workers include:

- Flexible working arrangements (e.g., working from home, part-time, varied start/finish times)
- Longer or more frequent breaks
- Providing extra supervision
- Dividing large projects into smaller tasks, to-do lists, checklists, task cards
- Personal digital assistants (PDAs) or smart phones to assist with memory and planning
- Progression planning
- Allowing time off for rehabilitation, assessment, or treatment
- Providing additional training, mentoring, supervision and support
- Modifying disciplinary, grievance, and reporting procedures
- Moving to different worksite either closer to home or with improved working environment
- Workplace education about stigma and inclusiveness
- Address workplace culture if there is a strong culture of alcohol and/or drug use.

The above list is not exhaustive.

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Alcohol and drug impairment

The most important thing is to collaborate with the worker and any treating professional to determine what is needed. Do not make assumptions about what the worker needs.

Most adjustments are low cost. Funding for workplace adjustments for eligible workers is available through the Employment Assistance Fund (<https://www.jobaccess.gov.au/employment-assistance-fund-eaf>).

Referral and return to work

Workers on return to work programs require employers, doctors, and rehabilitation specialists to work together and to communicate regularly and clearly on what work can be undertaken and what work should be avoided during the return to work process.

The return to work agreement should:

1. make clear statements about tolerance for drug use and hangovers at work
2. encourage workers to notify supervisors and/or their treatment/support team if they lapse and need to call in sick to work
3. state clearly whether:
 - the worker is to remain in treatment, and provide them with flexibility to attend appointments
 - there will be periodic drug and alcohol testing
4. consider how the work environment and culture may contribute to a worker's relapse.

See [Fact Sheet: Getting Help and Return to Work](#) for more information about referral and return to work options.

Resources and handouts are available at <https://worklife.flinders.edu.au/external-site-resources>.

References are available at <https://worklife.flinders.edu.au/references>.

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Workplace Stress, Alcohol & Drug Use – WorkLife



Workplace stress & alcohol and drug use

What is stress?

Stress is a physical, mental, and emotional response to environmental demands and/or threats. It can arise from personal, work, family or social circumstances (e.g., grief, loss, trauma, violence or poverty).

At low levels, stress can be beneficial. It increases alertness and focus, and can improve performance. It activates the **fright, flight or fight** response. If stress is prolonged or excessive, it can be harmful and lead to:

1. chronic physical and mental health problems
2. increased alcohol and drug use.



Factors that contribute to workplace stress

Workplace stress occurs when workers feel they do not have the physical, mental, financial, material, and/or timing resources and supports required to meet workplace demands. Stress may be caused by difficult work conditions, demands or relationships.

Working conditions	Work demands	Relationships
<ul style="list-style-type: none"> Physical characteristics of the workplace (e.g., temperature, noise, crowding, vibrations) Inadequate resources to work safely and efficiently Shift work and changing rosters Travel and long commutes Excessively long shifts Inadequate recovery time between shifts. 	<ul style="list-style-type: none"> Unrealistic workloads Lack of role clarity Limited control over work Repetitive work Deadline pressure Job insecurity Low levels of recognition and reward Inadequate training and support Organisational change Working long hours, taking work home Prolonged or intense mental or physical activity. 	<ul style="list-style-type: none"> Unfair treatment (e.g., bullying, harassment, underpaying, playing favourites, overloading with work, denying opportunities) Culture of blame Conflict with managers, supervisors or co-workers Lack of, or poor communication between manager and workers Strained working relationships Discrimination Limited support by managers and co-workers.

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Workplace stress & alcohol and drug use

Workplace stress and alcohol and drug use relationships

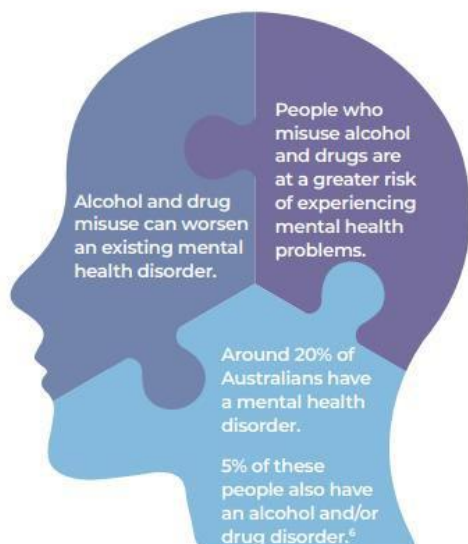
Workers exposed to long and/or excessive periods of workplace stress are at greater risk of experiencing:

1. anxiety and depression
2. heart disease, high blood pressure, and weakened immune systems
3. fatigue
4. injury and accidents
5. risky alcohol and/or drug use and its associated financial, social, physical and mental harms.

There is a complex relationship between chronic stress and alcohol and/or drug use.

Workers may:

- require prescription medicine to overcome the physical and mental illnesses associated with chronic stress
- experience a temporary release from work and life pressures and/or physical and mental pain through the use of alcohol or drugs.



Workplace Stress Indicators

High rates of:

- absenteeism
- staff turnover
- accidents and injuries
- worker compensation claims
- conflict between management and staff, and co-workers
- bullying allegations.

Low:

- productivity and efficiency
- job satisfaction, morale and team cohesion
- quality of relationships
- client satisfaction (e.g., with customer service).

Individual Stress Indicators

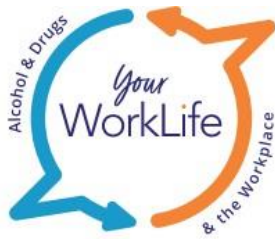
- Fatigue
- Headaches and muscular tension
- Mood swings
- Drop in work performance
- Sleep disturbances
- Stomach upsets and indigestion
- Memory problems
- Feeling frustrated, irritable, angry or worried.

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Workplace stress & alcohol and drug use

Using alcohol or drugs does not reduce the amount or severity of stress and pain in someone's life. Rather, long-term reliance on alcohol or drugs as a coping mechanism can exacerbate existing problems or cause new ones, such as a substance use disorder.



Alcohol

Alcohol can contribute to:

- depression and/or an alcohol-related mental health disorder
- increased risk of self-harm and suicide
- poorer outcomes for people with existing mental health conditions.



Cannabis

Ongoing and regular cannabis use can contribute to the development of mental health symptoms or worsen an existing mental health condition.

Cannabis has been linked to several mental health conditions including:

- panic attacks
- depression and anxiety
- psychotic episodes
- schizophrenia.



Methamphetamine

Workers may use methamphetamine to help them work harder and longer and counteract stress and/or fatigue. However, several mental health symptoms may be experienced during the intoxication and/or 'come down' and 'crash' phase.

Mental health effects include:

- mood swings and panic attacks
- anxiety and depression
- paranoia and hallucinations
- loss of enjoyment in usual activities
- difficulty sleeping.

Regular methamphetamine use can cause:

- 'ice psychosis' which can result in aggressive or violent behaviour
- social, work and financial problems.



Cocaine

Cocaine has similar effects as methamphetamine. Workers may use cocaine for the same reasons they use methamphetamine. That is, to help them work harder and longer and to counteract stress and/or fatigue.

In addition, cocaine may be viewed as more desirable than methamphetamine as it is often seen as a celebrity party drug.

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Workplace stress & alcohol and drug use



Heroin

Workers may use heroin and/or other opioids to improve mood and/or reduce pain. While heroin's immediate effects include euphoria, pain relief, and drowsiness, regular and ongoing use:

1. is linked to depression
2. can worsen symptoms of depression and anxiety
3. can increase suicide risk
4. can lead to heart and blood vessel disease.

Heroin can also mask symptoms of psychosis and reduce the effectiveness of psychiatric medication.



Prescription and over-the-counter medicine

Medicines can impact stress in various ways. Workers may be prescribed medicine for mental health issues and/or physical ailments.

However, some medications can worsen feelings of stress if taken with other drugs and/or alcohol. Medicine should always be taken on the advice of a doctor, chemist, and as directed on the pack.

Resources and handouts are available at <https://worklife.flinders.edu.au/external-site-resources>.

References are available at <https://worklife.flinders.edu.au/references>.

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Alcohol & the Workplace – WorkLife



Fact
sheet

Alcohol

Alcohol and work can both have significant roles in our life:

- work colleagues often gather at the end of a long and/or stressful working day or week to share a couple of drinks and chat about their lives, families, and work
- workplaces arrange formal social events throughout the year to show appreciation to workers and facilitate team building
- some workplaces celebrate milestones with a 'slab of beer'.

Workplace culture and environments can shape workers' drinking habits. Sometimes, this influence may be harmful to individual workers and the broader working environment.

Work-related drinking may negatively impact individual and work health, safety, wellbeing, and productivity. Some populations and industries are at increased risk of alcohol-related harm.

Australia's alcohol guidelines

Risky alcohol use is very common among Australian workers.

Australian guidelines recommend:

- To reduce the risk of harm from alcohol-related disease or injury, healthy adults should drink no more than 10 standard drinks a week and no more than 4 standard drinks on any one day.

Pregnant women and young people aged under 18 are recommended to not consume alcohol at all.

See the National Health and Medical Research Council's (NHMRC) [Australian Guidelines to Reduce Health Risks from Drinking Alcohol](#) for more information.

> Quick facts



87% of Australians drink alcohol²



30% drink at a long and short-term risk levels²



1 in 5 workers drink at short-term risk levels weekly²



1 in 6 workers drink at short-term risk levels monthly²



1 in 5 workers drink at long-term risk levels²

1

The Managing Drug & Alcohol Risk to Safety & Worker Wellbeing resource was funded by Drug and Alcohol Services of South Australia (DASSA).

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Risky alcohol use:

- directly and indirectly impacts workplace health, safety, wellbeing, and productivity
- is involved in over 10% of workplace accidents⁶
- costs Australian businesses an estimated \$8bn per year in lost productivity due to alcohol use⁴ and absenteeism.⁷

Even low levels of alcohol consumption may increase workplace risk and reduce productivity if workers drink in the wrong place, at the wrong time, or under the wrong circumstances.

At-risk workers and industries

Risky drinking is more common among some workers in some industries. Some workers are also more likely to experience workplace injuries than others. For example, young Australians aged under 29 years are:

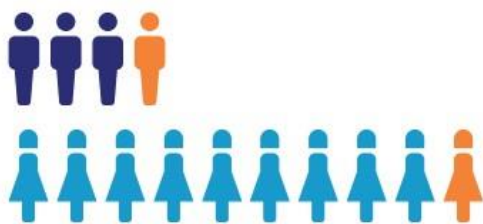
1. most likely to engage in short-term risky drinking²
2. a high risk group for sustaining workplace injuries.²

Males are also more likely than females to drink alcohol at risky levels.



Long-term risky drinking

1 in 4 males (28%) and 1 in 10 (11%) females drink at long-term risk levels.²



Short-term risky drinking

1 in 2 males (42%) and 1 in 4 females (23%) drink at short-term risk levels monthly or weekly.²



Workplace factors that influence workers' alcohol consumption include:

Working conditions | Age and gender | Availability of alcohol | Workplace culture



Responding to alcohol risk factors

Employers cannot reduce all workplace risk factors that contribute to workers' alcohol use.

However, they can encourage workers to drink alcohol responsibly and reduce the likelihood of workers attending work impaired by alcohol by:

- assessing the workplace social, cultural, and environmental factors that contribute to risky drinking (see [Fact Sheet: Assessing Workplace Alcohol and Drug Risk](#))
- developing a comprehensive Alcohol and Drug Policy to address your workplace risk factors (see [Topic 2: Workplace Alcohol and Drug Policies](#))
- promoting social and team-building events which support responsible drinking or non-drinking practices
- conducting regular worker awareness sessions and/or toolbox talks about alcohol use
- encouraging workers with alcohol problems to seek help from treatment services (see [Fact Sheet: Having Helpful Conversations](#)).

Incident management

Workers can be affected by alcohol if they are intoxicated or hungover. Workers affected by alcohol may be a risk to themselves and others.

The effects of alcohol can last several hours, and may be detected in a person's bloodstream several hours after the last drink, and even the following day.

However, it can be difficult to know if a worker is affected by alcohol or experiencing a health condition.

Do not assume that workers are affected by alcohol simply because they show certain indicators or behaviours.

1 in 3



Over 1 in 3 workers employed in construction, and utilities drink weekly at short-term risky levels.²

1 in 4



Over 1 in 4 workers employed in hospitality, arts & recreation, utilities, and mining drink at risky short-term levels on a monthly basis.²

Indicators of alcohol use

Slurred speech

Hazy thinking

Delayed reactions

Concentration loss

Dulled hearing

Blurred vision

Loss of coordination and balance.



The short-term risks associated with alcohol consumption include:

- impaired judgement of speed and distance
- slowed reaction times and responses
- loss of coordination, vision, and hearing
- heightened sense of confidence about ability to perform tasks
- decreased ability to operate machinery, drive and make decisions
- aggressive or inappropriate behaviour
- diminished sense of safety amongst co-workers and workplace morale.

If you believe a worker is experiencing problems with alcohol, approach them from a safety first perspective.

Attending work under the influence of even small amounts alcohol increases the likelihood of accidents and injuries, co-worker and/or customer conflict, and fatalities.

If you think a worker is experiencing problems with alcohol, approach them for a confidential conversation.

See the [Fact Sheet: Having Helpful Conversations](#) for more guidance about supporting workers struggling with their alcohol and drug use and/or mental health.

Intoxicated workers need immediate removal from the work environment.

For more information about responding appropriately and safely to critical incidents, see:

- [Fact Sheet: Critical Alcohol and Drug Situations](#)
- [10 Principles for Responding to Intoxicated Workers](#).

References are available at <http://worklife.tmp-s.com/alcohol-and-drug-risk/alcohol/references>.

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Drugs & the Workplace – WorkLife



Methamphetamine

Methamphetamine belongs to the 'stimulant' group of drugs. It stimulates the brain and central nervous system (CNS) and temporarily increases alertness and physical activity.

There are 3 main forms of methamphetamine:

1. Speed (also known as go-ee, whiz, rev or uppers)
2. Base (also known as pure, point, paste or wax)
3. Crystal methamphetamine (also known as ice, crystal meth, meth or shabu).

Crystal methamphetamine is usually the purest, most potent, and most common form of methamphetamine used in Australia.

Typically, it is a coarse or fine colourless or white crystalline material. Although methamphetamine can be snorted, injected, swallowed, or smoked, crystal methamphetamine is usually smoked.

Smoking crystal methamphetamine accelerates the onset of effects.

Crystal methamphetamine is more potent and more likely to cause dependence than other forms of methamphetamine.

Most workers will not become dependent on crystal methamphetamine.

Approximately 15%-20% of people who use crystal methamphetamine become dependent.

If workers use crystal methamphetamine frequently, or in high doses, the risk of physical, social, and mental problems and dependence increases.

220,000 workers

Approximately 1.5% of the Australian workforce used methamphetamine in 2016.¹

Among workers who use methamphetamine 5.3% usually use at work.¹

Men are more likely than women to use methamphetamine.¹

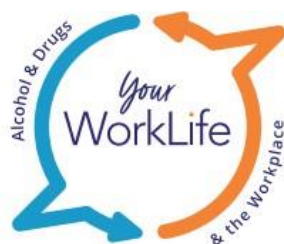
About 2.5% of workers aged under 40 used methamphetamine compared to less than 1% of workers aged over 40.¹

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Methamphetamine

At-risk workers and industries

Workers use drugs, including methamphetamine, for many reasons.

Methamphetamine may be used by:

- younger workers who like to 'party' during their non-work hours
- workers in manual, repetitive, or high stress occupations to give them the energy and drive required to work harder and longer and counteract fatigue
- workers with either self-diagnosed or untreated illnesses (e.g., attention deficit hyperactivity disorder (ADHD) or depression).

Industries with the highest rates of methamphetamine use include:

- wholesale
- construction
- mining
- hospitality
- manufacturing
- transport.

ANY industry/workplace may be impacted by methamphetamine use.

Methamphetamine use is more common in industries/workplaces where there are:

- 18-39 year old trades people
- mainly male workers
- demanding working conditions and/or irregular hours.¹

Workplace impacts

Methamphetamine intoxication usually lasts between 6 and 12 hours. However, its effects may last much longer, and can have a range of impacts on workers and workplaces.

Although short-term use might enhance workers' productivity and performance, workplace safety and worker wellbeing can be compromised during the intoxication, 'come down', and withdrawal phases. Longer-term physical and mental health problems associated with methamphetamine use may also impact workplace safety and productivity.

As a result, workers' performance and productivity may fluctuate unpredictably.

Indicators of methamphetamine use

Strong sense of euphoria

Unusually alert & energised

Talkative & happy

Confident

Powerful and sexually aroused

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Methamphetamine

Workers may be affected by methamphetamine if they used the drug:

- prior to commencing work
- at work
- during their leisure hours.

Use can impair:

- concentration
- ability to gauge speed and distance
- judgement and coordination.

Workers who use methamphetamine may be more likely to:

- be absent from work
- attend work under the influence of drugs
- drive or operate hazardous machinery while affected
- verbally or physically abuse someone while affected
- be overconfident in their ability to perform risky tasks
- have impaired concentration, speed and distance perceptions and judgement
- feel drowsy and/or fatigued
- lose coordination
- experience longer-term physical and mental health problems
- report high levels of psychological distress
- lower workplace morale.

Attending work under the influence of methamphetamine increases the likelihood of accidents and injuries, co-worker and/or customer conflict, and fatalities.

If you think a worker is experiencing problems with methamphetamine use, approach them for a confidential conversation.

See the [How-to-Guide: Having Helpful Conversations](#) for more guidance about supporting workers struggling with their alcohol and drug use and/or mental health.

Intoxicated workers need immediate removal from the work environment.

For more information about responding appropriately and safely to critical incidents, see:

- [How-to-Guide: Critical Alcohol and Drug Situations](#)
- [Poster: 10 Principles for Responding to Intoxicated Workers](#)

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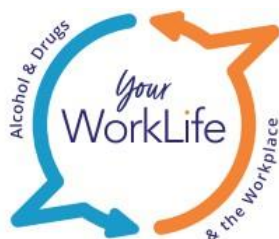
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Pharmaceuticals

Pharmaceutical drugs include prescribed or over-the-counter (OTC) medications. Workers may use pharmaceutical drugs to treat short- or long-term physical or mental pain or illness, and/or lifestyle problems (e.g., insomnia).

Some pharmaceutical drugs can compromise workplace safety as a result of:

- negative side effects associated with using the drugs as intended
- misusing the drugs to induce or enhance their biological or mental affects.

Workers suffering from a work-related physical or mental injury may use pharmaceuticals as part of their treatment and recovery process.

Employers have a responsibility to help workers manage and understand the risks of prescription medications.³

Pharmaceutical misuse

Pharmaceutical drugs are misused when taken for non-medical purposes.

Misuse may be accidental.

A worker might use a drug:

- to induce pleasurable, euphoric, hallucinatory and/or out-of-body experiences rather than to treat an illness
- together with other drugs to enhance the experience.

A worker may inadvertently:

- increase their dose of medicine if they feel rushed or their memory is impaired
- take several different medications without knowing the harmful interactions that can result.



Pharmaceutical misuse causes more unintentional deaths than illicit drugs.

More than 70% drug-related deaths are due to prescription medicine.¹

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Pharmaceuticals

Quick facts



Over **70%** of drug-related deaths are due to prescription medicines.¹

People living with mental illness (29%) or chronic pain (16%) are more likely to misuse pharmaceuticals than other people.¹



Approximately 5% of Australian workers misused pharmaceuticals during 2016.^{1,2}

Male and female workers are equally likely to misuse pharmaceuticals.^{1,2}

Younger workers are slightly more likely than older workers to misuse pharmaceuticals.²

Prescribed painkillers/opioids are the pharmaceutical drugs most commonly misused.^{1,2}

Almost 4% of workers misused painkillers/opioids.²

11% of these workers usually consumed painkillers/opioids in the workplace.²



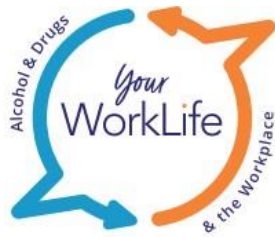
Most people who used prescription medicine for non-medical purposes got the medicine from their family or friends.⁴

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Pharmaceuticals

Workplace risk

Like alcohol and illicit drugs, pharmaceutical medicines can:

- reduce worker productivity
- impair workers' physical and mental performance and wellbeing
- increase workplace health and safety risks.

These risks can increase if workers:

- are in safety sensitive situations (e.g., operate machinery, drive)
- have not used these drugs before
- are taking more than one type of medication
- do not follow directions for use
- drink alcohol with their medication.



Driving 'under the influence' is an offence.

It applies to all drugs, including pharmaceuticals.

Responding to pharmaceutical risk in workplaces

Developing and implementing a formal alcohol and drug policy is crucial in managing any drug-related risk to workplace health and safety. If you already have a policy, review it to ensure it is up-to-date and comprehensive.

To understand how many workers are using/misusing pharmaceuticals:

1. conduct a needs/risk assessment
2. consider your workplace's rate of injury and illness
3. speak with workers about pharmaceutical use.

Your workplace alcohol and drug policy should include provisions about pharmaceutical use, reporting, and management, and:

- contain reporting protocols for prescription medicine
- define under the influence
- prohibit workers from sharing prescribed medication.



It is an offence to share prescribed medications.

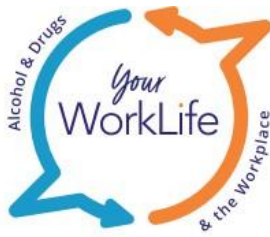
Don't share what you have spare.

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Pharmaceuticals

Workers should be encouraged to:

1. monitor their pharmaceutical use with the [MedicineWise app](#)
2. discuss their medication and alternative options (e.g., lifestyle changes) with their GP. The alternative treatment fact sheet developed by the [Alcohol and Drug Foundation](#) can help guide these conversations
3. learn about the effects of mixing pharmaceuticals with other legal and/or illicit drugs, including alcohol
4. understand the importance of taking pharmaceuticals only as directed
5. inform the appropriate worksite person about any pharmaceutical use which may impact workplace safety.

Overdose

Overdose can occur if too much of the drug (or combination of drugs) has been taken. Different drugs have different signs of toxicity.

If a worker has overdosed, they may:

1. fall into a deep sleep and be difficult to rouse
2. be conscious but unresponsive (stupor)
3. have pale or bluish skin and feel cold
4. have difficulty and/or slowed breathing and make gurgling or gasping sounds
5. vomit and/or have seizures.



If you think a worker has overdosed:

1. Phone 000
2. Ask for an ambulance
3. Administer first aid until ambulance arrives.

See [How-to-Guide: Critical Alcohol and Drug Situations](#) for more information about emergency responses.

Naloxone may be administered for opioid overdose. For more information about administering naloxone, see [SA Health Preventing and responding to adverse effects of opioids: naloxone](#).

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Pharmaceuticals

Workplace impact of pharmaceuticals

Drug type	Analgesics (e.g., Panadol, aspirin, opioids)	
Purpose	Pain relief	
Effect on worker	Can cause dizziness and drowsiness, and increase the risk of stomach bleeding, heart attack or stroke if used in high dosages or for lengthy periods.	
More information	Alcohol and Drug Foundation Website https://adf.org.au/drug-facts/aspirin/ /buprenorphine/ /codeine/ /fentanyl/ /methadone/ /opioids/ /opium/ /oxycodone/ /paracetamol/	National Drug and Alcohol Research Centre https://ndarc.med.unsw.edu.au/resource/heroin-0/pharmaceutical-opioids/codeine/oxycodone
Drug type	Antipsychotics (e.g., Aripiprazole, Clozapine, Olanzapine, Risperidone)	
Purpose	Treat some mental health disorders (e.g., depression, schizophrenia and bipolar disorder).	
Effect on worker	Can cause sedation, dizziness, poor decision making, blurred vision, diabetes, high or low blood pressure, high blood sugar, high cholesterol, cognitive impairment, low blood pressure and increase risk of falls.	
More information	https://www.sane.org/information-stories/facts-and-guides/antipsychotic-medication https://www.yourhealthinmind.org/treatments-medication/antipsychotic-medication https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/antipsychotic-medications https://www.healthdirect.gov.au/antipsychotic-medications	
Drug type	Benzodiazepines Tranquilisers (e.g., Serepax, Mogadon, and Valium)	
Purpose	Relieve stress, anxiety, panic attacks, insomnia, seizures, muscle spasms, agitation, alcohol withdrawal, and to ease the come down effects of stimulant use.	
Effect on worker	Can cause confusion, memory loss, blurred vision, drowsiness and fatigue, irritability, paranoia, aggression, headaches and dizziness, and impaired thinking and coordination.	

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Pharmaceuticals

More information	https://adf.org.au/drug-facts/benzodiazepines/ https://www.verywellmind.com/what-are-tranquilizers-22501 https://www.betterhealth.vic.gov.au/health/healthyliving/tranquillisers
Drug type	Mood stabilisers (e.g., lithium, valproate)
Purpose	Treat some mental health disorders (e.g., bipolar disorder, depression).
Effect on worker	Can cause blurred vision, confusion, difficulty concentrating, dizziness, drowsiness, increased sun sensitivity, and poor coordination.
More information	https://www.nps.org.au/australian-prescriber/articles/mood-stabilisers https://www.healthdirect.gov.au/bipolar-disorder-medication https://www.mind.org.uk/information-support/drugs-and-treatments/lithium-and-other-mood-stabilisers/#.XNOHKpgzaUk https://www.webmd.com/bipolar-disorder/guide/medications-bipolar-disorder#1
Drug type	Statins (e.g., Lipitor, Crestor)
Purpose	Treat medical conditions such as high cholesterol and heart disease.
Effect on worker	Common side effects include sleep difficulties, dizziness, drowsiness, and muscle weakness. Can also cause memory loss and mental confusion.
More information	https://www.healthdirect.gov.au/statins https://ama.com.au/ausmed/some-things-you-should-know-about-statins-and-heart-disease https://www.webmd.com/cholesterol-management/side-effects-of-statin-drugs#1
Drug type	Stimulants (e.g., Adderall, Ritalin, Dexedrine)
Purpose	Treat attention deficit hyperactivity disorder (ADHD), some sleep disorders, and some acquired brain injuries.
Effect on worker	When misused, prescribed stimulants can impair concentration, ability to gauge speed and distance, and judgement and coordination.
More information	https://adf.org.au/drug-facts/stimulants/ https://adf.org.au/drug-facts/amphetamines/

Resources and handouts are available at <https://worklife.flinders.edu.au/external-site-resources>.

References are available at <https://worklife.flinders.edu.au/references>.

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Legal Issues with Drugs & Alcohol & the Workplace – WorkLife



Legal issues

What laws apply to alcohol and drugs and the workplace?

Workplaces are covered by various laws that set out how work is organised and managed to ensure fairness and prevent harm.

Laws involving alcohol and drugs broadly cover:

- the employment of staff
- worker safety and wellbeing
- public or patient safety.

Some laws are industry-specific reflecting the serious risks that work activities (for example driving, working in public spaces or providing healthcare services) can present to workers, customers and the public.

Work health and safety law

Employers are legally obliged to protect the health and safety of workers by managing workplace hazards.

Workplace conditions can increase workers' alcohol and drug use, and this use can impair workers' physical and mental health and work performance.

As such, employers are responsible for minimising the risks associated with workers' alcohol and drug use.

Employers must:

1. protect the safety of workers and others, including the public and customers
2. provide a safe work environment

3. consult workers when preparing policies on health and safety issues
4. provide information on hazards, policies and procedures
5. provide training on policies and procedures
6. monitor workers' health and workplace conditions to prevent illness or injury.

Some industries (e.g., safety (mining) and integrity (police) sensitive) have implemented drug testing to meet their statutory obligations and the public interest.

Workers must:

1. take reasonable care of their own health and safety
2. ensure their actions or failure to act does not cause harm to others
3. follow reasonable instructions while at work
4. follow any reasonable policy to ensure health and safety at work.

Laws specific to alcohol and drugs

Safety sensitive industries have specific laws restricting workers' alcohol and drug use. These laws are implemented because the work activities are high risk and/or to meet public interest requirements. Industries with specific alcohol and drug provisions include:

- Aviation
- Construction
- Healthcare
- Mining
- Transport (heavy vehicles, buses, taxis, and rail).

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Construction industry

The Australian Building and Construction Commission oversees the activities of construction service companies working on Commonwealth government funded projects.

The *Building Code 2016* requires a zero-tolerance policy to alcohol and drugs. Any worker with detectable levels of alcohol or drugs is deemed unfit for work and must cease work.

Construction companies undertaking Commonwealth funded work must have a fitness for work policy that includes testing for:

- alcohol
- opiates
- THC (cannabis)
- cocaine
- benzodiazepines
- amphetamines
- methamphetamines.

The fitness for work policy must include specific procedures for frequent and periodic alcohol and drug testing. The policy should clearly state:

- the methods used to test and how results are managed
- who is covered by testing (including construction and site office workers)
- how many workers are sampled during each round of testing
- how workers are selected for testing.

The Code requires a minimum amount of workers be tested each month. Businesses must test at least 10 percent of their workforce per month.

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Tobacco & the Workplace – WorkLife

Tobacco and Workplace

Tobacco-related absenteeism and presenteeism costs Australian workplaces \$4.98 billion per year due to smokers (including ex-smokers) taking an extra 11.3 million days off work. Workers who smoke daily have an extra 3.7 days off work per year than workers who have never smoked.

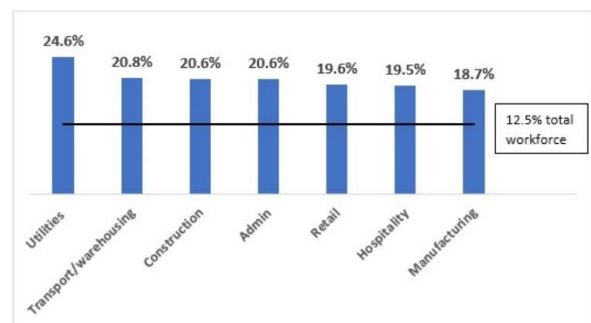
Workplace tobacco-related costs include:

- Premature deaths
- Absence from work due to tobacco-related morbidity and injury
- Reduced productivity while at work (also known as presenteeism).

Current smokers (i.e., daily and occasional smokers) are at increased risk of workplace absenteeism compared to non-smokers.

Tobacco-related workplace costs are not evenly distributed across Australian workplaces. The prevalence of daily smoking is significantly higher among workers in utilities, transport and warehousing, construction, administration, retail, hospitality, and manufacturing industries (see Figure 1).

Figure 1. Prevalence of daily smoking in industries with significantly higher prevalence of daily smoking compared to the total workforce (2016 NDSHS data)



Australian Institute of Health and Welfare, 2017. National Drug Strategy Household Survey (NDSHS) 2016, Drug Statistics Series. Canberra, Government of Australia, NCETA secondary analyses.

Tobacco and Injury and Harms to Workplaces

Addiction to smoking causes cravings and these cravings can result in workers becoming distracted and losing concentration. This can be particularly dangerous when workers are operating power tools and heavy machinery increasing the risk of injury.

Smokers may also need to take regular smoking breaks to satisfy their cravings. It has been estimated that smokers take up to 4 smoke breaks a day each lasting about 10 minutes. This places additional pressure on other workers to maintain productivity levels.

Smoking is a fire hazard and there is a greater risk of fires especially if cigarettes are not extinguished properly in areas where flammables are stored / used.

Second-hand smoke from workers on smoke breaks can affect the health of both smokers and non-smokers. You can reduce this risk by placing restrictions on smoking near building entrances.

Check out SA Health's [Smoke-free workplaces: A guide for workplaces in South Australia](#) for more information.

Workplace Contributions to Smoking

The workplace and working environment can contribute to uptake or continued use of tobacco.

Look at your workplace environment and culture to see if it is likely to contribute to increased smoking rates among workers. For example:

- Is it a stressful work environment?
- Are workers required to work long hours without breaks to meet production / other deadlines?
- Are regular smoke breaks encouraged / sanctioned e.g., in hospitality or construction settings?

Tobacco and Mental Health

1 in 3 adult smokers in Australia have a mental health problem and may find it more difficult to quit than other people.

Many people believe smoking reduces stress and feel less stressed after a cigarette. However, smoking can actually cause stress.

Smoking is associated with mental health problems e.g., anxiety, depression and alcohol and drug dependence.

People who quit smoking become less stressed, anxious and depressed. Quitting smoking for at least six weeks improves:

1. mental health
2. mood
3. quality of life.

For more information see NCETA's WorkLife Fact Sheet: [Mental Health and Alcohol and Drug Use](#), Toolbox Talk: [Alcohol and Drug Use and Mental Health](#) and Online Learning Topic: [Mental Health, Stress and Fatigue](#).

Tobacco and Other Alcohol and Drug Use

Evidence suggests that tobacco use is strongly related to alcohol and other drug use:

- Smokers are more likely than non-smokers to drink alcohol and use cannabis and other illicit drugs – the risk of cancer is significantly increased for people who both smoke and drink alcohol
- Cannabis smokers will often mix tobacco with cannabis
- A high proportion of people seeking help for alcohol and drug problems also smoke.

Nicotine (the main product in tobacco) can impact the effectiveness of certain medications such as antipsychotics and some antidepressants. For example:

- Smoking while taking benzodiazepines may reduce the effectiveness of the medication
- Smoking while taking contraceptive pills increases the risk of blood clots.

E-Cigarettes and Vaping

The use of e-cigarettes / vaping is increasing, and workers may opt to use e-cigarettes rather than smoke tobacco. There is no evidence that vaping can help a worker to quit smoking and in fact vaping can cause long-term damage to teeth, mouth and gums. The nature of the hazard it causes depends on the type of liquid used in an e-cigarette and the health status of the worker.

It's important to remember that it is illegal to use e-cigarettes in places where smoking is illegal e.g., in all enclosed workplaces and shared work areas such as offices, shops, factories and work vehicles.

Benefits of Quitting

If you are a smoker or you work with people who smoke, quitting can seem really tough but with help and support it is achievable. Quitting at any age will have positive health benefits including:

- Reducing the chances of cancer and heart disease
- Improving fitness
- Increasing the chances of living longer and spending quality time with family, friends and workmates
- Reducing the risk of exposure to second-hand smoke.

In addition, quitting saves money.

WHERE TO GET HELP



World Health Organisation

How to Reduce or Quit Alcohol – Australian Government Department of Health

It's a good idea to see your doctor first if you want to quit or stop drinking alcohol. They can help you to manage any withdrawal symptoms you may have. It's also helpful to have an action plan and a support network to help you achieve your goals.

See your doctor

It's a good idea to see your doctor before you reduce or quit alcohol. They can:

- give you medical advice based on your health
- create a withdrawal plan for you to follow
- link you to support services
- keep track of your progress with regular check-ups
- help you to prepare for any [withdrawal symptoms](#).

If you're a regular or heavy drinker, it can be **dangerous to reduce or quit alcohol on your own**. Your doctor can refer you to [treatment](#) such as detox, medication and counselling to help manage [withdrawal symptoms](#).

It can be hard to talk about your alcohol use, but remember that your doctor is there to help. If you don't have a doctor you feel you can talk to about your alcohol use, find a support service in our list of [alcohol contacts](#).

Know the benefits

Reducing or quitting alcohol can improve your life in many ways. It can:

- improve your mood and sleep
- increase your energy
- improve your relationships with your loved ones
- help you perform better at work
- lower your risk of long-term health problems such as cancer and heart disease
- save you money.

Keeping these benefits in mind can help you to stay motivated.

Work out a plan

Whether you're aiming to drink less or to quit altogether, it's a good idea to have a plan.

Some people prefer to quit in one go. Others prefer to slowly reduce their drinking. Everyone is different so work out what works best for you. Remember that your doctor can help you if you're not sure.

Your plan might be as simple as drinking one less glass each time you go out. If you want to be more detailed, have a think about your:

- goals — why do you want to reduce or quit alcohol?
- triggers — why and when do you drink?
- strategies — how will you reduce or quit alcohol?
- support — who will you turn to for help?

Your goals

Having a clear goal in mind can help you to stay motivated. People reduce or quit alcohol for many reasons, including to be healthier, to save money or to have more energy.

Your triggers

If you're not sure what your triggers are, it can be hard to drink less. To work out why you're drinking, ask yourself:

- where are the places I drink the most?
- what times do I drink the most?
- do I want to drink or do I feel pressured?

Once you know why you drink, you can work out ways to avoid situations where you might be tempted to drink.

Your strategies

Have some strategies in place so you're prepared when you're tempted by alcohol. You'll know what to do if you unexpectedly find yourself at an event where alcohol is being served.

It's a good idea to **avoid your triggers** to help you quit or reduce alcohol. If alcohol features in your social life, you could:

- organise alcohol-free events with your friends instead of going out for a drink
- suggest venues where mocktails are available
- catch up over a coffee instead of at the pub
- socialise more often with friends who don't drink.

If you can't avoid your triggers, try to **swap the alcohol for something else**. For example, if you drink before going out to feel less anxious, meet up with a good friend instead. For more ideas, take a look at these Hello Sunday Morning articles:

- [5 steps to breaking your after-work drink habit](#)
- [Is wine part of your self-care ritual?](#)

If you're **at an event where alcohol is being served**, here are some tips to avoid or reduce alcohol:

- say no to drinks — prepare and practice your responses before you head out
- drink something non-alcoholic like a mocktail
- choose low-strength alcohol
- count [standard drinks](#) to keep track
- set a limit for yourself.

For more ideas, read [10 tips to cut down on alcohol](#) on the HealthDirect website.

Are you a regular or heavy drinker? Remember, it can be dangerous to reduce or quit alcohol on your own. Your plan should include a visit to the doctor who may refer you to [treatment](#).

Your support

Like many things in life, quitting or reducing alcohol is much easier with support. Tell your friends and family about what you're doing so they can help you. It's even better if you know someone who is trying to do the same thing. You can support each other.

If you don't have friends and family nearby, or if you need more support, you can:

- call the [National Alcohol and Other Drugs Hotline](#)
- find free support online, such as at [Hello Sunday Morning](#) and [counselling online](#)
- have one-on-one web chats with qualified health coaches through the [Daybreak Program](#)
- join support groups in your area, such as [Alcoholics Anonymous](#)
- find a support service in our list of [alcohol contacts](#).

If you're quitting because you're pregnant, try [Pregnant Pause](#). It's designed to help you, your partner and your loved ones go alcohol-free during your pregnancy.

If you need support to help a family member or friend, contact [Al-Anon Family Groups](#) or [Family Drug Support](#).

Staying alcohol-free

Reward yourself

What you're doing isn't easy. Reward yourself every now and then as you continue to reach your targets. You could go out to the movies or treat yourself to your favourite dessert.

Remember your plan

To re-focus, go back to your plan. Remember why you're reducing or quitting alcohol. Be inspired by how your life will improve when you achieve your goals.

Forgive yourself

Don't be hard on yourself if you have one drink too many. Forgive yourself and start fresh the next day.

How to Reduce or Quit Drugs – Australian Government Department of Health



Australian Government
Department of Health

Why quit drugs?

It's never too late to quit using drugs.

Reducing or quitting drugs can improve your life in many ways. It can:

- improve your physical and mental wellbeing
- reduce your risk of permanent damage to vital organs and death
- improve your relationships with friends and family
- help you reconnect with your emotions
- increase your energy
- help you sleep better
- improve your appearance
- save you money.

Recovered addicts say that they've never felt better after quitting drugs, although this can take time. Knowing why you want to quit drugs can help you to stay motivated during the withdrawal process.

What quitting drugs feels like

When you reduce or quit using drugs your body goes through a detoxification process (detox) or withdrawal.

Symptoms vary between people, and between drugs, and range from mild to serious. They can last from a few days to a few weeks — it's different for every person — but they are temporary. Cravings for the drug will sometimes be weak and at other times very strong. Learning how to manage them is important for staying drug-free.

Find out what [withdrawal symptoms are for specific drugs](#).

Preparing to quit drugs

Reducing or quitting drugs can be hard – you may have become dependent or addicted. It's a good idea to be prepared for what's involved.

Admit you have a problem

The first step in quitting drugs is to admit that you have a problem. If you're not sure, ask yourself the following questions:

- Are you taking drugs first thing in the morning or to get through the day?
- Do friends or family worry or complain about your drug use?
- Do you lie about how much you're using?
- Have you sold possessions or stolen to pay for your drug habit?
- Have you participated in dangerous or risky activities, such as driving under the influence, having unprotected sex, or using dirty needles?
- Do you feel that you've lost control of your drug taking?
- Are you having problems with relationships?

If you answered yes to any of these questions it might be time to accept that you have a problem and ask for help.

See your specialist alcohol and other drugs service or local doctor

It's important to talk to your specialist alcohol and other drugs (AOD) service or doctor about reducing or quitting drugs. They can help you get appropriate help and support.

It takes courage for someone to admit they may have a problem with drugs or alcohol. Recognising you might have an issue and asking for help is an important first step to making a change.

For free and confidential advice about alcohol and other drug treatment services, you can call the Alcohol and Other Drug hotline on 1800 250 015. It will automatically direct you to the Alcohol and Drug Information Service in your state and territory. These local alcohol and other drug telephone services offer support, information, counselling and referral to services. You can also visit a specialist alcohol and other drugs service or doctor directly.

If you've become addicted or dependent on drugs, it might be **dangerous to quit on your own**. Your AOD specialist or doctor can refer you to [treatment](#) such as detox, medication and counselling to help you manage [withdrawal symptoms](#).

Remember, conversations with these services are private and confidential.

Know your triggers

Keeping track of your drug use can help you identify habits, emotions, and social situations that trigger the desire to take drugs.

It can be hard to completely avoid all those situations, but steps you can take include:

- avoiding places where you know drugs and alcohol will be available
- surrounding yourself with friends who don't use drugs
- knowing how to resist temptation
- learning how to cope with stress and relax without drugs
- distracting yourself with activities like exercise or listening to music.

Make a plan

Making a plan and writing it down can help you commit to quitting.

Setting goals for your recovery helps you stay motivated and can make the process less stressful. It's important to set realistic goals – both short and long-term. Be specific and make them measurable.

Some examples of realistic, short-term goals are:

- I will see my doctor this week.
- I'm going to walk for half an hour 3 times this week.
- I want to be drug free for 2 weeks straight.

Long-term goals might include:

- being drug-free for a year
- having friends that are healthy and sober and provide support
- rebuilding family relationships by having regular get-togethers.

Reward yourself for success – with an enjoyable, drug-free activity such as going to a movie, or planning a holiday – and take it easy on yourself if you mess up.

It's OK to fail, just don't give up trying.

Ways to reduce or quit drugs

There is no treatment that works for everyone. Just as drugs affect each person differently, treatment needs to be individual. It's important to find a program that works for you.

[Treatment options](#) range from counselling through to hospital care – it depends on which drugs are involved and how serious your dependence or addiction is. They include:

- going **cold turkey** – you stop taking drugs suddenly, with no outside help or support
- **counselling** and lifestyle changes – individual or group therapy can help you learn to cope without drugs. This can be successful if your drug use has been mild. Peer support groups are often run by recovered addicts – their personal experience can be helpful to others
- **detoxification** (detox) – you stop taking drugs and have medical treatment (known as pharmacotherapy) while your body clears the drug from your system
- **rehabilitation** (rehab) – this is a longer term treatment where you stay in a hospital or clinic, or [at home](#). It also involves psychological treatment to help you deal with issues that may have contributed to your drug use

If you have mental health issues your treatment will need to address that at the same time for your overall treatment to be effective.

Support services

Quitting drugs on your own is difficult – it's much easier with support. Tell your friends and family that you're quitting so they can help you.

There are many support services available to help you. You can:

- call the [National Alcohol and Other Drugs Hotline](#)
- visit [Counselling Online](#) and email or chat to a counsellor
- find [help and support services](#) on the Alcohol and Drug Foundation website
- join a support group, such as [Narcotics Anonymous](#) or [Alcoholics Anonymous](#)
- find a support service in our [list of contacts](#).

Remember, your AOD specialist or doctor can also direct you to support services that are appropriate for your needs.

What if I relapse?

If you have a relapse and start using again, remember that recovery doesn't happen overnight. Take the opportunity to remind yourself why you are quitting, forgive yourself and refocus on your plan.

Talk to your doctor. They can work out how to best resume treatment, or they may suggest a different type of treatment.

When you're back on track, learn from what happened:

- What triggered the relapse?
- What went wrong?
- What could you have done differently?

Discover more about [managing a relapse](#) on the Alcohol and Drug Foundation website.

A relapse can be deadly!

If you've developed a tolerance for a particular drug over time and then quit taking it, your tolerance levels drop. If you have a relapse and use as much of the drug as you did before quitting, you can easily overdose.

If you, or someone you know, is in danger of overdosing, **phone 000** immediately and ask for an ambulance.

Helping someone quit drugs

Watching someone you care about use drugs is stressful. Their behaviour can be erratic and talking to them about their problem is challenging.

Here are some tips on how you can help:

- Learn about the effects of drugs – this will help you understand why quitting can be hard.
- Show that you care without judging – being calm and respectful may encourage them to be open and honest with you.
- Be positive and encouraging rather than negative and nagging – remember relapses may happen, but they don't mean the person can't try again, and succeed.
- Offer practical support – sometimes just being there is enough, but you can offer to go with them to parties or join them for a walk or run.

Find more [tips on helping someone quit drugs](#) on the Alcohol and Drug Foundation site.

Is addiction hereditary?

Research shows that genetics does play a part in whether someone is likely to become an addict, but it's not the only factor. Other factors include a person's:

- environment – for example, growing up amongst addiction where drugs are more available
- temperament – for example, being more sensitive to stress or more impulsive.

Scientists continue to learn about the role of genes in drug addiction so they can develop new ways of preventing and treating it.

How to Reduce or Quit Smoking – QUIT

Most people are not 100% sure about quitting and many worry about how they might cope without cigarettes. This is normal. Don't put off stopping because you feel this way – there is lots of help to get you through.

What you can do to help you stop

Making a plan can help so you have ideas and ways to manage, ready for when you feel the urge to smoke.

If you've tried to stop smoking before, what helped? What didn't?

How to make your plan:

- 1] Understand nicotine dependence
- 2] Know why you smoke
- 3] Choose the best way to quit for you
- 4] Start putting your quitting plan into action

1 Understand nicotine dependence

Nicotine is the drug in tobacco that causes dependence. After you've been smoking for a while, your body gets used to nicotine and relies on it to feel normal.

Do you have any of these signs of nicotine dependence?

- › You smoke your first cigarette within 30 minutes of waking up.
- › You smoke more than 10 cigarettes per day.
- › You have cravings and feelings of withdrawal when you try to stop.

Nicotine affects the chemicals in your brain, and after a puff, you may feel good for a moment or two. It may make you feel relaxed or more alert but this doesn't last long.

After a while you may feel tense or on edge or you may find it hard to focus on what you are doing. But your next cigarette relieves these feelings. These up-and-down mood changes over the day are common among people who smoke. Stopping smoking breaks this smoking–stress cycle.



2 Know why you smoke

Some common reasons why people smoke are:

- › dependence: to satisfy the craving for nicotine
- › habit: feeling like smoking while doing things or taking a break, such as after a meal or watching TV
- › emotions: feeling stressed, upset, angry, frustrated, bored or happy
- › pleasure: to enjoy something even more or to reward yourself
- › social pressure: feeling part of the crowd, bonding with other people who smoke.

These often trigger cravings to smoke. They may be quite strong bonds. Knowing your triggers can help you work out ways to manage them.

FOR YOUR BEST CHANCE OF QUITTING:

Get some support

- › Quitline (13 7848)



Use stop smoking medications

3 Choose the best way to quit for you

Some people see quitting as a private battle. But getting help is not a sign of weakness or lack of willpower – it's a smart way to quit.

Get some support

Call the Quitline on 13 7848

The Quitline is a welcoming telephone support service that works with you to help you stop smoking. Your friendly Quitline counsellor is trained to listen carefully and give support suited to your needs. They understand the troubles people can have when trying to stop. Your call is confidential. You can call Quitline for the usual cost of a call from your phone or ask us to call you at no cost (Quitline callback).

Aboriginal Quitline on 13 7848

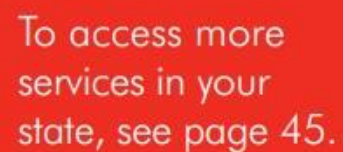
Quitline offers a culturally safe space for callers to have a yarn about smoking and quitting with an Aboriginal Quitline counsellor.

Talk to your doctor, pharmacist or other health professional

Doctors and pharmacists can give you advice and support. They can also talk to you about which stop smoking medications will suit you best. You can buy some of the medications more cheaply through the Pharmaceutical Benefits Scheme (PBS). To do this, you will need a script from your doctor.

Chemicals in tobacco smoke can affect how well some medicines work. These include some medicines for mental health conditions, heart disease, asthma and some other conditions. It's important to speak to your doctor if:

- 1] you are taking any medicines, as dosages of some medicines may need to be changed when you stop smoking
- 2] you have any health conditions, including heart disease or diabetes, or if you are living with a mental illness
- 3] you are pregnant or breastfeeding.



To access more services in your state, see page 45.

Using stop smoking medications

Stop smoking medications increase your chance of stopping smoking for good. They are useful for people who show any signs of nicotine dependence (see page 12).

Stop smoking medications reduce feelings of withdrawal, such as cravings, anxiety or restlessness, but they tend not to stop them altogether. Most people form a strong bond between smoking and habits and emotions. So you are likely to still get some cravings in situations where you used to smoke. This is where Quitline can help with ideas about how to deal with cravings and triggers.

Nicotine patches, lozenges, mouth spray, inhalator and gum work by replacing some of the nicotine you usually get from tobacco. Using nicotine medications to stop is much safer than smoking – they do not contain the dangerous chemicals found in tobacco smoke.

For many people, nicotine medications work best when you combine patches with a faster-acting type, such as lozenges, gum, mouth spray or inhalator. The patch is put on once a day. For faster-acting types, it's best to use them before a craving hits, rather than waiting for it to take hold.

Talk to your doctor or pharmacist about which medications are best for you. You can buy some nicotine medications at a discount through the PBS, with a script from your doctor.



Varenicline (brand name Champix) and bupropion (brand name Zyban) are nicotine-free tablets. If you want to use one of these medications, you must talk with your doctor as they are not suitable for everyone. You can buy Champix and Zyban at a discount through the PBS.

If you have one or some cigarettes, it is safe to keep using nicotine medications, Champix or Zyban, and to keep trying to quit.

Gather ideas

Talk to other people who have stopped about how they did it. Some useful websites are on page 45. Remember, different things work for different people.

Learning from stopping in the past

Have you tried to stop smoking before? What helped? What didn't? Are there situations you need to prepare for? Write these down in your *Quitting Plan* (page 18).

Quitting abruptly

Quitting abruptly or suddenly is a popular way to stop smoking. Using stop smoking medications, together with Quitline, will give you the best chance of success.

Cutting down to quit

Some people quit by cutting down the number of cigarettes they smoke each day before stopping. But if you decide to do this:

- › it's important to have a clear plan and a quit date
- › use a support service like Quitline to help you stick to your goals
- › talk to your doctor or pharmacist about using stop smoking medications while cutting down.

Get help from friends and family

Encouragement from friends and family is important. If you do talk to your friends and family about your quitting, explain how they can help – for example, by not offering you cigarettes if they smoke or by being patient if you are a bit moody at first. Quitting with a friend can be useful as you can help each other through the hard times.

Living with someone who smokes

If you live with someone who smokes, it can be good to talk to them about your plans. If they are ready to stop smoking too, then quitting together can help. However, if they are not ready, at least ask for their help by not making it any harder.

- › Can you talk things over before you stop?
- › Can you make your house smokefree? If this isn't possible, see if you can agree to some rooms being smokefree.
- › How will you catch up without smoking cigarettes?
- › Can they keep cigarettes out of sight?
- › What kind of help will you need from them? What help are they willing to give?

4 Start putting your quitting plan into action

Make a decision about how you are going to stop.

You may choose to:

- › Call the Quitline (13 7848).
- › Use a stop smoking medication.
- › Talk to your doctor, pharmacist or other health professional.
- › Set a date to quit.

If you don't stop on your quit date, don't worry. It is not a test. It's just a way of helping you focus on what you need to do to quit and to put your plans into action. Just choose another time and have another go. Don't give up giving up.

Practise quitting

If you haven't tried to stop recently, you might set yourself some smaller goals to see how you would go before you quit. Experiment by not smoking at times when you normally would, such as when you're out with friends or having a break with other people who smoke at work. This will help you work out how much you need to prepare for these situations when you stop for good.

TRY THIS

Throw away all cigarettes, lighters and ashtrays in your home and car. If your partner smokes, suggest that they stop too or only smoke outside the house.

Remember, you will be more likely to succeed with Quitline (13 7848) plus stop smoking medications.

How to Reduce or Quit Gambling – Gambling Help Online

Are you reading this because you think your gambling has gotten a bit out of hand? Here are a series of strategies to help you cut down your gambling and keep it under control.

Set a timeframe

With any strategies for cutting down your gambling we recommend setting a time frame to see how everything is going. Set a reminder on your phone or in your calendar so when the date comes around, it gives you a prompt to sit down and think about it.

If your gambling is under control then keep going with these strategies. But if you are still struggling it might be worth trying some [quitting strategies](#).

Remember the more you gamble the greater the risk of a problem developing.

Planning to gamble

If your goal is to cut down there are **two times** where planning can help you stick to your goals.

Research shows that people with gambling problems tend to gamble impulsively. If you want to gamble safely it is a good idea to make a plan, each time, before you gamble.

Before you go gambling:

- **Decide how long you will spend gambling** - Set yourself an alarm on your phone to remind you when time is up.
- **How much money you will spend gambling** - If you are going out, only take a set amount of money with you and don't take your cards with you.
- **Limit access to your cash and credit** - Talk to your bank about diverting the bulk of your money into an account that cannot be accessed by ATM cards and lower the daily withdrawal limit. Tell family and friends not to lend you any money for gambling in the future no matter how you ask for it.
- **Think about your reasons for gambling** - Is it for fun and recreation, time out, interest, to escape from problems, to try and solve financial issues or other reasons?
- **Start a gambling diary** - A gambling diary helps you to keep a tally on how often you go gambling and how much you lose. A diary can help develop self-awareness and help you to understand the causes of gambling and what triggers initiate urges to gamble.
- **Tell others about your decision** - Tell trusted others about your decision to cut down. Tell people where you are going, how long you will be and what you are doing.

- **Don't gamble when you have urgent debts and never borrow money to gamble -**
Financial pressures can lead you into an irrational and desperate desire to spend more in the hope of alleviating the debt.
- **Don't gamble when you are experiencing emotional stresses** - These stresses can also drive you to spend larger amounts than you planned in order to escape these feelings. Be aware of feelings or situations which place you at risk of problem gambling.
- **Learn about your chosen gambling activity -**
 - What are the odds of winning? ([Read more tips](#))
 - What is the method of payment? E.g. poker machines give free spins in lieu of cash rewards. How often have you cashed in your free spins?
- **Make gambling only one of a range of activities and interests** - You could try exercising, start a hobby or learn a new skill.

When you are at the venue

It is also important to consider your actions when you are at the venue. Most gamblers say that it is difficult to walk away once they are there, so it may be helpful to think about what may happen once you are there.

Once you are there:

- **Do not chase your losses** - Have a break and accept that the money spent is gone and if you are thinking this way it's time to stop.
- **If gambling stops being fun and is no longer is a game** - This is a warning sign to get help quickly.
- **Set limits and stick to a budget** - Decide how much money you want to spend (can risk losing) on your gambling each week. Think of this money as purely entertainment money, not as an investment to win. Whatever you choose to spend, make sure that you only spend that amount. If you do get a payout, do not add that to your initial stake. Instead, place and seal that money away in a separate pocket or hand it over to a trusted friend. This helps you guard against impulsive decisions to try and use this to win more.
- **Set yourself time limits and allow time for breaks** - Keep an eye on the clock, take a break from time-to-time and do not gamble over the time you have set for yourself. Listen out for that alarm you set yourself earlier.
- **Don't gamble alone** - Try to only gamble socially. Place the importance on the socialising with friends, not the gambling.
- **Try not to gamble with friends who gamble heavily.**
- **Don't mix alcohol or any other drugs with gambling** - Three standard drinks will prejudice your judgement and may lead to impulsive gambling.
- **Be realistic and aware** - The venues have the rules stacked in their favour. Never gamble with the expectation that you will win and always check your thoughts to be aware of any 'magical thinking' like 'my horoscope says today is my lucky day'.

Keep in mind that once the urge to gamble becomes too strong, money often loses value and it can be difficult to follow your own strategies. Support is important at these times; it might be a good idea to [connect with a counsellor](#).

Distraction takes the focus temporarily away from the urge and can give you time to rethink your decision to gamble.

Try the following next time you have the urge to gamble:

- Relax and focus on staying calm.
- Take some deep breaths to slow yourself down and refocus on what you can do now.
- Try to distract yourself with an activity to keep calm, such as a shower or a bath. Or you may read a book, cook or watch a TV show to stop thinking about gambling. Find an activity that suits you.
- Say to yourself "maybe I won't go, I will see how I feel in an hour" and then go and do something else.

Remember you may find the urge returns when you stop the other activity. If this happens, perhaps try the urge surfing technique as above.

Set a goal that you can achieve if you stop gambling or develop a list of reasons why you made the decision. For example:

- I will have more money to put towards a holiday.
- I will be able to hold my head up high.
- My family will be proud.
- I will be able to pay my bills.
- As my savings begin to grow money will have value once again.

Staying quit

Remember urges do not usually last longer than one hour.

$$\begin{array}{c} \text{DELAY} \\ + \\ \text{DISTRACT} \\ = \\ \text{STAYING STOPPED} \end{array}$$

Once you have decided to delay the decision to gamble, shift your attention to what you might like to do. It might be something you used to do before gambling became a problem or something you've always wanted to try.

Many people find engaging in sport fulfilling; this could be anything that gets you moving. From a daily walk or run to joining a gym or team sport.

When you feel an urge, do something else immediately and keep the following in mind:

- Limit access to money
- Surf the urge
- Distract from the urge
- Seek support from someone you feel you can trust. You don't have to call someone to talk to them about experiencing an urge. You might just want to ring and talk about something completely unrelated to gambling.

Not sure about what activities you can do when dealing with an urge? [Maintaining change](#) and our [healthy hobbies blog](#) have some useful tips.

gambling help  Online

<https://www.gamblinghelponline.org.au/>

Foundation House Support and Rehab – Drugs, Alcohol & Gambling



DRUGS REHAB

Foundation House offers a comprehensive residential drugs rehab program.

HELP WITH REHAB

Foundation House takes a holistic approach; we undertake a comprehensive phone, then face-to-face, assessment and tailor a program for the clients' own needs and circumstances.

[READ MORE](#)



ALCOHOL REHAB

We work with our clients on their 2-step residential alcohol rehab program.

HELP WITH REHAB

Foundation House is focussed on helping clients to re-establish their life foundations so they can go on to lead productive, happy and fulfilled lives, with the care they need.

[READ MORE](#)









GAMBLING REHAB

Foundation House provides support, strategies and gambling rehab.

HELP WITH REHAB

Individual treatment plans are created and implemented. Group work, specialised individual counseling, case management and self-help meetings are all central to the program.

[READ MORE](#)

 ADMISSION CRITERIA	 RESIDENTIAL PROGRAM	 DRUG, ALCOHOL & GAMBLING OUTPATIENTS	 RELAPSE PREVENTION	 PROGRAM SCHEDULE	 FEES
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Anyone who is interested in rehabilitation services and meets our admission criteria is welcome at Foundation House. We are non-judgemental and we are caring. We have established an Assessment Procedure to help us to work with clients from the outset to identify their drug, alcohol and gambling, health and welfare needs and determine whether the services we provide meet their requirements.

Foundation House currently has an extensive waiting list and, once on the waiting list, we ask you to call in twice a week so we can retain your spot and get you into treatment as soon as possible

Here are the steps that make up our initial Assessment Procedure:

1. Potential clients wishing to go on the waiting list need to call (02) 9810 3117 Monday to Friday between 9am and 4pm. One of our team members will talk through the information that we need to gather in order to determine if Foundation House is the best option for the client.
2. Clients must phone between 9am & 12 noon Mondays and Thursdays to retain their place on waiting list. Please stay in touch with us! Failure to call will cause your name to be removed from the list.
3. Clients may be required to provide documentation regarding medications, mental health, Centrelink status and criminal history and forward to us prior to assessment.
4. Foundation House clients may need to engage in a medically supervised detoxification prior to admission into the program. We can discuss what this involves on the phone.
5. A face to face assessment is booked in with the client.
6. A date for admission is then organised for the client.

Foundation House has specific criteria for admission into our programs. These are in place to give clients the support, and safety; they need to succeed in their rehabilitation. This Criteria includes:

- Clients are required to provide a supervised urine sample within 30 minutes of arriving for admission and provide a supervised breath test upon arrival.
- Random Urine tests and random breath tests may be taken at any time during the program.
- A photograph for identification purposes will be taken on admission.
- Clients must have no pending court cases within the 28 days of the program.
- Clients must be 3 months separated from incarceration.
- Clients must be 5 days clean from all substances (except 14 days from Buprenorphine, Methamphetamines and Methadone maintenance programs.)
- There is to be no taking drugs or alcohol and no gambling while at Foundation House.
- All groups, assignments and activities are compulsory and you have a responsibility to be on time.
- Clients are expected to keep the unit clean and share in house cleaning duties.
- Applicants who give information which is later found to be false or misleading may be subject to discharge after admission.
- Clients will need to organise their Centrelink benefits prior to admission or be able to meet the required weekly payments.

We have created these processes and criteria to set clients up for the best chance for success and treatment in their program.



Foundation House interior

Foundation House has a flagship 28-day residential rehabilitation program. The program is all about outcomes, working to evidence-based best practice including a 12-step treatment approach. Foundation House is focussed on helping clients to re-establish their life foundations so they can go on to lead productive, happy and fulfilled lives, with the care they need.

The residential program support clients with drug, alcohol and gambling addictions, and is an abstinence based program for both men and women. Foundation House looks at more than just the addiction; we undertake a comprehensive phone, then face-to-face, assessment and tailor a program for the clients' own needs and circumstances.

Individual treatment plans are created and implemented. Group work, specialised individual counseling, case management and self-help meetings are all central to the program. Foundation House also looks at other issues, such as health and medical related, or mental health related, and can assist clients with referrals to get the treatment they need.







Foundation House takes best-practice treatment methods and combines them with life skills support, social and recovery capital, peer conversations and even family support services. Aftercare and relapse prevention is the next step after the 28 days and we see great outcomes for our clients who stay in touch with the program and keep participating.

Please download this PDF for a detailed look at the Program and timelines.

Criteria for Admission

- Clients will be required to provide a supervised urine sample, within 30 minutes of arriving for admission.
- Random urine and breath tests may be taken throughout the 28 day stay.
- A photograph of the client will be taken on admission for identification purposes.
- No pending court cases within the 28 days.
- At least 5 days clean from all substances except – 14 days clean for Meth/Amphetamine users/Buprenorphine and Methadone Maintenance Programs.
- No outside appointments for the duration of the Program.
- Clients are required to abide by the Program and facility rules whilst in residence.
- Clients need to make staff aware of any special dietary or medical requirements prior to admission.
- Clients are required to keep the unit clean and tidy and be an active participant in house cleaning duties.
- Clients need to be able to read and write English in order to complete the Program.
- All group assignments and activities are compulsory. Failure to comply or cooperate may result in a client being discharged.
- Clients are not permitted to make or receive personal calls in the first seven days. Mobile phones are not permitted.
- Clients are advised to bring only clothes, toiletries and money for phone cards.
- Clients need to be in receipt of Centrelink benefits or able to meet the required weekly payments.
- Foundation House does not accept clients under the Inebriate's Act. Email us at info@www.foundationhouse.net.au for more information.

[Foundation House Pre Admission Medication form PDF Download](#)

 ADMISSION CRITERIA	 RESIDENTIAL PROGRAM	 DRUG, ALCOHOL & GAMBLING OUTPATIENTS	 RELAPSE PREVENTION	 PROGRAM SCHEDULE	 FEES
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Foundation House has been operating a range of outpatient drug and alcohol services for many years, as well as drug, alcohol and gambling groups. These services support our clients who are in full-time employment or aren't otherwise suited for the 28-day residential rehabilitation service.

Available to Health Service Union and construction industry members, these programs provide effective support to clients on an outpatient or group basis to help them engage suitable treatment options, which can include harm minimisation or abstinence.

Foundation House outpatient clients receive a comprehensive assessment, which forms the framework of a personal or individual treatment plan, along with a range of support spanning skills development, referrals, counselling and addiction recovery strategies designed to achieve the clients treatment goals.

In addition, Foundation House has a well-established Problem Gambling Group on a Thursday evening which is open to the public. We ask people attending the group to be alcohol and drug free when attending as clients from the residential program may attend the group.

The group works with clients to identify excessive gambling and associated or underlying problems, and provides support and strategies for the client, such as harm minimisation plans or abstinence.

 ADMISSION CRITERIA	 RESIDENTIAL PROGRAM	 DRUG, ALCOHOL & GAMBLING OUTPATIENTS	 RELAPSE PREVENTION	 PROGRAM SCHEDULE	 FEES
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Rehabilitation is life changing and Foundation House has set up relapse prevention support. We know that relapse prevention is the central strength of recovery capital. This is where stories are told, where peers support each other, and it's the real-life support comes from to connect and improve the health and wellbeing of all participants.

The Foundation House Relapse Prevention Groups create a true sense of community that flows through the home and workplaces for clients, and re-connects them with people when they're feeling alone. These Groups show that recovery is very possible and create recovery capital.

The Foundation House Relapse Prevention Programs are for clients and ex clients. Groups are held every Wednesday night, starting off with a casual Peer support BBQ dinner, followed by a one hour Relapse Prevention Group that helps clients to develop strategies to deal with issues that may contribute to a relapse. Every Wednesday, a gender specific group is held.

The Foundation House team highly recommends the relapse prevention groups. It shows, on a real personal level, that a better life is achievable and promotes recovery capital which is essential the improving health and wellbeing.







Relapse Prevention Groups at 6:30pm after BBQ:

[Every Wednesday](#)

Men's Group – various relapse prevention topics

[Woman's Only Group held weekly](#)

Relapse prevention specifically for women

 ADMISSION CRITERIA	 RESIDENTIAL PROGRAM	 DRUG, ALCOHOL & GAMBLING OUTPATIENTS	 RELAPSE PREVENTION	 PROGRAM SCHEDULE	 FEES
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Foundation House's 28-day Residential Rehabilitation Program is a structured program that is tailored to each client. We provide case management for each client to meet the health and wellbeing needs of each individual to support their current and ongoing recovery and also arrange for healthcare and other referral services if they're needed.

Over the four weeks of the program, clients will experience one-on-one and group therapy. During the first week, there is a specific Treatment Planning Sessions and the first Case Management Session, which are supported by a range of recreational activities, socialising, a popular Peer Support BBQ, living skills, communication skills, financial literacy and other activities.







The structured program and activities continue over the course of four weeks, tailored to each client, and at the conclusion of the 28-Days, there is a Graduation Ceremony. At this stage, treatment can be extended if needed, or referred to another suitable longer-term service.

Graduation marks the start of a comprehensive aftercare plan that covers work, health, relationships and lifestyle, comes into effect. The team at Foundation House knows how effective peer support, relapse prevention support, and family support can be in supporting a clients' recovery.

Many of our clients continue to attend our weekly Peer Support BBQ and relapse prevention meetings as their roles have changed, and they are now supporting and mentoring newer clients through their recovery and sobriety.

Please download this PDF for a detailed look at the Program and timelines.

[Foundation House Model of Care PDF Download](#)

 ADMISSION CRITERIA	 RESIDENTIAL PROGRAM	 DRUG, ALCOHOL & GAMBLING OUTPATIENTS	 RELAPSE PREVENTION	 PROGRAM SCHEDULE	 FEES
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Residential programs

- Rent (full board) ranges from \$230-\$300 per week depending on circumstances. Clients need to bring their first week's rent on the day of their admission
- Urine analysis fee is \$35 and this is payable on the day of admission
- Clients need to organise Centrelink benefits prior to admission or be able to meet the required weekly payments.

Family Support

[Home](#) / [Family Support](#)

The team at Foundation House recognise that drug, alcohol and gambling addictions can have an effect on families and loved ones. For this reason, we work with our clients' families and partners, if they wish, to give them support strategies and coping skills.

As a family inclusive service, we provide family members and partners with skills techniques in mindfulness, meditation, communication and responding to the needs of the client.

Involving Family members in the recovery process improves communication, relationships and outcomes. Foundation House family support can assist in providing insight and develop skills and strategies which assist the family members achieve their goals

With the support of professional counsellors, family members and partners can get the support and skills they need while their loved one is experiencing rehabilitation.

Family Support groups are held on Mondays at 7.30pm to 9.30pm.
For more information please call (02) 9810 3117.

Built Drugs & Alcohol Policy

Built

Drugs & Alcohol Policy

Policy

Built aims to provide a work environment which ensures the health and safety of its employees, contractors and consultants while occupying or visiting Built work premises and worksites.

The use of illegal drugs and the misuse of legal drugs, alcohol or other illicit substances can pose a serious risk to an individual's health and safety and may impair a person's capacity to perform work safely. Impairment may also have the potential to cause a threat to the well-being of the individual, other employees, clients of Built as well as members of the public.

The Built Drug & Alcohol Policy (D&A) applies to all Built employees, contractors, sub-contractors and any visitors to any site, building or location owned or operated by Built.

Individuals must not:

- Possess, sell, distribute or consume illegal drugs; or
- Be affected by prescription drugs or alcohol to the extent that it poses a risk to their safety or the safety of others; or
- If tested for drugs and/or alcohol, return a "positive" test result as specified under the Built Drug & Alcohol Management Procedure (DAMP)

These obligations apply to Individuals:

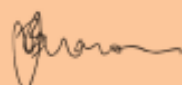
- During work hours
- During work based social events that have been organised by Built and held on Built owned, operated or controlled sites
- When individuals perform services or work for or on behalf of Built
- When individuals visit Built owned, operated or controlled sites

No individual will be permitted to enter or remain on a location to perform work when Built forms an informed view that a person's behaviour may create a risk to their safety or the safety of others.

Contravention of this Policy may result in counselling and disciplinary action in accordance with the Built Code of Conduct and may include termination of employment or contract.

Built endeavours to create a safe working environment by:

- Having an Employee Assistance Programme (EAP) and counselling service to assist employees to overcome any drug or alcohol related problem that could impair safety at work
- Implementing random testing for drugs and alcohol at Built workplaces
- Supporting and appropriately managing people who breach this policy with a just culture with a view to ensuring a safe workplace



Brett Mason
Managing Director
1 August 2021

Built Smoke Free Workplace Policy



Smoke Free Workplace Policy

Our Aim

Built is committed to providing a safe and healthy working environment for its employees, subcontractors, visitors and members of the public at each and every one of the company's worksites.

As part of this commitment, Built recognises the direct health implications of smoking and the potential health implications for persons exposed to Environmental Tobacco Smoke (ETS) from passive smoking. The aim of this policy is to practically apply 'smoke free environment' legislation and Built's general duty of care responsibilities under work health and safety legislation.

The following rules apply to all Built sites and workplaces:

- All lunch rooms, change rooms, ablution blocks and offices are to be smoke free environments
- Smoking is not permitted in any enclosed area or any area where ETS could possibly affect or contaminate an indoor or other enclosed or semi-enclosed area
- Smokers are not entitled to smoke even if employees or others in a particular area all want to smoke since this would contravene Built's policy and obligation to provide a safe and healthy place of work
- Smoking may only be permitted in designated areas approved by Built management at the worksite and must be outdoors with no possibility of contamination of indoor or other enclosed or semi-enclosed areas and must be at least 15 meters from any designated flammable or combustible goods store including hazardous substances or dangerous goods (e.g. gas cylinders, LPG storage, shipping container or similar sheds or areas where there may be flammable or combustible materials)
- Employees, contractors, subcontractors and visitors are responsible for complying with this policy. Any person who receives a request not to smoke in a prohibited area is expected to respond cooperatively and courteously to any request made
- Managers and supervisors must ensure compliance with the 'Smoke-Free Workplace Policy' for areas and personnel under their responsibility
- Built prohibits the use of Vapes (also known as e-cigarettes, e-cigars, e-hookahs, and e-pipes) anywhere that tobacco smoking is prohibited. No vaping is permitted within the facilities of Built Offices and Project Sites at any time. This includes, but is not limited to, meeting rooms, private offices, elevators, stairwells, restrooms, and all other enclosed facilities.

A handwritten signature in black ink, appearing to read 'Brett Mason'.

Brett Mason
Managing Director 1
August 2022