



**Ministry of Human Resources Malaysia**  
Department of Occupational Safety and Health

**GUIDELINES ON  
PREVENTING AND RESPONDING TO  
DRUG AND ALCOHOL PROBLEMS  
IN THE WORKPLACE**

**OCCUPATIONAL SAFETY AND HEALTH INSTITUTIONAL  
CAPACITY BUILDING  
UNITED NATIONS DEVELOPMENT PROGRAMME  
UNDP Project MAL/99/006/A/01/NEX**



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This guidelines is based on resources developed by WorkSafe Western Australia Commission who have kindly provided permission to adapt their resources for use in the Malaysian context. Their permission to do so is gratefully acknowledged.

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## Representative

Tn Hj Kormain Mohd Noor  
Prof. Steven J. Allsop  
Ms Noor Sakinah bt Haroon Arashid  
Mr N.Sasidharan  
Dr Sirajuddin Hashim  
Mr Teoh Kok Chye  
Mr Anis Fahmy Pauzi  
Tn Hj Hamzah b. Sidang Mohd  
Tn Hj Yunus Pathi Mohd  
Ir Ludin Embong  
Mr Nada  
Mr Mazlan Kasim  
Mr Khairuddin Mat Piah  
Tn Hj maarof Baharom

## Organisations

DOSH  
Curtin University, Australia  
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Royal Malaysia Police  
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PEMADAM  
PENGASIH  
MAPA  
MTUC  
FMM  
ESSO Malaysia Sdn Bhd  
Shell Refining Company Bhd

## Foreword

The need to ensure that places of work are free from drug and alcohol abuse is obvious. Drug and alcohol use have been found to contribute to workplace accidents, absenteeism, medical claims and compensation claims. Poor productivity, high staff turnover and criminal involvement have been found related to use of alcohol and drug abuse.

For many years, Malaysia has relentlessly combated to eradicate this menace. The Malaysian Government is committed to combat drug problems and in 1998 endorsed a strategic plan to create a drug-free Malaysia by the year 2015.

The National Drugs Agency, Ministry of Home Affairs, has data that consistently indicate that 80% of arrested drug addicts are in employment. Investing in strategies to prevent and respond to drug problems in the workplace is consistent with the Government's anti-drug strategy and will result in a more productive workplace.

The purpose of these Guidelines is to assist employers and employees to implement effective prevention responses to drug problems in the workplace in line with the general duties under Occupational Safety and Health Act 1994. In turn, this will make a significant contribution to making workplaces safer and more productive and to the attainment of the national goal of a drug-free society.

These Guidelines are advisory in status. Each employer will probably need to adapt their response to the specific circumstances of their workplace. However, it is expected that each employer will be able to justify their specific response as consistent with the intention of the Guidelines and the clear provision of the OSH Act (1994).

These Guidelines will be reviewed from time to time. Readers are welcome to give inputs to the Department with a view for improvement in the Guidelines. Should you have any questions about these Guidelines, please contact the Department of Occupational Safety and Health, Ministry of Human Resources

### **Director General**

Department of Occupational Safety and Health  
Malaysia

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## 1. Scope

The Department of Occupational Safety and Health, Ministry of Human Resources, Malaysia has prepared these Guidelines. These Guidelines are intended to provide guidance to employers and employees to develop prevention responses to drug and alcohol problems in the workplace and to satisfy their obligations under the Occupational Safety and Health Act 1994. Many forms of drug use can cause problems in the workplace. These can include use of legal drugs, such as alcohol, illicit drugs such as heroin or cannabis, abuse of prescribed and non-prescribed medication (e.g. antidepressants and cough medicine) appropriate use of medications (while medicines are often used as intended, they may carry side effects that can cause risk in the workplace) and abuse of other substances (e.g. solvents). Alcohol, both condoned and prohibited, may be a risk and strategies need to be in place to prevent and respond to problems from alcohol use. Illicit drug use is totally prohibited in Malaysia and can result in problems at work. Such use is totally unacceptable and should be prevented in the workplace.

In these Guidelines, the term 'drugs and alcohol' will be used to refer to all these forms of drug use. The Guidelines refer to employer and employee obligations under the Occupational Safety and Health Act (1994) the Employment Act (1955) and Drug Laws relating to illicit drug use.

## 2. Introduction

A range of factors impact on our ability to work safely whether at the workplace and in our private lives. These factors, as they relate to the workplace, must be dealt with through the normal procedures for dealing with safety issues at the workplace. Drugs, alcohol and other substances that are abused may be factors that affect a person's ability to work safely. The use of drugs and alcohol become an occupational safety and health issue if a person's ability to exercise judgment, coordination, motor control, concentration and alertness is affected at the workplace, leading to an increased risk of injury or illness. Employees affected by drugs or alcohol may present a hazard in the workplace, causing injury to themselves and others. Co-workers may also be placed in difficult situations, expected to cover for unsafe work practices or faced with reporting a fellow employee. Drugs and alcohol can cause a range of problems for employers. In some cases, their use may lead to loss of life, injury, damage to plant or equipment and negative publicity for the business.

Every employer and every self-employed person is required under Section 15 (2) to ensure as far as practicable, the safety, health and welfare at work of his employees. Drug and alcohol use can pose major risks to employees' safety, health and welfare. Hence, employers have a legal duty under the Act to take measures to eliminate or minimise the risk.

Similarly, employees too, are required under Section 24(1) to take reasonable care in terms of the safety of himself/herself and other persons who may be affected by his actions or omissions at work. Drug and alcohol use are such risk factors. Employees should not indulge in hazardous or harmful drug or alcohol use and should cooperate with employers in removing such risk factors from the workplace.

Thus, employers have a general duty to provide a safe and healthy workplace, free from hazards. Employees must take reasonable care of their own safety and health and not endanger the safety and health of others at the workplace. The consumption of illicit drugs and alcohol whilst at work is therefore totally unacceptable and employees should present themselves for work and remain, while at work, capable of performing their work duties safely. The obligation of the employer, the self employed person and the employee are outlined in section 3.

This document aims to assist employers; self-employed people and employees understand and manage drug and issues at the workplace.

A range of strategies to prevent and respond to drugs and alcohol in the workplace are discussed in Section 5 of the Guidelines. The strategy adopted must ensure workplace hazards and risks associated with the use of drugs and alcohol are eliminated or reduced as far as practicable. If a policy is adopted as part of this strategy, it should reflect the safety needs of that workplace. Education and information about the ways in which drugs and alcohol can affect safety and ideally should form part of every strategy.

It is important that people at a workplace understand the effects that drugs and alcohol may have on a person's ability to work safely. The effects of a range of drugs including alcohol, cannabis, opiate analgesics, hallucinogens, volatile substances and stimulants are briefly outlined in Section 6. Prescription and over-the-counter medication may affect a person's ability to work safely, as can combining different drugs or mixing medications with alcohol. If further information about these drugs and their effects is needed, the agencies outlined in Section 7 should be contacted. The Ministry of Health, The National Drugs Agency and the Royal Malaysia Police can provide expert advice and resources on drug problems.

### **3. Duties of Employers and Employees**

#### **3.1 Obligations under the Occupational Safety and Health Act (1994)**

Employees and employers have obligations under the Occupational Safety and Health Act 1994 (the Act) in relation to safety at the workplace. Although there is no specific reference to drugs and alcohol in the Malaysian occupational safety and health laws, employers and employees must comply with their general duty of care under the Act.

People in workplaces should also be aware of other legislation outlined in section 4 that may specifically deal with drugs and alcohol

#### **3.2 Obligations of employers**

Section 15 (2) of the OSH Act requires every employer and every self-employed person to ensure, as far as practicable, the safety, health and welfare at work of all his employees. Drug and alcohol use can pose a major risk to employees' safety, health and welfare, and therefore employers have a legal duty under the Act to take measures in order to eliminate or minimise the risk.

As the use of drugs and alcohol may present a hazard at the workplace, employers should take every reasonable step to prevent and respond to drug and alcohol use.

Where drugs and/or alcohol, the employer could impair a person's capacity should ensure the person is not in a position of personal risk, and that the person does not present a risk to the safety and health of others.

If developing a policy on drugs and alcohol in the workplace, employers should consult and co-operate with key stakeholders and other employees.



### 3.3 Obligations of employees

Employees also have a general duty in relation to safety at the workplace. Section 24 (1) of the OSH Act requires employees to take reasonable care for their own safety and the safety of other people who may be affected by their actions or omissions at work. Drug and alcohol use are such risk factors. Employees should avoid risks from drug use and should cooperate with employers in the removal of such risks in the workplace.

Employees should ensure that their activities away from work do not affect on their ability to perform their duties safely when at their workplace. An employee should inform himself/herself about the effects of drugs and alcohol on their ability to work safely. An employee should present and remain, while at work, fit for work.

Employees should avoid adversely affecting the safety and health of other persons at the workplace.

An employee affected by drugs or alcohol can present a danger to co-workers and other persons at the workplace. Employees have a responsibility to avoid drug use that may pose a risk and to report to their employer any situation that they have reason to believe could constitute a hazard and he/she cannot reasonably correct himself/herself. This includes the legitimate use of prescription and non-prescription drugs that may impair an individual's capacity to work safely.

If an employee is aware of another individual who cannot work safely due to impairment by drugs or alcohol he/she should report this hazard to the employer or other appropriate person in control and report to their employer any injury or harm to health of which he/she is aware that arises in the course of, or in connection with, work.

#### **Self-employed persons**

As outlined in Section 15 (2) of the OSH Act, self-employed persons must take reasonable care to ensure their own safety and health at work and, as far as practicable; ensure the work does not affect the safety and health of others.

#### **Contractors**

If a principal engages a contractor to carry out work, the principal is considered, in relation to matters over which he has control, to be the employer of the contractor and any person employed or engaged by the contractor to carry out or to assist in carrying out the work. The principal's duties are in addition to the contractor's duties as an employer. Of course, contractors are employers too, and as such they should review these Guidelines to prevent and respond to drug and alcohol problems in their enterprises.

### **3.4 Duty in relation to third persons**

Responding to a hazard presented by drugs and/or alcohol may also include a situation where a third person, which is not an employee, enters the workplace affected by drugs and/or alcohol. An example includes when a client, customer or visitor is at the workplace.

Should this situation occur, the employer and employee must respond by minimising the risk of an impaired third person presenting a hazard at the workplace. If such an occurrence is likely, it is advisable to have workplace procedures in place that outline how to deal with this situation. If the nature of the workplace presents special risks to employees, for example, if employees regularly work alone, it may be advisable to have in place extra safety precautions such as distress alarms.

## **4. Other legislation\***

Persons at workplaces should be aware of other legislation relevant to drugs and alcohol. This includes the five main statutes that cover Malaysia's drug laws:

### **Dangerous Drugs Act 1952**

This is the major legislation relating to Malaysian drug control. The Act has been revised several times in relation to changes in patterns of drug use. This Act includes the death penalty for drug trafficking.

### **Poisons Act 1952**

This Act is aimed at controlling the import, possession, sale and use of poisons. This includes any mixture, preparation, solution or natural product. This includes products used in industry, medicine and agriculture.

### **Drug Dependents (Treatment and Rehabilitation Act) 1983**

This is a comprehensive piece of legislation covering treatment and rehabilitation. The Act provides for compulsory treatment and rehabilitation of any person who has been certified as drug dependent as well as for the establishment and implementation of voluntary treatment programs. The period of compulsory treatment and rehabilitation (i.e. not voluntary) at a gazetted Rehabilitation Centre is for a period of two years and thereafter to undergo supervision for two years or undergo supervision by an officer.

### **Dangerous Drugs (Special Preventive Measures) Act 1985**

This Act empowers the Government to detain anyone suspected of being a trafficker without having to bring the suspect to a court of law.

### **Dangerous Drugs (Forfeiture of Property) Act 1988**

This Act empowers the Government to trace, seize and forfeit assets of convicted drug traffickers.

\* The information in this section is taken from two documents:

Mobilising small and medium businesses to prevent substance abuse. National Drugs Agency, Ministry of Home Affairs, Malaysia and International Labour Organisation, Geneva Switzerland, 1999.

Enforcement of Drug Laws in Malaysia, Narcotics Department Royal Malaysia Police, 2002. Readers are specifically referred to the second document for a brief outline of the Malaysian Drug Laws.

## 5. Strategies to respond

While there is no single way to respond to the problems of drug and alcohol use at the workplace, there are a number of strategies that may be adopted. Deciding upon which strategies to adopt will depend on the extent of drug and alcohol use, the nature of the industry and the size and resources of the business. Any strategy should be tailored to meet the needs of that workplace. Enhancing awareness by providing information and education about drugs and alcohol should form part of any strategy.

The aim of any strategy should be to eliminate drug and alcohol related problems as far as practicable. This objective can be achieved through adopting several approaches. A comprehensive program might consist of the following:

- ▶ Risk assessment;
- ▶ Based on the risk assessment, developing and communicating a drug policy and guidelines for all levels of staff;
- ▶ Providing high quality staff supervision and performance management;
- ▶ Preventing problems through such steps as providing information and education;
- ▶ Management of hazards through introducing procedures to identify and deal with affected persons at the workplace; and
- ▶ Provision in the strategy for the rehabilitation of affected employees.

### 5.1 Risk factors, risk assessment and protective factors

#### 5.1.1 Risk Factors and Risk Assessment

The hazards and risks associated with drug and alcohol use at the workplace should be assessed in the same way as any other occupational safety and health hazard. When assessing whether drugs and/or alcohol pose a safety and health risk at your workplace, a range of factors, some of which are outlined below, should be considered. You should consider the effects of drug intoxication and the 'hangover' effects of drug use.

At some workplaces the hazards associated with drugs and alcohol may be greater due to the nature of the workplace. Employees, who operate machinery, drive in the course of their work or rely on concentration or motor coordination, may face an increased risk of injury if affected by drugs and/or alcohol.

At other workplaces there may be a greater potential for serious harm. Employees who are operating heavy machinery or using hazardous materials, for example, may be at risk of more serious harm if injured.

In some occupations an employee affected by drugs and/or alcohol may be more likely to jeopardise the safety and health of others. Examples include drivers, pilots, employees who are working with hazardous materials or performing duties where they are working as part of a team.

Drug and alcohol consumption may also be more prevalent in some industries than others. The following are some factors to consider when assessing whether a risk exists from drugs and alcohol in your workplace. An employer should also bear in mind that if any of these problems currently exist in the workplace, the employer may be required to remove and/or minimise the risk associated with them under their general duty of care to provide a safe working environment.

### **Drug use in the community**

If drug use in the community increases or decreases, this is likely to have impact on the workplace. If an employer recruits staff from an area, or a subgroup (e.g. young males) where alcohol use is high, there is an increased risk that they will recruit higher risk staff. A good indicator of risk in the workplace is the risk of use and problems in the broad community.

### **Availability**

At some workplaces, employees are more likely to be exposed to drugs or alcohol use, and therefore the risk of employees being affected may be increased. In other workplaces employees may be more exposed to the consequences of drug consumption. For example, persons who work in hotels and bars may be more at risk of harm from persons affected by alcohol.

### **Low job satisfaction and poor working conditions**

Low job satisfaction may lead to higher rates of drug and alcohol related problems at work and outside work. Drug and/or alcohol use may be more common in environments where there is poor job design and unrealistic performance targets and work deadlines. Inadequate training and supervision, job insecurity, lack of communication and participation in decision-making processes may also contribute to such an environment. Poor working conditions may also increase the risk of drug use (for example, employees working in hot, noisy, dirty or dangerous working conditions).

### **Long hours and shift work**

Illicit drugs such as amphetamines and/or prescription medication may be taken to enable employees to keep awake if they are working long hours or engaged in shift work.

### **Boring and monotonous jobs**

Drug use has been found to be more common in jobs that involve performing repetitive, boring and/or monotonous tasks.

### **Low levels of or poor supervision**

The level and quality of supervision and performance management has been found related to drug use. Jobs where there is little and/or poor quality supervision and performance management are at greater risk of drug and alcohol related problems. Clear communication about expected roles and behaviour on the job, clearly communicated and implemented consequences of unacceptable behaviour, and close, quality supervision reduce risks.

## **Workplace culture**

In some occupations, for example in workplaces dominated by young males, the prevailing workplace culture may support the expectation that there will be consumption of alcohol at the workplace. Such a culture may condone or encourage heavy drinking.

## **Isolation from family and friends**

Employees in isolated areas or separated from family and friends sometimes report that they are more likely to consume drugs and/or alcohol due to boredom, loneliness or lack of social activities.

## **Stressful jobs**

Jobs that involve high levels of stress, excessive responsibility, long hours or shift work, are sometimes associated with poor health, including drug and/or alcohol related problems.

People suffering from stress may be more likely to take anti-depressants or anxiety medication. In some cases stress may lead to consumption of illicit drugs.

These factors may provide some guidance when considering the risk of drug and alcohol use at a workplace. However, it is important that every workplace is assessed individually.

### **5.1.2 Protective Factors**

It is important to note that workplaces that attempt to address boredom and monotony, that pay good attention to the occupational health and well-being of staff, that have developed and clearly communicated relevant policies and provide quality supervision and performance management have a lower risk of drug problems in the workplace. Management may want to consider the following options to reduce risk:

- ▶ Provide education about the risks of drug use;
- ▶ Ensure supervisors are well trained in supervision and performance management;
- ▶ Provide recreational options, especially where boredom might be a risk factor;
- ▶ Identify and respond to factors that cause stress and/or fatigue in the workplace (e.g. regular breaks);
- ▶ Ensure that occupational safety and health expectations are clearly communicated and well managed in the workplace;
- ▶ Develop and communicate policies on preventing drug problems in the workplace;
- ▶ Provide ready access to counselling early in the development of any drug problems; and/or
- ▶ Provide support groups for employees and their families.

## **5.2 Policy on Drugs and Alcohol in the Workplace**

One approach to managing drugs and alcohol is to establish a policy, with supporting procedures, which takes into consideration the specific circumstances of the workplace. Section 5.1, which discussed “risk factors”, provides further guidance on determining an appropriate strategy for your workplace.

The development of a policy provides an opportunity to develop management strategies dealing with a range of drug and alcohol related problems.

The policy should outline the organisation's aims in relation to drug and alcohol use with the objective being the elimination and reduction of the hazards and risks.

The "supporting procedures" should provide the strategies and action plans to meet this objective.

### **5.2.1 Why Develop A Policy?**

There are a number of reasons why it may be appropriate to develop a workplace policy on drugs and alcohol.

An employer could be found in breach of the general duty to provide a safe workplace that is free from hazards if injury or harm is suffered as a result of drug or alcohol use. Having a clearly defined policy with supporting procedures in place will assist the employer to provide a safe workplace and manage drug and alcohol related issues in the workplace.

The existence of a policy also provides a means of informing employees and other people at the workplace about what behaviour is acceptable and is unacceptable in relation to drugs and alcohol.

Having a drug and alcohol policy also demonstrates management commitment to a safe and healthy workplace.

It may be good practice to have a policy even if drugs and alcohol do not pose a current risk at a workplace. It is important, however, that all workplace safety and health policies, including drug and alcohol policies, are prioritised according to the hazards present and perceived level of risk at your workplace.

### **5.2.2 How To Develop A Policy**

The way in which a drug and alcohol policy is developed will depend on the individual requirements of your workplace. It may suit your workplace to have a separate policy dealing specifically with "drugs and alcohol."

Alternatively, the contents of a drug and alcohol policy could be incorporated into an existing occupational safety and health policy framework. At some workplaces it may be appropriate to have a policy that deals with impairment from a wide range of sources, in which drugs and alcohol are included. Such a policy could incorporate other workplace safety and health issues such as stress and fatigue.

### **5.2.3 Key Steps In Policy Development**

The following steps may assist in developing a drug and alcohol policy at the workplace.

#### **Establishing a representative group to formulate and implement the policy**

A safety committee, or management established committee, should oversight the development of the policy and could draw on other relevant expertise (e.g. company medical staff, other employee representatives and management). The more diverse and encompassing the range of people involved in formulating the policy, the more likely the policy will be viewed as relevant and appropriate. Research indicates that policies that are developed in consultation with key stakeholders are more likely to be effectively implemented and maintained.

An existing safety committee could be used to frame the policy or a management could form a specific working group for that purpose. In some cases it may be beneficial for larger companies to establish a steering committee to oversee the development of the policy and the associated implementation program.

The group should clarify its task to ensure a clear mandate.  
Adequate resources should be provided to enable the group's objective to be carried out.

### **Development of the policy**

The policy should be developed through an open, participatory process. Effective communication strategies that ensure regular consultation and feedback to employees should be adopted. This approach will give employees a sense of ownership of the policy, making the policy more likely to be accepted and followed at the workplace.

A preliminary draft policy should be produced and then reviewed by the overseeing group. It is important that feedback is received at this stage from all persons at the workplace who may be affected by the operation of the policy.

Procedures and an implementation timetable for the policy should also be devised.

When writing the draft policy, the inclusion of a trial period can assist in its successful introduction.

The draft policy should be reviewed and, where appropriate, feedback from the workforce incorporated.

Upon preparation of the final draft, the policy should be presented to management for endorsement and then distributed to all employees and persons at the workplace.

To successfully introduce a new policy, it may be necessary to take steps to overcome the anxiety the changes cause. Throughout the policy development stage, employers and managers should convey the message that the business values its employees and is committed to responding responsibly to the issue of drugs and alcohol. The policy should clearly explain why a drug and alcohol policy would benefit the workplace.

Good communication and provision of accurate information will reduce anxiety for employees. It is important that employers make it clear to their employees that they are endeavouring to assist them to work safely and that a drug and alcohol policy is not aimed at simply at removing people from the workplace. Employers should point out that while employers are not responsible for the private lives of their employees, they carry the primary responsibility for safety at work through creating and maintaining a safe working environment. The impact of unsafe behaviour caused by drugs and alcohol should be emphasised in any communications and in the policy.

## **5.2.4 Content Of Policy**

What is included in the policy will vary according to the nature of the workplace, the perceived extent of drug and alcohol use and the resources available. For example, some companies will develop a drug and alcohol policy. Other companies will only develop a policy on drugs, as alcohol is not perceived to be a risk factor.

As with any occupational safety and health policy, a drug and alcohol policy and its supporting procedures should be simple and easily understood.

An effective policy should include information on the following areas:

### **Rationale**

An explanation as to why you are implementing the policy, with an emphasis on the safety and health of all employees and the fact that drug use can compromise the safety and health of those who use drugs and that other employees safety and wellbeing can be affected.

### **Aims and objectives**

The policy should aim to prevent problems, whilst also dealing with occurrences of drug use and rehabilitation. The objective could include, for example, fostering and maintaining a safe working environment. The expected outcomes and standards arising from the policy should also be clear.

### **Scope**

The application of the policy and its supporting procedures should be outlined. It should be clear that every person, including employers, directors, consultants, employees, as well as visitors, clients, customers and contractors entering the workplace is covered. People at the workplace need to be assured there will be no discrimination between employees in the way in which they will be treated under the proposed policy and procedures.

The organisation's policy and procedures with respect to drugs and alcohol at the workplace should be communicated clearly to everyone who comes onto the workplace.

### **Infringement of the policy**

The policy is the opportunity to specify what constitutes an infringement in relation to drug and alcohol use. Clear direction should therefore be provided about acceptable and unacceptable behaviour in relation to drugs and alcohol at the workplace.

The policy also provides the means to state clearly what happens on the first, second and third infringement (if more than one infringement is possible). This should be determined in consultation with any key stakeholders or through another employee consultative process.

The policy may include provisions to ensure compliance.

The policy should include the disciplinary rules and consequences based on the severity of the violation. The disciplinary actions should conform to the provisions of the Employment Act 1955.

They should also identify the complaint and grievance procedures, including the processes to challenge any drug test result. Employers and employees have a responsibility to keep confidential the proceedings of any complaint and grievance procedure.

## **5.2.5 Content Of Supporting Procedures**

### **Identification**

The procedures for identifying persons impaired by drugs and alcohol should be clearly specified in the supporting procedures. Unless such procedures are clear, complications and uncertainty will arise.



It may be appropriate to include information that assists employees to identify and appropriately respond to hazardous behaviour by co-workers in the supporting procedures. Section 2.1.6 provides detailed guidance on identification of persons impaired by drugs and/or alcohol.

### **Dealing with an impaired person**

The procedures for managing a person affected by drugs and/or alcohol at the workplace should be outlined in the supporting procedures.

The supporting procedures should also provide that if any employee has doubts about a co-worker's ability to work safely, this safety concern should be reported to their Safety and Health Representative, supervisor, or other person, as nominated in the policy.

If any person at a workplace appears to be impaired by drugs or alcohol, the procedures outlined in the policy should be followed.

The person nominated in the policy should approach the impaired person. A suitable person may include a staff counsellor, for example. If the person is aggressive or appears unpredictable, more than one person should be involved in the initial approach which should be quietly assertive - not aggressive, argumentative or threatening.

Detailed procedures for dealing with a person impaired by drugs and/or alcohol are provided in Section 5.5.

### **Information and training seminars**

It is important the supporting procedures establish a system that ensures everyone at the workplace is aware of the existence and contents of the drug and alcohol policy and supporting procedures. Copies of relevant documents should be readily available at the workplace.

A system for providing information to persons at the workplace on drugs and alcohol should be included as a preventive strategy. A range of material is available from the National Drugs Agency, the Royal Malaysia Police, and other agencies as identified in Section 7.

It may be appropriate for information and training sessions on the drug and alcohol policy to be provided for employees in the supporting procedures. Employers, supervisors or other nominated employees also need to be fully aware of its contents so they can advise and answer questions about its operation. It will be useful to have staff sign that they have been informed of the policy and procedures.

### **Workplace induction**

The supporting procedures should address workplace induction. Workplace induction procedures should be adapted to ensure new staff are made aware of and understand the policy and procedures in relation to drug and alcohol issues at that workplace. It will be useful to have them sign that they have been informed of the policy and procedures during induction.

### **Confidentiality**

Procedures dealing with confidentiality and protection of privacy should be included in the supporting procedures.

## **Rehabilitation and counselling**

If Employee Assistance Programmes (EAPs) or other rehabilitation options are available at the workplace, employees should be made aware of the assistance available. It may also be appropriate to include a means of referral to EAPs or other counselling or rehabilitation services in the supporting programmes.

If a company has different approaches for voluntary referral, this should be clearly communicated in the policy and information about the policy (e.g. some companies will support rehabilitation if the person refers himself voluntarily, but will not support rehabilitation in other circumstances).

The details of access to rehabilitation should be clearly communicated. For example, some companies will allow the person to use sick leave to access rehabilitation, others will allow leave without pay.

## **Evaluation**

It is important that any workplace drug and alcohol policy is evaluated after implementation. The supporting procedures may provide a mechanism, including a time-frame and criteria, for such an evaluation.

## **Testing**

If drug testing is introduced, written procedures for testing and an implementation timetable need to be included in the supporting procedures.

Procedures for managing an employee testing positive at a workplace need to be developed through a consultative process and communicated to everyone at the workplace.

The follow up action and outcomes from positive tests should be made clear in the supporting procedures.

Further information on drug testing is available in Section 5.5.

## **Third persons**

It may be appropriate to include procedures dealing with the situation where a third party, who is not an employee, enters the workplace affected by drugs and/or alcohol. In some workplaces there may be a greater risk of such incidents occurring.

The supporting procedures should provide for management of such a potential hazard through specifying safety precautions and procedures that will minimise the risk of problems.

## **Work sponsored functions**

Any form of alcohol use at the workplace can cause risks should be avoided. However, if some work functions include access to alcohol, it may be advisable to include a section outlining the organisation's policy on consumption of alcohol at work-sponsored functions (i.e. in those workplaces where alcohol may be provided for entertainment). Alternatively a separate policy or set of procedures dealing with "work sponsored" functions may be developed.

Whichever mechanism is used, the document should clearly outline the employer's expectations of appropriate behaviour in relation to the consumption of alcohol at work-sponsored functions.

There are also a number of steps that can be taken by management to minimise the risk of alcohol related problems at such functions. Simple strategies such as communicating the responsibility of employees (just because alcohol is provided does not mean that the employees) responsibilities should be ignored) levels for low risk drinking, providing low alcohol beer and non-alcoholic drinks at functions, providing a choice of beverages and serving substantial food can lessen the chance of alcohol induced injuries or incidents. If a person does become intoxicated, management should ensure that the person gets home safely. Normal procedures for managing intoxicated employees may then be used.

Other initiatives include ensuring workplace social activities do not centre on alcohol. Hosting family-friendly functions during the day, as an alternative to evening functions, for example, may contribute to a safe and healthy environment.

Employees should be encouraged to organise alternative transport prior to any function where alcohol is available, to minimise the risk of their driving under the influence of alcohol.

### **5.3 Information and education at the workplace**

One of important strategies for preventing drug problems is to provide information about drugs and alcohol to employees. Employees are more likely to work safely if they are aware of the detrimental effects of drugs and alcohol, are clearly informed of the existence of a workplace policy on drugs and alcohol and the consequences of its breach.

Employers should provide information about services, programs and assistance available either at the workplace or by external agencies, for employees seeking support.

Education may also be presented in the form of posters, leaflets, and general health information, meetings, through organisational newsletters or magazines or through particular staff such as safety and health or medical personnel.

Providing information about drugs and alcohol also contributes towards developing a workplace culture where employees are prepared to encourage each other to work safely.

Employees should make themselves aware of any assistance available at the workplace or of support offered by external agencies. If an employee believes drugs or alcohol affects their safety or health, they should seek assistance through recognised treatment.

Workplace education or training programs can also play an important role in preventing or minimising the risk of hazards associated with safety performance impairment. Holding information sessions on the operation of any drug and alcohol policy provides a useful forum for persons at the workplace to familiarise themselves, and have queries answered, about drug and alcohol related safety and health issues.

### **5.4 Training supervisors**

Supervisors have a crucial role in preventing drug problems and in implementing any policy. It is important that supervisors are well trained. This will include training in:

- ▶ Performance management;
- ▶ The rationale and procedures involved in the drug and alcohol policy;
- ▶ Referral to internal and external services; and
- ▶ The relevant occupational safety and health legislation and laws regarding drug use, possession and trafficking.

## **5.5 Identifying persons impaired by drugs and alcohol**

The means by which persons who are affected by drugs and/or alcohol at the workplace will be identified needs to be determined at the policy development stage. The means for identification should then be included in the policy, with details outlined in the supporting procedures.

Under the Occupational Safety and Health Act (1994) people in the workplace are expected to be able to carry out their work without risking the safety and health of themselves or others. It is therefore important that any identification addresses whether an employee's ability to work safely is impaired.

Potential difficulties should be borne in mind when identification strategies are being formulated. When assessing "impairment" of an employee, the possibility of impairment through other causes, such as fatigue or stress, should be borne in mind. Strategies should aim to differentiate between the effects of a drug, alcohol and fatigue. Fatigue, which can be defined as loss of alertness, eventually ending in sleep, is common in a range of industries, particularly in motor transport. This loss of alertness leads to slower reaction times, decreased skill and poor judgment. Fatigue can result from long or arduous work, poor sleep or lack of sleep.

Section 5 provides further information on the effects of a range of drugs on the ability to work safely.

There are a number of ways persons who are adversely affected by drugs and alcohol may be identified. The following steps may assist in developing an identification process:

### **Criteria**

Criteria should be formulated that clearly set out the factors that will be considered when employees, who appear to be impaired, are identified. It is essential that criteria be developed in consultation with all employees, any Safety and Health Representatives and management. Expert assistance may be required in formulating the identification process.

### **Identification**

The question as to who will identify an impaired employee must be clear in the policy or supporting procedures. The emphasis here is to identify someone who is impaired: not to attempt to diagnose why they might be impaired. Options include identification by:

- ▶ a supervisor or senior manager;
- ▶ a fellow employee or co-worker;
- ▶ self-assessment by the employee;
- ▶ a position designated in the workplace policy; or
- ▶ a combination of some or all of the above.

It may be worthwhile for management to state that the entire workforce is encouraged to report a person at the workplace who may be impaired or not working safely. It is, after all, in everyone's interest to be protected from risk of injury from someone who is impaired.

## Training

Identifying people affected by drugs or alcohol is a complex process, therefore designated persons who approach employees should be properly trained in such identification and the use of the most effective style of approach (e.g. health and safety staff; medical and para-medical staff).

It is important that supervisors and managers are trained in recognising and appropriately assisting employees with “fitness for work” problems that may impact on work performance or safety. However, supervisors and managers are best placed to identify fitness to work/conduct performance management. They are not the best people to diagnose why someone’s performance may be impaired. They should focus on performance (“You were late for work” “You don’t seem to be able to carry out your work” “You are very aggressive with your colleagues”) not diagnosis (“I think you have a drug problem”). It may be advisable to seek a range of expert assistance.

## Dealing with substance impaired people in the workplace

### When dealing with substance-impaired persons in the workplace:

- ▶ avoid using terms such as “You’re drunk”;
- ▶ be brief, firm and calm. Use the affected person’s name. If necessary, repeat your message (“I am instructing you to stop work for the day. Arrangements will be made for you to go home. Before you go I will arrange for you to see the medical officer”);
- ▶ do not argue or debate; simply repeat your message;
- ▶ make suitable arrangements to ensure the impaired person gets home safely;
- ▶ try to persuade them not to drive their own vehicle.

### If the impaired person refuses to cooperate:

- ▶ contact the person specified in the policy or supporting procedures which may include the employer or other person specified in the policy;
- ▶ assess dangers; and
- ▶ evacuate all surrounding people at risk from the location of the impaired person or isolate the impaired person.

### After the incident and the employee returns to the workplace not impaired by drugs and/or alcohol:

An investigation should be instigated, using procedures outlined in the policy (e.g. involving the site manager, safety staff, etc) and appropriate processes implemented. These may include:

- ▶ Discipline
- ▶ Sick leave, special leave or referral to rehabilitation
- ▶ The policy regarding further incidents should be made clear to the employee, but the normal procedures concerning failure to perform should apply
- ▶ information and advice about drug abuse, assessment and rehabilitation should be provided.

### **Further incidents:**

Should further incidents of being impaired by drugs or alcohol occur by the same employee:

- ▶ repeat the above procedure;
- ▶ follow disciplinary procedure outlined in the drug and alcohol policy or other written procedures;
- ▶ keep all relevant parties informed; and
- ▶ encourage the impaired person to seek information and counselling and treatment if appropriate.

### **Self-assessment by the employee**

The policy should state that employees are not to present themselves for work if they have consumed drugs or alcohol as these can affect their ability to work safely. The policy should also state that employees should not remain at the workplace if drugs or alcohol affects them.

The chances of a person recognising that they are impaired will be improved if they are informed and educated about the effects of drugs and alcohol on their ability to work safely.

Simple self-assessment may also be useful in assisting persons in assessing their own problems. For example, some employers have provided the opportunity for employees to self-test for alcohol by providing access to breathalysers. Someone who identifies that he is impaired then voluntarily takes leave (sick leave or unpaid leave). Of course, there are always limits to the number of occasions this can occur, and such limits are stated in the policy.

Education, training and healthy lifestyle programs can also have a positive impact on a person's behaviour and educate them about the safety and health risks of drug and alcohol use.

### **Testing for illicit drugs**

When considering the introduction of testing for illicit drugs, employers should ensure that the nature of the policies and programs is appropriate to the level of risk in the workplace.

If testing is introduced it should also form part of a comprehensive drug and alcohol program (for example including a policy, education and rehabilitation) which in turn is part of a general safety and health program. The best aim of drug testing is to help identify and assist people into rehabilitation. The rationale for drug testing should be clearly stated and communicated. Ideally, employees should be counselled about the relevant processes at the time of taking a drug test.

Employers should be aware that drug testing does not measure impairment. Current testing techniques do not disclose the quantity of the drug consumed, when it was consumed or the level of impairment that has resulted from the drug consumption.

There is a range of issues associated with testing for illicit drugs including confidentiality and employee concerns about privacy.

Employers should also be alert to the possibility of inaccurate results and false positives. Other issues relate to insufficient integrity of the testing process and the interpretation of results. Employers should ensure, as far as practicable, that a proper chain of custody of the samples is followed.

If drug testing is introduced, expert guidance should be sought. The Ministry of Health or the National Drugs Agency can provide such advice.

Appropriate safeguards include the following:

- ▶ Ensure the policy is written in simple and clear language and is regularly communicated to all staff;
- ▶ Ensure that cut-off points for a positive result are selected and clear
- ▶ State the types of drug testing (for example)
  - ▶ Pre-employment
  - ▶ After probation
  - ▶ For cause (e.g. after accident; if performance appears impaired)
  - ▶ Random
  - ▶ Voluntary
- ▶ Ensure there is no discrimination in the selection of staff for testing;
- ▶ Ensure that an initial positive from a screening test is subjected to a confirmation test by a quality assured individual or organization;
- ▶ Ensure that the final result is communicated in writing to the relevant officer in the company;
- ▶ Ensure proper chain of custody. That is, ensure that a sample that is taken is clearly and accurately identified as belonging to a specific individual and ensure that it is not possible to tamper with the process or sample from collection to confirmation as positive or negative;
- ▶ Ensure that confidentiality is protected and this will include identification of who will have access to the results, which will interpret them, how the results will be stored and for how long.
- ▶ Ensure that there is a grievance and complaints procedure that is included in the procedure, including accepted procedures to challenge the outcome of a drug test.

If testing is introduced, written procedures on workplace testing, covering the above issues, need to be in place.

If an employee does not comply with drug testing requirements, the employer can refer the matter to the National Drugs Agency.

### **Testing for alcohol**

When considering the introduction of alcohol testing, employers should ensure they adopt the least invasive means of testing. Breathalysers, for example, use less invasive processes than other tests and eliminate the need for chain of custody considerations as the employee and people testing are both present during the process. Breathalysers may also provide a more cost effective solution than other testing options.

Procedures for identification should be clearly spelled out in the workplace policy and the supporting procedures need to be clear to all persons at the workplace.

The chosen cut-off point needs to be clearly indicated in the policy and communicated.

Different companies use different cut-off points and different cut-off points for specific jobs. For example, some companies use a cut-off point of 0.05mg% for general staff, but a cut-off point of 0.0mg%-0.02mg% for some safety sensitive/designated jobs. You may wish to seek advice about this from the Ministry of Health.

If a policy does not exist, written procedures should be in place that assist in identifying employees whose performance is impaired.

If you do use, or intend to use, a breathalyser, seek advice before you purchase. The Royal Malaysia Police and the National Drugs Agency may provide such advice. Breathalysers should be reliable and accurate. To maintain accuracy, breathalysers need to be regularly calibrated, following manufacturer's guidelines.

### **Searches**

Employers may establish a drug search system. This may include body searches by competent security personnel of the same sex, checking belongings and storage facilities such as lockers and drawers, vehicle cabs and so on.

The purpose and nature of such searches should be clearly stated in the policy and procedures. The employer should make a police report subsequent to any search. If the employer suspects the existence of drugs, he may call the police to conduct a search.

## **5.6 Safeguards for Medication**

Another issue that may be addressed is the management of employees affected by medication, including prescription and over-the-counter, or non-prescription, medication (e.g. cough medicines purchased at a pharmacy). Details about possible effects of medication on a person's ability to work safely are provided in Section 5.2.5. This issue may be addressed in the policy on drugs and alcohol or can be considered separately.

There are a number of steps that may be taken to minimise the risk of harm caused by medication use:

If an employee's ability to work safely may be affected as a result of medication, the employee should inform either the employer, supervisor or other nominated person at the workplace of the effects of the medication. It is not necessary for the employee to disclose the illness for which they are taking medication.

It may also be appropriate for the employee to provide some means of verification as to the side effects of the medication, such as a medical certificate, especially if medication is to be taken over an extended period of time.

It should also be noted that where a company nurse or doctor issues medication at work (including non-prescription) the potential impairment resulting from either the injury/illness or medication must be assessed when determining if that person should be returned to usual duties at that time.

If an employee can perform their usual work duties safely, an appropriate person should be assigned the task of monitoring the safety performance of the employee.

If an employee is unable to perform his or her usual work tasks safely, the employee should not be assigned those usual tasks. Where practicable, an employee should be given reasonable alternative work until consumption of the medication ceases.

If an employee is unable to complete usual work duties safely for an extended period of time, and there is no alternative work available for the employee, there needs to be consultation between the employee concerned, and the employer to discuss steps that can be taken until the employee can resume duties. The process of consultation also needs to address issues of transport away from the workplace. The employee should only recommence normal duties when they are able to work safely.



## 5.7 Rehabilitation/Employee Assistance Programs (EAPs)

As part of responding to drug and alcohol problems in the workplace, an employer may wish to provide for the introduction of a confidential rehabilitation program or EAP. An EAP can be defined as a coordinated group of strategies designed to encourage employees to seek professional, confidential counselling for all personal problems that may significantly affect their work performance, safety or health.

An EAP provides assistance to employees on a range of problems, including those involving drugs and alcohol. An EAP also provides assistance for other personal problems unrelated to health.

Alternatively, some employers provide referral options to counselling or rehabilitation programs run in the private and government sectors.

If a workplace uses a rehabilitation program or EAP, the policy should outline the means and conditions of referral. Some employers will only provide referral if an employee voluntarily refers. Some employers allow the individual to use sick leave and annual leave, others use leave without pay and insist on a thorough medical before the individual returns to duties. Some employers will not return the individual to certain designated duties (e.g. safety sensitive jobs).

It is important, however, that rehabilitation or EAP support for drug and alcohol issues in the workplace is related to job performance rather than attempts to identify symptoms of drug abuse in the workplace. This is because impaired job performance carries fewer stigmas than drug abuse or addiction.

If an EAP is not introduced or available at a workplace, the employer may wish to provide information about general assistance available in the community. Where no EAP is available it may be necessary for employees experiencing problems to seek medical advice.

Different companies adopt different processes to cover the costs of rehabilitation. Some companies pay for rehabilitation. Some companies allow an employee to use sick leave and annual leave to attend treatment. Other companies expect the employee to pay for treatment. This should be determined in the development of the policy.

## 5.8 Role of other agencies

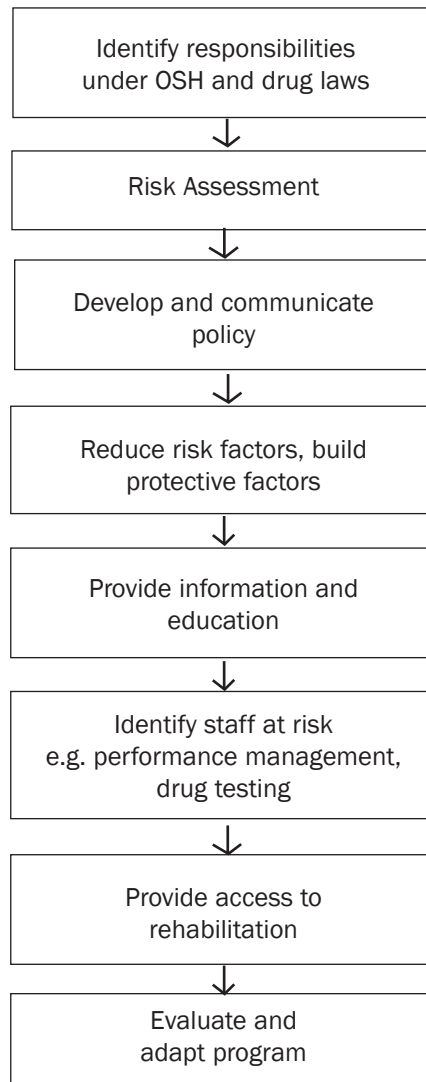
The possession and trafficking of drugs are serious criminal offences in Malaysia. When developing a policy it may be advisable to seek advice from the Royal Malaysia Police, especially in relation to actions that the employer must take when he is aware of the law being broken. His responsibilities, and those of his employees, should be clearly communicated in the policy and procedures.

Police expertise may be provided by the Narcotics Department of the Royal Malaysia Police (see Section 7).

Other agencies, such as the National Drugs Agency and the Ministry of Health can provide information and advice on developing responses and may be able to provide resources and materials.

## 5.9 Summary of process

The following diagram presents a summary of the process



The following checklist may assist you to develop responses:

- ▶ Have you conducted a risk assessment?
- ▶ Are you aware of your obligations under the OSH Act (1994) and the relevant Drug Laws?
- ▶ Have you developed a policy to prevent and respond to drug related problems in the workplace?
- ▶ Have you developed the policy in a consultative manner?
- ▶ Have you developed responses to your identified risk factors?
- ▶ Have you communicated the policy clearly to all staff?
- ▶ Have you provided information and education to staff about the risks of drug use and the company's policy and procedures?
- ▶ Have you developed a drug testing policy and is this clearly communicated to all staff?
- ▶ Do you provide access to rehabilitation services?
- ▶ Have you sought expert advice about all aspects of your responses?

## 6. Information on drugs and alcohol

It is essential that all persons at a workplace are aware that drugs and alcohol may affect a person's ability to work safely and the effect this may have on the safety of others at the workplace.

Employees can only take "reasonable care" when they understand the effects of drugs and alcohol.

Employers therefore need to provide 'information, instruction and training' about drugs and alcohol, as is the case with any other hazard. Similarly, employees should be aware of and inform themselves of the effects of drugs and alcohol on their ability to work safely.

### 6.1 Alcohol

Alcohol is the most commonly consumed legal drug. Alcohol is a depressant drug that slows brain activity responses and impairs co-ordination. The effects of alcohol vary according to:

- ▶ gender;
- ▶ body size and weight;
- ▶ state of health;
- ▶ development of tolerance and dependence;
- ▶ the amount and strength of alcohol and the way it is consumed;
- ▶ the presence of food in the stomach when drinking;
- ▶ environmental and psychological factors; and
- ▶ whether alcohol is used with other drugs.

Alcohol consumption may impair work performance. "Hangovers" from alcohol may also decrease work performance and/or increase time off work. That is, a person may be impaired, even with a zero blood alcohol level.

A raised blood alcohol level while at work may increase the likelihood of accidents. Alcohol consumption can lead to delayed reaction time, impaired coordination, memory and other cognitive functions and decrease the ability to concentrate and communicate.

In some cases alcohol consumption may lead to an increased likelihood of violent or aggressive behaviour.

Regular heavy consumption of alcohol can lead to a range of psychological, social and medical problems, and is associated with poor work performance and attendance. Alcohol dependence is also likely to lead to deterioration of skills and interpersonal difficulties.

### 6.2 Cannabis

Under the Dangerous Drugs Act 1952 (Revised 1980) "cannabis" means any part of any plant of the genus Cannabis from which there found to be present resin irrespective of its quantity, and whatever names the plant may be designated. Cannabis is the short name for the hemp plant Cannabis Sativa. Marijuana, hashish and hashish oil come from this plant.

Tetrahydrocannabinol (THC) is the major psychoactive compound that gives the user a 'high' and affects the mood and perception of the user. Cannabis, when smoked, emits a distinctive odour.

Marijuana consists of dried flowers and leaves of the cannabis plant and may be smoked or eaten in food. Marijuana is also known as 'ganja'.

Hashish is made from the resin of the cannabis plant. 'Hash' is stronger than marijuana and is usually mixed with tobacco for smoking.

Hashish oil is a liquid extract and is the most potent cannabis product. It is usually added to "joints" (cigarettes) or cooked in foods and eaten.

As with alcohol, the effects of cannabis will vary from person to person depending on:

- ▶ the person's weight and height;
- ▶ the person's general health;
- ▶ the person's mental health and vulnerability to mental health problems;
- ▶ the person's mood;
- ▶ the way in which the cannabis is taken or ingested;
- ▶ the amount or concentration of cannabis taken;
- ▶ whether the drug is mixed with other drugs, including alcohol; and
- ▶ the experience and regularity of use.

Cannabis consumption may lead to difficulty in concentration, fatigue, psychological dependence and paranoia. A person affected by cannabis may exhibit signs of tiredness or lack of interest, poor coordination, confusion, clumsiness, vision problems, decreased mental alertness, impaired judgement and slowed reaction times. When mixed with alcohol there is a highly increased risk of accidents.

A person who is vulnerable to mental health problems is at increased risk of experiencing mental health problems if they use cannabis.

Cannabis use can cause respiratory problems and make pre-existing problems worse.

### **6.3. Opiate Analgesics**

The following drugs are opiate analgesics:

- ▶ opium;
- ▶ morphine;
- ▶ heroin;
- ▶ pethidine;
- ▶ methadone; and
- ▶ codeine.

These types of opiates relieve pain and produce euphoria. However users develop a tolerance and dependence very quickly. If large amounts of opiates are consumed, adverse physical effects include nausea, vomiting, constipation, drowsiness, reduced vision and respiratory depression (the cause of death from overdose). Other effects include poor appetite lack of emotion, apathy and indifference.

People who are dependent on opiate analgesics will spend more and more time and energy acquiring drugs and consequently less time on other behaviours (e.g. work, family, recreation).

If the person is injecting drugs, and sharing needles and/or injecting equipment, there is an increased risk of blood borne virus, such as HIV and Hepatitis C.

## 6.4. Stimulants

Stimulants are drugs that elevate the mood and increase wakefulness but may have a variety of negative effects such as agitation, fatigue, convulsions and dependence.

### Amphetamine Type Stimulants

Amphetamine Type Stimulants (ATS) are known by many names, including 'speed', 'shabu', and 'ice'. Consumption of amphetamines may result in increased pulse rate and blood pressure, anxiety, confusion, insomnia, loss of appetite and, in some cases, psychosis.

Methamphetamine use is associated with dependence, extreme paranoia, argumentativeness, loss of appetite and hyperactivity. In severe cases, users may be affected by hallucinations, delusions or increased likelihood of violent or aggressive behaviour.

ATS use has been increasing across the SE Asian region over the past five years. Associated with this increase in use has been an increase in ATS related mental health problems, including anxiety, depression, and sometimes psychosis.

A range of physical health problems has also been increasing. These are directly related to the ATS use and the accompanying poor diet and sleep disorders. They include sleeping problems, malnutrition and skin disorders. There have also been reports of ATS related cardiac (e.g. heart attack) and neurological (e.g. strokes) problems.

If the person is injecting drugs, and sharing needles and/or injecting equipment, there is an increased risk of blood borne virus, such as HIV and Hepatitis C.

### MDMA

Ecstasy is the common name for methylenedioxymethamphetamine (MDMA). It is available in tablet, capsule and powder form. Ecstasy is usually ingested in tablet form.

Effects include increased blood pressure. The ability to regulate body temperature is reduced and in an environment with high temperatures this can result in increases in body temperature that are life threatening. Other effects can include dehydration, nausea and anxiety.

High doses can lead to convulsions and hallucinations. Other drugs such as amphetamines are often used with Ecstasy.

Ecstasy is usually used once or twice a week. It is uncommon to find it used more frequently.

### Cocaine

Cocaine hydrochloride is a white powder that is also known as 'coke', 'charlie', 'flake', 'snow' and 'c'. The effects of cocaine are similar to ATS.

Consumption of large amounts of cocaine may cause chest pain, a heart attack and/or psychosis. Regular use can result in cocaine dependence.

## **6.5. Hallucinogens**

Hallucinogens are a group of drugs that can change a person's perception. Hallucinogens include substances such as Phenylcyclidine (PCP) and Lysergic Acid Diethylamide (LSD). LSD is also known as 'trips', 'tabs' and 'microdots'. Psilocybin is a hallucinogen that occurs naturally in some plant species and is sometimes referred to as magic mushrooms.

Consumption of hallucinogens may lead to illusions and hallucinations, poor perception of time and distance, panic, paranoia, possible drowsiness, hyperactivity, confusion, inability to concentrate, loss of memory and insensitivity to pain and anxiety.

The gross distortions in perception that can occur can place the user at serious risk of injury, accident and sometimes-mental health problems, both acute and chronic.

## **6.6 Volatile Substances (Solvents and Inhalants)**

Volatile substances are commonly known as inhalants or solvents. They include butane gas, paint thinner and petrol. As with alcohol, volatile substances are classified as a central nervous system depressant.

Deliberate inhalation of solvents, along with unintentional inhalation (e.g. for an employee who is working with solvents) may lead to intoxication and impair the ability to work safely. Occupational Safety and Health Legislation requires that employers who work with solvents must conduct risk assessments and should respond to reduce any identified risks. Deliberate inhalation should be responded to in the context of these guidelines.

Onset of intoxication can be rapid and severe, with increased risk of injury. Effects are short term, and recovery, like intoxication, is relatively rapid.

Effects include headache, sore eyes, drowsiness, disorientation, double vision, anxiety, dizziness, tiredness, nausea, poor coordination, slowed reaction time and in higher doses, reduction in muscle strength.

Intentional and unintentional long-term inhalation of solvents may be a serious health hazard. For example, inhaling excessive amounts of toxic substances such as leaded petrol can damage the brain and nervous system, liver, kidneys and bone marrow. Death can, in rare cases, result from arrhythmia (irregular heart beat) or suffocation.

## **6.7 Medication**

Everyone at a workplace should be alert to the fact that some medications prescribed by doctors or available over-the-counter (i.e. without prescription) may affect the ability to work safely.

### **Prescription Medication**

Employees taking medication should find out how it affects them by consulting their doctor. During this consultation employees should explain their work duties to the doctor in order to determine if their ability to work safely will be affected by the medication.

Any directions or warnings on the medication should also be read carefully and followed.

Doctors issuing prescription medication should ask their patients about their work duties when giving advice on the likely side effects of medication.

Side effects which could affect work performance may include, but are not limited to, drowsiness, being less alert, tiredness, difficulty in concentration, slowed reaction times or decreased physical coordination.

Antihistamines, prescribed or purchased over the counter for allergies or as cold medicine, can cause drowsiness.

### **Over the Counter Medication**

Employees should ask their doctor or pharmacist about the short and long term effects of medication and whether or not their ability to perform their work duties safely may be affected.

Employees should always be alert to the fact that commonly taken medications can cause drowsiness and impair the ability to work safely.

It is also advisable that employees inform their employer and or relevant occupational safety and health staff regarding any medication they are taking so that the implications for work safety can be assessed. It is not relevant for the employer or anyone else at work to be advised why the person is taking medications.

### **Combining Drugs**

Combining different drugs may increase the intensity or completely alter the effect of the drug. It is advisable for employees to seek advice from their doctor or pharmacist about any possible side effects arising from mixing drugs.

Combining medication and alcohol may also alter the side effects of medication and affect a person's ability to work safely. Sleeping tablets mixed with alcohol, for example, may impair judgment or coordination.

Further information about drugs and alcohol and their effects can be obtained from the employee's doctor or pharmacist.

Mixing illicit drugs and alcohol can also increase the risk. For example, combining cannabis and alcohol significantly increases the risk of accident to higher levels than occurs with either drug alone.

## 7. Further information

Further information on drugs and alcohol responses in the workplaces may be available from the following agencies:

**National Drugs Agency**

Ministry of Home Affairs  
Aras 5 & 6 Block D1  
Parcel D  
Pusat Pentadbiran Kerajaan Persekutuan  
62502 Putrajaya  
Tel: 03 88868085  
website ADK:adk.gov.my

**Narcotics Department**

Polis Diraja Malaysia  
Bukit Aman  
50560 Kuala Lumpur  
Tel: 03 22626222  
website www.rmp.gov.my

**Persatuan Mencegah Dadah Malaysia (PEMADAM)**

No 8, Jalan Ledang  
50480 Kuala Lumpur  
Tel: 03 20941187 website www.pemadam.org.my

**Occupational Health Unit**

Disease Control Division  
Ministry of Health, Malaysia  
3rd Floor Offices Complex  
Jalan Conderasam  
50590 Kuala Lumpur  
Tel: 03 26946601  
website

**Department of Occupational Safety and Health**

Ministry of Human Resources  
ARA 2,3 & 4 Block D3  
Parcel D  
Pusat Pentadbiran Kerajaan Persekutuan  
50560 Kuala Lumpur  
Tel: 03 22626222  
website www.rmp.gov.my

**Persatuan Mencegah Dadah Malaysia (PEMADAM)**

No 8, Jalan Ledang  
50480 Kuala Lumpur  
Tel: 03 20941187  
website www.pemadam.org.my



**Occupational Health Unit**

Disease Control Division  
Ministry of Health, Malaysia  
3rd Floor Offices Complex  
Jalan Conderasam  
50590 Kuala Lumpur  
Tel: 03 26946601  
website

**Department of Occupational Safety and Health**

Ministry of Human Resources  
ARA 2,3 & 4 Block D3  
Parcel D  
Pusat Pentadbiran Kerajaan Persekutuan  
62502 Putrajaya  
Tel: 03 88865000  
Website <http://www.dosh.mohr.gov.my>

**Malaysian Employers Federation**

3A06-3A07, Block A  
Pusat Dagangan Phileo Dmansara II  
No 15 Jalan 16/11  
46350 Petaling Jaya  
Selangor Darul Ehsan  
Tel: 03 79557778  
website [www.mef.org.my](http://www.mef.org.my)

**Malaysian Trades Union Congress**

OSH Department  
Wisma MTUC  
10-5 Jalan USJ9/5T  
47620 Subang Jaya  
Tel: 03 80233954

## 8. Contact Information

### **JKKP Malaysia (HQ)**

Aras 2,3 & 4 Blok D3,Parcel D  
Pusat Pentadbiran Kerajaan  
62502 Putrajaya  
Tel: 03-88865000  
Fax: 03-88893381

### **JKKP Pulau Pinang**

Tingkat 3A,  
Kompleks Sempilai Jaya  
Jalan Sempilai  
13700 Seberang Jaya  
Pulau Pinang  
Tel: 04- 3991144 / 3994106  
Fax: 04-3908844

### **JKKP Johor**

Tingkat 9, Menara TJB  
Jln Dato' Syed Mohd Mufti  
80534 Johor Bharu, Johor  
Tel: 07-2243076  
Fax: 07-2242667

### **JKKP Kelantan**

Tk 9 Wisma Persekutuan  
Jalan Bayam  
15534 Kota Bharu, Ktn  
Tel: 09-7482875  
Fax: 09-746280

### **JKKP Terengganu**

Tk 3 Wisma Persekutuan  
Jalan Sultan Ismail  
20200 Kuala Terengganu  
Terengganu  
Tel: 09-6225288

### **JKKP Sabah**

Lot No. D7-4, Ting 7, Blk D  
49, Jalan Karamunsing  
88000 Kota Kinabalu, Sbh  
Tel: 088-235855  
Fax: 088-233367

### **JKKP Kedah/Perlis**

Tk 9 Wisma Persekutuan  
Jalan Kampong Baru  
05534 Alor Setar, Kedah  
Tel: 04-7308081  
Fax: 04-7329659

### **JKKP Negeri Sembilan**

Tk 11, Wisma Persekutuan  
Jalan Datuk Abdul Kadir  
70000 Seremban, NS  
Tel: 06-7612828  
Fax: 06-7643143

### **JKKP Pahang**

Tk3 Wisma Persekutuan  
Jalan Gambut  
25000 Kuantan, Phg  
Tel: 09-5161047  
Fax: 09-5161235

### **JKKP Sarawak**

Tingkat 13 & 14  
Bang. Somerset Gateway  
No 9 Jalan Bukit Mata  
93100 Kuching, Sarawak  
Tel: 082-242257  
Fax: 082-259846

### **JKKP Selangor**

Tk. 7 Wisma Consplant 2  
Jalan 16/1  
47500 Subang Jaya  
Tel: 03-56380340  
Fax: 03-56389159

### **JKKP Perak**

Tingkat 3, Bangunan Sri Kinta  
Jalan Sultan Idris Shah  
30000 Ipoh, Perak  
Tel: 05-2549711  
Fax: 05-2555219

### **JKKP Wilayah Persekutuan**

Tingkat 17, Menara PERKESO  
281 Jalan Ampang  
50534 Kuala Lumpur  
Tel: 03-42576066  
Fax: 03-42572991

### **JKKP Melaka**

Tk2,Wisma Datuk Hj Mohd  
Jalan Hang Tuah  
75300 Melaka  
Tel: 06-2826659  
Fax: 06-2826679

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## **Notes**

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