



Methamphetamine in the workplace

There is increasing concern about methamphetamine use in Australia, and particularly in the workplace. Methamphetamine (meth) is an illicit drug that stimulates the brain and central nervous system. Short and long-term effects of meth can have serious consequences for the person who uses meth, their families, work colleagues and bystanders. Workers may use the drug at work or outside of the workplace. At the workplace, affected people may be at risk of experiencing or causing harm due to effects on coordination, judgement, behaviour and concentration. Even when someone is not currently intoxicated, they may have crash or withdrawal effects that can negatively impact on workplace safety. This information sheet is a brief guide for employers on what to do when you suspect someone in the workplace may be using meth.

What is meth?

Methylamphetamine (commonly known as methamphetamine, crystal meth, meth, or ice) is an illegal drug. It is a drug that stimulates the central nervous system. It increases the speed at which messages travel between the brain and the body. It can make someone feel more awake and alert, although the opposite is true if they are coming down or “crashing” after recent meth use.

Meth usually appears as translucent small crystals, shards that are clear in appearance, or as white or brownish crystal-like powder. The crystal appearance led to the name “ice”. Meth, in the form of ice, is generally smoked or injected although it can also be swallowed or snorted. “Ice” is the more potent form of meth and injecting and smoking are commonly associated with developing drug dependence.

The initial effects of meth often last between 4 and 12 hours depending on how much of the drug has been consumed. It can take one to two days for the drug’s metabolites to leave the body entirely.

Why do people use it?

Workplace factors that may contribute to a worker’s decision to take meth include:

- workplace stress
- perceived need to improve work performance or
- irregular work rosters and prolonged working hours (in an attempt to manage fatigue).

There are also a number of non-work related reasons people may use meth, including attempting to manage mental health issues or trauma, to feel part of a group or as a means of relaxing.

What are the negative effects of meth use?

The negative effects of meth use depend on a range of factors including use patterns and individual and environmental factors. There is no safe level of meth use and dependence may develop after short term use.

Health effects associated with meth use can be very serious. These effects are usually dose dependent (the more often and the more you use the greater the risk) but some people may be more vulnerable to the effects and use in some contexts carries higher risk. Risks include:

- reduced impulse-control
- impaired sleep which might continue for some time
- poor nutrition with resulting poor general health
- poor decision-making and information processing and related risk-taking
- impaired motor skills
- reduced concentration
- risk of cognitive decline
- increased anxiety
- psychosis (e.g. hallucinations, delusions)
- heart disease
- high blood pressure
- risk of stroke
- disturbances in emotions

- depression and other mental health issues
- dependence.

People with underlying vulnerabilities are at greater risk, but often people are not aware of these vulnerabilities until they begin using.

Meth use is associated with increased death rates from overdose, natural diseases, suicide and accidental injury.

Meth use also has negative social, economic and work consequences, such as relationship issues, family and domestic violence and money problems. While many people might start using for social reasons, using meth may make it harder for a person to maintain a healthy social life. Many people who attend treatment for meth problems identify problems with their family and friends as key reasons for seeking help.

In the workplace, the effects of meth use on coordination, judgement and concentration mean that an affected worker cannot safely drive, operate equipment or work in an environment requiring attention to safety procedures.

Agitation and aggression

For people who frequently use meth or are dependent on meth, there may be an increased risk of aggression whilst using meth. This increases with higher doses of meth, although the relationship is complex and not all people who use meth become aggressive. However, mental health problems, agitation and, in some cases, psychosis, can increase the risk. When combined with heavy alcohol use there is also an increased risk.

People who are experiencing negative effects of meth may be anxious or agitated (which makes them potentially threat-sensitive) or aggressive or violent. You should be cautious if you are approaching someone who is showing unusual, inappropriate or unreasonable behaviour.

Individuals that may have an increased likelihood of aggressive or violent behaviour associated with meth use include those who:

- have been aggressive or violent in the past
- frequently use meth or are dependent on meth
- use lots of alcohol as well as meth
- are experiencing psychosis (seeing and/or hearing things that aren't there)
- are dealing with multiple issues that may be causing feelings of stress or anxiety. These could include financial, relationships, physical health, mental health, housing and legal issues.
- are intoxicated, withdrawing or coming down after meth use.

Withdrawal

Withdrawal symptoms may include agitation, irritability, mood swings, disrupted sleep patterns and poor concentration. People withdrawing from meth may also need to sleep and/or eat more than usual. Withdrawal symptoms can endure for some considerable time, depending on the use history and severity of dependence.

High-risk groups

Workers in particular industries or who are exposed to stressful work and/or fatigue are more susceptible to the use of meth, other drugs and alcohol.

Industries at higher risk include:

- utilities (electrical, gas or other trades)
- hospitality
- agriculture, forestry and fishing
- arts and recreation
- manufacturing
- miscellaneous industries including repair and maintenance, personal and other services.

Some industries have greater contact with members of the public who may use meth, for example, the health, policing and community services sectors.

Signs a worker may be using meth

It is important to note that many of the signs a worker may be using meth can be due to other reasons. Employers need to ensure they do not jump to conclusions based on a worker's presentation. Employers do not need to make a diagnosis of meth or other drug use – it is more objective to focus on performance and behaviour.

Some indications that a worker **may** be using meth include:

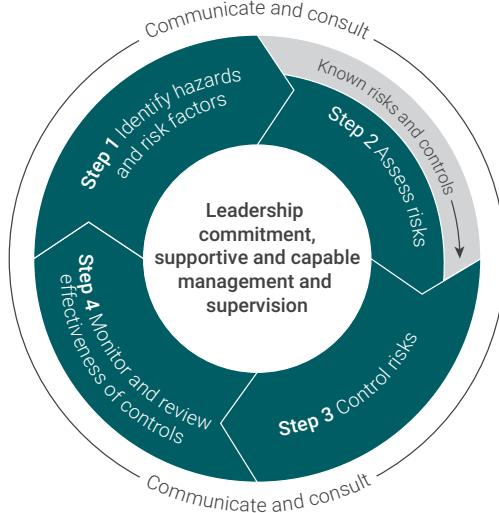
- extreme tiredness early in the week
- irritability, agitation or mood swings
- poor performance or difficulty focusing
- unexplained patterns of absence or lateness
- mental health issues (e.g. paranoia, depression, moodiness)
- lack of concern about serious matters
- health problems including poor appetite, palpitations or infected injection sites ([NCETA](#), 2015).

What can employers do?

Workers affected by meth, alcohol or other drugs should not be at the workplace. Their cognitive and physical functioning can be impaired which creates a risk to their safety and the safety of others in the workplace.

However, determining whether someone is affected by alcohol and other drugs can be difficult. Therefore, a fitness for work approach is recommended.

A framework for risk management is shown on the next page.



Leadership commitment

- In consultation with workers, develop and implement an alcohol and other drug policy relevant to your workplace and its risk factors.
- The policy may depend on your other workplace policies, procedures, employment contracts, work agreements and relevant legislation associated with fair work conditions and standards.

Alcohol and other drugs policy

Employers have a general duty of care to ensure that, as far as practicable, workers are not exposed to hazards and risks. These could arise from workers being impaired or affected by alcohol and/or other drugs and employers must address these issues through a systematic risk management process. Having an alcohol and other drugs policy in place that sets out clearly how to address safety and health risks arising from people who may be impaired or otherwise affected by alcohol and other drugs can help reduce the risk to all people involved. If a policy is adopted as part of a strategy, it should reflect the safety and health needs of the particular workplace and be developed in consultation with the workers and their health and safety representatives.

The policy should also include how risk factors in the workplace will be controlled (e.g. stress, fatigue) and wellbeing supports available to employees.

Adapted from the Commission for Occupational Safety and Health, [Alcohol and other drugs at the workplace](#)

- Workplaces where there is a risk of violence or aggression towards staff should also consider developing and implementing a policy communicating that such behaviour is not acceptable. More information on aggression risks in the workplace is available on the Department's [website](#).

Identify hazards and risk factors for meth use that may be impacting the workplace

- Consider risk factors such as the industry, demographics of the workforce, and past fitness for work issues.
- Identify work health and safety risks associated with members of the public or workplace visitors being affected by meth, as well as risks associated with workers who may use meth.

Assess the risks

- Use the information you have available about the likelihood of fitness for work issues in your industry.
- Consider the consequences of fitness for work impairment, for example, the use of vehicles, machinery, tools or the conduct of high-risk work.

Control risks as far as practicable

Don't assume that any observed impairment is caused by alcohol and/or other drug use. Other impairment factors may include fatigue, medical conditions, chemical exposure, heat or stress.

- Control workplace stress and fatigue as far as practicable, for example through job design and workload management.
- Design spaces used by the public to include security controls, natural surveillance, and adequate means of exit or retreat, as appropriate based on risk.
- Provide workers with information on health and wellbeing.
- If a person appears affected or impaired by alcohol or other drugs, employers have an obligation to make sure the person or anyone else at the workplace is not put at risk. If a policy exists for this situation, it should be followed. A policy may allow for ensuring the person has safe transport home, referral to medical assistance, a requirement to take leave, and providing the person with a clear indication of expected work performance in a given timeframe. In the absence of a policy, the employer should determine the most appropriate course of action, which may include the above measures.
- Provide training to managers on managing fitness for work issues, including information alcohol and other drugs, and the workplace policies and procedures that apply.
- Provide information and training to staff who work with at-risk members of the public.
- Provide an Employee Assistance Program (EAP) or other counselling service.
- Consider providing drug testing in the workplace, in accordance with your workplace policy. However, drug testing does not measure level of impairment. The effects of using meth, such as lack of sleep, can continue to impact a person for longer than meth can be detected.
- Provide employees with information on the health and safety risks of meth use. Target the information to reduce stigma around seeking help for meth use.

Stigma and help-seeking

Stigma occurs when an individual or group of people don't receive the same amount of respect as others. Stigmatisation can make people feel ashamed in relation to how they live, the actions they take and the choices they make. People who use drugs like meth are particularly prone to stigma and feeling their presence is not valued in society. This creates problems around help-seeking and can significantly delay access to treatment. To reduce stigma in the workplace related to drug use and encourage early help-seeking behaviour, a stigma reduction strategy which addresses the three components of stigma is necessary.

The three components of stigma are **knowledge, attitudes** and **behaviours**.

1. Increase **knowledge** about alcohol and other drug use (including factors contributing to drug use and the subsequent effects). Provide accurate information and educate everyone on how they can make a positive contribution to reducing stigma.
2. Influence **attitudes** in the workplace by providing positive and supportive leadership that communicates which attitudes are acceptable and unacceptable in the workplace. This can be achieved through formal documentation and verbal communication. However, the strongest influencer is through modelling the desired communication and attitudes. It is important to target attitudes because attitudes influence behaviour.
3. Establish and communicate what **behaviour** is acceptable in the workplace and what behaviour is unacceptable. Establish and implement clear policies and procedures which outline this information and the processes that will be used if workers do not adhere to the expected standards of behaviour.

Monitor and review

- Review your risk assessment and controls periodically and make any adjustments required.

Further information

For more information on:

- what to do if you are concerned that one of your workers may be using meth or other drugs, visit [NCETA](#) and [Cracks in the ice](#).
- meth use, including statistics, visit the [National Alcohol and Drug Knowledgebase \(NADK\)](#).
- addressing stigma in the workplace, visit the [Mentally Healthy Workplaces Online Hub](#).
- workplace stress, visit the Department of Mines, Industry Regulation and Safety's [Stress webpage](#).
- approaching someone who is showing unusual, inappropriate or unreasonable behaviour, visit Cracks in the ice – [Responding to challenging situations](#).
- support and referral to treatment, call the Alcohol and Drug Support Line (ADSL), a 24/7 telephone support, information and referral line on 08 9442 5000. Alternatively, you can visit the [Mental Health Commission](#) or [Drug Aware](#).

References

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