

THE EFFECT OF ALCOHOL AND DRUG USE IN THE WORKPLACE

It is well known that the use of alcohol and other drugs can have a harmful effect on the health, safety and wellbeing of individuals, either within or outside a work environment. In a workplace, this harmful effect potentially extends to the health and safety of colleagues, co-workers, customers and to the workplace in general.

The use of alcohol and other drugs, even in small amounts, can impair our performance, judgement, coordination, concentration and alertness.^{1,2} Alcohol and other drugs can also have a negative impact on some of our social interactions.



On a worksite, the use of alcohol and other drugs may result in:

- mistakes, accidents and injuries
- damage to workplace equipment, causing subsequent injuries
- a deterioration in workplace relationships
- increased sickness-related absenteeism
- lateness and lost time
- a decrease in productivity
- a decrease in staff morale.^{1,2}

The residual effects of alcohol consumption (a 'hangover') may also impair work performance, especially memory retrieval processes.¹

Alcohol and other drug use can lead to long-term health problems for workers who may experience an increase in mental, physical and social problems and generally take longer to recover after an accident or illness. The use of alcohol and other drugs can also lead to increased risks or unpredictable behaviour when combined.³ For example, alcohol can magnify the effect of sleeping pills, tranquilisers, cold remedies and cannabis.



Case study ¹

At approximately 5.08 pm (EST) on 26 September 2002 a Piper Cherokee aircraft began its departure from Hamilton Island Aerodrome, Queensland. On board this short (15 km) charter flight to Lindeman Island were the pilot and five passengers. Witnesses reported that shortly after take-off, the aircraft's engine began misfiring before cutting out and starting again. Shortly after, the aircraft commenced a right turn and the engine was again heard to misfire. Part way through the turn the engine again cut out and the aircraft descended rapidly and hit the ground. A severe post-impact fire engulfed the aircraft fuselage, fatally injuring all six occupants.

A subsequent investigation into this accident found nothing to suggest that fuel contamination, the amount of fuel carried, structural failure, engine fault, or meteorological conditions were factors in the accident. However, a post-mortem toxicological

report of the pilot's blood revealed a blood alcohol concentration (BAC) of 0.081 g/100 ml, the presence of inactive cannabis metabolites, and analgesics consistent with a therapeutic dosage. The possibility that the pilot's BAC level was, in part, due to post-mortem alcohol production could not be discounted. The report into this accident concluded that there was insufficient evidence to definitively link the pilot's alcohol and/or cannabis consumption to the accident. However, evidence concerning the pilot's activities the previous evening and the use of a headache medication that could have been consistent with remedial action to treat a hangover, also led the report to conclude that 'the adverse effects on pilot performance of post-alcohol impairment, recent cannabis use and fatigue could not be discounted as contributory factors to the occurrence'.

References

1. Pidd, K, Berry, J, Harrison, J, Roche, A, Driscoll, T & Newson, R 2006, *Alcohol and work: patterns of use, workplace culture and safety*, Injury Research and Statistics Series Number 28, Australian Institute of Health and Welfare, Canberra.
2. WorkCover Tasmania 2010, *Drugs and alcohol – A guide for employers and workers*, Hobart.
3. National Centre for Education and Training on Addiction 2006, *Fact sheet 1: Alcohol and Work*, Adelaide, available from www.nceta.flinders.edu.au/workplace/resources_and_publications/workplace-aod-fact-sheets