



# Illicit drugs

## What are illicit drugs?

The National Health and Medical Research Council (NHMRC) defines illicit drugs as:

- **Illegal Drugs** - drugs prohibited from manufacture, sale or possession in Australia
- **Pharmaceuticals** - over-the-counter (OTC) or prescribed drugs used for non-medical purposes, or in greater quantities than recommended
- **Other Psychoactive Substances** - legal or illegal substances used in a harmful way (e.g., kava, synthetic cannabis, inhalants such as petrol).

Workers might use illicit drugs to help them cope with job demands, physical or mental pain, or for enjoyment.

The drugs most commonly used at work are:

- pharmaceutical drugs
- cannabis
- cocaine.

Drugs are used for a purpose. Painkillers are used to reduce physical or emotional pain. Alcohol, methamphetamine, and cannabis might be used to ease pain, fatigue, boredom and increase socialisation, comfort, and temporary work performance.

Illicit drug use can impair workers' physical and mental health, work performance, and workplace safety.

## Workplace impacts

Although most drug use does *not* occur at work, drug use during leisure time can directly and indirectly impact the workplace.

Direct impacts occur when workers attend work either intoxicated or hung over/coming down. Almost 1 in 5 workers (2.1 million) used an illicit drug during 2019.<sup>1</sup>

Most people who use drugs are employed

2.1 million workers used an illicit drug in 2019<sup>1</sup>



1 in 10 workers attended work under the influence of drugs in 2019<sup>1</sup>



## Alcohol- and drug-affected workers are not fit for work

Workers who are intoxicated or hung over/coming down may:

- have difficulty completing tasks, operating machinery safely, and cooperating with co-workers, management, and the public
- make more mistakes and increase the likelihood of an accident, a workplace injury, and/or damaging equipment or vehicles
- reduce team productivity and morale.

Workers who use illicit drugs may be more likely to:

1. experience poor mental and physical health (see [Online Learning Topic 5 Mental Health, Stress and Fatigue](#) and [Fact Sheet: Mental Health & Alcohol and Drug Use](#))
2. be absent from work.

## What contributes to drug use?

Workplace culture, working conditions, and individual behaviours and beliefs all interact to shape workers' drug use. These influences may be harmful to individual workers and the working environment, and workers in some industries are more likely to use illicit drugs than others.

Workers most likely to use illicit drugs are:

- Male
- Young (aged under 30)
- Tradies.<sup>1</sup>

Increasingly, mid-aged and older workers are using illicit drugs, misusing pharmaceuticals, or drinking at risky levels.

Intoxicated workers need to be immediately removed from the work environment.

See [How-to-Guide: Critical Alcohol & Drug Situations](#) for more information.

Illicit drug-related absenteeism cost Australian businesses an estimated \$2.9bn in 2020.<sup>4</sup>





## How drugs affect workers

All drugs affect the central nervous system (CNS). Drugs are classified as depressants, stimulants, or hallucinogens depending on how they affect the brain and body.

All drugs can negatively impact workers' short- and long-term physical and mental health, social and family relationships, and workplace health and safety if used:

- incorrectly (e.g., by mixing alcohol and drugs, using multiple drugs, or taking more than prescribed)
- in the wrong place (e.g., at work or in unfamiliar/unsafe settings)
- at the wrong time (e.g., while driving or before an important event)
- for long periods of time.

Workplace alcohol and drug policies should target working conditions and cultures which foster risky alcohol and drug use.

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

| CNS Classification   | Examples   | Central Nervous System (CNS) Effects   |
|----------------------|--|--|
| <b>Depressants</b>   | Alcohol, cannabis, GHB, opiates (heroin, morphine, codeine) and benzodiazepines (tranquillisers) | <p>Feelings of wellbeing, calmness and relaxation, drowsiness</p> <p>Can relieve pain and anxiety and decrease environmental awareness</p> <p>Can cause sleepiness</p> <p>Can slow respiration and stop breathing</p> <p>May cause memory problems, depression and poor coordination</p> |
| <b>Stimulants</b>    | Caffeine, nicotine, amphetamines (speed and Ice), cocaine and ecstasy (MDMA)                     | <p>Increase activity, talkativeness, and feelings of wellbeing, self-confidence and power</p> <p>Reduced fatigue and appetite</p> <p>Increase irritability, argumentativeness, extreme nervousness and sleeplessness</p> <p>May lead to delusions and hallucinations or aggression</p>   |
| <b>Hallucinogens</b> | Ketamine, LSD, PCP, 'magic mushrooms'  | <p>Mood and perception changes</p> <p>Sometimes hallucinations</p> <p>Dilated pupils, rapid heartbeat, muscular weakness, trembling, nausea, chills and hyperventilation</p> <p>Anxiety and feelings of panic.</p>   |

## Short- and long-term effects of drugs

|  |   |   |
|--|---|---|
| <b>Short-term effects</b>  | <p>The short-term effects of drugs vary depending on:</p> <ul style="list-style-type: none"> <li>■ individual characteristics (e.g., body size, gender, mood, diet, health, age)</li> <li>■ the drug used, including: <ul style="list-style-type: none"> <li>□ the amount and purity of the drug</li> <li>□ whether other drugs, including alcohol, have also been used.</li> </ul> </li> </ul>   | <p><b>If you are worried about a worker:</b></p> <ol style="list-style-type: none"> <li>1. encourage them to seek help</li> <li>2. offer support</li> <li>3. listen.</li> </ol> <p>See <a href="#">How-to-Guide: Having Helpful Conversations</a> for more information.</p> |
| <b>Long-term effects</b>   | <p>If workers use drugs for long periods of time, they may develop:</p> <ul style="list-style-type: none"> <li>■ tolerance (i.e., need to take more of the drug to get the same effect)</li> <li>■ dependence (i.e., have difficulty functioning when not using the drug)</li> <li>■ withdrawal (i.e., experience fatigue, hunger, energy loss, irritability, anxiety, depression, cravings, stomach problems, aches or pains when the drug is stopped).</li> </ul> |   |
| <p><b>Workplaces may need to develop return to work plans and make reasonable work task adjustments to help workers manage withdrawal. See <a href="#">Fact Sheet: Getting Help and Returning to work</a>.</b></p> |   |   |

## Overdose

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

If a worker has overdosed, they may:

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



**If you think a worker has overdosed:**

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

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

Naloxone may be administered for opioid overdoses.

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

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