



Critical alcohol and drug situations

Intoxication

Alcohol and drugs are toxic substances that can:

- affect workers' behaviour
- cause short- and long-term changes in physical, mental, and social functioning
- negatively impact workplace health and safety.

The intoxicating effects of alcohol and drugs vary depending on the:

- 1. drug used, amount taken, its strength, and whether it has been taken with any other substances
- 2. workers' individual tolerance and physical and mental health
- 3. environment in which the alcohol and/or drugs were consumed.

Workers can experience mild, moderate, or severe intoxication according to where, when, and how much or how many drugs they have taken.

Impairment

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

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

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

Different substances can lead to impairment that can be:

- physical
- obvious
- Iong-term

- mental
- subtle

- behavioural
- temporary
- heightened by the working environment, conditions, and activities.

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Determining someone's level of intoxication is highly subjective. Someone who is mildly intoxicated by alcohol or drugs might be:

- Euphoric
- Have difficulty concentrating
- Talkative
- Less inhibited
- Slightly clumsy
- A little drowsy.

The 5 drugs most commonly used by workers, with different effects, are:



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Some workers (e.g., young people or workers with preexisting health conditions) might have lower tolerance levels. They can show signs of severe intoxication even if they have consumed only small amounts of alcohol or drugs or taken medicine as prescribed.

What is a critical alcohol and drug situation?

Severe intoxication is also known as poisoning or overdose. Critical alcohol and drug situations occur when intoxicated workers become agitated and violent when approached or if they have overdosed from alcohol and/or drugs.



Overdose is a medical emergency.

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

Naloxone may be administered for opioid overdose. For more information, see <u>Opioid overdose prevention and</u> <u>response</u> available from the SA Health website. Mild intoxication and impairment are more difficult to detect than severe intoxication.

However, mild intoxication can still contribute to workplace accidents, property damage, and injuries and death.

Workers who are intoxicated or hung over/ coming down are not fit for work.

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See Fact Sheets: <u>Getting Help & Return to</u> <u>Work</u> and How-to-Guide <u>Having Helpful</u> <u>Conversations</u> to see how you can support workers' recovery and return to work.

Drug	Poisoning/Overdose Signs	
Alcohol	 Increased aggression or emotional responses and disorientation Markedly impaired coordination and reflexes (e.g., trouble standing, staggering, dizzy) Blackouts (i.e., unable to remember things or events), passing out, or stupor (i.e., awake, but non-responsive) Increased pain threshold Severe speech impediment 	 Slow response to stimuli Unable to stand, walk, maintain consciousness or wake up Loss of bodily function control (e.g., bladder) Vomiting No gag reflex Slowed heart rate Slow or irregular breathing Low body temperature Coma and death

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Drug	Poisoning/Overdose Signs	
Stimulants (e.g., methamphetamine, cocaine)	 Restlessness and agitation Chest pain Breathing difficulties High body temperature Fast and/or irregular heart rate and breathing Hot, flushed, or sweaty skin Tremors 	 Jaw clenching Seizures or muscle rigidity, spasms, and jerking of the limbs Anxiety, panic, and paranoia Severe headaches Hallucinations Confusion and delirium Unsteady walking
Heroin or opioid overdose	 Slowed or shallow breathing Drowsy or out of it ('on the nod') Spasmodic sleeping Blue lips or fingers Weak pulse Slowed heart rate 	 Dry mouth and small pupils Confusion and lethargy Choking sounds, gurgling, or coughing when sleeping Unresponsive to stimuli Increased pain threshold Coma and death
Pharmaceuticals	Aspirin and paracetamol	
	SweatingLow blood sugar	Fast breathingRinging in earsTemporary hearing loss
	Benzodiazepines (Benzos)	
	 Coordination and speech difficulties Uncontrolled eye movement (nystagmus) 	Shallow breathingDrowsiness
	Anti-depressants and mood stabilisers	
	 Increased excitability or agitation Tremor Uncontrolled eye movement (nystagmus) 	 Large pupils Severe muscle tension Fast or irregular heart rate Low blood pressure
	Beta-blockers and calcium-channel bloc	kers
	Increased agitationLow blood pressure	 Fainting and dizziness Chest pain Slow heartbeat (less than 60 bpm)

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Critical alcohol and drug situations

Aggressive and violent workers

Intoxicated workers may become agitated if approached:

- because their judgement is impaired
- if they see the interaction differently to you
- and feel confronted and trapped.

Workers affected by alcohol and/or drug use may:

- be less able to talk about their thoughts or feelings
- be less inhibited and make inappropriate comments
- have altered perceptions
- become incoherent
- have impaired thought processes or memory.

Being in an isolated location and having access to heavy or sharp objects can increase the risk of violence.

Follow the Critical Response Practices below when approaching workers who might be intoxicated and/or acting aggressively.

Critical Response Practices

- 1. Consider your own safety at all times
- 2. Keep a safe distance
- 3. Ask the worker to speak with you in a quiet private area
- 4. Speak calmly, respectfully and clearly
- 5. Be aware of your body language and maintain the same physical level as the worker
- 6. Apply first aid or arrange medical treament if the worker is unwell or disorientated
- 7. Maintain the worker's confidentiality and privacy.

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

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

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violence indicators Agitation, restlessness, erratic movements

Aggression and

- Pacing, clenched fists, tapping or banging on walls or furniture
- Tense, frustrated or angry facial expressions
- Extended eye contact that appears challenging
- Rapid mood changes
- Demanding or argumentative speech or shouting
- Rapid breathing, muscle twitching
- Verbal threats or gestures.



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